University of Glasgow

Philo, C., Parr, H., and Burns, N. (2002) *Spatial differences: east and west, Inverness and the rest (Findings paper no. 9)*

http://eprints.gla.ac.uk/96760/

Deposited on: 8 September 2014

Spatial differences:
east and west, Inverness and the rest

Chris Philo, Hester Parr and Nicola Burns

Spatial differences: east and west, Inverness and the rest

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 – the Northern Highlands – relate to the 'communities' in which they live (and sometimes work). Elsewhere, we consider the internal cleavages of 'community' in the Scottish Highlands, those along the lines of local-incomer, gender, age and ethnicity, that complicate the picture in a variety of ways: see our findings paper on **Social differences**. In this paper we will tackle **spatial differences**, thinking explicitly about differences between the four different study areas, and hence between different localities within the Highlands, where we have been researching in this project. Such spatial differences clearly comprise another dimension of 'the real world' that complicates the picture. Connecting back to the primarily rural focus of the project as initially conceived, we will also key into the claim that there are different rural*s*, not one singular and coherent rural scene, and that any account of how rurality and mental health articulate with one another has to be sensitive to the differing rural contexts – given by differing assemblages of variable economic, political, social, cultural, historical and psychodynamic phenomena – which may be present in what, superficially at least, might appear as overall homogeneous rural region (in this case that of the Scottish Highlands).

What we wish to argue is that spatial differences within the Highlands are bound up in some manner with the following: **(a)** variations in the characteristics and even 'causes', insofar that the latter can be ascertained, of the mental health problems (the 'mental illnesses') arising within different Highland localities; **(b)** variations in the mental health understandings displayed by the 'communities' in different Highland localities, and hence in the precise attitudes and practices, inclusionary and exclusionary, shown towards and directed at residents with mental health problems; and **(c)** variations in the experiences of these residents with mental health problems, whether positive or negative, at the hands of their host 'communities' and in relation to existing services, statutory, voluntary and user-led. Our goal is hence to offer speculations about answers to **(a)**, **(b)** and **(c)**, in particular teasing out what can be claimed about differences with a mental health significance between, firstly, the east coast and the west coast, and secondly, the rural (the remoter and rural Highlands) and the urban (Inverness).

In order to achieve this goal, we begin by providing brief factual profiles of the four different study areas, concentrating on basic environmental, demographic and socio-economic differences between them, but also indicating something about service differences, especially in the mental health sector. The paper continues by venturing a handful of general claims that might be made about spatial differences within the Highlands – concentrating on the two spatial axes just mentioned – and our claims here are based principally on the interview materials collected from users and carers within the

four study areas.[1]   At this point we admit to making subjective judgements, quite impressionistic assessments of the differing sorts of things talked about by people in the four different areas, although we think that such judgements and assessments do have some merit (and can be traced back through the differing things said by interviewees from the different areas as quoted throughout our findings paper). In what follows below we will only be using a smattering of quotes from interviews, though, since it must be admitted that relatively few observations were forthcoming that reflected in an *explicit* or *sustained* fashion upon spatial differences *within* the Highlands.

The Highlands and the four study areas

The Highlands of Scotland as an overall region is one that, on one level at least, can be characterised quite straightforwardly. As stated in the *Highland Response* to the 'Mental Health Framework', *'The Highlands is a predominantly rural area … , comprising areas of outstanding natural beauty along its spectacular coastlines, and in the high Cairngorm mountains and many lochs throughout its inland areas'* (Highland Council, 2000, p.1). The region usually now taken as the Highlands, is administratively overseen by the Highland Council. The land area is a large one, 26,484 sq km at low water, amounting to 33 percent of the whole of Scotland (and 11.4 percent of Great Britain).[2]   The overall population for 2002, based on 1998 and 2000 projections, is 208,600,[3] with an increase of 2.1 percent in population between 1990 and 2000 (probably due to increasing numbers of incomers to the region: see our findings paper on **Social differences**[4]).   Once the 2001 Census figures have been fully processed and released into the public domain, these figures may of course be revised. If the total population of Scotland for 2002 is reckoned to be circa 5,102,000, then the Highlands share of this is less than one twenty-fifth; and, in terms of population density, that in the Highlands is a mere 8 persons per sq km, whereas that for Scotland as a whole is a rather larger 66 persons per sq km. The simple geographical facts of substantial land area and extremely sparse population, full of implications for mental health in the Highlands, are here readily enumerated.

Other revealing statistics show that basic levels of economic activity are reasonably high – higher than throughout Scotland as a whole, with 83 percent of men and woman of working age being 'economically active' compared to 79 percent for Scotland – and that the unemployment rate, 3.6 percent as compared to 4.1 percent, is lower for the Highlands than for Scotland.[5]   If the figures are inspected more closely, though, it is

---

[1] In a future working paper on the political geography of mental health policy (notably the Mental Health Framework) in Scotland, we are planning to utilise findings from our interviews with service providers which touch upon spatial differences within the Highlands, but also on differences between the remoter Highlands, Inverness and southern Scotland (the power base of mental health policy-making).

[2] Most of the figures that follow in this section have been brought together from a range of sources, principally easy-to-access websites.

[3] The figure quoted in the *Highland Response* document is 208,700 (Highland Council, 2000, p.1).

[4] *'There has been a significant population growth since 1981 (with the fourth highest household growth rate in Scotland) with immigrants attracted by the perceived benefits of a non-urban style of living'* (Highland Council, 2000, p.1). Quite a few of these immigrants or incomers appear to have brought with them mental health problems, as we discuss in our findings paper on **Social differences**.

[5] These are 2002 figures based on unemployment claimant counts. Interestingly, in the *Highland Response* document, the following remark is made: *'The economy has suffered from the impact of fluctuating*

interesting that there is a greater prevalence of part-time work in the Highlands – 73 percent of working age people being in full-time work (76 per cent is the Scotland figure); 27 percent being in part-time work (24 percent is the Scotland figure) – and also too a greater prevalence of self-employment – 14 percent of working age people being self-employed (9 percent is the Scotland figure). These employment characteristics probably reflect a relative paucity of waged job opportunities, and also the historical tendency for Highlanders (notably crofters) to be working for themselves and performing a range of jobs (many of which may be quite seasonal and casual). Many more older people in the Highlands are unemployed than is the case elsewhere in Scotland, 25 percent of people over 50 for the Highlands as opposed to 18 percent for Scotland, and there is a hint that long-term unemployment is more serious here than elsewhere in Scotland, 15 percent of Highlanders being out of work for one year or more as opposed to 14 percent all of Scottish people being similarly affected. In terms of earnings, moreover, the average in April 2001 for the Highlands was £374.50 per week (£408.30 for men and £331.60 for women), which was no less than 7 percent lower for Scotland as a whole. With 24 percent of the Highlands population of working age claiming a key Social Security benefit in May 2000, and with only 69 percent of Highlanders owning a car according to the 1991 Census, the picture is hardly one of affluence – despite the seemingly high economic activity rate – and, indeed, in many respects it is one of economic hardship, difficulties in 'making ends meet' and, for some at least, a relatively 'deprived' existence.

There are important differences *within* the overall Highlands region, however, and so we must beware of generalisations that purport to account for the whole region (even though we *will* be attempting to make such generalisations at various points in our project). The *Highland Response* document states that *'[t]he Highlands of Scotland have a complex range of geographical, social and cultural circumstances'* (Highland Council, 2000, p.6). Registering and wishing to take seriously this internal differentiation of the Highlands – and also connected to our concern for the mental health 'stories' arising in *different* sorts of rural setting – we selected four Highland localities to be our study areas, the hope being that we which would be able to tease out from these areas significant spatial differences in the mental health experiences of users from one part of the Highlands to the next. For a number of *a priori* reasons – reflecting in part our own background knowledge and also contacts built up in a pilot study in 1999 – we chose the following four localities or study areas (see **map 1**):

(1) **Inverness and district (east coast):** designated 'mixed urban-rural' in a Scottish Office report, and Inverness has recently been accorded 'city' status;

(2) **Easter Ross (east coast):** designated 'rural settlements dominate', but does include largish centres such as Alness, Golspie and Tain that many residents feel to be 'urban' in character;
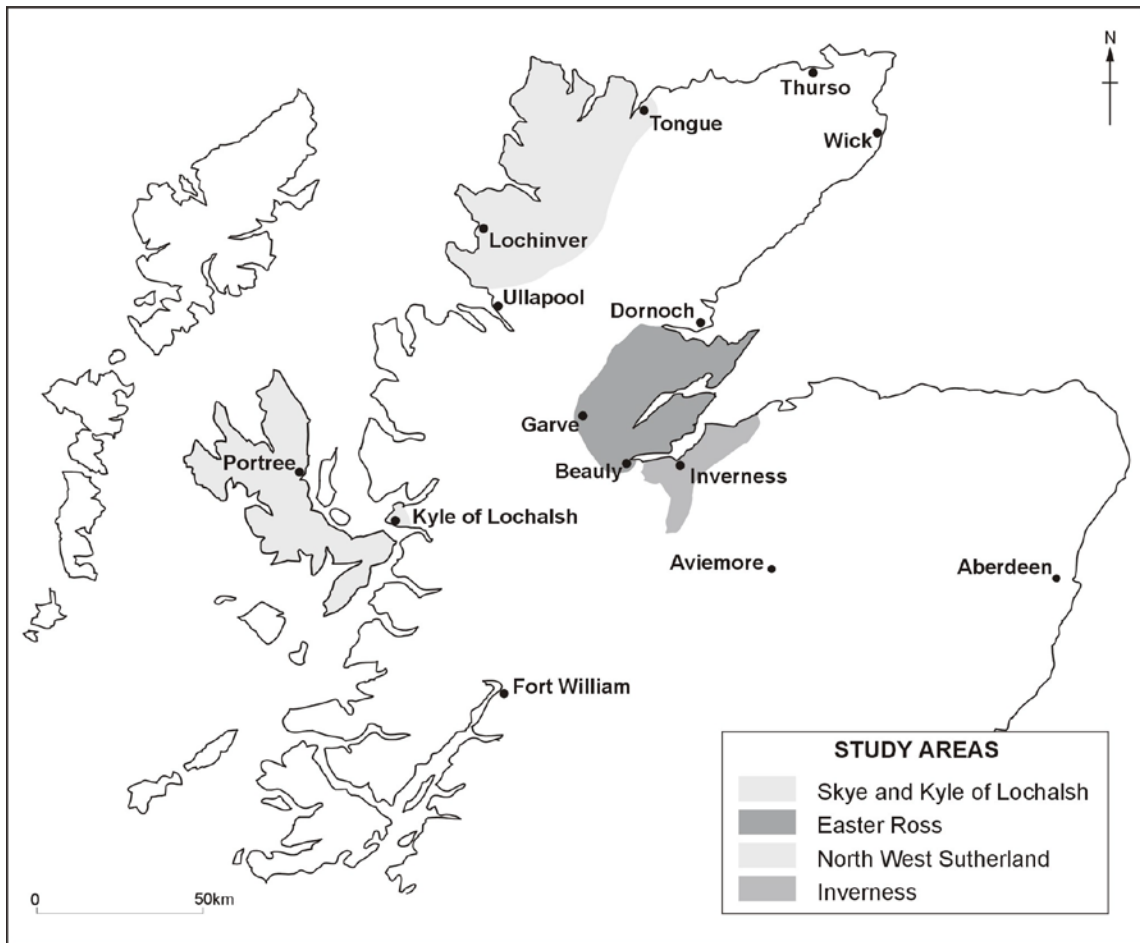
Map 1: Study areas

(3) **Skye and Lochalsh (west coast):** designated as 'remote rural', although Portree on Skye is felt by some to be 'urban', and Skye introduces an 'island' dimension;

(4) **North West Sutherland[6] (west coast, but including some north coast):** designated as 'remote rural', entailing a sizeable locality with very long distances between crofting townships, and perhaps carrying the most pronounced connotations of remoteness.

It is important to acknowledge that these four study areas do *not* map straightforwardly on to standard administrative divisions within the Highlands, and this is even the case with the Mental Health Framework local group implementation areas for the Highlands (see **Appendix 1**). This is because the boundaries of our study areas were allowed a measure of flexibility, which is why they are not delimited by solid lines on the map, in that they effectively expanded to cover the home addresses of those individuals who were

---

[6] We are aware that in some designations of this area the name North Sutherland, rather than North West Sutherland, is used; and it is true that we have interviewed people along the northern coastline quite some way east towards Caithness (towards Thurso and Wick). We do note, however, that the Mental Health Framework local implementation group area designated as North West Sutherland *does* broadly map on to our study area (see **appendix 1**).

prepared to be interviewed by us. This being said, and certainly for areas **(3)** and **(4)**, the extents of our study areas do reflect the 'territories' covered by mental health teams and / or the 'catchments' of CPNs.

One difficulty of using these somewhat 'vague' boundaries, though, is that it is not easy to generate statistical information on socio-economic and service profiles which straightforwardly corresponds to the exact limits of our study areas. Once the 2001 Census data becomes available at the 'small area' scale, our intention is to try to provide more precise profiles on demography, economic activity and other indicators, such as car use, but for the moment – and probably what is sufficient in a project such as this, with its ultimately qualitative focus – we will offer a handful of further comments to supplement comparisons between the four study areas that will already be quite obvious from remarks above. As is clear from the map, the two largest areas are Skye and Lochalsh and North West Sutherland, and they are undoubtedly the most rural and remote. They are also most typified by dramatic Highland scenery of high mountains, isolated glens and wild coastlines, with a climate known for being extremely wet and windy for much of the year. The area that we are calling Easter Ross is admittedly not that much smaller, and it does possess some quite rural and remote corners, but in general it is a less scenically dramatic and more 'benign' place to live (when it comes to climate, accessibility and the like) than are the two western study areas. Inverness and district is obviously different again, being a much smaller area, much more urbanised than the other three study areas (which is not to say that it is anything like a built-up Lowlands conurbation), and it is *itself* the 'heart' of human occupance within the Highlands from which *other* localities then consider themselves more or less remote.

In terms of population levels across the Highlands, it is known that *'... 32 percent of the population live in Inverness, 'the Capital of the Highlands', the largest town of the area, and the base for public sector administration and services and for the tourist trade'* (Highland Council, 2000, p.1). According to data for 2000, Inverness itself had a population of 50,970, which is admittedly hardly that sizeable for somewhere now formally designated as a 'city', while Inverness and surrounding neighbourhoods had a population of 65,720. In the context of the Highlands, it is nonetheless clear that Inverness and district, an urbanised district in many respects, will almost certainly exhibit somewhat differing circumstances of relevance to mental health issues than are present in the remainder of the predominantly rural Highlands. Meanwhile *'[a]round 57 percent of the population live in Nairn, Inverness and Ross and Cromarty'*, although a salient qualification here is that, *'[e]ven in areas of higher population density, some people live in rural, hard-to-reach locations'* (Highland Council, 2000, p.6). The 2000 population figure for Ross and Cromarty, incorporating our Easter Ross study area, was 50,530, just a little less than for the Inverness itself, albeit spread out over a much larger area (all the way over from the east coast to include much of the west coast sometimes referred to as Wester Ross). The equivalent population figure for Skye and Lochalsh was 12,130 and for Sutherland, including all parts of Sutherland (East, West and North), it was 12,810, and the contrast with the considerably more populous districts elsewhere is thus plain to see.

While much of the region has a broadly similar economic profile - *'The pattern of employment across the Highlands is fairly similar with the most jobs linked to farming, fishing and the tourist trade'* (Highland Council, 2000, p.1)[7] – in practice there are significant variations in unemployment levels across the Highlands, with obvious ramifications for the relative levels of socio-economic well-being from one part to the next. The *Highland Response* document notes the following: *'Some areas within the Highlands had a far higher [unemployment] rate, including Sutherland (13.7 percent), Invergordon and Dingwall (9.9 percent), Wick (travel-to-work area) (9.8 percent) and Skye and Western Ross (8.8 percent)'* (Highland Council, 2000, p.1). It is pertinent to us that the districts of Sutherland and Skye and Western Ross are here identified as particularly 'suffering' when it comes to unemployment and, by extension, patterns of 'deprivation'; they are, of course, the districts containing our two most rural and remote study areas (North West Sutherland and Skye and Lochalsh respectively).

In terms of mental health service provision, it has been shown – by the 1998 'resource review' carried out by the Scottish Development Centre for Mental Health Services – that there is *'a disparity in methods of working, and in the available resource, depending on where people live in the Highlands'* (Highland Council, 2000, p.8). An uneven geography of mental health services is hence explicitly and directly acknowledged, and for a graphic impression of this uneven geography see our **map 2**, showing the locations of some, although not all, of these services available in the Highlands. It is very easy to detect this unevenness across our four study areas, and in baldest outline, and as supported by our interviewees, we can state that the range and density of mental health care provisions – statutory, voluntary and user-led – declines considerably from a peak in Inverness and district, through the other two areas, to a trough in North West Sutherland. The contrasts involved here are absolutely crucial, we would argue, to certain key differences *between* the four study areas when it comes to the experiences of residents with mental health problems. These differences stand in the background of our discussions throughout all of the findings papers, therefore, but see in particular our findings paper on **Formal services**.

Leafing through the August 2001 *Highland Mental Health Services Profile* prepared by the Scottish Development Centre for Mental Health, it is clear that Inverness offers in-patient facilities at and linked to New Craigs Hospital, which is sited on the outskirts of the town just 'downhill' from the old asylum of Craig Dunain (the district lunatic asylum dating to the 1860s). These are really the *only* in-patient facilities, with the exception of a few in-patient beds in general hospitals, mainly for elderly patients, that are available in the Highlands for people with mental health problems severe enough to require hospitalisation. In almost every case, being referred to in-patient care means being taken away to 'the Capital of the Highlands'. Inverness can also offer a variety of out-patient clinics and opportunities for making use of psychiatrists, psychologists, a community mental health team, CPNs, psychiatric social workers, drop-ins, and advocacy groups; and it also has certain specialist provisions available for younger and older users, as well as provisions for treating substance abusers. When it comes to the simple number of

---

[7] *'There is some manufacturing in Caithness, East Ross and Fort William, and oil and service related industry in Ross and Nairn'* (Highland Council, 2000, p.1).

'services for adults with mental health problems' listed under Inverness with an obvious Inverness address, at least thirty can be counted up (although not all of these are distinct from one another and some are just different dimensions of the *same* service). The East Highland area (incorporating our study area of Easter Ross) offers much less, with only six or so specifically 'local' services alongside a community mental health team, although it is fairly easy for people here to access the services available in Inverness.
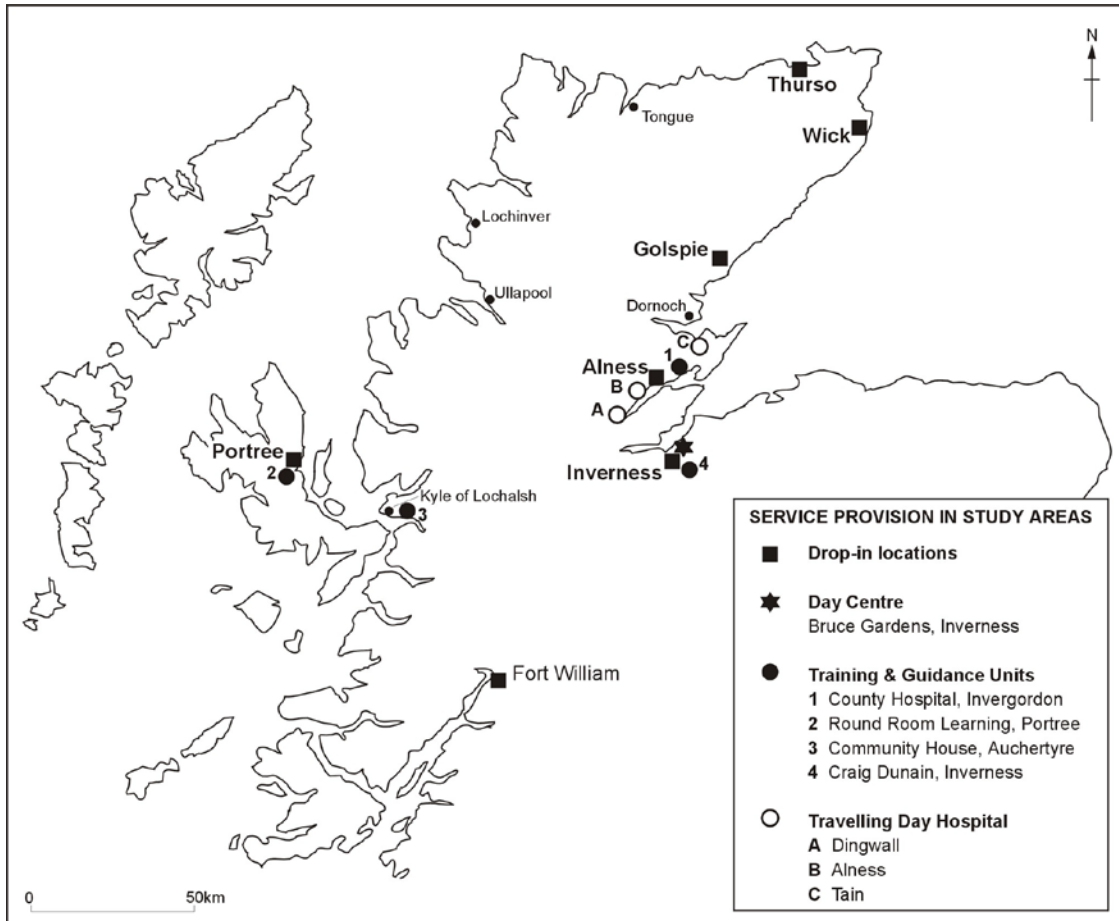
Map 2: Selected service provision in the study areas

The Wester Ross, Lochalsh and (South) Skye area (incorporating our study area of Skye and Lochalsh) offers more on paper, with something like seventeen specifically 'local' services alongside a scaled-down version of a community mental health team, but from our own research we know how dependent the service sector here is on both a small number of travelling CPNs and psychiatric social workers and the efforts of the voluntary sector (in the shape of the locally-based Skye and Lochalsh Mental Health Association). The Sutherland area (incorporating our study area of North West Sutherland) offers virtually nothing on paper, with only one specifically 'local' service mentioned at all, which is the CPN service based at Lochinver, Dornoch and Lairg (in practice, the CPN for our study area worked and probably still works from Lochinver). As a footnote to these service profiles, we should add that especially valuable to us in our research have been three drop-in centres funded by charitable organisations – namely, Cairdeas

Cottage, Inverness; Companas Cottage, Alness (Easter Ross), and The Cabin, Portree (Skye and Lochalsh) (see our findings papers on **Drop-ins**) – as well as the involvement of an advocacy organisation, the Highland Users Group (HUG), with groups based in at least ten different locations across much of the Highlands (see our findings paper on **User networks**).

A detailed assessment offered as part of the *Highlands Response* document (Figure 1, p.7) suggests the following as 'expected yearly figures', which thereby provides some window on the overall prevalence of mental health problems and of the use made of specialist mental health services (psychiatric hospital included):

Adults suffering mental illness/distress: 42,750-53,867
Adults consulting primary care (GPs) about their mental health: 39,330
Adults identified by GPs as having mental illness/distress: 17,350
Adults seen by specialist mental health services: 3,574
Adults admitted to psychiatric hospital: 564-975

It is possible to think about these figures in relation to our four study areas, although once again there are difficulties in accurately 'mapping' data sources on these study areas. Consulting again the above-mentioned *Highland Mental Health Services Profile* (SDC, 2001), it is possible to identify differing utilisation levels of 'Central Services' in the Highland region, including the use of New Craigs Hospital, General Psychiatry Outpatient Clinics and one or two other specialist facilities, by individuals from the different local implementation areas (under the Mental Health Framework). As indicated above, nearly all of these 'Central Services' are located in Inverness. It may hence be telling that Inverness accounted for 1,444 of the 'contacts' involved and East Highland (including our Easter Ross study area) 1,049, while Wester Ross, Lochalsh and South Skye (including our Skye and Lochalsh study area) accounted for 249 and Caithness and Sutherland (including our North West Sutherland study area) 605. This pattern presumably reflects the different population levels of the differing 'source areas', but high levels of usage by residents of Inverness and East Highland may have something to do with the relative ease of accessing these Inverness-based services. Alternatively, it may be that there are *proportionally* more 'contacts' from the more rural and remote localities, relative to population levels, precisely because there are so few alternative specialist services available to people in these places. Again, more detailed research on the statistics is needed to enable more definitive conclusions to be drawn on the geography of service use and uptake.

User perceptions of spatial differences in the Highlands

By far the majority of users are conscious of and articulate about spatial differences, and this is particularly the case for those users who have lived in more than one place,[8] and more particularly still for those users with personal experience of very different kinds of places (the large city, say, as opposed to the crofting township). Some users can

---

[8] Early on in most user interviews, we asked individuals about their personal 'histories', prompting them about the different places where they had lived and their differing mental health experiences within these different places.

definitely see a range of mental health implications flowing from such spatial differences, reckoning that mental ill-health is more likely to be provoked in certain places rather than in others, or that positive responses to mental ill-health are more likely to surface in certain places rather than in others, or that service provisions are more likely to be well-developed and well-integrated in certain places rather than in others, and so on. Not everybody is certain that spatial differences translate into differences with a mental health angle, although it is interesting to hear a quote such as the one following where an initial doubt on this score is followed by a qualification about how place-based differences, here in terms of differing local experiences of mental health problems, probably *do* play some role:

> *I'm not sure, I can't really see that people in Liverpool would think schizophrenia was one thing, while people in Thurso would think it was another, although there might be local variations due to incidents that have happened. I remember a few years ago, I think it was in Elgin, and I think someone slashed a vicar, and we [HUG] had to do a lot of damage limitation after that.* [Danny, INV, 14/5/01]

Some observations are restricted to comments about places directly known to an interviewee (ie. comparing Liverpool and Thurso, or Alness and Lochinver), whereas many more tackle or at least hint at broader geographical comparisons (ie. comparing large urban centres with small rural outposts, or the east and west coasts of the Highlands). Very common are observations identifying and reflecting upon differences between rural and urban settings with mental health implications, and we investigate such comparisons at length in our findings paper on **Remoteness, rurality and mental health problems**. Quite a few remarks in this respect contrast Inverness, the urban centre of the Highlands, with the remote and rural parts of the Highlands, and as such we do repeat a few relevant claims along these lines in the present paper. Our focus here remains squarely on perceived spatial differences *within* the Highlands,[9] however, concentrating on whatever conjectures about such differences can be teased out of the interview data derived from our four study areas.

East and west

One spatial axis that receives attention from interviewees is that between the east coast and the west coast, as mirroring one claim in the *Highland Response* document to the effect that there is *'[s]ocial and cultural diversity between the traditionally Gaelic west coast areas and [the] more urban east'* (Highland Council, 2000, p.6). In practice, what this geographical imagination embraces is the sense of meaningful differences hinging around a line dropped on a north-east to south-west slant from, say, Dounreay on the northern edge of mainland Scotland to, say, Fort Augustus at the western end of Loch Ness (see **map 3**). To the east are the areas known by names such as, from north to south, Caithness, East Sutherland, Easter Ross, and Inverness and district (including the

---

[9] Numerous observations are also made about the Highlands region as a whole, speculating on the wider regional mental health associations, and these observations form the basis for another findings paper on **Highlands, economy, culture and mental health problems**.

Black Isle). To the west are the areas known by names such as, from north to south, North West Sutherland, Wester Ross, Skye and Lochalsh, and Knoydart and Arisaig.
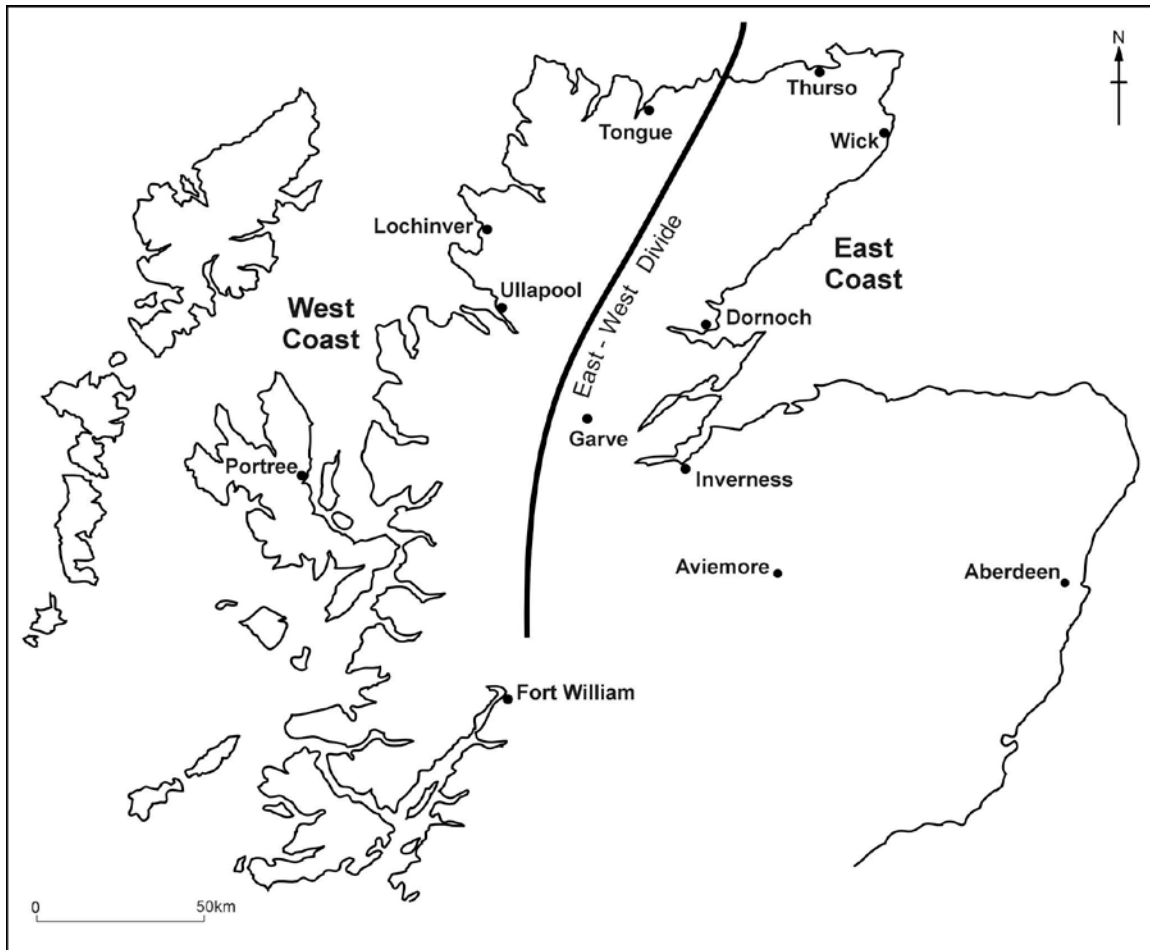
Map 3: The east-west divide

The eastern areas are orientated in various ways towards the east and north-east coasts, and more particularly towards the larger centres of population hugging the eastern coastline, from Thurso and Wick in the north to Inverness in the south. The western areas are effectively orientated towards the west and north-west coasts, and to some extent towards the minor centres of population associated with the western coastline such as Lochinver and Ullapool further north, Skye on Portree, and Mallaig and Fort William further south. This east-west distinction is hardly a watertight one, and closer inspection will reveal it to be of only limited 'reality', notably once it is recognised just how much peoples of the west rely on Thurso and Inverness to the east for all manner of supplies, services and even entertainments. Even so, there remains the common perception that, despite the looseness of these imaginings, the east and the west – often lengthened to 'east coast' and 'west coast' – do possess meaningful differences from one another which can be mobilised in explanations given by Highlanders for a variety of phenomena, events and outcomes (economic, cultural and perhaps pertaining to mental health). The distinction is sometimes cast in other terms, moreover, as when the east is described as

the 'lowland Highlands' (and much of the north-east corner of Scotland is indeed lowland) and the west is then described as the 'true' or 'upland Highlands'.

A frequent suggestion is that the east coast is more economically successful than the west coast, with the former being associated with some of the fruits of Scotland's oil 'wealth' in the North Sea, while the latter remains the home of crofting, always a marginal form of economic existence, as itself a relic and symbol of the nineteenth-century Clearances that rolled wave-like from southern and eastern Scotland to devastate the traditional human landscapes of the north and west. Many people throughout the Highlands have obviously become involved in tourism, but this is not the most stable or lucrative of economic pursuits, and it is probably only in Inverness and one or two larger centres on the east coast – and Fort William and possibly Portree to the west – that anyone can depend entirely on income from the tourist trade. Connor [NWS, 16/7/01] bemoans the lack of paid employment on the west coast – *'I think, work as well. ... I mean, there's not that many jobs on the west coast really'* – although, by way of balance, several users also point to the loss of jobs at Nigg on the east coast. Another frequent suggestion is that the east coast is less preoccupied by religion than is the west coast, with the latter (along with the Islands of the Outer Hebrides) being regarded as the 'natural' home of a specific brand of Puritanism in the shape of the Presbyterian Church, the 'Wee Frees', that supposedly colours a great deal of everyday human endeavour. *'I feel the west coast people are more religious'*, declares Sarah [ER, 12/11/01], and there is the belief that, even if in practice many west coasters do not worship, they retain a respect for, or at least a readiness to fall in line with, the moral codes laid down by this strain of religiosity (especially on a Sunday). In addition, there is the inkling in many comments from our interviewees that, insofar as it is possible and appropriate to talk about the existence of a distinctive Highlands culture, then this way of life – complete with its pride and resilience, its rules and repressions, its tangled and sometimes opposed roots in a Celtic past, a Gaelic orality and sociability, and a strict religious morality – must have originated and now today only really survives to the west rather than to the east. (For a deeper discussion of this culture and its many implications, see our findings paper on **Highlands, economy. culture and mental health problems**.)

The further argument from our interviewees is that the west coast suffers from a specific constellation of social problems, bound up with specific economic hardships (such as the difficulties of crofting and fishing) and given specific cultural inflexions (growing out of the conflicting cultural influences just mentioned). We are unsure if there is quantitative justification for this, but the claim from some quarters is that the Highlands culture, with its 'home' on the west coast, is prone to 'forcing' certain vulnerable individuals – perhaps men with financial problems and women with family problems – down a route marked by the twin trappings of religion and alcohol (the bible and the bottle):

> *Well, in the west coast, you can be a religious freak or you can be an alcoholic or you can be both, and that can cause mental illness too, I think. ... I've met some people when in Craig Dunain from the west coast, and they were in the hospital because of religion. It's always, not Church of Scotland, the Free Church, that's a bad situation, that is.* [Isaac, INV, 6/6/01]

Isaac is thus in no doubt that religion and alcohol, perhaps mixed together, constitute determining elements within a long-standing 'aetiology' of mental health problems on the west coast; and we have no doubt that others would agree, even if questioning whether this continues to be the prevailing situation today and pointing out that the bible and the bottle also feature in the mental health conditions of some east coasters. (See also our findings papers on **Alcohol and mental health** and **Highlands, economy, culture and mental health problems**.)

The 'pathologies' of drink, drugs and other substance abuse (glue, for instance) are identified by many as definitely if not exclusively occurring on the west coast, and a pattern of heavy drinking leading to periods away to 'dry out' at facilities in Inverness – including at one stage Craig Dunain, itself referred to by some west coasters as the 'spin dryer' – is one recounted to us by not a few individuals. As Connor [NWS, 16/7/01] puts it, *'[i]n the west coast, there is a social problem with drink and drugs as well, and some of these people, well specially like alcoholics and that, they go into Craig Dunain and that'* [Connor, NWS, 16/7/01].[10] There hence persists the 'figure' of the west coast man with a hard working life, slipping into alcoholism, following the rituals of binge drinking, carousing, story-telling and singing, perhaps punctuated by acute senses of guilt, remorse and even sinfulness indirectly prompted by local religious-moral convention. And then there is the 'figure' of the west coast woman, probably older, wracked by family difficulties and perhaps by bereavement, unable to gain emotional solace from the church in which she so wants to trust, who becomes reclusive, bitter and prone to drinking at home alone. Neither of these individuals are mentally healthy, both being candidates for mental breakdowns, and in the past they may have endured spells in Craig Dunain and now spells in New Craigs. We are perfectly aware that these figures verge on the edge of being simplistic stereotypes, and we doubt that individuals with these characteristics dominate the west coast psychiatric casebook; and yet they seemingly *do* retain a currency in how people *imagine* the travails of the west in the Highlands mental health landscape.

Attitudes and practices towards people with mental health problems are also thought to vary across the Highlands, although it is difficult to offer precise generalisations.[11] Some users regard west coasters as more tolerant and supportive than east coasters, although others only detect in the west the community gaze, the gossip networks, the emotional distancing and the intimations of a stigmatising and ultimately 'unhealthy' approach.[12]

---

[10] It should be added that a number of users discuss the presence of drinking, drug addiction and resulting mental health problems in certain neighbourhoods of east coast centres such as Inverness, Alness and, receiving particular criticism in this respect, Balintore (a housing estate 'in the middle of nowhere' that suffered badly with the closure of the Nigg complex). One user reflects explicitly on the ubiquity of drinking across the whole Highlands, albeit hinting at subtle differences in how this comes about east to west: *'... heavy drinking. ... The olden style of east coast, west coast ... Nigg work, the work-travelling man does more drinking than most people, but the local fisherman would be in doing his usual drinking as well, the local crofter would be in on his Saturday night spree ... So, when you are in the Highlands, drinking is expected'* [Robin, ER, 7/11/01]. See also our findings paper on **Alcohol and mental health**.

[11] This is also why we can write two papers with seemingly contradictory messages: see our findings papers on **Inclusionary** and **Exclusionary social relations and practices**.

[12] We write at length about such matters, albeit not claiming at this point that our findings only apply to the west coast, in our findings paper on **Visibility, gossip and intimate neighbourly knowledges**. Actually,

Explicit contrasts east to west in this domain are hard to find voiced, although two positive assessments run as follows:

> *I wouldn't say it's a Highland wide attitude, because I've been up at my auntie's on the west coast, and that's like really remote where she lives up in Shieldig, and, like, I wasn't long out of hospital when I went there, and all her neighbours were phoning me every day to see how I was and inviting me over to tea, you know.* [Charmaine, ER, 22/11/01]

> *Yes, I think the west tends to be more friendlier and open and probably more laidback, but … times are changing through the generations.* [Mark, INV, 23/5/01]

Other users appear to reverse the polarity here, however, and regard the east coast as less riddled with 'hang ups' at a deeper level and hence less likely to harbour a more fundamental suspicion or even condemnation of someone's mental health problems (if these becomes known). Larissa [ER, 12/12/01], a younger resident of Easter Ross, describes the community in which she lives as *'pretty supportive, and quite not surprised or anything'*, although she qualifies this claim in various ways by suggesting that children and young people here are to some extent left to their own devices – *'You sort of grow up from an early age by yourself'* – and so end up *'growing up before your time'*. Just possibly, therefore, Larissa is hinting at the weaker influence of cultural norms, expectations and rules hedging around thought and conduct in the east, one manifestation of which could also be people showing *less* concern for one another – less 'friendliness' on a daily basis – than is the case to the west. On the west coast, where settlements and communities are generally smaller, residents cannot easily avoid face-to-face contact in public, and people know each other more intimately, routine friendliness may go hand-in-glove with a more critical eye; but on the east coast, particularly where contacts are less frequent and personal knowledge is patchier, friendliness may be rarer but so too may this more critical eye. These really are conjectures, we freely admit, and whether ultimately we are identifying an east-west split or something to do with the particular properties of different settlements and communities (maybe more a rural-urban contrast: see below) is impossible to decide with certainty from the present research.

It may be instructive to consider some reflections from one Skye resident, noting that there is a further spatial difference – that between the mainland and an island, albeit an island joined by a bridge to the mainland[13] – embedded within what this individual asserts. His quote below gestures to a perceived variability in the mindset of communities when it comes to mental health problems, with Skye, on the west coast, being viewed as less accommodating to the substance of a sufferer's real problems than are communities elsewhere, to the east, for instance, and further afield:

we should underline that, while we have the sense that much of what is covered in this paper has a peculiar salience in west coast settlements and communities, elements of the 'visibility and gossip' nexus can be found in many parts of the east coast too.

[13] Skye is sometimes referred to as one of islands in the Inner Hebrides, as compared with the much more remote and inaccessible islands of the Outer Hebrides.

I think in a community like this [on Skye], it is local. I think in the wider sense of community [beyond Skye], people are more aware that mental breakdowns can happen to anyone, so they are more sympathetic. Whereas here, they are still ..., they don't really want to know, so they don't have any empathy with it, until it happens to them. There's still an attitude of 'push them out the way, let them get on with it'. [Alistair, SL, 17/9/01]

Alistair appears to be voicing negative personal experiences of what Skye has or has not offered him, and it is intriguing to confront his views with those of another user living on Skye who enjoys his relationship with the island and its people. Indeed, the message from this second user is that Skye is beneficial to mental health:

It's had a good effect on it [his mental health], knowing we are on an island. ... [I]t does have a good effect on me, comparing it to some place like Aberdeen or Inverness, there's no comparison. The only better thing about living in those other places is the jobs, it's down to money. Why bother chasing the money when you've got the happiness living on the west coast? [Patrick, SL, 20/8/01]

In part, Patrick is comparing Skye favourably with urban centres such as Inverness and Aberdeen, and by including his quote here we anticipate points to be raised later in this paper, but in part too he is transparently praising the west coast as well and, by implication, criticising the east coast. It is also clear that this praise of Skye and the west coast is to be understood with reference to mental health issues, as too is the implied criticism of the east coast.

In fact, Patrick goes on to provide a direct statement where he evidently equates the east coast in general with a more urban, modern and unforgiving mode of existence.[14] Projections of an east-west divide in terms of wealth (east) and poverty (west), or indeed of a similar divide in terms of secular (east) and religious (west), would also easily map on to such an impression; and it can be hypothesised that all of these ingredients are at work in the Highlands geographical imagination that does, after all, sustain the east-west distinction as something with popular explanatory value. The particular statement under scrutiny here is this one:

... I used to live in Culloden outside Inverness in this housing scheme, and ... I was used to being in the middle of the hills [where] all I could see were mountains and lochs and that. Looking out and seeing all these loads of neighbours and roads and tarmac and buses going by, and taxis and cars, och, [is] enough to do anyone's head in that is from the country. I'm a west coaster, you see, anywhere on the west coast will do me. [Patrick, SL, 20/8/01]

Patrick, as a self-acknowledged west coaster, implies that the west coast (a rural setting of hills, mountains and lochs) is far better for his mental well-being that is the east coast

---

[14] At this point, recall the contrast drawn in the *Highland Response* document between the west and the *'more urban east'*, as followed by a reference to *'contrasting urban and rural areas ... , including some areas with many of the health and social characteristics associated with inner-city deprivation'* (Highland Council, 2000, p.6).

(a busier, more urban setting, even if in the case of Culloden still some miles from the city of Inverness). Patrick's experiential account here of what suits him best is couched in terms of both physical landscape and 'space', the latter meaning distance *away* from both too many neighbours and busy transport links, and he says nothing about community attitudes and practices. Other experiential accounts, perhaps ones more concerned with community, social life, support networks and the like, may not echo Patrick's geographical priorities, however, and may therefore embrace a different weighing up of whether east or west is 'best'. There is some evidence of this happening, as in Larissa's words above or in those of various users who can see advantages, less in the east as a whole, but more in Inverness (see below).

A final point on the east-west distinction is the perception that better services are available on the east coast as opposed to on the west. Interviewees repeatedly emphasise that services of all kinds, from supermarkets to hairdressers, are more numerous, perhaps of higher quality and often more easily accessed to the east rather than to the west. They are also nearly united in the claim that medical and, more specifically, mental health services are more likely to be located in and available from places to the east rather than to the west. While the main spur for such observations is the presence of Inverness, the capital city of the Highlands, in the east – such a centre inevitably hosting denser congregations and networks of services of all kinds – there is the perception that smaller eastern centres such as Thurso, Wick, Golspie, Tain also have much more to offer in this respect than do the likes of Lochinver, Portree and Mallaig. We discuss at greater length the geography of Highlands mental health services in our findings paper on **Formal services** (and see also our findings paper on **Drop-ins**), where questions about distribution and accessibility come to the fore, but in the present context it is worth noting a comment such as the following:

> *Everything seems to be on the east coast. There doesn't seem to be anything on the west coast. … You actually see the local paper now, The Northern Times, which is actually from Golspie on the east coast, which is the main paper for this area, and you see adverts on the back of that for Alcoholics Anonymous and different things – and phone numbers – that's in the paper you see. But these kind of support groups are all on the east coast. … I think there should be something on the west coast, more on the west coast.* [Connor, NWS, 16/7/01]

In a discussion about the danger that mental health services are actually quite 'stretched' in East Sutherland, one resident of North West Sutherland is led to declare: *'That's interesting, isn't it, because, I mean, I automatically assume that the services [in the east] are dense enough, if you like, enough variety, enough alternatives in that part of the world that that shouldn't be happening there'* [Lisa, NWS, 11/7/01].

Inverness and the rest

A second spatial axis that receives attention from interviewees is that which we glibly refer to here as the distinction between Inverness and the rest. In practice, what this geographical imagination embraces is the sense of meaningful differences between

16

Inverness as the capital of the Highlands, officially designated a city in 2001 and undoubtedly possessing many of the trappings of an urban centre, and the remainder of the Highlands, virtually all of which is overwhelmingly rural in character. It is true that one or two larger centres outwith Inverness are regarded by some as 'towns' and as developing urban characteristics – the council housing estates in Alness are occasionally likened to those in Glasgow, for instance – but at most, on the more analytical scales of the settlement geographer, they might be classified as 'rural towns' serving a country hinterland (as 'market towns', although the street market function may long since have disappeared).

Any consideration of perceived spatial differences therefore has to confront the gulf between Inverness and the rest, and it has become obvious to us in our research that this gulf is ever-present in perceptions of the spatial differences that 'make a difference' to the Highlands. Obviously, it is not easy to distinguish between perceptions of the east coast-west coast divide and those of the Inverness-the rest divide, since in some discussions it is clear that the east coast is effectively 'collapsed' on to Inverness.[15] Indeed, there is the indication on occasion of Inverness standing in metonymically for the whole east coast, and that attributes of Inverness – its urban status, its relative 'modernity' and 'secular' character, and its supposed problems – end up being projected on to other parts of the east coast (without justification).

It is useful to begin with some of the comments that interviewees make about Inverness and its city status. *'Inverness got very urbanised'*, says Simon [ER, 19/11/01], while Leah [ER, 4/12/01], a resident of Alness, suggests that, *'even if you look on Alness as a rural area, you've got Inverness [nearby] which is definitely an urban area'*. Another Easter Ross resident elaborates:

> *Well, like Inverness is a city, obviously, you know, that's a city now. To me, a rural area is somewhere where you're on the edge of the countryside, and you don't have too many shops and things, you know. There's a lot of facilities that aren't here [in her village] that are in Inverness, kind of thing, you know. It [her village] can be quite sort of cut-off at times.* [Charmaine, ER, 22/11/01]

A few interviewees underline the fact that Inverness has grown quite substantially in recent years, being economically buoyant, and it is perhaps the relative success of Inverness that leads some to think that the whole east coast is being successful (and is thereby more wealthy than is the west coast: see above). As one user says, *'[l]ots of money comes into the area, but it is amazing to us over the last ten to twelve years … how much it has changed, and the retail parks, that's all new. Inverness has expanded tremendously'* [Justine, INV, 14/6/01].

---

[15] This being said, the far north-western locality of Caithness, with its too fairly sizeable settlements of Thurso and Wick, is usually regarded as being quite distinctive and outwith the influence or 'catchment' of Inverness. In our research, one study area is Inverness and district itself, but the second eastern study area, Easter Ross, was also one for which Inverness remains centrally important. For many people in Easter Ross, Inverness is the focus of employment, shopping, recreation and other visits, as well as being a routine point of comparison when people reflect upon what their immediate neighbourhood has to offer.

The existence in Inverness of what are positioned as urban cultural attributes of aloofness, tension or even aggression is mentioned, and one user, making reference to Inverness when considering differences between rural and urban people, proposes that: *'... when they come home [rural dwellers returning from work], there are people that will speak to each other nicely without all sorts of stuff happening. Like, see, nearer to the town centre – I keep calling [Inverness] the town, and it's now the city! – there's more sort of aggro tendencies in the people'* [Clare, INV, 14/6/01]. In broader cultural terms, a frequent sentiment, if rarely voiced all that explicitly, appears to be that Inverness has lost or is losing touch with an older Highland culture. Indeed, Inverness is now seen by many as forsaking, even as itself becoming a solvent of, an older, different and distinctive culture: *'I mean you hear people coming from the Islands or the West Coast, and there may be differences the way they do it there, but I don't think as far as Inverness is concerned there is anything [ie. no different way of life to anywhere else in Scotland and beyond]'* [Sarah, ER, 12/11/01]; *'it is not so apparent in Inverness'* [Danny, INV, 14/5/01].

We did not hear many, if any, remarks about Inverness prompting distinctive types of mental health problems, although it might be the case – in line with findings from many other studies – that a growing urban centre such as Inverness will be more prone to 'producing' acute mental disorders, ones likely to labelled as 'schizophrenia', than are the rural districts round about, where 'depression' might be expected to be more prevalent.[16] What we did hear, nonetheless, were suggestions about how the physical environment of Inverness could negatively impact upon someone's mental state:

> *So, yes, the cities depress me because when you walk down through, you're walking down Redhill Street [in Inverness], you've got pretty high buildings on either side of you and you've got the noise of the traffic, and you could be walking down the street with somebody and they cannae hear what you're saying. But here [Skye], you can walk along the street, you can talk to somebody on the other side of the street, and they can hear exactly what you're saying.* [Glenn, SL, 6/9/01]

In terms of attitudes and practices relating to mental health, there is a definite divergence of opinion echoing that more general schism in assessments of 'rural idylls' and 'urban hells' or *vice versa* that we deconstruct in our findings paper on **Remoteness, rurality and mental health problems**. Some positive views of what Inverness offers the person with mental health problems can be discerned, one of which posits a more supportive situation in Inverness as compared to that encountered further west (in Fort William):

> *In Inverness I would say that they are very supportive. I get the bus every day with my travel card, and I get no stares or anything like that and it's just*

---

[16] It may have something to do with our methodology, but is notable that in this project the majority of users to whom we have spoken in all four study areas have been diagnosed as suffering from 'depression'. We have talked to relatively few people diagnosed with 'schizophrenia', and Hester is aware of a considerable difference here to her research on people with mental health problems in Nottingham, a large conurbation in the English East Midlands, where the majority of her research subjects were diagnosed with 'schizophrenia'.

taken-for-granted. I think the people of Inverness, they do know what you've been through, I would say more so than the people in Fort William. The people in Fort William, they refer to is as you're 'going up by', and get out of that if you can. [Thomas, INV, 23/5/01]

Tellingly, though, for every person who talks about Inverness being supportive in terms of its human interactions, it is possible to find another who talks about it being unsupportive because it cannot offer that intimacy of contact supposedly available outwith such an urban centre. Another user duly compares Inverness and her home in the rural surroundings of Easter Ross as follows:

… there's more community [here, Easter Ross]. In Inverness, [it is] very sort of cold and isolated, but here the community were kinder, and they do ask you. More concerned. [Frances, ER, 10/12/01]

The reasoning is reversed by other users, however, since for them precisely what it valued in terms of coping with their mental health problems is the opportunity to escape from the vigilance, concern and possible criticism of close-knit communities. For these users, what Inverness provides, in common with other urban centres (notably ones still larger than Inverness) is a social *milieu* that effectively 'supports' their attempts to live with mental ill-health by *not* swamping them with the double-edged sword of community (as both 'security blanket' and 'thought police'). The common wish expressed by such users is to achieve 'anonymity', so that to most urban co-habitants they are not known, remain unfamiliar and go unrecognised. Inverness can seemingly fulfil such a requirement: *'I actually see it as being much more anonymous in Inverness'* [Michelle, INV, 11/5/01]; while Felix [INV, 31/5/01] suggests that on the islands or even in Fort William *'people know'* about his difficulties, whereas *'in Inverness people are anonymous to an extent'*.

Although it is difficult to document quantitatively, there may be a trend of people with mental health problems leaving claustrophobic rural Highland places to come to Inverness, partly to benefit from the denser networks of mental health services (statutory and voluntary) found here, but partly to capitalise on the anonymity of this larger urban centre (now designated a city): *'I want all the facilities in Inverness again, I want the anonymity'* [Eve, INV, 30/5/01]. There is hence the suggestion that such people do indeed crave the anonymity of the city in Inverness, wherein they are left alone by the local community, while also wanting to access mental health services which will be able to treat them on a routine and regular basis in a fashion sensitive to their individual needs (in other words, personally, *not* anonymously). The clustering of mental health services in Inverness is well-known – *'As far as mental health provision, if you don't live in Inverness, forget it'* [Phillip, SL, 9/8/01] – and we cover the Inverness bias of such services in our findings paper on **Formal services** (see also the study area profiles above). The presence of statutory services at New Craigs and related facilities is obviously important, as too is the presence of both the local authority drop-in at Bruce Gardens and the NSF-funded drop-in at Cairdeas Cottage (see our findings paper on **Drop-ins**), and also significant may be the homeless shelter (where it is clear that people with mental health problems often spend the nights).
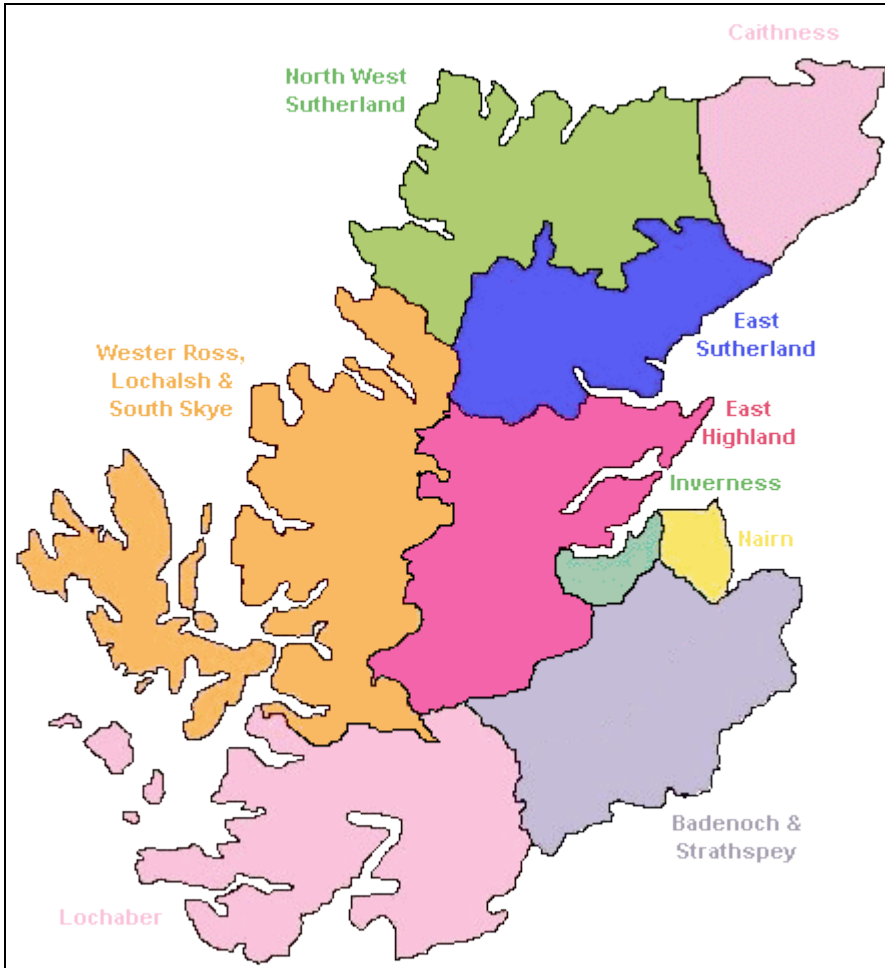
In addition, since Inverness clearly contains a definite population of people with mental health problems – as compared with the sprinkling and scatter of users throughout most of the rest of the Highlands – and it is particularly here[17] that the conditions are right for the fostering of more informal support networks involving the friendships and mutuality of individuals who may have met each other as in-patients (at Craig Dunain or New Craigs), may attend together at drop-ins or even bunk down in the same wards of the homeless hostel. The impression is of such networks acquiring some stability outwith these spaces, moreover, and coming to involve patterns of visiting each other's homes, meeting for coffee, tea and snacks in certain cafés, sharing a drink at certain bars, and so on (see our findings paper on **User networks**). Unsurprisingly, such networks are highly valued by users, and, although the connection is not explicitly vocalised by them, our supposition is that buried within the perceptions of spatial differences within the Highlands for many users must be some sense that Inverness is good for their mental well-being precisely because it is home, not only to formal services, but also to informal services and – possibly even more crucially – informal support networks. Conversely, we suspect that many users must harbour a sense that other places, notably the more rural and remote places largely devoid of services and support networks of any kind, will be less conducive to positive mental health. Such a sense is clearly not be held by all users, and for the likes of Patrick it is the scenic landscapes and wide-open spaces of the west coast that seemingly contribute most to sustaining mental health; and yet for others it is the urban centre of Inverness, where a frame of public anonymity is studded by service nodes and criss-crossed by support networks, that appears to offer most hope for keeping mental ill-health at bay.

References

Highland Council, 2000, *Framework of Mental Health Services in Scotland: A Highland Response, June 2000* (Highland Council, Inverness, Highlands)

Scottish Development Centre for Mental Health, 2001, *Highland Framework Implementation Process: Highland Mental Health Services Profile, August 2001* (SDC, Edinburgh)

---

[17] There may be small 'communities' of people with mental health problems who know each other elsewhere – in Thurso and Wick, in Golspie and Alness, in Portree and possibly in Fort William – although we are unsure the extent to which these communities have much coherence outside of the drop-ins and the HUG meetings.

Appendix One: Local Implementation Group Areas

Source: courtesy of SDCMH