

Health research on the Irish in Britain: invisible and excluded

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London's Mental Health: The Report to the King's Fund London Commission has been launched (Johnson *et al.*, 1997). This is a large and detailed report which pulls together the best available data and research taken from a wide variety of sources to provide a panoramic view of mental health services in London. There is valuable information here that ought to have considerable impact for future provision of services. The mental health of London's ethnic minorities is clearly an important topic and one that is given a justifiably prominent profile throughout.

In keeping with past reviews and discussion documents on ethnicity and health there is no reference to the Irish community in any of the 400 pages. What should we draw from this omission? Is it that the Irish population in London is too small to merit discussion or that the research evidence reveals an Irish community devoid of poor health, physical or mental? Both explanations are untrue. The Irish community is the largest ethnic community by migration in 23 of the 32 London boroughs and in 12 boroughs the Irish-born alone form the largest minority ethnic group. Boroughs with the highest populations of Irish people are mainly in inner areas of west and north-west London (Walter, 1991). On various indices of material deprivation they share a profile similar to that of other minority ethnic groups (Owen, 1995). Several recent studies on ethnicity and health show very high mortality rates for Irish people living in Britain compared to the general population and in comparison with other ethnic groups (Balarajan, 1996). Mortality among the second generation Irish is significantly higher than overall mortality for all causes and most major causes of death (Harding & Balarajan, 1996).

Irish-born people in England and Wales have the highest admission rates to psychiatric hospitals for most major diagnoses (except schizophrenia) of any ethnic group (Cochrane & Bal, 1989). A recent study in north London gave similar results (Walls, 1996). High rates of suicide and attempted suicide among Irish people living in Britain have been documented over three decades (Burke, 1976; Merrill & Owens, 1988). Mortality data classified by country of birth (census data 1988–1992) show

the Irish in England and Wales to have a rate of 17.4 deaths from suicide and unexplained death per 100 000, an excess of 53% (Raleigh & Balarajan, 1992). Suicide rates of migrant groups tend to reflect the pattern found in their home country and migration therefore does not generally increase the risk of suicide. For Irish migrants this does not appear to be the case.

These findings demonstrate quite clearly that the mental (and physical) health of the Irish must be considered as a high priority within our health service. Dedicated research is needed to address the high levels of psychological distress within the Irish community in Britain. Despite the evidence, and for reasons unclear to us, this group remain invisible at the 'why' end of the research spectrum. If the reasons for exclusion lie within the definition of ethnicity and race then we need to know this and debate it. Likewise if the exclusion has a political dimension. Whichever subgroup of the general population the Irish are placed within there is surely no justification for their exclusion from this report which is directed at policy influence and will have research and resource implications. Interestingly, the authors of the report suggest that a new research agenda is needed "which is part of a coordinated strategy to address the many important gaps in our current knowledge. For example, the Chinese and Vietnamese communities have received far less funding or research than other communities" (p. 157). The Irish are a large migrant group who form a significant proportion of the population in London. We wonder why they remain the invisible ethnic minority.

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