
Correspondence

Health research on the Irish in Britain

Sir: Leavey *et al* (*Psychiatric Bulletin*, December 1997, **21**, 739–740) emphasise the mental health needs of the Irish and ‘wonder’ why they are an invisible group. As author of the section on ethnic minorities in *London’s Mental Health* (Johnson *et al*, 1997), I wish to correct and then expand on their observation. In fact, the Irish community were mentioned in the chapter on service provision for ethnic minorities in relation to higher rates of suicide and unemployment (Johnson *et al*, 1997; pp. 147 & 153).

I agree that generally the Irish are neglected as a subject of research and service development. Leavey *et al* point this out without embarking on the more arduous task of exploring why this is the case. I think the explanation for a lack of attention to Irish mental health, in the context of ethnic minority mental health, lies in the way we define ethnicity. Specifically, “the Irish are not an ethnic group in the census although they are considered as such by virtue of the place of birth question” (Peach, 1996; p. 13). Ethnic categories are ascriptively mobilised by those within and outside of specific groupings. This is a social and political process which serves the purpose of the group or society or both (Jenkins, 1997; pp. 10–11). The use of ethnic categories by the health service, which is also a political process, is intended to be the first of many stages to improve services for ethnic groups that the health service providers and planners recognise to have distinct needs. Services for Whites, Asian–Indians or Black–Caribbeans are inevitably inadequately specified as each of these categories contain a diversity of culturally distinct groups. The Irish communities’ more specific needs are ‘hidden’ by their inclusion within the ‘White’ ethnic group; this lack of precision deprives the Irish of separate and adequate consideration. The UK census is like those of other European countries in that it does not invite identification of indigenous ethnic minority populations as if such a distinction is meaningless (Peach, 1996; p. 18). In addition, an anti-racist agenda is often linked, albeit sometimes inappropriately, to ethnic minority mental health issues. There is certainly prejudice against White minorities but this might not be linked to anti-racist driven service developments and research. In *London’s Mental Health* I discuss the disadvantages faced by White immigrants (Johnson *et al*, 1997). The Irish, European refugees and other White groups

lose out on dedicated research and service-based action.

If there is widespread agreement that ethnic categories are too arbitrary to be of value, then there might be room for more meaningful study of cultures and sub-cultures. We need to know more about self-categorisation theory, social identity theory and ethnic categorisation for the purpose of meaningful policy and planning. The Irish, I hope, will then receive more attention as one of the many neglected cultural groups, but they are not alone. Future service developments to meet mental health care needs must be multi-culturally effective; they must retain the flexibility to adapt to more specific ethnicities and cultures. This was emphasised in *London’s Mental Health*; the promotion of one groups needs over and above those of another was not the intention. Such an approach is not comprehensive, sustainable or ethical.

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Definition of ‘haltlose’

Sir: Dr Cullivan (*Psychiatric Bulletin*, January 1998, **22**, 58–59) asks about the term ‘haltlose’ or ‘haltlos’ as a type of personality disorder in the *ICD-10 Classification of Mental and Behavioural Disorders* (World Health Organization, 1992).

In his German language psychiatric dictionary, Peters (1984) describes ‘haltlos’ psychopaths as “weak-willed, unreliable, unable to resist external influences, easily led astray, tending to sexual waywardness and prostitution. But they are also easily led in a positive sense: in an appropriate setting, and also in prison, they can be managed without difficulty. If left alone, they cannot set their own goals, they have no ‘inner compass’.”

Manfred Bleuler (1983), in the section of his textbook devoted to personality disorders, writes: “The ‘haltlosen’ are characterized by a lack of