

# INNISFREE HOUSING ASSOCIATION

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Innisfree Housing Association  
The Irish Experience of Mental Health

## Introduction

This report addresses the Irish experience of Mental Health in Britain and looks at the social and cultural factors underlying the problem. It highlights the need for specialist services to be developed to address the problems and examines Innisfree's proposal as a specialist housing provider for the Irish community in Britain.

## History

Innisfree HA was founded in 1985 as a direct response to the extensive housing needs and homelessness faced by the Irish migrant population in London. The Association is based in north west London in the borough of Brent which is recorded as having the largest concentration of Irish people than any other local authority in Britain. Although based in the London borough of Brent, Innisfree works in a number of other London boroughs including Camden, Ealing, Hammersmith and Fulham, Westminster and Haringey all of which have a high concentration of Irish people. The Association is continuing to develop further housing projects in a number of other London boroughs.

Innisfree has specialised in the provision of housing for single Irish people who are badly housed in danger of homelessness or homeless in London. This includes housing for couples, a section of the population who receive little publicity. The Association is starting to develop a range of housing options to meet the needs of families, Irish elders and young people who experience mental health difficulties.

In the many reports available on Irish housing it is noted that the Irish are least likely to be owner occupiers, live in the poorest housing conditions and experience a high degree of homelessness. A report carried by NFHA and SHIL (1989) on move-on housing needs of hostel and shared housing project residents indicated that 32% of the total population of 21,000 were Irish and that only 4% of those who moved on to permanent accommodation were Irish.



The 1985 Greater London House Conditions Survey shows that the Irish as well as the Asian community are the groups most likely to be living in unfit housing conditions and suffer disadvantage in terms of having basic housing amenities.

Taking into account the wide range of housing need within the Irish population from Irish elders to young single homeless people, newly arrived emigrants and those who experience health difficulties demands Innisfree continue its specialist housing provision. Our work with voluntary organisations, the statutory service and many specialist groups has prompted us to develop specialist housing for young Irish people who experience mental health difficulties.

### The Mental Health Experience

Census (1981) and other data indicates that the Irish in Britain experience disadvantage in the area of mental health.

They have the highest psychiatric hospital admission rates for all diagnoses except schizophrenia and this is only exceeded fractionally by the Afro-Caribbean community (see table 3).

The rates of admissions for depression for Irish women is twice that of both the Afro-Caribbean and the indigenous population (see table 2).

The Irish are also represented disproportionately on suicide statistics and the figures are only exceeded by the German and Polish communities, many of whom suffered the trauma of the concentration camps during the second world war (see table 1).

### Cultural Factors

All migrant groups to Britain bring with them a diversity of cultures and the Irish are no exception. The richness of the Irish culture and its importance to Irish people is often ignored by the host country. The recognition of a common culture and identity by Irish people and the lack of its recognition by the host community has resulted in the alienation of many Irish people.

As the Irish are proficient in the English language and do not stand out as a visibly different migrant group there is a failure to identify the community as a distinct migrant group with specific needs. In Britain, the Irish are confronted with a majority culture and for historical, political and social reasons often feel a need to play down their "Irishness" in order not to antagonise but to gain acceptance from the host community.

The extended family has a very important part to play for Irish people and Irish migrants miss this support when moving to a different country. Irish people unlike many other migrant groups to Britain emigrate as single people rather than a part of a family and have no family ties or support systems in the host community. Many Irish people have remained single and psychologically dependent on their family of origin and regular contact is often difficult to maintain particularly in rural areas and loss of contact with family lead can to loneliness and isolation and other associated mental health problems.



## Social Factors

Homelessness and poor housing conditions are contributory factors in causing stress and mental health related problems. Census data (1981) highlights Irish disadvantage in the housing market as stated earlier in this report.

Unemployment is very demoralizing for the Irish emigrant who leaves Ireland to find work. The current recession has affected and will continue to affect thousands of Irish emigrants. This is particularly relevant of the construction industry where historically a high proportion of Irish people have worked. Many people wish to return to their homeland but because of the stigma attached to the returning migrant who fails to achieve conspicuous success many remain in Britain, despite the stress and isolation they experience through unemployment. Also the prospects of unemployment in the homeland destroys the ambition for many migrants to return home.

Racism affects many Irish people in Britain and has its origin in Britain's colonisation of Ireland. There is now much case law under the 1976 Race Relations Act which shows Irish people have been discriminated against both directly and indirectly on the basis of their ethnic origin. Anti-Irish racism has reduced Irish people's access to decent housing and has affected their employment prospects in many cases.

## The Reality

The figures from the 1971 census show the extent of mental health difficulties of Irish emigrants in the 1950's and 1960's. Emigration has continued through the 1970's and the 1980's and reached its peak in 1988/89 when approximately 46,000 people left Ireland each year, a large percentage of whom came to London. The stresses outlined above added to housing difficulties will result in a repeat of the psychiatric admission rates as noted in 1971 and 1981 by R. Cochrane and Bal (see tables enclosed). In order to insure that this does not occur it is necessary for specialist culturally sensitive services to be provided for young Irish migrants in London who experience mental health difficulties.



## Proposal

Through our close work with Irish agencies and other organisations who have direct contact with Irish people in London, we have considered in-depth how to best respond to the needs of young Irish migrants who experience mental ill health.

For young Irish people the main problem lies in finding a secure accommodation base without the stigma of mental illness attached and their cultural identity recognised. For these who are often discharged after a short stay in psychiatric hospital there is little follow up. It is for these people and those who have been referred to psychiatric units that the Association can assist most affectively. This preventative role which the Association can undertake would reduce the current admission to psychiatric hospital units and in turn reduce the financial demands on the Health Authority and Social Services.

We are proposing the establishment of a 6 bed shared housing project staffed by two full time workers who would provide housing and emotional support to this client group at a critical time of their lives. Liaison with the Community Psychiatric Service, Health Authority and Social services would form an integral part of this post.

The worker will develop links with existing statutory and voluntary agencies and identify gaps in the provision of services to Irish people. This will involve the development of culturally sensitive day care and support services and also the establishment of a clear efficient referral assessment and rehabilitation system.

The post holder will also work as a consultant to other Irish housing providers Irish agencies, the statutory and voluntary sector to advise on best practice models of care for young Irish people who experience mental health difficulties in London. He/she will initiate the development of housing and support services throughout London which will be culturally sensitive and respond to the needs of this client group (see enclosed job description for further duties of the post).

Capital funding for the housing project will be expected from the housing corporation through the normal Public Funded Housing Association Grant System. Innisfree will claim special needs management allowance to cover excess costs not met through rents. Topping up funding will be received through Joint Finance i.e. from Health Authority/Social Services or from DION or London Borough Grants Unit.

There is an urgent need for this project in LB Brent if the newly arrived Irish community in the borough are not forced to repeat the experiences of their predecessors. There is also need for similar projects in other London boroughs where there is a high concentration of Irish people notably Camden, Lambeth, Ealing, Hammersmith & Fulham and Haringey.

Table 1.  
Country of Birth and Suicide

	Standardized Mortality Ratio	
	Men	Women
All Countries	100	100
Scotland	138	145
Ireland (all parts)	154	149
West Indies	85	60
India and Pakistan	100	122
Germany	177	239
Poland	221	207
USA	98	198

From Cochrane 1977 (74). Figures are estimated suicides (including official suicides, undetermined suicides and accidental poisoning) in England and Wales by country of birth, for men and women over twenty 1970-72.

Table 2.  
Rates of mental hospital admission for selected nativity groups by diagnosis and gender.

Diagnosis	Country of Birth							
	Rep. of Ireland		Northern Ireland		England		Caribbean	
	M	F	M	F	M	F	M	F
Schizo- phrenia	158	174	103	111	61	58	259	235
Other Psychoses	36	50	28	52	16	27	28	40
Depression	197	410	143	266	79	166	65	152
Neuroses	62	111	44	80	28	56	6	25
Personality disorder	62	80	50	52	30	35	22	42
Alcohol abuse	332	133	261	90	38	18	27	9
Drug abuse	13	8	17	8	5	3	13	0

Schizophrenia includes paranoia.

Depression = affective psychoses and depressive disorders.

Neurosis includes neurotic depression.

Alcohol abuse = psychosis, dependence and nondependent abuse.

From Cochrane and Bal 1989



Table 3.

Mental hospital admission rates of immigrants in England.

Age standardised rates of admission to mental hospital for all diagnosis per 100,000 population aged 16 and over, England.

Country of Birth	Males	Females	All
Irish Republic	1054	1102	1080
Northern Ireland	793	880	838
England	418	583	504
Caribbean	565	532	548

From Cochrane R and Bal S (1989)

"Mental hospital admission rates of immigrants to England: a comparison of 1971 and 1981.