



Marginalised Rural Communities Report

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Support in Mind Scotland

Marginalised Rural Communities

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Executive Summary

This research is the first stage in a programme of work engaging with those who provide support to marginalised individuals within rural Scotland. The new findings provide a powerful and compelling evidence base that will underpin Support in Mind Scotland's (SiMS) and the National Rural Mental Health Forum's (NRMHF) ongoing engagement with support groups and networks, and will assist in building further evidence with marginalised individuals across rural areas.

The report focuses on those with lesser-heard voices and worked in partnership with support organisations to ensure research is relevant, impactful and engages with those communities we seek to represent. The organisations that the report engaged with to scope out research possibilities pointed SiMS to recent and forthcoming research reports that highlighted key emerging themes that were important to explore in a rural context.

The research undertook both quantitative and qualitative questioning, with a focus on open-ended questions to allow participants the opportunity to explain their experiences and allow the research to truly shed light on how the Covid-19 pandemic has affected their mental health and wellbeing. The report conclusions and recommendations will support a collaborative approach from the NRMHF and partners to address the issues identified. The report conclusions indicate a mix of broad rural infrastructure issues and the tendency for people to seek support at a 'hyper-local' level.

Key recommendations:

Scottish Government:

- Rural infrastructure enables health and wellbeing. While recognising the breadth of infrastructure investment, ongoing challenges of isolation and poor mental health are the cost of *lack of* investment. Continued engagement and consultation with rural communities, and island/rural proofing, will allow wellbeing priorities in rural infrastructural investment to be identified, with multi-agency working to develop mentally-healthy places that are also economically productive.
- Survey respondents have indicated the critical importance of micro-level, 'hyper-local' support to enable mental health and wellbeing. The third sector, and particularly specialist support organisations, are expert at working at this micro-level with individuals and their families. However, in order to continue to be effective, third sector expertise must be recognised and built into policy development, with resources allocated to support marginalised individuals and groups where they are, in a preventative approach to reduced costs on the statutory system.

Local Authorities:

- The theme of 'hyper-local' in the survey responses indicates that local, tailored support is critical to rural communities during the pandemic. Local Authorities should recognise and support community organisations and groups that provide this support, particularly in regions that have large rural areas (such as Highland, Dumfries and Galloway, and the Scottish Borders).

Third Sector and Support Organisations:

Marginalised citizens in rural Scotland point to micro-level, 'hyper-local' solutions to their mental health and wellbeing, particularly friends, family and teacher networks, and very local community-based support. Although some of these 'nets' will have the expertise and

resources to provide this support, others will not, and will in turn need resources and guidance from support organisations pre- and during-crisis.

Background to the project

During October to December 2020, Support in Mind Scotland and the National Rural Mental Health Forum undertook research for the Scottish Rural Network to explore and evidence the impact of Covid-19 on marginalised rural communities throughout Scotland. Research in this area is very limited and the project aimed to explore and document the key issues and challenges that marginalised communities living rurally are facing during the pandemic. In addition, the research aimed to understand what has helped the mental health of marginalised individuals during Covid-19 and translate these findings into report recommendations.

The research team identified three target groups to explore and build an evidence base around, comprising those who self-identify in rural Scotland as one or more of the following: LGBT+; young carers; and refugee and asylum seekers. This report presents the findings of the survey carried out from the 11th of November to the 4th of December 2020.

The findings highlight the key issues that marginalised rural communities face in dealing with the Covid-19 pandemic on a day-to-day basis and provide a voice for those whose mental health and wellbeing has been negatively impacted. This work is important, as the rural-specific research highlights challenges faced by marginalised groups, and provides policy recommendations to the Scottish Government, local authorities and other support bodies/organisations, including those working with the three identified marginalised groups.

Research Approach

Scoping phase

Following engagement with support groups that work specifically with LGBT+ people, young carers, refugees and asylum-seekers, existing research was identified which could help orientate and focus the new work and ensure the new survey was as informed as possible, whilst tailoring it to a rural context. These outputs included:

'Further Out' The Scottish LGBT+ Equality Report – Equality Network 2020 (N.B. The Equality Network report is specifically rural and covers a period of Covid-19 in 2020)

'The Impact of Covid-19 on Refugees and Refugee Assisting Organisations in Scotland – Scottish Refugee Council 2020

'2020 Vision: See Me, Hear Me, Support Me and Don't Forget Me' – Carers Trust Scotland 2020

These reports provided a valuable starting point, highlighting that issues of isolation, digital challenges, access to services, stigma and discrimination clearly contribute to the risk of poor mental health and wellbeing amongst the identified communities. These issues resonated with prior research into mental wellbeing in rural Scotland, including SRUC (2017), Prince's Countryside Fund (2018), SiMS (2018 and 2019) which gave us the initial confidence that it was important to focus more closely on the 'layering' of rural and mental wellbeing *with* marginalisation.

Engagement and interviews with support groups

Following this initial desk-based scoping work, research consultations were undertaken with support organisations that work directly with the target groups. Initial interviews allowed for in-depth accounts of how Covid-19 is affecting minority communities, reinforcing the need for further research into the mental health impacts of the pandemic. Organisations approached include the

Scottish Refugee Council, Highland Migrant Refugee Action, Highland Workers Education Association, COSLA, The Carers Trust Scotland and The Equality Network. In addition to giving the project valuable intelligence and insights, taking such a collaborative approach to the research ensured that partners could feed into survey design, dissemination and that they will eventually be part of progressing the recommendations. It also ensures the project partners are well-placed to continue dialogue concerning next stages of work, including impact.

Survey focus and design

The new survey aimed to capture the experiences of a targeted group of individuals living in rural and remote rural Scotland who typically feel far-removed from the heart of policy influence. A key aim of this research is that people at risk of marginalisation have the opportunity to share their experience and have their voices heard, with lived-experience evidence playing a particularly critical role in telling the story of peoples' lives.

The questions therefore comprised a mix of quantitative and qualitative formats, with an emphasis on open-ended questions covering the following themes:

- Whether Covid-19 had impacted on their health and wellbeing, and if so, how;
- Barriers (if any) to accessing local support and services; if yes, what types they'd encountered; if no, how has local access continued;
- With reference to their own mental health and wellbeing – what has helped in their local area during Covid-19 and why;
- What needs to change in their rural area to help their mental health and wellbeing and why;
- To self-identify with one of the three target groups (with the “prefer not to say” option being available).

The survey was available in English and Arabic.

Publicity about the survey

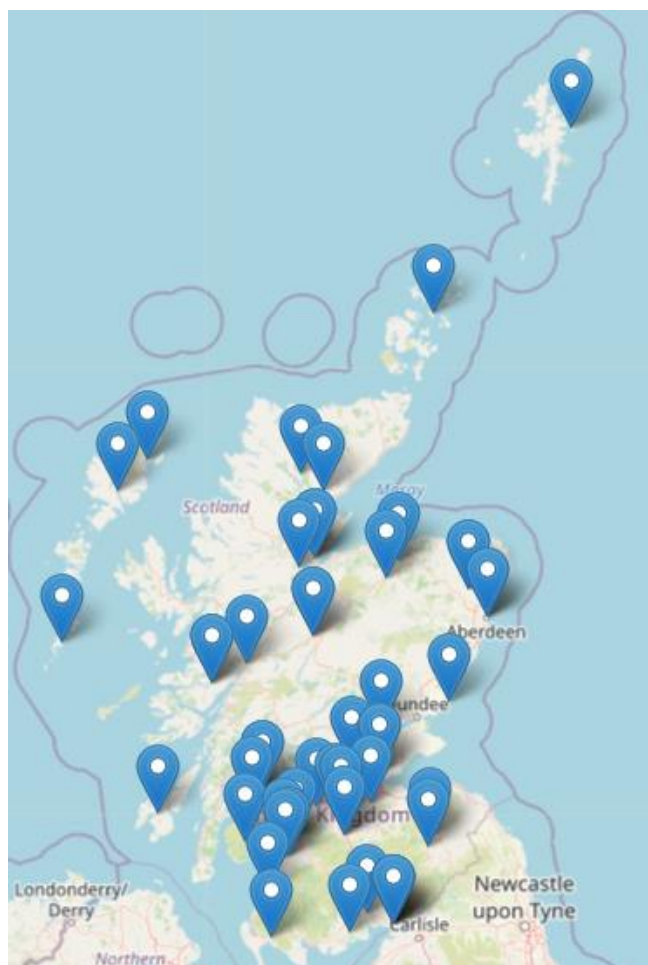
The survey was distributed through the above support organisations that work with the target marginalised groups, through the National Rural Mental Health Forum networks comprising organisations that work directly with the specified communities, and through a well-targeted social media approach. As mentioned, the survey was also translated into Arabic to increase participation and enhance inclusivity for those self-identifying as refugees and asylum-seekers.

Analysis of survey data

The data have been analysed using a combination of quantitative and qualitative approaches. Descriptive statistical approaches give some graphical presentations of the data, including geographical spread of respondents. Thematic analysis of the qualitative, open-ended data allows us to explore the complexity of rural lived-experience as expressed by those living in rural Scotland from within the marginalised groups and those who responded to the survey but did not identify with the three marginalised groups.

Research Findings

Total survey sample: description



A total of 84 people completed the survey, with respondents from Barra, Orkney, Dumfries and Galloway, which highlights the survey's national reach.

Of the 84, 35 respondents self-selected a minority category, either LGBT+, young carer, or refugee or asylum-seeker; no respondent selected more than one of these categories. The majority of respondents (49) chose to complete a survey targeted at marginalised communities, but opted not to self-select as being in one of the three specific marginalised groups. However, many of the qualitative responses of those who did not self-select with the three target groups also wrote of issues relating to racist or gender-related instances of bullying, and/or other forms of being marginalised or isolated in rural Scotland. It is therefore not possible to conclude that, because a respondent did not self-select the category in the survey that they did not then self-identify with that category in their personal life.

Figure 1: Distribution of survey sample respondents (n=84)

It is important to reflect that we are focusing on a layered sample, that is: rural *and* marginalised, with marginalised by definition being less used to the experience of their opinions being sought and valued. There are fewer people living in rural Scotland than urban Scotland (less than 20% of the population), and this research is then seeking out those who are unused to having their voices represented. Hence this being a piece of work that is the first stage in building the confidence of those within 'rural + marginalised groups' to articulate their experiences. We are therefore content that, for a primarily qualitative piece of work, a respondent rate of 35 (who directly self-selected a marginalised category) plus 49 (who, whilst not self-selecting a category nonetheless wrote of marginalised experiences), gives a sufficiently robust sample size from which to carry out a rigorous analysis and draw reasonable conclusions.

Key findings from total sample

The following findings from these three questions give a sense of overall responses from the total survey population (n=84). We have also compared them, where helpful, with findings from the three target marginalised groups; however, we have done so in qualitative terms since it is not appropriate to use percentages for the smaller numbers of target group respondents.

Q: Would you say that Covid-19 has impacted your mental health and wellbeing?

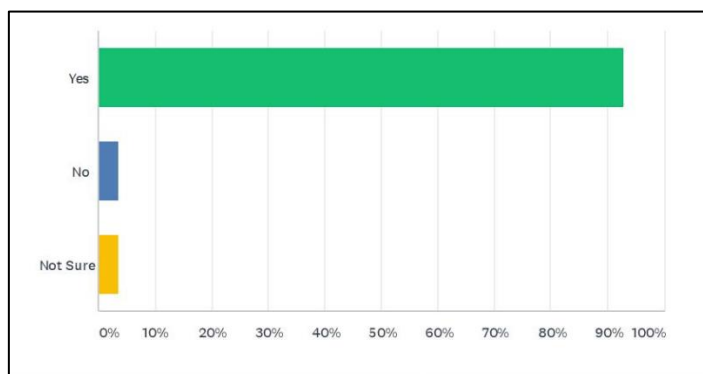


Figure 2: Responses to the question “Would you say that Covid-19 has impacted your mental health and wellbeing?” (n=84)

The overwhelming response (93%) is that Covid-19 has impacted on respondents’ mental health and wellbeing. The response level is very similar across LGBT+ people, young carers, refugees and asylum seekers.

Q: What are the barriers that you have experienced in accessing your local support and services that would normally help with your wellbeing?

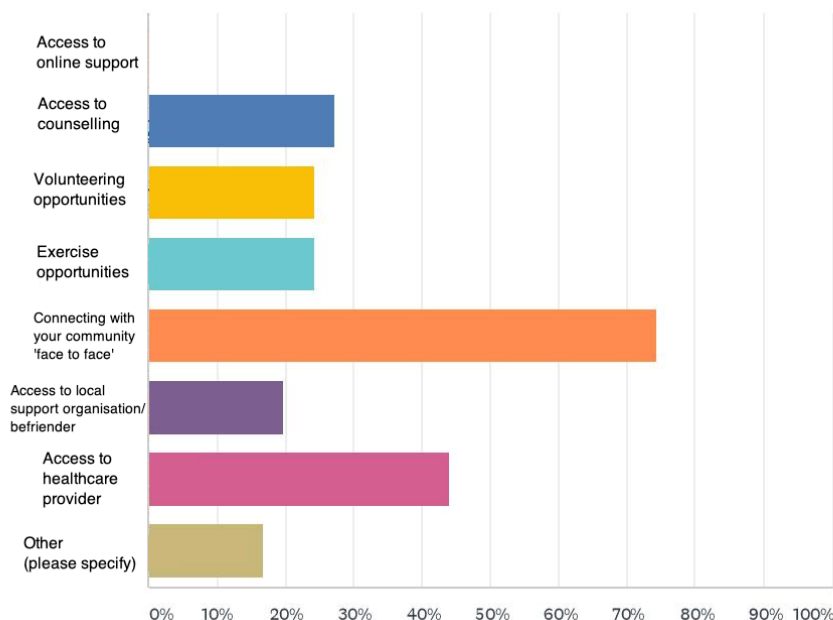


Figure 3: Responses to types of barriers to accessing services (n=66, i.e. those who answered yes to experiencing barriers).

It is possible to see from the above chart that the findings varied between communities. Respondents could tick multiple options in the list of barriers encountered. Of the total respondents, 74% indicated that ‘connecting face-to-face with the community’ had been the main barrier they had encountered, which is likely to be expected during the series of lockdowns that had been experienced during 2020. However, this figure was notably higher for LGBT+ people with almost all respondents citing barriers, and notably lower for refugees and asylum seekers and young carers. LGBT+ people also stated that accessing healthcare had been a key barrier. Young carers stated that access to exercise was a main barrier, with some refugees and asylum seekers responding that accessing local support had affected them.

Q What are the main things that have helped?

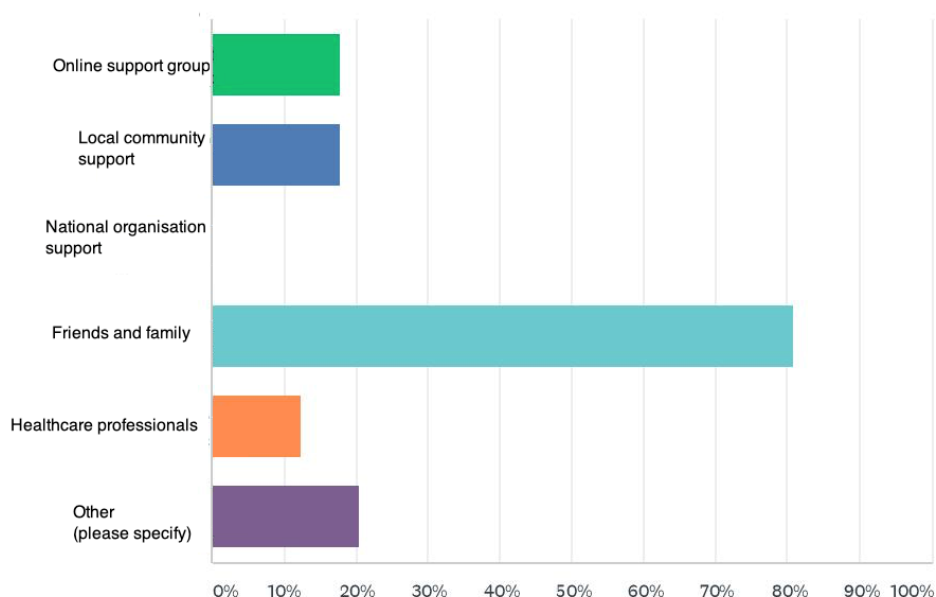


Figure 4: Responses to the main things that have helped individual respondents in their rural area during the Covid-19 pandemic (n=73)

A key finding from the survey, reflected both in the total respondents (81%) and across all three target marginalised communities, was that ‘**friends and family**’ was the main category of support that helped with mental health and wellbeing during the Covid-19 pandemic. The second highest responses were categorised as ‘local community support’ (for refugees and asylum seekers) and ‘online support groups’ (for both young carers and LGBT+ people).

Key Findings from sub-sample 1: those who did not self-select a target category

Those who chose not to self-select with one of the three target categories (LGBT+, young carers, refugees and asylum seekers) but nonetheless took part in the survey indicated that long-standing rural challenges have had an impact on their mental health and wellbeing during Covid-19. It is interesting to note that, for this subsample, issues included more ‘macro’, structural rural issues, such as digital connectivity, physical infrastructure, services and financial/economic factors, as well as some of the more community-based, local themes of isolation and community, stigma, discrimination and awareness. This contrasts with the second sub-sample as we can see later.

Digital connectivity: those who had good broadband or phone connections felt it was an important asset in keeping connected and supported through the Covid-19 pandemic. Some even preferred the

shift to online, as it reduced the long travel times associated with their previous social circles. However, in contrast, many felt excluded from online activities through their lack of connectivity, citing poor infrastructure and high cost as barriers. In particular, internet speeds are too poor in some rural areas to use video calling applications.

Physical infrastructure: the lack of good bus infrastructure was among the most raised themes, especially for those who could not drive. Poor public transport infrastructure was cited both as a cause of social isolation and a specific barrier to accessing mental health services. Frustration over the closing of public toilets on walking routes, preventing some from accessing outdoor exercise, suggests that non-transport infrastructure is also an important theme.

Isolation and community: some respondents viewed the isolation of their rural areas as a benefit and a chance for some 'alone time' or to connect with nature. However, a greater number voiced concern that they were becoming particularly isolated as they were cut off from their community, with some expressing nervousness about re-joining the community after restrictions lift as they have become less socially confident. Local spaces were a significant part of respondents' experience of isolation: many identified their community as a source of support – a sense of 'pulling together' – but the loss of access to community social spaces within just minutes of where they lived, such as churches, local befriending groups, or council-organised activities, was a common theme across responses.

Access to and awareness of services: access to all varieties of health services – including GPs, community healthcare and specialist services – was seen as restrictive by a large number of respondents. They described services as overly challenging to access or inconsistently delivered, and particularly highlighted a desire for more involvement in community services. Stopped or interrupted services or treatments gave some the feeling of having been 'forgotten'. Some respondents also highlighted that they were not aware of what local support was available and expressed a desire for alternatives to treatments that they could no longer access due to the pandemic.

Stigma, discrimination and awareness: community attitudes and the stigma of discussing mental health were repeated themes, with respondents feeling that more needed to be done to raise awareness of mental health more broadly. Some reported feeling isolated or discriminated against due to their mental health and felt that discussions around mental health needed to be more normalised.

Financial/economic: The financial impact of the pandemic was raised by some, in particular the effect on the rural economy, such as no longer being able to sell at market. More broadly, some expressed concern over a 'bleak' future for their communities and were worried about the long-term impact of working from home.

Key Findings from sub-sample 2: Refugees and Asylum Seekers, LGBT+ people, Young Carers

Findings from those who self-identified as LGBT+, Refugee or Asylum Seeker or Young Carers focused on what is extremely local to them, or what is termed '**hyper-local**'. This contrasts with sub-sample 1 who focused on a combination of macro, infrastructural issues as well as some local themes that had impacted upon their mental wellbeing.

The most telling finding from this survey sub-group is the consistent strength of response that friends and family have been the key source of support and help during the pandemic. This finding reinforces the finding that people will seek support from their immediate social and family circles, particularly in times of stress and uncertainty as caused by the Covid-19 pandemic. The findings below explore the barriers and supports that respondents stated as having an impact on their mental health and wellbeing and highlights the importance of multiple agencies moving towards a hyper-localised response.

Refugees and Asylum-Seekers

Local barriers: Covid-19 has impacted the way in which respondents connect with their community and access local support. All responses stated that Covid-19 has created barriers to the local support and services that would normally help their mental health and wellbeing. In addition, there is a general feeling of 'uncertainty' in terms of what the future holds.

Language Learning Opportunities: respondents stated that education opportunities had been reduced and language learning in particular was noted to be impacted. More support for language learning was stated as a key action that would help improve their mental health and wellbeing. The following quote is illustrative:

'We want to merge with the Scottish people in order to learn the language. In addition, Family members at home, especially my wife and children, need support in learning the language and how to use Internet and e-mail.'

Local Support and Community Integration: the loss of 'face to face' support, the inability to meet support staff and seek advice generally were highlighted as issues that impacted on mental health and wellbeing, as exemplified here:

'Can't meet the person at the Municipality which is a big barrier'

A key theme from the responses is how Covid-19 has created barriers to integrating within the local community. With the current restrictions imposed by the pandemic, many community activities, events and clubs have ceased, therefore reducing integration opportunities and pushing many community members to connect digitally, which is not always possible for everyone. The opportunities for physical integration have been strongly impacted by lockdown and the feeling of loss of connection is compounded by the loss of language development (above).

Respondents stated that one of the key things that has helped to improve their mental health and wellbeing during the pandemic was 'local community support'. Interestingly, the loss of 'face-to-face support' and 'connecting with your community' were stated as key barriers that had a negative impact on mental health. It could be concluded that respondents seek help and support primarily at a community level and have acutely felt the impact when these mechanisms have been reduced. There has, however, been enough support to still make a positive impact.

Isolation: as a consequence of social distancing, loss of face-to-face support and the challenges of connecting and integrating with the community, feelings of isolation are impacting on the mental health and wellbeing of refugees and asylum seekers in Scotland. A strong sense of the need for support and activities to support the resettlement process was evident in the survey, specifically local opportunities that are available in non-alcohol-based social settings (e.g. sports-based).

Positive Impacts: it was noted by respondents that the pandemic had created the opportunity for more ‘time outdoors’ which has been conducive to improved mental health and wellbeing. In addition, one respondent stated that there was ‘less pressure to meet people in charge of us’.

LGBT+

Isolation: the need to connect with others rurally who also identify as LGBT+ was an overarching theme. A disconnection from family members, loss of education and employment opportunities and an overall feeling of anxiety and uncertainty also appears to contribute to a feeling of isolation and loneliness. The following quote illustrates an additional dimension:

‘Accessing health care. And LGBT+ support has been challenging’

Of the three target communities surveyed, the LGBT+ community had the most significant response to the loss of volunteering opportunities due to the pandemic. There is a strong correlation between volunteering and improving mental health and wellbeing, and this finding could indicate that people have currently lost the opportunity to volunteer, therefore losing a role, connection, and/or sense of self-worth, impacting negatively on mental health and wellbeing. ‘More volunteering opportunities’ was stated as an action that would help improve mental health and wellbeing in the future, as the following quote illustrates:

‘Continued to volunteer for an LGBT+ group virtually, helping them run events and online campaigns to help bring a sense of hope to the community.’

As with the other communities surveyed, ‘friends and family’ was the most significant response when highlighting what has helped to improve mental health and wellbeing during the pandemic.

Access to Health services: the ability to access counselling was stated a key impact of the pandemic by many LGBT+ respondents. Although challenges to accessing healthcare were significant, respondents particularly noted the lack of counselling availability. The NHS ‘Near Me’ was noted as being a helpful service. However, the lack of a ‘safe space’ to speak in the home can create significant barriers to accessing the service; online at home cannot be assumed to be safe. Further, better training for staff on LGBT+ people experiences and issues was highlighted as a key improvement for improving services for LGBT+ people.

Online Support and the Opportunity to Connect: many respondents stated that they had managed to access online groups that had helped them to feel connected during the pandemic, as this quote shows:

‘I have managed to use online support groups and access private counselling; however sessions have been cancelled due to COVID-19.’

Online support groups are particularly important for anyone living rurally who may not be able to access a physical connection due to geographical barriers. More online peer-support was also stated to be a key step to reducing isolation and providing an opportunity to connect with the LGBT+ community remotely. However, it should be noted that one respondent highlighted the anxiety and stress that they experienced whilst using online communication, ultimately leading to greater exclusion.

In contrast to online connectivity, there was also a strong response in the findings that there is a need for more socially distanced social opportunities, and the option to meet physically with other LGBT+ people.

Young Carers

Teacher and Friend Networks: there was an overwhelming response from young carers that 'friends and family' were key to helping them through the pandemic. The reassurance that friends and family members were available to listen, support and 'just be there' helped respondents with dealing with the pandemic, including:

'Being surrounded by my partner and family and having company'

However, money worries, care for relatives, feelings of isolation and stress were noted as key mental health impacts of the pandemic. The issue of being distant from family support was also highlighted as something that can impact on mental health, particularly during a period of travel restrictions. In addition, worrying about the future was reported as something that caused anxiety. Not being able to connect with the community 'face-to-face' was also reported to be a barrier and this could contribute to feelings of isolation, stress and alone-ness.

Respondents stated that Covid-19 had created barriers to exercising and that this had impacted on their mental health. Exercise is reported as a valuable way to reduce stress and anxiety, so not having this option available is having a negative impact on wellbeing.

Access to Health and Support Services: access to healthcare and other support services was noted by young carers to be important for their mental health and wellbeing. In particular, more support from teachers would help to improve young carers' mental health, even just to provide a listening ear, as this quote shows:

'More access and support - a listening ear to check in'

One person overcame the issue of communicating with their teacher using 'Glow'. Some of the young carers reported the importance of online support groups and how important it was to have online groups as an option for connecting with others.

Positive Mental Health Improvements: the responses from young carers about what needs to change in rural Scotland to improve mental health and wellbeing for them focused on practical steps to increase opportunities to connect with and support them.

Physical activity opportunities and the option to meet face-to-face (where possible) were noted as ways to improve mental health, particularly outdoors. The opportunity to talk to someone if feeling down, by phone or through council services, was also noted as a key part of being supported as a young carer living rurally.

Conclusion

Understanding the impacts of Covid-19 on the mental health of marginalised rural communities is imperative to raising awareness of key issues and enabling change. Research highlighted at the start of this report indicates that Covid-19 is impacting negatively on the three identified groups at a national level. Further exploration in a rural context has provided valuable insight into the experiences of those communities living in rural Scotland.

Overall, this report has indicated a mix of broad rural infrastructure issues and the tendency for people to seek support at a 'hyper-local' level. In summary:

The challenge of **longstanding rural infrastructure issues** (such as digital connectivity, access to services and public transport) continues to impact on the mental health and wellbeing of marginalised rural communities. It remains critical to address these wider infrastructure challenges *in order to enable* the very specific hyper-local support that marginalised individuals and communities have described they depend upon, particularly during times of crisis such as Covid-19.

Hyper-local connections are keeping people mentally healthy during Covid-19. Respondents indicate that they seek help and support from close friends and family, and that not being able to connect with the community 'face-to-face' is a key barrier to maintaining their mental wellbeing. Given the emphasis from survey respondents on 'hyper-local' support being central to their mental wellbeing, the critical role of the third sector becomes even more significant in how support, services, local knowledge and flexibility in provision are funded, valued and delivered, since the third sector (formal and informal) typically operates at this 'hyper-local' level, working with people to support them where they are.

Volunteering is a recognised way to improve mental health and wellbeing and the role of the third sector in providing opportunities is paramount. Respondents from the LGBT+ community in particular indicated that the loss of volunteering opportunities had impacted negatively on their mental health and that volunteering is something that would help them.

The impact of Covid-19 on the opportunity for **community integration** and language development for refugees and asylum seekers is an issue exacerbated by social distancing, lockdown and the move to digital communication; public and third-sector organisations and local communities are working to overcome these challenges. The responses from the refuge and asylum-seeker community highlights that 'local community support' has been key to helping improve mental health and wellbeing, once again bringing the spotlight on these place-based, 'hyper-local' networks.

The importance of the support from **friends and family** for marginalised communities' mental health and wellbeing during Covid-19 is extremely evident from the findings. As mentioned above, the 'hyper-local' support provided by immediate close contacts highlights the overwhelming emotional and physical 'net' that friends and family can provide. However, this finding raises two critical questions: firstly, if someone does not have friends and family to turn to, are they at risk of further exclusion and/or isolation? Secondly, if friends and family do not feel 'qualified' or have the capacity to support, and/or feel under pressure stretched themselves, what is the outcome for the individual(s) who needs them? How can support and provision then be made to build family/friend capacity?

Support in Mind Scotland's research into the impacts of Covid-19 on marginalised rural communities provides a valuable insight in to the key issues that impact negatively on the mental health and wellbeing of LGBT+ people, young carers and refugee and asylum seekers living in rural Scotland. In

addition, the findings have provided a **platform for policy recommendations and the opportunity for collaboration for the next steps** to be taken forward with support organisations, key stakeholders, The National Rural Mental Health Forum and the Scottish Government working collaboratively to ensure beneficial impacts for those living as part of Scotland's rural communities.

Recommendations

Scottish Government

- Rural infrastructure enables health and wellbeing. While recognising the breadth of infrastructure investment, ongoing challenges of isolation and poor mental health are the cost of *lack* of investment. Continued engagement and consultation with rural communities, and island/rural proofing, will allow wellbeing priorities in rural infrastructural investment to be identified, with multi-agency working to generate mentally-healthy places that are also economically productive.
- Survey respondents have indicated the critical importance of micro-level, 'hyper-local' support to enable mental health and wellbeing. The third sector, and particularly specialist support organisations, are expert at working at this micro-level with individuals and their families. However, in order to continue to be effective, third sector expertise must be recognised and built into policy development, with resources allocated to support marginalised individuals and groups where they are, in a preventative approach to reduced costs on the statutory system.

Local Authorities

- The theme of 'hyper-local' in the survey responses indicates that local, tailored support is critical to rural communities during the pandemic. Local Authorities should recognise and support community organisations and groups that provide this support, particularly in regions that have large rural areas (such as Highland, Dumfries and Galloway, and the Scottish Borders).

Third Sector and Support Organisations

- Marginalised citizens in rural Scotland point to micro-level, 'hyper-local' solutions to their mental health and wellbeing, particularly friends, family and teacher networks, and very local community-based support. Although some of these 'nets' will have the expertise and resources to provide this support, others will not, and will in turn need resources and guidance from support organisations pre- and during-crisis.

Next steps

This report will feed into multiple networks, events and targeted engagement ensuring impact for marginalised groups. We will continue to work with wider rural and national stakeholders to create traction, including the partners that we have identified and connected with already (see above). When situated within a wider dialogue, this new evidence provides valuable new insights into the impact of Covid-19 on marginalised rural communities and provides first-person voices regarding challenges and opportunities to improve mental health outcomes for these groups. These voices are amplified as part of a larger engagement process that this research aims to stimulate.

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