

Are you really ok?

Examining the current mental health support in Northern Ireland: The ostomates' perspective.



Jennifer McManus
Insights Executive
Eakin Healthcare

Dr Chris Proctor
Insights Manager
Eakin Healthcare

Introduction

Living with a stoma presents not only physical adaptations that ostomates must face but also significant psychological and emotional challenges for them to overcome. Ostomates commonly experience issues related to anxiety, depression and altered body image (Sceats et al., 2020; Black and Joy, 2021). Despite the prevalence of these psychosocial conditions, mental health support is not always adequately addressed within standard stoma care (McGrogan and Proctor, 2024).

While it is well understood that ostomy forming surgery and living with a stoma have significant psychological effects, the authors believe that not enough is known about the types of mental health support that ostomates receive and the types of support that the ostomates themselves believe would be beneficial.

Developing a greater understanding of this may be key to improving mental health support for ostomates both in Northern Ireland and all over the world.

Our research is ongoing!

If you would like to give your views on the mental health support that ostomates and fistula patients receive then scan this QR code to take the survey:



Method

Data collection was via an online survey. The survey was distributed to ostomates based in Northern Ireland by e-shot. There were no additional limits on who could complete the survey. Data collection took place in July 2025.

Results

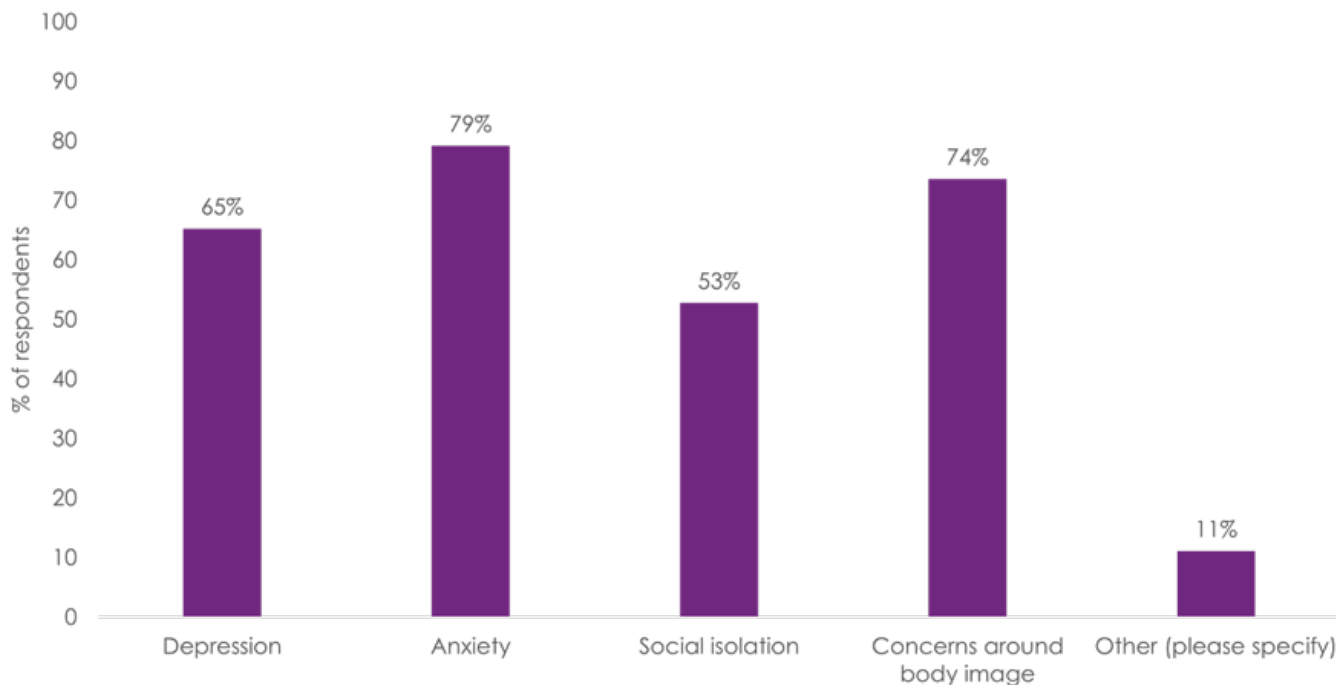
140 people responded to the survey, the majority of whom were female and older adults. Most had either a colostomy or ileostomy, with fewer having a urostomy. This demographic overview highlights the typical profile of the study population highlighted in Table 1.

Gender	Male	40.15%
	Female	59.85%
Age	Under 20	0%
	20 to 29	3.65%
	30 to 39	4.38%
	40 to 49	8.03%
	50 to 59	16.79%
	60 to 69	35.04%
	70 to 79	22.63%
Stoma Type	80+	9.49%
	Colostomy	49.25%
	Ileostomy	44.78%
	Urostomy	5.97%

Table 1 - Summary of the study population demographics, including gender, age and stoma type.

Data showed that the majority of ostomates in Northern Ireland have experienced mental health challenges as a result of living with a stoma. 81% of those affected reported experiencing more than one type of mental health issue. The most commonly reported problems were anxiety, concerns around body image, and depression (Figure 1).

Figure 1 - Reported mental health problems (n=72). Out of 140 ostomates, 72 reported experiencing mental health issues. The most commonly reported problems were anxiety (79%), concern around body image (74%) and depression (65%).



Both men and women reported experiencing mental health issues at similar rates. This finding is notable given the common assumptions that men may be less likely to report psychological distress.

While mental health issues were reported at similar rates by men and women, age appeared to play a more significant role. As shown in figure 2, younger ostomates were more likely to report experiencing psychological challenges.

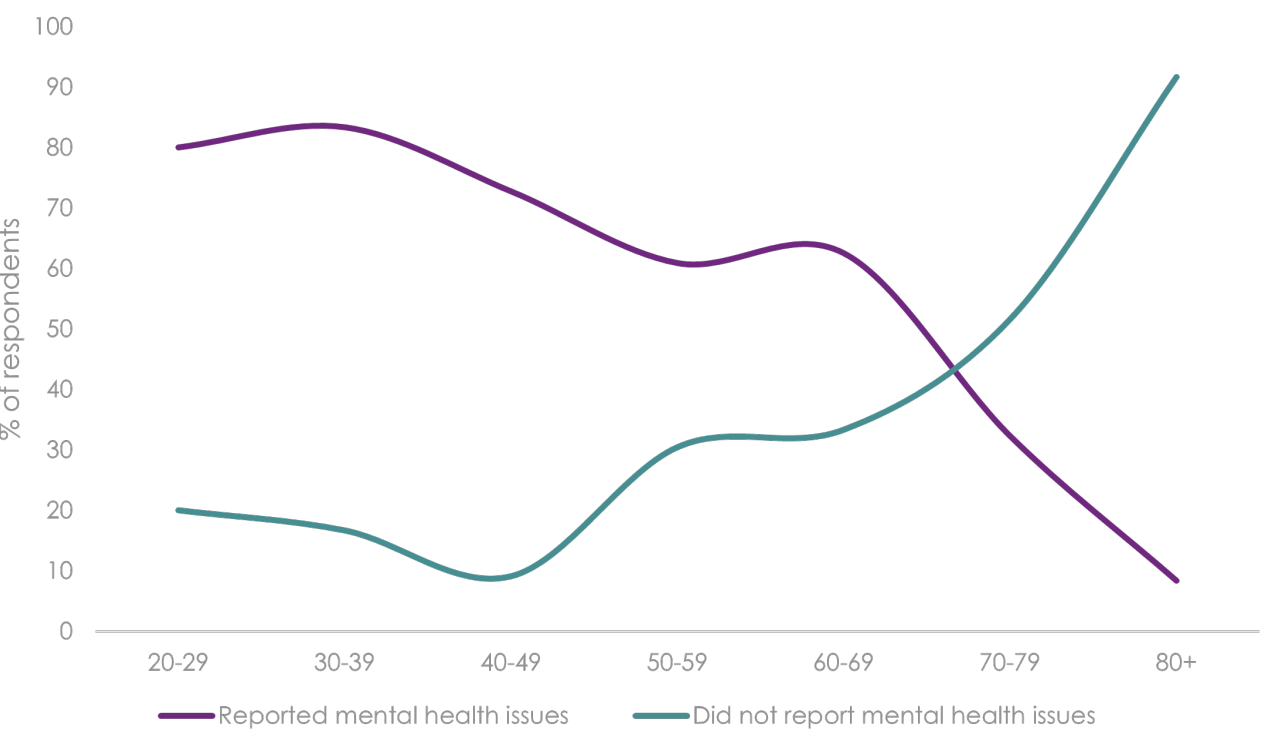
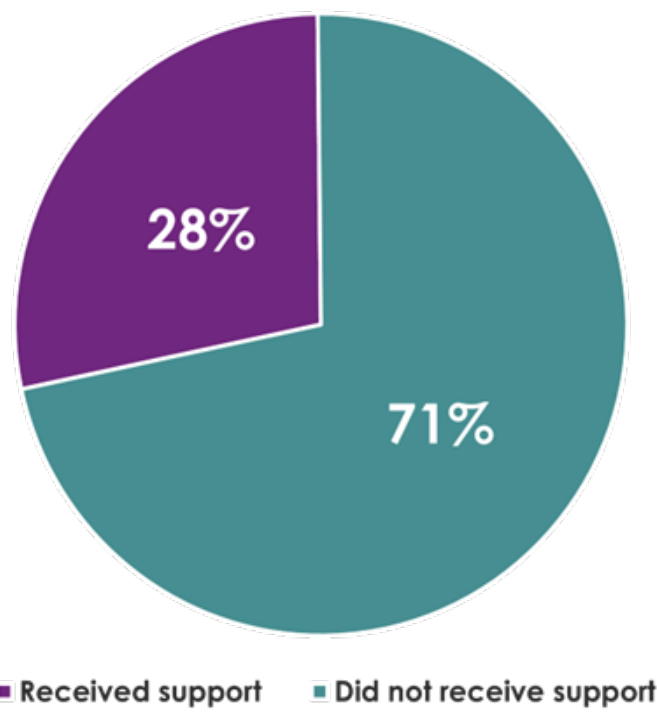


Figure 2 - Association between age and reported mental health issues among ostomates (n=136). A higher prevalence of mental health concerns was observed in younger age groups, with the highest proportion reported in the 30-39 age group (83.33%).

When assessing the perceived severity of the impact of their stoma on their mental health, ostomates reported an average mental health impact score of 7.5 (with 10 being a severe impact and 0 being no impact), indicating that living with a stoma can have a significant effect.

Of the respondents who reported experiencing mental health challenges, 71% did not receive any support (Figure 3). Support was predominantly provided after surgery, with most respondents reporting they received it several weeks after surgery.

Figure 3 - Reported access to mental health support among ostomates who experience psychological challenges. Out of the 72 respondents who experienced mental health issues, 71% of these individuals did not receive any form of mental health support.



While support was most frequently provided by counsellors (65%), respondents felt the most helpful providers would be nurses (59%) and other ostomates (46%) (Figure 4). This suggests a disconnect between the support received and what ostomates find most beneficial.

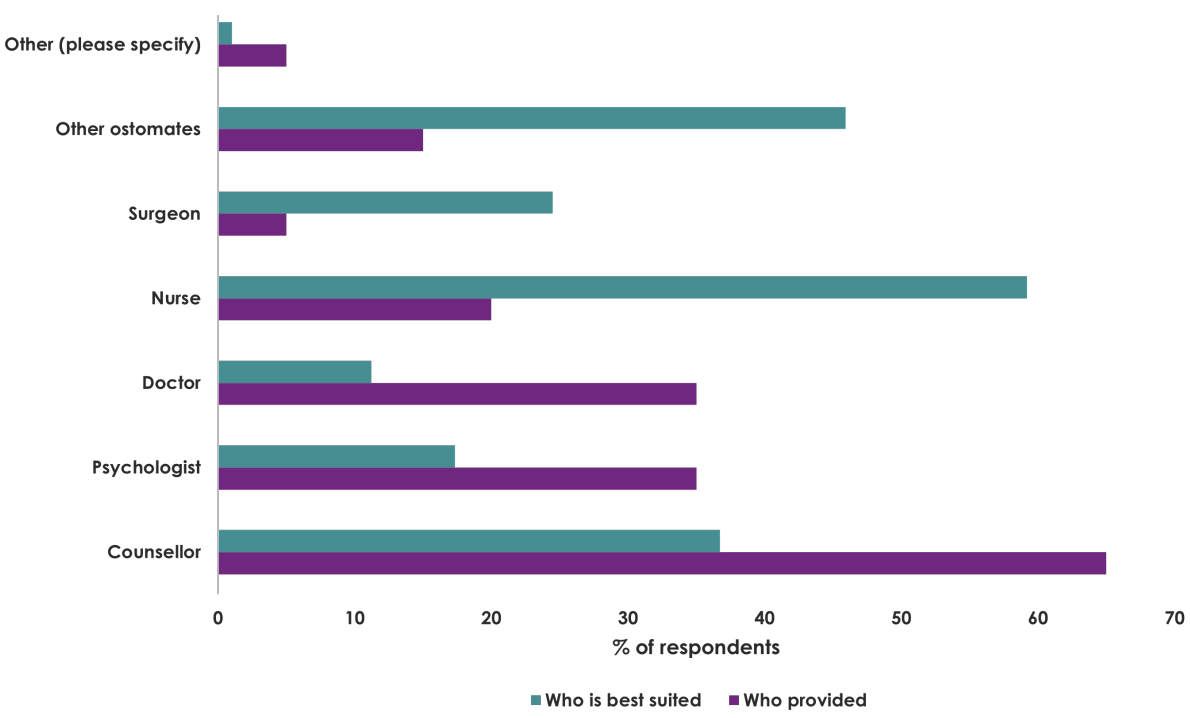


Figure 4 - The relationship between who provided mental health support to ostomates (n=20) versus who the respondents believe would be best suited to provide it (n=98). Whilst support was most commonly provided by a counsellor, respondents indicated a preference for receiving support from nurses or other ostomates.

When asked what respondents would change about the mental health support they received, several recurring themes were identified. These included the need for more support, receiving support sooner than they did, and having easier access to talk to someone for support.

“To have been offered any [support].”

“Easy access to someone when I need help.”

“More help pre-surgery as none was given and I had no idea what to expect.”

“The timing, I had to wait months.”

Conclusion

The findings presented here highlight a number of significant gaps in mental health support for ostomates in Northern Ireland. There are many ostomates in Northern Ireland who do not receive mental health support in any form and even when support was offered, there was an apparent disconnect between who provided this support and who ostomates would have preferred to speak with.

One key finding is that ostomates frequently reported wanting to speak with other ostomates in order to support their mental health. This highlights the importance of peer support for ostomates in supporting good mental health.

It is clear that mental health support for Northern Irish ostomates can be improved. The data presented here indicates that listening to ostomates about what support they believe they need, rather than offering everyone the same support may be crucial for improving psychological outcomes.

References

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