Safe and unsafe places

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Introduction

We have explicitly asked our interviewees about 'places' where they feel safe or unsafe, particularly when their mental health problems are troubling them the most, and this question provided us with an intriguing set of responses. By 'places' in this context, we mean the everyday spaces of living: the mundane locations for existing, 'getting by', 'hanging out', perhaps working, socialising, relaxing and so on, that all of us routinely inhabit and probably take for granted, but about which people with mental health problems may have particularly strong or complex emotions. This is the one part of our project where we are not greatly concerned about the rural, remote and Highland context of the research, since to some extent we are thinking about places that could be found almost anywhere. This cannot be completely the case, however, as there are various ways in which the wider geographical context *does* lend a distinctive character to at least some of the places to be considered below: the lone crofthouse on a windy peninsular not being quite the same as a 'home' elsewhere, for instance, or the hotel bar that is the only drinking establishment for miles around not being quite the same as a public house elsewhere. We will briefly touch upon this specificity of the places concerned where relevant, but, to put things another way, we suspect that many of the claims that follow in this findings paper could be generalised to other (even urban) parts of Scotland, Britain and possibly beyond.

Some of what our interviewees say about places where they feel to be safe or unsafe connects up to their remarks about what we term 'therapeutic landscapes'. By this term we mean aspects of the 'natural' environment – the physical geography of mountains, glens, lochs and coastlines – that interviewees recognise as impacting upon the mental health states, perhaps negatively but also sometimes positively, and that they occasionally choose to utilise as a resource for making themselves feel better (for, in effect, self-therapy). We keep the focus below almost entirely on human-made places, though, and leave the theme of 'natural' environments to our findings paper on **Therapeutic landscapes**. Similarly, some of what our interviewees say in this respect widens out into opinions about what is right or wrong about a particular named place (as in what is good or bad about, say, Inverness, Tain or Lochinver) or, still more broadly, about the relative merits of one type of settlement over another as a place in which to survive (as in whether a small village is superior or inferior to a large town). Such judgements, often encompassing reflections on the differing sorts of 'community' associated with different settlements, are of course very important to this project, given its interest in the links between rurality, remoteness, the Highlands and mental health, and we tackle them at length in our findings papers on, respectively, **Highlands, economy, culture and mental health** and **Remoteness, rurality and mental health**. They will hence only receive a passing reference in this findings paper.

Home places

Unsurprisingly, many of our interviewees hint at the significance to them of home places, which could mean the residences and perhaps immediate neighbourhoods where they were born and brought up, but which more simply for most interviewees means the 'house', 'flat' or 'room' where they are currently living (where they stay,

where they usually sleep at night)[1]. We will therefore start by considering these small-scale places, noting that they are often a very distinctive node in an individual's 'topography' of experiencing, coping with or hiding away from mental health problems. For some interviewees, it is merely that the home place is where you want to be, or where you do not have the energy to leave, when mental health problems are at their height: *'I'd tend to hang about the house, not always making the effort to go out'* [Connor, NWS, 16/7/01]; or *'I'm better shut in the house, because when I'm like that I'm suicidal … '* [Melissa, INV, 12/12/01]; or *'I think if I don't feel well, I probably would be more likely to be confined to the house, self-confinement really. You get melodramatic'* [Justine, INV, 14/6/01]. The notion of 'self-confinement' is interesting, and certainly ties in with practices of self-silencing in a culture where weaknesses are not supposed to be displayed publicly (see also our findings papers on both **Highlands, economy, culture and mental health problems** and **Experiencing mental health problems**).

For most of our interviewees, however, the overwhelming sense is that home places are valued as 'havens' from the trials and expectations of everyday social life, with many interviewees conveying a deep-seated attachment to the home place as a 'bolt hole' offering physical barriers (walls, doors, locks) against an uncertain and uncontrollable world beyond. One strip of conversation begins to illuminate this sense:

> Interviewer: … *When you're not feeling very well, would your time in the home increase at all?*
> Emma: *Mm, hmmm, a lot more, yeah.*
> Interviewer: *And there are places that you just wouldn't want to go if you weren't feeling well?*
> Emma: *Yeah.*
> Interviewer: *Where would that be?*
> Emma: *Everywhere, I'd just stay in the house.* [Emma, SL, 5/9/01]

Two even more telling quotes in this vein run as follows: *'I suppose at the moment, going in and closing the door is my sort of safe, I just feel secure once I get in the house'* [Karen, ER, 20/11/01]; and *'[i]n these … days when I first moved to [village], and then I wouldn't go out the house really. I was cry, cry, cry, sleep, sleep, sleep, cry, cry, cry. … I was frightened to go out the house'* [Kyla, INV, 1/6/01]. For one woman living alone in a remote part of North West Sutherland, even the fact that her house is situated in such a lonely location does not detract at all from her feeling of it being somewhere 'safe': *'It's silly, because I don't feel frightened up here. I mean, I've never actually been frightened in the place, being on my own'* [Katy, NWS, 9/7/01].

[1] For some people, past homes (meaning houses, flats, rooms) hold a great deal of significance, and were clearly a factor that had impacted, and maybe still could impact, upon their mental health. Happy childhood memories surface in some interviews, either offering a positive resource for dealing with the present or performing negatively as a point of comparison with a more miserable present. Unhappy childhood memories also surface in a few interviews, and we heard several harrowing tales of child abuse, centring on the family home or that of a close relative; and we have no doubt that the mental health problems suffered by one or two of our interviewees had their roots in this abuse and in memories of misery, guilt and pain associated with these home places in the past. We will not give examples here.

It seems clear in these and similar quotes that the basically positive feeling about being 'safe' *inside* the home place arises in contradistinction to peoples and places *outside* of the house, flat or room, and it strikes us that what is occurring here is chiefly about *not* being in public. It is therefore about evading social settings where other people may be encountered, particularly people known by name or by face, something more likely to happen in small rural places than in their larger urban counterparts. It is the more-or-less conscious use of a spatial strategy to put distance between oneself and others, as is evident from this quote:

> *As I say, I prefer to be alone. I don't like people coming to my flat. I … like to be able to go in my flat, shut the door and know that I'm in a safe place. So, really, isolation doesn't really come into it for me because I isolate myself.* [Hazel, SL, 13/8/01]

The reference here to 'isolat[ing] myself' obviously recalls the one above to 'self-confinement', and the home place becomes the vehicle for achieving such self-exile for certain vulnerable people during phases of mental ill-health. Another telling observation is the following, although in this instance the interviewee is aiming to exile themselves along with one 'significant other', who consequently becomes himself embroiled in the interviewee's spatial strategy:

> *My main thing was, well I was social phobia once I got out of hospital, like I hated being anywhere with crowds of people. I didn't like fancy anybody coming round to the house. Just wanted to shut the door and be me and my fiancé, didn't like anybody visiting. I just got really, really uncomfortable, got agitated and restless, it was really horrible …* . [Leah, ER, 4/12/01]

The claim about 'social phobia', recalling claims often made by agoraphobics for whom it is as much social others as open spaces *per se* that are at the heart of the problem, indicates the extent to which constructions of what is positive about the home place and negative about other places are indeed to do with *social* as opposed to purely *spatial* considerations. While this may seem a straightforward conclusion to reach when thinking about mental health issues, it surely has ramifications with regard to how 'care *in* the community' is supposed to help individuals too frightened to venture out into the spaces *of* the community.

One interviewee signals a slightly different take on the apparent security of the home place, gesturing to the fears that still swirl about this space as one that *can* be violated, particularly because an acute mental breakdown can lead to the normal protection of the home's boundaries being ignored:

> *… apart from the alcoholics tapping on the window and that, asking for drink and money …, it is my own house, a place of safety, you know. [But,] if you do get too high, you've always got that notion in your head, 'oh no, they are going to come and get me'. If they decide in the community, CPNs and all the rest of it, that you are getting too high and come and take you away, that's when they break down your door and haul you in the back of an ambulance …* . [Patrick, SL, 20/8/01]

For someone like Patrick, being aware of a certain precariousness in his 'hold on sanity' goes hand-in-glove with a terror about being 'sectioned', of being dragged kicking and screaming from the safety of the home place. While many people do fear

the violation of their home, by burglars, bailiffs, the police, mental health officers or whoever, it may be that for individuals whose mental health is so intimately bound up with the physical place of the home such fears become magnified (even to the point of becoming part of their mental health problem).

Some interviewees also realise that there is something quite double-edged about attachments to the home place. As one person explains:

> *For an awful long time for me it [home] was … a safe place, but then it was tying me down and probably increasing my fear if outside because I didn't dare go out on my own. I've got past that now, I am enjoying what is going on outside and I have the courage to do that, which I couldn't for ages. But people are important to me as well, and animals and atmospheres* … . [Clara, ER, 27/11/01]

In short, becoming too dependent upon the home place, finding it tough to leave it for the realms of a 'scary' wider world beyond, can become a form of entrapment;[2] indeed, it can become both a symptom of someone's mental health problems and an obstacle to them ever overcoming these problems. Clara's quote clearly acknowledges this downside of her 'safe place' in the home, highlighting too her determination to get past the fear of quitting the home for encounters in the more unpredictable places outside of it. What is more, she is aware of needing to meet other people, but, appealingly for us as geographers, she signals too a belief that coming into contact with 'animals and atmospheres' may actually do her good in mental health terms rather than harm. We will meet similar views being expressed by other interviewees presently, and a generalisable point may be that many people with mental health problems actively struggle against the lure of the 'safe' home place because they appreciate the gains – we might even call them 'therapeutic' gains – to be had by developing a spatial range taking them to more 'unsafe' destinations beyond the front door.

Returning indoors, into the home space, it is notable that some interviewees talk very specifically about certain spaces *within* the home that become important to them when in crisis. The bed is mentioned repeatedly in this connection, and it is almost as if, for certain people at certain times, the home place contracts down to the intimate geography of the bedroom and even just the bed itself: *'[I] … do the basic minimum, stay in and go to sleep'* [Joanne, ER, 6/11/01]; *'… if I'm not feeling well, it's like panic attacks, it's like concentrated fear, I usually take to my bed quick as possible. I can't handle it, it is really bad … '* [Paul, SL, 10/9/01]; *'I usually stay in my bed, lock the door and keep away from everyone'* [Charmaine, ER, 22/11/01]; *'… my way of coping is I withdraw and, at the end of the day when I really hit rock bottom, I go to the bedroom and shut the door, it's the only time my bedroom door is ever shut. That's my way of saying 'leave me alone''* [Melissa, INV, 14/6/01]. Going to bed early for Highlanders with mental health problems can also be linked to the long dark nights which appear to prompt, for many, a wish to 'shut down' earlier, to remove

[2] Morgan (1999, p.21), writing in a Highland context about mental health and the home place, echoes Clara by writing: *'I expect all of us know the feeling of when life becomes dark and there is no joy to be found. Sometimes this feeling can deepen and extend – there can be days and weeks when the worries and despair crowd in; when it becomes impossible to face other people; when the privacy and safety of your room becomes a trap; where the idea of moving out of your seat and making a decision about whether to eat or tidy up is impossible; where it is a struggle to think about anything … - life becomes a 'muzzled' blur in some inaccessible place'.*

oneself from even the semi-social rooms of the house to the ultimate privacy of the bedroom: '*… but I go to bed very early. I've got a TV in my bedroom. It's basically in the winter time, not at the moment [July], but in the winter time I go to bed very early, very early'* [Katy, NWS, 9/7/01].

One or two other interviewees identify yet more intricate micro-geographies of the home place that figure in the outworking of their mental health problems, and we can only speculate about the psycho-dynamics leading individuals to latch on to very particular spaces within the home during periods of crisis. Consider this quote:

> *Now, I remember we had like a wee breakfast bar that came out, a wee bittie away from the sink, you know, it went down, it could go up and then across. And the washing machine was in that corner. And I remember, I remember when I got really bad I used to go down there and kneel down beside the washing machine and just howl and cry, just howl and cry, and* … . [Stephanie, NWS, 17/7/01]

We are reminded of the achingly poignant account of being in 'psychosis' given by Graham Morgan, the facilitator of the Highland Users Group, during a public presentation in 1999 entitled *'Home is where you want to be, even if it drives you round the bend'*.[3] As he recalls:

> *My psychosis bubbles along quite happily, but there are occasions when it flares up into something else. The last time was five and a half years ago, when for some reason every bright light and every spark of sunlight became a demon or spirit that could read my thoughts and was after me. To hide from them I chose to go and hide under the four foot gap between our floorboards and the rubble of the foundations of our house. It was frightening and cold down there, mould grew on my blankets and above my son (who was just learning words and sentences) would come and squat above the loose floorboards and point and say 'Daddy'.* [Morgan, 1999]

It is at this moment that we touch upon some of the most mysterious bonds between severe mental health problems and spaces, 'real' and 'imagined' or 'projected upon', that lie at the heart of what Hester Parr (1999) refers to as 'delusional geographies'. While we did not set out to explore such geographies in the current project, we should perhaps not be surprised that they enter into the picture of what some interviewees take to be 'safe' and 'unsafe places'.

For a few interviewees, the safety of the home place is apparently extended to other, essentially private spaces. The garden is mentioned on occasion, with Karen [ER, 20/11/01] celebrating the fact that *'I can hide myself in the back garden, and that was where I started getting interested in gardening'*. There may be a further connection here to the affection that some interviewees display for 'nature' (see our findings paper on **Therapeutic landscapes**), although there is a significant difference between

[3] Morgan's account here is embedded in a wider argument about whether staying 'at home', as advocated by 'care in the community' enthusiasts, is always the best thing to do, particularly in the Highlands where many people with mental health problems are too poor to live in 'nice' homes. In fact, there are numerous other powerful arguments put forward by Morgan, (1999), and also in the bigger document to which his account is appended (HUG, 1999): these arguments could usefully be consulted along with this part of the present findings paper.

the domesticated 'nature' of most gardens, wherein self-therapy is perhaps bound up with controlling plants and scenes, and the wilder 'nature' of moor and mountain, where self-therapy is probably more about losing oneself in these relatively unpeopled landscapes. Intriguingly, one interviewee even hints at his car as an extension of the home place, offering remarks about his car similar to those made by others about their homes:

> *It's like me in my car as well. I'm on my own in my car … . You never see me with anybody in my car. I come out of my house and get in the car and go away, I am on my own, don't see anybody, and I can go wherever I want to go.* [Jack, ER, 16/11/01]

Many of our interviewees do not own cars or have no access to car transport, and for them coping with taxis (which could be far too expensive) and public transport (buses and sometimes trains) can evidently be a real strain for someone experiencing mental health problems. We will return to this point shortly.

Public places

When interviewees begin to reflect more directly on places beyond their homes, they offer a range of responses, most of which dovetail with ones about their feelings towards the local 'communities' in which they live (about whether or not they find these communities to be welcoming or stigmatising). Responses along these lines are immediately relevant to the central concerns of our project, and we tackle interviewees' senses of community, of belonging or ostracism, throughout several of our other findings papers. What we will concentrate upon here, then, are responses that centralise particular public places themselves, giving a feel for interpretations that interviewees give about exactly where they feel 'safe' and 'unsafe' – where they feel that they can go, even like going, and where they like to avoid – on a daily basis. A handful of interviewees provide specific comments about the simple act of walking around the public places of their neighbourhoods, Maria [INV, 21/5/01], for instance, declaring that *'I can walk everywhere in Inverness and feel quite safe. I've never felt threatened'*. A more developed claim comes from Paul [SL, 10/09/01], who reckons that walking is a valuable prelude to coping with and feeling safe in other places:

> *[safe places] … yeah, quite a few places. Most place actually here [Portree]. I think a lot of it that makes me feel safe is that I have gone for a walk before that, … you feel more passive … before you even go into the pub or the café or the shop of the wherever, you feel nice about yourself, so then you can feel nice about other people.*

We might add that for Paul, as for some other users, the very physical act of walking is important, in itself almost an act of self-therapy, and Paul is someone who likes to walk extensively in the hills as well as around a settlement like Portree (see also our findings paper on **Therapeutic landscapes**). Elsewhere, though, Paul indicates that he feels 'part' of the local community, and hence for him walking around the public places of Portree, carrying the possibility of meeting people more or less known to him, is not a source of discomfort. What might also be added, though, is that positive assessments about having such a public presence may well reflect how well or badly someone happens at the time to be dealing with their mental health problems. In other words, there is almost certainly a dynamic, changeable element here: one day, someone may want to shut themselves away behind closed doors, but on other days

they may feel able to 'face the world' and, indeed, even want to claim a presence in public places. This being said, and as already signalled, a further influence on this decision must be how someone perceives the local community (and how they think kith, kin and neighbours will be likely to react to seeing them in public); and there cannot but be a complex inter-relationship here between feelings hinging on one's changing mental health state and senses of how one fits or not into the local community and its everyday places.

A number of public places are mentioned by interviewees. Ken [SL, 19/9/01] talks about cafés, noting how he likes *'[m]aybe [to] arrange to meet a friend in the Granary café, I like going in there, have a blether and coffee, [but I] never go to pubs'*, while Mark [INV, 23/5/01] praises the friendliness that he finds in Elgin[4] when *'[g]oing into a café [where] you've been before and they make you feel welcome'*. The negative perception of public houses comes through in numerous interviews, and is perhaps to be expected given that the mental health difficulties experienced by many of our interviewees are or were connected to drinking, as cause, symptom or both, as we elaborate in our findings paper on **Alcohol and mental health**. Thus, while the impression is that some interviewees can think of a particular café, coffee shop or place to buy snacks as one where they feel fairly 'safe', many of them, if they do mention public houses or hotel bars at all, tend to be very wary of such places and to detect in them a distinct *lack* of 'safety' (probably less because of any negative treatment that they might encounter there, although this did occur, and more because of the association with drink and its many temptations and pitfalls).

Places of religious significance are referenced by some interviewees, and highly polarised attitudes towards established religion – and towards its benefits or drawbacks for people with mental health problems (see our findings paper on **Highlands, economy, culture and mental health problems**) – undoubtedly stand in the background of what many interviewees think about such places. Paul [SL, 10/9/01] is again someone with definite views:

> *[I] think churches are quite amazing places. When I first became unwell I ran a few miles to this place, there's a remote place on Uist, a place they used to have masses, Gideon bible. … I think that was me desperate. Churches are good for giving you direction and telling you what's right, you know. There are other churches as well, there's the Cuillin church! Or the midge church!* [Paul, SL, 10/9/01]

This is a very rich quote, particularly since Paul appears to shift from discussing the formal buildings of the established church to discussing more informal locations where people have historically worshipped (outdoor 'churches' on remote hillsides). In fact, there is the sense here of the 'church', perhaps here meaning a wider spiritual nourishment, being located in the walking of the Cuillin Hills on Skye, or still more intangibly in simply being out in the open air being eaten alive by the infamous

[4] It is interesting that Mark is here pursuing the contrast that he finds between Elgin, a relatively small town in Aberdeenshire, and Inverness: *'I like going down to Elgin. I had to go to see a psychotherapist. It was helpful, and I spent about six months in Elgin when I was finishing my apprenticeship. … I remember when I was walking to Inverness in the summertime and I used to say 'good morning' to people I was seeing often, and the best I have ever done was seven out of ten replied and the worst was one. Down there [in Elgin], I find what a difference, even going into shops'*. There is a hint of a rural-urban contrast here, or at least a large and small settlement contrast: see our findings paper on **Remoteness, rurality and mental health problems**.

Highland midges. As already implied, for Paul, as is true of several other users, there is a very clear 'use' being made of the natural environments of the Highlands as a source of self-therapy (see our findings paper on **Therapeutic landscapes**). A related quote worth repeating here is one concerning graveyards: *'[I] quite like the graveyard because it is quiet and safe in there. It's meant to be a holy place, no evil allowed to trespass it, apart from what is buried there … '* [Keith, ER, 15/11/01]. For many people, of course, a graveyard can seem quite a threatening and evil place, but for a few people with mental health problems – those for whom questions to do with religion, death, holiness and evil can become a real preoccupation[5] – there must be the possibility that graveyards acquire a special relevance as either sources of particular fears or, oddly enough, as sources of comfort.[6]

Quite a number of other places are name-checked by interviewees, although many of these – including ones where Nicola was actually taken by one or two interviewees – are those more 'natural' settings that we consider in more detail elsewhere (see our findings paper on **Therapeutic landscapes**). We are fascinated, though, by what Paula [NWS, 5/7/01] says about a 'lobster port' beside the sea that seems to hold certain resonance for her when feeling particularly 'low and weepy': *'there is a specific place that I would go – I would go when I feel low and weepy too. … It's called a port, they lobster fish out of it … . It's like a little bay … you can go round the headland a bit and no one can see you and you can have a little cry'*. Fred [NWS, 24/7/01] appears to echo Paula when indicating his preference for, and it would seem conscious strategy of seeking out, *'[p]laces that are just peaceful. I've been here forty-one years, so you know, I know it all anyway and I know where to go, just places where I feel probably secure … '*. Paula continues by suggesting that she goes to her headland *'to gather my thoughts'*, but she goes on to add that *'but then there's other places. … I'll go to the beach if I don't mind banging into somebody'*, although she admits that there are times when she really does not want to meet anybody: *'some days I get days that I just don't want to speak to anybody … . I don't feel as confident about speaking to people some days, in case I'm misunderstood'*. There is hence perhaps a tension of sorts in Paula's mind between wanting to find secret places to be on her own such as 'round the headland', and being prepared to come out into public places such as the lobster port itself or the beach where she might meet other people and be engaged in conversation. It could be concluded, therefore, that this tension is a slightly different version of the struggle noted previously between hiding away in the home and being prepared to venture forth into peopled public places.

We will return to this issue presently, but it is useful to mention in passing some claims about public transport, and to underline that the link with mental health is particularly pressing in a region where people dependent on public transport *do* need to travel (given the vast distances that people need to travel to 'access' friends, stores and services). Given poverty and also incapacity, many of our interviewees are clearly unable to take advantage of cars (essentially private spaces) and so have to utilise buses and trains (essentially public spaces), and we are in no doubt that some

[5] This may be particularly the case in regions where a pervasive influence is a particular version of Christianity that emphasises the connections between guilt, sin and damnation, as we explore a little further in our findings paper on **Highlands, economy, culture and mental health problems**.

[6] Some people with mental health problems also become obsessed with notions of suicide – anecdotally, we start to think that the Highlands is particularly afflicted by suicides – and we can only begin to speculate about the connections between suicidal feelings, rooted in a wish to be released from everyday 'voices', 'terrors' and 'demons', and the physical landscape of death that *is* a graveyard.

interviewees choose to avoid travelling on certain occasions – even when they should really be doing so to access mental health services – because they simply cannot 'face it'. The problem here may be about low energy levels, fears about not coping with timetables, paying bus-drivers and the like, or about meeting people and being forced into conversations (it is possible to feel very 'trapped' on a bus, for instance, particularly if there is simply no alternative but to be on *that* bus because it is the only one going on *that* route at *that* time). We examine the transport issue, and some of its mental health implications, in our findings paper on **Remoteness, rurality and mental health problems**, but let us just repeat here Kyla's [INV, 1/6/01] remark that *'… the bus, it is really a lovely bus. It is Ross's buses, a little mini-bus, so I don't get all anxious. … Ross's buses keeps me alright, very helpful … '.* Something probably rarely considered by policy-makers emerges here, in that familiarity with a bus service (and probably with its drivers) and even the small scale of the bus are crucial to this user being able to cope with travelling through the Highlands; such micro-spatial aspects of this small cog in the Highlands public transport system may hence be far from incidental to this user's overall quality of life in mental health terms.

Returning to the matter of public places as *social* spaces, as ones where people meet either purposefully or accidentally, it is interesting that some interviewees express a liking for such places precisely because they offer opportunities for sociability, for 'making a connection' with fellow human beings, and maybe for overcoming feelings of isolation and loneliness (which can be a real burden for some people with mental health problems). Thus, as the reverse of people wanting to hide away in private, and feeling safe by doing that, here we are thinking about people more-or-less deliberately seeking out company, the reassurance of the face, smile and recognition of others, in public places. Mark [NWS, 23/5/01], adding to his positive assessment of Elgin alluded to earlier, duly claims that:

> *It was a totally different world. People were like 'good morning', and I had never seen them before. A man came across the road into the digs to tell me my bike had fallen over. … I find what a difference even going into the shops, [or] going into a café and you've been before and they make you feel welcome.*

Another interviewee, meanwhile, acknowledges that *'… I got to know the people's faces in the shops, and they would always chat to me, which is quite pleasant'*, but does add somewhat wistfully a note to the effect that *'I just wish I could get back to that'* [Morag, NWS, 11/7/01]. The suggestion in this case is that something went wrong, that maybe she became too unwell and ended up being alienated from those 'faces' in the shops, perhaps because she was for a while unable to contain outward signs of her inner mental turmoil (see our broader arguments about what happens if someone steps too far out of line, breaking the local rules of conduct and self-presentation, in the findings paper on **Highlands, economy and culture and mental health problems**). What is clear, though, is that her hope would be to feel welcome in local public places such as 'the shops'; and that she would see such a possibility as conducive to her good mental health. A handful of interviewees stressed the problems arising from there being quite a shortage of suitable public places where casual and non-threatening sociability might be achieved: *'if you are not well you maybe just stay at home and people visit you and stuff, but there isn't really a place [you] can gather with people and that kind of thing if you don't want to go out to the pub and things like that'* [Leah, ER, 4/12/01]. The specificity of the remote rural Highlands context

has a part to play here, in that a limited and scattered population feeds into a relative paucity of such places for socialising, a dearth of shops or community halls (as inside spaces) or even municipal parks and squares (as outside spaces). Even public houses or hotel bars, which are in any case 'inappropriate' venues for many users, are thin on the ground. The basic geography of public places may therefore have negative mental health consequences for those people who might like more opportunities for sociability, *as well* as for those people who would prefer to shy away from being social and would like to be able to maintain a measure of anonymity (see our findings paper on **Visibility, gossip and intimate neighbourly knowledges**). Thus, for both of these categories of person with mental health problems, this basic (*very* basic) geography of public places must indeed be unhelpful.

Drop-ins and TAG units: 'an oasis of sanity in a mad world'

For other interviewees, a common complaint concerns the strain of being in public places, of being open to 'exposure', observation, questioning and possibly ridicule, and of having thereby to seek always to 'pass' as sane so as to avoid such outcome (several of our findings papers touch on this theme, but see in particular the ones on **Experiencing mental health problems** and **Visibility, gossip and intimate neighbourly knowledges**). This is why for many the response is a retreat to private places, the hiding away in the home as discussed earlier, or it can be the preference for what spending time in what we might term 'mental health places'.[7] To begin getting at what is involved here, it is instructive to listen to Daryl [INV, 21/6/01] contrasting being at a drop-in (where he can go to meet other people who suffer mental health problems) with other public places: *'It's … like sheltered in some ways I suppose. You can come in here and be yourself, whereas in some places you've got to try and [puts on a happy face] 'oh yes, I'm fine'. In here, if you're down, you're down and that's it. You can talk to someone about it'*. Miriam [ER, 13/11/01], meanwhile, suggests that her use of a drop-in may also be prompted if her own home becomes too much of a 'public' place with too many people present: *'… if it gets that there's too many other people around at home, I'll come down here to escape'*. Elsewhere we examine in detail the drop-ins (see findings paper on **Drop-ins**), and we also consider the Training and Guidance (TAG) units that, when it comes to being spaces where people with mental health problems can meet, socialise and share experiences, have a similar quality to the drop-ins (see our findings papers on both **Drop-ins** and **User networks**). What we wish to underscore here, though, is the key role that such spaces can play as ones providing a (kind of) public or at least social realm where some people with mental health problems can feel quite comfortable, given that they do not have to pretend to be well because they are amongst others who share and have some insight into the character of mental health problems. As such, they can indeed be cast as 'safe places', and this is precisely how a number of our interviewees describe the likes of both drop-ins and TAG units.[8] Indeed, one ex-user

[7] For the most part, people have to leave their homes to receive mental health services, the main exception being if they are visited by the CPN. One interviewee reflects on the value of CPN visits, indicating that very briefly their home and garden can become a 'mental health place' in which the emotional content of an individual's mental ill-health can receive proper airing and attention: *'… in one way it's better because [the CPN] comes to me and we meet on my territory and it's less formal. Sometimes, when the sun is shining, we sit outside on the garden, on the grass and talk about things'* [Josephine, NWS, 4/5/01].

[8] We only make reference here to 'informal' spaces such as drop-ins and TAG units, rather than to more 'formal' spaces (principally statutory ones) that are marked by a medical-psychiatric orientation,

talked to use at length about how much better he felt when getting progressively nearer to the 'sanctuary' of the drop-in in Inverness, an almost tangible sense of an improving mental health state with increasing proximity to this particular space.

Some remarks about such 'mental health places' simply talk about activities that can be done in them:

> *I find TAG quite a nice environment because there is something for me to do, I can sit at the computer and do something. It doesn't have … to be anything major, even if I am sitting practising typing, something to do even though I am not using my brain power.* [Leah, ER, 4/12/01]

> *I love coming in here. I didn't want to do this course, I only did this course so I could get a computer out of it, so it would help me with that and everything else. I enjoy coming in here and I enjoy the company. I enjoy the art classes, cannae draw, but I enjoy it, it's great fun, but it's my space, know what I mean?* [Geraldine, SL, 18/9/01]

Other remarks clearly highlight the importance of the social angle, the simple fact of being with others who do understand, particularly when mental health problems are at their worst, unlike what will be true of most other people encountered in everyday public spaces:

> *Oh aye, oh yes, it's a good place to come. Staff are nice and the people that use it are alright.* [Jackie, INV, 22/6/01]

> *Yes, this place is absolutely brilliant. I'd a stalker for three and a half years, and I wouldn't go out my front door for a while. Then my CPN suggested coming up here. The first day I was here, I was very wary, you know, too shy to speak to people. But see now, … it's such a relaxed friendly atmosphere, there's no stigma about it or anything. You feel you can be yourself more.* [Clare, INV, 14/6/01]

> *I'd be happy to come here, even if I didn't feel well, because I know when I got here that everybody here would be here for me, sort of thing, you know, 'cos we're quite a close group the lot of us.* [Charmaine, ER, 22/11/01]

> Interviewer: *Does your time sort of increase in here if you're not feeling well?*
> Ralph: *Yes, I'll stay longer.* [Ralph, SL, 18/9/01]

> Interviewer: *I mean, are there any places that, even if you weren't feeling so great, you would try and make the effort to get there?*
> Sarah: *Oh here, definitely here. In fact, this makes all the difference to the day, definitely it's the best place.* [Sarah, ER, 12/11/01]

Another strip of interaction between the interviewer and a different interviewee develops this reasoning, as well as valuing the 'confidentiality' available in a drop-in:

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such as the old mental hospital at Craig Dunain (which will be the subject of our working paper in preparation), the new acute facility at New Craigs, or other in-patient and out-patient facilities as well. We deal more with such spaces, noting in passing user responses to them, in our findings paper on **Formal care services**.

Cameron: … *It wasn't till this place opened that I opened up.*
Interviewer: *What did this place provide for you that you felt you could open up?*
Cameron: *The place was security where you could say anything to anybody in here, and it would stay in here and wouldnae go ootside the four walls. What you say in here and what you hear in here stays in here – confidentiality.*
Interviewer: *Is it a place that you could talk to people about your feelings in here and your emotions and stuff?*
Cameron: *Mm, hmm, oh aye.*
Interviewer: *Which maybe you couldn't do outside?*
Cameron: *Couldn't do ootside.* [Cameron, SL, 25/9/01]

Similar sentiments are conveyed by yet another interviewee, this time with reference to a public authority day centre in Inverness, and in this quote the individual in question also gestures to problems entailed in showing ones emotions, especially as a man, in ordinary public places:

> *As I say, if I'm feeling unwell, I won't go out anyway. If I do, it will be to Bruce Gardens, where they know what the situation is. I get very tearful when I get low, so to go anywhere else, people don't understand. Men aren't supposed to cry, are they? But I've done a lot of it. It just embarrasses people and embarrasses me to be caught like that.* [Alex, INV, 11/5/01]

One interviewee offers an intriguing reflection, indicating that the place of the drop-in would not be of much use to her, but accepting that it will have enormous value for some others whose mental health problems perhaps have a different character:

> *I don't think that it would be to me personally much good dropping in just for a cup of coffee. I have seen people using centres in that way, and in most cases they are very lonely people who would just go there – lonely and insecure – for company, to talk to somebody and be in a safe environment, away from people who could be nasty or aggressive to them* … . [Josephine, NWS, 4/5/01]

A particularly revealing comment then comes from one user of the TAG unit, explicitly noting a reversal of 'normal' assumptions about who is sane, who is 'insane', and where these respective populations might be found:

> *Most people try and leave their problems outside, it's a little oasis. First, it's an oasis of sanity in a mad world, we're convinced we're more sane than what's walking around the streets, so there you go!* [Melissa, INV, 14/6/01]

A particularly remarkable statement about the spaces both inside and outside of a TAG unit, as entangled in a thoroughly constructive way at this unit, is one with which we will now conclude this findings paper. It provide an incredibly rich appreciation of spaces and their potentially positive value to someone with mental health problems, and it therefore marks a useful point of connection with our findings paper on **Therapeutic landscapes**:

TAG! Well, what I like about here is the space we have. Although I work in an office, I look out on all this and I have a door right beside me, so I can nip out any time I want. I often have the door open, so the outside is inside. The sun often beats down when I am working at my side desk and so I am actually sitting in the sun inside. … I mean TAG, as I'm sure many others will tell you, is an oasis for us. I mean the grounds up here, we all feel very, very, strongly and deeply … . Although it's a tacky old building, the situation [is] just beautiful. [Melissa, INV, 14/6/01].

References

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