

Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People



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Introduction



Introduction

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 guidance was produced through work conducted by Roma Support Group and Friends, Families and Travellers as part of the VCSE Health & Wellbeing Alliance.

- **The Health and Wellbeing Alliance (HWA)** is a partnership between voluntary sector representatives and the health and care system. It is jointly managed and funded by the Department of Health and Social Care, NHS England and UK Health Security Agency.
- **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, and work to end racism and discrimination against Gypsy, Roma, and Traveller people and to protect the right to pursue a nomadic way of life.



Aims & Methodology



Aims

The aim of this guidance is to:

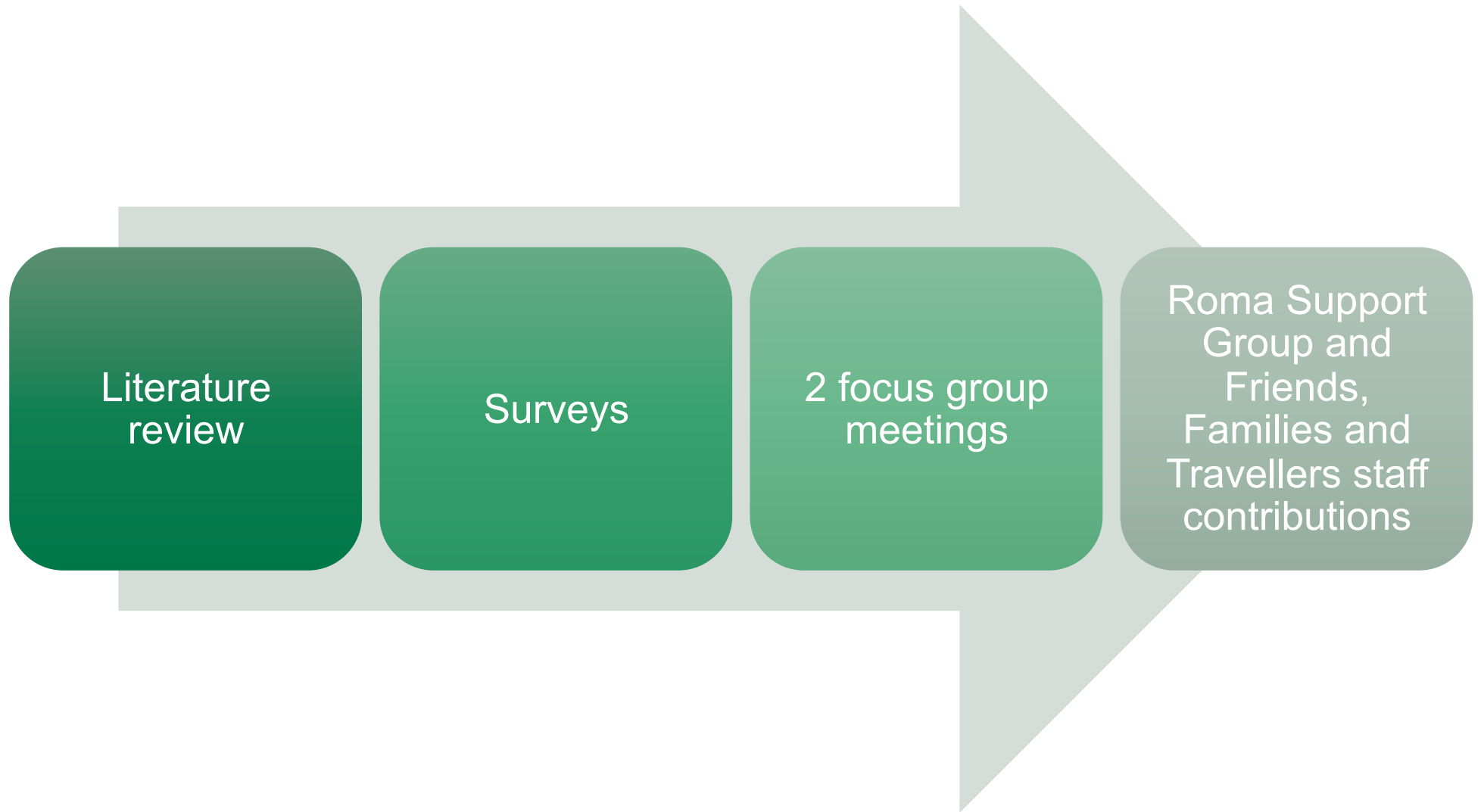
- Improve knowledge of Gypsy, Roma and Traveller inequalities around accessing mental health services.

- 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.



Methodology



Introduction to Gypsy, Roma and Traveller Communities



Introduction to Gypsy, Roma and Traveller communities



True or false?

**Roma, Gypsies
and Travellers
share the same
ethnic origins.**



Roma origins

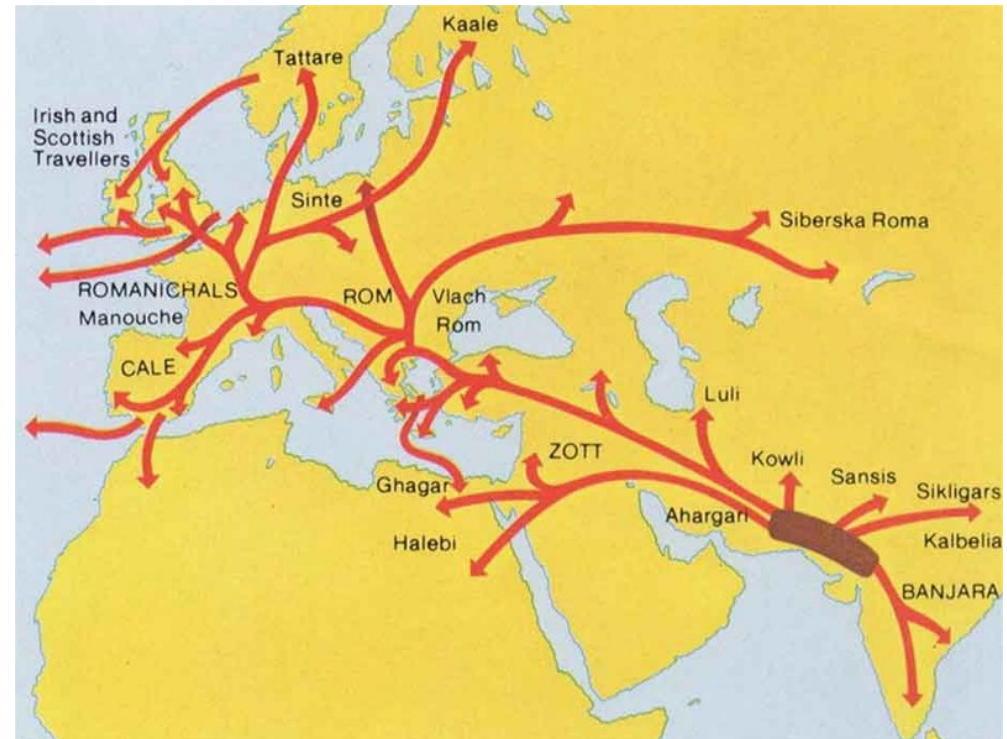
Roma originate from Northwest India.

Migration began about 1,000 years ago.

They travelled through Asia, North Africa, Europe and Americas.

They are considered to be Europe's largest ethnic minority without a state.

There are approximately 12 million in the world.



Introduction to Gypsy, Roma and Traveller communities

The term **Gypsy, Roma and Traveller (GRT)** 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. English Gypsies, also known as Romany Gypsies or Romanichal, are relatives of the Roma, with a common origin in India. They first arrived in England in the early 16th century.

Use of the '**GRT**' acronym presents the same issues as the use of '**BAME**', as it arguably fails to reflect the true diversity of the communities referenced.

There are many rich histories and diverse cultures within Gypsy, Roma and Traveller communities. This diversity includes some groups, families or individuals being more traditional with their cultural practices and way of life, with others being less traditional. It is therefore important to note that not all issues or health inequalities discussed may be relevant or applicable to all Gypsy, Roma and Travellers.

The barriers and issues identified in this guide are relevant to the most disadvantaged individuals and groups. Gypsy, Roma and Traveller communities have traditionally lived nomadic lives, although members of these communities have increasingly moved into bricks and mortar housing. While some Gypsy and Traveller communities still retain a travelling lifestyle, the vast majority of Roma are settled.

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/Travellers and a similar number of Roma. It is likely that the official census record is an underestimate of the true population size. Other sources estimate the UK's Gypsy, Roma and Traveller population to be in the region of **150,000** to **300,000**, or as high as **500,000**.



Gypsy, Roma and Traveller Health Inequalities and the Inclusion Health Context



Gypsy, Roma and Traveller health inequalities and the inclusion health context

Social conditions contribute to health, meaning poorer individuals experience worse health outcomes.

To support the reduction of healthcare inequalities, NHS England has developed the Core20PLUS5 approach.

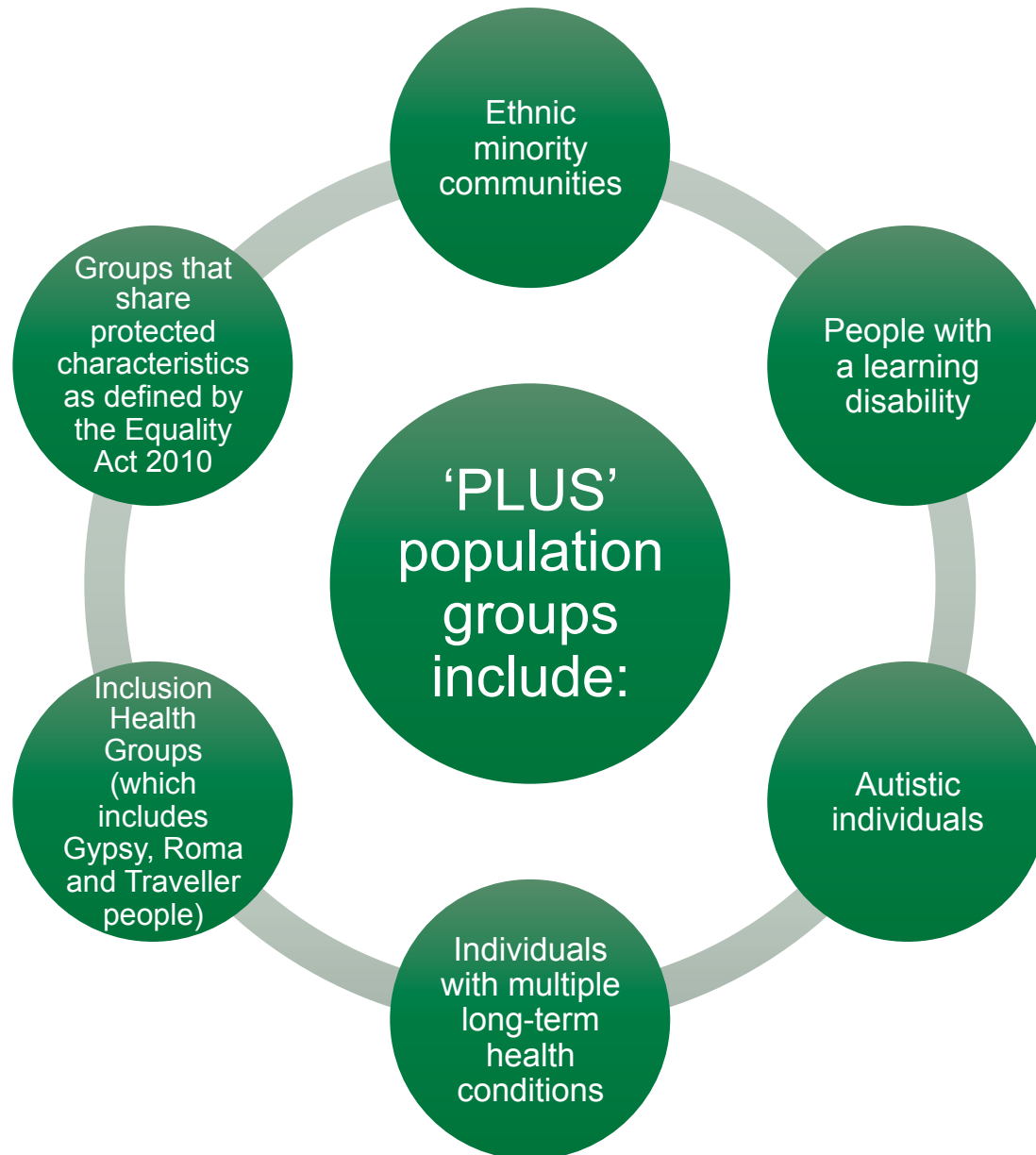
The **Core20PLUS5** initiative defines a target population requiring accelerated improvement.

“Health inequalities result from social inequalities”

The Marmot Review (2010)



'PLUS' population groups



Social determinants influencing Gypsy, Roma and Traveller health

Education

- 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, putting them at higher risk of health problems.

Employment

- According to the 2021 Census, **41%** of Gypsies and Irish Travellers were employed or self-employed, compared to **70.9%** of wider England and Wales population.
- GRT individuals have a higher risk of poor health due to the prevalence of unemployment.
- According to the Census 2021 found that **28.5%** of employed Roma work in elementary occupations, while the national average is **10.5%**.

Accommodation

- The lack of appropriate accommodation available for Gypsies and Travellers exacerbates inequalities in health and standards of living. This is exacerbated by a national shortage in both permanent and transit Traveller sites across England.



Gypsy, Roma and Traveller Mental Health



Gypsy, Roma and Traveller Mental Health

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



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.

Chronic exclusion across the social determinants of health places Gypsy, 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.

Many Gypsies and Travellers experience bereavement and untreated trauma from grief.



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.

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.

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".



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.

Like Gypsies and 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.



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.

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.

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.

Most schools do not properly challenge or acknowledge racist bullying against Gypsy, Roma and Traveller pupils, which negatively affects children's mental health.

Exclusions and leaving school early also means Gypsy, Roma and Traveller pupils are less likely to learn about managing their mental health.



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%).

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.

Low literacy and embarrassment around asking for help meant these activities were more limited.

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.



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.

As noted by the Council of Europe, many Roma LGBTQ+ 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 LGBTQ+, then Roma LGBTQ+ and exclusion for LGBTQ+ Roma living in ghettos.



Gypsy, Roma and Traveller Main Identified Mental Health Conditions



Gypsy, Roma and Traveller main identified mental health conditions

Gypsy and Traveller 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.
- Suicide is thought to be the cause of **11%** of all deaths for Irish Travellers.
- 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.
- Gypsies and Travellers **three times** more likely to experience anxiety, and over twice as likely to experience depression.



Roma communities

- Although high rates of anxiety and depression are reported in Roma communities, there are low levels of access to mental health services.
- 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:
- **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).



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 a **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.
- 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.
- **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.
- **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.



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.
- 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.
- In a study conducted by Parry et al, **6%** of Gypsy, Roma and Traveller women interviewed had experienced the death of a child, excluding miscarriages, which contributed to depression.
- Medical staff have been shown to be more likely to offer anti-depressants than counselling services, which may exacerbate mental health issues experienced.
- 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.



Roma Perinatal Mental Health

- 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.
- Generally, Roma women are aware that they may develop **postnatal depression**, but it is not common practice to seek support for it. Usually, More traditional Roma would use terms like being worried, not able to sleep, having pain in the heart.
- 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.



Gypsy, Roma and Traveller Barriers to Mental Health Services



Gypsy, Roma and Traveller Barriers to Mental Health Services

Administrative barriers:

- Long waiting lists
- Lack of local services available
- Lack of cultural awareness

Cultural barriers:

- Lack of cultural pertinence regarding gender
- Stigma around mental health

Social context barriers:

- No fixed address
- Low or no literacy
- Language barriers
- Digital exclusion
- Immigration status

Lack of historical perspective and awareness of intergenerational effects

- Lack of research addressing the long-term health disparities between Roma and non-Roma
- Lack of historical perspective when addressing intergenerational trauma in Roma communities



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

(Community survey respondent)



Examples of Good Practice



Examples of Good Practice

**Collaboration between
NHS services and
VCSE organisations
(Elise Coote, Newham
Talking Therapies)**

**Suicide Prevention
Resources (Eva Bell,
Samaritans)**



Recommendations



Recommendations

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.



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 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.



Questions & Answers



Closing Survey



Contact

**Roma Support Group 17
Old Ford Road, Bethnal
Green, London E2 9PJ**

- info@romasupportgroup.org
- 07949089778 (general enquiries)

**Friends, Families and
Travellers Community
Base, 113 Queens Road,
Brighton, BN1 3XG**

- fft@gypsy-traveller.org
- 01273234777



Resources

Roma Support Group
publication:
[Roma health guide](#)

Roma communities:
['7 things to know about
Roma'](#)

Subscribe to **Roma
Support Groups** e-
Bulletin newsletter by
clicking [HERE](#).

Friends, Families and
Travellers publication:
[Health inequalities
experienced by Gypsy,
Roma and Traveller
communities](#)

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Thank you

