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## Knowledge Exchange Seminar Series (KESS)

**“We asked for workers,  
but human beings came”**

Mental health and well-being  
of Polish migrants in Northern Ireland

### POLICY BRIEFING

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**Anne Kouvonen<sup>1, 2</sup>, Justyna Bell<sup>2</sup> and Michael Donnelly<sup>2</sup>**

<sup>1</sup>School of Sociology, Social Policy and Social Work, Queen's University Belfast

<sup>2</sup>UKCRC Centre of Excellence for Public Health (NI), Queen's University Belfast

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## Introduction

After May 2004, following the accession of ten new countries to the European Union, Northern Ireland (NI) experienced a large inflow of nationals from eight new member states of Central and Eastern Europe. This unprecedented migration caused a sizeable shift in the population composition of the region, with the Polish community becoming the largest ethnic minority group in a very short space of time (NISRA 2013). For most Poles, migration to NI was due to a high local demand for workers combined with high unemployment and poverty in Poland. The title of this paper is based on a comment by Max Frisch, a Swiss novelist, and refers to his observations regarding the recruitment of guest-workers to his home country during the post-World War II economic boom - Frisch observed that often migrants are perceived as workers only without much consideration given to other aspects of their lives as human beings. There is a view that migrants' decisions are based solely on the labour market situation and thus, there is an expectation that they will arrive in the receiving country to fill the high demand for workers and that once the demand decreases, they will return to their country of origin. However, the early findings of our research show that migrants are vulnerable to the challenges of living in an unfamiliar environment, struggle with everyday communication, lack close social networks, experience barriers to accessing services and tend to be underemployed. Preliminary results suggest that migrants may experience chronic stress in the form of insomnia, anxiety, depression, drug and alcohol abuse and a relatively high number of migrants have committed suicide.

This policy briefing is based on early findings from a study of the mental health and well-being of Polish migrants in NI conducted by researchers from the UKCRC Centre of Excellence for Public Health (NI) and the School of Sociology, Social Policy and Social Work at Queen's University Belfast. Empirical data for this project was grounded in interviews with Polish migrants as well as with professionals working with Polish migrants. The policy briefing begins by introducing the broad context of Polish migration to NI and the main factors associated with migration and mental health. Next, the key early findings of our study on Polish migrants are presented. The paper concludes with some initial recommendations arising from the research that may prevent mental ill-health and improve mental health services for this population.

## Background

The migrant population in NI has grown since the accession of ten new countries to the European Union in 2004. The results from the 2011 Census indicate that 4.4% of all Census respondents in NI were born outside UK and the Republic of Ireland, compared to only 1.8% in 2001. Currently, Polish migrants are the largest ethnic minority group in NI with over 19,000 Census 2011 respondents stating Poland as their country of birth (NISRA 2013).

Research conducted among Polish migrants in the West Midlands (Galasiński *et al.* 2008), pointed to the manifold negative effects of physical relocation on the mental well-being of migrants, including feelings of displacement and being a stranger; disappointment with the reality of migration; loneliness and isolation; fear of being left

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alone in the event of unemployment or illness; and frustration over losing control over their time and career aspirations. In general, relative deprivation in terms of unemployment and under-employment; social and material difficulties; and the experience of living in overcrowded households are significant factors associated with poor mental health in migrant and ethnic-minority populations (Gill and Bialski 2011: 245).

A report published by the Belfast Health and Social Care Trust (2011) identified mental health as one of the main health issues for migrants in NI. The authors expressed concerns that Polish migrants may be at higher risk of depression, substance abuse and suicide than other migrant groups (*ibid.*). A heavy alcohol intake in the Polish community may be both a cause and consequence of depression (Lakasing and Mirza 2009). The pattern of alcohol consumption among Eastern European migrants appears to differ significantly compared to other ethnic minorities and to the local population in terms of being much more intense, aggressive and destructive in nature (Garapich 2010: 20).

## **Adaptation and adjustment**

The process of adaptation to a new society, difficulties with communication, the unavailability of close social networks, the burden of accessing services, and learning new ways of living are all mentally straining processes. Preliminary findings from our research suggest that many Polish migrants are still working through a process of adapting to NI society. Having left Poland already five to ten years ago, some of them do not feel they have put down roots in NI, and yet at the same time, they have come to the realisation that due to various reasons their return to Poland is unlikely. Our research findings indicate that some Polish migrants are unable to draw upon their ties with families and friends in Poland for everyday emotional support and at the same time, they report that they have only weak social networks in NI and few opportunities to openly share their experiences. This set of circumstances leads to feelings of social isolation and 'non-belonging' for some migrants. The fact that migrants often do not have extended families and close friends in NI means that they have very limited support in terms of practical help including childcare. This need to have an unusually high level of self-reliance puts a large strain on the relationships of migrant couples as they struggle to combine their work commitments especially long working hours and irregular shifts with their parental duties.

According to most interviewees, a significant issue that affected the well-being of Polish migrants was level of proficiency in English. The lack of language skills was a cause of frustration and made some Polish migrants feel voiceless. This communication deficit and related inability to get help led some of them to return to Poland or to visit Polish internet sites for help with mental health issues. Although interpreting services have been established in the UK, often migrants found it difficult to talk about their emotions and intimate issues with their GPs in the presence of a third person. Moreover, they were afraid that their personal problems would become a topic of local gossip due to the fact that the Polish communities in different regions of NI are relatively small.

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Due to the language barrier, insufficient social networks, and lack of acquaintance with the local labour market, occupational mobility of ethnic minorities appears much more limited than among the local population. This set of factors tends to lead to long-term underemployment. Working well below one's occupational and professional qualifications was reported as a key source of frustration and low level of self-esteem. Routine work often in dirty, unpleasant environments (for example, food processing, recycling) and long working hours were seen as having a significant impact on the mental well-being of Polish migrants. Moreover, Polish migrants were over-represented in the industries affected by the economic downturn (Polish men were especially affected by the crisis in the construction industry). Accordingly, the Polish community experiences a substantial level of job insecurity. However, even migrants whose work situation was very unstable were not planning to return to Poland. Their family situation in NI (mainly related to their children being settled in the local educational system) and the lack of work prospects in Poland seemed to be the key factors that influenced their decision to stay in NI.

Another important issue affecting the provision of accessible, appropriate, and effective services for migrants is associated with cultural and systemic differences between their country of origin and the receiving country. It usually takes some time for migrants to orient themselves in the workings of the UK health and social care system and for the health care professionals to recognise the cultural differences. In the case of Polish migrants it is the Polish health care system that shapes their understanding of how similar institutions operate in other countries and their expectations towards the services they might be able to access. For migrants, it is extremely important to know how to get access to a GP, as they are gatekeepers in the UK healthcare system. In Poland, patients can approach particular specialists directly (gynaecologist, venereologist, oncologist, psychiatrist, dermatologist, and ophthalmologist etc.). In the UK, reference from a GP is required, which is sometimes confusing for the newly arrived migrants. Our research shows that in case of illness, some Polish migrants prefer to travel to Poland to visit a doctor rather than receive a treatment in NI. This may cause a series of problems as migrants could receive conflicting advice from doctors based in different countries. Additionally, medical records will not be shared across international borders, which, in turn, may distort a migrant patient's medical history. The underuse of the local healthcare among Polish migrants was evident in terms of mental health problems. In such situations, many migrants seem to look for help in Poland or on the Polish-based websites; some of them contact private Polish psychologists in NI or the Republic of Ireland or undergo therapies with psychologists in Poland via Skype. Moreover, worryingly following a self-diagnosis, some migrants use online pharmacies to obtain antidepressants and other medication. One of the reasons for not contacting local GPs or other available services expressed by the informants was the fear of being labelled as 'crazy' or even have their children taken away from them as a consequence of their illness. Some migrants who spoke with their GPs about their mental health problems complained that they were not taken seriously and did not receive help that they expected. On the other hand, the interviews in this study indicate that Polish migrants speak about the symptoms of mental health problems in different ways than the local population, which in turn, can seriously delay a diagnosis. It is thus necessary to provide

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necessary information both to migrants and the health care professionals and to work through discrepancies between the health knowledge and skills that migrants have and those that are assumed by service providers.

The early results of our research indicate that the Polish community in NI appear to have high levels of depression, addictions and suicides. The expert interviews pointed to high number of suicides among Polish migrants in Newry and Mourne, Ballymena, Craigavon and Portadown and in West Belfast. It is difficult to estimate the true scale of the problem due to a lack of available statistics on the nationality/ethnic background of the victims of suicide. These preliminary findings, however, concur with observations of a higher suicide rate among migrants in England and Wales born in Eastern Europe than in any other ethnic minority or in the local population (Shah *et al.* 2011).

Table 1: Preliminary themes and related recommendations that emerged from the analysis of interview data

Themes	Preliminary recommendations
<b>Social isolation</b>	Increase after-work activities for Polish migrants
	Encourage Polish migrants to engage in local community activities and events and to become full citizens of Northern Ireland
<b>Language barriers</b>	Involve Polish-speaking workers in mental health charities
	Improve the selection processes for the recruitment and training of Polish interpreters working with Polish migrants with mental health problems
	Provide English language courses at workplaces
	Translate health information booklets into Polish and other languages
<b>Cultural differences between Poland and Northern Ireland</b>	Culturally adapt the translated leaflets
	Include information about cultural differences with respect to mental health in the training of health and social care professionals
	Design and develop a health education programme about mental health problems within the Polish community and sources of help including self-help
	Develop closer collaboration and partnership working between Polish organisations and mental health charities

## Conclusions

Adding to the already established ethnic minorities in the region, the large recent inflow of Eastern European migrants has considerable implications for public health policy and practice (Leaman *et al.* 2006; Department of Health 2007a). The increase in the migrant population poses challenges to local health and social services in terms of assessing and understanding health and social needs and planning and resourcing appropriate service responses to meet these needs. These changes and challenges are particularly significant in the case of mental health care provision. A specific challenge relates to the high number of new residents who hold culturally embedded attitudes and expectations towards the issues of mental health compared to the settled population (e.g. Cheung 1988; Galasiński *et al.* 2011). Arguably, the need to address the mental health and well-being of migrant populations is a societal and moral obligation. The social and economic costs of untreated illnesses and unresolved problems are likely to be higher than the

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costs of providing adequate prevention and care. Moreover, migration is one of the main processes that are expected to counteract the effects of the ageing society in NI and elsewhere. There appears to be a need to involve migrants more fully in Northern Irish society in order to facilitate better social cohesion and integration - conditions that are necessary to maintain and sustain a multicultural society. Thus, improving the health and well-being of migrants will benefit the wider society.



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## REFERENCES

- Belfast Health and Social Care Trust* (2011) 'Barriers to health- migrant health and wellbeing in Belfast', Report of a European Commission Funded Project: *Healthy and Wealthy Together*.
- Cheung, M., C. (1988) 'Psychopathology among Chinese people', in: M., Bond (ed.) *The psychology of the Chinese people*, Hong Kong: Oxford University Press Inc.
- Department of Health* (2007a) 'National Health Service (Charges to Overseas Visitors) Regulations 1989. Notification of Changes. Amended 30 April 2007', London: Department of Health, accessed from:  
<http://cymru.gov.uk/dhss/publications/health/guidance/overseasguidance/chargese.pdf;jsessionid=T1YwKyITR2bVtkQNc9RpFYCYRTK1wMpNQRGG5yPPcXw6Q1hw6bwd!-1895006922?lang=en>, on 14th November 2012.
- Galasiński, D., Sallah, D. and Kozłowska, O. (2008) 'Migration, stress and mental health: an exploratory study of post-accession Polish immigrants to the United Kingdom', *Centre for Health and Social Care Improvement and History of Governance Research Institute*, University of Wolverhampton.
- Garapich, M. (2010) The unwanted. Social and cultural determinants of homelessness and alcohol abuse among Eastern European migrants in London. Report from a study funded by the Southlands Methodist Centre, Roehampton University.
- Gill, N. and Bialski, P. (2011) 'New friends in new places: network formation during the migration process among Poles in the UK'. *Geoforum*, Vol. 42, p. 241-249.
- Lakasing, E. and Mirza, Z. (2009) 'The health of Britain's Polish migrants: a suitable case for history taking and examination'. *British Journal of General Practice*, Vol. 1, No. 59(559), pp. 138–139.
- Leaman, A., M., Rysdale, E. and Webber, R. (2006) 'Use of the emergency department by Polish migrant workers'. *Emergency Medicine Journal*, Vol. 23, pp. 918-919.
- Northern Ireland Statistics and Research Agency* (2013) 'Census 2011: Detailed Characteristics for Northern Ireland on Ethnicity, Country of Birth and Language', accessed in August 2013 from: [http://www.nisra.gov.uk/Census/detailedcharacteristics\\_stats\\_bulletin\\_2\\_2011.pdf](http://www.nisra.gov.uk/Census/detailedcharacteristics_stats_bulletin_2_2011.pdf).
- Shah, A., Lindsay, J., Dennis, M. (2011) 'Suicides by country of birth groupings in England and Wales: age-associated trends and standardised mortality ratios'. *Social Psychiatry and Psychiatric Epidemiology*, Vol. 46, No. 3, pp. 197-206.