

Editorial

Irish people and mental health

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Imagine for a moment that you are a teenaged boy; fifteen, sixteen years old, may be even younger, with three or four years of primary school education. There are no jobs and few prospects but if you go to another country you will be able to earn enough to send money home to your mother who struggles to make ends meet. This other country is not far away and you speak the language so it can't be that different over there and, anyway, you will only be away for a short while. There's big money to be made so you'll quickly earn enough to come back and set yourself up with a house and a business, perhaps even a farm. It'll be a great adventure; you never know what might come along. So, you and your friends set off, *'leaving in their droves, the sadness was in every house'* but no one can object because the whole country is so poor that its major export is young people.

At first, life in the new country is a novelty. You are away from home, parents, teachers, priests, everyone who has the authority to tell you what to do. You are free to do as you wish. You find lodgings in a house with a lot of other men from your country. You sleep two or three to a room, sometimes there are more people sleeping on the floor. You get up at 5am to find a job. This involves going to a meeting point outside a pub. A building contractor drives up, picks the men he wants and drives off with them for the day. There are no safety rules on building sites yet and no special clothes (Health and Safety Executive, 1996). You work all day and then the contractor drives you back to the pub and pays you in cash. The next day you will do the same thing and in the evenings, because there is no where else to go, you will join all the others in the pub, for the company. Sundays are the worst. There is no work and nothing to do (O'Grady and Pyke, 1997). After a few months you will try moving to another town or possibly into the countryside to work on a farm. You move from job to job. Nothing is permanent, you are going home soon, but you manage to send money to your parents who are grateful; brothers and sisters whom you never meet are born and your money pays for them to go to school.

Thirty, forty, even fifty years pass and suddenly you are too old. Arthritis, heart or respiratory diseases are

taking their toll. You cannot work any more; you have no close family and no partner. You are still living, alone now, in a room somewhere in a house that is falling to pieces around you and which the owner will not repair. You have no savings or property; all the money went home. There's nothing to go back to; everyone is either dead, moved away or doesn't really want to know you.

This is the lifetory of many Irish men who came to England after World War Two. They left a desperately poor country to find work and ended up living alone, ill and in poverty in cities like Birmingham, Manchester or London. It is small wonder to find that they have multiple health problems, including depression. Their story is one of many recorded in a new report* on Irish people and mental health which highlights the parlous state in which many older people are living. Hard lives in manual occupations are set alongside other, darker accounts of the need to escape from physical or sexual abuse or terrifying memories: a child seeing his father hang himself. Alongside these are stories of the difficulties of life in an England that both needed but did not want them, especially after the 1974 Birmingham pub bombings (Hillyard, 1993). The report reveals aspects of Irish culture and experience that are rarely discussed amongst the Irish themselves and of which English people are probably unaware. Selective engagement with Irishness has focused on music, dancing and tourism; an Irish culture *lite* that this report seeks to challenge.

Two factors make this study unusual. The first is the focus on the second generation. Growing up as the children of Irish immigrants gave rise to many experiences that mirror those of other migrant communities but which have not previously been documented among the Irish. The most notable of these are the dilemmas surrounding identity and, from childhood, the need to act as cultural brokers, facilitating communication between their Irish parents and the English culture in which they lived; writing letters, filling out forms, dealing with officials on their parents behalf. The absence of an Irish accent and, in some instances a surname, could mean that claims to Irishness were dismissed with disbelief both in England and Ireland, leaving the

children of Irish immigrants uncertain as to where they belonged. In Ireland, it seems that the largest minority group are the 'English', the sons and daughters of emigrants who have gone to live in the places that their parents left behind and who are looked down upon as strangers who have no place. Second, the report brings together, for the first time, perspectives from Irish people living in one city in England, and the views and experiences of mental health professionals both there and in Northern Ireland and the Republic of Ireland. The result is a unique insight into mental health services and the needs of Irish people. The report emphasises the need for professionals to move beyond stereotypical views of Irish people as stupid, drunken, violent and not worth bothering with. Professional education should tackle such negative stereotypes and equip practitioners to provide culturally-competent care and services. These things are important not only for Irish people themselves but also in challenging assumptions that culture and ethnicity are only rele-

vant when working with certain social groups. The next census is likely to show an increase in immigrants from European states. Whatever improvements are made in health and social care for the Irish will also benefit others with similar needs.

* *Irish Mental Health in Birmingham: What is appropriate culturally-competent primary care?* Report published by the Centre for Community Mental Health, Birmingham City University, and available at the Centre for Community Mental Health's publication page at: www.health.bcu.ac.uk/ccmh/ccmh_publications.htm

REFERENCES

- Health and Safety Executive (1996) *A Guide to Construction Regulations*. London: HSE.
- Hillyard P (1993) *Suspect Community*. London: Pluto Press.
- O'Grady T and Pyke S (1997) *I Could Read the Sky*. London: The Harville Press.