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Abstract

Ireland is becoming more diverse with a variety of different ethnic groups, religions and socio-economic backgrounds. Such groups can be more vulnerable with consideration to trauma, poverty, lack of opportunity and isolation. The most vulnerable group include children and adolescents which are presenting more frequently to CAMHS.

A literature review has been completed to aid in the examination of three cases, two non-Irish and one Irish, of ethnic minority background. Their presentations and difficulties are particular to their experiences living as part of an ethnic minority in Irish society. This case series aims to gain insight into their challenges, which include emotional difficulty and trauma, and to consider the best approach to engage these adolescents.

Introduction

Ethnically, Ireland has become a more diverse country. The central statistics office report that while white Irish remain the largest group, any other white background includes 9.5%, non-Chinese Asian 1.7%, Chinese 0.4% and other 1.5%.¹ Irish traveller population is 0.7% of the Irish Population.¹

Minority groups can be excluded, have different values/beliefs and can suffer more socio-economic difficulties.² This can result in isolation and discrimination. Many families who immigrate to Ireland choose to live in cities with the advantages of transport, jobs and schools. For persons who settle in rural area's life can be more difficult and restricted.

Research reports that minority groups may suffer poorer health outcomes due to less opportunity and difficulty in accessing healthcare.³ When individuals from ethnic minorities do present to mental health services, they require much support. An especially vulnerable group are those who present to the CAMHS service. By understanding presentations and difficulties, CAMHS can perhaps offer more holistic supports to these children and their families. In order to improve our care of Ireland's ethnic minorities, clinicians need to understand their experiences, cultures, what resources are available and manage their patients expectations.

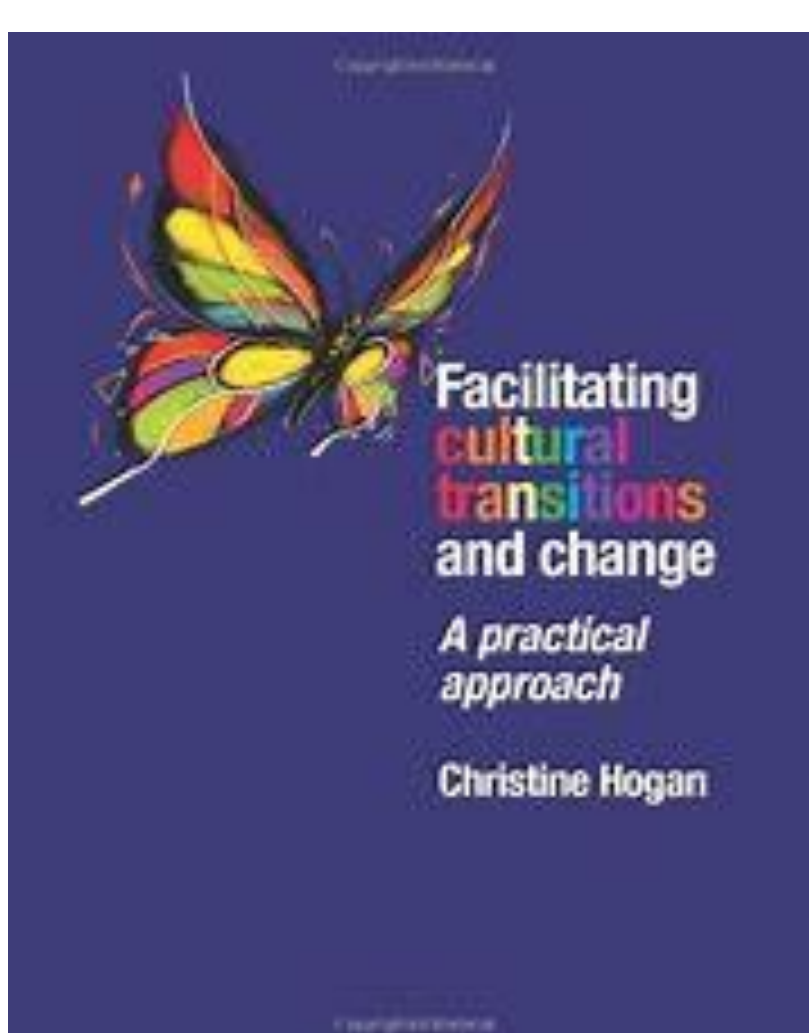


Figure 1. Book on culture changes.



Figure 2. Movie Pavee Lackeen.

Methods and Materials

- Literature review completed using key words such as ethnic minority groups in Ireland, presentations to CAMHS, challenges of ethnic minority groups. Databases utilized include pubmed and google scholar.
- Informed written consent achieved from adolescent and at least one parent.
- Case review of three teenagers known to a rural community CAMHS team. Teenagers were included based on being an Irish or non-Irish ethnic minority, aged 13 to 18 years and being open cases to CAMHS.
- Relevant information from cases compiled and similarities noted between presentations to CAMHS.

Results

Patient 1: Male, age 16, Polish ethnicity, fluent English, financially restricted background. Presented with 'stress' and emotional difficulties involving interpersonal relationships. Background diagnosis of dyslexia, self-harm and anxiety. Moved to Ireland at age 3 years, no contact with father due to past physical abuse and attachment difficulties/enmeshment with mother. Feels isolated. Past history of bullying/racism. Intermittent social alcohol/cannabis use. Interventions included parenting group and CBT group however he did not engage. Responds to 1:1 supportive approach.

Patient 2: Male, age 13, South African, fluent English, finances have improved since move. Presented with anxiety, emotional difficulties and dyspraxia. Background of ADHD and attachment difficulties to mother who sees this past unexpected pregnancy as a traumatic and isolated time in her life. Moved to Ireland over past year. Complains of difficulty adjusting to new country and missing friends/family. Past bullying and parental trauma- 'violent country'. Interventions included O.T, review of Ritalin use for ADHD and parenting group. Good engagement.

Patient 3: Female, age 16, Irish traveller ethnicity, financially restricted. Presented with episode of depression. Background of emotional difficulties, attachment difficulties to mother, emotional neglect and trauma including past physical abuse from father and past assault. Difficulties include bullying, isolation and depression. Interventions included offer of CBT, meitheal group, social work and anti-depressant prescription. Poor engagement, refusal of therapy/groups. Suspicious of clinicians and social work. Engages better 1:1 with same trusted clinician providing support.

Table 1: Presentations of three minority groups to West Cork CAMHS 2019

	Patient 1	Patient 2	Patient 3
Ethnicity	European	Non- European	Irish
Age (years)	16	13	16
Diagnosis	Emotional disorder of childhood. Panic disorder.	Emotional disorder of childhood. GAD	Emotional disorder of childhood. Depression.
Background	Attachment disorder.	Attachment disorder. ADHD.	Attachment disorder. Bullying.
Stressors	Inter-personal difficulties.	Immigration.	Trauma. Exclusion.

Table 1: Summarizing three presentations to rural CAMHS 2019. Similarities can be seen when considering background vulnerabilities and stressors.

Minority groups in CAMHS West Cork

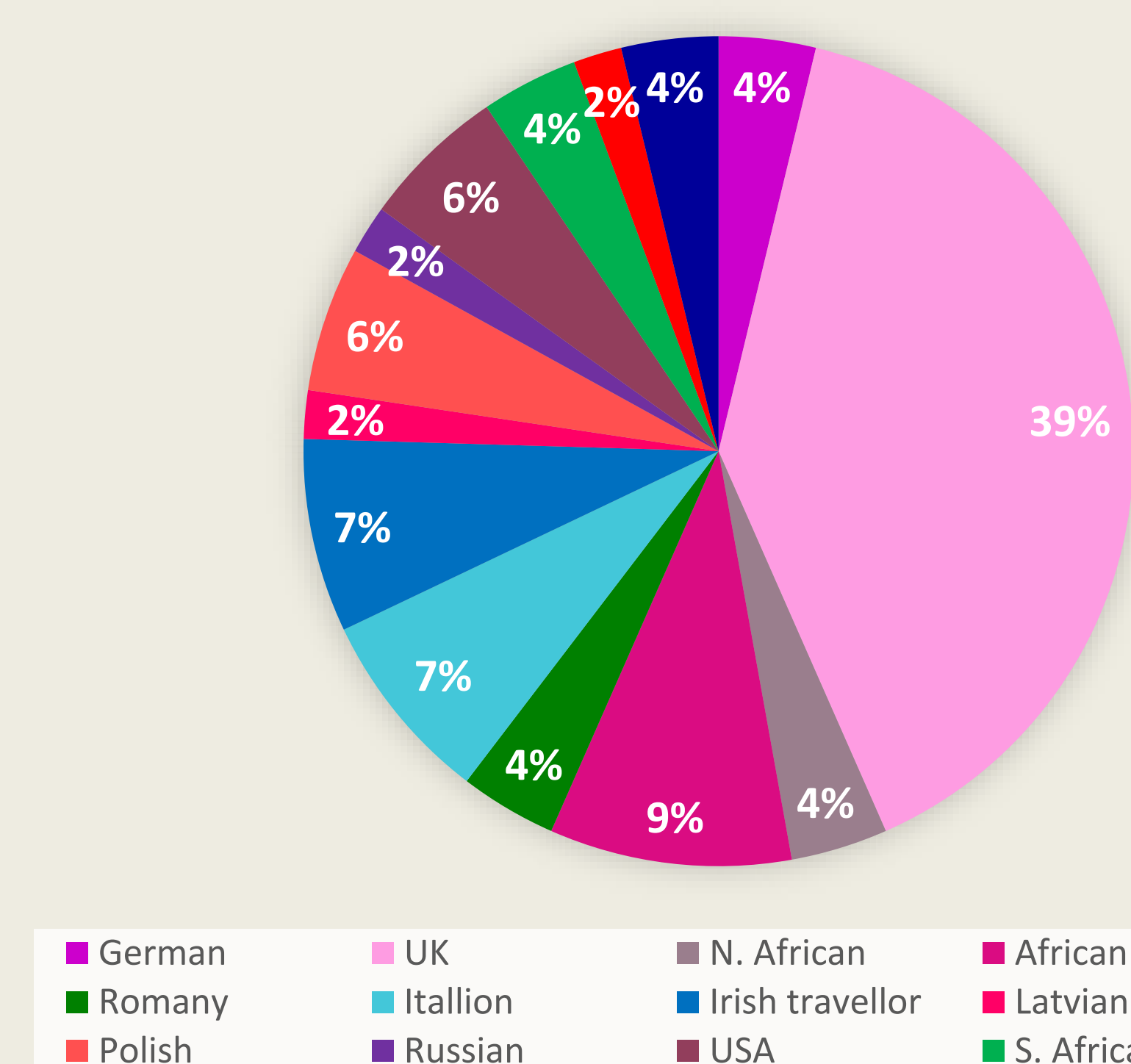


Chart 1: Ethnic minority groups open to CAMHS West Cork. The largest group is from the UK at 39%, this is 8.4% of total numbers including majority Irish group. Italian, African and Irish Traveller also form large numbers.

Discussion/Conclusions

Commonalities among participants include difficulties with attachment which has become more problematic in adolescence, history of family/personal trauma, presentation of anxiety/depression/poor coping, tendency toward emotional dysregulation and poor attendance/engagement with CAMHS. Parents tend to have expectation of CAMHS offering a quick resolution to problems.⁴

Ethnic minority teenagers face different difficulties to non-ethnic groups. Such adolescents are at higher risk of mental illness, abuse and isolation.⁵ Understanding the particular struggles of ethnic minority groups affords clinicians insight and enables rapport building. Such groups can be reluctant to use mental health services, acknowledging difficulties experienced by such families can aid in building trust.⁶ The adolescents reviewed all responded better to a 1:1 approach with a trusted key worker and to supportive psychological techniques.

Researcher

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References

- Central statistics office. Census of population 2016: Profile 8 Irish travelers, ethnicity and religion. <https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8e/>
- K. Triantafyllou, I. Othiti, G. Xylouris, V. Moulla, V. Ntre, P. Kovani, I. Gertsou, D. Anagnostopoulos Mental health and psychosocial factors in young refugees, Immigrants and Greeks: A retrospective study October 2018, *Psychiatrike = Psychiatriki* 29(3):231-239
- Van Cleemput P. Healthcare needs of travelers. *Archives of Disease in Childhood* 2000;82:32-37.
- Ronzoni P and Doqra N. Children, adolescents and carers' expectations of child and adolescent mental health services (CAMHS). *Int J Soc Psychiatry*, 2012 May;58(3):328-36.
- Halvorsrud K¹, Nazroo J², Otis M¹, Brown Hajdukova E³, Bhui K⁴. Ethnic inequalities in the incidence of diagnosis of severe mental illness in England: a systematic review and new meta-analyses for non-affective and affective psychoses. *Soc Psychiatry Psychiatr Epidemiol*, 2019 Nov;54(11):1311-1323.
- Rickwood DJ, Deane FP and Wilson CJ. When and how do young people seek professional help for mental health problems? *Med J Aust*, 2007 Oct 1;187(S7):S35-9.