

Exploring
The Mental Health Experiences
Of the
Irish Community in Wirral

A report researched and collated through the following partnership:

University of Leeds

Prenton Resource Centre

Irish Community Care Merseyside

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COMMISSIONING THE RESEARCH

The Research Report was commissioned by Irish Community Care Merseyside (ICCM), with the support of Prenton Resource Centre, Social Services Department of Wirral Borough Council. The research took place between October 2004 and March 2005 and was carried out with the guidance and help from the following people:

Project Supervisor - Professor Graham Clarke University of Leeds

Steering Committee - Breege McDaid	Irish Community Care Merseyside
Eamonn Clabby	Prenton Resource Centre
Ita O’Keeffe	Voluntary Sector
Dr. Anthony Cummins	GP, Birkenhead & Wallasey PCT

Background:

Irish Community Care Merseyside is a small dynamic needs-led voluntary sector organisation. It exists to identify and respond to the needs of both the Irish and Irish Traveller communities through delivering and developing a range of professional and culturally sensitive information, advice and support services.

The impetus for this research arose following the very successful workshop in March 2004 ‘Health inequalities and the Irish Community – Challenging Irish Invisibility’ This workshop highlighted the very worrying health experiences of both the Irish and Irish Traveller communities and the lack of awareness of and resource allocation to address these health inequalities.

ICCM were keen to take this work further building upon the interest and commitment expressed on the day. A small steering group was formed to achieve this aim and the first task was to commission this exploratory research into the mental health experiences of Irish people living in Wirral.

RESEARCH FRAMEWORK

Objectives

The research has been completed as part of the student's workplace co-operative project. The principal aim is to develop an insight into the mental health experiences of the Irish community in Wirral. The research is exploratory, intended to begin highlighting emerging themes within the context of Irish mental health, thus identifying potential areas for concern and paving the way for further research to be carried out in the future.

The comments presented here are in the spirit of initiating debate, rather than resolving it. The need for a positive attitude towards the current situation rather than one of attributing blame for any shortcomings was agreed at the outset with a view to focussing on the overall improvement of service provision.

The specific aims of the research were:

- 1) To attempt to define Irishness whilst a snapshot of the current situation of the experiences of the Wirral Irish community
- 2) To identify their experiences in the context of mental health
- 3) To provide a starting point for the development of cultural awareness and sensitivity in service delivery

Benefits to the organisation

The benefits will not be exclusive to the commissioners of the research, but will translate across a much broader set of agencies and institutions, all of which are in direct contact with the Wirral Irish community. The 'services' will be able to become more community responsive and culturally sensitive, directly benefiting Irish service users. This will in turn enhance elements of social inclusion.

Since commencement of the research one of the steering group members has become a contact for Irish cultural awareness issues, i.e. managing to prevent an Irish girl from inappropriate admission under the Mental Health act.

EXPLORATION OF MENTAL HEALTH IN THE IRISH COMMUNITY IN WIRRAL

Given the sensitive nature of mental health and the safeguards needed to protect participating service users, it was necessary to choose suitable and appropriate methods of exploration. A flexible time schedule was also required.

Community research is 'a way of generating knowledge about a social system, while at the same time, attempting to change it', Lewin, (1946)ⁱ. This project can be seen as a first step towards achieving a common goal, changing existing service provision to culturally competent service provision for all service users. Existing community research has tended to write about service users rather than with or for them. As used to good effect in O'Keeffe, (1998)ⁱⁱ. Service user collaboration in this workplace project has been essential and has provided valuable information for both users and the research commissioners.

Methodology

Whilst working in alliance with both statutory and voluntary sector agencies the issues around mental health amongst the Irish ethnic minority community have been explored. For confidentiality reasons the participants' names have been omitted.

Interviews with staff members

One-to-one interviews were carried out with second-generation Irish staff members from statutory sector community rehabilitation services and voluntary sector community care and advocacy services. Client anonymity was maintained at all times.

In-depth Interviews with service users

A series of more in-depth interviews were conducted with first or second-generation Irish services users in order to gauge experiences of mental health. Service users were from a variety of Irish backgrounds and suffered from varying intensities of psychological distress. They were all of a mature age.

Focus Groups

Focus groups were conducted to explore the differing opinions and experiences within a 'discussion' centred environment. Two groups were held; one with staff members and one with service users, with the same discussion guide being used for both groups for equity purposes.

Staff members were representative of a range of both statutory and voluntary sector agencies from within a geographical area of Wirral. These included representatives from a broad range of service delivery in mental health including community rehabilitation (social services), community care and advocacy, general practice, mental health nursing, elderly person's psychiatry and early onset dementia.

Participating staff members were male and female, all over the age of 30 and mixture of Irish and English nationalities. Service users were also male and female, above the age of 30, but were all Irish or of Irish extraction.

GEOGRAPHY OF MENTAL HEALTH

It has been established that there is a positive correlation between mental ill health and deprivation, economic disadvantage and social malaise being likely conditions for the increased risk of developing mental ill health. Sarah Curtis demonstrates that there is clear geographical disparity in the risk of developing mental illness and the contextual and individual aspects of cultural life may be important for variation in mental health. Given that mental health varies considerably between societies and cultures, geographical inequality exists in the perceived mental health of people living in culturally separate communities.ⁱⁱⁱ

Much attention has been focused on this link between space and mental health and it has long been taken for granted. Much less attention however, has been paid to researching the added geographical disparity amongst specific minority ethnic groups. The current Irish community in particular, as a relatively 'invisible' group, has been overlooked. Poor ethnic monitoring and the hitherto exclusion of the Irish community from debates around race of ethnicity among other factors have contributed to this.

Bronwen Walter in 'Mapping Irish Health' shows the inadequacies, from a health perspective, of the ethnic category for the White Irish in the 2001 census. The census fails in its intended purpose of including those people with an 'Irish cultural background'. It remains unclear as to whether it represents Irish descendants (second and third generation Irish). From this Walter implies an obvious need to 'disaggregate the 'White' category.'^{iv} The census also shows that the self-reported health of 'White Irish' is much closer to the pattern of other minority ethnic groups instead of the 'White British'.

A further link has thus been established between racial minorities and poor mental health. Separate research suggests that cumulative effects of mental health inequality generate intense concentrations of demand for mental health care in disadvantaged areas and this in turn leads to poor experiences and an inferior level of care provision. However, with the majority of previous research having been focussed on black male ethnic minorities, it is the visible minorities not the invisible minorities who have been the focus.^v It can be argued that if a community is not visible, its needs are not visible.

AGENCY AND SERVICE USER EXPERIENCES

FOCUS GROUPS

This invisibility of the Irish community raises questions of identifying what constitutes an Irish person living in Britain. 'Irish' is not a predictable status and has proved to be a nebulous term in need of redefinition. Moreover, the difficulty in obtaining demographic information for the Irish community makes ethnic monitoring onerous.

Conceptualising 'Irishness'

As a starting point for the research we decided to try to gain an understanding of Irishness in Wirral. Two focus groups were held and the criteria discussed proved to be much more sophisticated than place of birth or citizenship. When asked, 'What is Irish?' participants on the whole expressed very patriotic attitudes where an Irish cultural background has been a fundamental part of their experience:

'It's the very soul of me, it is who I am, I have always felt proud to be Irish. I'm Irish in how I think and how I talk...using words like scallion and saying 'thumb tack'.

'It's about self-definition for me, not about a place of birth. It's very much a cultural thing; it's a whole way of life. It's about our upbringing and our thought processes. It affects the way we do things, how we look at things and manage things'.

'We think differently, we have different views, we think more on imagery and ideas, we're a very creative country. We are a separate cultural group'.

'You're brought up very much within your own people, very insular from other people'. We never mixed very well; you just mix with your own. It was my upbringing that made me the way I am. It affects my outlook on life'.

'We're very family orientated, but you never get to the bottom of things, we're very deep. The Irish don't like to talk about the past'.

'People carry their Irishness around the globe. I've never been allowed to forget that I'm Irish, either by racist comments or because of my own upbringing'.

However it was agreed that there is huge variation under the umbrella of what it mean to be Irish:

'There is a whole strata within Irishness, Colin Farrell, Boyzone, Emelda Staunton and Sinead O Connor are all part of more recent trendy Irish sub culture, but we can't depend on this for these people experiencing poor mental health'.

Many of the group also agreed that the timing of asking question was crucial. If the same question were to be asked 30 years ago, you would get a very different answer. Although it was agreed that attitudes have changed since the peace process:

'Being Irish during the troubles was a very negative thing. We put up with a lot, we were definitely second-class. The new generations won't suffer like I did or my parents did'.

'Irishness can be affirmed both negatively and positively. This impacts on people's mental health, it's almost like people are being made to apologise for being Irish sometimes'.

When asked about attitudes towards Irish people the groups highlighted a well-established anti-Irish feeling within English culture and several stereotypes. The arrival in Liverpool of post-war migrants in search of employment set a very harsh tone from which institutionalised racism has followed on for many years:

'A 'No blacks, no dogs, no Irish' label in the window was an accepted thing when we were younger'.

'I always felt as a child that with mum's accent we seemed to get pulled in and searched more often than anybody else'.

'People would say to us, 'You're as Irish as paddy's pig', and 'ah ha, your people were soupers'.

'Having an Irish accent has prevented some of my relatives from getting a job'.

The groups shared the view that by becoming enclaved in Irishness or in Irish areas and not assimilating into the wider community/society, the Irish community potentially contributed to their own cultural segregation. Irish immigrants having come to England were more often than not leaving something traumatic behind. They preferred to remain unidentifiable by keeping their heads down and not making a fuss:

'Our forbearers made themselves even more invisible'.

'I felt like if I rocked the boat too much my health care was going to be affected'.

'People had health problems but they just wanted to drop off the radar, because they didn't want to be identified'.

The invisibility of the Irish community was expressed as a major problem and the weaknesses of current ethnic monitoring suggested to be worsening the situation. Second-generation Irish children born in this country are white and have English accents, which makes them doubly invisible as an ethnic minority. Crisis of identity

for these children demonstrated a need for them to be recognised as a separate cultural group:

'My little girl said to me, 'Am I half Irish, Half English?' You're half of nothing, I said, you're a full person'.

'Anglicised Irish people have different accents, you have no idea they are Irish'.

Inequalities in Mental Health

The Wirral Irish community appears to experience dis-proportionate psychological distress, a first generation problem that has not dissipated, extending to subsequent generations. Initial struggles of adjustment and integration, stressful working and poor living conditions were contributing factors for the onset of mental ill health amongst the Irish migrants. Exacerbated by the nervous tension from the problems brought in the wake of 'The Troubles', social exclusion and the collective shame attached to mental health, the situation has far from improved:

'The older generation had to put up with dreadful prejudice and violence against them in the 1970s, because people lashed out at them every time a bomb went off'.

'Every time there was an IRA attack, plenty of people would want to take it out on me. This certainly led to at least one major health crisis for me'.

'Bad enough having to leave home because there was no work, but then there is the added problem of settling in'.

The coping strategies employed, gender issues and the 'physicalisation' of mental health problems are notable characteristics of the Irish:

'It's their lack of acknowledgement that they're depressed, they present with depression by physicalizing everything. Irish people procrastinate when it comes to their health'.

'You knew he wasn't well, but you didn't know what was wrong with him'.

'People aren't going to disclose these issues because there are define emotional and physical barriers to that. We therefore need to centre on disclosure. We need them to be able to say, 'Look I'm ill'.

'There is also the gender issue, more so with the Irish. 'I'm a man I shouldn't be having this'.

Questions were raised as to whether once help was accessed if Irish people were being treated properly. A tendency to misdiagnose patients caused concerns. Either alcoholism was inferred instead of underlying mental health issues or in the same way quiet, introverted Irish people who were not depressed could be labelled as so by culturally unaware GP's because they didn't communicate and behave in the same way as other people. Both scenarios presented barriers to the effective delivery of care:

'Taciturn, personalities...they don't say much, but as an Irish doctor I understand this. To an English psychiatrist or doctor they don't know what the hell to make of it'

'He has to think idiomatically in Irish and then use English words, it can be very hard'.

'Experiences of men who came from the west coast of Ireland, came to a totally new country with totally new systems and with their experiences of rejection, racism, and internalising their angst, wouldn't somebody become quite inward and have their own coping mechanisms?'

'They have major differences, ways of thinking, and ways of access'.

A casual connection was put forward between the high incidences of bi-polar in Wirral and the large proportions of Irish people. In this case, a genetic explanation was implied instead of the original acquisition theory of poor mental health. Significant levels of cardiovascular disease were also mentioned as an existing health issue within the Irish community.

Summary

- Irishness was defined as something much deeper than simply a person's place of birth with an emphasis on self-definition. Being Irish constituted being part of an entirely separate and distinct cultural group.
- Often racism was found within Irish patriotism leading to further segregation of the Irish community.
- It was agreed that services lack adequate ethnic monitoring and assessment procedures and fail to acknowledge the diversity of Irish client needs.
- Same service users did not want to be identified as Irish, making ethnic monitoring more difficult.

- The invisibility of the Irish population was attributed to both the physical factor regarding skin colour and socio-cultural factor concerning a desire to 'keep a low profile'.
- The same mental health problems seem to be manifesting themselves generation after generation.
- Long standing racism, amplified by 'The Troubles', ingrained stereotypes and local ignorance have further worsened the situation for the average Irish person.
- Harbouring traditions of shame and stigma attached to mental health, the Irish community find it difficult to disclose to others when suffering from psychological distress.
- Care and service lacking in cultural awareness and sensitivity are perceived to be the root cause of diagnostic error.

Interviews

A series of interviews were conducted with both staff members and service users. All participants seemed more willing to divulge information in a one-on-one situation, however some service users felt uncomfortable with the use of tape recorder.

Irish Service User Views: Experience of Mental Health

Four first and second-generation Irish service users were interviewed, half at Prenton resource centre and half at the individual's home. The service users interviewed in their own home seemed more comfortable and were more open. It should be noted that these are self reported measures of experience and all therefore depend on the subject interpretation of individual respondents.

Attitudes from the focus groups were echoed when probed about their experience of living in England as an Irish person. Frustration and the need to not draw attention to themselves were expressed.

"They're the same old attitudes: a couple of people tended to look down on Irish people and make horrible remarks about us being stupid, violent and alcoholic. I was fed up of tired clichés and judgements".

"Other service users kept assuming I had an alcohol problem, but I rarely drink".

"Not aggressively racist... nonetheless tended to make tedious remarks about religious bigotry and alcoholism; others thought it was very funny to mimic my accent".

"There used to be a joke among us Irish emigrants some years ago: what is the best thing about being Irish in England? Answer: until you open your mouth, no one knows you're black".

"One member of staff actually said 'all foreigners should be sent back'".

"I just tended to pass it off".

"If people don't notice you, they'll leave you alone. If they do notice you, you will experience whatever their attitudes are, and that is a gamble. They might be fine, they might not. But in general, it saves hassle and suffering if you keep a low profile".

"Don't draw attention to yourself. This applies when seeking help for mental health problems as well"

“I feel like if I rock the boat too much my care is going to be affected”.

“It affected the way I lived when I was younger because there was a big stigma about being Irish”.

Arguments proposed by the service users for their psychological distress were ascribed to external factor and upbringing:

“I put it all down to the harshness in schooling which most of us experienced”.

“The attitude among the family was that there must have been something wrong with us to begin with (their words), otherwise we wouldn’t have cracked up with fear at school”.

When asked about culturally competent service delivery and access, general dissatisfaction was voiced. On the whole the service users expressed a need for more cultural awareness in the care that was being provided:

“There was no cultural consideration shown by the staff, and you’re feeling extra sensitive when you’ve been depressed”.

“They never told me anything about accessing a chaplain or how to get mass from hospital”.

“Hospital was horrible, especially being a foreigner and a female. It’s a jungle: anyone can do exactly what they like to you. There is a culture of bullying; it was an extremely scary, violent place to be”.

“I’m glad I’m not looking for help in this environment now”.

“There was a lot of casual racism; some service users were always making so-called Irish jokes, this is not an environment you get well in. Somehow, I reckon the same people were racist when they were not ill”.

“I came out much worse than I went in”.

“It’s better now that what it was 20 years ago”.

Summary

- Racist attitudes experienced by the Irish service users appeared to be standard across the spectrum. Whilst irritation was expressed, these attitudes were not greeted with retaliation but instead tended to be shrugged off.

- Interviewees felt strongly about living very low-key lives in order to avoid attracting attention.
- It was felt that when seeking help from the mental health services their ethnicity worked to their disadvantage and was perceived as a barrier to their access.
- Childhood background was professed as a cause for their experience of mental Health problems.
- Care and services received by users were of a low standard and were thought to have a narrow base of cultural consideration.

Staff member views: experience of Mental Health

Key members of service delivery in mental health in Wirral were selected for interviewing one-to-one. Service providers expressed mutual attitudes and concerns to those of the service users regarding racism and disadvantage. It was also agreed that the Irish community could be blind to the extent of the problems with mental Health:

“They’re not educated enough they haven’t been made aware how many people within their own groups suffer from mental health”.

“People don’t see the Irish as having particular needs and such recognition, as there has been, tends to be negative”.

“If people were made more aware that this is happening, about how it is affecting their lives, they probably would be more open about their background”.

“The Irish don’t cope very well with the stigma of mental health and there is that added stigma because it is mental rather than physical”.

“Brought up in a way where people don’t discuss their problems and a lot of them turn to alcohol because they can’t deal with things, or because of nature of their work”.

Staff recalled various occasions when they had heard racist comments and said that racism was not easy to deal with when it was concealed by humour:

“I suppose you drink like the Irish

“That’s a bit Irish [stupid] isn’t it”

“You’ve written that like paddy”

“Racism...if its overtly done you can deal with it, when its covertly done you can’t so much easily sort it out”.

Similar attitudes towards access to services were expressed. It was agreed that service users did not feel comfortable in going through the required processes when seeking help, neither did they want to address mental health issues:

“Many aren’t even registered with a GP because of the Irish stigma about going to the doctor. They put it off because they had to pay for it back Ireland”.

“Within mental health there is that added stigma because it is mental rather than physical which limits access to services”.

“They’re not well; they won’t admit it’s mental health. They’d sooner say they’ve got a bad heart, than a bad head. People have this ‘ackhh’ attitude of brushing the issue under the carpet, ‘whatever happens, I’m grand!’”

“How many Irish mothers does it take to change a light bulb? Answer: ‘Actually don’t mind me, I’ll just sit here in the dark’.”

“By being open that way you’ll get more help. Better to be out in the open about it, that’s going to get you everything. I was quite open about my mental health background. This helped to break the ice with the service users I was working with”.

“There is sufficient help out there. Assertive outreach, there are a lot of teams out there that are willing to help you”.

“Brought up in a way where people don’t discuss their problems and a lot of them turn to alcohol because they can’t deal with things or because of the nature of their work”.

Summary

- Irish people with mental health problems have experienced a traumatic background, whether through harsh schooling or prejudice when living in Britain.
- Irish people are perceived as acceptable targets of ridicule by others and often suffer in silence whilst racism is disguised by jokes.

- Often service user attitudes to covering up mental problems prevented them from accessing services and obtaining help. It was agreed that there are services available, the problem however, is in the take up of these services by Irish people.
- There is a lack of awareness of mental health services.
- Lack of cultural awareness, sensitivity and competence affects the approachability of these services.
- As an ethnic group, the Irish have experienced difficulties due to cultural barriers.

CONCLUSIONS

Being Irish in Britain is a flexible and variable category and to an extent is constructed by the individual and the community. For most first-generation Irish people there are clearly defined feelings of Irishness and Irish identity. For many younger second and third-generation Irish people, their experiences have been predominantly very English up to a point. Many tend to review their stance on identity when they are older and are subsequently able to make informed decisions.

This research project has uncovered experience of prejudice towards Irish people. The interviews and focus groups highlighted covert racism in Wirral. Racism that has become so well established that one can no longer see or accept it as a problem, creating difficulties in responding to it.

Name racism, religious assumption of bigotry, stereotypical insults and narrow-mindedness are some of unpleasant experiences described by the Irish community in Wirral. It has been argued that these factors, amongst others have had a knock-on effect on the mental health of Irish people.

Racist attitudes may prove difficult to change amongst general public opinion but it can be attempted within institutions. The long – term goal are services that can meet the needs of all ethnic minority groups in a way that is equal to that of the rest of the population. The fundamental issue is regarding equity across the board, neither favourable nor unfavourable to any cultural group.

Recommendations

This exploratory research report has raised many issues including identity, lack of cultural awareness and sensitivity, discrimination, and racism. It has given us all serious food for thought. Through effective partnership working this can be the catalyst through which more equitable services can be developed in the future. The following are the key recommendations as basic first steps in his process.

- Recognition of the Irish community as a distinct ethnic minority community.
- Inclusion of the Irish community in all ethnic monitoring procedures. 'Irishness' identified by self-definition, not by place of birth.
- Commissioning of follow-on research into the well-known high-risk areas of Irish physical and mental health.
- Targeting of resources to address existing health inequalities.
- Cultural awareness training to include an Irish dimension, improving cultural sensitivity and developing culturally competent services. This report in itself can be used as a training tool to improve service provision, with a view to mainstreaming good practice.

ⁱHart, E, and Bond, M. Action research for Health and Social Care: a guide to practice. Open University Press: Buckingham, (1995).

ⁱⁱO'Keefe, I. Village People. Community care on Housing Association Estate. Liverpool Hope University College Liverpool, (1998).

ⁱⁱⁱCurtis, S Health and Inequality: Geographical Perspectives. Sage: London, (2004)

^{iv}Walter, B. Mapping Irish Health and the 2001 census. Anglia Polytechnic: Cambridge, (2004).

^vBracken, P, Greenslade, L, Griffin, B and Smyth, M. Mental Health and Ethnicity: an Irish dimension. The British journal of Psychiatry, 172, (1998).

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