



IRISH WELFARE & INFORMATION CENTRE

Helping to Build a Vibrant Irish Community



BIRMINGHAM
City University



Irish Mental Health in Birmingham:

**What is appropriate and culturally
competent primary care?**

A Partnership Project between:

- Birmingham Irish Welfare and Information Centre
- The Centre for Community Mental Health, Birmingham City University
- Balsall Heath Health Centre, Birmingham
- The Meriden Programme, Birmingham and Solihull Mental Health NHS Trust
- Immigrant Counselling and Psychotherapy (ICAP), Birmingham
- Federation of Irish Societies



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Executive summary

This project was undertaken as a partnership between Birmingham Irish Welfare and Information Centre, Birmingham City University, Birmingham and Solihull Mental Health Trust, a GP practice at Balsall Heath Health Centre, Immigrant Counselling and Psychotherapy and the Federation of Irish Societies. This is the first time that these organisations have all worked together to investigate Irish people's health. Funding for the project was provided by the former Birmingham Health Authority.

The project set out to explore three factors:

- i) the views and experiences of Irish people who used mental health services in Birmingham;
- ii) the views and experiences of mental health practitioners who provided treatment and care for Irish people;
- iii) the range of primary care mental health services, statutory and voluntary, in Birmingham.

Information was collected through a mixture of semi-structured, in-depth interviews with 28 Irish people who were born in Ireland, 13 who were born in England and 41 mental health nurses and other staff in the NHS and voluntary organisations. A postal questionnaire was sent to all the services in Birmingham in order to identify the range and nature of services available to Irish people who have mental health difficulties.

Key findings and recommendations

i) Delivering race equality

In Birmingham, statutory and voluntary organisations provide a wide range of services for people with mental health problems but it does not follow that these are designed or delivered with Irish people in mind.

There seems to be a lack of engagement between service providers and Irish people who have mental health problems. Service providers seem to have limited information about Irish people and their culture.

It is, therefore, recommended that

- i) Advertising should target mental health service providers and commissioners to promote awareness of Irish welfare organisations and the services they offer.
- ii) Attention is paid to the development and maintenance of a resource that provides details of the principal agencies that provide help for Irish people, particularly those with mental health problems.

- iii) Inter-agency networking and cooperation, in which statutory and voluntary organisations work together, should be encouraged. This cooperation requires sustained commitment from all parties, and include, where necessary, designated staff who cannot be withdrawn to cover shortages in other parts of the service.
- iv) The promotion of race equality and ethnic monitoring should include the Irish, alongside other minority ethnic groups, as a basis for developing a knowledge base that informs organisational policies, procedures and practice.

ii) The health of Irish people

Many Irish face multiple health problems regardless of whether they were born in Ireland or in England; mental and physical health problems are interrelated. Irish people are atypical in that, among most minority ethnic groups, the health of members of the second generation shows an improvement when compared with their parents. Individually, those who look after and support people with mental health problems do their best to provide good care for all patients, but their professional preparation does not equip them to address the cultural dimensions of looking after Irish people. Whilst individuals are aware of Irish people's needs and Irish members of staff use their own ethnicity to facilitate therapeutic relationships, too much depends on individual good will. There is no evidence of organisational commitment to change.

It is, therefore, recommended that:

- i) Current emphasis on cultural competence within the preparation and continuing professional development of practitioners should be further developed to include a focus on white minorities such as the Irish. This is an essential part of developing a workforce that is fit for future practice.
- ii) Organisations that provide services for people with mental health problems should expand their commitment to clients by recognising the inequalities that Irish people experience and supporting staff in bringing about change. This commitment should be made evident through policies, procedures and practice.
- iii) Attention is paid to tackling the negative stereotyping of Irish people. In particular, attention should be paid to
 - a) avoiding the view that Irish people are homogenous;
 - b) tackling the prevailing stereotypes about alcohol.
- iv) Staff development about diversity in mental health care should be expanded to include the health care needs of Irish people. Service provision would be retained at its current points of delivery, but with raised awareness and support.
- v) Assessment of Irish clients should include specific questions that reflect health patterns and trends among Irish people.

- vi) Liaison with Irish welfare organisations should become part of established practice when working with Irish clients.
- vii) Irish members of staff should not be pressurised into acting as interpreters or advocates for Irish clients. Members of staff who are happy to take on these roles, should, regardless of the ethnic groups concerned, receive organisational support.
- viii) Irish welfare organisations could do more to make Irish people aware of the services they have to offer.

iii) Born in Ireland: Irish culture and health

Recognition and understandings of the cultural differences between Ireland and England is an important step in providing culturally-competent mental health care. Inherent in this step is the need to avoid stereotypical thinking; Ireland is not a homogenous, static society but one in which a great deal of change is taking place. There are now multiple Irelands with differing cultural values and beliefs.

Nevertheless, caring for older adults does require some understanding of traditional Irish society and the lives of those who migrated to England to find work. Sending money home, working in manual jobs, living in rented accommodation became, for many migrants, a permanent way of life. Factors such as exposure to anti-Irish racism and, for some, the legacy of trauma and abuse that caused them to leave Ireland all have a bearing on their mental health.

Added to this, is a cultural value placed on privacy and not talking about private matters outside the home. Older Irish people tend not to seek help even about health problems. The role of linkworkers is highly beneficial in enabling them to access and use mainstream health services thus promoting social inclusion. The skills of mental health practitioners and service providers are important in establishing therapeutic relationships in which older Irish clients feel able to tell their stories.

Finally, Irish migrants appear to share many of the experiences of other minority ethnic groups and further work is needed to document the ways in which being Irish in a city such as Birmingham has changed over time. This could have important implications for future health planning and for the Birmingham Irish community as a whole. It might also allow for the development of some comparative studies that examine Irish experiences alongside that of other minority groups, a factor that receives very limited attention from researchers*.

It is, therefore, recommended that

- i) Professional education and staff development should aim to present a balanced view of Ireland that takes account of the
 - a) ways in which Irish cultures differ from those in England;
 - b) changes that have occurred in both the Republic of Ireland and Northern Ireland.

* The project team wishes to thank Dr Louise Ryan, Middlesex University for this point.

- ii) Consideration be given to supporting and further developing the linkworker role to facilitate in-reach that:
 - a) Enables Irish clients to access, negotiate and integrate into mainstream services as a strategy for improving health and promoting social integration.
 - b) Supports or liaises with local mental health and Irish welfare organisations.
- iii) Attention is focused on the specific ways in which practitioners can use their expertise to work therapeutically with Irish clients, particularly those with histories of trauma.
- v) Further work be undertaken to document Irish people's experiences of coming to England and living as members of a minority group, in different decades, with a view to identifying changes in health needs and promoting more comparative research.

iv) Born in England: the hybrid generation

The children of Irish migrants occupy a unique position with regard to Irish and English societies. Their identity appears to be characterised by hostility from those born in Ireland, fluidity and selectivity; they can choose whether to accentuate their Irish or English dimensions in any situation. Many of the issues that they face are similar to those experienced in other minority ethnic groups but these have not been sufficiently documented in relation to Irish people. These issues include cultural brokerage on behalf of their parents. Practitioners and service providers need to be aware of the issues and experiences of the children of Irish migrants and how these may impinge on their mental health.

Linkworking can be seen as a form of cultural brokerage that, in relation to other minority ethnic groups, is well established. However, whilst linkworkers do excellent work with older Irish people, little attempt has been made to document their activities or the contributions that they make.

It is, therefore, recommended that

- i) The children of Irish migrants should be regarded as a separate group.
- ii) More research is needed to explore the idea that the children of Irish migrants are symptom carriers of the trauma experienced by their parents.
- iii) Irish welfare organisations should emphasise their inclusive approach, welcoming the children of Irish migrants.
- iv) Linkworkers' activities should be documented as a basis for comparison with similar activities in other minority ethnic groups.

Conclusion

This report highlights the complex nature of the health needs of Irish people in Birmingham. In particular it has demonstrated the importance of recognising the

Irish as a separate, minority ethnic group and some of distinctive features of Irish culture.

The report raises a number of issues for mental health practice. The project team hope that practitioners and service providers will take account of the recommendations provided so that Irish people can receive the culturally-competent care they need to improve their quality of life.

The full report is available online from the Centre for Community Mental Health's publication page at
http://www.health.bcu.ac.uk/ccmh/ccmh_publications.htm

Hard copies can be ordered for a minimal cost by contacting the Centre for Community Mental Health at
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