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Burns, N., Parr, H., and Philo, C. (2002) *Drop-ins*
(*Findings paper no. 14*)

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Deposited on: 8 September 2014

Drop-ins

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

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Findings Paper No.14, 2002

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Drop-ins

Introduction

In this findings paper we explore drop-ins for people with mental health problems. The first section tackles the question of what they are, providing background information about the particular drop-ins involved in this study, while commenting on their role within the mental health services landscape and as a site of complex and changing social relations. We go on to discuss pathways into the drop-in, reflecting on interviewees' experiences of accessing drop-in spaces, and conceptualise the different internal spaces of drop-ins. Finally, drawing upon interviewees' perceptions, we consider community attitudes to drop-ins, making tentative statements about the importance of such attitudes in determining user access to these facilities.

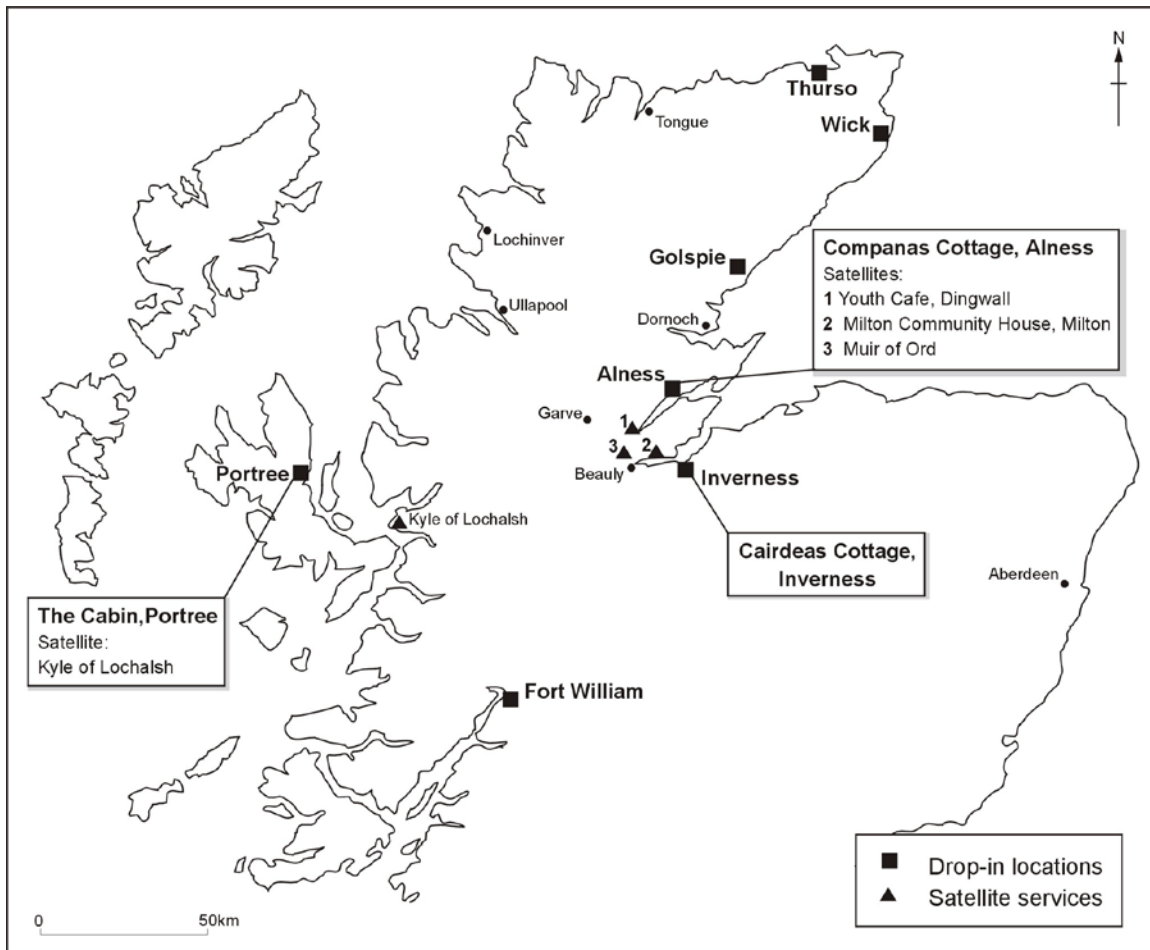
What are drop-ins?

Three drop-ins were accessed in the research project, two of which are run by the National Schizophrenia Fellowship (NSF): 'Cairdeas Cottage', Inverness, and 'Companas Cottage', Alness, Easter Ross; and one run by the Skye and Lochalsh Mental Health Association: 'The Cabin', Portree, Skye. See our **map** below, showing where these drop-ins are located within the Highlands. All three fall under the category of voluntary services and aim to provide an informal setting for people experiencing isolation due to mental health problems. All three are funded through a combination of Social Work, Health Board and Mental Health Specific Grant Finance. Between five and seven staff work in each of the drop-ins, both full-time and part-time. Each of the drop-ins has a manager and assistant manager who oversee the day-to-day running of the drop-ins. Companas Cottage is also the main office for NSF Highlands, and its manager coordinates and oversees drop-ins supported by the NSF throughout the region. The remaining staff have a number of roles, including catering, activities worker, outreach workers and administration, but the main function of staff is to spend time with users of the service. The drop-ins' role is very much centred around social support, enabling users¹ to remain in the wider community and providing practical and emotional support. Each drop-in emphasises informality, following a broad voluntary sector philosophy that includes the practice of non-labelling, confidentiality and respect for members. No files are kept on those who access the drop-in and users of the service are referred to as 'members', a term suggesting ownership and belonging. Similarly the names of the drop-ins are telling in this respect: Companas Cottage, Cairdeas Cottage and The Cabin, with 'cottage' and 'cabin' signifying small 'homey' set-apart spaces, and also maybe playing upon a rural imagery.

The three drop-ins visited are located within different social, physical economic and service provision environments (see our findings paper on **Spatial differences**). These differences are illustrated in interviewees' knowledge of and engagement with the drop-

¹ Throughout the document we refer to 'users', denoting users of mental health services, and in this context, users of drop-ins.

ins. For example, The Cabin stands alone as a service site for those with mental health problems on Skye and hence features prominently in interviewee accounts of everyday life on Skye. This is in contrast to Companas and Cairdeas, which are situated in a more developed service landscape, including formal services of social support such as Bruce Gardens in Inverness and the Travelling Day Hospital in Easter Ross as well as access to more medicalised services. We also explore the importance of service sites in our findings papers on both **Formal services** and **User networks**.



Map 1: Drop-in locations throughout the Highlands

The Cabin is located in the main village of Portree, situated within a car park off the main square. Companas is located on Alness High street and Cairdeas is situated near Inverness town centre. Two of the drop-ins, Companas and The Cabin, run outreach centres. These centres are essentially ‘satellites’ of the main service, using community buildings one or two afternoons a week in rural areas. Drop-ins are accessed by a wide range of people. Both men and women and both young and old (16-80 years) access the drop-ins. All of the drop-ins accept self-referral, and anyone who identifies themselves as having mental health problems. As a result, members may experience a range of mental health problems from depression through to schizophrenia and bi-polar disorder. Despite two of the drop-ins being managed by the NSF, it is important to note that it is not only those with a diagnosis of schizophrenia who access these drop-ins.

Drop-ins are complex, dynamic places. The dynamic nature of drop-ins relates to the personalities, states of being and cohesion of the people who use and work in them on a daily basis. Drop-ins fulfil a number of functions, including emotional and practical support; shelter and sustenance; development of social networks; a base for political action; a place to meet and talk; and somewhere to develop skills and interests and work. As a result the meaning of spaces within drop-ins can shift and change, being domestic spaces, counselling spaces, meeting spaces at different times of the day. Given the richness and diversity of social relations, functions and personalities, it is difficult to define these places. Their very diversity can create tensions, but this, as the discussion below will show, is also part of their strength. In many ways rural drop-ins are asked to be all things to all people, and the extent to which they are called to this task is related to their location within the sparse services landscape typical of this part of the world.

Drop-ins are important to the project in many ways, providing us with a base to conduct the more ethnographic aspects of the project, but also acting as important sites in contacting and identifying people willing to participate in the project.

Pathways into the drop-in

For many, drop-ins are accessed via formal services, and it is evident that CPNs, GPs and psychiatrists all inform users of the facilities of the drop-in: *'Yeah I knew it was there, being taken to hospital, when you're in Portree hospital they take you down and drop you in here for the day, try to get you back to normal life'* [Ralph, SL, 18/9/01]. Others find out through friends with mental health problems: *'I called a friend in Tain and asked for a contact number and I phoned and asked for help'* [Roisin, ER, 21/11/01]. Accessing a drop-in is an accomplishment in a number of respects, as one user's comment suggests:

*I think somebody, you know, who is newly diagnosed would be quite nervous of coming in because of the receptions or **being seen** [our emphasis], you know I think it could be really quite difficult for people who first come. You know they've got no idea what mental health issues are or are about, and they've just been diagnosed themselves. [Miriam, ER, 13/11/01]*

Users may be in emotional or psychological distress and may not feel able to engage with others and hence find access difficult (see our findings paper on **Experiences of mental health problems**). As our findings paper on **Visibility, gossip and intimate neighbourly knowledges** also argues, in rural places inhabitants lead very visible lives, which means that entering a drop-in a rural area can be a profound social act, potentially labeling oneself as a user of mental health services, with possible implications for the individual in the wider community (see our findings paper on **Exclusionary social relations and practices**).

However, given the often visible nature of daily life in rural communities, drop-ins provide 'safe' places in which members can talk, act out and express emotions which are usually controlled and hidden from the wider community (see also our findings paper on **Safe and unsafe places**). Drop-ins not only provide an opportunity to talk but perhaps

more importantly to talk confidentially. Within the drop-ins, confidentiality is a prime concern which can lead to a number of tensions around the role and function of the drop-ins, sensitivity to local social relations and identity issues for those who access (or do not access) the drop-ins (see below). An awareness of the functioning and efficiency of local gossip networks means that confidentiality within drop-ins is of prime importance, giving people an opportunity to share experiences and feelings which they would otherwise be reluctant to share with members of the community:

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 wouldn't go outside the four walls. What you say in here and what you hear in here stays in here. Confidentiality.* [Cameron, SL, 25/9/01]

However, a concern with confidentiality at times stunts the development of social networks of mental health users:

But confidentiality you see, there's no way I'm going to phone up Raymond [staff member of The Cabin] and ask him about this. I mean, there's no way I could say to [the CPN], 'can you give me some names of people with manic depression so I can phone them up'. That's not possible. [Sally, SL, 20/8/01]

Despite the designation of 'safe place' for those with mental health problems, accessing drop-ins can prove decidedly unsafe, due to their location in public space. *Getting to* this safe space may pose dangers, as identification with drop-ins may not be desired. For some individuals, this results in a complicated co-ordinated action, not only of their own movements but also of others' movements in time and space:

Interviewer: *Is it a problem for you walking into the drop in centre in Alness?*

Joanne: *Well the neighbours are hardly likely to be there. I also make sure the traffic warden is not in sight. She lives at the end of [my] road, she's alright ... she's at home on a Monday.*

Interviewer: *So you try and make sure there is no one around then before you go into the drop in centre?*

Joanne: *[Yes, I am] hardly likely to see anybody from here ...* . [Joanne, ER, 6/11/01]

Here Joanne's desire to access the drop-in centre in Alness, some five miles from her home, is limited not only by transport/cost issues but by the work schedule of a neighbour. Joanne goes on to cite the importance of spaces not designated as formal mental health sites, of community spaces which provide a safe place in which to access services:

Interviewer: *Is it important to have outreach centres rather than the drop-in in Alness?*

Joanne: *It's easier to go in ... if you don't want to be known in an area. I know there are a couple of people from Tain go there.*

Interviewer: *So people will travel to other areas?*

Joanne: *Yes, because if they are seen going into a community house, oh they are just there ... to get some information. [ibid.]*

Community houses are spread throughout Easter Ross, providing a focal point for the surrounding areas in terms of the provision of local and general information (e.g. benefits, housing). Given that these 'houses' are indeed houses, and that there are many rooms and therefore groups which one could access at any one time, going into a community house does not take on the risk of accessing a drop-in. As the extract from a research diary² indicates, Denise's desire not to be seen accessing the drop-in involves a clear strategy:

Denise didn't like that people could see her in here and preferred the blinds to be closed. Similarly, if friends/people she knew were talking outside the drop-in, she wouldn't enter by the front door, but would walk round the back as she didn't want them to be aware that she used the cottage. Both she and Viv felt that people knew what the cottage was and didn't wish them to know they use it. [Alness research diary extract, ER, 3/12/01]

By turning off the High street (main road) and onto a lane that leads to a residential area in Alness, Denise can still gain access to the service but she does not need to risk being spotted through the use of the front door. Such strategies say something about the perceived negative connotations tied to drop-ins, as outlined below.

As we discuss in more detail later, at a general level most interviewees feel that the wider community has negative attitudes towards the drop-ins, using phrases such as '*drop-out centre*' [Hazel, SL, 13/8/01]. Emily [SL, 26/9/01] hence expresses her unease at being associated with the outreach centre in Kyle:

My friends have seen me come here and seen me go to the outreach centre which is one of the things that I find a bit, 'oh wait a minute', I don't know how many people I want to know because sort of contradiction because I am [a health professional]. For them to understand why I am going to places like that, you know, 'how can she help us if she can't help herself' attitude?

In this quote, Emily raises a number of issues around her identity. Emily sees herself as a health practitioner, one who deals with other people's health problems. Through being identified with the outreach centre and TAG, this identity is threatened because she becomes one who *receives* care. Clearly for Emily, one cannot be both healer and patient. This raises interesting issues about the roles that those with mental health problems can play within the community, as the label seems to exempt or obliterate other aspects of the individual's self (see Barham, 1992). Furthermore, the identification of the

² Nicola carried out detailed ethnographic work in each of the three drop-ins mentioned in this paper. This was negotiated in advance with both staff and members of the drop-ins.

outreach centre (situated in Kyle community hall) as a place of health, rather than as another place where social networks are forged within the community, suggests a medicalised view of what drop-ins do.

Fear of community reprisals for entering a space designated as a mental health site is not the only issue influencing access to drop-ins. Karen [ER, 20/11/01] notes that *'I would go to it if I had one of my friends with me, but it would be a big step for me to go to that door and do it myself. I don't know why'*. For Rebecca [SL, 16/9/01], her own illness experience at the point of access coloured her view of the drop-in and whether it would be of use to her, as she explains:

I used to, I was just out of hospital maybe three months, I started going to The Cabin, but I didn't like it at all. There was people coming up to me and speaking all the time, I felt a bit vulnerable you know? Didn't like it at all. Every time I went in just made me very, like my stomach was churning.

Rebecca also highlights the challenge of entering an unknown, albeit benign territory, when in a state of emotional distress, a feeling also recalled by another user:

First time I came here, I walked past three times, went to the phone box and phoned, and then changed my mind about that, then came back again, before I actually got through. But that was more of my nerves, walking into the unknown. [Miriam, ER, 13/11/01]

Ralph [SL, 18/9/01], meanwhile, notes that *'I was in here a few times and I didn't know I was in here, I was just switched off'*. We have suggested that accessing a drop-in is an achievement, which may come at considerable cost, but one which members appear to be willing to pay, as Ralph continues:

Interviewer: *Do you think there is a stigma to walking in here? Do you think people are worried about being identified as having a mental health problem?*
Ralph: *Yeah you probably are at first, but after a few days, I quite enjoyed walking in here, 'cos there is people like myself there, people I know, You know what you are going for. [ibid.]*

Social space

Drop-ins are social spaces, social networks are formed, relationships develop, friends and enemies are made. As one user suggests, for those who access drop-ins, they are important sites within a wider mental health community:

Well I feel very much part of the community in Bruce Gardens and in Cairdeas, they know me and I know them. Also, just that very way I said it, there's no one leaning too heavily on each other, they don't lean on me and I don't lean on them. I think there is a definite community spirit alive and well between the mental health people, people suffering from mental health because they always acknowledge each other and from what I said at the beginning, you fall out with no one. [Thomas, INV, 23/5/01]

Thomas' statement also suggests a distance, a desire to be around others but not to be too close, and fears around becoming involved in others' problems can lead some interviewees to be reluctant to access drop-ins. While Thomas's comment is edged with a cautionary note, it nonetheless emphasises the importance of this sense of community, of belonging. Given the exclusionary practices of the wider community, drop-ins are '*a place where you can go to socialise because a lot of the stigma that is attached to mental health takes away the social quality of life*' [Gary, ER, 12/12/01].

Drop-ins are places to be sociable, with members talking with others, sharing skills, stories, knowledge and experiences, sometimes with reference to their mental health problems. Social activities organised by staff take place both within and outwith the immediate space of the drop-ins through day trips to other drop-ins, shops, visits to the cinema, art classes. Many of those who access drop-ins are on very limited budgets, relying on state benefits as the main source of income. Coupled with low rates of pay throughout the Highlands for those who are employed, this means that opportunities to engage with the wider community through various interests and hobbies are constrained. Drop-ins provide access to various hobbies and activities that would otherwise be beyond the financial means of members. Art classes, craft work, bingo, groups all take place at different times and in different places within the drop-ins:

My art? I think my art classes are brilliant except I am not very good at it! That really, I just lose myself in it, although I don't have any imagination. I bought paints when I was down the road. I've not used the paints yet but I've been doing a bit of drawing or trying to. [Geraldine, SL, 18/9/01]

Stay there, in The Cabin I would do drawings and writings, talk to people, and do a lot of listening because it helps me. [Paul, SL, 10/9/01]

I think The Cabin, we support each other you know, the users support each other, we teach each other spinning. Some are teaching mountaineering, some are playing computers so the best people to be service providers is actually ourselves. The Cabin is a really good place. [Paul, SL 10/9/01]

Here, Paul points to both the importance of users of the service in creating the drop-in as a social and sociable place to be and the potential for interviewees to be empowered through such actions. Within the Inverness drop-in, one user co-ordinates and leads Thursday afternoon bingo (taking place in the front room of the cottage), selecting small prizes from the various shops scattered around Inverness town centre. Another user who accesses Cairdeas, in collaboration with a staff member, has established a 'Hearing Voices' group which meets twice monthly and is allied to the Hearing Voices network throughout Scotland. The formation of such a group within the space of Cairdeas is not unusual, inasmuch as other members of staff have established depression and manic depression groups (see our findings paper on **User networks** for discussion of specific diagnosis groups in the Highlands). Drop-ins exist, then, as social spaces which are produced through structured activities organised by both staff and users; and through the everyday interactions between users.

Domestic space

Cooking, cleaning, eating, sleeping, reading, listening to music, working/playing on PCs are just some of the things we do within domestic spaces, these being the site of ablutions, sustenance, work, socialising and relaxing. Drop-ins become domestic spaces through many of these everyday practices. In this section we will focus upon 'work' and 'food' in creating domestic spaces within the drop-ins. Within the two NSF drop-ins, users are encouraged and offered the opportunity to help in the cooking for and cleaning of the drop-ins in the mornings, for which they will be paid travelling expenses and given a free lunch. Interviewees view such opportunities as 'work', as revealed by one comment: '*I did come to work one day [Roisin works as a cleaner in a drop-in]*' [Roisin, ER, 21/11/01]. Cleaning often takes place before the drop-ins open to other users, thus giving those who 'work' there access to a closed space that is very focused upon the business of the day:

Mary [staff], Joe [member] and Mark [member] were there tidying up and cooking the lunch ... Mark came in and out [of the kitchen] busy cleaning the stairs. Joe wandered in and out and began talking to me about electricity companies ... I finished my tea. I felt I was in the way of the business of cleaning and anywhere I stood in the kitchen was the wrong place to stand- and said my goodbyes (11.15am). [Inverness research diary extract, INV, 14/5/01]

At Companas Cottage, 'work' takes place outside the drop-in, through a small NSF charity shop, selling second hand clothes, books and bric-a-brac, located down a lane off Alness high street. Users are involved in serving customers, pricing items donated by the community, arranging books and sorting through clothes to determine whether they can be sold in the shop or best sold to a rag merchant who buys un-sellable items:

I enter the shop and a few people are browsing. I talk to Graham [staff] and Joan [member] who are working in the shop and they both openly ask about the research. While we are talking a woman enters and approaches the counter. She is quite abrupt and almost throws a camel coat onto the counter along with a couple of bags full of clothes. Joan, Graham and I admire the coat but she seems uncomfortable and doesn't really say anything to any of Joan's queries. [Alness research diary extract, ER, 19/11/01]

The Cabin runs a used furniture service, providing furniture for anyone in the community who requires it for a small donation, with members often helping in this activity:

Jacob [staff] asks Charlie [member] what he's doing as Jacob is supposed to be moving furniture about but Hamish [member] has not shown up. [Skye research diary, SL, 20/8/01]

Thinking through what 'work' means within this context of the drop-ins, we can argue that performing certain tasks fulfils a number of functions for users and for strengthening the cohesion of drop-ins as a social space. Doing 'work' may allow members to develop or improve on house keeping skills such as preparing and cooking food and cleaning, and

in this way the drop-in takes on an educational role. Work may also promote a feeling of belonging and ownership of the drop-ins by users, through allowing members to ‘give back’ to the project through their labour. Boundaries between staff and members may also be momentarily blurred as the latter provide services for other members, challenging notions of who are the cared for as opposed to the carers.

Food, its preparation, sharing and consumption, is an intrinsic aspect of the drop-ins as a domestic space. All of the drop-ins have kitchens in which to prepare food, and Companas and Cairdeas have designated spaces for the consumption of food through ‘cafés’ located next to the kitchen area. The café is often the first place people will go to in order to buy a cup of coffee or something more substantial. Despite having discrete areas in which to eat food, members in Cairdeas often consume food throughout the building. Through the provision of food, the drop-ins are fulfilling a supportive role in providing a cheap, nutritious meal for those on a limited budget, thus enabling them to function within the community. The provision of cheap food is clearly important:

Basically my main reason for coming to The Cabin is to get food, I don't keep food in the house. I've worked out I get food cheaper by having a meal here for £1.65 and I mean if you ... buy it in Safeway's, okay I buy fruit and that, but the time you buy in Safeway's, cart it home, cook the stuff, clean all the dishes, I hate that. You think for £1.65 I could have just had a meal and none of this hassle. If I had a wife and that, okay maybe she would cook, but I don't like cooking. [Patrick, SL, 20/8/01]

The promise of a cheap hot meal at lunch time and on some evenings clearly attracts members to the drop-ins, as these were the busiest times for the drop-ins. Food is therefore a major ‘selling point’ of the drop-ins:

Yes and get my dinner here. It's nice to get a nice meal instead of having to cook - though I can cook - but I don't always feel like cooking my dinner. So I have a meal here and only make a sandwich at night and that'll do me then. I like coming here, it's friendly and the staff are really nice in Cairdeas. They try and make it kinda homely and friendly, like Mary [a member of staff] sharing out - ‘oh you missed that!’ She shared out the, Gerry [a member] put in some Cromarty butteries and she cut them all in half and gave us a bit. [Jackie, INV, 22/6/01]

The importance of the sharing of food and its contribution to a ‘homely’ atmosphere is illustrated by Jackie’s example. Food is not simply about sustenance, but rather the making and the sharing of food are ways in which social bonds are formed and strengthened. However, as in many domestic spaces, food can be a source of conflict within drop-ins, with some members being unhappy with the type of food provided, thus challenging the decisions made by those cooking food or more importantly those organising the menus. We will return to this theme later in the paper.

Supporting/ Caring space

For users who are socially isolated from the wider community, friends and family, drop-ins provide an essential source of practical and emotional support through the everyday caring practices of both staff and members of drop-ins. Often a focal point within the mental health landscape, members often seek comfort, advice and assistance from staff, appreciating someone to talk to about feelings and thoughts:

Daryl: *When my CPN visits, I find that quite essential really as it lets me blow off steam, but then coming here does that as well.*

Interviewer: *Right, so do you find just talking, getting stuff off your chest makes a big difference?*

Daryl: *Yeah. Somebody who is trained and knows what they are doing ... well, sort of knows what they are doing! It's all really guesswork innit?' [Daryl, ER, 21/6/01]*

Basically somewhere to go, chill and if you need to talk, I mean there has been a couple of times I have come to Raymond [staff member] and said 'can I speak to you for a minute?' And he'll be like 'yeah in you come', and I'll shut the door and talk to him. I mean they are all like that. They [staff] all sit and talk to you. [Collete, SL, 19/9/01]

I can go there and they listen to how I am feeling and not make any judgement. They let me get what I want off my chest I am fine, but nobody round here's willing to do that [in the wider community]. [Daniel, SL, 15/8/01]

Discussions with staff can often be a source of reassurance for members, with one user noting that '*I suppose I need the support of somebody to say I'm okay like, I'm just managing like ...*' [Alex, INV, 11/5/01]. What these above quotes also point to is the importance of there being a space in which members can talk about their feelings and experiences, suggesting that such spaces do not really exist in the wider community (see our findings paper on **Highlands, economy, culture and mental health problems**). Members of staff in the drop-ins see time spent with members in this manner as the most important part of their job. To drop-in staff, what differentiates them from formal providers such as GPs and CPNs is the amount of time that they can devote to listening and talking to members on a one-to-one basis, as well as spending time with the broader group. Staff also provide practical support for members through assistance with form filling, and fulfilling an advocacy role in dealing with state organisations, primarily in the guise of benefits system. Staff also point members to other organisations that can help them such as the Citizen's Advice Bureau (CAB), homeless shelters, drug clinics and so on. The CAB Inverness has attempted to improve its accessibility to those with mental health problems by running an open surgery within Cairdeas Cottage once every few weeks. Staff within drop-ins do, though, directly assist members with day-to-day activities such as form filling:

That came together a little bit, to do with numbers, when I have to get any kind of application form or information it's actually difficult. I find it impossible because I get [in a] terrible state because I can't trust myself to get the

information down and deal with it. Then I always come here [Companas Cottage] even recently, I'm hopeless with money, and I can't go into the bank. They have an advisor that can help me, figure me out what goes where and what I have to spend, it's only the last two weeks that they offered to do that.
[Roisin, ER, 21/11/01]

Roisin's comment provides a good example of how everyday actions, such as shopping, form filling, paying bills, talking to those within officialdom, can clearly pose significant problems for members. An inability to cope and successfully manage such chores can have serious repercussions, threatening members' lives in the community. It can be argued that the practical support offered by drop-ins *maintains* people within the community, saving people from some of the stress and worry which ordinary everyday activities can provoke. In so doing, drop-ins are not only supporting individuals but are feeding into a wider network of service provision aimed at fulfilling the policy of community care favoured by previous and present governments and keeping interviewees out of hospital.

Staff are not the sole source of support within drop-ins, since fellow members make an important contribution to the drop-ins as caring supportive spaces. 'Talk' in drop-ins takes a number of forms, from one-to-one talks between staff and members to the more public discussion between several members. Subject areas range from everyday chitchat, discussions of TV and news to issues around people's opinions and experiences of the mental health system and more personal stories of illness. As already briefly indicated, support often takes the form of sharing experiences, listening to each other or simply exhibiting a level of sensitivity towards how others are feeling:

Within this drop-in centre there is support If you're having a bad day ... people say ... 'well let's not burden Eddie with this or with that', you know ... they tend to be more sensitive It may be wishful thinking ... but amongst these ten people, I know which have had a stressful day just by looking at them ... and I don't know ... I think you're more sensitive to people's conversations and body language and speech ... and for me it makes me more sensitive to other people. [Alness group discussion, ER, 23/11/01]

Absolutely, it's a place you can go in there and folk will read you, you often don't have to say anything. If you want to be quiet you get a cup of tea and you sit at a table and you are left alone, its great. [Ken, SL, 19/09/01]

The group discussant and Ken's belief that members can 'read' others' states of being perhaps says more about the inability of the wider community to pick up, ignore or engage sensitively with different states of being. An example from a research diary illustrates both this 'care' by other members and the reading of each others' body movements and states of being:

Fraser [member] is sitting on [a] chair looking really out of it. He can't focus his eyes and he is lolling about. Katrina [a member of staff] offers him a roll and bacon to try and steady him. Charlie [member] talks to Fraser, Fraser tells him he has taken 41 valium, Charlie and Rick

[member] exchange looks ...Charlie focuses on Fraser, he turns to me 'You should have been in yesterday, Fraser was kicking chairs and everything', turning to Fraser 'You're in for it when Raymond [staff] gets in'. He says this in a jokey way but is clearly concerned for Fraser and keeps looking at him as if searching for something in his face. Fraser gets up to leave, this takes a while. Charlie keeps saying look after yourself, watch yourself. [Skye research diary extract, SL, 4/8/01]

Members also discuss coping strategies with each other:

Jay ... went on to explain that he writes down all his thoughts and that it was important to do this, Charlie agreed. Jay started talking quite quickly and I found it difficult to understand what he was saying. He then showed us his drawings ... Jay begins to talk about the notebook again and how you have to keep writing it all down or else you forget it. It helps you. Charlie said 'It helps you to focus', Jay said 'yes that's it!' [Skye research diary extract, SL, 6/9/01]

Members of drop-ins intimate the importance of the drop-ins as places in which one can be oneself and freely express emotions: *'You come 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 somebody about it' [Daryl, ER, 21/06/01]. Miriam [ER, 13/11/01] goes on to illustrate the importance of drop-ins as: 'An escape from the tea maker. Somewhere that I can just unwind and switch off without having to worry about any money, or house money, or anything else, you know'. In such ways drop-ins become safe places, where members can express emotions and talk freely: 'oh in here people will be quite open about how they're feeling, because we're all in the same boat' [ibid.]. The ability to share with others who have been through the system provides an important opening for people, where opportunities to share experiences with family and friends may be limited or unrealistic. As Chloe [SL, 21.8/01] comments, 'in groups like ours where everybody is involved and either has problems or tries to help people who have problems, where we all know what we are talking about, then people would talk'.*

Drop-ins as 'safe spaces' in which to share feelings, to talk about issues and concerns, seem to revolve around a belief by interviewees that there will be a level of empathy and understanding amongst fellow members and staff. Alongside ideas around empathy is a trust that confidentiality will be maintained by staff and members. As we develop in our findings paper on **Visibility, gossip and intimate neighbourly knowledges**, fears over the efficiency of local gossip networks make interviewees often reluctant to talk to people frankly about their problems and feelings. Drop-ins can help to overcome this through mutual agreement that information within the drop-ins remains confidential, as Geraldine [SL, 18/9/01] explains: *'you can all talk openly and you know it's not going any further, no matter what was said, you don't take anything out The Cabin, anything personal'.*

Contested space

The nature of drop-ins as contested space runs along a number of different axes, and in this section we try to tease out a number of the ways in which tensions arise and offer tentative explanations of these tensions. By focusing upon contested spaces, bigger questions of who drop-ins are for and who 'runs' drop-in are addressed. However, the reader should keep in mind that the drop-ins do provide various services for a great many people in the community, and given their complex and dynamic nature this must be seen as an incredible accomplishment.

The physical layout of each of the drop-ins varies considerably, with Cairdeas and The Cabin both having limited space in which to carry out the many duties and activities required. As noted earlier, members appreciate the opportunity to talk with staff and other members on a one-to-one basis, and problems can arise in finding somewhere in which to conduct such discussions. Staff office space is used, not only for administrative duties, but as a place in which private conversations can take place between staff and members. This can lead to problems as the administrative and supporting work of staff clash over this use of space. Similarly, designated quiet rooms within both drop-ins contain personal computers for members use. Physical space has an impact on whether people will use the drop-ins, as Melissa comments [INV, 14/6/01]: *'I found it very small and didn't like it'*, adding that *'[i]t was claustrophobic'*. Different activities such as art classes and bingo can take over different sections of drop-ins, which may also cause problems. Furthermore, given that some people may be in different states of wellness, an ability to gain distance from people who are both well and ill, so that both groups can each safely access the facilities which drop-ins provide, may also be significant.

Conflicts over the territory of the drop-in occur at different levels. Given the diverse range of people who access the drop-in, at times this can cause friction over precisely who the drop in is for, and what behaviours are allowed within the drop-in. As one user describes, at times the drop-in can become an 'unsafe' place because of the actions of fellow members:

Ralph: *[It's] safe in here most of the time, but I've been in here, myself and Cameron sitting in here one day, I was off the drink about six weeks, and somebody came in with a drink in them; and we're both alcoholic and we clocked on straight away before the staff, and we felt hellish, we felt uncomfortable and we left. Cameron said to me 'I think I could take a drink', but we left.*

Interviewer: *So sometimes it's not a safe place?*

Ralph: *No, you sense it, it's dangerous, that's why they wanted a zero tolerance, but that is impossible. Some people take a drink and you wouldn't know, others take one, I take one, and you would know straight away.* [Ralph, SL, 18/9/01]

A number of our interviewees use alcohol and illegal drugs as a form of self-medication, and raise the issue that the exclusion of those who use these products before entering the drop-in could leave vulnerable people with little or no everyday support. Hazel [SL,

13/8/01] questions the implicit definition of mental health problems used within The Cabin and therefore the right of others to be there:

I did think at one time that the place was a little bit overrun with alcoholics and they tended to get a lot of the attention. I'm still not certain that mixing alcoholics with people with mental health problems is a good idea because they're really two separate things. I know you get a terrible depression with alcoholism, but the main problem is they're drinking too much and I wouldn't say that's conducive to having people with mental health problems and alcoholics together. [Hazel, SL, 13/8/01]

Questions over the *rights* of some groups to use the drop-ins, particularly those with alcohol and drug use issues, are of great importance, with members at times acting with intolerance towards other members of whom do not approve:

Fraser was in and seemed pretty out of it, he is constantly tapping cigarettes from people, and this seems to annoy some of the older members. Arthur muttered under his breath 'piss off' and something about junkie [but it] wasn't clear. [Skye research diary extract, SL, 10/8/01]

The question of 'who are drop-ins for?' is also of relevance when considering people's access to the drop-in in states of wellness or illness. The opinions of those who have only rarely used drop-ins provide some useful insights in this respect. Roisin [ER, 21/11/01] comments, '*I actually found it, a few times people were very ill and they actually smelled and stuff, I didn't feel comfortable ...*':

Mhairi [staff] mentioned that some of the members of the cottage referred to the cottage as a 'sanctuary'. It was very important for people. She then raised the case of a person (male) whose behaviour was becoming unacceptable, he was mouthy and was being disruptive. The staff thought that he was behaving in this way because he would get away with this behaviour in the cottage, it was a safe place to act like this. [Inverness research diary extract, INV, 1/6/01]

Paula [NWS, 5/7/01] points to issues of being and remaining well, and the possible effects of attending a drop-in:

Yeah ... well ... there is a drop-in centre in Thurso – it's a lovely building, it's lovely inside and the staff are really nice - but I just have not a lot in common with a lot of people that go there ... it's not my kind of thing at all [Discussion of facilities] ... I did feel I was weller than the people who were there, and when you are starting to get well and you are around people who aren't so well, then it can have a detrimental effect, I find.

Paula also raises the issue of commonality (or the lack of it) with people who use the drop-in. This diversity can lead to confrontation and general unpleasantness: '*I don't like the attitude of some members of staff and one or two clients have been quite nasty*'

[Mark, INV, 23/5/1]. Pauline [SL, 20/9/01] recounts how her husband was discouraged by the behaviours of other drop-in members:

Interviewer: *Does [husband] go up [to The Cabin outreach]?*

Pauline: *Oh, he wouldn't go up there! He went up once and said he wouldn't go, he said it was wicked.*

Interviewer: *What was it about?*

Pauline: *He didn't like a certain person there. I don't think she's there anymore, there have been a lot of complaints. I don't think she should have been there anyway. I don't know what she was doing there, she couldn't have been a worker, but I think she was causing a lot of problems, she's kind of off-putting to people. She can be vindictive and intimidating because she is quite a big woman.* [Pauline, SL, 20/9/01]

As outlined in the beginning section, a diverse group of people access drop-ins and the only thing which initially unites people is their label of having a mental health problem. Even this supposed common link is challenged by some members:

The conversation turned to who used the Cottage and Terry gets annoyed with people who go on about being hospitalised when they don't really know what it is like to be really ill, to be in hospital for a long time, in the locked ward with nurses jabbing you in the bum with drugs. 'These people who talk about it have only been in for assessments, only a few days and don't really know what they are talking about'. I queried him about this. 'People are really okay, just got mild depression which isn't the same, they don't know what they are on about'. I asked Colm if he felt there were people who used the Cottage who were well. Yes he did, he thought it was so they would get more money on benefits than if they were claiming Job Seekers Allowance. [Alness research diary extract, ER, 13/11/01]

In the above diary extract, degrees of *wellness* in addition to illness are hence being contested within drop-in spaces. Examples such as this not only raise issues over the (in)tolerance of members for their counterparts within drop-ins, but the ways in which drop-ins successfully serve a diverse range of people in various states of wellness.

In our findings paper on **User networks**, we explore the importance of users in shaping service provision. As mentioned at the beginning of the present paper, drop-ins aim to be member friendly, driven by the needs and suggestions of members through a variety of mechanisms. However, staff-interviewee relations can become strained, and the question 'who runs the drop-ins?' can become pertinent at particular times and around particular activities. A good example of this is the issue of food. Drop-ins aims to provide a cheap and nutritious meal for members, but the precise ingredients are usually the subject of negotiation within drop-ins, with members' opinions sought by staff. Usually what are deemed to be 'unhealthy' foods are most favoured by members, with a compromise being reached between staff and members. One particular instance within a drop-in highlights the tension between one member of staff's views on what members should be eating and what they actually want to eat:

More people began to enter [the drop-in] and asked what was for tea. Rachel [staff] said Gabriel [staff] was making the tea when he got back, and it was bacon and eggs. Terry [a member] was well impressed and booked himself two bacon and egg rolls, people were exclaiming and seemed to be really looking forward to the bacon and eggs - what was the big deal? Colm [member] asked if there were any chips going and a few people laughed. I queried this, 'chips are not usually on the menu either then'? Colm said that they did get chips but rarely, one of staff's few concessions. Elspeth [staff] hardly ever allows bacon and eggs and things and always puts on healthy foods. Colm informed me that she nearly caused a revolt ... with her healthy eating ... Gabriel entered with said bacon and eggs and there were a few cheers. [Alness research diary extract, ER, 3/12/01]

Although staff also eat the food, the members are the main consumers of food in drop-ins. They pay for it, and for some it may be the only main meal of the day. The preparation and consumption of food hence becomes an important action through which the power relations of staff and members are tested.

The inability of members to contribute to discussions about the drop-in is a source of frustration for some, as one user points out: *'Well they do tell you things, but I think it should be a wee bit more open. [The consultant psychiatrist] comes in sometimes for meetings and they close the door and you're left out, and you're the ones who could really help them'* [Ralph, SL, 18/9/01]. Opportunities for input through other means are nonetheless viewed sceptically by Ralph, as he continues:

Yeah the members here should be allowed to attend meetings, have your say. We had one with someone from Inverness, Dingwall, some health issue and we actually had the meeting with the members, not the staff. It was good because they wanted to know how we felt and the staff decided to stay out to see what would happen. There was a lot of things said that we wanted to happen for the future. Whether it gets put in the ground or not, might have chucked it in the bin, that's my opinion. [ibid.].

Others are of the opinion that staff make efforts to include members in decisions around the direction of the drop-ins, *'suggestions are always made and always taken on board'* [Barry, 18/8/01], but this was questioned by others: *'actually quite a good say ... but whether they listen to it is a different kettle of fish'* [Cameron, SL, 25/09/01].

This section has detailed the ways in which drop-ins are contested spaces. Differences in activities, states of being and status, be that of member or staff, 'well' or 'unwell', all come together and interact in various ways to make drop-ins contested places. Nonetheless, we would reiterate the point made at the beginning of this section: namely that, given the various roles of drop-ins, they provide a crucial service for their members.

Medicalised space

At times the drop-ins transform into medical spaces through the use of drop-in sites for formal and informal visits by medical professionals, such as a visit by the consultant psychiatrist noted earlier by Ralph [SL, 18/9/01]: *‘[The consultant psychiatrist] comes in sometimes for meetings’*. Part of the funding for Companas Cottage, for example, relies upon the exclusive use of the cottage every Monday until 3.00pm by the Travelling Day Hospital (TDH: see our findings paper on **Formal services**), which is staffed by CPNs, staff nurses and occupational therapists. During this time, members are unable to access the drop-in unless they are patients of the TDH. Various activities take place within the drop-in at this time, including social activities that are developed to have a therapeutic outcome. Medication is administered on site and patients have an opportunity to talk to staff on a one-to-one basis. This sets up an interesting tension around the drop-in:

I joined Terry and Derek in the smoking room. Terry asked what I was doing and whether I was a student: ‘You’re not training to be a nurse are you?’ Terry likes the Cottage because nurses and doctors are not allowed in, you get away from all that. [I asked] ‘It’s not perceived as a medicalised space, then, but what about the Travelling Day Hospital?’ Terry agreed that the Cottage was used by the TDH, but it had to be placed somewhere, and anyway the Cottage was open Monday evenings, so people weren’t losing out that way. [Alness research diary extract, ER, 13/11/01]

The extract highlights the contradictions surrounding Companas as a medicalised and non-medicalised space. While Terry values Companas’s policy of denying full access to the drop-in to service professionals, he nonetheless appreciates the need of others to have access to a medicalised service, suggesting that, although located in the physical space of the drop-in, the building only *becomes* the TDH at very specific times and remains viewed generally as the drop-in. Yet, a number of those interviewed had only accessed the Companas during use by the TDH.

In a less formalised way, CPNs and social workers use The Cabin and the Kyle outreach centre as a place to meet users of services. CPNs have been observed walking into The Cabin, having lunch, and spending time talking to members before keeping appointments with patients. As the following research diary extract shows, at times access to drop-ins by professional staff allows them the opportunity to observe clients:

Naomi [social worker] appears and shakes a mock angry finger at Hamish: ‘Don’t believe a word this one says!’ Hamish looks resigned to a telling off ... It is widely acknowledged that Hamish cannot get away from Naomi and that she is keeping an eye on him, not only through herself but through The Cabin. [Skye research diary extract, SL, 5/9/01]

The use of drop-ins for medical practice goes against the ethos of projects, in that the drop-ins are supposed to be a site where members are safe away from the gaze of the community and professionals. Indeed, both NSF drop-ins have strict policies regarding

the access of professionals to drop-ins, requiring that professionals make an appointment before access will be granted. In such ways, the drop-ins appear to be very much user spaces. However, at very specific times, drop-ins become professional medical spaces. An explanation about the use of drop-ins as places for formal service providers to utilise can also be offered which relates specifically to the geography of services. Visiting individual patients within the rural areas involves travelling great distances on a daily basis for CPNs. Clearly, therefore, drop-ins and outreach centres provide convenient fixed points in areas at which service providers and users of services can come together.

Types of medication, their efficacy and limitations are often the subject of discussion, transforming the drop-ins into what might indeed be termed medicalised spaces for brief periods of time:

I sat beside Harry ... and Tom entered. He, Mhairi [staff] and myself got talking and Tom began to describe how he knew when people were 'high' because he had been like that himself. They spoke of lyrdactyl with it being described as a chemical straightjacket; Harry joined the conversation and said lyrdactyl gave you glass legs and it was what 'they' gave you if they didn't know what was wrong with you. [Inverness research diary extract, INV, 29/5/01]

Val notes that she had her injection today and it was painful and she feels sick. She and Charlie discuss this. He suggests eating something ... This has happened a couple of times where people mention medication and someone else has had a similar experience. [Skye research diary, SL, 20/8/01]

At times, members share stories of service professionals, thereby reinforcing a common bond between the group: *'Amy and Grant were talking at one of the tables, he was looking pretty low. I heard Amy tell Grant about her psychiatrist who had asked her if she was happy'* [Alness research diary, ER, 28/11/01]. For some, though, discussions around the experience of illness take place too often, but for others they take place not often enough:

Basically all people do here is sit and talk about your medication and all the rest of it, 'how are you today, fine', you get sick of people asking that, you know? [Patrick, SL, 20/8/01]

I can't stand it. I can only go in there for a few minutes 'cos nobody seems to want to talk about how they're feeling and any problems, whereas I am. Sometimes the staff are too busy and this, that and the other. [Bart, SL, 20/8/01]

What is interesting about these comments are that they are both made about The Cabin drop-in. Such differences in perception about the same place highlight drop-ins as different spaces in which changing social relations take place through time. Bart's comment highlights not only his desire to talk, but suggests that this may be the only place, for him, where such discussions can take place.

The transformation of drop-ins into a medicalised space can be read as being both an empowering and a disempowering process. On the one hand, the ability to talk with other users about medical experiences can be an important action, one which does not take place within the wider community (see the discussion of cultures of silence in our findings paper on **Highlands, economy, culture and mental health problems**). On the other hand, the appropriation of the physical space of the drop-ins by service professionals serves to undermine feelings that the drop-ins ‘belong’ to members and are distinct user spaces.

Community attitudes

A lot of people don't even know that it exists, don't know what it is, and don't understand it at all. Some of them think that, that's where the nutters go. It's really mixed, I don't think that there's really a set community view on anything.
[Miriam, ER, 13/11/01]

Miriam's comment summarises the complexity of attitudes about drop-in centres, and we can conclude by returning to this theme – already signposted at various points – of precisely *where* drop-ins are sited and how they *fit in* or not with their host places and communities. Locations of drop-ins, actions towards those who access drop-ins and community involvement in drop-ins: all of these matters have significance for users themselves. For Paul [SL, 10/9/01], the location of The Cabin, the drop-in centre in Portree, suggests a strong community which is accepting of the drop-in:

It's a very strong community in two respects. First of all, that you can have a place like The Cabin in the centre of Portree it just shows you how strong [is] the community; a mental health centre in the middle of Portree, it is obviously accepted here.

The location of The Cabin is interesting in a number of respects and may cast a different light on Paul's reading of where it is sited. The Cabin is located in the main free car park in Portree, the main village on Skye; it is positioned at the east end of the car park and is situated next to the main car park for buses. This car park is extremely busy during the summer months, with tourist excursions using the car park every day. In order to reach The Cabin, one has to walk down two flights of stairs from one of the main streets in Portree and then negotiate traffic to reach the door of the drop-in. Pedestrians on the main street above can look down on The Cabin and clearly see who is entering and leaving the building. While this is a rather laboured description of the physical location of The Cabin, it serves to highlight that in fact it would be equally possible, *qualifying* Paul's statement, to talk about marginality of this drop-in in relation to the centre of Portree. The Cabin is located in a transitory space, one that is frequented by tourists, those just passing through, although it is probably true that the location of the drop-in has not been determined less by symbolism and more by mundane questions of finance and the availability of premises. The physical marginality of The Cabin is reinforced by observations in the research diary:

Although The Cabin is situated in an awkward position, it is within 'the village' of Portree being two minutes walk to Somerled Square. However, when workers or members are going around the shops or whatever they ask if anybody wants anything in the village ... it is almost like they see it as a distinct space; they go to the village rather than being part of the village. [Skye research diary extract, SL, 15/8/01]

This physical marginality is also mirrored in the social relations between The Cabin and the wider community, given the relatively limited nature of community involvement with The Cabin:

Even if you do a car boot sale, we did out the front here, take people into The Cabin and show them a bit about it, a lot of people will steer clear of it, something to do with a mental health problem crowd, 'we're not going to go to that, stay clear of it'. Just the impression. [Patrick, SL, 20/8/01]

Unlike the other drop-ins visited, The Cabin does not discourage 'ordinary' members of the community from entering the premises. This apparent inclusionary practice can, however, lead to feelings of difference:

But as it is, I think, the community generally speaking isolates The Cabin from the rest because you don't really see local people coming in here very often They'll pop in and see Raymond [staff] or whatever, but they go in a little corner on their own, have a chat together and not really integrate. ... As I said, friends of Raymond's [staff] come down, but they seem to huddle in a corner, they don't quite know how to take here. They look at you more, wondering what you're going to do next. [Hazel, SL, 13/8/01]

While Hazel does not express annoyance or anger that the wider community has access to the drop-in, her statement suggests that such visits do not improve or strengthen relations between users and non-users, but only serve to highlight supposed differences between them. Extracts from the research diary point to the ways in which members of the wider community act within the space of the drop-in:

There was a crowd of late teens/early twenty somethings and an older woman standing talking to [staff member] near the door. They didn't look at me or acknowledge my presence really. I sat down at the tables and began talking to Charlie. The group moved through to the lounge area and they were making quite a noise. They left about a half hour after and didn't say goodbye to anyone (members of the Cabin). [Skye research diary extract, SL, 10/9/01]

Hazel points to the demarcation of space within the Cabin as members of the community enter, with the 'huddle in the corner' becoming in effect the 'sane space' from which the 'insane' are viewed: 'They look at you more, wondering what you're going to do next' [*ibid.*]. Hazel's perception that 'they' are expecting users of the Cabin to do something odd draws upon popular conceptions of the 'mad' as unpredictable, liable to snap at any moment. Given this unpredictability, vigilance is required around such people, so it seems.

Returning to Hazel's first comment, a number of interviewees voiced the concern that their accessing of drop-ins would be known to the community, and as a result that they would be labelled as belonging to a particular group. Many interviewees guessed that, while the wider community is unaware about what goes on in drop-ins, sections of the community are happy to make judgements about the individuals who frequent them:

Yeah I think some people might think it's good and others might see it as a waste of time because not seeing any benefit. The kind of people that go up there and the social side, 'ah you don't want to be seen with them', you know what I mean. I don't know what I mean Maybe some might be ashamed to be seen with these people, they are a different level, you know what I mean? So many levels. [Pauline, SL, 20/9/01]

One of my neighbours ... he's got problems himself ... but he says he wouldn't lower himself to come in here, you know, and would never dream of taking his mother in here ... because his mother has quite a high standing in the community and he says he wouldn't lower himself to come in here. [Skye group discussion, SL, 3/9/01]

I wouldna think ... if you had a drop-in place it would be very difficult to establish if it were just for psychiatric people ... because it's so small an area and people would know and the dafties are there ... and so you'd be inclined to be embarrassed to go like ... aye ... I think you could get away with in Dingwall or Inverness ... but not in small community. Aye the dafties' club ... they'd identify it straight away like. If you'd imagine half a dozen people ... I don't think they'd get a sympathetic hearing. [Jason, NWS, 19/7/01]

The above statements raise a number of issues about changing community attitudes toward services and mental health issues more generally, so as to make access to services a comfortable and safe experience in order that people will use them. The extracts also speak of the risk of the lowering of social status through association with drop-ins and the awareness that a change in status will take place. For some, the change in status results in the experience of exclusionary social relations:

I mean I know the story of one woman before I was even involved in coming here, one woman looking for somewhere to stay, she had split up from her husband. Don't know what her problems were, but she was going to the outreach centre in Kyle and she had managed to get a room in somebody's house in Kyle, she was waiting for a council house for something. When they found out that she was going to the outreach centre, they asked her to leave. I was aghast, do people in this day and age still do that to people? Obviously they do. [Emily, SL, 26/9/01]

This drastic action, effectively making another person homeless, on the basis of attendance at a drop-in centre, provides some clue to the strength of negative feeling amongst parts of the community about what these centres signify.

Given the perceived negative attitudes of the community towards drop-ins, we can question the importance of drop-ins for facilitating relations between the wider community and users of the service. The ability to ensure confidentiality mentioned earlier through the exclusion of those deemed not requiring access to the service, although acknowledged by users as necessary and appropriate, also leads to a sense of frustration in dealing with wider issues such as challenging and changing attitudes of the wider community. As Miriam [ER, 13/11/01] comments:

You know, they keep coming back to confidentiality, you know that anyone could walk in there and breach confidentiality, but if anyone could walk in, then there wouldn't be that easy identification of those with a problem and those without anyway.

Miriam's observation engages directly with issues central to the inclusion of those with mental health problems within the wider community, and with ways in which drop-ins can isolate users within the community due to community beliefs and attitudes towards both the drop-in service and those who access it. One user's story around the location of a drop-in points to the awareness of those who run the drop-in regarding the issue of visibility in accessing the service:

I had been going up and down to Alness a lot and that's when the drop-in centre [was] in the town centre and, when they changed it to Companas, I complained how hard it was to find. They [staff] said 'isn't that quite good? It means you can come in unnoticed, socialise together, have activities, have a cheap meal or whatever, come and talk to somebody and whatever'. [Gary, ER, 12/12/01]

Thinking through Gary's comments and those of the staff, as he recounts the latter, several points can be made about the visibility of drop-ins in rural places, the desire for anonymity, and the broader social and cultural environments in which these rural drop-ins operate. It is clear that the drop-ins are visible in rural areas, given the perception of interviewees and our own position on the visibility of everyday life in rural places. Because of this visibility, it is unlikely that the anonymity suggested by staff is likely to be a reality. However, while drop-ins may be 'visible', for some interviewees it is clearly more of an issue that they themselves remain anonymous as users of the service. From interviewees' remarks, it is apparent that using a drop-in can itself be a stigma (see above). While we appreciate why drop-ins may prefer to remain 'anonymous', however unlikely we may deem such a situation, we cannot help but wonder whether efforts to remain anonymous effectively collude in the 'cultures of silence' surrounding mental health issues in the Highlands (see our findings paper on **Highlands, economy, culture and mental health problems**). On the other hand, even though The Cabin has an 'open door' policy, this has not engendered a radical and swift change in community attitudes around the issue of mental health, as suggested by Hazel above. Accessing informal services may provide much needed emotional and practical support, as well as providing a site where people can socialise and take part in a wider mental health community. Paradoxically, affiliation with such a service, alongside association with such a particular 'community of interest', can serve to alienate and to isolate individuals from the wider

community. Such alienation and isolation sadly stems from how mental health issues and those who suffer such problems are still widely perceived within the community.

Given the often negative attitudes faced by those who frequent drop-ins, interviewees speak of their strategies for challenging, subverting and changing wider community perceptions of drop-ins. They voice their lack of concern over community perceptions of themselves:

Do you, know, I heard said in here things said about The Cabin which I have never heard said myself – and I really don't care, I don't want to know – that they are very derogatory about The Cabin and slag us off for being mental cases, I haven't heard that, but I have heard a few people in here say it. But that's their problem I think. [Julia, SL, 17/9/01]

There is still an element of the community that thinks it's just for down and outs and no hoppers. You can turn that on its head, The Cabin is a place for folk who recognise they need help and want to turn their lives around, and if the community could see it that way it would be great. [Ken, SL, 19/9/01]

Ken hence reinterprets the place of The Cabin: it is not a place of 'no hoppers', but a place for those who wish 'to turn their lives around'. Ken's comments also suggest to us an unwillingness amongst members of the community to appreciate that they, as supposedly 'mentally well' individuals, could ever need help or that they could ever access such help. As such, Ken portrays The Cabin as a positive social force within the community, one that contributes to the community through supporting those with mental health problems.

Conclusion

In this findings paper we have argued that drop-ins are complex and dynamic spaces, which effectively provide a community within a community for those with mental health problems. Interviewees are often socially and physically isolated due to the wider physical and cultural environments in which they are located, and drop-ins provide alternative 'safe' spaces in which to share emotions and experiences which are ordinarily hidden from the wider community due to community attitudes (see also our findings paper on **Safe and unsafe places**). Drop-ins can be viewed as key sites that foster and develop user networks and more broadly a 'mental health community' throughout the Highland region (see our findings paper on **User networks** for further discussion). As we have shown, drop-ins are also contested spaces where different activities and people from diverse backgrounds all converge. While drop-ins provide a setting in which members can draw strength and support from fellow members, association with them can still, regrettably, have negative effects on the standing of the individual within the wider community. This has implications for the drop-ins in terms of whether or not they can be viewed as a sustainable community resource, one that could contribute to challenging the prevailing negative attitudes around mental health in the Highlands.

References

Barham, P., 1992, *Closing the Asylum: The Mental Patient in Modern Society* (Penguin, London)