



The Meath Foundation



Physical and Mental Health in Post-Recession Ireland: A Community Study from Tallaght, Dublin

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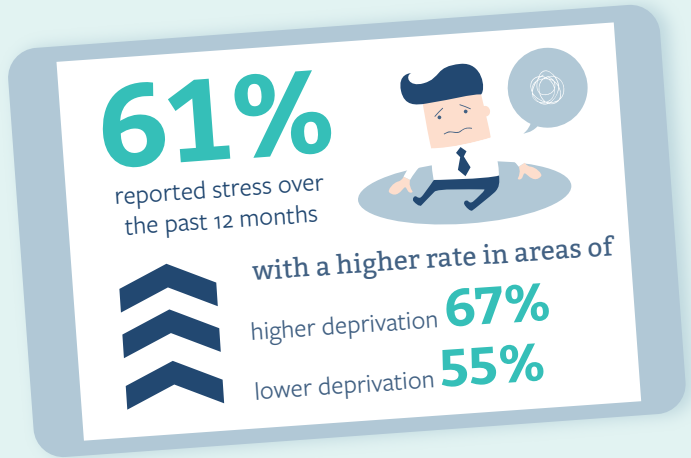
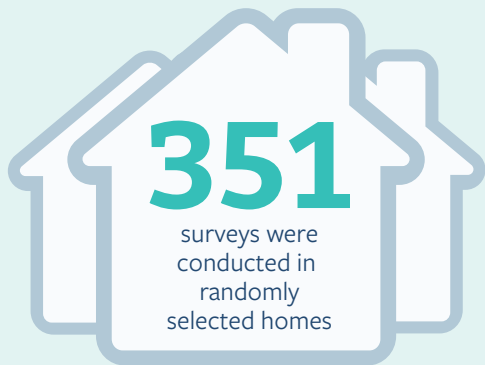
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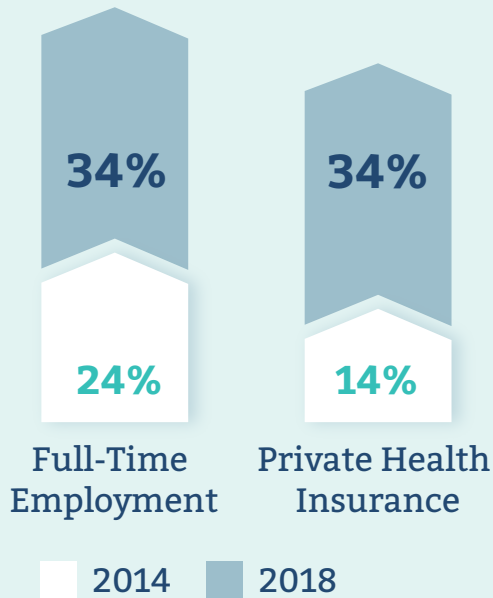
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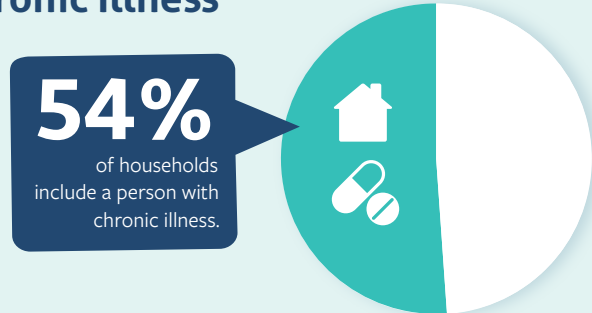
Key facts



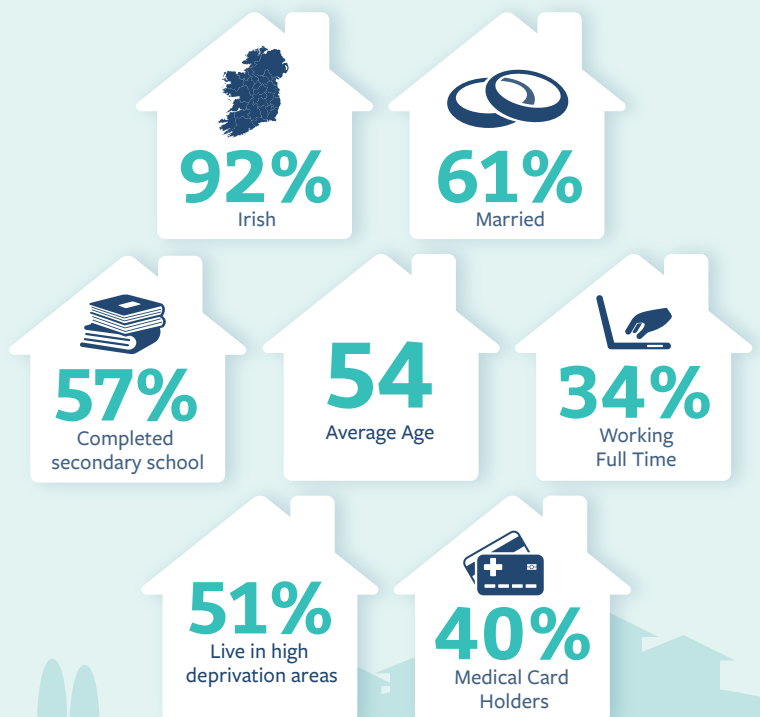
Proportion of people rating their health as 'good' or 'very good'



Chronic Illness



Survey Population



Satisfaction



Executive Summary

What we set out to do

- We set out to ask people living in Tallaght, a socio-economically deprived suburb of Dublin, Ireland, about their physical and mental health.
- This was the largest survey of physical and mental health in Ireland since the end of Ireland's economic recession (2008-2013) and was funded by the Meath Foundation.

How we did it

- We conducted a house-to-house survey in 351 randomly selected households in Tallaght.
- We asked detailed questions about the physical and mental health of all residents.

What we found

- The proportion of people rating their health as 'very good' or 'good' in Tallaght is 72%, unchanged from a similar survey in 2014 (71%) and still significantly below the national figure (84%).
- The proportions of people in full-time employment (34%) and with private health insurance (34%) increased since 2014 (from 24% and 14% respectively), reflecting improved financial circumstances for some households.
- A majority of people (61%) report stress over the past 12 months, with a higher rate in areas of higher (67%) compared to lower deprivation (55%).
- Over half of households in Tallaght (54%) include a person with chronic illness.
- Better self-reported health is associated with less stress, not living with a person with a chronic illness or disability, holding private health insurance, and greater education.
- Satisfaction with Tallaght University Hospital is very high and improving, increasing from 74% in 2014 to 86% in 2018.

Conclusions

- Self-rated health has stabilised since the end of Ireland's recession but not everyone has benefitted equally.
- Stress and psychological ill-health remain higher in areas of greater deprivation.
- Carer burden is now the single largest factor impacting on wellbeing.

Recommendations

- Health and social policies aimed at increasing population wellbeing should focus on alleviating stress and carer burden, especially in deprived areas.
- There is a compelling need for universal access to high quality mental health services in primary care (GP) and secondary care (hospital and specialist clinics) in all communities.
- Future research should explore factors not considered in this study (e.g. drug misuse) and the positive role of community resources in supporting wellbeing and improving population health.

**In 2008, Ireland
entered a sharp
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Introduction

Social and economic conditions have significant effects on physical and mental health. In 2008, Ireland entered a sharp economic recession that significantly affected population wellbeing.¹ This study examines what has happened since the recession ended. Has health continued to improve or has it stabilised?

In 2014, as the recession ended, a community-based survey of self-reported health in Tallaght, a socio-economically deprived suburb of Dublin, demonstrated the immediate effects of the recession, with 13% fewer people in full or part time employment compared to 2001, and 67% reporting stress over the previous year (an increase of 8% since 2001).^{2,3,4} Also in 2014, one in five household members had a chronic illness (22%) and 18% of households included one or more persons with a disability (an increase of 7% since 2001).

There is already evidence that the Irish recession did not affect everyone's wellbeing equally. Among older adults, there was a post-recession reduction in wellbeing that was especially marked in women, those with poor health, and those living in urban areas.⁵ As Ireland's economic recovery continues, it is important to identify any people at particular risk of poor health, so as to target appropriate interventions and supports.

We set out to ask people living in Tallaght about their physical and mental health in 2018, in the largest survey of physical and mental health in Ireland since the end of the recession.⁶ To achieve this, we conducted a house-to-house survey in 351 randomly selected households in Tallaght, asking detailed questions about the physical and mental health of all residents.

This work was funded by the Meath Foundation. Fieldwork was performed by Behaviour & Attitudes (<http://banda.ie>). Our methods are outlined in detail in Appendix 1.

Results



We completed interviews in **351 of the 583** households selected (yielding a response rate of 60%). The majority of respondents are female (69%), Irish (92%) and married (61%). Over half (57%) have completed secondary (high) school. Average age is 54 years (standard deviation: 15). One third of respondents (34%) are working full-time, an increase of almost 10% compared to 2014 (24%). Our sampling technique ensured that approximately half of respondents (51%) live in areas of high deprivation within Tallaght. One third (34%) have private health insurance, an increase of over 20% compared to 2014 (14%), and 40% are entitled to free medical care provided by the state (i.e. have a 'medical card').

General Health

One third of respondents (34%) rate their health as 'very good'; 38% 'good'; 20% 'fair'; 6% 'bad'; and 3% 'very bad'. Overall, the proportion of respondents rating their general health as 'very good' or 'good' is 72%, essentially unchanged from 2014 (71%) and still well below the national figure reported by Healthy Ireland in 2017 (84%).⁷ On multi-variable testing, better self-reported health is significantly and independently associated with less stress, not living with a person with a chronic illness or disability, holding private health insurance, and greater education.

Mental Health

A majority of people (61%) report stress over the past 12 months, with a significantly higher rate in areas of higher (67%) compared to lower deprivation (55%) ($p=0.037$). On multi-variable testing, better self-reported mental health (assessed using both methods outlined in Appendix 1) is significantly and independently associated with not living with a person with a chronic illness, identifying as non-Irish, and being older.

Carer Burden

Over half of households (54%) include a person with a chronic illness. Better physical and mental health are both significantly associated with not living with a person with chronic illness.

Tallaght University Hospital Services

The majority of households included at least one person who had used the local hospital, Tallaght University Hospital, for tests or treatment over the past year (52%). The vast majority (86%) were satisfied with Tallaght University Hospital, compared to 74% in 2014.

Discussion



Self-reported health has stabilised since the end of Ireland's economic recession but remains well below the national level in Tallaght. Stress and carer burden are now among the strongest correlates of poor self-reported health, especially in deprived areas.

This study has the merits of random sampling, professional interviews, and a response rate of 60%. Limitations include possible variations in reporting behaviour among respondents, as various characteristics such as education can affect self-reported health. In addition, Tallaght is a relatively deprived area in suburban Dublin and there are possible limitations on the generalisability of our findings outside similarly deprived settings.

For this reason, we divided our sample into areas of higher and lower deprivation within Tallaght in order to both explore the relevance of deprivation and optimise generalisability. We duly found that stress remains a significantly greater problem in more deprived areas of Tallaght compared to less deprived areas.

Recommendations

Health and social policies aimed at increasing population wellbeing should focus on alleviating stress and carer burden, especially in deprived areas.

There is a compelling need for universal access to high quality mental health services at the levels of both primary care (GP) and secondary care (hospital and specialist community clinics) in all communities.

Future community studies of population wellbeing could usefully explore factors not considered in this study (such as substance misuse) as well as the positive role of community resources in supporting wellbeing and improving population health.

Acknowledgements

The authors are very grateful to the Meath Foundation for funding; Professor Margaret M. Barry, who led the SLÁN 2007 mental health survey; Behaviour & Attitudes (<http://banda.ie>) for the field-work; and the Fettercairn Community Health Project. The RAND (Research And Development) 36-Item Short Form Survey (SF-36) was developed at RAND as part of the Medical Outcomes Study. Most of all, we thank the participants who took part in the study.

Appendix 1: Methodology

Design

We performed a cross-sectional, face-to-face, community-based survey in a random selection of households in Tallaght, a suburb of Dublin, Ireland. This work was funded by the Meath Foundation. The design of the project was based upon a similar study conducted in 2014 and funded by the Adelaide Health Foundation.

Setting and Sampling

Our study was based in 13 geographically-defined 'electoral divisions' of Tallaght, a socio-economically deprived west Dublin suburb: Belgard, Glenview, Kilnamanagh, Kingswood, Millbrook, Oldbawn, Springfield, Avonbeg, Fettercairn, Jobstown, Killinarden, Kiltipper, and Tymon. The methodology largely replicated that used in the 2001 and 2014 Tallaght Health Assets and Needs Assessment Studies, in order to optimise comparability.²⁻⁴

As is emphasised in Ireland's national mental health policy, A Vision for Change, deprivation is strongly linked with mental ill-health and therefore it was important to take account of deprivation when selecting the study sample.⁸ Ireland's Small Area Health Research Unit (SAHRU) has developed a deprivation index for health and health services research. The SAHRU deprivation score was based on 2011 census data (the most recent census data available at time of study design) and utilises four indicators for classification of deprivation: unemployment, low social class, not having a car, and residing in government-funded housing.⁹ Deprivation scores range from one to 10, where one is the least deprived and 10 is the most deprived. Consistent with the 2014 study, a deprivation score of 9 or 10 was taken to indicate an area of high deprivation and a deprivation score of less than 9 taken to indicate a lower level of deprivation.^{3,4}

Multi-stage, cluster sampling was used, based on 2016 national census data and GeoDirectory (www.geodirectory.ie), the most comprehensive listing of Irish addresses available, stratified by level of deprivation so as to include seven electoral

divisions in areas of high deprivation and six in areas of lower deprivation. All households in the relevant areas were divided into clusters of eight adjacent households, selected using systematic sampling following a random start. Five hundred and eighty-three households were invited to participate via letter. Any household that declined was replaced with another household from the same cluster drawn from a reserve list assembled in the same way.

Procedure

Data collection took place between January and March 2018. Household invitation letters were sent to selected houses in each cluster outlining the purpose of the study, the topics that the survey would cover, how the house had been randomly selected, the proposed use of results, and the proposed dates. The letter also stated that a researcher would call to the house to conduct the interview; participation was voluntary; and participants were free to withdraw at any point. Local family doctors, local authorities and community centres were informed about the study to optimise participation and community support.

Each randomly selected household was called to in person a minimum of four times before being eliminated from the sampling frame. An information leaflet about the survey was also compiled and left with respondents or in the letterbox, to confirm the *bona fides* of the research.

In each participating household, the person aged 18 years or more who was the primary carer was invited to be interviewed ('respondent'). The primary carer was the person who managed the welfare and health of the family or household. In rented accommodation, this was the person who paid the household bills or whose name was on the rent agreement. No direct inducements or monetary incentives were provided to respondents. A donation of €5 was given to charity for each completed interview.

Interviewers with extensive experience conducting research in sensitive areas (including mental health), trained and working with Behaviour and Attitudes (<http://banda.ie>), carried out the face-to-face interviews. Interviewers underwent a comprehensive training programme before commencement and were supervised and evaluated on a regular basis. Full responses were received from all participating households (n=351) for all survey items in this study.

Measures

The study used the questionnaire from the 2014 Tallaght Health Assets and Needs Assessment Study conducted in this area,^{3,4} with some minor refinements for ease of completion, supplemented with an adaptation of the instrument used in the 2007 SLÁN survey of mental wellbeing.¹⁰ Both tools are fully validated and their properties are available in the respective study reports. To address the issue of poor literacy, our questionnaire was designed to be below the reading age of 11 years. Our full, combined questionnaire was piloted prior to commencement, resulting in only minor technical adjustments.

General Health

To measure self-reported health, interviewers asked: 'How is your health in general?'. There were five response categories: 'very good', 'good', 'fair', 'bad', and 'very bad'. This question was used in the National Census of Ireland in 2011 and 2016, and the 2014 survey in this area.

Mental Health

As in the SLÁN survey, positive mental health was assessed using the Energy and Vitality Index (EVI) from the RAND (Research ANd Development) 36-Item Short Form Survey (SF-36), developed at RAND as part of the Medical Outcomes Study.¹¹⁻¹³ Respondents were asked four questions concerning their wellbeing over the previous four weeks and a higher score indicated greater positive mental health.^{14,15}

Psychological distress was assessed using the 5-item Mental Health Index-5 (MHI-5) from the RAND SF-36 questionnaire.¹¹ This is a validated, widely used measure of non-specific psychological distress, usually related to anxiety and depression.^{13,16-21} Respondents were asked five questions about their wellbeing over the previous four weeks and a lower score indicated greater psychological distress.

Statistical Analysis


We stored and analysed data using IBM Statistical Package for the Social Sciences (SPSS) Statistics (Version 24). Data protection guidelines were adhered to and confidentially maintained at all times.

Ethics and Consent

Prior to commencement, this study was approved by the Research Ethics Committee at St James's Hospital and Tallaght University Hospital, Dublin (Reference 2017-11, List 41 (10)). Written informed consent was obtained from each respondent.

Appendix 2: References

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Notes:

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