



Diverse Perspectives on Mental Health

Why Orkney, why Belfast?

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One of the examples that we chose to use on the course was case studies of people who use services and work in mental health services on the Orkney Islands. It's a very, very remote community, a collection of islands to the north of Scotland, and the reason that we decided to do that was that because this course examines the social aspects of mental health we wanted to look at different examples. We have a sort of course model that says there's a person in the middle with whatever problems they're experiencing, but they're surrounded by different factors which are the social factors in their life, the economic factors, how much money they've got, whether they're in work or not, the environmental factors, what sort of place they live in, political factors in society, that's where there's broader things like the ethics and values of the society they live in, the sort of values that are placed upon health and illness, and on mental issues in particular. So one way to illustrate the fact that particular places have an impact is to try and find somewhere that's quite unusual.

Often when you're studying something, by looking at an extreme example it helps you think about the more normal, so Orkney is quite extreme in many ways, it's an island community, it's quite a long way from the mainland. If somebody needed treatment for a mental health problem as an in-patient they'd have to be flown two hundred miles to be treated, so that's quite unusual. People could be living in communities of forty people, two hundred people, all of those things raise issues about what is it like to suffer a mental breakdown, to be known as somebody with depression, or some other mental health diagnosis, in a place where your business is known. Somebody says they came back after a spell in hospital and they said their cat died. They went down to the post office later the same day and people were saying they were so sorry to hear that their cat had died and on the one hand that was lovely, on the other hand she felt if they know that they must know everything about me.

So it provides the sort of interesting examples, both with people who've used services, but also for the people who have to work with them, and because they are unlike perhaps somebody who works in a city mental health practice and they might live somewhere else, come into a community and work there, and then go away from it in the evening so they separate their work from the rest of their lives. And somewhere like Orkney you've got that sort of containment where you're living and working in the same community, and the person that's coming along is a community mental health nurse, you'll probably also be known as the grocer's cousin or whoever, that person that grew up and went to the local school, and if they're seen going into somebody's house, that might be seen as very significant because they'll know what that person's job is, so it raises all sorts of issues from that point of view.

We also thought that experiences might be changed by other factors, the environment, but it perhaps was in many ways a safe environment and people did say that, that they compared to having lived in Glasgow or Edinburgh or somewhere like that, in a city, they did feel safer, although they also felt they had less privacy, so they would benefit. But there were also the down sides, some of which I mentioned, and other ones were that perhaps they didn't have the same range of treatments because you couldn't afford on a small island system to employ specialists so there were no psychiatrists on the islands, there might be more reliance on medication, there might be less availability of talking therapies. So there were implications which I think it was useful to explore by going to a community like that.

Another example we decided to use was to look at the city of Belfast and to see what effect of what's been known as 'the troubles', the sectarian conflict, particularly because by the time we did the recording the peace process was well under way so the worst of the violence was over and the military presence had been stepped down considerably, so it was entering a new phase. It was obviously an extreme example to take and I suppose we took it for a couple of

reasons. One was that anyway the course is aimed at people who live in all the different parts of the United Kingdom, it's not just a course for people who live in England, so we'd chosen Orkney as a part of Scotland, we'd also used an example of a woman from Wales in another part of the course. And so we wanted to look at Northern Ireland and in some ways it felt a bit difficult to look at mental health in Northern Ireland without thinking about one of the most major parts of its history, its recent and not so recent history, which was the sectarian conflict and what sort of effect that might have had on people's mental health.

So in looking at Belfast we were again, like Orkney, thinking about the impact of place and environment on mental health, and the areas of Belfast that we chose were described as places where there was interface between the communities. These were areas where Protestant and Catholic communities lived in close proximity and it's not just a simple matter of the city being divided into two halves, you have communities nested within areas so you can have fairly small Protestant or Catholic communities near large communities of the opposite persuasion. So there would be boundaries between these areas, and these would be very visible so Jim Campbell who talks on the audio, he describes how you can see the transition from one part of Belfast to another by the flags that are flying, and by the colours that are painted on the kerbstones denoting that people are moving from one territory to another, and this has an impact on the mental health of the people who live there and also the workers who are working with them because it's a whole other factor to take into account the level of complexities, quite complex dealing with mental distress, and its knock-on effects anyway, when you then bring in community issues like considering where is it safe for somebody to go back to live, where will they feel secure?

If somebody's feeling paranoid, are they genuine, they might have genuine reasons for being paranoid because they may be under threat in their community, or from a neighbouring community, or any feelings that they've got could obviously be exacerbated by living in a community where there are these divides and where it's physically very obvious by the actual layout of the streets, and the symbols that people choose to put up in those streets. It really did show that political awareness was very important in doing this sort of work and that you had to know as a sort of resettlement worker, somebody supporting somebody back in their community, the nature of their community, the troubles that they've been through, who had the power in that community, and I think it illustrates very nicely some of the points we're trying to make in the course that qualification in psychiatry or mental health nursing is obviously very helpful in understanding mental distress, and perhaps dealing with the crisis, but when you come to looking at helping people pick up their lives but then perhaps a political and social, and cultural understanding of the communities that people live in, and their histories, can be equally important in helping those people to get back into their community.