This factsheet describes the issues that underlie discrimination against the Irish in Britain and other factors that contribute to their mental ill-health. It goes on to describe some of the elements of culturally sensitive care.

This factsheet is aimed at mental health professionals and students, but will be of interest to anyone who works with Irish people. This factsheet refers to people living in England, Wales and Scotland who identify as Irish or have Irish origins, and is not restricted to those born on the island of Ireland.
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Background
The Irish are the oldest minority ethnic group in Britain. However, a persistent tendency to view ethnicity in terms of skin colour means that the Irish are largely excluded from debates about inequality and discrimination, being a predominantly white community. The poor physical and mental health of Irish people in Britain has been demonstrated by researchers for about three decades and yet, because of the focus on skin colour as a marker of health and social disadvantage, this group has received little attention. The reality that many Irish people are economically, educationally and socially successful in Britain compounds the neglect by masking the disadvantage that exists in sections of the community. It also conceals the evidence that while health is good among Irish people in higher socio-economic groups, premature mortality and the incidence of certain illnesses are still high compared with similar sections of the UK population.

Migration
Migration from Ireland has a long history, and Irish people have migrated in waves at different times, reflecting the colonial relationship with Britain
and a weak economy in Ireland at different periods.

**Post-war migration**

In the decades before and after World War II, hundreds of thousands of Irish men and women migrated to Britain in search of work. Some were recruited to fill specific gaps in the labour market, while others travelled with the hope of finding work and accommodation on arrival. Men worked mainly as casual labourers, clearing and rebuilding bomb-damaged towns, building motorways and the London Underground, and a few worked on the land and in factories. Women worked mainly in nursing or domestic services where accommodation was provided.

While there are many similarities between the Irish and other migrant groups, significant differences in migratory patterns are evident. Irish men and women were much less likely to migrate in family units, and instead travelled as single people. In particular, Irish women constitute the largest group to have migrated to Britain over the last 150 years and came primarily as workers recruited to fill specific vacancies. Despite decreasing Irish migration in recent years, Irish-born women still represent the largest single migrant group in the UK workforce.

**Migration in the 1980s-2000s**

In the 1980s and 1990s a new wave of educated migrants left Ireland, in contrast to the poor uneducated rural emigrants of earlier years. This group largely consisted of educated professional confident people, seeking work that used their qualifications and opportunities to enhance careers that were not available in Ireland. Although this wave of migrants presented as educated and successful, they were not a homogeneous group and many experienced problems usually associated with earlier generations. During the late 1990s and early 2000s, significant numbers of Irish people born in Ireland and the UK returned to live in Ireland to reap the benefits of the booming ‘Celtic tiger’ economy. However, there is evidence that while many were returning home, a steady stream of
people with substantial social and health problems continued to arrive in Britain. There is also recent evidence that migration from Ireland to Britain has begun to increase again, probably reflecting a slowdown in the Irish economy.

**Discrimination**

Like other minority ethnic groups in Britain, the Irish have experienced discrimination; and although this has been less overt in recent years, it persists in subtle but insidious ways. Until quite recently, Irish people faced discrimination in employment, health, education and housing and were exposed to a range of anti-Irish sentiments from politicians and the public alike.

Those arriving to rebuild Britain after World War II were confronted by signs stating ‘No Blacks, No Dogs, No Irish’ when they tried to find somewhere to live. From the late 1960s, the Irish in Britain faced hostility because of the problems in Northern Ireland.

The Prevention of Terrorism Act (1974) introduced draconian powers that legitimised police harassment and detention of Irish people on the basis of spurious evidence, and appeared to afford the general public the right to verbally abuse Irish people in the street, on the bus and in places of work. This caused the majority of Irish to keep a low profile, avoiding speaking where an Irish accent might have invoked abuse, and denying or limiting expressions of Irishness to the safety of their homes. The discrimination and harassment experienced by the Irish is similar to that experienced by Muslims in Britain in recent years.

Even before the Prevention of Terrorism Act, the Irish in Britain experienced pressure to assimilate, and the prevalence of negative stereotypes of dirtiness, stupidity, aggression and drunkenness meant that many people were uncomfortable with their Irishness. In contrast to other migrant groups, being fair skinned and speaking English made it
other migrant groups, being fair skinned and speaking English made it easier for those who felt the pressure to keep quiet; others changed their accents in order to 'pass' as English. While maintaining a positive Irish identity was difficult, Irish culture, tradition and identity nevertheless persisted within the privacy of the home, the dancing class or the pub.

Who are the Irish?
The Irish are not a homogeneous group, having migrated to Britain at differing times from different social, economic, religious and educational backgrounds, rural and urban communities, and various parts of Ireland. The experiences of men and women are different, as are those of people born in the Republic and Northern Ireland.

It is erroneously assumed that all Irish people are Catholic. Of those who are Catholic, participation varies from deep commitment to outright rejection. Protestants come mainly from Northern Ireland and show a similar pattern of religious adherence.

Many who consider themselves Irish were born in Britain to one or both Irish parents. Second-generation Irish people experience hostility in both Ireland and England, being seen as Irish in England but as English or 'plastic paddies' by families in Ireland. Significant numbers have dual heritage and are able to identify with the culture of either parent. Relationships and marriage between Irish and Caribbean, Asian or Mediterranean migrants mean that not all who identify as Irish are white.

Only a small proportion of people from Northern Ireland identify as Irish. The majority from Protestant backgrounds see themselves as British, but find that on moving to Britain they are invariably seen as Irish and Catholic and subjected to the stereotypes associated with both.

Irish Travellers
Irish Travellers are a distinct group with values, customs and traditions
that are manifest in their own languages, nomadic lifestyle, norms and social structures. Traveller culture and lifestyle are not understood or respected by settled society and these people experience great pressure to conform to wider social norms. Equally, there is considerable pressure from within the Traveller community to retain customs and traditions, and a particular fear that young people will follow the ways of the settled population. Irish Travellers are among the most disadvantaged groups in British society; they are socially excluded and discriminated against, and have low life expectancy and excesses of physical and mental illness. Because of the patriarchal nature of Traveller society, Traveller women can be particularly oppressed.

**Gay, lesbian and bisexual Irish**

Irish people who are gay, lesbian or bisexual often, like other minority ethnic groups, feel forced to deny their sexual orientation or have experienced discrimination because of it. Many left Ireland because they felt unable or unsafe to admit their sexuality. Some are able to live open lives in Britain but are unable to acknowledge their way of life to the family in Ireland. Others do not feel safe to be gay or bisexual even in Britain, but are more able to conceal this away from the prying eyes of a small community.

**A profile of the Irish community in Britain**

In the 2001 census, approximately 691,000 people in England identified themselves within the ‘White Irish’ category, thus comprising about one per cent of the population. [1] Most of these people were born in the Republic of Ireland and a few in Northern Ireland; about a quarter were born in England of Irish parents or grandparents. About 1.1 per cent of the Scottish population and 0.7 per cent in Wales ticked the ‘White Irish’ box, with a higher proportion of those in Scotland originating in Northern Ireland. However, it is argued that these figures are a significant underestimate of the size of the population of Irish origin in Britain. [2]
People may choose not to identify themselves as Irish in census documents for a number of reasons; nevertheless, it is important that policy makers understand the relationship between being Irish and disproportionate health disadvantage at a population level.

**Geographical concentration of the Irish in Britain**

The overall figure of about one per cent for the size of the Irish population in Britain masks the wide geographical variation in population density: there are high densities of Irish people in London and the South-East, the West Midlands and north-west England, and significant populations in other parts of England as well as particular concentrations of Irish people in parts of Scotland and Wales. A significant proportion of the Irish population in Britain lives in areas recognised as being deprived, and they are often concentrated in the worst wards in those areas. [3] There is also evidence of sizeable populations of older Irish people in areas where the overall Irish population is low, thus increasing the need for support.

**Age and life expectancy**

The age profile of the Irish community is an older one, with significant numbers in the pension and pre-pension age bands and fewer in younger groups. The percentage of Irish people aged 50 years and over (51.5 per cent) is higher than that for the white British population as a whole (35.2 per cent) and for non-white minorities (14.5 per cent); this is true for all age bands above 50 years, except for those over 85 years. As with most other minority groups, women outnumber men.

**Marital status**

The census shows that older men and women from the Republic of Ireland are significantly more likely to be single and never married than British-born people of the same ages. Not surprisingly given the age profile, the numbers of widowed are high, particularly among older
women, but the incidence of separation and divorce among older age groups is also considerable. These figures are reflected in the fact that the proportion of households comprising a lone pensioner is higher than for any other ethnic group.

A large number of Irish men and women have married non-Irish people and may perceive themselves, or be perceived by others, as not Irish.

**Housing status**

Almost 70 per cent of Irish people own their own homes, but there are also significant levels of social and private tenancies in relation to similar socio-economic groups in the white British population. [4] Poor housing conditions are a major problem for Irish people across Britain, and the availability of central heating - an indicator of housing conditions - is lower for Irish people in England than for the overall population, with the exception of Pakistani and Bangladeshi people.

**Homelessness**

Homelessness is a problem for the Irish community and there are geographical variations, with particular problems in London, particularly among men in the 45-64 age group. [5] Although it is difficult to obtain accurate data on homelessness, major charities report that a large number of clients accessing their homeless shelters and services are Irish. [6] Research has also shown that many older homeless men and women are Irish, and that there is a link between mental illness and homelessness. [7]

**Economic activity and inactivity**

The 2001 census shows that although Irish men and women comprise a high proportion of people in managerial and professional positions, there are also concentrations in manual and elementary occupations. [8] The diversity of occupational status is reflected in income levels, and while
there are many high earners, the proportion of Irish people claiming Income Support is higher than for the UK population as a whole, but lower than for many other minority groups, especially newer migrants.

The overall pattern of unemployment is similar to that of the white British population but with regional variations. However, a significant issue within the Irish community in Britain is the high numbers of economically inactive people in the 50-59/64 age bands. This reflects early exit from the labour market because of ill-health.

**Health**

**General health status**

Irish men and women in Britain are more likely to report their health as 'not good' than their British counterparts, in all age groups. [9] This fits with data from academic studies over two decades showing high mortality from all causes among Irish men and women. [10] This is not adequately explained by socio-economic, behavioural or lifestyle factors, or by the age of the community. [11], [12] Premature mortality is related to coronary heart disease, stroke, cancers, respiratory disorders, accidents and injuries. [13], [14] Furthermore, unlike the normal pattern for migrants, this ill-health extends to the second and third generations of Irish people in Britain. [15], [16]

**Disability and ill-health**

According to the census, Irish people have significantly higher levels of 'long-term limiting illness' (LLTI) than white British people, although the rate is lower than that for Bangladeshi and Pakistani groups. [17] This is particularly marked for men in the 50-64 age groups. The 2006 Labour Force Survey [18] showed high levels of disability registered under the Disability Discrimination Act, combined with work-limiting disability among men from both parts of Ireland and women from Northern Ireland. Although the causes of disability and LLTI are not identified, it is likely
that mental ill-health is a problem for a significant number. Equally, the relationship between physical ill-health and mental ill-health must not be underestimated.

The mental ill-health of Irish people in Britain

As well as poor physical health, Irish people in Britain have a high incidence of mental health problem - well above the rates for other migrant groups (with the exception of psychosis in the African-Caribbean population). [19], [20], [21], [22], [23] Irish people have significantly higher rates of GP consultations for psychological problems, [24] particularly depression. [25] Common mental disorders, including anxiety, depression and phobias, are significantly more common among Irish men. [26], [27] The 'Count Me In' census over three years shows that the pattern of hospital admissions for Irish people with mental health problems is unlike that for other groups, being skewed towards the 50+ age group. [28] It also shows that a high number of people admitted with mental health problems also have a physical disability.

Travellers

Although data on Travellers is not easy to access, we know that Irish Traveller women and men have high rates of anxiety and depression. [29] Travellers in Sheffield have been reported to have rates of anxiety and depression that are dramatically in excess of those for the general population, [30] and evidence from Irish community organisations suggests that this pattern is not unique to Sheffield.

Prison populations

Irish men, particularly Traveller men, in prison have very poor mental health. [31] Approximately 18 Irish men require transfer from prison to mental health establishments, each year. [32] Although this number is lower than those for other ethnic groups, organisations working with prisoners suggest that the majority of these men are Travellers. [33] The
incidence of suicide among Traveller men in recent years has been high enough to invoke an investigation by the Commission for Racial Equality. [34]

Alcohol

Research on alcohol consumption among Irish people shows a complex pattern of use, teetotalism and misuse, with misuse clearly linked to physical and mental ill-health. There are sensitivities around the stereotype of the ‘Irish drunk’, and many Irish people are total abstainers. However, there is also evidence that Irish people in Britain are less likely than the general population to be non-drinkers and are more likely to consume alcohol regularly and in excess of the recommended guidelines. [35] First- and second-generation Irish people in Britain have high rates of hospital admission for alcohol-related disorders [36] and are high users of community alcohol services. [37] Alcohol problems are related to wider disadvantage, particularly among single men, and those who are retired or redundant from the construction industry, because of poor health, homelessness and isolation. [38]

Suicide

Rates of suicide among Irish people have been significantly elevated for over 20 years. [39] Irish women make up a disproportionate number of white women who attempt suicide, [40] but there is little attention to this at a policy level. It has been argued that the rate of suicides among the Irish is underestimated, [41] and recent evidence shows that the rates of male suicide, attempted suicide and undetermined deaths for Irish males are disproportionately high. [42] Suicide rates for Irish men are more than double the rate for all men, and are about 44 per cent higher for Irish women than all other women. However, the overall figures mask differences between those who are married and those who are not. Being unmarried is a significant risk for suicide, with rates among unmarried men being about double the rate in those who are married. [43] There
are majors concerns about suicides among Irish men and particularly Traveller men in prison. [44]

**Inpatient admissions**

Given the older age profile of the Irish community, it is not surprising that inpatient admissions are skewed towards an older age group. [45] Poor health, LLTI (long-term limiting illness) and disability in Irish people, particularly men in the 50-59 and 64+ age groups, are both causes and effects of mental ill-health. At the older end of the age span, the numbers with dementia will continue to increase, with implications for healthcare services. [46]

**Factors that contribute to mental ill-health**

Mental ill-health among the Irish in Britain is related to a number of factors. There is abundant evidence of links between mental ill-health and discrimination in employment, poor housing, homelessness and poor physical health, and these links have been made for Irish people. [47] There is also evidence that good social support can minimise the risk of mental ill-health, and enhances access to services should it occur; [48] however, many older Irish people have limited support networks to rely on.

**Social factors**

The profile of Irish people in Britain highlights that while many are successful others are disadvantaged in employment, income and housing, [49] all of which impact on physical health. [50], [51], [52] Poor physical health contributes to early exit from the labour market, particularly for men. Economic inactivity in turn impacts on income and the availability of social networks, and thus on mental health and health behaviours such as smoking and excessive alcohol consumption. [53] The absence of social support through being single, divorced, separated or widowed is likely to be a factor in declining health and alcohol misuse,
especially for those not in work. [54]

**Racial discrimination**

Irish people in Britain are known to experience racism; [55], [56] moreover, the link between racism and mental illness is well known. [57], [58] However, anti-Irish racism has differed over the years, and is rarely as overt as the ‘No Blacks, No Dogs, No Irish’ of the 1950s and 1960s. The prevalence of negative stereotypes meant that people had been uncomfortable to identify as Irish and often either kept their heads down or adopted strategies to protect themselves from hostility. [59] The Prevention of Terrorism Act created great fear and anxiety among Irish people and meant they were constantly on guard. [60], [61]

Racism is more subtle nowadays, but is just as damaging to health and self-esteem for those who experience it. [62] While recent focus has been on Muslims, not everybody has been able to change the protective behaviours they have learned or the negative ideas of Irishness they have assimilated. [63]

**Depression**

Depression among Irish people is associated with low levels of social support, unemployment, alcohol misuse and low educational attainment, but there are differences between men and women. [64] Men with depression have high levels of unemployment and homelessness, and are less likely to be married or to have children. [65] Depression is also associated with poorly planned migration for men, but in women it is linked more with pre-migration factors (see below).

**Psychosis**

Psychosis among Irish men is associated with being young, single and never married, living in rented accommodation, and with being born in the UK or arriving before the age of 11 years. [66]
Prison
Irish prisoners have a difficult time in prison and are subject to harassment and victimisation by fellow inmates and prison staff. [67] A formal investigation by the Commission for Racial Equality identified that Irish Travellers had great difficulty in prison because of being locked up and victimised. Their isolation was compounded by low levels of literacy, which meant they were unable to read, write or receive letters. [68]

Pre-migration factors
While many of the factors contributing to mental ill-health reflect the socio-economic position of Irish people in Britain and their exposure to discrimination, their propensity to depression and other disorders is also related to a number of pre-migration factors. [69], [70] Caution must be exercised to avoid laying the blame on Irish society or to assume that everybody has had the same experiences; however, an understanding of underlying causes for some highly vulnerable people is important if assessment and treatment are to be sensitive and effective.

Oppression
While many people have left Ireland for economic reasons, others have left to escape an oppressive and traditional society. [71] Ireland in the 1950s and 1960s was an oppressive society with traditional expectations of behaviour; particularly for women. [72], [73] There was little tolerance for difference, and widespread nepotism ensured jobs for certain sections of society while excluding others who were equally if not better equipped to undertake them. [74] This persisted into the 1980s. [75]

Institutional child abuse
For some decades now the Irish Government and groups representing the Irish in Britain have been attempting to address abuse of children in institutions. Raftery and O’Sullivan [76] highlighted the removal of
children from parents and the incarceration of orphans in cold and cruel institutions, run by religious orders on behalf of the state. They catalogued the physical, emotional and sexual abuses that children suffered in orphanages and industrial schools run by priest and nuns. A significant proportion of those who were free to leave at 18 years of age fled to Britain, and although some have managed to pull their fractured lives together, others have been physically or psychologically damaged. The impact of this damage on the ability to form and sustain relationships and to parent is felt in subsequent generations. [77]

Other factors
A history of childhood depression is a significant predictor of depression in men, whereas emotional abuse is a predictor for women. Ryan et al (2006) [78] and McGee et al (2008) [79] highlight high levels of emotional abuse and neglect in childhood among those suffering depression. In many families, relationships have been strained and there has been little communication or love. In others, physical and verbal abuse have been common and often associated with alcohol misuse. McGee et al highlight the links between mental ill-health and adoption or abortion among Irish women. [80]

Irish experience of mental health services
Evidence relating to the uptake of services by Irish people is conflicting; some studies showing that Irish clients have difficulty accessing services and others showing a high uptake of GP services for psychological problems. [81] The community consultation following the Inside Outside Report [82] showed that 55 per cent of Irish people were satisfied or very satisfied with their care. However, about 40 per cent were very unhappy; in particular about the difficulty in getting help, the limited treatment options offered and the quality of care received. There is a general assumption by many professionals that the white British middle-class model is appropriate for Irish people. Conversely, there is little recognition of the diversity of the Irish community, and in particular the
reality that there are black Irish people, Irish people with English accents, and Irish people of homosexual or bisexual orientation.

Older Irish clients in particular may not be familiar with the ever-changing structure of healthcare services. Many have such low expectations of health that they do not want to trouble the doctor, believing that others are much more needy. However, access is more than just getting an appointment with a health professional. Despite evidence of satisfaction with GPs, psychiatrists and community psychiatric nurses among some service users, [83], [84] having a good relationship with a health practitioner does not necessarily mean that all problems are discussed. Shame, embarrassment and stigma are barriers to access, and patients often present repeatedly with physical problems when the real issues are psychological.

While some people are content with healthcare services, there is also considerable dissatisfaction. Some of this relates to problems accessing help. People feel that they are not listened to, and doctors are overly keen to write a prescription for medication. [85] Patients believe that health professionals do not understand Irish culture and that they are not taken seriously. Patients are often distressed at having to repeat things because their accent is not understood, and may be particularly incensed when somebody mimics their accent or way of speaking. [86]

Evidence shows that Irish people are less likely to be referred for help by the GP, and are more likely to reach mental health services through a hospital emergency department or even the police. [87] Stigma is a real barrier, but experience from Irish community organisations shows that services that are culturally safe and sensitive are accessed readily by both Irish men and women. Research in the community repeatedly demonstrates that the most significant cause of dissatisfaction and delay in accessing services early enough is the impact of the alcoholic stereotype. In addition, anecdotal accounts from Irish organisations
suggest real problems with accessing treatment for dual diagnosis: alcohol agencies are reluctant to deal with mental illness, while some mental health services do not want to deal with alcohol problems.

**Alcohol**

Alcohol misuse is a sensitive issue because of the tendency to stereotype Irish people as drunks. People with both physical and mental health problems are upset when the first question asked by health professionals is about alcohol consumption. Health professionals may not believe clients who say they don’t drink or consume only a small amount of alcohol; moreover, if a patient does drink, alcohol can become the focus of interventions while any underlying social or psychological problems are neglected. [88]

Alcohol use and the companionship offered by the pub is a way of handing homesickness, loneliness or distress; however, it is also a way of self-medication when help is difficult, insensitive or inappropriate. There is little understanding of the way in which Irish people (and others) use alcohol to cope with everyday stress, alienation and harassment. There is even less understanding of how people with underlying mental illness use it as an expedient coping strategy to deal with depression, hearing voices or other delusions. The use of alcohol to cope with social distress or to manage the symptoms of underlying mental illness is ignored and the real problems remain untreated.

**Religion**

As with other minority ethnic communities, religious devotion is often misinterpreted by health professionals who do not understand the significance of prayer and religious rituals for some Irish clients. There is also a tendency to blame mental ill-health on 'Irish Catholic guilt', making the assumption that all Irish people are of the same faith or believe in or practise the religion. Having these assumptions neglects the abuse
experienced by some Irish people at the hands of clerics in schools and institutions; worse, it also denies the importance of faith and prayer to people in distress.

**Language/dialect**

Although Irish-born people speak English, the language is sometimes used differently and can be misconstrued by health professionals in assessments. Despite legislation to deter racist abuse, it is still common for accents or colloquialisms to be ridiculed. [89] It is also important to recognise that older clients from Irish-speaking areas of Ireland may revert to Irish when ill or confused, which may then be diagnosed as confusion.

**Culturally sensitive care**

Since the Race Relations Amendment Act (2000) there has been considerable investment in culturally sensitive training for health professionals. While the effectiveness of this has not been evaluated systematically, there is little evidence that this type of training takes account of the needs of Irish people in Britain.

There is no blueprint for the cultural competence of care for Irish people with mental health problems but, as with all other groups, sensitive assessment and careful diagnosis is crucial. It is important that Irish people are recognised as having a distinct culture that is different from English culture(s). It is also useful to recognise that people who are black, of mixed heritage or who speak with an English accent can identify as Irish.

**Role of Irish health professionals**

While it may prove useful to avail of the skills and cultural knowledge of Irish staff, that in itself does not make for cultural sensitivity, since they may hold the same stereotypes as others. Additionally, their experiences
may provide them with little understanding of people of a different social
group or generation.

Staff who are second- or third-generation Irish can be particularly
sensitive to Irish clients, having negotiated two or more cultures
throughout their lives. Staff from Irish backgrounds may be sensitive to
negative stereotypes and may lack confidence in themselves to help
others understand Irish culture. They should be encouraged to take pride
in their Irishness and empowered to correct misunderstandings that could
lead to misdiagnosis or inappropriate care.

**Language**

As with other clients, listening carefully to Irish accents and attempting to
pronounce Irish first names and surnames correctly conveys respect, and
even if mistakes are made, people are likely to appreciate the effort
taken.

**Assessment**

It is important to assess a client’s socio-economic situation while taking
care not to judge or make the client feel bad or in some way responsible
for their circumstances. Although the experience of racism should be
explored, it is worth remembering that clients may not identify
discriminatory experiences or harassment as racism. Without necessarily
recognising racial undertones, they may frequently describe such
incidents as contributing to their ill-health. When assessing an Irish
person, it is important to be alert to the possibility that the presenting
problem may not be the real issue, and that it may take more than one
encounter before sensitive matters are disclosed.

**Alcohol**

Asking questions about alcohol consumption is a legitimate part of a
mental health assessment; however, it should be done sensitively, in
recognition of the fact that that many Irish people are teetotal and others are moderate drinkers. Questions about alcohol consumption should be asked at a timely point in the assessment process, and certainly should not be the first question asked. If not absolutely critical, questions about alcohol consumption might be reserved for a later stage in the assessment, when trust has been established. When alcohol misuse is part of the mental health problem, the practitioner should recognise attitudes to alcohol in Irish society, and the significance of the pub and drinking for men in the construction industry. They must also explore the role of alcohol in coping with social distress and consider the possibility of its use as self-medication to treat symptoms of underlying mental illness.

The treatment of alcohol problems needs to take account of the role of alcohol in alleviating loneliness and isolation: however desirable, abstinence may not be seen as an option for certain groups of men as it could isolate them from their peers. Services that focus on harm reduction may be more appropriate.

**Religion**

Culturally competent professionals will recognise the diversity of religious beliefs, the extent of practice and the importance of religious rituals to Irish people. They must be alert to the range of religious observance - from deep devotion to outright rejection - and be willing to explore these at a relevant point in the consultation. The tendency to label Irish clients as suffering from 'Irish Catholic guilt' must be resisted. While guilt may be a factor in some people's ill-health, it is more important to explore the role of faith, prayer, religious practice and rituals in recovery. Opportunities for prayer, church attendance and visits from chaplains should be facilitated for those who require them. Those who have rejected their faith may need opportunities to explore and express anger and fear if they are to come to terms with traumatic experiences in their lives.
Abuse
While it is important not to generalise, health professionals must be alert to the possibility that people in their 50s and older may have been in institutions and experienced physical, psychological and sexual abuse in inhumane and degrading conditions. Many still experience post-traumatic stress years later.

It is also important to be alert to domestic violence, child abuse and unresolved issues around sexuality, illegitimacy, adoption, abortion, bereavement and loss. Trust must be established before people will disclose or feel able to discuss these taboo issues, and although some clients will be content with an Irish therapist, others will feel comfortable only with a non-Irish professional. It is also important to note that the increased incidence of unmarried, divorced and single people among the Irish suggests the need for additional support between consultations.

Good practice in mental health care
Good practice in mental health care occurs at a number of different levels. Perhaps the most important starting point for the provision of good quality care for Irish people is recognition by statutory providers and commissioners of the need for data on the Irish community. A ‘White Irish’ ethnic category is now routinely included in information collected during ethnicity monitoring. The Department of Health in its guidance requires that data on Irish people are not aggregated within the overall ‘White’ category, to ensure that health disparities do not go unrecognised.

Irish agencies
In areas where they exist, Irish community organisations should be consulted and involved in assessing need, planning, delivery and evaluation of mental health services. Consultation should be proactive, rather than relying on such organisations to make representations on
behalf of the Irish community. Many have a sound knowledge of their local communities and may already deliver services to vulnerable groups, if not specific mental health services. Voluntary-sector organisations can advise on local problems and may even be able to help in the training of staff to deliver culturally sensitive care. In the absence of an appropriate Irish organisation, local Delivering Race Equality Community Development workers, the Federation of Irish Societies or one of the few specific Irish community development workers should be consulted.

Partnerships should be developed between Irish voluntary sector organisations and statutory bodies to commission culturally appropriate services where possible. The absence of a local Irish organisation is not necessarily a problem, since some larger Irish organisations may be able and willing to provide a commissioned service outside of their normal catchment area. Advice should be sought from the Federation of Irish Societies on the most appropriate organisation to approach (see ‘Useful organisations’).

**Outreach**

Given their reluctance to access mental health services, culturally appropriate outreach strategies may be needed to target hard-to-reach Irish people with mental health problems. Irish voluntary sector organisations currently provide low-threshold and/or specific mental health services for people at risk of or experiencing mental illness. Much of their work is concerned with the most vulnerable and those who are reluctant to access mainstream services. They are trusted and can advocate for appropriate help for individuals, and support them through treatment programmes that might be painful to attend and tempting to leave.

There is considerable emphasis on the need for culturally competent health professionals, and this should include attention to the Irish community. Irish organisations and the Federation of Irish Societies may
be able to advise on or help with this work. However, much can be learned from speaking to the client and their family, and from academic literature and the growing body of research on Irish mental health.

**Useful organisations**

There are Irish community organisations or centres in many parts of Britain. Details are available from various national bodies with links around the country. Some of these are listed below.

Federation of Irish Societies  
95 White Lion St, London, N1 9PF  
tel: 020 7833 1226  
website: [www.irishsocieties.org](http://www.irishsocieties.org)  
A national umbrella organisation established in 1973, which draws together Irish clubs and societies in Britain. It promotes the interests of Irish people through community care, education, culture and arts, youth and sports activities and information provision. It maintains a database of Irish organisations that may be able to help people with social and health problems to access help.

Organisations that deliver culturally specific mental health services  
A number of specific Irish projects, largely funded by the Irish government, provide counselling, psychotherapy, alcohol services and supported housing services for Irish people. Several work in partnership, and some are supported by primary care trusts to provide culturally sensitive services. Most have the capacity to expand services, subject to available funding. Details of local groups can be found in telephone directories or via local information centres.

Birmingham Irish Community Forum  
137a Digbeth, Birmingham B5 6DR  
tel: 0121 633 7724  
email: info@irishforum.co.uk
Brent Irish Advisory Service (BIAS)
The Old Library, Willesden Green Library Centre
95 High Road, London NW10 2SU
tel: 020 8459 6555
e-mail: bias.brent@btconnect.com
website: www.biasbrent.co.uk
BIAS is a community development and welfare organisation that provides advice, information and support services to Irish People in need in Brent. BIAS also provides services to Irish Travellers and youth at risk.

Cricklewood Homeless Concern
60 Ashford Road, London NW2 6TU
tel: 020 8208 8590
e-mail: info@chc-mail.org
website: www.chc.org.uk
A community-based organisation offering facilities such as alcohol and drug services, housing advice, training and employment preparation.

High and Dry Club, London Irish Centre
Murray Street, London NW1 9XB
tel: 020 7916 2222
e-mail: info@londonirishcentre.org
The High and Dry Club is a club for people who want to socialise in an alcohol-free environment. It is held at the London Irish Centre in Camden.

Immigrant Counselling and Psychotherapy (ICAP)
96 Moray Road, Finsbury Park, London N4 3LA
ICAP is an independent psychotherapy service with a central office in London and a regional office in Birmingham. ICAP has a network of psychotherapists throughout the UK, particularly in areas where there is a large Irish population. ICAP offers open-ended one-to-one therapy and also works with particular groups. It is particularly interested in young Irish people of first and second generation, who often present with latent issues that have a cultural context.

The Suimhneas Project Irish Community Care - Merseyside
60 Duke St, Pretoria Road, Liverpool L1 5AA
tel: 0151 707 4302
email: enquiries@iccm.org.uk
The Suimhneas Project, based at Irish Community Care in Liverpool, works with Irish people who are homeless or living in hostels or rented accommodation. It aims to help people with issues relating to drugs, alcohol or mental health.

London Irish Women's Centre
59 Stoke Newington Church Street, London N16 0AR
tel: 020 7249 7318
email: info@liwc.co.uk
website: www.liwc.co.uk
London Irish Women's Centre provides advice on a range of issues as well as counselling and psychotherapy for Irish women.

Maya Centre
Unit 11, City North Trading Estate, Off Fonthill Road, London N4 3HN
tel: 020 7281 2728
email: info@mayacentre.org.uk
website: www.mayacentre.org.uk
The Maya Centre is a professionally staffed multi-ethnic women's counselling centre. Acknowledging that many Irish clients continue to experience racism and exclusion from many support services, the Maya centre provides a service where issues of individual and group identity can be explored and are recognised as important factors impacting the development of positive mental health.

Organisations offering advice, information, advocacy or support to Irish people
Some organisations lack the capacity to provide mental health services, or may offer them on a limited basis subject to funding. However, they can provide information and support about matters that impact on health and may afford opportunities to reduce social isolation and enjoy Irish culture.

Irish Community Care
289 Cheetham Hill Road, Manchester M8 0SN
tel 0161 205 9105
e-mail: mcr.irish@zetnet.co.uk
web: www.iccmanchester.org.uk
Drop-in, advice and information services on benefits and legal issues

The Irish Support and Advice Service (ISAS)
The Irish Centre, Black's Road, London W6 9DT
tel: 020 8741 0466
e-mail: info@irishadvice.org.uk
website: www.irishadvice.org.uk
Provides frontline advice and support and counselling service.

Innisfree Housing Association
190 Iverson Road, London NW6 2HL
tel 020 7625 1818
e-mail: info@innisfree.org.uk
website: www.innisfree.org.uk
Provides a housing service for the Irish community.

Irish Welfare and Information Centre (IWIC)
45 Alcester St, Deritend, Birmingham B12 0PY
tel: 0121 604 6111
email: info@iwic.org.uk
website: www.iwic.org.uk
Aims to relieve poverty, ill health and social isolation among the Irish community.

Mainstream organisations that provide information and advice

Equality and Human Rights Commission (EHRC)
tel: 020 3117 0235 (non-helpline calls)
tel: 0845 604 6610 (England helpline); 0845 604 8810 (Wales helpline)
e-mail: info@equalityhumanrights.com
web: www.equalityhumanrights.com
The EHRC works to eliminate discrimination against all diverse groups and to promote understanding of the Human Rights Act. The Commission also runs an advice line on equalities and human rights issues. The EHRC has offices in London, Manchester, Cardiff and Glasgow.

Mind infoLine
Mind, PO Box 277, Manchester M60 3XN
tel: 0845 766 0163
e-mail: info@mind.org.uk
Provides information on a wide range of mental health issues and services

Further reading
Mind factsheets

- Lesbians, gay men and bisexuals and mental health
- Men's mental health
- Public attitudes to mental distress
- Statistics 3: Race, culture and mental health
- Statistics 6: The social context of mental distress
- Suicide rates, risks and prevention strategies

Mind booklets (available to purchase from Mind Publications on 0844 448 4448)

- *Understanding addiction and dependency*
- *Understanding depression*
- *Understanding dual diagnosis*

Other publications (also see the references)

Articles


Reports

Care Merseyside, Prenton Day Centre


Books / book chapters


References

A hidden population in Multi-ethnic Britain. Economic and Social Research Council/Anglia University.


[8] Census 2001


[17] Census 2001


aspirations and identity. Sheffield Hallam University/Federation of Irish Societies.


[49] Census 2001


Written by Mary Tilki, 2008

Dr Mary Tilki is Chair of the Federation of Irish Societies and author of several publications on minority ethnic health, the health of the Irish in Britain and ethnic elder issues.

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