**PROJECT TITLE: Young Adult Perspectives on Mental Illness in Dublin, Ireland**

<personal information removed>

 WILL YOU BE WORKING WITH HUMAN SUBJECTS? Yes

\_\_\_YES\_\_\_\_ I have reviewed the "student contract" information on the Dept website

\_\_ YES\_\_\_\_ I plan to seek IRB approval

\_\_\_\_\_\_\_ I do not plan to seek IRB approval (please explain):

ANTICIPATED DISSEMINATION PLAN: I plan to present my findings to the anthropology department upon my return in the Fall 2017 semester.

Young Adult Perspectives on Mental Illness in Dublin, Ireland

**Abstract**

The following proposal focuses on the young adult perspectives, especially those of racial minorities, on mental health and mental illness in Dublin, Ireland. Within this study, I also seek to examine the coping strategies this specific age group, as well as its members of multi-minority status, utilize in order to function in their environment. By using qualitative research methods, such as semi-structured interviews and photovoice, I aim to display the mental journeys young adults experience and how they navigate their way through distress. Going into depth on mental illnesses among a diverse array of young adults will not only raise awareness on mental health, but it will also contribute to open and critical dialogues that will encourage mental health initiatives and recovery health programs to accommodate individuals with multi-minority statuses.

**Key Words:** Ireland, Dublin, mental illness, mental health, Irish youth, stigma, depression, minorities, mental health services, ethnicity, healthcare, surveys, coping

**Introduction**

On a global scale, mental illness burdens the minds of young people. Their mental well-being and psychological health have declined at an alarming rate (Patel, Flisher, Hetrick, and McGorry, 2007), and concern centers on the impact mental illness has on the critical stages of adolescence and young adulthood. A significant portion of Ireland’s young adult population experiences a hindrance in mental health. In 2011, the National Office for Suicide Prevention reported suicide as the leading cause of death among 15 to 24-year-olds, leaving Ireland with the 4th highest rate of youth suicide in the European Union. In Dooley and Fitzgerald’s 2013 *My World Survey*, nearly 30% of the 8,221 young adults (17-25 years of age) surveyed reported utilizing mental health services, such as therapy. Of those who reported this, over half had indicated that the services had been helpful. When addressing those who did not consider mental health professionals to be helpful as well as those who have not sought professional help, one particular question focuses on how these young adults cope with their mental disorders, especially depression, and what their specific coping mechanisms are. The *My World Survey* was designed to deepen the understanding of Irish youths’ mental health and to map the psychological experiences of adolescents and young adults. With its sample of over 14,000 Irish youths, the survey is the most current and comprehensive collection of mental health data targeting young adults at 17-25 years of age, fully spanning from 12 to 25 years. However, while mental disorders have been studied among Irish men and women, there is limited research that takes racial demographics into account. Studies by Wallace and Agyekum (2016) have addressed the mental health of racial minorities in urban areas as well as the effects that discrimination and stigma have had on treatment-seeking. As an integrated city, Dublin is home to a greater proportion of immigrants than any other part of Ireland, with a considerable amount of migrants coming from India, Pakistan, China, and Nigeria (Ireland 2011 Census). The mental health of these racial minorities as well as others should not be discounted. To do so is to invalidate their struggles of suffering with mental illnesses. This further reiterates the importance in gaining a clearer understanding of how young adults of various walks of life in Dublin perceive mental health and cope with their own mental disorders.

**Research Questions:** What are young adults’ perspectives on mental illness? How do young adults cope with their mental illness? What are the significant stressors and coping mechanisms of young adults, especially racial minorities? Why do they choose these coping strategies? What factors contribute to these diseases? What do young adults want others to understand about mental health?

**Specifications**

While in Dublin, my target group is young adults age 17-25 years who reside in Ireland’s capital. I plan to recruit my informants in the following neighborhoods: City Centre, Dalkey, Dún Laoghaire, Grafton Street and Environs, Portobello, Ranelagh, Rathmines, and Temple Bar. Given mental illness is an incredibly personal and intimate topic, I expect some hesitation from informants in providing information about their experiences. They may provide limited information due to insecurity, fear of judgment, and so on. As a person myself with multiple-minority status, however, I may have an advantage in establishing rapport. Additionally, qualitative methods have been shown to be effective strategies for addressing stigmatizing conditions and have high validity. Previous anthropologists have been successful in addressing mental health issues by establishing rapport and trust (Scheper-Hughes 2001 and Nakamura 2013).

**Review of Literature**

*Mental Disorders Among Ireland’s Young People*

Examining mental illness in Ireland’s countryside, Scheper-Hughes believed rural Ireland itself was dying, and that its people were consequently infused with a spirit of anomie and despair (Scheper-Hughes, 1979) The flight of young women from the “desolate perishes of the western coast” and general disinterest of the local populace in sexuality, marriage, and procreation were some signs of cultural stagnation. The cost of inheriting the land and perpetuating the rural culture with its demands of an austere lifestyle, Scheper-Hughes concluded, left adolescents and young adults few options (Scheper-Hughes, 1975). Additionally, the growing number of young, single male farmers accepting voluntary incarceration in the mental hospital as a panacea for their troubles was the final indication that western Ireland was in a “virtual state of psycho-cultural decline” (Scheper-Hughes, 1979). Now, there has been a perception that the health and well-being of young people have never been better. For the physical health of young people, this is true. However, the psychological and mental health of young people has never been worse (Patel, Flisher, Hetrick, and McGorry, 2007), and the evidence addresses high rates of both clinical and subclinical rates of psychological distress and mental disorder among young people (World Health Organization, 2008; Merikangas, Nakamura, and Kessler, 2009). The impact and consequences of mental disorders during the adolescent years are concerning, as “mental ill-health” during this phase of the lifespan has been discovered to carry the greatest burden of disease, accounting for 45% of years lost to disability among people aged 10-24 (Gore et al., 2001; World Health Organization, 2008). According to McGorry, about 70% of health problems and most mortality among the young arise as a result of mental health and substance abuse disorders. Lack of attention to mental illness may critically impact the well-being of Irish adolescents that are beginning to enter the stage of young adulthood. Through my research, I intend to challenge this lack of much-needed attention to mental health.

The *My World Survey* (Dooley and Fitzgerald, 2013) collated data on over 14,000 young people aged 12-25 years from across Ireland using a variety of scales to determine both positive and negative health domains within an Irish youth population. Among the 8,221 young adults (17-25 years) surveyed, over one in five (21%) had engaged in deliberate self-harm, over one-half (51%) reported suicidal ideation, and 7% reported a past suicide attempt. Although the *My World Survey* has included a significant sample of Ireland’s young adults, the study does not include the health domains of racial minorities.This absence raises various queries about how racial minorities may behave or cope differently as a result of their mental illnesses or even their perspectives on mental health; stressed further is the need to examine the mental health domains of individuals of multiple-minority status. Therefore, my constructed research goals are designed to tackle the overrepresentation of racial minorities regarding mental health domains, as well as their methods in dealing with disorders. While the topic of mental health is not abstract, the mental health burdens among young people have been linked to far higher suicide rates. Ireland’s mortality rate from suicide in the 15-24 age group is the fourth highest in the EU (National Office of Suicide Prevention, 2010). The most recent figures put the rate of suicide in young men between the ages of 15 and 19 years at 18.8 per 100,000, rising to 30.7 per 100,000 in the 20-24 year age range (National Office for Suicide Prevention, 2011). With a high mortality rate among Irish youth (15-24 years of age) resulting from suicide, awareness and thorough education on mental health is crucial now more than ever.

**Research Design**

My project will be ethnographic at its core. It will be conducted from an etic perspective; I am not a part of the community I choose to study. In order to collect a variety of perspectives on mental illness and coping mechanisms, my methods will be qualitative. The primary methods will be semi-structured interviews and photovoice. Expanding on the latter method, I will have participants provide photographs of how they cope and/or what coping means to them. This is so I can elicit from them the significance of their coping strategies, and whatever else their photographs may represent. To achieve this, I will hold individual, audio-recorded unstructured interviews so my informants have a platform to discuss why they chose to depict their coping mechanisms in a way that is only specific to them. Overall, I expect these methods to provide insight on factors contributing to mental disabilities and how individuals cope with their struggles in order to fully function in their environment.

*Recruitment and sampling*

I intend to recruit informants by posting flyers at Dublin’s universities and colleges: Trinity College of Dublin (especially at its Disabilities Studies Department), Dublin City University, National College of Art and Design, Royal College of Surgeons in Ireland, and University College Dublin. Flyers will also be posted at counseling centers in the city and grocery stores throughout Dublin’s multiple neighborhoods.

*Semi-structured Interviews*

Before I have the informants photograph their coping mechanisms, individual semi-structured interviews will include ten questions covering perspectives, experiences, and strategies in facing mental illnesses. Since the questions are open-ended, they should provide a wider platform for the participants to elaborate on their responses. A sample of my questions include:

* What does it mean to be depressed?
* What stigmas, positive or negative, do you think are attached to mental illness?
* What are three of your biggest stressors?

I intend to audio record each interview as well as write notes on body language and significant phrases. The audio recordings will also help me distinguish tone of voice and other subtleties. As for limitations, individuals could withhold information or be reticent to participate in order to avoid judgment. My identity as an individual with a multiple-minority status, however, may contribute an advantage in establishing rapport and trust.

*Photovoice*

The purpose of this method is to address coping strategies utilized by my sample of young adults to gain emotional equilibrium. Initially developed by Wang and Burris during their study on Chinese village women, the photovoice method enables people to identify, represent, and enhance their community through a specific photographic technique (Wang, 1999).

I will ask each participant to take at least 5 pictures of their coping mechanisms (and/or lack of coping strategies/ability) in relation to sadness, depression, stress, and anxiety using a camera phone. If a camera phone is unavailable or inaccessible to any of the participants, disposable cameras will be provided. Photos will not be directly tied to anyone’s identity. Moreover, I intend to utilize their images as an elicitation technique, acting as a prompt for interview questions. Examples of these questions include:

* Why did you take this picture?
* How does it represent how you cope?

Overall, I hope to make my findings available to policymakers and other stakeholders so that more attention may be focused on these issues. Visual images from the photovoice component may help to drive home the need for innovative and more inclusive programs addressing mental health.

**Budget**

**Coding Software**

MAXQDA 12 Analytics Pro (Student License): $109

**Disposable Cameras**

Fujifilm 35mm One-Time Disposable Camera flash 400ASA: $5.75

* Fujifilm camera = $5.75/camera x 5 participants = $28.75

**Airfare**

WowAir (Icelandic airline) Round Trip: $850

**Transportation**

Subway/Train: $318.66

* One month unlimited subway fare card = $106.22 x three months = $318.66

**Housing**

Hostels: $630/month

* $21/day x 30 days = $630

Summer housing at Trinity College Dublin: $750/month

* $35/day x 30 days = $750

AirBnB: $435

* $29/day x 15 days = $435

**Food/Groceries**

* $12/day x 30 days = $360

$360/month x two months = $720

**TOTAL: $3841.41**

While the anticipated costs for two months research exceed the maximum grant allotment, I plan to cover the remaining costs with my own financial resources. However, I ask the Bigel committee to please be as generous as possible and fully fund this project.

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