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**Social differences:  
locals, incomers, gender, age and ethnicity**

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**Social Geographies of Rural Mental Health  
(ESRC Funded Research Project, Award No.R000 23 8453)**

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## Social differences: locals, incomers, gender, age and ethnicity

### Introduction

Central to this project is seeking to ascertain important lines of difference, socially and spatially, in how people with mental health problems in the Scottish Highlands relate to the ‘communities’ in which they live (and sometimes work). It is evident that there is no single story here: no unitary pattern in how the relationship between people with mental health problems and their local community is structured and influenced, and no singular account to be given of what these individuals experience on a day-to-day basis. In short, there is no straightforward scenario of exclusion or inclusion to be teased out, as elaborated in our finding papers on **Exclusionary social relations and practices** and **Inclusionary social relations and practices**. We need to consider *why* there is no straightforward scenario of this kind, and in order to attempt such a consideration we should begin by critiquing what is entailed by ‘community’ in the Scottish Highlands, and by thinking about social differences (or cleavages) within this ‘community’ which may have some bearing upon our subject-matter (mental health in the Highlands). Particularly relevant in this respect are local-incomer distinctions, but of some significance too are those based on gender, age and ethnicity. In a companion findings paper to this one we will tackle *spatial* cleavages in this respect across the Scottish Highlands: see our findings paper on **Spatial differences**.

### Defining communities: realities, imaginings and fragmentations

It is well known that the notion of ‘community’ is a far from unproblematic one, and that it has probably attracted more debate and contestation in the academic social science literature than almost any other term or concept. A very general definition of ‘community’ to use as a starting point runs as follows: “A *social network* of interacting individuals, usually concentrated into a defined *territory*” (Johnston, 2000, p.101). Such a definition is useful for us, particularly given our interest in Highland social networks as bound together through shared patterns of interaction and conversation (see our findings paper on **Visibility, gossip and intimate neighbourly knowledges**), and it is also useful because it emphasises the connections between community *and* place (or territory). What we would add is that it is appropriate to build into this definition an alertness to the meaningful content of community, held by these individuals and across these social networks, as involving “a matter of custom and of shared modes of thought or expression, all of which have no other sanction than tradition” (*ibid*, after Bell and Newby, 1978). On this count, community can be understood as both a material reality, the grounded networks, and an imaginative projection, a product of shared ‘modes of thought’ anchored in custom, tradition and often other symbols too (perhaps ones central to the history of a people and a place). Furthermore, and following Young (1990), it is important to realise that ‘community’ can be both inclusionary and exclusionary: on the one hand, serving as a construct that integrates many people within a given place, offering them a common point of reference, feeling of identity and focus of belonging; but on the other hand, serving as a frame that effectively excludes some people who, for whatever reason, are deemed not to ‘fit into’ the place and who thereby feel isolated – we might even say alienated – from the everyday social life of the local majority (*the* ‘community’).

This is the conceptual basis for our considerations of ‘community’ in the Scottish Highlands, and of the status of people with mental health problems relative to the construct of community. We certainly do not envisage the Highlands as constituting one big community, although there are evidently dimensions of culture, history and identity that are shared by many people who live within the Highlands region, about which it is possible to offer a few generalisations with reference to questions of mental health (see our findings paper on **Highlands, economy, culture and mental health problems**). Rather, at least as a first approximation, we envisage the Highlands as embracing numerous communities spread across the whole region, most of which can be identified fairly easily as associated with particular geographical areas (with particular settlements or clusters of settlements).<sup>1</sup> Hence, in much of what follows – and reflecting too the orientation of questions in interviews – ‘community’ equates with something like the social networks, patterns of sociability and attachments of identity associated with areas no larger than, say, Skye and rarely smaller than, say, Portree. The comments of one interviewee are especially helpful on this matter: *‘I think it is more a local thing now. ... All the little villages and communities, which isn’t always a bad thing, you know. I would say I would feel the community spirit more locally rather than generally on Skye’* [Sophie, SL, 8/8/01].

We expressly consider the **spatial differences** between such areas in another findings paper, and so here we explore the social differences within the communities that we suppose to ‘inhabit’ these areas. In so doing, we take seriously the dimensions that lead many people to identify (with) relatively distinctive *local communities*, hinging around *the locals* who are seemingly the backbone of such communities. At the same time, we recognise that, even if such local communities were in previous ages relatively homogeneous, entailing people very similar to one another and exposed to similar experiences, influences and stresses, the status of such communities in the present age is much more precarious. As one of our interviewees, Jessica [NWS, 18/7/01], puts it when reflecting upon the current constitution of Highland social life: *‘maybe we’re in this kind of, I don’t know, transition period, or something, that makes it non-coherent across the board, whereas before I’m quite sure it was coherent across the board’*. From being ‘coherent across the board’ to being ‘non-coherent across the board’: this is surely a neat description of what has been happening in recent years, most obviously with the arrival of incomers originating from many different places further afield than the immediate locality. The extent to which these incomers fracture the local community, or end up standing outside of it, is a central question, one entertaining a range of implications for people with mental health problems. Most of this findings paper tackles local-incomer differences, then, but we also append a few further remarks about social differences to do with gender, age and ethnicity. The discussion here is informed almost entirely by the words of interviewees and a few carers, themselves.

### **Locals and incomers: what interviewees think about these categories**

#### *Who are the ‘locals’?*

There is considerable warrant for suggesting that many of the people who we have interviewed in the course of this project suppose the crucial axis of difference

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<sup>1</sup> In the case of Inverness, and perhaps too of some larger settlements, we might also think in terms of neighbourhoods *within* a larger ‘urban’ area.

fracturing Highland ‘communities’ to be that running between locals and incomers. In order to inspect what is claimed about this axis, it is helpful to begin by asking about prevailing senses of who and what constitutes *the locals* in particular areas of the Highlands. The first thing to notice is that there appears to be a definite consciousness on the part of locals about who is or is not, indeed, a ‘proper’ local:

Interviewer: *Are people in the community very aware of who is local, who is the newcomer? And that’s something that’s just known, is it?*

Fred: *It’s known, and it’ll come out if there’s a difference of opinion.* [Fred, NWS, 24/7/01]

Unsurprisingly, a common assumption is that locals entail people who have tended to live in the same part of the world, the same Highland district, for many years; and, moreover, to have roots in such a district that probably stretch back through two or more generations:

*Yes, you could say one of the questions you always would get asked in school was ‘what did your father do?’, and I think that must have been quite different here. It seems to have been quite important if what your background is in a lineage point of view, at least father and grandfather. That’s historic in the surname part, ... the tradition was the first son was called after the father and the second after the grandfather.* [Edward, ER, 3/12/01]

*... my family go back a long time in Dingwall, you know. Like my Granny delivered most of the kids in Dingwall at one time, she was a nurse. So, a lot of people know my family because of that, you know. So, I do feel part of the community that way ....* [Charmaine, ER, 22/11/01]

*I see I think it’s because I was born and brought up, my family’s from round here, and, my, it goes back, people know each other.* [Pauline, SL, 20/9/01]

Individuals turning up in Highland districts without these family and generational connections – in other words, incomers, about whom we will speak in more detail later – cannot easily acquire the status of ‘local’ in the eyes of those who might be regarded as the genuine locals: *‘That’s why I say I will never be a local. No matter how long I live here, I will never be a local’* [Collete, SL, 19/9/01]; *‘I don’t think I’d ever be counted as a local, no matter how long you have lived here’* [Rebecca, SL, 16/9/01]; *‘I just feel it would take you such a long time to actually become a local’* [Justine, INV, 14/6/01]; *‘Rupert’s lived here thirty years, and he still finds that he’s not an insider, he’s not one of the locals. They still consider him an incomer’* [Charlotte, NWS, 10/7/01].

Some incomers fancy that they can make the transition to being locals, however, but locals may in effect set rather strict ‘rules’ about when this transition can be achieved: *‘For them to be ... probably classed as [locals], it would probably take two ... they’ve got to be born here ... probably two generations’* [Fred, NWS, 24/7/01]. Ken [SL, 19/9/01], reflects that:

*No, I feel now that I am an integral part of the community and probably, although I’ve been in the community for seventeen years, I probably now feel like a much more involved member of the community and contributing*

*to the community much more than I ever did. So, no, I never feel isolated.*  
[Ken, SL, 19/9/01]

Another incomer, Greg [INV, 18/6/01] has a similar sense of becoming more locally known and accepted, so much so that he insists that *'I've never felt like an incomer'*, he describes his village as an *'open community'* including numerous people heralding from different places. Greg also speculates upon a particular circumstance that influences how he, or at least his family, ends up being locally regarded:

*[I] suppose because the boys were born here, well two were born and the others were small, everybody in the village knows them. It's just sort of, after a while you're accepted. The same family that work at the Spar [shop] have always worked at the Spar, so they've seen the boys grow up. The same primary teacher has taught David, Stephen [and] Martin, and she'll be getting Andrew soon, that continuity.* [INV, 18/6/01]

Connections through marriage or through family links, even if quite distant or going years back, may sometimes qualify an incomer to be treated as a local, as an *'honorary' local*. Katy [NWS, 9/7/01] thinks that she achieved this through marriage: *'Then, when I met my second husband and married him, I felt I was included. I was accepted because of him, because he was a local'*; while Gareth [NWS, 2/7/01] thinks that he achieved it through prior family connections: *'I am related to my uncle who is a local, and so everyone has accepted me and I've had no problems with anybody at all'*.

It is not just family and generational connections that are relevant in the fostering of *'local'* status, it is also commonalities in certain cultural practices pursued by many locals. Gaelic-speaking is still a practice that is not unknown in some of the districts where we have researched, for instance, as one incomer notes with a hint of frustration: *'There's also a Gaelic thing: I found that working at sheep fanks, they would speak Gaelic. They might not have been talking about me, but at the same time they were speaking Gaelic, [and] they would not explain what they were talking about it'* [Alistair, SL, 17/9/01]. Similarly: *'you can go into a shop and they will begin talking in Gaelic, well they will be talking in English and you walk in and they begin talking in Gaelic: I found that a wee bit disconcerting at the beginning'* [Geraldine, SL, 18/9/01]. And again: *'I would say that 90% of the locals can at least speak Gaelic'* [Collete, SL, 19/9/01]. Church-going and religious observance is another feature, albeit possibly one in decline, that is sometimes taken as emblematic of the local community: *'[Y]ou are in a holy city here. Nearly everybody goes to church, which is another thing I don't do. And, if I did go to church, I'm sure that I would a lot more acquaintances through church, but I don't go to church. I mean the church here in Drumnadrochit's a very big thing'* [Judith, INV, 26/8/01]; *'There's a lot of Wee Frees and things like that ... . Still can't hang out the washing on a Sunday'* [Geraldine, SL, 18/9/01]. The micro-geography of where locals spend their time when not at home is hinted at by one interviewee when talking about *'the people in the village'*: *'They all seem to have their own little corners, and if they socialise it's either in the church or the pubs'* [Katy, NWS, 9/7/01].

What is the 'local community'?

The *local community*, or perhaps more accurately the community of locals, is hence defined very much in terms of the well-known *Gemeinschaft* model that underlines the face-to-face intimacy, complete with detailed inter-personal knowledge, binding together these networks of kith and kin, all buttressed by numerous shared practices. In part, there is the supposition that many of the people involved are inter-related – 'You're probably related to them in some way or another!' [Darren, NWS, 18/7/01]; 'all the locals are inter-related and there is probably is more of a sense of community: there is a Highland way' [Gareth, NWS, 2/7/01] – or at least that they are familiar with each one in a manner entailing more than just facial recognition:

*Out in the country, everybody knows everybody else, which is a very, very good thing. On the other hand, it tends to be too good sometimes! ... There's friendliness and 'overness', you know what I mean? Overall, you're part and parcel, it's all one big family from 15 miles-20 miles stretch of glen from one end to the other. Everybody knows and helps and shares.* [Catherine, INV, 14/6/01]

The claim here about repeated helping and sharing within the local community obviously has ramifications for the experiences of people with mental health problems, but so too does the hint at a double-edge to this intimate familiarity and knowledge of everyone else's business (in Catherine's contrasting of 'friendliness and overness'). We follow up on both aspects below and in other findings papers. Similarly revealing is the observation that, 'this being a sort of small village like this is, you know everybody's ins and outs; when you are an incomer, you don't' [Daniel, SL, 15/8/01], which also suggests a contrast with mental health implications.

The spatial dimensions of the local community are implied in many remarks about the local community, and some more explicit claims are made about the relatively restricted geographical areas that are reckoned to be the 'home' of this face-to-face sociability. In the quote above, reference is made to 'one big family from 15 miles-20 miles stretch of glen from one end to the other', while a thoughtful reflection, speculating on how the coming of the car has loosened up spatial possibilities, runs as follows:

*Because, before the car came up here, this might seem odd, but until the sixties to do your courting there was less than half a day's walk. So you had to have some time together, you know, half a day's walk there and half a day's walk back. You'd normally maybe just went to the nearest village to find a wife, or you might go down to Scourie, or a wee bit further in. So, everybody will know everybody, and you'd know who were related. Until the car came, that made a big difference.* [Darren, NWS, 18/7/01]

A related quote tells of 'people on Skye that have never been off this island, people my own age who have never left it, never been to Inverness. They would have horror if they went out there now' [Ralph, SL, 18/9/01]. The relative isolation and sealed-off quality of the spaces housing Highland communities, at least until recently with the advent of the car and other transport opportunities (buses, trains, planes), is clearly a factor in the production of a certain uniformity of types of people and activity across the years – Jessica's 'coherence' – constitutive of these *Gemeinschaft* local communities. What should be clarified, however, is that the distances over which

such communities are spread may be quite large, tens of miles and in some cases more, which means that their spatial extent can actually be much larger than that, say, of communities found in urban neighbourhoods. It is nonetheless the case that these spatial distances tend to go hand-in-glove with social proximity, another key factor for our own study. Given low population levels, linked to the channelling of social life along narrow arteries (the few roads and tracks) and around a handful of ‘public’ sites (shops, churches, pubs, halls), patterns of local sociability continue to be dominated by face-to-face interactions between people who know each other by sight, probably by name and usually by deeper knowledge as well.

One emphasis emerging here is the practices and possibilities of extreme neighbourliness in local Highland communities, and it is of course such neighbourliness that many interviewees, as we will see, take to be a key resource in giving positive assistance to people with mental health problems. (We will, though, also have some more critical remarks to make on this score.). Let us hear a few of the typical observations about neighbourliness – clearly associated with a sense of belonging to the places concerned – made by a few of our interviewees who can be defined as ‘locals’, echoing Glenn’s [SL, 6/9/01] statement that *‘it’s such a small community and it’s close-knit, you scratch my back and I’ll scratch yours’* [Glenn, SL, 6/9/01]:

*... I belong up there really, I don’t know more than that. Yes, I feel quite happy up there. I can go and visit my neighbours or go down and visit Maggie, who is elderly, and my other neighbour, I can pop in for a cup of tea and she’ll come up for a cup and yap and blether. My neighbour up the stairs, I can do that with [her] too.* [Jackie, INV, 22/6/01]

*Torvaig itself, it’s the same people who live there. Although more people have moved in and built houses, there is still a real closeness, like I have a family connection and the neighbours are friends, well the old neighbours are friends. I feel a warm feeling when I think of it.* [Julia, SL, 17/9/01]

*I love the Black Isle, I was born here and I feel great, I love the feeling of it. I know people as well, I was at school with them. I know most of the people on the Black Isle’.* [Frances, ER, 10/12/01]

Justine, an incomer to Easter Ross, makes the following observation about neighbourliness and community involvement:

*I think that in the rural area, especially if you’ve been born in that area, went to school [there]. The couple we rent from, they went to school there, and are part of the indigenous community; they have tremendous ... they do interact with the community on lots of different levels. They are very community-minded, I think, they know, if you’ve got something wrong, who can sort it. There is very much that population that know each other from school days.* [Justine, INV, 14/6/01]

Again, the sentiments expressed here would seem to imply a positive experience for people with mental health problems enjoying the fruits of such face-to-face neighbourliness, involvement and, in short, local community.

### *Who are the incomers?*

Several of the quotes above indicates the view that changes are afoot in the character of the local social scene, precisely because the car and other transport developments have opened up the Highlands, even its remoter reaches, to individuals and families in-migrating from elsewhere in Scotland and beyond. Part of the changing rural scene has therefore involved the appearance of increasing numbers of incomers: *'when I was a kid being brought up here, there wasn't really any incomers, you knew everybody'* [Emily, SL, 26/9/01]; *'up until 1960 all the people [were local]. There was no influx of people ... when I was at school I was the only one. Might get one or two from the south of Scotland, but there was no English ...'* [Leo, ER, 6/12/01]; *'thirty, forty years ago, it was a lovely village, it was quiet, but all these people from the south ...'* [Frances, ER, 10/12/01].

People regarded as incomers do not even necessarily hail from all that far afield, since in the situation of very close-knit and insular communities even folks from relatively nearby, possibly even just from neighbouring villages, can be regarded as 'incomers': *'What I mean by incomers, people from Dingwall used to hate people from Alness and Invergordon'* [Peter, ER, 12/11/01]. This being said, there is the sense that different degrees of 'outsiderness' are attributed to incomers originating from nearer and more distant places, and greater or lesser opportunities for being included in the local community are then the logical consequence. As Paul [SL, 10/9/01], a native of Uist and now living on Skye, remarks:

*I am more accepted because I am from another island: Uist and Skye have always been closely related. I think I am more accepted than some people, say, from Glasgow: Glasgow is the same as being associated from England, you know.*

Another gloss on defining the incomers is provided by this interviewee :

*To me, [an incomer] might be somebody that had come from a different country, even from England, deciding to move up here. I wouldn't call them an incomer if they had moved from Aberdeen or Nairn or something, I don't know how. [Yet,] a lot of people say, if you're not Inverness born and bred, you're an incomer. [Sharon, INV, 27/6/01]*

Similarly, one incomer to Skye reckons that the attribution 'incomer' only really applies to *'the English. Scots will come in as part of the community, but a lot of the folk up here don't like the English ...'* [Glenn, SL, 6/9/01]. The phrase 'grey settlers' is occasionally applied to incomers from elsewhere in Scotland, while the more contentious phrase 'white settlers' is more commonly applied to incomers from England and beyond: *'I'm a grey settler, grey settler comes from Scotland, white settler from anywhere outside that'* [Geraldine, SL, 18/9/01]. Another interviewee remarks that *'there's one woman in particular who's going on about the English and people coming up here, and all the 'white settlers''* [Nigel, NWS, 11/7/01], while Catherine [INV, 14/6/01] reflects that *'it's a very, very mixed race nowadays. Twenty/thirty years ago, I think you had more Highland ... people, but nowadays every second person is English'*. More negatively, she declares that, *'when you have English people coming in, they tend to have a more hustle-bustle life, so many of them don't fit into the laidback way of the Highlands'*. It is at this point that an ethnic dimension enters the picture, of course, and we say a little more about this below.

*What is the 'incomer community'?*

There is some suggestion that in certain places an incomer community is gradually emerging to parallel the local community, one building up its own social networks and its own logics of inclusion and exclusion. It may be that in certain places an incomer community has appeared precisely because of difficulties faced by incomers over being accepted into the local community, although it may also be that on other occasions incomers have not been prepared to make the effort to integrate with the locals:

*You know you are an incomer, so the doors are up as far as the locals are concerned, but the people who are in the same situation have moved into the area and they are quite willing to accept you. [Gerry, ER, 29/11/01]*

*[There are] the people who have lived here all their lives and are really integrated into the community, and then there's people who come up maybe from a different area or to do a job. They are living in different houses ... they are building. They are a community in themselves, I suppose, but they are very individual, a bit more isolated. They have their own friends that come round, they don't make friends with neighbours. [Justine, INV, 14/6/01]*

What these quotes identify, therefore, is indeed the existence of two communities living side-by-side, touching but perhaps remaining, relatively speaking, strangers to one another: on the one hand, the local community, and on the other hand, the incomer community. The second quote also raises a point of some potential relevance, when speculating that the incomer community, if it can be called this, is probably made of individuals and families who are 'individualistic', less geared up for the collective mentality and action of the local community, and not tied by the bonds of kinship and neighbouring (their chief friends and contacts probably living further afield). Another interviewee reports that *'I mean we're quite friendly with the local people, but we don't actually socialise with them. I mean, it's just that we do different things. They eat supper at 5 o'clock, we don't eat ours until 8. So, there's a whole difference in culture really'* [Charlotte, NWS, 10/7/01].

We sometimes explicitly asked our interviewees about the dual community idea, and here are two examples relating to the east coast settlement of Tain:

Interviewer: *Locals and incomers: are there two communities in Tain?*

Gerry: *There is, very much so. There's the people who come into Tain and they kind of stick together and there's the people whose ancestors have been there, and they kind of run the place almost. Local businesses ... it's just ..., if your name fits you seem to be [okay]. [Gerry, INV, 29/11/01]*

*Just 'cos I sort of grew up here and everybody sort of knows each other, and there's a bit more support for people. Well, it depends for certain people, like there's a lot of people like outsiders that are sort of from Glasgow ... and there's quite a big group of people in Tain now [who] ... didn't have any knowledge about it [local matters and connections]. But, saying that, I'd say there's quite a big majority that does have knowledge. [Larissa, ER, 12/12/01]*

Sometimes relations between the local and incomer communities can become quite tense, and it should not be hard to imagine the difficulties that sometimes result for individuals with mental health problems because of suspicions and hostilities running between the two communities (as we discuss further below):

*... I have spoken to friends not only on Skye, but also in other places where there are a lot of new people, and there is some sort of, possibly, defensiveness, especially if the incomers are very active and start running the village. The original inhabitants feel kind of threatening, overwhelmed, although personally and on an individual level get[ting] along well ... .*  
[Chloe, SL, 21/8/01]

Jessica [NWS, 18/7/01] notes that *'I feel as if I'm alone being an incomer here, but I'm not quite sure if that is because of my attitude or their attitude, so that's a difficult one'*, thereby illuminating the loneliness that an incomer can feel through not being able to integrate with the local community, but also wondering about where the balance lies between the community's disinterest in her or her own reclusive character. Interestingly, and indicating that individuals can hold rather different and even contrary views simultaneously, Jessica claims that *'I feel I belong here, but then, I don't know .... Also, I think this is a wonderful place'*.

### **Locals, incomers and mental health problems**

#### *Positive aspects? for locals?*

Given what has been said about the supposed closeness and neighbourliness of the local community, meaning the constituency of residents in a given geographical area who would routinely be understood as 'locals', the implication is that this should be a social environment highly conducive to assisting people living in the locality with mental health problems. There does appear to be some evidence to support this deduction, and in our findings paper on **Inclusionary social relations and practices** we document numerous instances of supportive encounters and caring acts experienced by interviewees, most of which can readily be interpreted as offshoots from the face-to-face character of the local community. Pauline [SL, 20/9/01] underlines the assistance that is usually forthcoming from fellow locals: *'Yes, I can't complain about the community. If there is anyone sick, they are always asking or phoning or coming round if there is a serious illness in the family'*; and Gareth [NWS, 2/7/01] agrees: *'there's a lot of care in the community and people look after each other'*. Moreover and of great importance to the present project, difficulties experienced by locals, almost whatever their character, can be noted, accepted and perhaps acted upon by the local community: *'Someone's their cousin ... their sister or brother. You know, just because somebody has problems, they're not obviously stigmatised. They are a person first ...'* [Eric, SL, 17/9/01]. A minor tradition of tolerating 'eccentric' locals, meaning individuals well-known to the local community through longevity of residence and probable family connections within the immediate district, is hence of some relevance here (as also covered in the above-mentioned findings paper and elsewhere in our writing):

*I can remember people as I was growing up that if they had been in towns and cities would have probably have been locked away ... but because they*

*lived in a rural area and people knew them and knew the families – it could be dealt with .. you know. [Samantha, NWS, 27/7/01]*

*There were two older men who weren't very right in the head you know? That's what people used to say, but you know that people were very good to them ... they were harmless and they were a bit ga ga and as kids you sort of had a laugh at them you know? But you didn't turn away from them. [ibid.]*

What can quickly be added, of course, is that such tolerance is much less likely to be forthcoming towards incomers displaying these 'eccentricities', as Ken [SL, 19/9/01] suggests when insisting that '*incomers to the island, non-natives, with perceived behaviour patterns which aren't like those of the locals can get frowned upon*'. A related claim then runs like this: '*I think there was the old idea that the village idiot, if you want to be blunt, I think he was probably ... somebody that was born and bred, and, as you say, might be tolerated more than an incomer*' [Guy, ER, 13/12/01]. More generally, our impression – as we discuss in a moment – is that incomers with mental health problems are less likely than locals in a similar state to be recipients of the local community's inclusivity, support and care.

What can also be added, albeit briefly, is that the closeness and neighbourliness of the local community is almost certainly a 'double-edged sword' for people living locally with mental health problems. And we think that this is the case for *both* locals and incomers, and it may actually be the locals who suffer most in this respect because they are the ones who feel most enmeshed within the local community, being most beholden to its norms and expectations, most attuned to its fears and prejudices, and most worried about earning its disapproval, silence and back-turning (the perils of social ostracism). In outline, then, what we are conjecturing is that people with mental health problems, particularly locals, may end up passing over a line – a disjuncture where locally acceptable 'eccentricity' becomes locally unacceptable 'deviance' – at which point the close-knit ranks of the local community effectively close on the individuals in question. The upshot is that 'closeness' becomes 'closedness', that in effect inclusion becomes exclusion. It is the prevalence of detailed local knowledge about individuals, fuelled by sustained local surveillance of their behaviour, that provides the catalyst for this transition; and in the process for the resources of the local community – ones with positive aspects for people with mental health problems – to tip over into unfortunate negative consequences. At the same time, the surveillance and the conversation, the watching and the chatting about people, which is such a feature of most Highland local communities, becomes detrimental to the mental health of vulnerable individuals, all too easily provoking within them feelings of paranoia, insecurity, stress and threat. What we have written in this paragraph, then, gesturing to some absolutely central findings and conclusions of our project, is developed at greater length in our findings paper on **Visibility, gossip and intimate neighbourly knowledges**.

*Negative aspects: for incomers?*

Even if it is accepted that a close-knit and neighbourly local community can be of *some* assistance to people living locally with mental health problems, there is still evidence to suggest that it can be less than helpful to incomers enduring such problems than to locals in the same position. Where incomers are very much in the

minority where they live or are members of an 'individualistic' incomer community devoid of its own internal integration, the hope might be that they could draw upon the resources of the local community. For some incomers, this is indeed a possibility, and the likes of Clara [ER, 27/11/01], an incomer to Easter Ross, do feel that they benefit from the assistance of the local community: *'I found families are quite supportive whatever. Because people are so inter-related anyway, folk tend to know an awful lot about what is going on. They are really not inhibited by sharing'*. For other incomers, however, it can be tough to derive any understanding, tolerance or support from locals who may be suspicious of or even hostile to incomers as well as fearful about mental ill-health (particularly if this has been diagnosed and received formal treatment). Where this is the case, the conjoint negative response to both incomers and people with mental health problems can lead to serious instances of exclusion: *'Perhaps because I'm an incomer. Perhaps that's why. Perhaps because of my illness'*, reflects Siobhan [NWS, 25/7/01] as she wonders why her relationship to the local community has not always been a happy one. Patrick [SL, 20/8/01] offers a related observation: *'I think people partly see that I am not from here. I am from Ullapool, I'm like an outsider, so I am bottom of the list, never mind my mental health problems'*. In our findings paper on **Exclusionary social relations and practices** we document numerous instances of what might be termed unsupportive encounters, uncaring and even unpleasant acts experienced by interviewees

In order to tease out the issues here, it is necessary to elaborate on points hinted at earlier about the 'close' but also 'closed' character of at least some Highland local communities. Two further quotes are hence instructive:

*... I just think the integrated network of people that have actually been born and bred, there's almost like a quietness with them and almost like ... they speak differently to themselves. It's almost like a secret society of locals [laughing], I'm sure it's not! A certain atmosphere or certain culture. You are aware of who's been here and who's not. [Justine, INV, 14/6/01]*

*So, say, if an incomer came up, you know, to move here, they'd find it very hard to get into the community. So, they're kind of shut out for a long time because they don't know that person. Somebody new coming in, ... they just shut them [out]. [Connor, NWS, 16/7/01]*

Such closedness can also, on occasion, be accompanied by something bordering on real hostility to incomers, as can be seen from the next set of quotes. The mental health states of the incomers concerned are surely being anything but enhanced by such daily experiences of being disliked ('othered') both personally and by implication:

*And the locals that have been up here all their lives resent everybody else that's here, and are really, really angry at everybody that hasn't been born and brought up here, and English people they're angry at. [Ruth, NWS, 11/7/01: actually a carer for someone with mental health problems]*

*... there's probably quite a lot of resentment by the local people, you know, ... [and] personally I have heard a lot of mutterings over the years, 'oh, this place has gone down since these yards sprung up' .... [Simon, ER, 19/11/01]*

*It's scary at times because every time we pass, they either look down their noses at me or draw looks that could kill. That's the kind of experience I get.* [Cameron, SL, 25/9/01]

*... like my neighbour, they don't like incomers. New neighbours moved in beside us, she took it upon herself to fall out with them and told him [the husband] 'we don't like incomers, we don't like strangers'.* [Sharon, INV, 27/6/01]

*... most of the locals don't take anything to do with me, maybe that's an exaggeration, maybe one or two. I don't know if they are conscious of appearing to snub you, and they do think you are an incomer and they resent it a bit.* [Simon, ER, 19/11/01]

An extreme case is given by Eric [SL, 17/9/01], who has been persecuted as an incomer: *'I have had a really nasty time with a lot of people'; 'they knew I was an outsider. They thought they could get away with it. ... I think a part of the community gives you a bad time'; '... all this is about being the outsider'.* Eric does not think that the locals who persecuted him knew the details of his mental health problems, although *'they have certainly made a lot of assumptions about me'*, but it goes without saying – whatever the precise details of his condition, and putting aside any anti-social aspects of his own conduct – that his exclusion from a wider community, as bound up with his incomer or 'outsider' positionality, cannot have been good for his mental health. As another interviewee summarises when thinking about the mental health implications of not being a local: *'It seems to me that being an incomer here is very difficult, ... even from Central Scotland'* [Alness group discussion, ER, 23/11/01].

Some interviewees debate differences in how mentally unwell incomers and locals are treated at the hands of the local community, one interviewee indicating that *'[t]here's two sets of rules'* [Sally, SL, 20/8/01] in this respect. Peter [ER, 12/11/01], for instance, clearly hints at the advantages that a local person with mental health problems may possess: *'Dingwall is alright because I am local. If you weren't local ...'*. Collete [SL, 19/9/01] notes that *'[t]hey look after their own up here'*, while Sally [SL, 20/8/01] indicates that *'what I am saying is, if it's one of their own, they're all over them, you know. That's what I mean, there's a difference'*. Chloe [SL, 21/8/01] conjectures that *'I don't know what would happen if I was a total stranger and I went to them [the locals] and they found out that I was depressed before they knew anything else about me. It might make a difference'*. Consider too the two quotes below and the following strip of interview dialogue:

*... you take somebody born and bred here, and they've ... a problem, whether it be an alcohol problem, whether it be a mental health problem. They're accepted, and you get somebody that's come into the community; they might only have been in the community a matter of months, and they've made friends certainly, but all of a sudden you've got a mental health problem, they shut them out the road.* [Glenn, SL, 6/9/01]

*I think they [a mentally unwell incomer] would be very isolated. They would be viewed with suspicion. It's hard for somebody who has all their people skills to come in as an outsider and try to be accepted as part of the*

*community, but somebody that has got mental problems is going to be viewed with suspicion from day one.* [Phillip, SL, 9/8/01]

Interviewer: ... *if you were a local person, do you think that people would react differently to you [as someone with mental health problems]?*

Louise: Yes.

Interviewer: *What difference would it make?*

Louise: *I think they'd be more supportive to me.* [Louise, NWS, 5/7/01]

One incomer with mental health problems, asked about being shunned by the local community, replies that he had '*[j]ust the feeling at that time within the community because I was an incomer and they'd say, 'he's one of these head cases or whatever''*' [Cameron, SL, 25/9/01]. This may be particularly an issue where the incomers are English:

*I personally feel that, if it was an English person with a mental health problem, I feel that they would be, to say totally ignored is probably .... Well, they would be out of it. Whereas, if you were a local born and bred in the area, which I'm not, they accept it and you're part and parcel, you know.* [Catherine, INV, 14/6/01]

This is the ethnic issue again, and, as indicated before, we will return briefly to ethnic considerations to close this finding paper.

### **Locals, incomers and different understandings of mental health problems**

It is important to think about the differing understandings of mental health problems possessed by locals, on the one hand, and incomers, on the other. To some extent, the understandings of the former are rather 'empty', devoid of specific content, as we discuss in other findings papers, and as such there is little here to direct in detail the views and responses of locals when confronted with mental ill-health. Guy [ER, 13/12/01] thereby asserts that '*[t]here's a terrible apathy amongst local people about mental illness. They don't seem to ... want to understand'*'; while Emma [SL, 5/9/01] complains that '*the attitude of people [is] all very backward and quite old-fashioned, and if you've got a mental illness, then people look at you as if, you know ...*'. This being said, there is a hint of a rather old-fashioned imagery – the person with mental health problems as raving 'lunatic' or 'nutter' (see below) – and one interviewee proposes that:

*The local community are probably so frightened of becoming ill themselves that they tend to stigmatise it. Something you are frightened of, they are going to stigmatise. Probably before I became ill, probably before half the people in here became ill, they thought of people with mental health problems probably as lunatics or whatever, they put this image in their mind and they become very, very afraid.* [Gary, ER, 12/12/01]

With respect to incomers and mental ill-health, there are two inter-related considerations to take into account: firstly, there is the question of whether quite a few incomers *do* genuinely bring with them mental health problems; and secondly, there is the question of whether incomers are more ready than locals to acknowledge their difficulties in the vocabularies of 'mental health', to talk about mental illness and psychiatric categories, and perhaps to seek professional assistance. The argument is

sometimes heard that incomers bring with them *real* mental health problems, introducing a greater prevalence of such problems in the Highlands than would be otherwise the case:

*... their attitude was 'oh, that's because you came from the city'; they had this picture in their mind that, because I came from Glasgow, ... that I bought it [mental illness] with me. [Alness group meeting, ER, 23/11/01]*

*They [the incomers] just come here to escape the rat race, and they probably don't work or anything else, you know. Mind you, a lot of them have probably come here because they've got emotional problems, and they can't cope with the big wide world, and they think this is the place to come, and it's not. People come here to commit suicide. [Deborah, NWS, 23/7/01]*

In passing, we might note that several of the professionals to whom we spoke, particularly the GPs, aired this view, even claiming that on occasion they are contacted by incomers before they arrive – or by these incomers' GPs – with information about their mental health problems. Alternatively, if not seen as bringing more mental health problems, another possibility is that incomers are regarded as inherently more 'emotional' and thereby bring with them a more emotional way of being that sets them apart from the locals:

*... well, if they were incomers, they'd probably be treated differently anyway. 'Oh, they're different'. ... They're from a different culture and, if they're emotional, that's because they're English or Welsh or Irish or American or whatever. They would be put into a category. Yes, there are quite a few incomers referred to as 'bloody nutters'. And they're not, they're just normal. [Deborah, NWS, 23/7/01]*

In her comments, Deborah goes on to speculate that incomers are '*freer. That they're just freer to be themselves*', and Sophie [SL, 8/8/01] agrees that '*incomers maybe ... didn't have the hang-ups that we used to have in our areas*'. The further and maybe more significant implication for Deborah is that, in contrast to the emotionality of the incomers, there are cultural norms and expectations which stifle the possibilities for local people, 'native' Highlanders, to express their emotions. Conversely, '*because they're incomers, they can do it*', continues Deborah, thus raising the possibility that a crucial dimension of how locals deal with mental ill-health, even if involving practical acts, will often be somewhat lacking in emotional resonance. The latter may well be a highly relevant issue, and it is one that we explore in our findings paper on **Highlands, economy, culture and mental health problems**.

The further possibility when it comes to incomers is the notion that they bring with them different understandings and discourses to do with psychology, psychiatry, mental health, mental illness and the like, and that they do indeed exhibit a greater readiness to use and to act upon the languages of mental health. One local duly comments that: '*people that come from other places that have just got a different perspective altogether, you know, they've got a different outlook, because they're probably more aware than folk are here, you know*' [Charmaine, ER, 22/11/01]; while another reflects that '*an incomer might have more knowledge, they have a bigger, wider knowledge of things*' [Leo, ER, 6/12/01]. There is the intimation that these incomers hold a more 'enlightened' attitude than do locals on many subjects, mental

ill-health included: *'More people have moved in with more liberal attitudes. They've come from bigger cities, and they're not interested in gossiping, and they just want to get on with their lives and live in peace'* [Alex, INV, 11/5/01]. Thus, whereas *'[p]eople up here would say 'that's Jimmy' because they only know, they've got a smaller range of experience'* [Leo, ER, 6/12/01], incomers are perhaps more likely to position 'Jimmy's' problems as a form of mental illness. Pauline [SL, 20/9/01] adds that, *'people who have never been anywhere else, their family have been here for generations, and the chances are there are probably mental health problems in here. It's not seen as that, it's seen as eccentric behaviour ...'*. In contrast, therefore, and, really quite notably, one interviewee declares that:

*I thank God for incomers, the likes of white settlers, because they come with open minds and open hearts. A lot of people, my Mum is [one], she was forced to recognise mental illness, because it is so common, one in a hundred people have it, and I'm not the only one.* [Julia, SL, 17/9/01]

In a similar vein, but hinting at a situation where there might actually be some integration within the incomer community:

*I don't talk to Skye people about these [mental health] problems. I go to another person [an incomer] ..., they'll talk about it because they're all incomers. They all find the same thing.* [Sally, SL, 20/8/01]

Another interviewee advances this intriguing proposal:

*I think that before, ... when it was all local, ... you never really heard of people suffering from depression. ... But Tongue has now become a place where people have come in from other areas ... and because they have come in from cities and places like that, they are probably more aware that depression is an illness and it's not something you buy over the counter, and so therefore it's probably more acceptable. I think people are not so secretive about things like that now ....* [Frank, NWS, 26/9/01]

There is here the proposition that incomers are liable to acknowledge a condition of, say, prolonged sadness as 'depression', and the added implication is that such a readiness to think in such terms has an influence that diffuses into the wider community (such that people are *'not so secretive about things like that now'*). A minor straw in this wind may be Sally's [SL, 20/8/01] declaration that the people asking after her when she was in mental hospital tended to be *'mostly people that don't come from here. I think the majority, the majority, I'm going on percentage ...'*. Another is Gill's [SL, 5/9/01] supposition that incomers *'probably do seek help more than the locals'*.

The quote above also entertains some thinking about the geography of mental health understandings. While a few locals acknowledge that *'[i]t's a smaller world isn't it, television, books?'* [Sophie, SL, 8/8/01], accenting that ideas of all kinds can now find their way into the homes and minds of locals, there is also an underlying sense that these new understandings are arriving in the Highlands in tandem with incomers hailing from urban locations: as such, there is the sense that 'mental illness' is an urban 'invention', part of town and city knowledges, rather than a concept *intrinsic* to the rural scene. Intriguingly, one interviewee states that *'I have a good health visitor [and] she's from Glasgow and she'll tackle issues you know, that have sort of*

*remained taboo before* [Julia, SL, 17/9/01]. Locals, nonetheless, do not readily seek advice on mental health matters from this more knowledgeable urban-derived incomer population: *'it would be a strange thing ... if someone belong[ing] to this area went to someone who came into this area and start pouring out their problems to them: ... unheard of, I would think'* [Frank, NWS, 26/9/01]. On another tack, one interviewee, reflecting on why she has not always had the most positive of experiences in her rural locality, claims that *'[a] lot of people from Invergordon have never moved from here'*, and that they *'just don't seem to understand'* [May, ER, 12/11/01].

### **Gender and mental health in the Highlands**

Alongside the social differences that may accompany an incomer or local community status, there are other social cleavages that might be worth exploring in the context of thinking about mental health in the Highlands. In terms of gender differences, there are strong representations among interviewees about the differences between men and women in how they deal with emotional and psychological disruption. In general terms, there is an argument that women understand emotions more than men, and that they are more open and hence willing to admit to mental health difficulties:

*I think we a lot of men see mental health as a weakness, but then that's just my opinion. I've always found that women are more open to things like that than men.* [Geraldine, SL, 18/9/01]

*Women can understand depression a lot better than men, a lot of they women suffer from post-natal depression after birth, so they understand a lot more than a guy does. So the guy usually ends up in the pub drinking, masking it that way.* [Daniel, SL, 15/8/01]

When elaborating on gender differences in the context of the Highlands, more specific comments are made about regional gender differences in terms of attitudes toward mental health problems. These comments tend to focus upon the tendency within Highland male populations to avoid emotional exchange and to hide emotional difficulties (see also our findings paper on **Highlands, economy, culture and mental health problems**):

*I think amongst the men ... they don't like to see emotions, they don't like to see you doing it in public anyway.* [Deborah, NWS, 23/7/01]

*There is definitely a cultural weakness ... and men can't show their emotions, their feelings.* [Fred, NWS, 24/7/01]

*A man shouldn't show his tears, a woman can show her tears.* [Alistair, SL, 17/9/01]

*Where you might see a Glaswegian well, maybe not even a Glaswegian but a Liverpoolian or that, you know, would cry and that ... you don't see Highland men doing that, no. Very rarely. Oh no. They're very deep. They don't show much feeling at all really.* [Bridget, ER, 5/12/01]

Such behaviour, identified above as part of a regional culture, is noted among men, although it is not totally gender specific (see below). According to our interviewees, the result of such 'repression', particularly for male Highlanders, is often the use and abuse of alcohol, as a behavioural cover and emotional crutch to sustain them through

mental health difficulties. The reasons for this are varied, but some interviewees point to the acceptability of high alcohol use, as compared to the low acceptability of mental health problems (see also our findings paper on **Alcohol and mental health**):

*I think possibly for men, alcohol is more acceptable.* [Maria, INV, 21/5/01]

While alcohol is seen as acceptable for men to use and abuse on a regular basis, and indeed is widely understood as being part of a cultural heritage of regional behaviours, for women the issues are slightly different. Although women are generally associated more with emotional states, the form that emotional expression takes is configured in particular ways. By way of example, Cassie [NWS, 27/7/01] highlights how a common form of emotional release for men in remote Highland places is excessive drinking in isolated car parks and other unregulated public spaces beyond the gaze of most rural residents in villages. Here, as Cassie signals, 'wild' behaviour can occur, actually quite strange and erratic movements, speech, interactions and so on due the levels of excessive alcohol consumption. Cassie suggests that such events can be important in terms of release and also indicates that certain types of strange wildness is acceptable in Highland places:

*They would be called a bit of a 'heller'. ... They tend to socialise only with men, y'know. They'll sit all night in a sheep fank drinking ... or they'll have meetings in sheds. Like in [local village] everyone meets in a car park. They tend to meet outside all the time, outside in the sheds and that. ... So you have a funny interaction there, you have the lad, and these lads can be in their fifties, they have a tear [wild time] out of sight of other people. I suppose technically with the church and everything drinking is frowned upon, but at the same time [they see] to be a bit wild as a good thing.* [Cassie, NWS, 27/7/01]

There are interesting contradictions and implications here for the exhibition of symptoms of mental health problems in rural places, but for the moment we will concentrate on the gendered dimensions to this social phenomena. For women, matters are quite different, and there is a sense in which Highland women would not be expected to demonstrate such release of emotional energies and certainly not in relation to vast amounts of alcohol. There is a notion, then, that women are expected to be able to seek appropriate help when it comes to mental health difficulties, that somehow they are more emotionally competent than Highland men:

*I think there are a lot of men depressed, but they find it difficult to go for help, whereas woman [can].* [Karen, ER, 20/11/01]

*Women find it easier to talk about these things, men find it very difficult.* [Sophie, SL, 8/8/01]

However, while there are strong views that women can somehow 'naturally' deal with mental health difficulties by talking and seeking help, and that they should not need to turn to other forms of emotional expression and support (such as through the use and abuse of alcohol), this underestimates the effects of 'cultures of emotional silence' and repression on Highland women. As Ken [SL, 19/9/01] argues below with reference to the islands:

*The problem of women drinking hasn't been accepted for a long long time ... . The extremes were in Lewis ... the fishing culture, the wives were left*

*totally out of it. ... I know on Lewis there were a lot of lonely women in isolated communities, even isolated in their families who went into severe depressions ... they were also into alcohol. [Ken, SL, 19/9/01]*

The link, then, between the genders, mental health difficulties and alcohol is distinctive, although rather differently configured for men and women in Highland places. (There are important connections between the claims just outlined here and those in our findings paper on **Highlands, economy, culture and mental health problems**.)

### **Generational differences**

There is a distinctive sense emerging from interviewees that there are generational differences in community attitudes towards mental health problems, which may mean that there are different experiences of people with mental health problems in different age brackets. Firstly, let us consider some polemical quotes from interviewees who differentiate between older and younger understandings of mental health difficulties:

*I would say the younger ones are starting to understand better. [Peter, ER, 12/11/01]*

*I think older generations really don't want to know or talk about such things. Younger people are more accepting. [Eleanor, SL, 20/8/01]*

*The older generation here ... mental health is not seen as an illness, it's seen as a weakness, it's a lack of moral fibre. [Phillip, SL, 9/8/01]*

*A modern society accepts all these things easier than what the older generations do ... particularly the older generations up here. [Frank, NWS, 26/7/01]*

The sense in which older generations of Highlanders are bound by particular belief systems about morality and mental ill health come out strongly in many interviews. Above, Phillip hints that for older people mental health problems are seen as a sign of 'weak moral fibre'. Keith, below, expands this notion, adding more depth to an explanation as to why older people may be less understanding of psychological difficulties:

*The older the person is ... goes back in time when mental health problems were in then. Back then it was all 'he's in touch with the devil' kind of stuff. Younger people, my age, I always think, the doctors tell you it is a chemical in the brain, that causes this stuff. So you have the younger generation have got a better attitude about it, nothing to do with any spiritual stuff, just all in the head. [Keith, ER, 15/11/01]*

Here the suggestion of a religiously inspired rejection of people with mental health problems emerging out of a regional spiritual belief system is one that many interviewees would recognise and agree with as a characteristic of an older generation (see also our findings paper on **Highlands, economy, culture and mental health problems**). In contrast, the belief systems of younger generations are more widely influenced by what Frank [NWS, 26/7/01] calls 'modern society', and so their views and attitudes are informed not just by religious dogma, but by education, GP relationships, media information and their own social experiences. Many

interviewees point to the more common uses and abuses of recreational drugs by the younger generation as an experiential basis through which young people may be more understanding about psychological trauma. As Gordon [INV, 14/5/01] says, *'I think younger people, perhaps because of the drugs they take and things, get an insight into mental health, quite a lot of them have bad trips'*. Others advance the notion that regional cultural attitudes to mental health problems are changing with different generations, largely because of the increasing acceptance and knowledge of diagnostic labels that begin to feature in the everyday lives of Highlanders:

*The younger generation are more in tune with what's happening. I would say my own generation – I was born in the late 50s – my generation understands what mental health issues are. And, as the youngsters are coming on nowadays, they've got an understanding and they're saying, 'wait a minute, so and so's got a problem', because there's kids going to school now that have got mental health problems. So, youngsters are seeing it first hand ... there's kids going to school with ADHD. There's kids – OK, dyslexia's not a mental health problem – but kids that's got that. They've got a problem ... . The ones that don't really understand it is a lot of the adults.* [Glenn, SL, 6/9/01]

In connection with comments made in our findings paper on **Experiencing mental health problems**, it may be that for older generations, the very idea of diagnostic labels represent alien thought systems which have very little place in a Highland social imagination. As noted above, for some older generations, there may be regional cultural and religious explanations for behavioural difference, and no place for medical explanations and organisational categories in understanding mental difference. However, for younger generations, such regional cultural resources may be diluted with the influence of accessible and globalised media and declining traditions in modern rural society. Hence, for younger people the very idea of mental health problems (made up of different diagnostic categories) does not represent the same kind of artificial intrusion into a peculiarly regional attitudinal base. In other accounts, people point to the higher levels of 'openness' that younger people have towards difference in general. As Eve [INV, 30/5/01] notes, to a youngster, people with mental health problems *'don't represent any fear ... [youngsters can see] people with mental health problems are quite eccentric and beautiful in lots of ways [and] young people have an open attitude'*.

We may be at risk here of being polemical, and of romanticising the responses of younger people towards mental health issues. Some of the interviewees thus balance the views held above by pointing to the fact the mature life experience may be the basis for additional understanding: *'Older people, they are a lot more mature and have a better understanding than most people'* [Rebecca, SL, 16/9/01]. Others point out that children and young people can also be cruel: *'My children have no patience with depression, they think I should pull myself together'* [Melissa, INV, 14/6/01]; whereas *'adults have a highly developed moral sense'* [Katy, NWS, 9/7/01], which means that they would perhaps not so readily make fun of, and be intolerant towards, vulnerable people. Overall, though, there is a strong sense from many interviewees that there should be more school-based education about mental health problems in the Highlands in order to cement and actively to influence changing generational attitudes: *'The younger crowd should get taught a bit in school about mental problems'* [Patrick, SL, 20/8/01].

In terms of how these perceptions of social differences actively influence the experiences of people with mental health problems, there is a notion that younger people feel possibly less stigmatised than older people, and are more included in the normal social circles of their age group. While there are certainly exceptions, this circumstance is most evident in the narratives of younger local people who have established social networks: *'well I've lived here all my life ... . Most people warm to me so they probably don't think 'that's our friend with manic depression', they think, 'that's Paula''* [Paula, 5/7/01].

## **Ethnicity**

In the previous sections on locals and incomers, it has been intimated that questions of ethnicity may actively influence some aspects of the axes of social differences that contextualise the lives of people with mental health problems in the Highlands. In particular, we want to flag the issues surrounding English in-migration to the Highlands, and to reflect on how attitudes to English incomers may partly determine whether they are accepted as a community member with mental health problems; and how attitudes towards English migration may precipitate or compound mental health problems. In terms of attitudes towards the English, several interviewees are unequivocal in their views:

*Don't take this the wrong way, but people come from other areas have moved in and settled and taken their ways with them. Not sounding racist or anything.* [Pauline, SL, 20/9/01]

*People walking in and out of each other's houses, there's that much trust there in the community that you can do that. That's broken down by incomers.* [Edward, ER, 3/12/01]

*So called white settlers, which we're not allowed to say anymore because it's racist. But they come up here because they like our way of life and then they don't like our way of life after all, and they want to change it and make us live the way they live. We object to that.* [Melissa, INV, 14/6/01]

*There's too many white settlers, ken? ... Most of the natives are in the council houses ... in the ghettos if you like ... whereas up here [the outskirts of the village] it's all white settlers ... the people who live in the ghettos they have no choice ... they can't afford it.* [Jason, NWS, 19/7/01]

References to being racist and to white settlers indicate that the interviewees are meaning English incomers, and here interviewees are bemoaning the cultural changes and uneven geography of home ownership in rural Scotland as a result of these migrants.

Anger and hostility towards English people can flow from these issues, so that community integration is often difficult for in-migrants, and as such in-migrants can feel diffident about community relations. As Charlotte [NWS, 10/7/01] discusses with respect to her English husband: *'He's not joined in because in many ways I don't think they like it. I think they sometimes think, these bossy English come in and take over. But we live a very quiet life'*. While such statements hint at social divisions in Highland communities (as discussed previously), they also indicate how incomers'

lives can be characterised by feelings of rejection, avoidance and non-belonging. For people with mental health problems, such relations can be exacerbated if there is community knowledge about such difficulties. As Connor [NWS, 16/7/01], a local man argues, '*it would be a double reason to stay away*'. It is possible, then, that the combination of ethnic status and mental health problems leads to a more pronounced form of social exclusion and shows us how different axes of social difference might combine to stigmatise some vulnerable Highland residents. Racism and ethnic prejudice might not only affect the social status of incomers with existing mental health problems, but also might act to precipitate problems in otherwise healthy immigrants. Prolonged isolation, the inability to access dense and sometimes closed community networks and (although rare) active racial hatred may thereby all combine to damage the mental health of certain incomers.

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