



Gypsy and Traveller thoughts around wellbeing

A summary of the report compiled for Brighton and Hove CCG by Michelle Gavin, Friends Families and Travellers



INTRODUCTION

Friends, Families and Travellers (FFT) is a lead organisation seeking to address the problems facing the Gypsy and Traveller communities, providing advice and information along with a wide range of other services. FFT work nationally and for this project work solely with Travellers within Brighton and Hove city, whether residing in or 'resorting' to Brighton.

METHODOLOGY

From December 2013 – March 2014, 35 members of the Gypsy and Traveller communities were interviewed on the subject of mental health and well-being, and the routes and barriers to its improvement.

The interviewing was carried out through a combination of:

Bespoke questionnaire.
Telephone interviews/drop-in to office.
1:1 interviews.
Assertive outreach site visits (knocking on trailer doors, inc. on unauthorised sites).
Focus group – Department of Health chat hosted by FFT.
Informal Women's Group run by FFT.



DEMOGRAPHIC PROFILE

From December 2013 – March 2014 there was a fall in respondents as many Travellers over-winter elsewhere.

Gender, age and ethnicity
35 people were interviewed, of whom 19 (54%) were women and 16 (46%) men.
The survey was restricted to adult respondents.
About half of respondents were aged 23-39, the largest cohort.
23% were aged 18-22, and 29% aged 40 - 60+.
49% of respondents were from the New Traveller community, the largest cohort.
Of the remainder, almost a third (31%) were Irish Travellers.
14% were from the Gypsy community and 5% from the Welsh Traveller community.
Living situation
The majority (71%) lived on unauthorised sites.
23% lived in bricks-and-mortar accommodation, with just 2 respondents living on privately owned sites.
83% of respondents were Brighton residents. Less than a fifth (6 people) were 'resorting' to Brighton during the winter.





WHATTHE RESEARCH UNCOVERED

A sizeable proportion of respondents had experienced problems related to stress and/or anxiety. 10 had been linked with Brighton Mental Health Services/ wellbeing service, 12 had been prescribed medication for stress, anxiety or other mental health issue, and 11 had had a mental health crisis at some point.

Respondents had clear ideas about what worked for them in terms of dealing with feeling anxious or down:

Two thirds of respondents talked to friends and family about their problems.

More than half (54%) said counselling worked for them.

40% said travelling helped them.

The same amount (40%) said outdoor activities including work/animals/cars helped.

Stress/anxiety/depression was most common. **43**% complained of these. Physical health was an issue for a fifth of respondents (**7**). A minority mentioned dementia, bi-polar disorder and PTSD as problematic.

Perhaps the clearest correlation was in what respondents blamed for their poor wellbeing: the lack of a secure place to stay, and the lack of funds to enable them to do activities which would help their wellbeing. More than half (18 people) said living on a secure site with family would help, and a third (12 people) said they had insufficient funds to do activities.

Other big issues were debt (60% of respondents), bereavement (37%) and safety (for 29%). 60% said they suffered as a result of constant evictions, yet transition to bricks and mortar accommodation could equally prove stressful. Further, access to healthcare services will generally be restricted if one is not registered with a GP, which remains a problem within the community. "Travelling makes it impossible to access care in different counties," said a 50-year-old woman.



CONTEXTUALISING THE RESEARCH

These findings must be seen against a backdrop of poor health and economic security among Travellers compared to the wider population. **38**% of Gypsies and Travellers have a long term illness, compared to **26**% of age - and sex-matched comparators in the wider population (see Parry et al., 2004). Suicide and para-suicide levels are high. Life expectancy for IrishTraveller men is 20 years below the national average, and children report high levels of race-related bullying. Additionally, IrishTravellers have unemployment at over twice the city average for Brighton specifically.

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CASE STUDIES

These included

A New Traveller male aged 50+, who suffered a double blow of depression and physical injury following a bereavement. He was also not receiving the correct benefits. With support from FFT he lives in secure housing and cites this as a major benefit to his increased well-being.

A 50+ year - old transgender NewTraveller woman who had never accessed mental health services after experiencing a 'barrage of racism' at a first meeting with a psychiatrist. She stills feels unable to trust mental health professionals, though she knows this may be self-destructive. She cited work travelling as key means of dealing with stress, but that constant evictions make things worse.

A Gypsy woman in her mid - 40s, waited 9 months for Cognitive Behavioural Therapy sessions. She completed all 12 sessions with FFT support.

A 43 year - old IrishTraveller woman who was linked to the mental health service and had a community psychiatric nurse (CPN). With support from FFT she was able to explain her feelings in a 1.5 hour session. As a result her care plan and medication were tweaked and the client reported she had "found her voice" again.



EXPERIENCES OF COUNSELLING

These were mixed. While one woman had a CPN whom she regularly chatted to on Facebook, another did not like counselling, seeing it as all listening and no action. Others were concerned that mental health 'is a label that sticks with you', or that admitting to depression might lead to their children being taken away.

SUGGESTIONS FOR IMPROVING COUNSELLING SERVICES

A 'buddying system' or peer-support group with a pro-active, 'bubbly' co-ordinator.
Using social media/emails/texting to stay in contact.
Being on an equal footing with other people and professionals.
Personalised support; non-judgmental services; literacy issues being taken into account.
Personal Health Budgets could be used to fee mentor (travel, coffee etc).



SUGGESTIONS FOR IMPROVING COUNSELLING SERVICES

1.	Cultural awareness training to the well-being service around use of language, cultural pertinence and cultural practices.
2.	Training given to the local authority around housing issues and understanding the complexities related to entering bricks-and-mortar housing.
3.	For commissioned services to be more mindful about partnership work with FFT in delivering an improved mental health and well-being service to the community.
4.	For the CCG to look at more creative ways of engaging with the community - the use of the Health Bus in Brighton has been a very successful way of engaging the community and of introducing specialist health care services, and could work as an improved access point for those living on unauthorised sites.
5.	GPs considering providing prescriptions for gym membership, which is recommended as a preventative of various conditions under NICE public health guidance.
6.	To improve ethnic monitoring of Gypsy, Roma, Traveller patients among service providers.
7.	A peer support programme specific to Gypsies and Travellers.
8.	The positive introduction of Personal Health Budgets for the community to improve clients' well-being with work related issues/self esteem/training, rather than simply using traditional medication.



