



The role of context in youth mental health and addiction issues: a qualitative study on social deprivation in Limerick City and Dublin South Inner City

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Introduction

Youth mental health (YMH) and addiction issues are a core component of the problems facing those living in urban areas of social deprivation in Ireland, in particular South Inner City Dublin and Limerick City ^{1,2}. These local contexts, with histories of drug addiction, violence, family dissolution, suicide and gang-related criminality lend themselves to promote further criminal and addictive behaviour, as well as increased stress and decreased protective factors such as social support and education. Early intervention is considered a ‘best buy’ in mental health, but the current Irish system struggles to engage with young people and offer them appropriate treatment.

Aims

This project aims to describe how the specific contexts of two deprived areas in Ireland, Limerick City and Dublin South Inner City, influence youth mental health and addiction. With this knowledge, it is hoped that general practice and primary care, key areas in early intervention, may be better equipped to offer care that reflects the challenges of treating these populations.

Table 1: Type of service, and number of persons interviewed from each.

Service Types	Service Providers		Young People	
	Dublin	Limerick	Dublin	Limerick
Primary Care – General Practice	3	2	1	1
Primary Care Team	3	5	2	1
Community Agencies / NGOs	5	7	1	2
Secondary Care (Mental Health)	5	3	3	4
Secondary Care (Addiction)	2	2	3	2
TOTAL	18	19	10	10

Methods

We conducted a **qualitative enquiry**: Semi-structured interviews were conducted with 57 healthcare users and professionals from a variety of different settings (see Table 1). All interviews were audio-recorded and transcribed verbatim for analysis.

Transcripts were entered into Nvivo 9 software package for ease of analysis and collaboration. An inductive thematic approach was taken to the analysis, to ensure the data drove coding. Transcripts were read and re-read, and constant collaboration used to ensure codes created were accurate reflections of the data and not driven by researcher influence nor bias.

Results

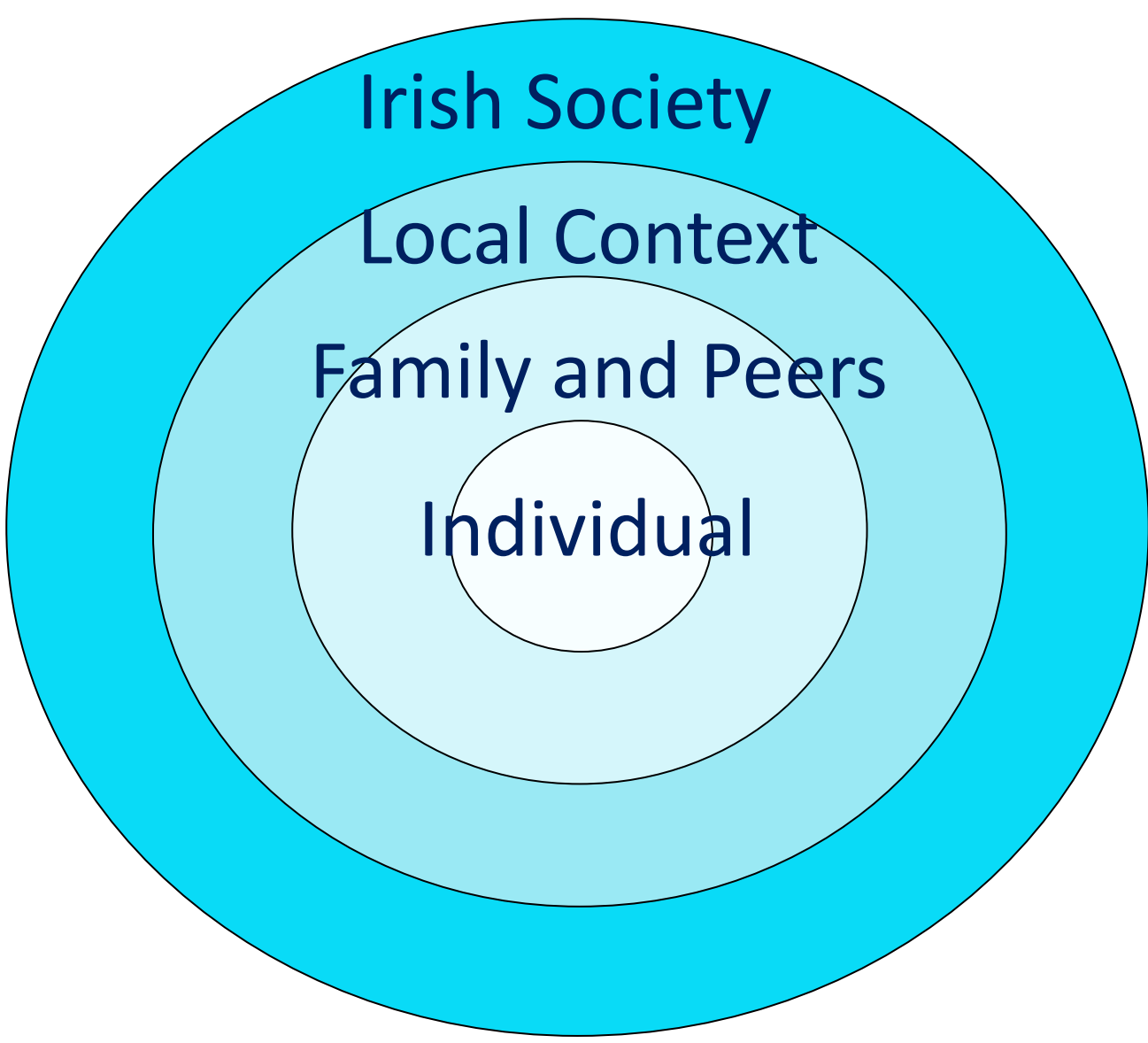
The contextual themes created were evocative of Bronfenbrenner’s Social Ecological Model of Development: progressing from smaller to larger societal influences. In turn they were labelled: **The Individual Person Family and Peers Local Context** and **Irish Society**.

If you say to the parents - do you know what the recommended amount that you drink is? They are like – really? They look at you like you are a bit weird and go – are you sure? You can see that they think this is really weird as well. Child Psychiatrist.

I have, kind of, cut myself off from the type of friends that I have had, because, I suppose, the main trigger of my anxiety and depression was drugs, and the people that I was friends with weren’t the best of influence on me, so I, kind of, had to cut myself off from those friends.”

Client, Mental Health Service.

- Adapted from Bronfrenbrenner, 1979



If it is a boy and he is missing at night and out partying and all that kind of stuff, he is going to get in trouble with the guards and he is going to be seen as a drug user. A girl that does the very same thing, I think is going to be seen as an emotionally disturbed girl who may end up getting a treatment with mental health services and a different approach.”

Addiction Service.

Conclusions

The young person is continuously affected by their environment and wider social context. Many problems attributed to the individual are actually a result of the context of social deprivation. This research encourages us to take context into account when creating interventions for young people in general practice, in order to improve engagement with services and treatment.

References

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