Alcohol misuse and mental health

A factsheet looking at the complex pattern of alcohol use and misuse within the Irish community and how it links to physical and mental ill-health.

Background

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', when many Irish people are total abstainers. Conflictingly, 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[1]. This pattern is also seen in second generation Irish people who have high rates of hospital admission for alcohol-related disorders (Walls, 1996) and are high users of community alcohol services (Luce, Heather, & McCarthy, 2000). 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 (Tilki, 2006).

For many of those who came over from Ireland in the post-war years to work in the construction industry there was a close association with the pub and drinking culture. For many workers the pub was a source of contacts for finding work and very often people were paid in the pub. The pub environment was where people went to find company and other Irish people who understood their culture and migratory experience. Also the 'digs' that people used to live in required tenants to be out during the day, so the pub became somewhere to go at that time.

[1] 34% of Irish men drink more than 21 units per week compared to 30% of all men). Irish women (19%) are also more likely to drink more than 21 units when compared to all women (14%) (Erens, Primatesta, & Prior, 2001)

Alcohol misuse is a sensitive issue because of the tendency to stereotype Irish people as drunks. People with 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 (Tilki, Ryan, D’Angelo, & Sales, 2009). Alcohol use and the companionship offered by the pub is a way of handling 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.

Implications for health services

In a mental health assessment it is expected that questions on alcohol consumption will be asked; however this 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. 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.

Providers of alcohol services should be encouraged to offer a more flexible model of support which improves access for users such as drop-in or outreach services as opposed to current appointment based models used by the NHS, which can result in cost inefficiencies and poor treatment outcomes. These more flexible models can demonstrate a cost-effective approach which supports sustained engagement and is patient focused.

There are a large number of Irish organisations across Britain providing culturally specific mental health and alcohol services. They should be consulted and involved in needs assessments and the planning, delivery and evaluation of alcohol and mental health services. They have a wealth of experience and expertise in delivering culturally sensitive services and a good understanding of the needs of the community.

Further Information

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Tilki, M. (2006). The social contexts of drinking among Irish men in London. *Drugs: Education, Prevention and Policy, Vol 13*, 247-261.

Tilki, M., Ryan, L., D'Angelo, A., & Sales, R. (2009). *The Forgotten Irish.* London: Ireland Fund of Great Britain.

Walls, P. (1996). *Researching Irish mental health: Issues and evidence. A study of the mental health of the Irish community in Haringey.* London: Muintearas.

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