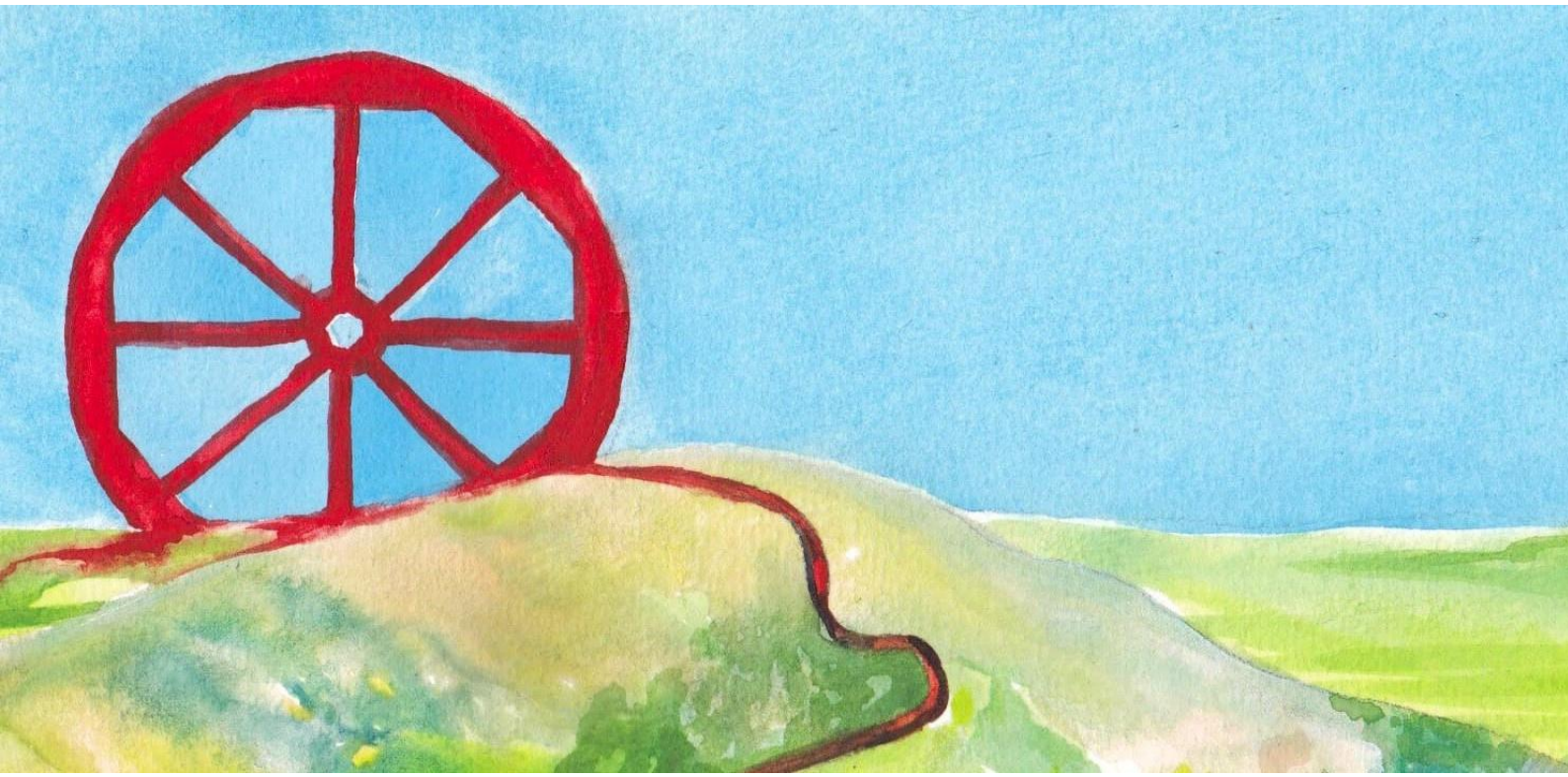
Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People



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ROMA SUPPORT GROUP

VCSE health & wellbeing alliance

FRIENDS, FAMILIES & TRAVELLERS

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RSG Mental Health Project session, February 2024

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Executive Summary

Mental health is a taboo subject for many members within the Gypsy, Roma, and Traveller communities and one of the many health inequalities that community members face. Among Gypsy, Roma and Traveller communities, mental health is rarely discussed openly, or even admitted privately. Even the term 'mental health' is often shied away from, with Gypsy and Traveller people preferring to refer to 'bad nerves',[1] and Roma lacking the vocabulary to describe common mental health problems through Romanes or second languages.

Materials used during RSG Mental Health Project sessions: Emotional Learning Cards, information leaflets from Mental Health Foundation and MacMillan Cancer Support, 2022

Gypsy Roma and Traveller people face many barriers when trying to access healthcare and mental health support services, preventing individuals from getting the help they need. This therefore exacerbates health inequalities and can cause premature death and lower life expectancy.

This guidance provides insight into how to overcome the barriers that Gypsy, Roma and Traveller people face when trying to access mental health services and provides best practice examples and solutions to put in place. This guidance draws on survey responses, conducted research, expert by experience accounts as well as existing good practice. This will support a tailored approach to improve access to mental health support. Asset based approaches which are co-developed and co-produced by experts by experience and people with lived experience are imperative to identifying best practice. Identifying ways to support Gypsy, Roma and Traveller people is complicated by a scarcity of collected data, partly due to the lack of contact between these communities and healthcare services. Official figures also don't always include data on Gyspy, Roma and Traveller communities. For instance, Roma was a new category included for the first time in the England and Wales Census 2021 data. However, by working with organisations that are knowledgeable about their local populations, tailored approaches can be put in place to provide the most appropriate support for individuals. Effective engagement with Gypsy, Roma and Traveller communities is crucial to building trust, which is the initial step in helping to support these communities.

This guidance provides best practice examples and key enablers for this work, as well as recommendations for frontline workers, commissioners, policy leads, primary care providers and voluntary sector organisations, which have previously been successful on a smaller scale. The provision of more direct and culturally pertinent support by mental health services is needed to ensure Gypsy, Roma and Traveller indivudals are not suffering in silence, and feel that there is support available to help.

[1] Friends Families and Travellers (2019) Written Submission MHM0061

Introduction

This guidance has been produced through work conducted by Roma Support Group and Friends, Families and Travellers as part of the Health and Wellbeing Alliance, which is supported by the Department of Health and Social Care.

Roma Support Group (RSG) is a Roma-led charity based in East London, working to improve the quality of life for Roma refugees and migrants by helping them to overcome prejudice, isolation, and vulnerability.

Friends, Families and Travellers (FFT) are based in Brighton, working to end racism and discrimination against Gypsy, Roma, and Traveller people and to protect the right to pursue a nomadic way of life.

Aims

This guidance is for people that support members of the Gypsy, Roma and Traveller communities. This includes, but is not limited to:

- Frontline health and care professionals working within mental health.
- Team leads.
- Commissioners.
- Policy leads.
- Primary care providers.
- Voluntary sector organisations.

The aim of this guidance is to:

- Improve knowledge of Gypsy, Roma and Traveller inequalities around accessing mental health services.
- Improve understanding of how to approach mental health within Gypsy, Roma and Traveller communities from a healthcare perspective.
- Provide suggestions on how to ensure Gypsy, Roma and Traveller people are included in the planning and provision of mental health services.

It is important to note that while this guidance is aimed at improving access to mental health services for Gypsies, Roma, and Travellers, not all people will have the same problems in accessing healthcare and some may not necessarily experience the barriers outlined.

Methodology

For this guidance, a literature review was conducted to provide context on the key issues and inequalities that Gypsy, Roma and Traveller people face relating to health, specifically mental health.

Surveys were designed with the research population in mind, including Gypsy, Roma, Traveller people and professionals that work with Gypsy, Roma and Traveller communities, with the aim of gathering information to identify barriers and examples of good practice in accessing mental health services. Gypsy, Roma and Traveller community members have been directly engaged through 2 focus groups meetings to provide the opportunity to further discuss experiences in relation to mental health. There was a particular focus on understanding the experiences of people from Roma communities in focus groups, given the additional language and technology barriers they face in relation to responding to survey calls. Engagement with Roma through focus groups was also tailored to gain insights on the mental health experiences of the different sub-groups of Roma (e.g. Romanian Roma, Slovak Roma, Polish Roma, etc.), by targeting invitations to specific members of these groups.
Roma Support Group and Friends Families and Travellers staff members, from various Gypsy, Roma and Traveller and non-Gypsy, Roma and Traveller backgrounds, with expertise in Gypsy, Roma and Traveller mental health, have contributed to the development of this guide.

Section 1: Introduction to Gypsy, Roma, and Traveller communities

Artwork by Robert Czibi

The term Gypsy, Roma and Traveller encompasses various communities, including Romany Gypsies (English Gypsies, Scottish Gypsy Travellers, Welsh Gypsies, and Romany people more widely), Irish Travellers, New Travellers, Boaters, Showmen and Roma[1]. Use of the 'GRT' grouping presents the same issues as the use of 'BAME', as it arguably fails to reflect the true diversity of the communities referenced. For the purposes of this guide we have avoided its use, however you may find the term used in other policy documents.
Gypsy, Roma and Traveller communities have traditionally lived nomadic lives in the UK, although members of these communities have increasingly moved into bricks and mortar housing.

In the 2021 UK census, 172,465 people from Romany Gypsy, Roma and Irish Traveller communities in England and Wales disclosed their ethnicity[4]. However, census engagement is negatively impacted by a significant trust gap between Gypsy,
Roma and Traveller communities and state institutions, or public services. It is therefore likely that the official census record is an underestimate of the true population size; other data sources

estimate the UK's Gypsy, Roma and Traveller population to be in the region of 150,000 to 300,000[5], or as high as 500,000[6].
The Office for National Statistics (ONS) has made available this interactive map tool to help identify local or regional Gypsy Roma and Traveller communities.
The ONS has recently published the "Roma Populations, England and Wales: Census 2021" a bespoke analysis regarding the Roma communities.
A similar analysis "Gypsy or Irish Traveller Population, England and Wales: Census 2021" was published to reflect findings specific to Gypsy and Irish Traveller populations.
The table below offers some basic background information on these groups, and this video produced by Travellers' Times[3] provides a short, animated history of Britain's nomadic communities. This video produced by European Roma Rights Centre provides further insights specific to mainland European Roma communities.

	Ethnicity	Arrival in England	Language	Accommodation type
Romany Gypsies	Historically originating in northern India, Romany Gypsies have been in the UK for many generations.	Before the 16th Century.	Romany Gypsies speak English and many also speak a Romani dialect to varying levels of fluency.	Around 75% of Romany people live in housing, and 25% live on Traveller sites, in caravans or chalets or roadside.
Roma	Historically originated in Northern India and settled in Europe (including Romania, Slovakia, Czech Republic, Poland and other countries) before migrating to the UK more recently.	Small numbers since 1945, with a number of Roma seeking asylum in the 1990s, and early 2000s, then a growth in population following EU expansion in 2004 and 2007.	Majority of Roma speak one of many Romany dialects as a first language and their European origin country language as a second language. However, the fluency in second language varies greatly, as well as varying levels of fluency in English.	The vast majority of Roma people live in housing, although there are disproportionate levels of homelessness and overcrowding.
Irish Travellers	Irish Travellers originated in Ireland as a distinct and separate ethnic group from the general Irish population recorded since the 12th century.	Recorded from the 18th century.	Irish Travellers speak English and some speak Gaelic/Irish. Many Irish Travellers also speak Gaelic derived Gammon or Cant.	Around ¾ live in housing and ¼ on Traveller sites in caravans or chalets. Of these, a small proportion live roadside or in public spaces.

	Ethnicity	Arrival in England	Language	Accommodation type
Travelling Showpeople	Anyone who travels to hold shows, circuses and fairs can be a Showperson. Many families have led this way of life for generations and many have Romany heritage.	According to the National Fairground Archive the first recorded charter was granted to King's Lynn in 1204.	Showpeople primarily speak English.	Most Showpeople live on yards in the winter months and travel during the summer months.
New Travellers	'New Traveller' can describe people from any background who chooses to lead a nomadic way of life.	The New Traveller movement finds its roots in the free festivals of the 1960s, but people of all backgrounds have practiced nomadism throughout history.	New Travellers primarily speak English.	New Travellers lead a nomadic way of life – in vans, mobile homes, caravans and a small proportion are horse drawn.
Liveaboard Boaters	Anyone who lives on a boat, from all walks of life and backgrounds.	People have been living and working on boats since canals were built in England in the 18th Century.	Liveaboard Boaters primarily speak English.	Boaters live on narrowboats, barges or river cruisers, whether on a home mooring, a winter mooring or continuously cruising on a canal, or in a marina.

For further reference, the below resources are useful in building awareness of Gypsy, Roma and Traveller communities:

- Roma communities: '7 things to know about Roma' - video developed by the European Roma Rights Centre;
- Gypsy, Roma and Traveller communities: 'Roads from the past' - video developed by Traveller Times.

There is a lack of accurate information to reflect the size of all communities under the Gypsy, Roma and Traveller umbrella. Current estimates indicate around 300,000 Gypsy/Traveller communities and a similar number reflecting the size of Roma communities.[2]

The 2021 Census was the first in UK's history to collect data using a new ethnic category for Roma communities alongside the 'White: Gypsy or Irish Traveller' category which was implemented in 2011. There is no data collected in relation to the other groups under the Gypsy, Roma and Traveller umbrella, and no disaggregated data for Irish Traveller or Romany Gypsy communities.

The 2021 Census results confirmed the presence of at least 103,020 Roma people[3] living in England and Wales alongside 71,740 identified as Gypsy/Irish Traveller.[4]

At the same time, there is significant variation in how local authorities across England focus on Gypsy, Roma and Traveller communities. In a study conducted in 2015, FFT found that less than half of Joint Strategic Needs Assessments included a chapter on Gypsy, Roma and Traveller needs and, of those, less than a third included the needs of Roma people. While it is possible that areas that have not included Roma do not have significant Roma populations, existing data suggests that 91% of English local authorities have some kind of Gypsy, Roma and Traveller presence.[5]

The Office for National Statistics has made available this interactive map tool to help identify local or regional Gypsy, Roma and Traveller communities.

While this is not the case for other Gypsy, Roma and Traveller communities, the majority of Roma people have a migrant background. Currently, the vast majority of those have secured their immigration status through the EU Settlement Scheme. According to the 2021 Census 13.8% of Roma confirmed their nationality as British.

Section 2: Health Inequalities Context

Key Issues:

- There are various barriers which Gypsy, Roma and Traveller people face when trying to access mental health services.
- Barriers faced when trying to access mental health services exacerbate pre-existing health inequalities for Gypsy, Roma and Traveller people.
- Examples of good practice should be implemented more widely in mental health services to promote uptake by Gypsy, Roma and Traveller people.

[2] UK Parliament (2019) What we know about inequalities facing Gypsy, Roma and Traveller communities
[3] Office for National Statistics (2023) *Roma populations, England and Wales: Census 2021*
[4] Office for National Statistics (2023), *Gypsy or Irish Traveller populations, England and Wales: Census 2021*
[5] UK Parliament (2019), *Tackling inequalities faced by Gypsy, Roma and Traveller communities*

Health outcomes are worse for Gypsy, Roma and Traveller community members when compared to any other ethnic group, resulting in lower life expectancy and higher rates of anxiety and depression.[6] Gypsy, Roma and Traveller people face chronic exclusion across the social determinants of health causing high risk of poor health.[7] Increasing evidence highlights wide inequalities in accommodation, education and employment, impacting on the mental wellbeing of Gypsies, Roma.[8] Over 90% of Gypsies, Roma and Travellers experience racism and discrimination in their everyday life, exacerbating health inequalities.[9]

2A: Social Determinants of Health

The 2010 Marmot Review[10] states that 'health inequalities result from social inequalities', including discrimination and stigma, poverty, and history of persecution, resulting in higher stress and anxiety. Social gradients across many of these determinants contribute to health, meaning poorer individuals experience worse health outcomes.[11] Children that grow up in deprived areas are more exposed to disadvantaged circumstances throughout their lives, which may negatively impact both mental and physical health.[12]

Education is strongly linked to health behaviours and outcomes, meaning that low attainment at school can negatively impact both physical and mental health.[13] Less educated children are more likely to suffer from mental health disorders such as depression or anxiety.[14] Gypsy, Roma and Traveller pupils are noted to be disadvantaged groups with some of the lowest proportions of children achieving a good level of development at school,[15] putting them at higher risk of mental health problems.

Roma people across the EU continue to have poor educational outcomes. A 2022 report by the EU Fundamental Rights Agency[16] identified that only 27% of Roma in 10 EU countries have completed at least the mandatory school by age of 18. The same research mentions that 71% of all 18 to 24 years old Roma have left school before the age of 15.

Employment is deemed to be one of the most important social determinants of mental health, as long-term unemployment has been linked to lower life expectancy and worse health outcomes than those in work.[17] Unemployment has been found to affect more than the individual, with children growing up in workless households being twice as likely to fail at all stages of education and development compared to their peers with working families.[18] According to the 2011 Census, 31.2% of Gypsies and Irish Travellers were within the socio-economic group for 'never worked or

[6] Friends, Families and Travellers (2020) How to tackle health inequalities in Gypsy, Roma and Traveller communities
[7] Friends, Families and Travellers (2020) How to tackle health inequalities in Gypsy, Roma and Traveller communities
[8] Race Equality Foundation (2019) Racial disparities in mental health: Literature and evidence review
[9] Traveller Movement (2019) Traveller Movement submission to Women and Equalities Committee Inquiry into the Mental Health of men and boys
[10] Marmot M. (2010) Fair Society, Healthy Lives: Strategic Review of health Inequalities in England Post 2010.
[11] GOV UK (2017) Chapter 6: social determinants of health
[12] GOV UK (2017) Chapter 6: social determinants of health
[13] GOV UK (2017) Chapter 6: social determinants of health
[14] GOV UK (2017) Chapter 6: social determinants of health
[15] Department for Education (2016) Early years foundation stage profile results: 2015 to 2016
[16] EU Agency for Fundamental Rights (2022) Roma in 10 European countries
[17] Bartley M, Ferrie J, Montgomery SM. (2005) 'Chapter 5: Health and labour market disadvantage: unemployment, non-employment and job insecurity. Social Determinants of Health 2nd Edition. Oxford University Press.
[18] Department for Work & Pensions (2017) Improving Lives Helping Workless Families

long-term unemployed', the highest percentage of all ethnic groups.[19] These statistics show that Gypsy, Roma and Traveller people are likely to be at higher risk of poor mental health due to the prevalence of unemployment, as a social determinant of mental health, experienced by Gypsy, Roma and Traveller communities.

While the Roma have lower than average economic inactivity rates, the 2021 Census has identified that 28.5% of employed Roma work in elementary occupations,[20] while the national average is 10.5%. The Marmot Review reflected that doing low income, insecure poor quality work[21] is likely to be one of the main factors impacting health equity. The Marmot Review also mentions an association between work stress and ethnic backround. As per our organisational experiences this also has a direct and significant impact on Gypsy, Roma and Traveller people mental health.

Accommodation issues and living standards have also been identified as a social determinant for both physical and mental health, and poor housing conditions have been associated with respiratory infections, asthma, and poor mental health.[22] The lack of pertinent accommodation available for Gypsies and Travellers, exacerbates inequalities in health and standards of living, driven by a national shortage in both permanent and transit Traveller sites across England.[23] Therefore, access to culturally appropriate housing is vital for Gypsies and Travellers.[24]

Roma people often sublet properties where the rent includes bill payments, which can result in being unable to provide evidence of address with letters, due to bills payments being in the name of the landlord. Difficulty providing proof of address has resulted in wrongful refusal when individuals attempt to register with a GP, despite it being a contractual breach to refuse registration on this basis.[25]

Another issue that has impacted the general and mental health of Gypsy, Roma and Traveller community members is the standard of accommodation; 48% of service users accessing Roma Support Groups' health advocacy projects stated they have concerns and problems related to 'poor housing conditions and other housing problems'.[26]

For Gypsy and Traveller people, not having a fixed address can have a negative impact on mental health, as it can prevent attendance of health services. Gypsies and Travellers with no fixed address may use a care of address, such as Friends, Families and Travellers, to access post. However, many GP surgeries require patients to be situated within their boundary to register. This means that, even though Gypsies and Travellers may physically be local, registration could still be refused.

[19] GOV UK (2022) Gypsy, Roma and Irish Traveller ethnicity summary
[20] Office for National Statistics (2023) Roma Populations England and Wales: Census 2021
[21] Institute of Health Equity, The Marmot Review 10 Years On, page 61, 2020
[22] GOV UK (2017) Chapter 6: social determinants of health
[23] Cromarty et al (2019) Gypsies and Travellers
[24] Coates et al (2015) Capabilities and marginalised communities: The case of the indigenous ethnic minority traveller community and housing in Ireland
[25] Friends Families and Travellers (2019) Friends Families and Travellers calls on government to address issues for Travellers registering at GP practices once and for all
[26] Roma Support Group (2012) Roma Mental Health Advocacy Project Evaluation Report

The 2011 Census revealed that 75% of Gypsies and Travellers live in bricks and mortar with the rest of 25% living in caravans or other mobile structures. The number of those still living nomadically has decreased to 21,6% according to the 2021 Census.[27]

Those still living nomadically are facing a chronic national shortage of Traveller sites and lack of pertinent accommodation for Gypsies and Travellers. This can exacerbate mental health problems among the communities, as roadside camps are often insecure places that may have no facilities[28]. Gypsies and Travellers living on the roadside or in unauthorised encampments are commonly subject to hostility and eviction.[29]

This chronic shortage of culturally pertinent accommodation and related issues including barriers to accessing health and education services are major factors contributing to the decrease of Gypsy and Traveller living nomadically.

Section 3: Gypsy, Roma and Traveller Mental Health

This section provides a mental health overview of Gypsy, Roma and Traveller communities including health data, lived experiences and cultural perspectives on mental health. The information included here is a summary of relevant findings based on the literature review, survey, focus groups and individual interviews with our service users conducted as part of this project. Information gathered through our mental health advocacy projects has also been included.[30]

As mentioned in the earlier introduction to Gypsy, Roma and Traveller communities, 'GRT is an umbrella term including many different groups of people with different lifestyles, cultural backgrounds, characteristics and mental health outcomes. It is therefore important to note that our findings and the information included in this guidance reflects primarily the experiences of people from Romany Gypsy, Roma and Irish Traveller communities and not all the communities under the Gypsy, Roma and Traveller umbrella. Information on the specific experiences of other communities within the Gypsy, Roma and Traveller umbrella has been included wherever this is available. Furthermore, within Gypsy, Roma and Traveller communities some individuals will experience greater levels of vulnerability and marginalisation than others, and some may adhere more closely to traditional ways of life than others. As such, information included here cannot be viewed as a reflection of a universal Gypsy, Roma and Traveller experience, as such a thing does not exist. Professionals should bear this in mind when working with patients or clients who are part of Gypsy, Roma and Traveller communities.

3A: Gypsy and Traveller mental health – 'Bad Nerves'

There is a cultural stigma in many of the Gypsy and Traveller communities around mental health issues, causing people to hide problems from their family and friends, resulting in a delay of asking for help. The term 'mental' has very negative connotations within these communities, and

[27] 2021 Census, Gypsy and Traveller Population analisys 2023, https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/gypsyoririshtravellerpopulationsenglandandwales/census2021#housing

[28] Friends Families and Travellers (2019) Last on the list: An overview of unmet need for pitches on Traveller sites in England

[29] Richardson, J. (2006) The Gypsy Debate: can discourse control?, Exeter, Imprint Academic

[30] Roma Support Group (2012) Roma Mental Health Advocacy Project Evaluation Report

mental health problems are often referred to as 'bad nerves', or people will say their 'nerves are playing up' instead.

3B: Gypsy and Traveller Men's Mental Health

Gypsy and Traveller men and boys face some of the greatest challenges around mental health of all men and boys in the United Kingdom. Key issues faced include, but are not limited to:[31]

- Chronic exclusion across the social determinants of health places Gypsy, Roma and Traveller men and boys at higher risk of experiencing poor mental health.
- High levels of stigma and gendered expectations make it difficult for Gypsy and Traveller men to speak about mental health and therefore to seek help.
- Young Gypsies and Travellers often miss out on chances to learn about mental health or sources of support when experiencing poor mental health.
- Gypsy, Roma and Traveller individuals may experience multiple, intersecting channels of marginalisation due to their identities or lived experiences. For example, LGBTQ+ community members and/or individuals in contact with the criminal justice system face additional exclusion.
- Many Gypsies and Travellers experience bereavement and untreated trauma from grief.[32]

3C: Roma Mental Health

There is also a cultural stigma around mental health for Roma, where most overall would not talk about mental health at all. Many Roma groups have limited vocabulary to talk about emotions. Acceptable forms of talking about mental health for many Roma groups include discussing wellbeing in relation to daily life problems, talking about feeling stressed and worried and discussing difficulties sleeping.

Mental health is considered the greatest taboo compared to any other health problem and is very rarely discussed within the community.[33] Even when Roma do use mental health services, they are often afraid to disclose full details of their condition to professionals for fear of being institutionalised and discriminated against. There is also a strong belief in the Roma community that mental health problems can be passed on genetically. This can jeopardise the prospect of marriage for the sufferer, as well as other family members.

Awareness of mental health is changing among young people, but this does not necessarily mean a greater willingness to discuss problems among Roma community members.

At the same time, in their countries of origin, there is a lack of disaggregated data around Roma people's access to mental health services. However, research suggests "that the Roma are often at higher risk of being in poor mental health and of suffering from stress, depression, or anxiety, given an ongoing state of poverty, deprivation, and marginalisation".[34]

3D: Boaters Mental Health

Liveaboard Boaters are required to continuously cruise if they do not have a long-term home mooring, meaning that people are under pressure to move every two weeks.[35] Like Gypsies and

[31] Friends Families and Travellers (2019) Written Submission MHM0061
[32] Support After Suicide Central Hub (2023) LGBTQ+ Bereavement by Suicide Research Study
[33] Roma Support Group (2022) Mental Health Guide
[34] ERGO Network (2021) Roma Access to Adequate Healthcare and Long-term Care in Bulgaria, the Czech Republic, Hungary, Romania, Slovakia, and Spain
[35] Canal & River Trust (2022) Continuous cruising

Travellers facing the threat of eviction, this causes higher anxiety and depression levels for many, as well as challenges around registering for and consistently accessing healthcare.

3E: Gypsy, Roma and Traveller children and young people

Children from Gypsy, Roma and Traveller backgrounds have the worst educational attainment when compared to any other ethnic group.[36] A link has been established between school exclusion and poor mental health, with excluded children four times more likely to be growing up in poverty, and ten times more likely to have a mental health problem.[37][38]

Nearly nine out of ten Gypsy, Roma and Traveller children and young people have suffered racial abuse, with nearly two thirds also being bullied or attacked; this has contributed to poor attendance, poor behaviour and high levels of exclusion.[39]

Most schools do not properly challenge or acknowledge racist bullying against Gypsy, Roma and Traveller pupils, which negatively affects children's mental health. High levels of discrimination such as racist bullying in school can affect children's self-perception and lead them to hiding their identity, also impacting on experiences of mental health services later in life.[40] Exclusions and leaving school early also means Gypsy, Roma and Traveller pupils are less likely to learn about managing their mental health.

In a study,[41] non-Roma children were asked to write down the answer to the question 'What is the first thing that comes into your mind when you hear the word 'Roma/Gypsy'?'. Out of 110 answers, 6% were positive, 34% were negative and 60% were neutral.

3F: Gypsy, Roma and Traveller prisoners

HM Inspectorate of Prisons found higher levels of mental health problems among Travellers in comparison to other prisoners (27% compared with 13%).[42]

Gypsy, Roma and Traveller prisoners were found to have low expectations of rehabilitation and release support, and support given was found to be insufficient and poor.[43] Low literacy and embarrassment around asking for help meant these activities were more limited.[44] Low expectations lead to a sense of fatalism, which exacerbates poor mental health.

When experiencing anxiety, female Gypsy, Roma and Traveller prisoners were more likely to have experienced bullying and to report feeling unsafe, compared to other female prisoners.[45]

A Traveller Resettlement Project worker stated that 'There are also high rates of mental health issues, self-harm and suicide in this group both in prison and the community', noting experiences of discrimination in prison and on release by probation staff making it more likely that individuals will not attend counselling for mental health on release.[46]

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[36] Marmot M. (2010) Fair Society, Healthy Lives: strategic Review of health Inequalities in England Post 2010.
[37] Marmot M. (2010) Fair Society, Healthy Lives: strategic Review of health Inequalities in England Post 2010.
[38] University of Bristol (2020) Poor mental health "both cause and effect" of school exclusion
[39] Dugan (2014) Nine out of 10 gypsy and traveller children have suffered racial abuse
[40] Friends Families and Travellers (2019) Written Submission MHM0061
[41] Roma Support Group (2019) ROMAPHOBIA / ANTIGYPSYSM - ROMA AND HATE CRIME, 2019
[42] Inspectorate of Prisons (2007) The mental health of prisoners A thematic review of the care and support of prisoners with mental health needs
[43] Inspectorate of Prisons (2020) Minority ethnic prisoners' experiences of rehabilitation and release planning
[44] Inspectorate of Prisons (2020) Minority ethnic prisoners' experiences of rehabilitation and release planning
[45] Inspectorate of Prisons (2020) Minority ethnic prisoners' experiences of rehabilitation and release planning
[46] Inspectorate of Prisons (2020) Minority ethnic prisoners' experiences of rehabilitation and release planning

3G: LGBTQ+ Gypsy, Roma and Traveller community members

Most LGBTQ+ Gypsy, Roma and Traveller people are still not accepted within their communities and are often refused service in LGBTQ+ organisations.[47]

Organisations such as Traveller Pride have formed more recently for community members, acting as a network 'that can provide guidance, support and information to make life easier for LGBT+ Travellers as well as providing essential services, meetup spaces and collaborating with other organisations to make them more welcoming to us'.[48]

As noted by the Council of Europe, many Roma LGBT individuals remain invisible by concealing their sexual orientation or gender identity out of fear, due to media portrayals that LGBTQ+ people are a threat to the nation, religion and traditional norms. This can lead LGBTQ+ Roma to feel torn because of the cultural clash between Roma traditions and sexual orientation. LGBTQ+ Roma face triple, and even quadruple discrimination, as Roma, then LGBT, then Roma LGBT and exclusion for LBGT Roma living in ghettos. When living in segregated settlements, LGBTQ+ Roma based in mainland Europe are often unable to access healthcare services, which is disadvantageous.[49]

Section 4: Gypsy, Roma and Traveller main identified mental health conditions

There is a lack of data available to reflect a comprehensive picture of main mental health conditions experienced by Gypsy, Roma and Traveller communities. There are various mental health conditions which Gypsy, Roma and Traveller people may face during their lifetime.

Research shows evidence of high rates of anxiety and depression in Roma communities, with 32% and 55% of Roma Support Group's Mental Health Project beneficiaries suffering respectively.[50] 23% of Roma beneciaries suffer from schizophrenia/psychosis, with a 1% incidence rate across the UK.[51]

Gypsies and Travellers are three times more likely than the wider population to experience anxiety, more than twice as likely to experience depression.[52] The suicide rate for Traveller men is seven times higher than for settled men, and is thought to be the cause of 11% of all deaths for Irish Travellers.

4A: Gypsies and Travellers communities

The All Ireland Traveller Health Study found that the suicide rate for Irish Traveller women is six times higher than the general population, and seven times higher for Irish Traveller men.[53] Suicide is thought to be the cause of 11% of all deaths for Irish Travellers.

[47] Traveller Movement (2019) Traveller Movement submission to Women and Equalities Committee Inquiry into the Mental Health of men and boys.
[48] LBGT Traveller Pride (2022) Traveller Pride
[49] Council of Europe (2014) Barabaripen: Young Roma speak about multiple discrimination
[50] Roma Support Group (2022) Mental Health Guide
[51] Roma Support Group (2022) Mental Health Guide
[52] Parry et al (2004) Health status of Gypsies and Travellers in England
[53] Department of Health (2010) All-Ireland Traveller Health Study

Statistics reveal the highest rates of self-reported poor health in Gypsies and Travellers with insecure and poor living conditions; 39% of Gypsies and Travellers were experiencing anxiety and depression, of which most people were facing the threat of eviction or poor site conditions.[54] This makes Gypsies and Travellers three times more likely to experience anxiety, and over twice as likely to experience depression.[55]

4B: Roma communities

Although high rates of anxiety and depression are reported in Roma communities, there are low levels of access to mental health services.[56] Roma Support Group's Mental Health Advocacy project, which supported 753 Roma people, reveals disproportionately high rates of mental health issues among community members, such as:[57]

- 55% of RSG Mental Health Project beneficiaries suffer from depression (compared with 20% incidence rate across the UK);
- 32% of RSG Mental Health Project beneficiaries suffer from anxiety (compared with 20% incidence rate across the UK);
- 23% of RSG Mental Health Project beneficiaries suffer from schizophrenia or psychosis (compared with 1% incidence rate across the UK).

4C: Suicide Rates

Friends, Families and Travellers casework indicates a disproportionately high prevalence of suicide among the communities worked with.

The following factors may contribute to higher rates of suicide within Gypsy and Traveller communities:

- Being an unpaid carer is a risk factor for suicide, with research in 2017 finding that carers had a risk of suicide that was almost twice the national average.[58] Gypsy and Traveller communities provide more unpaid care than any other ethnic group within the UK and have the highest proportion of carers providing more than 50 hours of unpaid care per week.[59]
- High levels of self-employment are risk factors for suicide; according to the 2011 Census, Gypsies and Travellers had the highest proportion of self-employment and elementary and skilled trade workers across all ethnic groups in England and Wales.[60] Low job security has been linked to a rise in suicide risk, and the link between job-related stressors and suicide appears to be particularly pronounced in manual labour jobs.[61]

[54] Greenfields and Brindley (2016) Impact of insecure accommodation and the living environment on Gypsies' and Travellers' health
[55] Parry et al (2004) Health status of Gypsies and Travellers in England
[56] Roma Support Group (2012) Roma Mental Health Project
[57] Roma Support Group (2022) Mental Health Guide
[58] ONS (2017) Suicide by occupation, England: 2011 to 2015
[59] ONS (2014) 2011 Census analysis: What does the 2011 Census tell us about the characteristics of Gypsy or Irish travellers in England and Wales?
[60] ONS (2014) 2011 Census analysis: What does the 2011 Census tell us about the characteristics of Gypsy or Irish travellers in England and Wales?
[61] Friends Families and Travellers (2022) Tackling Suicide Inequalities in Gypsy and Traveller Communities

4D: Perinatal mental health

Gypsy, Roma and Traveller women are 20 times more likely to experience the death of a child as a mother, when compared to the wider population.[62] Many Gypsies and Travellers experience bereavement and unresolved trauma from grief, which can have long-term health implications including depression, anxiety and increases in risk taking behaviours such as alcohol and substance misuse.[63]

In a study conducted by Parry et al, six percent of Gypsy, Roma and Traveller women interviewed had experienced the death of a child, excluding miscarriages, which contributed to depression.[64]
Medical staff have been shown to be more likely to offer anti-depressants than counselling services, which may exacerbate mental health issues experienced.[65]

Today, many Roma women from less traditional backgrounds consider the 'purity period' an old practice, but this can still impact on engagement with postnatal services such as health visitors. In traditional Roma communities, cultural practices mean that a woman is considered "unclean" for between one month and three months after giving birth - where she does not leave the house, is supported by female family members and her husband may move out of the home during this time.[66] This custom is known as a purity period, although a vast majority of Roma are aware of the practice under different names. Today, many Roma women from less traditional backgrounds consider the purity period an outdated practice, but this can still impact on engagement with postnatal services such as health visitors.

Generally, Roma women are aware that they may develop postnatal depression, but it is not common practice to seek support for it. Usually, Roma women do not see how support can practically help in these circumstances. Traditional Roma would not refer to postnatal depression at all, but if terms were used they would not have any health connotations. Such women would, for example, use terms like being worried, not able to sleep, having pain in the heart. Individuals experiencing serious mental health problems that are visible to other community members, could be branded 'crazy'.

Younger Roma generations, from less traditional groups, that went through the UK education system, have a better understanding of different mental health problems. However, recognition of more specific mental health issues is still limited. For example, the majority of young Roma are not aware that women can suffer from mental health issues after birth, such as post-natal depression, and not aware that help is available. Family members may also be unaware of these conditions and assume that a new mother experiencing mental health issues is simply struggling to manage new parenthood.

There is some awareness of postpartum depression within Gypsy, Roma and Traveller communities, but it may be referred to as "bad nerves", "the baby blues" by Gypsy or Traveller people or "afterbirth stress" by Roma people.[67]

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[62] Friends, Families and Travellers (2020) How to tackle health inequalities in Gypsy, Roma and Traveller communities
[63] Friends Families and Travellers (2019) Written Submission MHM0061
[64] Parry et al (2004) Health status of Gypsies and Travellers in England
[65] Richardson (2017) Precarious living in liminal spaces: neglect of the Gypsy-Traveller site
[66] Roma Support Group (2022) Maternity Services
[67] Friends, Families and Travellers (2023) GRT Maternal Health Inequalities

Section 5: Gypsy, Roma and Traveller Barriers to Mental Health Services

There are various barriers recognised which prevent some Gypsy, Roma and Traveller people from accessing mental health services with ease, although these experiences are not universal. These barriers are discussed in depth below, drawing on survey response data gathered by Friends, Families and Travellers and Roma Support Group to inform this guidance.

5A: Administrative Barriers

Long waiting lists

The difficulties associated with long waiting lists for mental health care are exacerbated in the context of nomadic lifestyles, as highly nomadic families and families living roadside may move to a new location before being seen. This is a disadvantage as families arriving in a new area will then join at the bottom of another waiting list for the same service, meaning it is harder for them to access services.

Long waiting lists for mental health services are a barrier for Gypsy, Roma and Traveller people that have no fixed address or may use a 'care of address'. Due to individuals not expecting appointment letters with the length of time they need to wait, it is likely that these will be missed and only seen after the appointment has already happened. They then have to attempt to access the service again at the bottom of the waiting list.

Length of waiting lists may deter Gypsy, Roma and Traveller people from accessing mental health services, as mental health is not something commonly discussed within the communities. It may be that at the initial access attempt from individuals they are ready to speak, but by the time the appointment comes around they have reconsidered.

Length of waiting lists prevent access to support while waiting for an appointment, meaning that mental health conditions can worsen during this time.

Lack of local services available

The Gypsy, Roma and Traveller micro-sector within the voluntary sector is widely underfunded,[68] causing deserts in the provision of services across England. While there are some dedicated mental health projects available to support Gypsy, Roma and Traveller community members, it is common for mental health provision to be provided by the NHS. However, Gypsy, Roma and Traveller community members may be unaware of local services, or may feel they cannot access services due to the service not being intended for them. Other difficulties when trying to access local services noted in survey responses include waitlists of up to a year or longer.

Lack of cultural awareness

Lack of cultural awareness among mental health professionals can be a barrier for Gypsy, Roma and Traveller community members who fear discrimination when accessing services. This can make people feel they are not being listened to or understood and can prevent people returning to services if they have a bad experience. Lack of cultural awareness also prevents professionals

[68] Friends, Families and Travellers, Bridges and deserts: Creating a solid foundation for Gypsy, Roma and Traveller civil society, 2021

thinking outside the box in terms of how their service can be adjusted to help the individual, reinforcing the notion held by many community members that mental health services are not 'for them'. For example, not being able to speak with a medical professional of the same gender as the patient can be a barrier in accessing mental health services, with community members feeling that more cultural awareness training is required.

Gypsy and Traveller community survey respondents said:

"Didn't go back after first access to one place as couldn't see a woman & couldn't talk to a man."

"Training on specific issues relating to cultural needs [is required]"

The above aspects can have a similar impact on Roma. But for Roma, lack of cultural awareness can make mental health service delivery culturally inappropriate. Cultural aspects regarding age, gender and vocabulary are impacting engagement, communication, understanding and trust. Furthermore, the Pew Global Attitudes Survey found that 52.9% of the respondents hold negative views towards the Roma community.[69] The fear of discrimination in health settings, such as experiencing forced sterilisation,[70] or other negative experiences connected with the lack of cultural awareness can impact engagement with mental health services.

5B: Cultural Barriers

Cultural pertinence regarding gender

In traditional Gypsy, Roma and Traveller families there are certain cultural preferences regarding gender in healthcare. When accessing healthcare, it is uncommon for individuals to open up to a medical professional of a different gender about specific health concerns such as gender-specific health issues or health concerns involving intimate parts of the body. Sometimes preference to see a same gender professional applies when engaging with mental health professionals, especially when the patient has a more traditional cultural background.

Lack of same-gendered staff is therefore a barrier for Gypsy, Roma and Traveller people as this prevents people from accessing services.

Roma patients are also often asked to bring family members or friends to interpret for them, but this is deemed as inappropriate in a health and mental health context due to cultural issues such as gender, age gaps and stigma around mental health. For Roma, having an interpreter of a different gender or generation (particularly if the interpreter belongs to the patient's family or immediate community) can create a barrier to open communication. For example, a Roma mother may be unwilling to share the details of her condition with her young son, even if he is acting as interpreter at a medical appointment. Because of this, important symptoms may not be communicated to the health professional.

[69] Pew Research Centre (2019) Pew Global Attitudes Survey
[70] Amnesty International Press Release (2021) Czech Republic: Hard won justice for women survivors of unlawful sterilization

Stigma around mental health

As mentioned, there are still negative connotations within the Gypsy, Roma and Traveller communities around mental health, and it is not a subject commonly spoken about.

One respondent noted:

"There is still stigma attached to mental health whether you are from a different cultural background or not."

There are beliefs within the communities that disclosing mental health problems may lead to a social services intervention. This is linked to historic instances of people being deemed 'mental' and being institutionalised. In many Gypsy, Roma and Traveller communities, family is the most important thing, meaning that people may be reluctant to disclose mental health issues, for fear that their family may be disrupted.

For some Roma groups, especially those from a more culturally traditional background, there is common belief that mental health problems are genetic and run in the family, meaning it is rarely discussed for fear of damaging the family's reputation or children's future chances of finding a marriage partner. The community's language, Romanes, also lacks the vocabulary to describe common mental health problems such as depression and anxiety attacks, as well as a range of different emotions, which can create barriers to accurate self-expression and diagnosis. Due to this lack of vocabulary, words for common problems are borrowed from the language of country of origin, for example, Polish. If it is visible or known that someone has mental health problems, they might be branded as 'crazy'.

The lack of vocabulary and stigma around mental health problems can affect health awareness, the understanding of different problems and diagnosis. This can then impact engagement with health professionals and suggested treatments; for example, the benefit of talking therapies may be limited or talking-therapy services may be refused, because Roma may not be able to express how they feel.

5C: Social Context Barriers

No fixed address

Artwork by Robert Czibi

For mainly Gypsies and Travellers, having no fixed address can cause multiple problems when trying to access healthcare. Both professional and Gypsy, Roma and Traveller community-member survey respondents noted this as a barrier. Having no fixed address should not prevent people from accessing healthcare services. A doctors' surgery cannot refuse to register patients because they do not have a fixed address, and if unable to provide an address, patients can be registered using the surgery address as the address of the patient.

Other forms of care of address can be used, for example Friends, Families and Travellers provide a care of address for roughly 300 families.

However, this may mean that post is missed or delayed which can result in missed appointment letters. One professional survey respondent said:

'Some families do report struggles with accessing mental health support unable to pick up post when they do reach the top [of the waiting lists].'

Another community respondent specifically noted difficulties when trying to access services provided by a mental health charity because they did not have a fixed address.

This is a barrier at the point of access, as if appointments are missed then commonly the patient is discharged automaticallyor sent to the bottom of the waiting list again.

For highly nomadic Gypsies and Travellers who live roadside with no fixed address, moving around compromises their position on local waiting lists, as they are moved to the bottom of the list in each new area.

Roma people often sublet properties where the rent includes bill payments, so people are unable to provide evidence of their address with letters, as the bills being paid are in the name of the landlord. In addition to this, many Roma live in multiple occupancy households and may struggle to provide proof of address. This dynamic is evident in the interviews and focus groups conducted by Roma Support Group and Friends Families and Travellers, as well as existing published data.[71] As previously outlined, inability to provide proof of address is a significant barrier to registration for Gypsy, Roma and Traveller patients attempting to access health services.

Low or no literacy

In Gypsy and Traveller communities, there are high levels of low or no literacy. Friends, Families and Travellers reports that 47% of its clients have low or no literacy levels. This can be a barrier to accessing mental health services, as people are worried about needing to fill in forms and do not want to disclose that they may not be able to read or write. Leaflets or further written information provided to Gypsies and Travellers upon accessing mental health services is therefore not suitable for those with low or no literacy.

Jargon and complicated language used by mental health professionals is another barrier for those with low or no literacy; it is seen as pointless to access a service if the help provided cannot be understood.

Roma people often had limited access to education in countries of origin[72] or were provided low quality education, such as being in segregated schools, resulting in low literacy skills and lack of understanding of medical terms in both their first language (usually Romanes) or second language (such as Polish or Romanian).[73] Over 20% of Roma over 16 perceive themselves as illiterate, and between 40%-60% of adult Roma in the EU are functionally illiterate.[74] Many Roma people have trouble reading formal letters or any written material in any language including English. Many Roma may even struggle with letters if they are translated into their second language such as Polish or Slovak, as it may still be difficult for the patient to understand the information with limited vocabulary. Struggling with dates and times, as well as terms used in a medical context in a second or third language, can cause missed appointments and

[71] Institute for Health and Human Development (2010) Health and Social Care Needs Assessment of Eastern European (including Roma) individuals living in Barking and Dagenham

[72] EU Fundamental Rights Agency (2014) Roma survey – Data in focus Education: the situation of Roma in 11 EU Member States

[73] Roma Support Group (2022) Language barriers and communication

[74] Fatma Bajram Azemovska, European Commission (2020) Basic literacy of Roma (2020)

misunderstanding.[75] It is important to note that struggling with dates and times affects the most disadvantaged and vulnerable community members and may not be relevant for all Roma.

Language barriers

Many Roma people have poor English skills. According to 2021 Census data, only 27.8% of Roma in England and Wales mentioned English as their main language.

Therefore, many Roma require an interpreter or health advocate, which is in line with NHS England guidance to provide an interpreter rather than using family or friends of the individual.[76] Barriers arise due to the lack of professionals that speak Romanes who can interpret meaning that communication normally occurs in the patients' second language, which can lead to misunderstanding.[77] The lack of Romanes interpreters mean that family members are often called to interpret, but this is not appropriate due to cultural reasons, such as age difference, gender issues, taboos around health, mental health and the stigma surrounding this.

Roma people may also be reluctant to disclose their identity as Roma, due to previous experiences of discrimination. This may make it difficult to identify the need for Romanes interpreter.

Digital exclusion

Gypsies and Travellers experience high levels of digital exclusion, with over 50% of those surveyed by Friends, Families and Travellers not feeling confident when using the internet.[78] Many Gypsies and Travellers indicate that low literacy levels are the main barriers preventing access to the internet, in addition to cost, running out of data and poor signal in rural or remote areas.[79]

Roma people experience digital poverty and lack adequate technology and/or equipment such as smartphones and laptops.[80] A lack of digital skills to engage with the internet and other digitised platforms also prevents Roma from engaging in a meaningful way.[81] This might affect them accessing mental health services.

Immigration status

Roma people in the United Kingdom are usually EU migrants. The vast majority of Roma have successfully acquired immigration status under the EU Settlement Scheme (EUSS). The EUSS is a new and digital-only system. Roma people have difficulties confirming their EUSS due to its digital-only nature as they face digital exclusion, as mentioned above.[82] A small minority of Roma may have not obtained EUSS yet. Some of these may have been victims of informal third parties who charged for EUSS services without successfully obtaining the immigration status. Failure to confirm[83] EUSS status or apply to EUSS may negatively affect access to services in the UK,

[75] Roma Support Group (2022) Language barriers and communication
[76] Roma Support Group (2022) Language barriers and communication
[77] Roma Support Group (2022) Language barriers and communication
[78] Friends Families and Travellers (2018) New report reveals significant digital exclusion in Gypsy and Traveller communities in the UK
[79] Friends Families and Travellers (2018) New report reveals significant digital exclusion in Gypsy and Traveller communities in the UK
[80] Lawforlife (2021) Digital exclusion and Roma communities in the context of child protection
[81] Lawforlife (2021) Digital exclusion and Roma communities in the context of child protection
[82] Bulman (2020) 'I have nothing': Roma people left without support and at risk of exploitation due to digital-only status
[83] Bulman (2020) 'I have nothing': Roma people left without support and at risk of exploitation due to digital-only status

including mental health services.[84] The 2021 Census revealed that 13.8% of Roma reported being British nationals.

Lack of historical perspective and awareness of intergeneration effects

There is a lack of research around exploring long-term trends in health inequalities, with a particular dearth of research addressing the long-term health disparities between Roma and non-Roma.[85]

Although there is increasing recognition of what Roma populations suffered before, during and after the Holocaust, a historical perspective exploring the legacy of these experiences for Roma is largely absent from research.[86] The presence of intergenerational approaches would help to unpack the trauma and its mental and physical health impacts which have been transmitted over decades.[87]

Section 6: Impact of Covid-19 on mental health services

The Covid-19 pandemic has had a huge impact on all healthcare services. Mental health services have been both negatively and positively impacted, outlined below as identified by professionals responding to our survey call.

Negative	Positive
• Services are less accessible and less inclusive. • Longer waiting lists leading to increased waiting times for all people. • Increased demand for mental health services, particularly amongst young people. • Digital exclusion: GPs have adopted complicated online booking systems, which are hard for clients to navigate and access referrals online. • Literacy problems mean patients are unable to self-refer. • Isolation due to less access to hubs and open drop-in services – some in the communities are more afraid of social mixing due to infection risk. • Lack of dedicated workers for Gypsy, Roma and Traveller communities. • Loneliness among particularly older men.	• More available options on digital mental health services for children and young people which could be seen as positive step. • Greater knowledge and awareness of mental health issues and more people reaching out for support.

It is important to note that while some positive impacts have been listed by professionals, for Roma, the pandemic did not raise awareness of mental health among the community. Covid-19 caused many Roma to feel more isolated and have less access to information.

[84] GOV UK (2021) EU Settlement Scheme: information for late applicants

[85] Orton et al (2019) Roma populations and health inequalities: a new perspective
[86] Orton et al (2019) Roma populations and health inequalities: a new perspective
[87] Orton et al (2019) Roma populations and health inequalities: a new perspective

Section 7: Examples of good practice and key enablers

The below examples of good practice and key enablers of service access have been collected and developed using data gathered by Friends, Families and Travellers and Roma Support Group, based on anecdotal evidence through service provision, survey responses, and desk research.

7A: Good Practice

Accessible drop in services

Rural Community Action Nottinghamshire had an accessible drop-in service dedicated to the Gypsy and Traveller communities with a trusted and known support an advice worker.

Friends, Families and Travellers offer a monthly drop-in session for Gypsy, Roma and Traveller men to attend, run by male staff members, where people can ask for help around mental health and accessing these services.

Roma Support Group provides mental health advocacy services over the phone, in person and through group support for men, women, children and young people. This support includes raising awareness of mental health, providing information about the UK health system, support in accessing mental health services and raising awareness of Roma culture to professionals, through one-on-one and group sessions.

Having accessible drop-in services that people can attend with trusted individuals and organisations, which are known to have cultural understanding, helps to address barriers around the fear of discrimination.

Working with NHS services

In 2022, Roma Support Group's Mental Health project started a close collaboration with NHS service Newham Talking Therapies. Historically, there had been little engagement with NHS mental health services by the Roma community in Newham. Equally, mental health services often reported challenges when attempting to engage with Roma people and make services more accessible for them.[88]

Newham Talking Therapies is an NHS England service, which offers free confidential psychological support to the residents of London Borough of Newham. It helps with a range of problems such as anxiety and depression by providing a range of different types of psychological support.

The collaborative work included delivering cultural and needs tailored group sessions on mental health and wellbeing topics, such as stress management, women's health and wellbeing or managing worry. RSG's Mental Health project team worked closely with Newham Talking Therapies to progressively tailor the workshops to better meet the needs of the community.

Adjustments included: interpreting and support during the sessions through bilingual advocates; translating sign-up forms and presentations; support with filling sign-up forms; inviting bilingual mental health professionals; using accessible language and focusing on practical strategies; using visual and discussion prompts; providing a 15-20 minutes slots for participants to raise

[88] TrustTalk, East London NHS Foundation Trust Magazine (2023) Roma Workshops

specific concerns impacting their mental health (such as housing issues, debts, etc.) and signposting to relevant services.

Building trust with community members

Some professional survey respondents noted that a few local GPs had supported with managing waiting lists and provided regular check-ins for Gypsy, Roma and Traveller patients. Such measures help to build a relationship of trust, which begins with learning about their culture. This knowledge then equips GPs to support individuals wherever they are in the country. For mental health, this is essential as GPs can then keep track of waiting lists, prescriptions and can check in with patients on the phone.

Trust is a big aspect of any relationship between Gypsies, Roma and Travellers and mental health professionals. Stories about good experiences and trustworthy staff members spread quickly among the communities. If one service has a good reputation among community members, then this will be cascaded to family and friends for them to attend the service also. Similarly, negative experiences will also be communicated within the communities. More than 34% of professional survey responses mentioned trust as a key enabler to good practice at least once.

Case Study: Newham

'Roma Support Group worked with a young Polish Roma person based in Newham, who was not engaging with mental health services and kept missing appointments for psychiatric treatment or psychological assessments. A process of slow engagement was started, firstly through home visits, to which the young person responded better. Liaising with the person's care coordinator helped to better understand the services' position and attempts to engage. Building a relationship of trust with the young person through regular contact was essential in helping the person become more engaged. Accompanying the young person to their appointments helped, as well as communicating with the [person's care] coordinator.'

Community health visitors

Some professional survey respondents noted that they have a local mental health specialist who is from the Romany Gypsy community, and who was able to support them to access health services. Specialist health visitors working with people can fast track referrals and ensure that needed mental health services are given appropriately.

'Currently we have a specialist health visitor who is open to support individuals of all ages and is not limited to working exclusively with mothers with children under the age of five years old (like most health visitors are). Our specialist health visitor can make and fast-track health and mental health referrals.'

Local GP practices with specialised support

In terms of accessing mental health services, individuals being registered with a GP that they trust is key. GPs that understand Gypsy, Roma and Traveller patient's needs can support them in navigating services, for example by monitoring waiting times and reminding the patient of appointment details, to avoid missed appointments and consequent discharge from the service

Roma Support Group emphasises that local GPs that have been most helpful are good at listening, treating patients with respect and asking more in-depth questions if the patient presents with a recurring problem.

Working with community organisations

Working with community organisations can support with a culturally appropriate engagement between service users and the health service. Community organisations can help to take the first step to build that trust with mental health services and overcome stigma when discussing mental health support.

For example, Roma Support Group provide a culturally aware link between clients and the health service, and a space where clients feel safe discussing mental health problems because they know the adviser and the organisation very well. The Roma Support Group mental health advocacy project developed a leaflet for health professionals that Roma patients can use when accessing mental health services, to highlight cultural differences.[89]

Friends, Families and Travellers have also specifically attended mental health appointments with clients to ensure the community member understands the information that is being given to them in a culturally pertinent way, to overcome stigma and to provide one-to-one support, while managing expectations of the service.

Support with suicide prevention services

Roma Support Group have provided a culturally aware link between the client and health services, an example being suicide support services.

RSG Roma Mental Health Advocacy Project.[90]

Case Study: Roma Support Group Advocate

'A service user who had suicidal thoughts self-referred herself to a talking therapy, with support from a mental health advocate at Roma Support Group. The advocate was able to secure a female therapist after explaining some Roma people are not comfortable with therapists of a different gender.'

Gypsy and Traveller resources around support for suicide have been developed, for example the suicide prevention film 'Hold Out a Hand'[91] was supported and commissioned by Noah Enterprise, and then published through Travellers' Times website.

Samaritans worked GateHerts, a Gypsy and Traveller organisation, and documented a listening exercise. The exercise was made available through the "Listening to Gypsies and Traveller communities" video produced by Rural Media.[92] Samaritans has also worked with Rural Media to produce "Here to listen", a dramatised video illustration involving a Traveller man accessing the Samaritans listening service.[93]

Friends, Families and Travellers, a Gypsy, Roma and Traveller charity, published the report "Tackling suicide Inequalities in Gypsy and Traveller communities".[94] The report was supported and developed in collaboration with Office for Health Improvements and Disparities and provides guidance to healthcare professionals on ensuring Gypsy and Traveller communities are included in suicide prevention planning and support. FFT also published the report "Experiences of Suicide

[89] Roma Support Group (2012) Roma Mental Health Project
[90] Roma Support Group (2021) Roma Mental Health Advocacy Project – Self Evaluation Report
[91] Traveller Times (2022) Hold Out a Hand
[92] Rural Media – Traveller Times, Listening to Gypsies and Travellers (2023)
[93] Rural Media – Traveller Times, We're here to listen (2023)
[94] Friends, Families and Travellers (2022) Tackling Inequalities in Gypsy and Traveller Communities

in Gypsy, Roma and Traveller Communities" summarising experiences reported by 32 members of the Gypsy, Roma and Traveller communities.[95]

The NHS Race & Health Observatory has published the report "Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities: Identifying Best Practice".[96] Conducted by the University of Worcester and Gypsy, Roma and Traveller organisations, this report provides a review exploring a lack of mental health services for Gypsy, Roma and Traveller communities and highlights examples of good practice from across England. Professional survey respondents noted that due to the high rates of suicide within Gypsy, Roma and Traveller communities, there needs to be further support made available to extended family members to prevent more lives being lost.

Communities research-based approach

Working closely with experts by experience to research what the communities want and need is imperative to creating impactful support. The key to success is making sure people from Gypsy, Roma and Traveller communities are included at every level of discussion, co-production and distribution of resources, services, and advocacy.

7B: Key enablers for examples of good practice

Building a relationship of trust is essential between Gypsy, Roma and Traveller people and mental health service providers for long-term engagement, as well as between community organisations and mental health services so that referrals can be made and services carried out in good faith.

The following actions would enable implementing good practices to support access to mental health services for Gypsy, Roma and Traveller communities:

- Mental health professionals receiving training on cultural awareness of Gypsy, Roma and Traveller communities would enable understanding of how to deliver more inclusive mental health services.
- Ensuring flexibility in mental health service provision is key, as this helps to overcome the barrier where Gypsy, Roma and Traveller people may feel that services are not for them. For example, being understanding about missed appointments instead of discharging without notice.
- Working within partnerships across organisations, for example ensuring there is an advocate or adviser that can provide explanations to Gypsy, Roma and Traveller people to make accessing services easier.
- Ensuring there is a holistic view of the patient when providing treatment, instead of focusing on one ailment, to make sure that the best version of care is being provided. For example, the vast majority of Roma accessing Roma Support Group's mental health projects struggle with other problems; 90% of project attendees stated they struggle with non-health-related problems (e.g. 48% having housing problems, 29% having debts).[97]
- Working with Gypsy, Roma and Traveller mental health advocates to ensure culturally appropriate approaches.
- Providing the option for Gypsy, Roma and Traveller people to speak to a male or female, community member or non-community member of the team.

[95] Friends, Families and Travellers (2023) Experiences of Suicide in Gypsy, Roma and Traveller communities
[96] NHS Race & Health Observatory (2023) Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities: Identifying Best Practice
[97] Roma Support Group (2012) Roma Mental Health Advocacy Project Evaluation Report

- Offering a safe space for Gypsies, Roma and Travellers where they do not feel judgement and can open up about their feelings.
- Ensuring what has been promised to a Gypsy, Roma and Traveller patient is followed through, to continue relationships, otherwise trust will be broken.

Section 8: Culturally informed practice

Culturally informed practice is crucial in ensuring delivery of the best healthcare practice. Recommendations and examples, regarding communication, include:

- Clear, jargon free and direct communication.
- Develop alternatives to written information.
- Use non-verbal methods of communication, use visual materials, role modelling, role playing where possible.
- Use community languages (if possible, work with bi-lingual Roma advocates/interpreters).
- Avoid using relatives as interpreters.
- Offer in person, phone consultations as well as digital.
- Provide practical examples.
- Repeat information.
- Make sure clients understand what you told them and what they need to do by asking them to explain back information.

It is important to note that communication is vital in all forms, and for Roma it does not just relate to speaking English.

Other recommendations include:

- Ensure staff awareness of cultural issues (taboos, age, gender and other).
- If possible, invest time to establish trust and respect.
- If offering digital appointments, check that service user can access them.
- Use existing resources.
- Be flexible and creative.
- Avoid making assumptions.
- Offer practical support.
- Work with local Gypsy, Roma and Traveller organisations and Gypsy, Roma and Traveller advocates, as relevant for the Gypsy, Roma and Traveller community member supported (e.g. Roma organisation/ Roma advocate for Roma community member).
- Train community language interpreters in cultural awareness.
- Include knowledge about cultural context in training for all treatment providers.
- Work with community groups to provide basic information about your services.
- Outreach through mobile teams of workers skilled in community languages.
- Train more Roma interpreters/advocates, including cultural awareness.
- Offer drop-in sessions with no appointment.

Section 9: Recommendations

This section will outline suggested recommendations for various professionals, such as frontline health workers, commissioners and policy leads, primary care providers and voluntary sector organisations.

Frontline health workers

- Mental health professionals to receive training on cultural understanding to make services more inclusive.
- Designate a specialist health worker who can fast track referrals if necessary.
- Maintain trust and relationships to be a constant part of their mental health journey, and ensure promises are kept.
- Mental health professionals should have awareness of the impact of intergenerational trauma on physical and mental health.
- Mental health professionals should be aware of trauma informed practice as defined by Office for Health Improvement and Disparities.[98]

Recommendations for team leads

- Include knowledge about cultural context in training for all treatment providers.
- Work with community groups to provide basic information about your services.
- Outreach through mobile teams of workers skilled in community languages.
- Train more Roma interpreters/advocates.
- Train community language interpreters in cultural awareness.
- Offer drop-in sessions with no appointment.

Commissioners and policy leads

- Consider commissioning or providing relevant professionals with cultural competency training.
- Research should be undertaken to identify how Gypsy, Roma and Traveller community members, experiencing bereavement and poor mental health could be better supported.
- Ensure that no service provision and support is "digital by default" and that information is available in accessible formats for those with low or no literacy and experiencing digital exclusion.
- Ensure approaches to evictions of roadside camps consider the mental health needs of individuals, considering how to ensure nomadic patients are not evicted whilst awaiting secondary mental health care, or how to ensure patients do not lose their place on a waiting list while travelling.
- Ensure that whole-population approaches to prevent poor mental health are accessible: consider how messaging can be accessible for people with low literacy or experiencing digital exclusion, and those who are self-employed.
- Look beyond the data and ensure Gypsy, Roma and Traveller communities are included as high-risk groups in your local suicide prevention planning: Gypsy, Roma and Traveller

[98] Office for Health Improvements and Disparities (2022) Working definition of trauma-informed practice

communities are often hidden in mainstream datasets, but a lack of local data does not indicate a lack of need.
- Allocate more funding for mental health services allowing more provision for Gypsy, Roma and Traveller people.

Primary care providers

- Complete the Inclusion Health Self-Assessment Tool to provide tailored guidance and practical steps on how to make mental health services more inclusive for Gypsies, Roma and Travellers.
- Link in with Gypsy, Roma and Traveller communities, representative organisations and existing mental health organisations and charities.
- Work with local commissioners and GPs to ensure that nomadic patients or those with no fixed address are never wrongfully refused registration in primary care.
- Collect local data within your PCN around Inclusion Health groups to identify where more mental health support may be needed.
- Invest in and link in with local VCSE organisations, services and community groups. Organisations with strong links with communities locally will be best placed to support understanding of local need and ensure a voice for Gypsies, Roma and Travellers.
- Research your local Gypsy, Roma and Traveller population to ascertain what type of support would be best placed to help people with their mental health – Gypsies, Roma and Travellers are not a homogenous group.

Voluntary sector organisations

- Voluntary sector organisations providing specialist bereavement support should work with Gypsy, Roma and Traveller VCSE organisations to ensure they are accessible and reaching communities.

Recommendations directly from Gypsy, Roma and Traveller people

- Understand Gypsy, Roma and Traveller culture better and challenge stereotyping.
- Provide services more accessibly – suggestions ranged from online/virtual services and mobile therapists to easily accessible drop-in sessions.
- Cultural competency training on specific issues relating to cultural needs and barriers to care e.g., literacy – mental health nurses.
- Access to healthcare workers of the same gender.
- More language support.
- Strengthening recruitment and training to improve access of Gypsy, Roma and Traveller community members into mental health professional roles.
- Targeted mental health campaigns.