

Irish mental health in Birmingham: *what is appropriate and culturally- competent primary care?*



A partnership project



A GP Practice at Balsall Heath Health Centre

Birmingham and Solihull **NHS**
Mental Health NHS Trust

The project set out to explore three factors:

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

What did we do?

Project Report Launch 27.06.08

What did we do?

Interviewed

- 27 people who were born in Ireland: 17 men & 10 women.
- 13 people born in England: 7 men & 6 women.
- 41 professionals working in Birmingham.
- 14 professionals working in Ireland.
- Postal survey of 273 organisations that provided services or help for people with mental health problems.

Ireland-born participants

- 17 men
 - Multiple health problems = 6
 - Physical and mental ill health problems = 5
 - Mental health problems only = 2
 - Physical health problems = 2
 - No health problems reported = 1
- 10 women
 - Multiple health problems = 6
 - Physical and mental ill health problems = 5
 - Mental health problems only = 2
 - Physical health problems = 2
 - No health problems reported = 1

Coming to England: sending money home

'My parents needed the money and I'd send it home every week, if I had enough, and they'd be grateful' (SU34).

'I had lovely parents ...Do I regret it? I regret it yeah of course I do, you know, that I didn't settle down there in the first place...It all seemed exciting but it was a big letdown' (SU18).

Coming to England: escaping trauma

- 'People came here from a culture in which people did not, were not encouraged to have, feelings, to talk about how they felt, express themselves' (SP6);
- Many things, such as mental illness, were not talked about. Alcoholism was also not talked about;
- Four participants had experienced sexual abuse in childhood;
- Two feared reprisals if their sexual preferences were discovered;
- Several had experiences involving physical violence, death or suicide of a close relative.

Life in England

- *'I thought I was completely prepared for life here and I was taken by surprise actually. It took me quite some time to adjust'* (SU42).
- *'Now when I came here first - No Dogs, No Irish, and No Blacks. You couldn't get a job as an Irish person'* (SU20).

Example of living conditions



Project Report Launch 27.06.08

What helped people cope with mental ill health

- Having a good relationship with a doctor or psychiatric nurse;
- Therapists and counsellors who understood Irish culture (SU41, SP17) *'It is difficult to treat Irish people if you do not understand these issues... No one really understands what this it was like'* (SP16);
- Medication that *'afforded me a period of time without, kind of, peaks and troughs of emotion....almost like a bit of a buffer'* (SU42);
- BIWIC – *'they've helped me out. My wife was very ill, they helped me sort out all the paperwork and came back just to make sure I was alright'* (SU18) and I *'had the shock of my life, (when the benefit money arrived)'* (SU31).

What didn't help

- Professionals who *'just don't really seem to care'* (SU23);
- They *'laughed at me and they told me to stop smoking'* (SU32);
- Stereotyping *'not a lot of understanding of your background and what Irish people are like. All they know is all the drink and that's all really. That's the first question we get asked; I don't drink'* (SU23).

Some of the implications for services and care

- Ireland-born older people face multiple health problems affecting their physical and mental well being. They are coping with these problems without support;
- There is stigma surrounding mental ill health;
- *‘such private people all the time, not really that willing to accept help, a lot of them, because they feel they’re putting people out and then it’s a pride thing as well’ (SP12).*

Some of the implications for services and care

- The Irish do not seem to be very good at saying straight out what they want or about revealing what is really troubling them;
- Professionals seem to lack knowledge of and understanding about both traditional Irish culture and the ways in which it is changing;
- There is evidence of stereotyping and negative attitudes among professionals especially with regard to alcohol;
- Knowledge of and contact with Irish welfare organisations is very limited.

England-born participants

- 7 men

- Multiple health problems = 5
- Mental and physical health problems = 3
- Multiple mental health problems = 3
- Mental health problems only = 2
- No health problems reported = 0

- 6 women

- Mental health problems = 6
- Mental and physical health problems = 3
- No health problems reported = 0

Who am I? Irish/English/what?

- *'I look at people from other cultures whose parents are perhaps Indian, Caribbean and wear plasters and they're not called 'plastic' or 'plastic Asians' (SU3);*
- *'I live here but Ireland is home' (SU1);*
- The emergence of new Irish identities.

Culture brokers

‘Mum and Dad can read and write but their writing isn’t brilliant at all. I was about six or seven writing the letters and they’d put money in it, they’d always send money back’ (home) (S7).

Family lives

- Half the participants described strained relationships with their parents: *'that awful lot'* (SU14);
- *'she'd go round shouting her mouth round the streets and stuff, she accused a taxi driver of raping her (and)I was embarrassed'* (SU15).

What helped people cope with mental ill health

- Having a good doctor or psychiatric nurse (SU3, SU40) who *'recognises that I am the expert in my own experience'* (SU17);
- *'he comes and sees me every month now. I've got his mobile, anything's wrong I've got to phone him, but I've only ever phoned him twice in twelve years'* (SU40).

What helped people cope with mental ill health

- Three participants had obtained help from BIWIC but *'I'm always thinking about charity. I'd become some kind of charity case when I don't want to be'* (SU14);
- Most participants did not know about Irish welfare organisations;
- The Catholic Church.

What didn't help

- Professionals who refused requests for help;
- Lack of continuity in care;
- Concerns about medication – side effects, lack of information;
- *'they way they treated me, I was like a prisoner, the doors were locked behind me. I wasn't allowed to go home, they told me I had to stay in'* (SU4);
- Stereotyping especially about alcohol.

Some of the implications for services and care

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. Many of the issues that they face are similar to those experienced in other minority ethnic groups.

Some of the implications for services and care

They share many of the same cultural values as their parents: *'I don't like to talk about that an awful lot but I suppose I should because I never really spoke to doctors, I never really told them what could be troubling me or reasons why I could be cracking up or anything'* (SU14).

Overall implications: delivering race equality in terms of

- Recognising and including the Irish as a minority ethnic group; there is little knowledge of or understanding about Irish people or their culture. Statutory and voluntary organisations could begin to address this deficiency by systematically collecting data specifically about Irish clients as members of a specific ethnic group.
- Recognising that the experiences of the children of Irish migrants may impinge on their mental health.
- Better contact between service providers and Irish welfare organisations. Advertising is needed to promote awareness of Irish welfare organisations and what they have to offer; advertising should be aimed at both statutory and voluntary organisations across the city.
- Inter-agency networking and cooperation in which statutory and voluntary organisations work together to meet the needs of Irish people generally and, in particular, those with mental health problems.

Overall implications: caring for Irish people includes:

- Encouraging people to access and use services through, for example, linkworking and promoting in-reach;
- Incorporating into professional development a balanced view of Irish cultures and how this may be used in practice;
- Including in client assessment specific inquiries related to trends in Irish health.

Overall implications: caring for Irish people includes:

- Identifying the subtle ways in which statutory and voluntary organisational systems may, unintentionally, exercise discrimination against Irish people;
- Providing staff development in both statutory and voluntary organisations with regard to the development of culturally-competent service provision;

Overall implications: caring for Irish people includes:

- Recognising that Irish people will not easily reveal their problems unless they have first developed relationships with practitioners whom they can trust; this can take time;
- Recognising that voluntary organisations, especially linkworkers, have a major role to play in enabling people to access and use mainstream services.

Irish mental health in Birmingham: *what is appropriate and culturally- competent primary care?*



A partnership project



A GP Practice at Balsall Heath Health Centre

