NHS RACE & HEALTH OBSERVATORY

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

Identifying Best Practice

September 2023

University of Worcester

GYPSY, ROMA AND TRAVELLER SOCIAL WORK ASSOCIATION

GATE HERTS
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Contents

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Foreword

Baroness Whitaker
Co-Chair, All Party
Parliamentary Group for
Gypsies, Travellers,
and Roma.

This valuable report is much needed. Many people still don't realise that our Gypsy, Traveller, and Roma populations are legally recognised ethnic minorities. Many people still think – and say – stereotyped and offensive things. This alone can cause high levels of anxiety and unhappiness which lead to mental ill-health. Hate speech is deeply demoralising in these already marginalised and disadvantaged communities; it is no surprise that there is a high incidence of suicide in these communities.

Not enough attention has been paid over the past few years to the general cultural and systemic reasons why inequalities in mental health care are so striking among our Gypsy, Traveller, and Roma people. One of the most valuable aspects of this granular research is that it documents exactly how and where prejudicial and discriminatory responses occur – whether at GP practices, or by social workers, the police, or lawyers, to name only some. In this sense, the research will be an important step in mapping the impact of the oppressive Police, Crime, Sentencing and Courts Act 2022.

This report confirms that understanding of Gypsy, Traveller, and Roma communities by the public services is at best patchy, and that charities and voluntary organisations have had to step in with vital support such as drop-in services and Well Woman groups. It also shows that proper data are simply not gathered comprehensively enough to track and evidence what is happening on a national scale. The ONS has made a start, but the NHS and local public health services have not been equally responsive to need. Nor has sufficient funding been targeted at Gypsy, Traveller, and Roma communities, despite their problems. Suspicion and stigma remain, and training in the relevant cultural values for public servants is insufficient or absent.

As this report shows, there is much to be done if these damaging inequalities are to be eroded and the life chances of our Gypsy, Traveller, and Roma fellow citizens brought up to national standards. The good practice in this report, usually instituted by the non-governmental sector, has helped to shape a number of impactful recommendations for policy, practice, and research. The government and local authorities would go far to remedy the miserable inequality shown in this essential report if they were to implement them.

Executive Summary

Background

The term 'Gypsies, Roma, and Travellers' describes a range of long-established ethnic groups with nomadic ways of life, either historic or still practised. These groups include Romany Gypsies, Welsh Gypsies, Irish Travellers, and Scottish Gypsy Travellers, all of whom have protected ethnic status under the Equality Act (2010).

Eastern European Roma migrants have been present in England in significant numbers since the 1980s. Although many Roma are employed across a range of contemporary industries, many of the trades which were traditional to Gypsy and Traveller communities have disappeared in an increasingly digitalised and regulated age. These occupations might have included agricultural labour, landscaping, tree felling, and tarmac laying. Changes in the socio-economic environment also brought with them a worsening mental health crisis across Gypsy, Roma, and Traveller communities. Attitudes towards these communities have been describes as 'the last acceptable form of racism' (Traveller Movement, 2017).

> *'The majority of Gypsies, Roma and Travellers shared negative experiences. These experiences were present across society: in education examples were provided of being made to feel inadequate; in health people spoke of being turned away by frontline health services and in criminal justice Gypsies and Travellers spoke of having their complaints dismissed by the police and legal professionals.' (Traveller Movement 2017, p. 9)*

Greenfields and Rogers' (2020) report on Gypsy, Roma, and Travellers highlighted the 'ripple effect' of hate crime experiences on mental health in a report entitled 'Hate as Regular as Rain', wherein participants repeatedly stressed the persistent demoralising effect of hate crime and hate speech on their lives. The data from this report reinforced that being a victim of hate crime has a greater impact on the emotional wellbeing of victims than non-hate crimes, with potentially devastating effects which may increase the risk of suicide. An All-Ireland study (2010) had previously found that suicide prevalence is six times higher for Irish Traveller women than women in the general population, and seven times higher for Traveller men. The review found little evidence that families reached out to preventive services and concluded that, more often, they 'reached out for the rope'.

The general health and welfare of Gypsy, Roma, and Traveller communities has been well documented in a range of research initiatives (e.g., Van Cleemput, 2018; Rogers and Greenfields, 2017; Unwin, Meakin and Jones, 2020; Office for National Statistics, 2022), yet nothing much has changed in recent years, and outcomes across both physical and mental health remain lower than all other ethnic minorities in the UK.

Research approach

This research project, funded by the NHS Race and Health Observatory, aimed to identify best practice in mental health for Gypsy, Roma, and Traveller communities. The project was focused on England, although one Irish service was included because of the effectiveness of its provision for young people. The research was a collaborative venture between the University of Worcester (UW), Gypsy and Traveller Empowerment Hertfordshire UK (GATE Herts), and the Gypsy, Roma, and Traveller Social Work Association (GRTSWA).

The research employed a mixed-methods approach, including a literature review and extensive stakeholder engagement, culminating in the creation of several case studies. Six organisations offering mental health services to Gypsy and Traveller communities were identified as case studies for best practice, with 70 community members and 21 staff members coming forward as participants.

The participating organisations in this research were accessed through individual champions, not through local authorities or the NHS, whose levels of awareness and involvement in the mental health concerns of Gypsy, Roma, and Traveller communities are, at best, marginal. Members of the research team already had extensive networks across the UK and were able to use these contacts effectively, but it proved difficult to find initiatives which focused specifically on Gypsy, Roma, and Traveller mental health. Several organisations declined to be involved and others did not respond, despite the pressing concerns about mental health and suicide rates across the communities. This is understandable given the long history of discrimination and abuse suffered, and the fact that more recent participation in research studies has not improved the general well-being of Gypsy, Roma, and Traveller communities. It is also important to acknowledge that the Police, Crime, Courts, and Sentencing Act, 2022, which is seen by many to be oppressing nomadic ways of life which have been part of UK society for centuries. The true mental health impact of the Police Act will undoubtedly unfold over the coming years.

In the six case studies of this report – Cambridgeshire County Council Public Health Gypsy Traveller Team, GATE Herts, Leeds GATE, Lincolnshire Traveller Initiative, York Traveller's Trust, and Exchange House, Ireland - the team encountered many dedicated individuals and effective services, usually existing on short-term charitable funding. However, the team was unsuccessful in managing to recruit a specific Roma agency into the study but did hold meetings

with two organisations and met young Roma in Exchange House, Dublin. Dublin was also the only site where a focus group of young people (Irish Travellers and Roma) was facilitated. The research team also met with the founder of the Showmen's Mental Health Awareness Charity.

Levels of knowledge about mental health and access to services were found to be low and inconsistent in many communities, especially where levels of literacy were involved. An inability to read and understand what help might be on offer is clearly a huge barrier to the take up of help. When secondary mental health services were taken up, these had usually been signposted by a trusted local voluntary sector Gypsy, Roma, or Traveller organisation. Most of the UK does not have such locally based organisations, though there are a small number of national voluntary organisations offering advice and guidance e.g. Friends, Families and Travellers and The Traveller Movement. Everything these national and local organisations do, from advising on housing, finance, education, and discrimination can be viewed as services which promote better mental health.

It proved challenging to elicit data on the uptake and impact of services in the case studies, in part because the organisations studied tended not to have the resources to collect and analyse such data. Accurate data is always difficult to obtain about usage of services by Gypsy, Roma, and Traveller communities due both to non-reporting of ethnicity (for fear of discrimination) and because services at national and local level are not collecting data in ways that capture the range of ethnicities under the Gypsy, Roma, and Traveller 'umbrella'. This lack of disaggregation is a significant barrier in measuring the efficacy and impact of health interventions.

- York Travellers Trust
- Leeds GATE (Gypsy and Traveller Exchange)
- Lincolnshire Traveller Initiative
- Exchange House Ireland – National Travellers Service
- Cambridgeshire County Council Public Health Gypsy Traveller Health Team
- GATE Herts
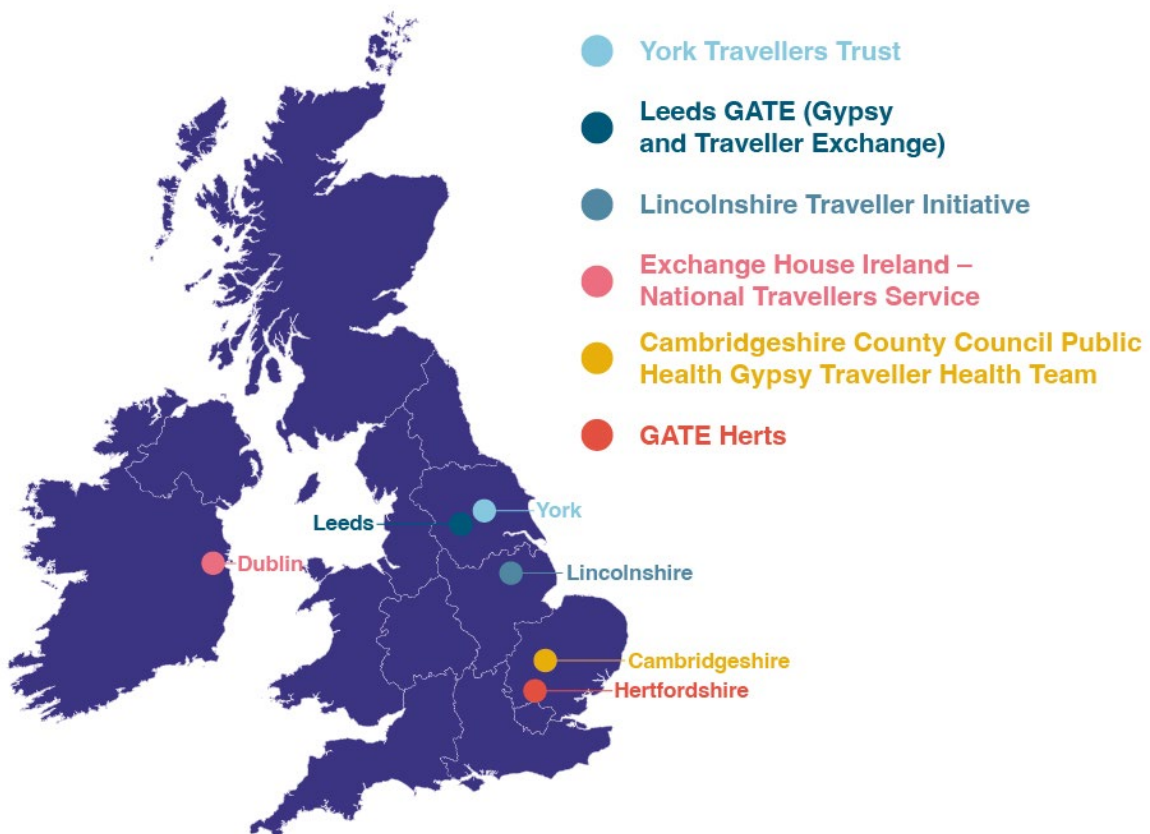
In the absence of nationally agreed data collection, there exists a wealth of research knowledge in recent reports (e.g., Van Cleemput, 2018; Greenfield and Rogers, 2020; Unwin, Meakin and Jones, 2020; Office for National Statistics, 2022) that all draw attention to similar issues around racism and the unacceptable levels of morbidity and mortality in these communities.

Key themes

Need for Statutory Funding

- The presence of the NHS, Public Health, or Local Government involvement in either funding or staffing the five English case studies was marginal. In contrast, Exchange House, Ireland was statutorily funded. The English case studies primarily existed via **short-term charitable funding** and came into existence via individual initiative, rather than any strategic planning. Hence the existence of such voluntary sector service is inconsistent and unsecure across the country, several regions having no such voluntary sector provision.

Trauma- Informed Approaches

- Many Gypsy, Roma, and Traveller people have led traumatic lives and have often experienced discrimination and racism from a very early age. Intergenerational trauma was very evident throughout the research and **trauma-informed approaches** were seen as essential if mutual understanding between professional and community members are to be established.

- There are currently very high numbers of Gypsy, Roma, and Traveller children in state care, which brings about trauma both for the children and for the families and communities affected. Therefore, there is a very understandable community **'fear' and mistrust of statutory services** e.g. fear of removal of children if mental health issues are shared.

Models of Service

- Most of the services studied were delivered in **co-production** i.e., by a blend of Gypsy, Roma, and Traveller community staff and non-community staff. There were mixed views expressed by community members as to whether or not they would work with staff who were not from their communities, but the current reality is that there are very few professionals with Gypsy, Roma, and Traveller backgrounds. There were excellent examples found within the research whereby individuals had overcome barriers, such as the lack of role

models and protocols or policies in their professions about how best to work with these communities. **The need for more Gypsy, Roma, and Traveller community members to be able to progress into paid and professional employment** was identified as being important if take up of mental health provision is to be maximised.
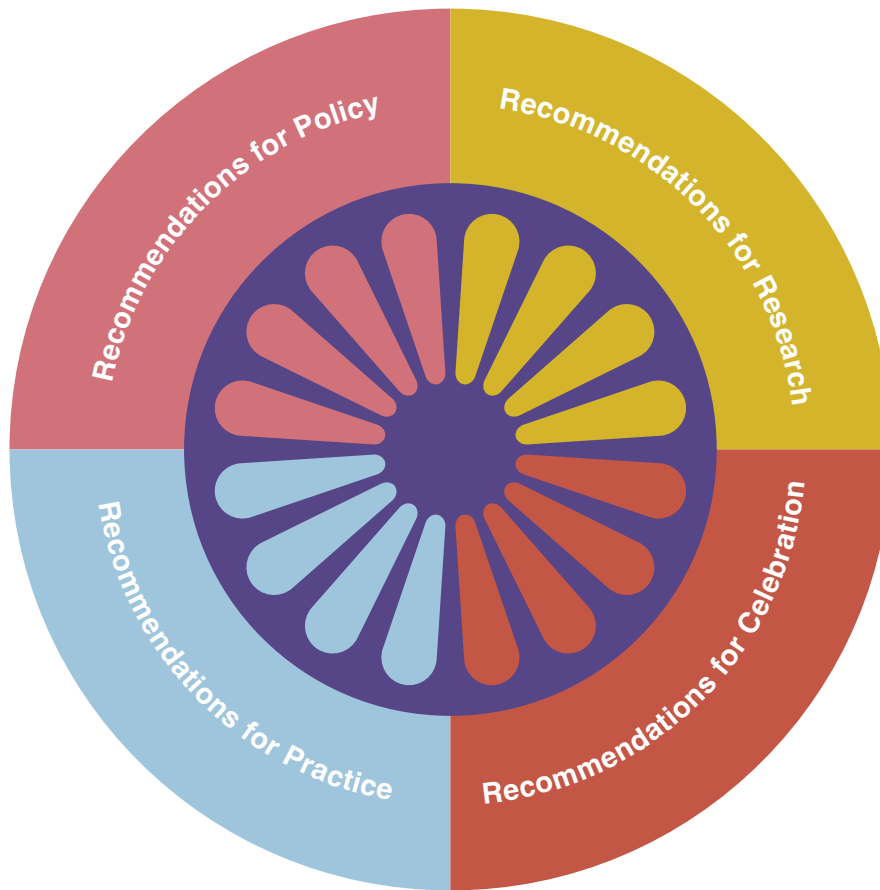
- There is an argument that mainstream services will only be accessed by Gypsy, Roma, and Traveller communities if professionals are able to demonstrate some degree of expertise and knowledge about such cultures. The development of **specialist services** is seen as one way of addressing the realities of the poor mental health outcomes of community members, with a view to establishing trust in mental health provision which could then lead to greater uptake of mainstream services, particularly if staff therein were appropriately educated and sensitised to the mental health challenges of Gypsy, Roma, and Traveller communities.

- The **'drop-in' services** which were studied as part of this project were highly valued by community members. These services were not badged as mental health services, but did deal with a wide range of problems from mental health through to neighbour disputes and financial difficulties. Such services appeared to be helpful in enabling staff to steer community members toward more specialised mental health provision. In some areas, **'Well Woman' groups** had developed which seemed to be a very healthy way of discussing community problems, including mental health. These groups often had local health specialists come and lead a discussion, and it was reported by community members that the knowledge gained from such groups was taken back to the communities. There was very little evidence of similar groups existing for men.

Data Capture and Access to Services

- There is a **lack of local and national data capture** regarding the take-up of mental health services by Gypsy, Roma, and Traveller communities. Where data is collected, it is rarely disaggregated - this has been a longstanding issue which prevents customised planning and associated investment in requisite services. There is also a need for local voluntary organisations to improve their data collections, and outcome and impact measures if they are to attract future funding.

- **Waiting lists and digital forms of access do not fit with the needs of many Gypsy, Roma, and Traveller communities.** Traditionally, medical help has been sought when needed and the concept of waiting lists is alien. Hence, other ways of approaching mental health access, particularly of preventive service, is a challenge.

Cultural Considerations

- Structural and systemic factors mean that there is still considerable **shame and stigma** associated with mental health in some Gypsy, Roma, and Traveller communities. Some communities do not recognise the term 'mental health', using alternative terms such as 'bad nerves'. There are challenges to openly talking about mental health or 'bad nerves'.

- **Low literacy levels** acted as a barrier to being able to access mental health support. At present, much of the information sent out by mental health organisations to individuals is not in a format that people with low levels of literacy can understand, leading to many missed appointments. Investment in literacy and the need for promoting services in ways that are accessible is fundamental if mental health in these communities is to be improved.

- **Services find it hard to engage men**, this reluctance being compounded by structural barriers discussed elsewhere in this report. Some men remain reluctant to acknowledge mental health problems because these are traditionally seen as signs of weakness.

- There is a **need for gender sensitivity** when delivering services to Gypsy, Roma, and Traveller people. In some cultures, it would never be acceptable for a woman to be alone with a male health or social care professional.

- There is a lack of **cultural awareness and training** among mainstream mental health staff. The absence of basic understanding about the different norms and mores within the different Gypsy, Roma, and Traveller cultures prevents services being effectively utilised. Several interviewees mentioned how time that should have been spent on their own therapy, was taken up by them explaining Gypsy or Traveller culture.

Recommendations

Recommendations for Policy

- To counter the distrust between Gypsy, Roma, and Traveller communities and statutory health and social care services, a long-term and meaningful investment in co-production in the planning design and delivery of mental health services should become the norm across all Integrated Care Systems and mental health providers. All of the 'Best Practice' sites in this research report modelled effective co-production.

- There is a need for better epidemiological data about the prevalence of Gypsy, Roma, and Traveller communities, and a need for NHS England to deliver on its strategic commitment to ensure datasets are timely and complete and, in particular, to establish data collection systems which appropriately disaggregate data regarding Gypsy, Roma, and Traveller people who access NHS services.

- Building upon NHS England's Core20PLUS5 approach, the Department of Health and Social Care (DHSC) and the NHS should develop a national comprehensive strategy for mental health that considers the unique experiences of the Gypsy, Roma, and Traveller community. These experiences should also explicitly be considered within NHS England's upcoming framework for action on inclusion health.

- Local Authorities should use their community development plans as an opportunity to support engagement with local Gypsy, Roma, and Traveller groups, overturning the current "postcode lottery". Such groups could then be used to promote positive mental health using customised materials. 'Well Woman' groups hold great potential here.

- Statutory authorities, commissioners, and civil society funders should invest ring-fenced community development monies into pump priming voluntary sector Gypsy, Roma, Traveller organisations in areas where none currently exist. Where groups do exist, resources should be directed at improving the viability of existing voluntary organisations.

- DHSC, NHS England, and all Integrated Care Systems should ensure that national and local mental health and suicide prevention policies take specific account of the needs of Gypsy, Roma, and Traveller communities.

Recommendations for practice

- Specific anti-racist training relating to Gypsies, Roma, and Travellers should be mandated in all qualifying and post-qualifying training in the health and care sector, preferably led by people with lived experience. Anti-Gypsyism should be highlighted in this training and in agencies' equality, diversity, and inclusion strategies and policies.

- All health and social care diversity training courses should include an anti-racist Gypsy, Roma, and Traveller focus as a mandatory requirement.

- The NHS should prioritise investment in training members of Gypsy, Roma, and Traveller communities in mental health first aid so that they can act as mental health champions and educate, reassure, and signpost to relevant services.

- As pledged in the NHS Long Term Plan, Integrated Care Systems and mental health providers should ensure that a trauma-informed approach is implemented to support professional staff and community members to understand and respond to the impact of trauma on people's lives.

- Adult literacy and vocational training courses should be recognised as legitimate forms of mental health promotion. Such services have a significant role to play in the raising of self-esteem and subsequent promotion of good mental health.

- Further to its strategic commitment to improve the gathering of ethnicity data, NHS England should publish standards to ensure that local data collection is improved across both statutory sectors and voluntary Gypsy, Roma, and Traveller organisations – without good data and understanding, investment in services is unlikely to happen.

- Integrated Care Systems and Local Authority Public Health teams should allocate health visitors and district nurses to local Traveller sites and communities in order to build and strengthen relationships.

- Integrated Care Systems and Local Authority Public Health teams should enable both funding and provider organisations to work in co-production in the evaluation of their services, particularly with a view to their replicability.

- Integrated Care Systems and Local Authority Public Health teams should offer a greater immediacy of access to services, even where these are simply holding services - community members might be well-placed to develop such services.

- The NHS Race and Health Observatory should ensure that the extensive resource lists appended to this report be widely disseminated across all voluntary and statutory organisations involved in Gypsy, Roma, and Traveller mental health. This repository of written and audio-visual knowledge is particularly rich in its representation of Gypsy, Roma, and Traveller lived experience.

Recommendations for research

- Research funders, should recognise the need for research that addresses the particular sensitivities regarding the mental health issues of Gypsy, Roma, and Traveller peoples in the UK.

- Further evaluation of initiatives to prevent the occurrence of suicides after the bereavement of a family member or friends should be undertaken.

- The few men's Gypsy, Roma, and Traveller groups in existence should be involved in research into their needs and experiences in order to establish what works in this neglected area of mental health.

- The potential of faith-based organisations in providing mental health support to Gypsy, Roma, and Traveller communities should be further researched.

Recommendations for celebration

- The creative industries and arts sectors have a role in the promotion of positive images regarding Gypsy, Roma, and Traveller lives. Creative arts can be used as therapy to process, express, and mitigate poor mental health.

- Events such as 'Gypsy, Roma, and Traveller History Month' should be celebrated within school, health, and social care services.

Introduction

The terms 'Gypsy, Roma, and Traveller' are variously used to describe a wide range of ethnic groups or people who have nomadic ways of life as part of their historic and present-day practice. Romany Gypsies, Welsh Gypsies, Irish Travellers and Scottish Gypsy Travellers all have protected ethnic status under the Equality Act, 2010. Other groups share nomadism through employment such as Showmen and boaters, or through lifestyle choices - such as new travellers - but do not have protected status under the Equality Act, 2010.

Nomadic peoples were first noted in the UK from around 1000 AD, but the peoples known as Gypsies have been recognised since the 14th Century - Irish Travellers and the Scottish Gypsy Travellers. The Romany people (English and Welsh Gypsies) migrated west from India through Europe in the late 1400s and have been present across the UK ever since. Eastern European Roma migrants have been present in significant numbers since the 1980s.

In days gone by, trades undertaken by Gypsies and Travellers would include working the land on a seasonal basis, moving according to established routes around the UK. Trades included selling door to door (known as hawking); entertaining through music, dance and storytelling; horse dealing; scrap dealing; landscaping; tarmac laying and blacksmithing; basket-making and peg-making. All of these are trades which could be taken on the move, although these types of trades are increasingly difficult to retain as part of a traditional way of life due to changes in legislation, greater mechanisation, and workplace demands for higher literacy and IT competence. These declining work opportunities, plus experiences of discrimination, impact on finances and self-esteem, with consequent challenges to identity, family roles, and overall mental health.

Gypsies and Travellers were able to self-identify in the census for the first time in 2011, followed by Roma in 2021. There is, however, only one category for Gypsy/Traveller in the census and this exacerbates a lack of understanding that Gypsies and Travellers are distinct and separate ethnicities, with different origins. Moreover, there is often a reluctance to self-declare ethnicity due to a fear of discrimination, particularly for families living in bricks and mortar.

Previous research by The Traveller Movement (2022), found that, based on an online survey of 214 Gypsy, Roma, and Traveller community members from across the UK, 76% have hidden their ethnicity to avoid discrimination. This is concerning in itself as hiding a stigmatised identity is recognised as psychologically damaging (Newheiser and Barreto, 2014), but also presents a significant structural barrier. Without disaggregated census data, a more

accurate estimate of population sizes is not available, meaning service provision, which flows from the data, is not properly designed or targeted to meet the distinct and separate needs of Gypsies, Roma, and Traveller communities.

Gypsy, Roma, and Traveller communities regularly experience racism, discrimination, and inequality when trying to access services (see The Traveller Movement, 2017; Greenfields and Rogers, 2020; Unwin, Meakin and Jones, 2020). There are also significant broader barriers to accessing accommodation, education and employment which impact Gypsy, Roma, and Travellers' ability to actively and equitably participate in society. Many communities are subject to harmful stereotypes and bias, which are perpetuated by outdated understanding and false narratives, driven in part by negative media portrayal of marginalised groups. Many Gypsy, Roma, and Traveller communities and professionals are unaware of their protected characteristics under the Equality Act, 2010, and practice has failed to provide effective levels of protection under this legislation.

Although most Gypsy, Roma, and Traveller communities see travelling as part of their identity, individuals and families can choose to live in a variety of ways. However, many migrant Roma have not travelled for many centuries and do not see it as part of their identity in the UK. Statistics regarding the accommodation of Gypsy, Roma, and Traveller communities are acknowledged as not being accurate. In the 2011 Census, 58,000 people identified themselves as Gypsy or Irish Traveller. The census also indicates that the majority of Gypsies and Irish Travellers in England and Wales (76% or 44,000) lived in bricks-and-mortar accommodation and 24% (13,920) lived in a caravan or other mobile or temporary structure (Office of National Statistics Census, 2011).

A very small percentage of people travel regularly, most being settled on sites. The lack of site provision has made moves into brick and mortar inevitable for many, a process which, in itself, can be viewed as a form of 'forced assimilation'. Some families live in settled accommodation during winter or school term-time and travel during the summer months. Being settled makes it easier to access services and education. However, people may still retain a strong commitment to Gypsy, Roma, and Traveller cultures and traditions, irrespective of their accommodation type.

Roma, despite a long history of travelling, live predominantly in housing within the UK. Gypsy, Roma, and Traveller communities face some of the starkest inequalities in healthcare access and outcomes amongst the UK population, including when compared with other minority ethnic groups. The reasons for these poor physical and mental health outcomes are complex, but include the impact of racism, discrimination, stigmatisation, and lack of equal access and the effects of wider social determinants of health (Friends, Families and Travellers, 2022).

Despite a plethora of reports on the subject and research projects in recent decades (e.g., Parry et al., 2004, 2007; House of Commons Women and

Equalities Committee, 2019; Greenfields and Rogers, 2020; Office for National Statistics, 2022), the learning from research and evidence-based practice does not appear to have had tangible positive benefit on community health outcomes. The findings and recommendations of such reports are usually remarkably similar, but rarely implemented. For example, Parry et al. (2004) reported that Gypsies and Travellers were significantly more likely to have a long-term illness, health problem, or disability; had more problems with mobility, self-care, usual activities, pain, discomfort and anxiety or depression; and reported higher rates of chest pain, respiratory problems, arthritis, miscarriage, and premature death of offspring. These health conditions remain prevalent in contemporary Gypsy and Traveller communities and, although there has been significant investment in academic research, this has not had any systematic impact. Indeed, the wider environment in which Gypsies, Roma, and Travellers live might be seen as increasingly oppressive.

Even within the period of this research, the Police, Crime, Courts, and Sentencing Act, 2022, became law in England and Wales, criminalising a nomadic way of life that has existed for centuries in the UK. It is this macro level of societal discrimination that provides the backdrop for mental health issues experienced throughout a range of Gypsy, Roma, and Traveller communities. This is seen by many as a form of state-sanctioned oppression which consolidates deeply entrenched stereotypes and racism directed by wider society, towards Gypsy, Roma, and Traveller communities.

**Summary of Key Inequalities Faced
(Friends, Families and Travellers, 2022)**

- Romany and Traveller people face life expectancies between ten and 25 years shorter than the general population.

- Romany and Traveller people experience significantly higher prevalence of long-term illness, health problems or disabilities, which limit daily activities or work.

- The health of a Romany or Traveller person in their 60s is comparable to an average White British person in their 80s.

- An All-Ireland study (2010) found that suicide prevalence is six times higher for Irish Traveller women than women in the general population, and seven times higher for Traveller men.

- 60% of Roma Support Group's migrant Roma beneficiaries are reported to have poor physical health, with 43% of Roma beneficiaries of the above reported to suffer from poor mental health.

View the full Briefing here: www.gypsy-traveller.org/resource/briefing-health-inequalities-experienced-by-gypsy-roma-and-traveller-communities/

'Top-Down' Initiatives

There have been a number of government and NHS initiatives over the years which have attempted to address some of the discriminatory issues highlighted in this report, but none of these has been shown to have any significant systemic effect, hence the continued stark disparities in health outcomes. Since Parry et al.'s (2004) health status study, the Department of Health has recognised the extreme health inequalities experienced by Gypsies and Travellers and the need for specific action to reduce such inequalities and to improve access to health care.

The then Department of Health trialled innovative approaches to some of the health access problems experienced by Gypsies and Travellers as part of its Pacesetters Programme (Department of Health, 2007), based on partnership working with local communities who experience health inequalities. The then Secretary of State for Health, through the Section 64 General Scheme of Grants (S64 of the Health Services and Public Health Act 1968), made grants to several voluntary organisations working with Gypsies and Travellers in England whose activities supported the Department of Health's policy priorities at that time. No records could be located regarding any legacy or effectiveness of these funded initiatives.

The publication of the Primary Care Service Framework: Gypsy and Traveller Communities (NHS PCC, 2009) did recognise issues of discrimination and was intended to equip commissioners with the knowledge and skills to deliver accessible primary care services, over and above mainstream services.

However, Van Cleemput's research (2010) found that there were continuing inequalities across access to health care brought about by discriminatory practices, including the refusal of some General Practitioners (GPs) to register Gypsies and Travellers. Further guidance was produced in 2018 regarding the obligation to register non-local patients (NHS, 2018), followed by the British Medical Association (BMA, 2022) re-emphasising that GP practices cannot refuse registration due to ethnicity.

The Women and Equalities Committee (2019) drew further attention to discrimination within health services and the exclusion of Gypsies and Travellers from Clinical Commissioning Groups and Joint Strategic Needs Assessments. The need for training and action in these areas were recommended but, again, there is no evidence to suggest any systematic adoption of such recommendations. Subsequent advice, the Inclusion Health: applying all our Health initiative (Gov UK, 2021) did specifically mention Gypsy, Roma, and Traveller communities as being among the excluded UK communities who underuse health services.

This latter report advocated that Joint Strategic Needs Assessments must include provision for the needs of such groups, and that initiatives around training, skills and impact measures should be put in place. Disappointingly, the subsequent 'Inclusive Britain update report' (Gov UK, 2023) makes much of the need to disaggregate ethnic minorities by dropping the generic term 'BAME', but makes only five mentions of Gypsy, Roma, and Traveller communities, all in relation to their negative educational attainments.

Its 74 recommendations say nothing at all about the health outcomes or discrimination experiences of Gypsies, Roma and Travellers. It is essential that any future governmental or local initiatives regarding mental health policies and practice with Gypsy, Roma, and Travellers incorporates measures of impact and effectiveness. The Welsh government's 'Travelling to Better Health' strategy (Welsh Government, 2015) is a good example of such a model [(www.gov.wales/ sites/default/files/publications/2019-04/travelling-to-better-health.pdf)](www.gov.wales/sites/default/files/publications/2019-04/travelling-to-better-health.pdf) Contemporary funding streams that are variously made available by statutory bodies to encourage community development do not tend to specifically 'ring fence' such monies to Gypsy, Roma, and Traveller developments. This is part of the reason that the small number of projects identified in this current research seem to have come about via the initiatives of local 'champions', rather than any top-down strategic approach.

Project Design and Methodology

This present research project was a joint venture between the University of Worcester, GATE Herts. and the Gypsy, Roma, and Traveller Social Work Association. It was commissioned by the NHS Race and Health Observatory to explore interventions aimed at improving access, outcomes, and experiences for Gypsy, Roma, and Traveller communities interacting with mental health services in the UK.

The research team included individuals from Irish Traveller, Welsh Romany Gypsy, and English Romany backgrounds who were able to identify both personally and culturally with many of the mental health stressors affecting their communities, such as high rates of suicide (Millan and Smith, 2019) and the high numbers of children removed into state care (Allen and Hamnett, 2022).

Approval was gained from the University of Worcester Health and Sciences Research Ethics Committee, after which an operational group was established which consisted of community members, academics, and practitioners. A reference group was also formed, involving additional community members. The groups met every two months to update progress and emergent findings. The research team met every six weeks with a representative of the NHS Health and Race Observatory for a progress report. Supplementing the below literature review, web-based searches were made of contemporary videos and training resources which are presented in Appendices 1 and 2, as useful tools in bringing about culture change.

The research team approached a significant number of Gypsy, Roma, and Traveller organisations via the internet and known networks, hoping to find examples across the UK which involved different cultures, ages, and services. They also aimed to compare services which were variously led by members of Gypsy, Roma, and Traveller communities and by 'mainstream' professionals, the lived experiences of the research team suggesting that these factors were key to take-up. The research team followed local advice about the best ways of engaging the local population, recognising that some people were prepared to speak about the sensitive topic of mental health in front of peers, whereas others found the privacy of semi-structured individual interviews more appropriate. Both interviews and focus groups were audio recorded and transcribed. Draft reports were shared with the participating organisations to verify accuracy and to model the research team's co-productive approach.

Six organisations were chosen as case studies for best practice in providing mental health support to Gypsy and Traveller communities. Four of the selected organisations arranged focus groups, one arranged both a focus group and individual interviews, and one arranged interviews only with their community members around perceptions of mental health problems, coping strategies and expectations of mental health services.

The research team had originally aimed to study mental health services that were specific to Roma and Showmen. However, Roma support services proved more difficult to engage with and are not included here, although key messages from the Roma Mental Health Advocacy Project and the views of staff from Roma organisations are included in chapter x of in this document (p. xx). Similarly, interviews were held with the founder of the recently formed Showmen's Mental Health Awareness Charity, though it did not prove possible to interview any community members at this stage in the charity's development.

Evidence

Literature Review

'Good mental health is integral to human health and wellbeing. A person's mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk.'
World Health Organisation (2014) Social Determinants of Mental Health, p. 9

It is estimated that there are approximately 300,000 Gypsies, Roma, and Travellers living in the UK (Traveller Movement, 2021). These communities have been described as some of the most vulnerable and marginalised ethnic groups in British society, as reflected by poor access to education, poor health, unequal access to services, and experiences of multiple and acute forms of social exclusion (Equality and Human Rights Commission, 2016; Ryder, 2014). People from these communities have been reported as having the poorest health of any ethnic minority group in Britain and worldwide (Van Cleemput, 2018; Condon et al., 2019). However, evidence of their health status is largely taken from their own perceptions of health, rather than actual epidemiological studies.

Many Gypsy, Roma, and Traveller communities distrust officialdom, have high levels of illiteracy, and underutilise health care, thus limiting the possibility of collecting objective data (Smith and Ruston, 2013). Being less likely to access health services than the general population results in a lack of statistical information about the prevalence and perceptions of mental health problems within these communities in the UK.

Greenfields and Rogers (2020) highlighted the 'ripple effect' of hate crime on Gypsy and Traveller mental health. Their findings further reinforced previous evidence for other populations, that being a victim of hate crime has a greater impact on the emotional wellbeing of victims than non-hate crimes, with potentially devastating effects which may be linked to and exacerbate the risk of suicide. The Greenfields and Rogers (2020) research found that 100% of Welsh Gypsies, 82% of Irish Travellers, 80% of Scottish Travellers, and 32% of Romani Gypsies reported having relatives who had attempted suicide in the previous five years. These figures are very significantly higher than for all other ethnic minorities in the UK. Participants in the present study have repeatedly stressed the persistent grinding and demoralising effect of hate crime, hate speech, and discriminatory representations of their communities on their lives.

Rogers and Greenfields (2017) also conducted a review of the small amount of data they could find on premature death and grief behaviours amongst British Romany Gypsy and Traveller populations. They found that within Gypsy and Traveller communities, there exists a cultural practice of not discussing death and a predominant need to 'protect' family at any cost, particularly amongst women who consistently put the care and protection of other family members above their own health and wellbeing (Rogers and Greenfields, 2017).

They also highlight the existence of cultural taboos regarding matters of mental health, explaining '…those interviewed felt unable to seek help within the community, suggesting that the extended family structure can both be an advantage and disadvantage – supporting an individual at times of need yet hindering engagement with mental health services' (Rogers and Greenfields, 2017, p. 100). It is therefore difficult to accurately assess the full extent of mental health issues experienced by Gypsies and Travellers, a problem which is significantly exacerbated by the lack of ethnic monitoring of Gypsies and Travellers within categories of service users accessing health services (Greenfields, Cemlyn and Berlin, 2015, in Rogers and Greenfields, 2017).

Mental health services have comparatively little contact, and therefore limited knowledge and poor understanding of, Gypsy, Roma, and Traveller communities. This lack of contact will, by the same token, tend to lead to an apprehensive and negative view towards this population. It is through mutual contact and the building of working relationships that this fear of 'the other' can be challenged and changed (Heaslip et al., 2019).

The reluctance to seek mainstream community contact with regard to health and disability can be partially put down to the stoicism of people within many Gypsy, Roma, and Traveller communities (Van Cleemput, 2010). Cooper (2007) carried out a qualitative study with 27 Gypsies and Travellers (individual interviews) who had experienced ill health. Their own poor health, and that of extended family members, was normalised and accepted. Four main themes emerged relating to health beliefs and the effect of lifestyle on health for these respondents: the travelling way; low expectations of health; self-reliance and staying in control; fatalism and fear of death. Among Gypsies and Travellers, clear cultural beliefs and attitudes underpin health-related behaviour, and health experiences must be understood in this context. In this group, ill health is seen as normal, an inevitable consequence of adverse social experiences, and is stoically and fatalistically accepted. (Van Cleemput, 2007, p. 205).

Van Cleemput (2007) has also highlighted the impact of accommodation on health, stating that while it might seem of benefit to move into housing for easier access to support and services, 'the psychological impact of giving up a travelling lifestyle and the potential 'culture shock' can counteract this perceived benefit.' (Van Cleemput, 2007, p. 111). Van Cleemput's (2010) research went on to state that the 'threat to the travelling way of life…was strongly associated with a negative health impact.' (Van Cleemput, 2010, p. 316).

The history of discrimination and perceived social policy of assimilation has made it difficult to engage with Gypsy, Roma, and Traveller communities for research. Condon et al. (2019) emphasise the challenges faced when aiming to conduct research with 'hard to reach' groups, defined as socioeconomically disadvantaged, socially excluded and seen as 'hidden populations' consisting of those who do not want to be identified. Lack of trust, fear of harm, and ingrained cultural beliefs, especially relating to sensitive health-related matters, are considered key barriers to recruiting Gypsies, Roma, and Travellers for research (Condon et al., 2019).

Treise and Shepherd (2006) conducted qualitative interviews with nine women from Gypsy and Traveller communities, aged between 20 and 50, exploring their perceptions of mental health problems. The aims were firstly to explore Gypsy and Travellers' perceptions of mental health problems, their coping strategies, and expectations of mental health services; and secondly to inform the development of a culturally relevant mental health service to meet their needs (Treise and Shepherd, 2006, p. 16). It was found that the women recognised signs of poor mental health and distress but with a tendency to downplay these signs as 'feeling down was regarded as a poor excuse for failure to keep up with day-to-day chores…' (Treise and Shepherd, 2006, p. 17). Perceived causes of mental distress included many factors such as present and future accommodation worries, poverty, childcare and giving birth, keeping up with cleanliness in trailers, living close to other families, and bereavement, the latter having a particularly strong impact within close communities.

The current suicide prevention strategy in England states clearly that tailored support should be developed for Black, Asian and minority ethnic (BAME)[1] groups and that 'community initiatives can be effective in bridging the gap between statutory services and Black, Asian and minority ethnic communities, and in tackling inequalities in health and access to services' (Department of Health 2012, p. 7). However, this study makes no specific reference to Gypsy, Roma, and Traveller communities. Friends, Families and Travellers (2022) further noted that out of 89 suicide prevention plans in England, only five mentioned Gypsy and Traveller communities and only two list any action plan strategy. This latter report also highlighted the chronic exclusion of Gypsy, Roma, and Traveller communities across all areas of healthcare, their invisibility in datasets, the lack of trust in services, refusal of registration in primary care, and mental health inequalities including very high rates of anxiety.

Leeds GATE (2020) undertook a project entitled 'Don't Be Beat', which was concerned with advocacy, support, and training for Gypsies and Travellers in respect of mental distress and suicide. This report recommends that community wide support and interventions be established to address the negative impact

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[1]The research team are aware that 'BAME' is no longer an acceptable term of use as it fails to disaggregate between ethnicities. Similarly, this report does not use the term 'GRT' as this also fails to disaggregate between ethnicities.

suicide has on familial and community networks, including copycat and cluster suicides, also that all those concerned about suicide should have access to support and information.

As can be seen from the above literature, there are many complexities in approaching and discussing the areas of mental health across communities where stigma, shame, previous negative experiences, and an unfamiliarity with the concept of preventive services all present barriers.

The present research, while acknowledging the significance of these barriers, set out to identify examples across the UK where examples of positive engagement with mental health services had occurred, with a view to making recommendations about their transferability to other areas.

Case Studies - Gypsy and Traveller Support Organisations

Findings from Focus Groups and Interviews

Cambridgeshire County Council Public Health Gypsy Traveller Health Team

Background

Cambridgeshire County Council Public Health Gypsy Traveller Team hosts a range of Traveller services in partnership with the local health trust. Key staff within this initiative include a lead nurse, a project development worker from the county council, an adult education worker funded by the health trust, an advocate service worker from Ormiston Traveller Initiative, and a community development worker. These professionals work together with the aim of providing a Gypsy Traveller health team that supports all areas of health, wellbeing, child and adult education as well as a men's group and general advocacy for items such as benefits, social care, and planning issues. The research team were particularly focused on the Gypsy Traveller Health Team and their 'drop-in' service which caters for approximately 20 community members per week. Two of the key professionals were themselves Romany Gypsies, but unlike the other five case studies, theirs was not a charitable organisation.

"It's difficult. I think it's difficult for men to talk about. No one likes to admit that something's going wrong for him. He has to be the big man."

Key learning from engagement

Interviewees stated that they relied on the drop-in service and its staff, who had been a constant presence for several years and had rich relationships

with the local families. These staff were available and responsive at all hours and often arranged medical appointments, as well as explaining systems and correspondence. Medication seemed to have been the only offer from local GPs who were reported as being very good, in contrast to experiences elsewhere in the country. Levels of knowledge were low about alternative therapies, about coming off medication and about the effects of recreational drugs, usage of the latter by some community members being a cause for concern.

Replicable good practice

1   Weekly drop-in advice and advocacy session

2   Focus on literacy and routes to employment

3   Funded by statutory agencies- County Council and NHS

4   Community members employed in lead roles

Exchange House Ireland – National Travellers Service

Background

Exchange House Ireland National Travellers Service is an organisation of Traveller and non-Travellers and a leading provider of front line and support services to some of the most marginalised Travellers in Ireland since 1980. Exchange House provides services for over 50 community members per week and carries out 400 case work interventions per year. Ireland has a national suicide prevention strategy for Travellers and Exchange House, although based in Dublin, has a national reach. It is holistic in its range of services from a 'Man's shed' project to teaching basic literacy and computing skills to adults and young people. They receive core state funding and employ social workers, which also differentiates them from any UK services and helps break down barriers when compulsory interventions may become necessary. Exchange House is run by a mixture of Traveller and non-Traveller staff, and they employ their own mental health and suicide prevention workers, some of whom are Travellers.

Exchange House produce Traveller-led videos about suicide prevention and have a service called 'Travelling to Wellbeing', which has a recovery-focused model of local mental health service provision within a community development context. They have a strong celebration of culture ethos, which includes the use of art, music, and poetry. They recently organised a concert, attended by

members of the research team, which had an anti-suicide message. Men and women spoke and delivered poems and sketches about their own mental health journeys, suicidal ideations, and family loss, using the arts as a medium to get discussions going and help change attitudes.

Another strength of the service is its family approach to mental health difficulties. Young people informed staff that parents would be their first port of call if mental health was a problem - hence parents are educated about appropriate responses so that they can help or 'hold' their children, while professional help is sought. Response times to getting professional help seemed swift, particularly when compared to reported delays in the UK system. Exchange House receives both state and charitable sector funding.

> *One girl said that sometimes she is nervous to tell people her surname in case she is judged and said she has often pretended to be someone else.*

Key learning from engagement

Traveller Youth Focus Group

A youth focus group was held with a group from Longford, made up of nine girls and six boys. The group was split into smaller groups to encourage debate on the sensitive topic of mental health. Some examples of the emergent themes and perspectives being given below, with a focus on the girls' groups:

Feeling Judged

One group expressed feelings of humiliation at being followed around shops. They felt judged by the way they looked and by their accents and felt like every time they were in a shop, they were made a spectacle of. This seemed quite raw, and the girls were animated in their descriptions. One girl said that sometimes she is nervous to tell people her surname in case she is judged and said she has often pretended to be someone else.

Feeling scrutinised

The girls talked about the pressures of social media, and how people shame them for their looks, home lives, and appearance. They explained that they felt pressurised to always appear nicely dressed and fully made up. They were cautious of family members posting pictures of them on social media, because if the photo was less than perfect, other people could screen grab it and use it against them to troll them later. How others perceived them was always on their minds.

Mutual support

The girls talked of supporting each other through the tribulations of life and that they could confide in their mums if necessary. They said that if one of them was struggling, they would recommend seeking advice from a professional although they did not know where to signpost them.

Exchange House Staff, Community Members and Research Team (Jan 2023)

They said the best thing about being a Traveller was the fact they had large families and there was always someone around. The worst thing about being a Traveller was the fact that, as Traveller girls, people think they had no hopes or dreams, unlike most other young women from all other ethnicities.

Replicable good practice

1 Comprehensive set of recovery-focused services including a 'Men's Shed'.

2 Focus on literacy across the ages and routes to employment.

3 Statutory funding includes social workers being based on site.

4 Significant range of creative arts and young people's services.

GATE Herts

Background

GATE Herts is a Traveller, Gypsy led organization working in Hertfordshire. This service has been established since 2010 and became a registered charity in 2019. Their aim is for Gypsy, Roma, and Travellers to be heard, included, and valued in all areas of life. They work in partnership to address and develop skills of members of the community through identifying housing, education, employment, and health needs, all of which can be seen as contributing to the promotion of good mental health. There are 40 to 50 case work interventions for community members every week. The organisation employs five staff and core funding is charitable funding, with occasional funding from local council and health organisations.

In September 2022, GATE Herts hosted an information event in collaboration with Hertfordshire County Council, to mark World Suicide Prevention Day, highlighting to professionals and local voluntary organisations the challenges and barriers community members face in relation to mental health, high suicide rates, and difficulties in accessing support. It was also an opportunity for people from the Gypsy, Roma, and Traveller communities to learn more about support services available locally and nationally. See Appendix 1: The Public Mental Health & Suicide Prevention, Gypsy, Roma, and Traveller Community Project Plan.

In the feedback from professionals and organisations attending the World Suicide Prevention Day, 89% agreed that organisations and professionals would benefit from cultural competency training to engage with Gypsy, Roma, and Traveller communities. The following comment supports this opinion:

> *"Yes, I think most people don't have empathy or understanding about the community because they don't know them or about their cultures and traditions, this [the training] would help create more understanding, empathy and remove bias and stereotyping".*

Bereavement Suicide and Support

GATE Herts, in partnership with the Public Health Team at Hertfordshire County Council, have recently been exploring ways to combat local challenges associated with the high levels of suicide and subsequent 'copycat' suicides among local Gypsy and Traveller families. See Appendix 2 for the Bereavement Service in Hertfordshire.

The purpose of the bereavement service is:

1. To review the existing pathway for support for those bereaved by suicide in Hertfordshire and make adaptions for Gypsy, Roma, and Traveller people in Hertfordshire.

2. To design, implement, monitor, and evaluate a peer support group for Gypsy, Roma, and Traveller people affected by suicide in Hertfordshire.

3. To achieve these tasks using a co-production approach with community members and partner organisations.

The aim of the bereavement service is to promote mental health and suicide prevention bereavement support specifically targeted at the Gypsy, Roma, and Traveller communities in Hertfordshire, and to ensure they align to the needs of the specific population being appropriate and responsive to their needs. Also, the planned service aims to facilitate organisational learning to improve services for the Gypsy, Roma, and Traveller communities, making them more responsive and culturally appropriate.

Key learning from engagement

Focus Group

The GATE Herts group, made up of Irish Travellers and English Romanies, spoke very openly about mental health and gave multiple examples of families being torn apart by suicide and bereavement. They were hopeful that the planned bereavement suicide outreach project would be effective in breaking this cycle. There were opposing views expressed by those in the group who had been signposted by GATE Herts to services – some reports were that local counselling and bereavement support services had been very helpful, whereas others reported never going back to a mainstream service a second time due to a lack of first time welcome –"I got the feeling I wasn't welcome there as a Traveller – it was nothing that was said, more what wasn't said'.

Despite men in the group speaking candidly about menfolk they had lost and their own struggles, they were rather despondent about the idea that much could be done or that their stoic male culture of "bottling things up" would change very soon. There was some support for the idea that men's activities might work if presented with a sports or similar focus, rather than being marketed as 'mental health' or 'well-being' groups.

GATE Herts were seen by community members as the 'one-stop' shop for everything from accommodation issues through to mental health worries.

Replicable good practice

1 Bereavement suicide and support initiative.

2 Development of close working relationship with the public health team including

3 Health Improvement Coordinator post.

4 Mental health advocacy service delivered by community members.

5 Drop-in sessions throughout the week.

Leeds GATE
(Gypsy and Traveller Exchange)

Background

Leeds GATE is a charity based in Leeds. It was established and founded in 2003 and is led by Gypsy and Traveller people in partnership with others in and across West Yorkshire. Their aim is to improve the quality of life for Gypsy and Traveller People and support issues that may be affecting lives and to build confidence. The services offered to families and individuals within this aim are learning new skills such as literacy skills and support services to improve physical and mental health as well as education, advocacy, and inclusion support. There are 24 staff employed within Leeds GATE. During the past year approximately 1000 welfare calls were made, and 67 other activities were carried out to support community members. Charitable funding is core for this organisation, with occasional funding from the local council and health organisations.

Leeds GATE are the only organisation of the six case studies in this report to own their own building, which was made possible with the help of the Lankelly Chase Charity.

In 2020, Leeds GATE produced a comprehensive and insightful report 'Don't Be Beat', which greatly informed the current research project. They also trialled safeTALK, an 'off the shelf' suicide prevention training course which was, however, frankly critiqued as not sufficiently customised to Gypsy and Traveller communities and quite complex to use (see Resources listed at Appendices 3 and 4 for suggestions regarding other videos / short courses). In common with the Cambridgeshire Gypsy Traveller Health Team and GATE Herts, Leeds GATE found that informal and casual contacts were the best way to communicate mental health and anti-suicide messages, which could then lead, as necessary, to more formal professional mental health input.

> *"My mam always told me that 'the social' would take me away even if I did little things like run around outside with no shoes- so it's in me that if I did something like say I had suicidal thoughts, they were bound to take my children away. So I just suffered and told no-one".*

Key learning from engagement

Focus Groups

Community members

Focus groups were arranged with 20 community members and Leeds Gate service users, to discuss perceptions of mental health services and help-seeking behaviours. Several issues were raised, especially concerning perceived outcomes from opening up about psychological struggles:

- Fear of child removal if a mental health problem was divulged - "My mam always told me that 'the social' would take me away even if I did little things like run around outside with no shoes- so it's in me that if I did something like say I had suicidal thoughts, they were bound to take my children away. So I just suffered and told no-one".

- Need for relationship-based practice – "I poured my worries out to the GP after months of bottling it up- she was very kind…gave me a phone number for counselling. I just could not face talking to a stranger on the phone and going through everything again. I put the number in the bin".

- Social media has a very negative effect on many of our youngsters – "you've got to look like this, got to have those trainers etc. They even tell you how to kill yourself".

- "I wouldn't go to mental health services. I go to Leeds GATE. They understand me".

- "I was told there was a two-year waiting list to see a psychiatrist. What good was that to me?"

- "I was so depressed, crying all the time- my partner knew nothing about mental health and began self-harming – cutting himself "
- "I did not want to add to my family's worries".

- "I worked in a Gypsy organisation when I was having mental problems, but dare not tell anyone even there, in case word got round…"

"I like…these drop-ins when we chat and cook- if they said "Next week there is a talk on mental health", no-one would come"

- "My sister only stayed with the counsellor because she [the counsellor] started session one by saying that she was going to [relay] some of her own struggles before she would expect my sister to open up. That was the 'click'".

- "Many women here don't understand the health system, especially mental, but they don't have breast checks or smear tests. Some won't even know what they are for".

The advocacy service was also discussed and how this is very helpful, Leeds GATE can help sort out any problems with councils, bills etc.

- "Leeds GATE has a mental health worker we can talk to, she helps me understand what the children's mental health service are saying about my child because they use words I don't understand".

- "I wouldn't talk about my health with anyone except my family".

Problems in gaining access to doctors was discussed, one Traveller woman describing how to go back to her old town, with four young children in tow, because she has no ID and her local receptionist would not let her register without photo ID and proof of address. She has four small children. Despite there being no regulatory requirement to provide proof of address or identification in order to register at a GP surgery, it was stated in the group that many GP practices still refuse registration on this basis.

- "They understand the way we speak here, and don't use that fancy language when they talk to us - other services often speak in a way we don't understand"

- "C.A.B [Citizens Advice Bureau] don't understand Travellers".

Staff Members

Funding for mild to moderate mental health support for ages 18+, is provided by 'Live Well Leeds' (Leeds City Council). A focus group with four staff members at Leeds Gate Gypsy and Traveller Exchange was held in November 2022. During the discussion the issues below were raised.

The 'Don't be Beat' project, delivered by Leeds GATE between 2018-2020, provided 'SafeTalk' (a suicide prevention course) which was subsequently found to be too jargonistic and pitched at too high a literacy level for majority community take-up. Therefore Leeds GATE created their own package, 'Keeping your Friends and Family Safe', which is believed to be more 'user-friendly' and has contemporary video clips and role play based on local lived experience. The absence of literacy in many families prevents take up of services and leads to avoidance for fear of not being able to understand what happens in services.

A discussion around 'tolerated racism' demonstrated how racism still exists in the professional roles e.g. a local professional stating openly in a recent training session - "I wouldn't want them living by me". Another professional referred to a site manager as an 'overseer', evoking shades of slavery or a workhouse.

Further examples were given of ambulances refusing to visit a site and local taxi firms demanding money 'up front'. These latter examples may have some roots in a distant incident, but they are both discriminatory and illegal. A lack of cultural awareness was also discussed e.g. workmen being refused entry when a Traveller woman was home alone. This is not resistance or obstruction, but an expected cultural more.

Staff noted that most referrals to Leeds GATE came direct from the community but there are occasional referrals from mainstream services - it was noted that once a Traveller is with the Leeds GATE mental health advocacy service, it is a battle to get mainstream mental health services to keep that person as an open case. Issues of delay in accessing mainstream services were highlighted as problematic, especially as the Advocacy service is supposed to be for 'mild to moderate' mental health situations. One example was given of a Traveller, believed to be a suicide risk after a bereavement, who was not seen by their allocated key worker for five months. Covid-19 and the associated lockdown were perceived by staff as having taken away many of the informal community supports for Travellers that had been built up over many years. This raised the question of whether voluntary organisations are being forced to fill gaps that should be the domain of statutory services.

When talking about other sources of support for mental health, the pastoral role of faith organisations arose. At the time of delivering 'Don't Be Beat', Leeds GATE were working in close partnership with an Anglican vicar who was regularly ministering to living roadside families, and he organised the invitation list for mental health training, attended by eight Anglican clergy. The Catholic church and the Light & Life church did not respond to this invitation. The research team understands that the Anglican Church plans to launch new pro-active policies and approaches to Gypsy, Roma, and Traveller communities in 2023 after the Anglican Synod's, "Visions of Hope" (2019) pledge to so transform its approach seemed to have stalled under the pandemic.[2] This issue of potential pastoral support merits further research.

Trauma Informed Approach

Leeds GATE use a trauma- informed approach and have begun work on training their whole team in trauma-informed working given the depth of trauma in so many Gypsy, Roma, and Traveller families, and the recognition that it is counter-productive for service users to spend time explaining about the Traveller lifestyle, rather than being there for their own therapy. Some Travellers therefore do not declare their ethnicity and are not 'wholly' there when discussing issues and receiving treatment.

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[2] https://www.churchofengland.org/sites/default/files/2019-01/GS%202123.pdf

One staff member, who was also a Traveller, stated- "Even when I have to fill in a form, I fear I will be treated unfairly if I put down that I am a Gypsy or a Traveller". Leeds GATE has connected people to community mental health teams and their advocacy work has empowered community members to feel confident enough to access external service such as CBT therapy. One community member has attended a "together we can" steering group which develops mental health provision across Leeds.

Replicable good practice

1 Mental health advocacy and outreach via employed community members.

2 Delivery of specific mental health and trauma-informed training programmes for staff and community members.

3 Drop- in groups for community members.

4 Investment in education, including a literacy focus.

Lincolnshire Traveller Initiative

Background

Lincolnshire Traveller Initiative (LTI) is a charity based in Lincoln established in 1999. LTI is committed to creating opportunities, community cohesion, and positive futures for Lincolnshire's Traveller communities. LTI teaches young Travellers aged 11 – 16 who are registered for elective home education, funded by a County Council contract. It provides adult training and employment opportunities; promotes preventative health care through health education; supports the development of Well Woman Groups and Community Health Champions; and offers a general advocacy service. LTI employs eight part-time members of staff who delivered service to over 250 people last year and ran 49 health related courses.

Charitable funding is core for this organisation. LTI places great emphasis on the importance of its strong partnerships with the NHS, local universities, and a range of third sector and private organisations, all of whom add considerable value to its work. An excellent example of the partnership working can be seen where the local health visitor manager agreed to a request from LTI that health visitors should begin to regularly visit sites, even when there were no pressing health issues. These subsequent relationships built up with community members

have led to increased knowledge and confidence amongst families as partly evidenced in the women's groups discussed below.

The LTI have had five years of support from the National Lottery Community Fund. The five years have been fruitful, with lives changed for the better, some 'transformed' and, in a few cases, probably even been saved. The most immediate, exciting, and welcome news is that the Community Fund has agreed to support LTI for another five years and enable them to continue providing vital services across Lincolnshire.

LTI Well Woman Groups

These groups have developed rapidly across Lincolnshire and are now in Gainsborough (2), Brigg and Saxilby, and one is planned for Holbeach. The LTI also has members of the Gypsy and Traveller community acting as Health Champions in Gainsborough, Holbeach, Grantham, and Spalding.

The breaking down of barriers and the health improvements brought about by the formation of Well Woman Groups is viewed by the research team as an excellent way to tackle the current problem of Travellers not accessing services and the authors believe it could be rolled out nationally as a model.

Key learning from engagement

The overall feeling within the focus group was that there is truly a mental health crisis within Gypsy, Roma, and Traveller community, even if facts and figures are scarce.

There was a fear expressed in the group regarding addiction to antidepressants which seemed widely dispensed – "I don't know a woman on one site who is not on them". Community members spoke candidly about experiences of trying to come off medication, often without medical guidance. There were views expressed that the long waiting lists for any kind of NHS therapy for mental health meant that medication was a 'holding' intervention, which could lead to dependency if that wait persisted for a long enough time. Some attendees openly admitted they were dependent and always would be, and others expressed a wish to come off them but admitted that they did help in the face of poverty and the difficult living situations many families found themselves having to endure.

"There's no loneliness - we support each other".

The group visited by the research team arranged training in first aid, health and safety, mental health and wellbeing and also had fun and pampering days,

as well as exercise classes. The women saw themselves as leaders in their communities on health matters.

> *"We are being educated in a group and going home and educating family".*

This group reported that their fellowship helps their mental health more than doctors, as there are too many barriers when trying to access health care. Within the group, they have an NHS funded Wellbeing link worker who supports and signposts to services. An example was given of this within the discussion where the group had a guest speaker on smear tests, since which time they had supported each other in going for smear tests, a procedure previously feared and not taken up by members of the group.

Some of the essentials the Woman's group identified if their model was to be rolled out elsewhere included - having a strong leader, a decent venue and good contacts who can talk to the group and raise awareness of health, wellbeing etc. LTI has a blueprint for setting up Well-Woman Groups.

Discussion about Gypsy, Roma, and Traveller Men's Mental Health

Men in the local Romany communities were described as family providers, who do not like to show weakness. They work long days to keep busy. The women present reported that men increasingly felt pressure on them to get work, made more difficult as most trades now have lots of rules, regulations, and licensing. Unemployment had significant impact on male mental health:

- "A lot of travelling men judge other travelling men if they show what is regarded as weakness."

- "Men don't go doctors until too late as big reluctance to see GP. "

- "Men don't show emotion, they bottle it up and get on with it".

One man was reported to have said:

- "I'm not taking tablets I'm no divvy, I don't need a white coat".

Group members reported that sometimes their men may find someone outside of family to talk to and open up to, as they do not always want to talk within the family and so lose 'face'.

As regards future mental health provision the communities would value, ideas included:

- Drop-in clinics for support: e.g., a community hub where you can just go for coffee and chat whatever the problem. This community hub could be an instant source of help where you do not have to wait for support as outside agencies could be in this hub ready to support.

- No hierarchy of agencies, just people who understand and want to help.

- More well-being groups.

- More community nurses coming into the community and keeping the same people, both male and female, so that the trust would be built.

- To have a Gypsy, Roma, or Traveller person to help be the bridge between professionals when community members are reluctant to 'open up' about mental health.

In conclusion, LTI's approach to addressing inequalities experienced by the Traveller communities in Lincolnshire and the development of health promotion and preventative health strategies is multi-faceted and based on good working relationships with local NHS Trust staff. The key essentials for bringing about positive change in the field of mental health are seen as:

- Ownership of the planned health developments need to come from community members themselves (there are seven Traveller Trustees on the LTI Management Board).

- The creation of Well Woman Groups is central to involving the communities in a diverse range of health-related activities including training, practical activities, screening, awareness sessions, and health related recreational trips.

- To address the number one need expressed from within the communities -mental health -via a holistic approach that promotes community cohesion, including gaining employment, raising self-esteem, and increasing participation in activities outside of their communities.

- Health champions within the communities increase LTI's reach and can feed in concerns and needs, as well as share information within their local area.

- An NHS Traveller link worker to liaise between NHS specialist teams, the LTI team, the Well Woman Groups, and the wider Traveller communities.

The LTI team believe that all of the above can be replicated provided there is a desire from the Traveller communities themselves, willingness from the NHS and an organisation that can fulfil a facilitator and coordinator role.

Looking to the future, LTI is currently working with a consultant whose specialism is Social Return on Investment (SROI) projects with the NHS. The formula and tools provided by the consultant are seen as enabling LTI to show the significant savings to the NHS generated by their work and will hopefully lead to further funding to enable this work to continue.

Replicable good practice

1   The use of Well Woman groups.

2   NHS funded Traveller link worker.

3   Routine health visiting of sites.

4   Focus on literacy across the age groups.

York Travellers Trust

Background

York Travellers Trust is a charity based in York established in 1999. Their aim is to work with Gypsy and Traveller communities to provide advocacy and assistance support services to encourage and empower community to access services and opportunities. The services offered to families and individuals within this aim are education and training, advice on benefits, housing, money related debts, and supporting to bridge the gap between them and the settled community.

The trust also liaises with other agencies such as the police, housing, planning department, and education services to advocate for the needs of the traveller communities. There are six people employed within York Traveller trust. Charitable funding is core for this organisation as well as funding from private donors. YTT do not currently have any funding from the NHS.

Key learning from engagement

Interviews

Seven interviews were carried out at YTT's base office, which is situated in a terraced street and is very much part of the community. The Trust runs the neighbourhood food bank and local people (including non-Travellers) drop in for this service, or simply for a coffee and chat. This was unique among the projects we visited and made possible not only by the mind-set of the Trust management, but also by its location.

The community members interviewed greatly praised the role the Trust played in their lives, with several having used its services for over a decade. Experiences related regarding mental health were primarily that the trust would be looked for in respect of initial advice in this area. Actual experiences of being offered any mental health interventions other than medication were largely absent. One young woman did report having been given some 'relaxing' tapes to listen to, which she had enjoyed but reflected that they could do little to alleviate her poverty and living conditions on the site. She was, however, hopeful of a transfer into housing and local housing providers seemed to treat applicants from Gypsy and Traveller backgrounds equitably.

One interviewee had moved back to a site because she missed the immediacy of family support. There was a general feeling in York that discrimination was perhaps experienced less often than elsewhere in the UK. This may reflect the opportunities in the local job market, with several interviewees reporting working in retail, tourism, and in garages.

As regards reaching out to men, the interviewees again reported a reluctance for men to speak out about mental health and suggested that 'male' activities such as football and boxing might attract interest, but it was also pointed out that not all men should be stereotyped in this way, and such sports did not appeal to all.

People spoke of family they had lost 'to the rope' when there had been no inkling of that family member being troubled, and sometimes the very opposite. Great regret was expressed that the suicidal person could not have been reached out to earlier, but it was acknowledged that a culture which 'bottles up' men's mental health issues means preventing such tragedies is a huge challenge. It was commented that talking in focus groups (such as the one held as part of the research) was a good way of bringing these issues out into the open. The fun days and activities that YTT run for all ages were also seen as great fun in themselves and uplifting of the spirits. The cost of 'days out', especially for larger families, was seen to be prohibitive.

The weekly 'Catch up' club might otherwise be described as a 'Well-Woman's group' and was viewed as a great chance to socialise and share problems- 'We just get round the table, and we say 'owt about owt!"

Focus Group

The focus groups were attended by five females and two males. Six participants were Romany Gypsies, and one was a mixed Romany/Irish Traveller. The following themes emerged from the discussions:

Benefits of own community service

- Talking to members of your own community means they know what you mean and can understand you better.

- Using a service dedicated to Travellers eased a fear of social services involvement.

- Confidentiality is very important; people expressed a fear of gossip.

Health and Welfare

- Homelessness and its effect on mental health was discussed in relation to the trauma faced when trying to seek social housing and not being able to prove your connection to the borough. Many boroughs require a locality element to be met, and often Travellers have not been in an area long enough to hit these limits.

- A feeling was expressed that many professionals expect domestic violence to be prevalent within the communities although this is not necessarily the case.

- Digital exclusion was discussed, and the difficulties with making doctors' appointments, ordering repeat prescriptions, and booking into surgeries for appointments.

The older women present said they might talk to male professionals, but many would require a chaperone and wondered whether that would be allowed.

Religion

- Religion was discussed, and the comfort this brings when people are feeling down and depressed. The evangelical Light and Life church was mentioned, where pastors encourage the congregation to reach out if they are experiencing mental health difficulties. Pastors are always available for the men to talk to, and the pastor's wife is available for the women.

- The group also discussed the fact that police attend funerals and often shut down public houses when a Traveller funeral is being held, putting extra pressure on the grieving families. One example given was when an old lady died, and the police visited the grieving husband within hours to tell him he could not have family members attend his house because they feared

disruption. He was told he could not have the funeral leave from his address because the family may gather there. Understandably, this upset the family very much and the cultural traditions of 'sitting up'[3] were not respected or understood.

Discrimination Experiences

- Getting doctors' appointments was reported as difficult at times because receptionists often insist on photographic ID.

- The discrimination attached to site addresses was discussed, particularly how this makes getting a job difficult, getting car insurance difficult, and the fact that some delivery firms will not deliver to certain sites. Racism and discrimination were discussed, as was the feeling of shame when people are refused service in restaurants and public places. This daily, insidious oppression takes its toll on well-being.

- People living on sites feel like they are being spied on. The group spoke about a time one family found a parish councillor watching them and taking photos from behind a hedge. This was upsetting because of the children on the site and not being sure who the person was until they confronted them. Drones being flown over sites and taking pictures of children and family members were also reported as commonplace, all contributing to feelings of invasion and persecution.

Replicable good practice

1 Drop-in sessions throughout the week including 'Catch-up Club'.

2 Running a foodbank for the local community.

3 Health awareness education e.g., Mental Health First Aid.

4 Focus on literacy and advocacy.

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3 'Sitting up' is a tradition whereby family members stay with the body of the deceased right up until the funeral.

Summary of Findings from Interviews and Focus Groups

The findings from all six case studies were thematically analysed (Braun and Clarke, 2006), revealing shared themes, such as working in co-production; placing emphasis on informal drop-in initiatives; investment in adult literacy as a route to better mental health; the need for greater knowledge of Gypsy, Roma for Traveller culture across all health and social care professionals; and the imperative that local and national mental health and suicide prevention plans are appropriately customised.

These are reported in detail below:

Shame and stigma

- Shame and stigma around mental health prevented open discussion.

- The 'branding ' of services e.g. use of the term 'mental health' can be off-putting.

- Community 'fear' of statutory services (e.g. removal of children if mental health issues are shared) was a significant barrier to engagement with services.

- It is important that efforts are taken to counter 'shaming 'pages / 'calling out' sites. These were seen as particularly damaging to young people.

Men

- There is a need to tackle existing barriers to men seeking help rather than 'reaching for the rope'. Generally speaking, there is a need for more initiatives targeted at men.

Structural barriers to accessing support

- Low literacy levels are limiting awareness of support services and likelihood of people taking up opportunities.

- There is a lack of cultural awareness and training in mainstream mental health services. Without basic knowledge about the culture, time is lost to service users educating professionals, meaning less time is spent on human-centred treatment.

- There is a debate around whether services are best delivered by the community or non-community staff. There was a suggestion that collaboration and co-production are the ideal routes, wherein services are led by people who want to help rather than 'just being there' to help. Current educational disadvantage locks many community members out of professional level jobs.

- The gender of mental health services staff was often seen as a barrier. Some suggested that being given an option would be the ideal, but this is not necessarily realistic.

- There were mixed views on whether mainstream services should be adapted, or specialist services developed. Community- led support may be the most appropriate support at primary care levels, supported by staff in secondary care who have undertaken specialist training and have the right ethics and values.

- The absence of health and social care professionals from Gypsy, Traveller, and Roma communities was seen as an issue. There is a need for greater diversification of the workforce.

- There is a need for adult literacy and vocational training to be viewed as mental health services.

Policy

- There is a need for greater statutory funding to support efforts to provide mental health services to these communities.

- The lack of focus in national and local plans for mental health and suicide prevention for Gypsy, Roma, and Travellers continues to be an issue.

- There is a desire for informal drop-in type services as opposed to formalised, appointment-led services. There is a lack of sufficiently trauma-informed services created for these communities.

- Waiting lists are significant, raising the need for effective triage or holding services.

- There was a desire for greater roll-out of GATE Herts 'bereavement suicide' initiative to stop 'copy-cat' deaths.

Creative approaches to mental health

- There is a need to educate, prepare, and support parents regarding how to approach mental health in young people. There is also a need to do the same for young people in coping with mental health of parents and other family members.

- 'Activist' women seem to currently present the best option for promoting positive cultures regarding mental health. The Well Woman group initiative in Lincolnshire, with its focus on fellowship, general health, and well-being seemed to promote positive mental health.

- Some local organisations organised events and promoted positive images of Gypsy, Roma, and Traveller ethnicity through newsletters. The use of arts – song / poetry / dance as part of community mental health – was particularly celebrated in Ireland. Reaching young people in creative ways, including positive use of social media seemed valued.

Roma and Showmen Perspectives on Mental Health

It was the original intention of the research team to access Roma and Showmen case studies. Unfortunately, due to issues with organisational maturity and lack of evaluation, this was not possible during the project. Even so, the team were able to organise interviews with key players in two Roma organisations, and the founder of a Showmen's mental health charity. The comments below reflect views regarding mental health as articulated by these community leaders in the above two cultures:

Roma Perspectives

Interviews emphasised how the legacy of slavery was still strongly felt and that 'heritage trauma' continues to be a part of many Roma's continuing life experience. It was acknowledged that there was a lot of work to be done with Roma communities in demystifying issues of mental health, thereby encouraging open discussions. Specifically, family units were seen as the place to start education about mental health, possibly leading to community members becoming trained advocates in the future.

Hate crime was seen as a factor that led to mental health problems, which was reported as having become worse post-Brexit, with its additional stresses regarding factors around settled status and the right to remain. It was particularly noted that a lack of physical space was believed to impact on mental health, leading to many Roma being reluctant to use public spaces, such as parks, for fear of discrimination. However, unlike many other Gypsy and Traveller communities, many Roma were in employment and therefore worklessness did not seem to be a significant factor in poor mental health. It was also acknowledged that very few services had proactively reached out to Roma communities in respect of mental health issues.

Roma Support Groups Self-Evaluation Report on their Mental Health Advocacy Project

The above views of Roma community leaders are reflected in the Roma Support Group's (2021) Self-Evaluation Report on their Mental Health Advocacy Project (2015-2021). This report highlights the different mental health challenges faced by Roma in the UK as a migrant community, as contrasted with the Gypsy and Traveller communities who have lived in the UK for centuries. This London-focused initiative reported having made 111 referrals to mental health services and having delivered their own advocacy to 753 individuals in the London area during the duration of the project. Furthermore, the project supported 593 professionals in their mental health work with Roma patients, feedback having indicated that 100% of responding professionals reported increased awareness about Roma issues as a result of their involvement. GP practices were noted as being reluctant to take up the training on offer.

The project was designed to support reversing barriers Roma face in accessing mental health services and talking about mental health. It is noted in the report that the Romanes language, spoken by many Roma communities, does not include terms such as depression or anxiety, which further hinders help-seeking behaviors in the field of mental health. Throughout the report, fear of shame and stigma in Roma communities is part of a historical context which date back to centuries of movement through Europe. It also relates directly to holocaust persecution (known as the 'Porrjamos'). Other related issues include being deprived of their traditional way of living and pushed into poor quality accommodation.

Roma face various barriers to healthcare, including a lack of identification documents, distance from services, poor past experiences with health service and professionals, fear of discrimination, and language barriers. A fundamental part of the Roma support group has been the peer group support meetings. These have enabled Roma service users to build trust with health professionals which has, in turn, helped them gaining confidence to independently access services and cope with mental health issues.

Training sessions have been held for professionals to raise cultural awareness and also outline key mental health concerns for Roma community members. These have improved professionals' awareness of the community, and engagement levels in return have been high. The training sessions have provided a strong collaboration with creating new partnerships across the mental health sector. The methods used during this project worked well and provided positive feedback from both Roma service users and professionals. These methods included 1-1 support sessions, peer group support meetings, training seminars for health professionals, and direct support and advice for health professionals.

Roma service users have said that mental health issues have improved and they have reported increased levels of satisfaction with mental health services. Before the project, mental health issues within Roma culture had stigma attached to them and they did not feel confident to talk about their mental health, let alone engage with professionals. As the project grew, they came to see the value of talking about mental health.

Mental health service providers have found that the project has increased awareness of Roma culture and Roma patients' specific needs. This has been a big factor as it has enabled relationships to be built between professionals and the Roma community, dispelling myths and stigma attached to asking for help with mental health problems. For projects like this to provide successful engagement and support for Roma communities anywhere, professionals need cultural awareness training to build those relationships and understand the background of culture.

Roma have similar mental health difficulties as other Gypsies and Travellers, although, as mentioned by community leaders above, they experience additional anxiety and depression due to immigration issues and the fear that they may have to leave the UK.

The project has highlighted the need to develop mental health advocacy in Roma Communities focusing on areas such as improving communication with Roma, having trust based 1-1 mental health advocacy sessions for empowerment, and helping to overcome barriers. It has also shown the value of providing support with literacy and language barriers and engagement of mental health professionals to increase knowledge and understanding.

Overall, the project has highlighted the lack of research on mental health issues in Roma communities and barriers faced in accessing mental health services. It has also highlighted the urgent need for a collection of national health data on Roma migrant communities in the UK as evidence suggests that they remain largely invisible within health services.

Showmen Perspectives

The research team held two meetings with the founder of The Showmen's Mental Health Awareness Charity[4] which has made considerable progress in a short period, receiving 120 referrals in an 18-month period. This organisation was founded in January 2021 with the aim of breaking the stigma around mental health in the Showmen and Fairground community. The charity is wholly managed by members of the community.

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4 https://www.showmensmentalhealth.com/about-our-charity/

Showmen have traditionally been a very private community where problems such as mental health are not openly discussed. The Showmen community was particularly hard hit by the Covid-19 pandemic when they were unable to work, this reality having brought underlying problems of anxiety and depression to the fore. In common with other travelling communities, the Showmen's lifestyle is not well understood by others, and discrimination is ever present. Accessing mental health services for a community traditionally on the move during the summer months has always been an additional barrier to the take up of services.

Showmen have therefore looked to their own resources in the field of mental health, recognising that standard NHS provision does not meet the needs of their community. They have raised money and partnered with a number of private sector mental health clinics to provide access on a nationwide basis. This access is primarily online or by telephone, and services include information, support, and mental health services to all Showmen in the UK and Ireland regardless of age. They offer funding for private therapy and counselling, via two dedicated mental health nurses, who also take the online self-referrals and conduct assessments. The Charity has also trained up ten community members as mental health liaison officers able to offer initial advice and signposting.

For those awaiting NHS treatment, specific support is offered to speed up the process by funding private psychiatric assessments such as OCD (obsessive-compulsive disorder) and ADHD (attention deficit hyperactivity disorder) diagnosis. They also make small grants for rehabilitation services.

The Charity also offers education via workshops, lectures, and information resources on subjects such as suicide prevention and other health issues, sometimes in partnership with other specialist organisations.

Strengths and Limitations of the Current Study

A strength of this study is that it advances the conversation about mental health with both professionals and members of our Gypsy, Roma, and Traveller communities. The study was innovative in that it was co-produced with community members acting as equal research partners which may, in part, have led to the open and frank views expressed by the respondents.

The study does not claim representativeness, partly as it was charged with identifying examples of 'Best Practice' and hence has showcased organisations that pro-actively responded to the call for involvement. These case studies, however, provide examples of progressive practices in the field of mental health. Indeed, the overall work of the organisations featured in this report might all be framed as helping address the mental health crisis in the UK's Gypsy, Roma, and Traveller communities.

Despite several approaches, the research team were unable to access case studies of Roma or Showmen mental health initiatives, and access to young people's views was also limited. The only case study where young people, including Roma, were represented was that of Exchange House, Dublin.

There are many similarities in the services studied across England and Ireland, in that all case studies were produced by a mixture of community members and professionals, with only a very small number of those professionals being community members.

The research team had also aimed to interview key local health and social care managers and to bring about meetings with local community leaders with the intention of highlighting shared concerns and possible ways forward. However, as the above report illustrates, there is only marginal involvement by statutory health and social care services in any of the above case studies, with the exception of Exchange House in Ireland. The limited number of managers who responded to requests for involvement spoke very positively about the initiatives in their locality and were interested in future discussions with the communities in question. One mental health commissioner openly acknowledged the failings in the local services and invited members of the research team to address a regional management group to help disseminate this report.

Discussion and Conclusion

The subject of mental health remains a sensitive, and even taboo, subject in some Gypsy, Roma, and Traveller communities. Even so, the evidence in this report shows that healthy conversations and real progress can be made when the right individuals and resources are in place. Resourcing is ever a concern in health services and, traditionally, mental health services have been at the bottom of the list of priorities.

Recent years have seen a proliferation of interest in the mental well-being of ethnic minorities in the UK, but Gypsy, Roma, and Traveller communities tend not to feature on any statutory authorities' priority list. Knowledge among professionals is pitifully lacking and histories of mistrust have led to a culture whereby many Gypsy, Roma, and Traveller communities do not access mental health service as they are either unaware of their potential, or believe that they would be discriminated against in such services. Some of the narratives in this report reflect such realities, with only a small number speaking of positive experiences with these services. There persists a debate around whether the communities themselves should lead services, but the current realities of educational levels and lack of role models means that members of Gypsy, Roma, and Traveller communities are very few and far between in professional roles.

The key findings from this study echo those from previous literature – the fear of authority (e.g., Smith and Ruston, 2013); the stigma of mental health (e.g., Rogers and Greenfield, 2017); the need to collect specific data (e.g. Friends, Families and Travellers, 2022) and the problem of stoicism (e.g., Van Cleemput, 2010) are all found in the above narratives of community members and their associated professionals. It is important that this report, commissioned by the NHS Race and Health Observatory does not go the same away as so many previous reports to be merely noted as 'a deplorable state of affairs' and then forgotten about. Key players in health and social care services need to ensure that their diversity and equality policies are authentic and must include specific approaches and provision to their Gypsy, Roma, and Traveller citizens.

This study highlights six case studies where community members, generally via co-production approaches, play a key role in education and signposting members of their own communities to appropriate help amidst a crisis in suicides and general poor mental health. NHS and Public Health investment is very marginal in the scattered Gypsy, Roma, and Traveller organisations who provide services. Individual social care professionals were enthusiastic about

the organisations described in the case studies, but there was little evidence of senior managerial interest, except for a single mental health commissioner.

Regrettably, one organisation stated that their local health trust seemed reluctant to even begin a conversation about possible partnership working. Partly for the above reasons, the case studies featured in this report are primarily run on short term charity-based budgets with limited opportunities to bring about systematic change. These services - and there will be other positive initiatives around the UK - have begun to show the way out of the current mental health crisis and their successes need both to be celebrated and supported in future mental health policy and practice across health and social care. The recommendations below are not all new and many repeat previous findings of multiple reports and research studies. Importantly, though, the views expressed above come directly from the voices of lived experience and the difference between this and previous reports will hopefully be that these lived experiences will lead to real inclusion and measurable change.

Recommendations

Recommendations for Policy

- To counter the distrust between Gypsy, Roma, and Traveller communities and statutory health and social care services, a long-term and meaningful investment in co-production in the planning design and delivery of mental health services should become the norm across all Integrated Care Systems and mental health providers. All of the 'Best Practice' sites in this research report modelled effective co-production.

- There is a need for better epidemiological data about the prevalence of Gypsy, Roma, and Traveller communities, and a need for NHS England to deliver on its strategic commitment to ensure datasets are timely and complete and, in particular, to establish data collection systems which appropriately disaggregate data regarding Gypsy, Roma, and Traveller people who access NHS services.

- Building upon NHS England's Core20PLUS5 approach, the Department of Health and Social Care (DHSC) and the NHS should develop a national comprehensive strategy for mental health that considers the unique experiences of the Gypsy, Roma, and Traveller community. These experiences should also explicitly be considered within NHS England's upcoming framework for action on inclusion health.

- Local Authorities should use their community development plans as an opportunity to support engagement with local Gypsy, Roma, and Traveller groups, overturning the current "postcode lottery". Such groups could then be used to promote positive mental health using customised materials. 'Well Woman' groups hold great potential here.

- Statutory authorities, commissioners, and civil society funders should invest ring-fenced community development monies into pump priming voluntary sector Gypsy, Roma, Traveller organisations in areas where none currently exist. Where groups do exist, resources should be directed at improving the viability of existing voluntary organisations.

- DHSC, NHS England, and all Integrated Care Systems should ensure that national and local mental health and suicide prevention policies take specific account of the needs of Gypsy, Roma, and Traveller communities.

Recommendations for practice

- Specific anti-racist training relating to Gypsies, Roma, and Travellers should be mandated in all qualifying and post-qualifying training in the health and care sector, preferably led by people with lived experience. Anti-Gypsyism should be highlighted in this training and in agencies' equality, diversity, and inclusion strategies and policies.

- All health and social care diversity training courses should include an anti-racist Gypsy, Roma, and Traveller focus as a mandatory requirement.

- The NHS should prioritise investment in training members of Gypsy, Roma, and Traveller communities in mental health first aid so that they can act as mental health champions and educate, reassure, and signpost to relevant services.

- As pledged in the NHS Long Term Plan, Integrated Care Systems and mental health providers should ensure that a trauma-informed approach is implemented to support professional staff and community members to understand and respond to the impact of trauma on people's lives.

- Adult literacy and vocational training courses should be recognised as legitimate forms of mental health promotion. Such services have a significant role to play in the raising of self-esteem and subsequent promotion of good mental health.

- Further to its strategic commitment to improve the gathering of ethnicity data, NHS England should publish standards to ensure that local data collection is improved across both statutory sectors and voluntary Gypsy, Roma, and Traveller organisations – without good data and understanding, investment in services is unlikely to happen.

- Integrated Care Systems and Local Authority Public Health teams should allocate health visitors and district nurses to local Traveller sites and communities in order to build and strengthen relationships.

- Integrated Care Systems and Local Authority Public Health teams should enable both funding and provider organisations to work in co-production in the evaluation of their services, particularly with a view to their replicability.

- Integrated Care Systems and Local Authority Public Health teams should offer a greater immediacy of access to services, even where these are simply holding services - community members might be well-placed to develop such services.

- The NHS Race and Health Observatory should ensure that the extensive resource lists appended to this report be widely disseminated across all voluntary and statutory organisations involved in Gypsy, Roma, and Traveller mental health. This repository of written and audio-visual knowledge is particularly rich in its representation of Gypsy, Roma, and Traveller lived experience.

Recommendations for research

- Research funders should recognise the need for research that addresses the particular sensitivities regarding the mental health issues of Gypsy, Roma, and Traveller peoples in the UK.

- Further evaluation of initiatives to prevent the occurrence of suicides after the bereavement of a family member or friends should be undertaken.

- The few men's Gypsy, Roma, and Traveller groups in existence should be involved in research into their needs and experiences in order to establish what works in this neglected area of mental health.

- The potential of faith-based organisations in providing mental health support to Gypsy, Roma, and Traveller communities should be further researched.

Recommendations for celebration

The creative industries and arts sectors have a role in the promotion of positive images regarding Gypsy, Roma, and Traveller lives. Creative arts can be used as therapy to process, express, and mitigate poor mental health.

Events such as 'Gypsy, Roma, and Traveller History Month' should be celebrated within school, health, and social care services.

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Appendix 1: Resources

The following resources were found to be useful during the above research and are signposted here for the benefit of community members and professionals -

1. Suicide Awareness Training

https://www.zerosuicidealliance.com/suicide-awareness-training
This 20 minute training video is generic but very impactful in terms of general suicide awareness.

https://prevent-suicide.org.uk/training-courses/asist-applied-suicide-interventions-skills-training/
This is a two day generic suicide prevention course which has received positive reviews.

2. Mental Health Advice

Bad Nerves – Mental health
https://www.gypsy-traveller.org/advice-section/bad-nerves-mental-health/
This service provides telephone numbers and links to services and support for mental health issues.

One Call Away
This is a confidential helpline for the Gypsy, Roma, and Traveller communities, providing the type of service traditionally associated with the Samaritans.

Our Lives, Our Voices, Our Future: Traveller Men 2022
https://www.academia.edu/92317282/Our_Lives_Our_Voices_Our_Future_Traveller_Men
This research provides insights into the mental health concerns of Traveller men in Ireland.

Togetherall
https://account.v2.togetherall.com/log-in?continue=https%3A%2F%2Faccount.v2.togetherall.com%2F
Togetherall is a digital mental health support service which is available online 24/7 and is completely anonymous.

Traveller Counselling Service
Traveller_Leaflet_2013.pdf (travellercounselling.ie)
This is an example of a service being tailored specifically to the Travelling communities of Dublin.

3. Religion and well-being

The following articles give insight into a range of religions and their relationship with Gypsy, Roma and Traveller communities:

https://unherd.com/2021/11/why-britains-gypsies-are-converting/

https://www.travellerstimes.org.uk/features/letter-church-and-synod-gypsy-response

https://www.bbc.co.uk/news/uk-england-38016090

https://www.churchtimes.co.uk/articles/2022/2-september/books-arts/book-reviews/gypsies-and-jesus-a-traveller-theology-by-steven-horne

4. Being 'hard -to-reach'

The 'hard-to-reach' debate is highlighted in the following articles:

Why language matters: reframing responsibility for accessing services
https://learning.nspcc.org.uk/news/why-language-matters/not-hard-to-reach-reframing-responsibility-for-accessing-services

Engaging the Roma Community – a Health Visiting Case Study
https://ihv.org.uk/news-and-views/voices/engaging-the-roma-community-a-health-visiting-case-study/

5. Ireland's national approach to Traveller Health

Ireland has a national strategy for tackling the health issues, including mental health, faced by Travellers. The documents below reflect a national level of thinking and inclusion which is missing in England:

national-traveller-health-action-plan-2022-2027.pdf (hse.ie)

https://travellercounselling.ie/wp-content/uploads/2019/08/National-Traveller-Mental-Health-Network-Strategic-Plan.pdf

Appendix 2: Films

Exchange House, Dublin

It Doesn't Matter (2021) https://www.youtube.com/watch?v=oQhXjCkcVw4&t=2s

This film aims to raise awareness about suicide in the Traveller community, end the stigma associated with suicide, and promote mental health services equipped to help.

John Boy (2021) https://www.youtube.com/watch?v=KFZxIQH7g14

'John Boy' highlights the impact of discrimination, major life events and cultural expectations on the mental health of Travellers today.

You looking at me (2021) https://www.youtube.com/watch?v=x3X-JGo9hVA

This film tackles the stigma around suicide in the Traveller community and encourages usage of mental health services.

Travellers Times:

Hold Out a Hand (2022) https://www.youtube.com/watch?v=32F2f-KXCFs

'Hold Out a Hand' is a powerful short film which aims to stimulate conversations about mental health and suicide within the Gypsy and Traveller community. The film is also intended to enable mainstream service providers to improve their accessibility to Gypsy and Traveller people.

https://www.travellerstimes.org.uk/sites/default/files/inline-files/Hold%20Out%20a%20Hand%20Report%20for%20WCC_FINAL.pdf

Real Talk

Real Talk has a generic interactive film designed to give people the skills and confidence to talk about suicide:
https://prevent-suicide.org.uk/training-courses/real-talk-about-suicide/

The Samaritans

The Samaritans have very recently developed resources and undertaken staff training to get the message across to Gypsy, Roma and Traveller communities that their services will be empathetic and aware about cultural factors affecting mental health. Co-produced with GATE Herts, two helpful films are:

Listening to Gypsies and Travellers https://youtu.be/rLcLVJSfBGI

Here to Listen https://youtu.be/imqae0LLEN0