



# Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities

## Plain English Summary



## Gypsies, Roma, and Travellers

**Gypsies and Travellers have lived in England for a very long time. Roma people, who originally came from India, have come to live in England in more recent times, looking for a better life and better jobs than they had in countries such as Slovakia and Romania. There is a common misconception that all of these communities are the same. In reality, although all have a history of travelling and of suffering discrimination, they are distinct cultures.**

It is known that Gypsies, Roma, and Travellers have the poorest health of any ethnic minority groups in England and that they tend to die ten years earlier than all other ethnic groups. Many people, including health and care workers, know very little about Gypsy, Roma, and Travellers' ways of lives or the mental and physical health problems they have.

All Gypsies, Roma, and Travellers used to move around to find work, but in recent years only a very small number of Gypsies and Travellers actually travel. The great majority now live on Traveller sites or in houses. The traditional work carried out by Gypsies and Travellers included helping on farms, laying tarmac, and sharpening tools. Many of these jobs have now gone, meaning work is hard to find for Gypsies and Travellers, especially as many do not finish their schooling and do not have the qualifications now needed for many jobs. Roma live mainly in towns and cities where work in factories and shops is easier to find.

## Access to healthcare

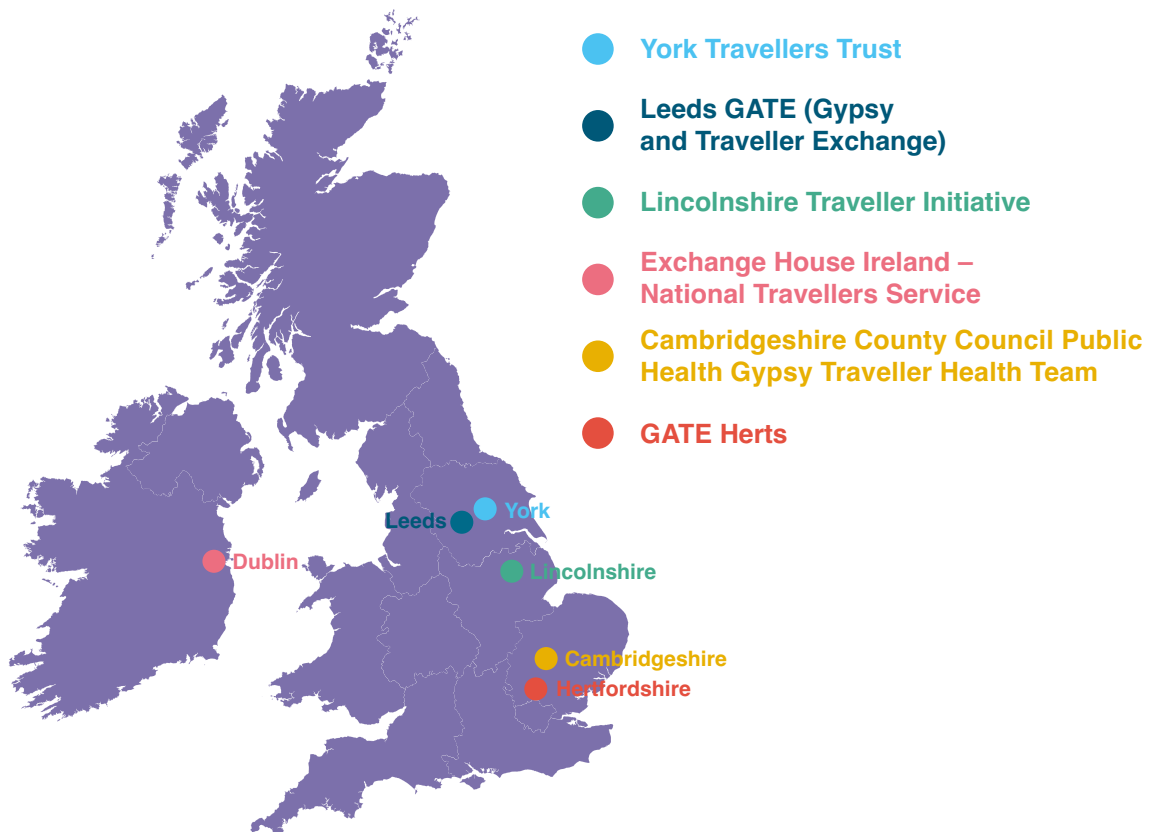
Although most members of these communities now live in one place, many do not use their local health services and do not seek help for any mental health problems they may have. Mental health, especially for men, is not something that Gypsy, Roma, and Traveller communities tend to speak openly about. Talking about mental health problems is often seen as a shameful or weak thing to do. Partly because of this shame, and partly because many Gypsies, Roma and Travellers have experienced discrimination and racism in their lives, they often let problems build up, leading to serious mental illnesses and suicides. The suicide rate of Gypsies and Travellers is estimated to be six or seven times higher than for all other communities.

Over the years, there have been many government and research reports, all saying the same thing – that health and social care services must improve for Gypsies, Roma, and Travellers, and that services must reach out to them. However, these reports have largely not changed things and poor mental and physical health is still the reality for many Gypsy, Roma and Traveller communities. Mental health workers are not taught about these cultures in their diversity training and there are very few role models of professionals and leaders from Gypsy, Roma, and Traveller backgrounds.

## This report

The NHS Race and Health Observatory recognised these serious problems regarding mental health, and asked for organisations to bid to carry out some research work that examined examples of good mental health practice with Gypsy, Roma, and Traveller communities. The University of Worcester, in partnership with the voluntary organisations Gypsy and Traveller Empowerment Hertfordshire (GATE Herts) and the 'Gypsy, Roma, and Traveller Social Work Association (GRTSWA)' were chosen to carry out this work. The research team was made up of an equal balance of researchers from Gypsy, Roma, and Traveller backgrounds and academic researchers.

Using their contacts and lived experience, the research team worked together to identify six services, mainly run by voluntary Gypsy and Traveller organisations, whose mental health services were used by members of the Gypsy, Roma, and Traveller communities. Such organisations are very uncommon in England, where many areas have no such services at all. The services that the research team visited were in Hertfordshire, Leeds, Lincolnshire, York, Cambridgeshire, and Dublin, Ireland. We visited the Dublin service because we could not find any services in England that included a group of young people within their community of service users. The youth group we met with were Irish Travellers and Roma who wanted to talk to us about their mental health. In some places we spoke with groups of people and in others we spoke to individuals who did not want to talk about mental health in a group. We also spoke to people who worked at these services.



## Findings

We found that many of the Gypsy, Roma, and Traveller people we spoke to had experienced similar problems with their mental health, partly because they said they were often discriminated against by services, but also because they found that services did not reach out to them and make them welcome. Many people said that they did not understand things like going for help with mental health before things got really bad. The few who had gone to their local doctor for help had only been given pills rather than any other types of help, such as counselling.

The people we spoke to also told us that the workers they met in health and social care organisations seemed to know little or nothing about Gypsies, Roma, and Travellers and their problems. The workers agreed with these views and told us that their training courses hardly even mentioned Gypsies, Roma and Travellers.

Men were particularly unlikely to engage with mental health services, in part because mental health issues are seen as a sign of weakness. We also found that different kinds of services – such as drop-in services – are liked by community members. Even where these services are not considered to be mental health services, they can give people a place to talk to each other and can help with mental health issues.

## What happens now?

We want this research to lead to change, so we are recommending that the government and the NHS make some changes to improve mental health services for Gypsy, Roma, and Traveller people. We are recommending the following:

- The NHS should focus on learning more about how Gypsy, Roma, and Traveller people are affected by mental health problems. If these things cannot be properly measured, then nothing will change.
- Organisations that deliver mental health services should all receive training on the particular problems experienced by Gypsy, Roma, and Traveller people. Some of this training should be delivered by Gypsy, Roma, and Traveller people and should include online training.
- The few voluntary organisations that do offer mental health services for Gypsy, Roma and Traveller people should receive funding that keeps services going on a long-term basis. At present most of the funding they receive is for short periods only.

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- More voluntary organisations led by Gypsy, Roma, and Traveller communities should be started up with help from local councils - these are the type of organisations that will be used for advice and support with mental health. These organisations help build relationships and trust with health and social care organisations.
- Services should provide information in easy-to-read ways and use video and social media to help Gypsy, Roma, and Traveller people who do not read or write very well.
- 'Drop-in' services for mental health - where no appointment is needed - are popular and should be made more available across the country.
- More opportunities for Gypsy, Roma, and Traveller people to work in mental health services should be created, as one thing that seems to help people get help was when a Gypsy, Roma, or Traveller person was part of that service.
- Women's groups should be encouraged to develop across the country as it is women who are seen as most likely to spread information about good mental health.
- The men in Gypsy, Roma, and Traveller communities must also be reached out to by services and new ways of getting men to talk about mental health should be explored through new funding.
- The shame around mental health in Gypsy, Roma, and Traveller communities could be made less if these cultures were more celebrated, using arts, song, and dance. There is a Gypsy, Roma, and Traveller month in June each year but not many people know about it.

The above recommendations should be widely discussed, and acted upon, across the NHS, in councils and voluntary organisations.



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