

# Tackling Suicide Inequalities in Gypsy and Traveller Communities

September 2022



**FRIENDS,  
FAMILIES &  
TRAVELLERS**

# About us

**Friends, Families and Travellers (FFT) is a leading national charity that seeks to end racism and discrimination against Gypsies, Travellers and Roma and to protect the right to pursue a nomadic way of life. We support individuals and families with the issues that matter most to them, at the same time as working to transform systems and institutions to address the root causes of inequalities faced by Gypsy, Roma and Traveller people.**

Every year, we support over 1,300 families with issues ranging from health to homelessness, education to financial inclusion and discrimination to employment. Over half of our staff team, volunteers and trustee board are from Gypsy, Roma and Traveller communities.



# Acknowledgements

This report was compiled by Josie Garrett.

Our thanks go to the following for their invaluable input, feedback, and case studies for this resource; of Friends, Families and Travellers, Tommy Buck, Matthey Mitchell, and Samson Rattigan; of GATEHerts, Josie O’Driscoll; of Leeds GATE, Rachel Cooper; of Traveller Pride, and as an Independent Psychotherapist, Tyler Hatwell.

Our thanks also go to Lily Makurah, Kate O’Hagan and Kate Sahota of the Office for Health Improvement and Disparities for their guidance throughout this project.

Produced in collaboration with



Office for Health  
Improvement  
& Disparities

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# Overview

**Gypsy and Traveller**  
**communities are nearly three**  
**times more likely to be anxious**  
**than others, and just over twice**  
**as likely to be depressed.**

# Introduction

There is limited evidence available on the mental health needs of Gypsy, Traveller, Showman and nomadic communities, or on the prevalence of suicide amongst these populations. Despite this, where evidence exists, it conveys a picture of significant unmet need<sup>1</sup>.

In the largest study of its kind, Parry et al found that Gypsy and Traveller communities are nearly three times more likely to be anxious than others, and just over twice as likely to be depressed<sup>2</sup>. In addition, 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<sup>3</sup>.

At Friends, Families and Travellers, our casework indicates a disproportionately high prevalence of suicide among the communities we work with. Reflecting this, community members, activists and Gypsy and Traveller voluntary sector organisations alike, all anecdotally report higher incidence of suicide within Gypsy and Traveller communities in England.



**Josie O’Driscoll of GATE Herts, explains the importance of ensuring Gypsy, Roma and Traveller people are included in suicide prevention planning:**

“Gypsies and Travellers face a high risk of dying by suicide. We need to remember that each suicide statistic is a person, and that each death will leave family and friends devastated. Tackling this inequality must be central to suicide prevention, and suicide prevention strategies must include Gypsies, Roma and Travellers. Greater awareness and training will ensure practitioners have the skills they need to recognise, understand, and respond to Gypsy, Roma and Traveller people who may be in distress”.



As we move into a period of recovery from the pandemic, and its significant impact on mental health across society, it is more important than ever that groups at the greatest risk of poor mental health are provided with vital support.

The effects of this inequality are profound for Gypsy and Traveller people. Every life lost to suicide represents the loss of a family member, partner, child, or friend, and the ripple effects of each loss are deeply felt throughout communities. Those impacted by suicide may face difficulties in employment, continuing with caring responsibilities, or maintaining social relationships and support<sup>4</sup>. All of these, in turn, can significantly raise their own risk of future poor mental health<sup>5</sup>.

Despite inequalities in suicide, Gypsy and Traveller communities are often missed by whole-population approaches to suicide prevention, and continue to face barriers to accessing necessary care and support<sup>6</sup>. Gypsies and Travellers are invisible in the cross-government National Suicide Prevention Plan, and previous research we conducted shows that, of 89 local suicide prevention plans representing 110 local areas, only 5 mention Gypsy and Traveller communities<sup>7</sup>.

In addition, whilst many service providers and professionals may be eager to tackle inequalities in suicide amongst their local populations, Gypsy and Traveller communities are often hidden in mainstream datasets, and it can therefore be difficult for professionals to identify the size of local populations, or their needs.

It is crucial that concerted action is taken to tackle the factors that lead to poor mental health among Gypsy and Traveller communities, and to ensure that Gypsy and Traveller people are able to access culturally-competent and effective support within services.

With practical information, recommendations, and examples of good practice, this resource aims to support professionals to take action on the social inequalities that lead to high risk of suicide among Gypsy and Traveller populations, and to ensure that mental health support services are inclusive for Gypsy and Traveller people.



“Although the picture on the ground is so bleak, so little is known. Mental health is a conversation that has picked up in recent years, but it isn’t enough; I’m excited to see this report and to see positive steps towards a world where less Travellers feel trapped and die by suicide, and to a world where people with severe mental illnesses and disorders are given genuine robust support.”

**Tyler Hatwell, Psychotherapist and Founder of Traveller Pride.**

# Aims of this report

This resource provides guidance for a variety of public health and healthcare professionals on how to ensure Gypsy and Traveller communities are included within suicide prevention planning and support.

The aims of this resource are

Improved knowledge and understanding within the health and care system of suicide inequalities in Gypsy and Traveller communities

Improved knowledge and understanding of how to approach suicide prevention planning in Gypsy and Traveller communities.

Improved understanding of needs of Gypsy and Traveller communities in relation to suicide bereavement.

## Who is this report for?

This resource was developed to support all professionals working in suicide prevention planning in their local area.

This may include:





# **Introduction to Gypsy, Roma and Traveller communities**

**There are 300,000 Gypsy and Traveller people in the UK, which is 1 in 200 people, and another 300-500,000 migrant Roma people.**

	Romany Gypsies	Migrant Roma	Irish Travellers	Travelling Showpeople	New Travellers	Liveaboard Boaters
Ethnicity	Historically originating in northern India, Romany Gypsies have been in the UK for many generations.	Historically originated in Northern India and settled in Europe (including Romania, Slovakia, Czech Republic and Poland) before migrating to the UK more recently.	Irish Travellers originated in Ireland as a distinct and separate ethnic group from the general Irish population recorded since the 12th century.	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.	New Traveller' can describe people from any background who chooses to lead a nomadic way of life or their descendants.	Anyone who lives on a boat, from all walks of life and backgrounds.
Arrival in England	Before the 16th Century.	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.	Recorded from the 18th century.	According to the National Fairground Archive the first recorded charter was granted to King's Lynn in 1204.	The New Traveller movement finds its roots in the free festivals of the 1960s, but people of all backgrounds have practiced nomadism throughout history.	People have been living and working on boats since canals were built in England in the 18th Century.
Language	Romany Gypsies speak English and many also speak a Romani dialect to varying levels of fluency.	The majority of Roma speak their European origin country's language(s). Many Roma also speak a Romani dialect, as well as English to varying levels of fluency.	Irish Travellers speak English and some speak Gaelic/Irish. Many Irish Travellers also speak Gaelic derived Gammon or Cant.	Showpeople primarily speak English.	New Travellers primarily speak English.	Liveaboard Boaters primarily speak English.
Accommodation type	Around 75% of Romany people live in housing, and 25% live on Traveller sites, in caravans or chalets, or roadside.	The vast majority of Roma people live in housing, although there are disproportionate levels of homelessness and overcrowding.	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.	Most Showpeople live on yards in the winter months and travel during the summer months.	New Travellers lead a nomadic way of life – in vans, mobile homes, caravans and a small proportion are horse drawn.	Boaters live on narrow boats, barges or river cruisers, whether on a home mooring, a winter mooring or continuously cruising on a canal, or in a marina.

# Understanding your local Gypsy and Traveller population and their needs

- **Look beyond the data and ensure Gypsy and Traveller communities are routinely included as high risk groups in your local suicide prevention planning:** Gypsy and Traveller communities are often hidden in mainstream datasets, but a lack of local data does not indicate a lack of need.
- **Conduct your own data collection and analysis:** Refer to page 23 for the best available datasets by local area.
- **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 you to understand local need and ensure a voice for Gypsies and Travellers in your multi-agency suicide prevention group.
- **Consider commissioning or providing relevant professionals with cultural competency training.**



**Find out more about  
FFT's training packages**



# Tackling the key issues and barriers

## Gypsy and Traveller people experience

### in relation to suicide prevention

- **Take a multi-agency approach to tackling the wider determinants of poor mental health:** consider how partners across your suicide prevention group can be tackling the key determinants of suicide for Gypsies and Travellers. For example, public health leads can work to ensure local authorities are supporting negotiated stopping for people living roadside.
- **Consider key social risk and inter sectional factors such as self employment, and unpaid care responsibilities:** Gypsy and Traveller communities may be missed by whole-population approaches to suicide prevention, so link in with voluntary sector partners and community groups to reach people at particularly high risk.
- **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.





- **Work with local commissioners and Primary Care Networks (PCNs) to ensure that nomadic patients are never wrongfully refused registration in primary care:** Local PCNs can assess how successfully they are engaging with Gypsies, Travellers and other inclusion health groups [here](#).
- **Consider how Integrated Care Systems (ICS), local authority, and criminal justice partners can work together to ensure approaches to evictions of roadside camps take into account the mental health health needs of individuals:** Consider how you can ensure that 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 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:** this includes working with local PCNs, commissioners and secondary mental healthcare services to ensure that Improving Access to Psychological Therapies programme (IAPT) services are accessible.
- **Research should be undertaken to identify how Gypsy and Traveller community members, experiencing bereavement, could be better supported.**
- **Voluntary sector organisations providing specialist bereavement support should work with Gypsy and Traveller VCSE organisations to ensure they are accessible and reaching communities.**

# Example Good Practice Interventions that can be included in Suicide Prevention Planning

- Refer to good practice interventions that can be included in suicide prevention planning locally.

**See page 36 for examples**



# Why are Gypsy and Traveller communities under-represented in datasets?

Public health and healthcare professionals may be unsure where to start when seeking to understand their local Gypsy and Traveller populations, or their needs. Gypsy and Traveller communities are often invisible in datasets, and therefore services are often designed without them in mind.

There are a number of key factors that contribute to a lack of relevant data on mental health and suicide prevalence among Gypsy and Traveller communities.





## These include:

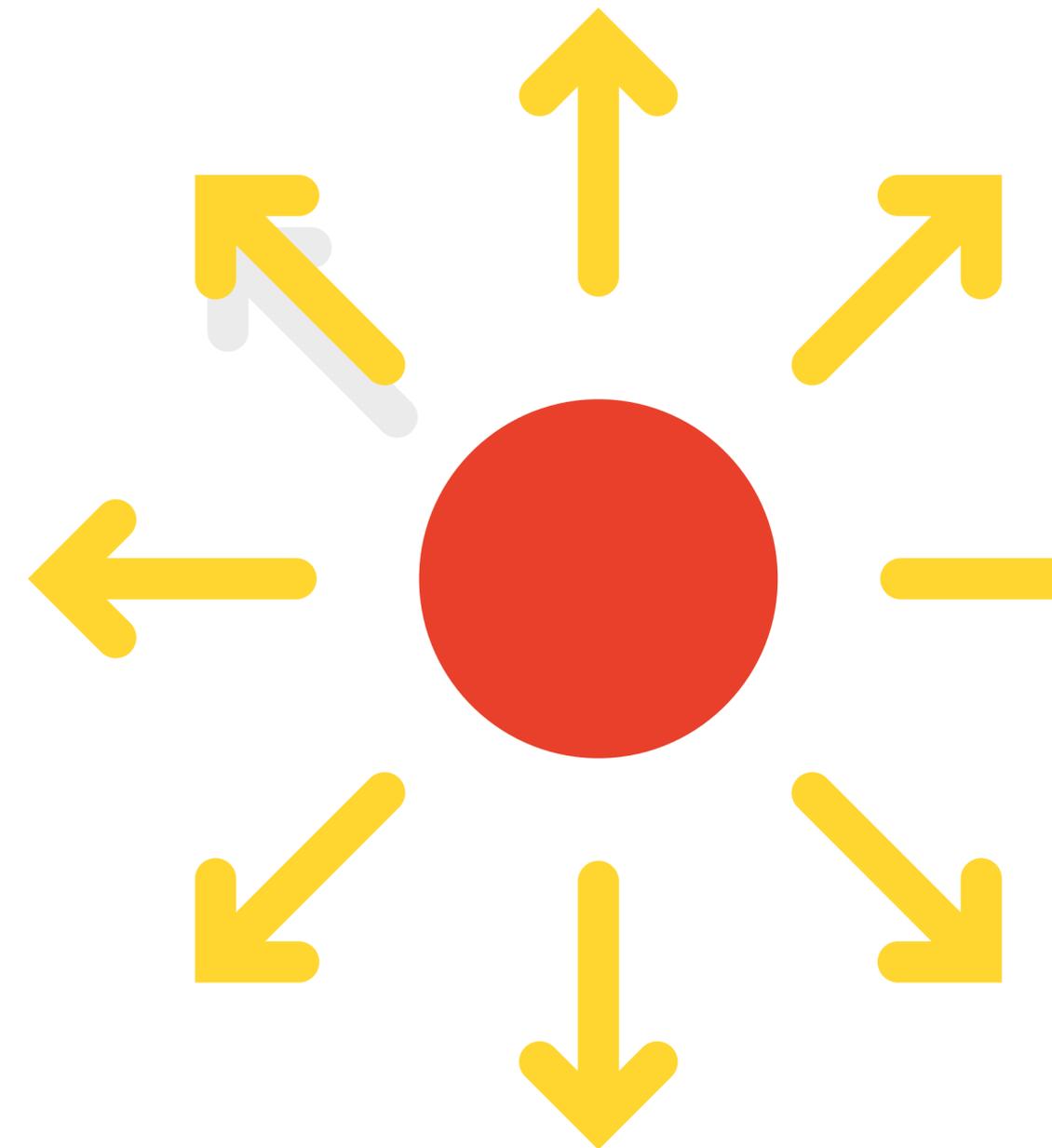
- The historic failure to include Gypsy, Roma, Traveller and Showmen ethnic groups in the NHS data dictionary, which means that data is often not collected within health and care services.
- A reluctance to disclose ethnicity among Gypsy and Traveller people due to low trust in statutory services as a result of fear of, and practical experience, of discrimination.
- A failure to historically record Gypsy and Traveller ethnicity upon death, resulting in no official records on suicide as a cause of death among Gypsy and Traveller communities (although we welcomed the development in early 2019 to incorporate Gypsy and Traveller ethnicity in the minimal dataset for coroners to collect following a death by suicide).

## How do I reach out to Gypsy and Traveller communities locally?

A good start towards engaging with communities is to identify a local Gypsy, Roma or Traveller voluntary sector organisation or nurse-led service. Friends, Families and Travellers have created a Services Directory of voluntary sector organisations who work with Gypsy, Roma and Traveller communities who may be able to help you on your journey.

If there are no local organisations, it is useful to consider the services that Gypsies and Travellers may be accessing locally. For example, there may be local welfare advice drop-in services or community groups that are accessed by Gypsies and Travellers. It is also important to consider that levels of trust between Gypsy and Traveller communities and services will impact on the amount and quality of data collected.

**Find out more about FFT's Services Directory**

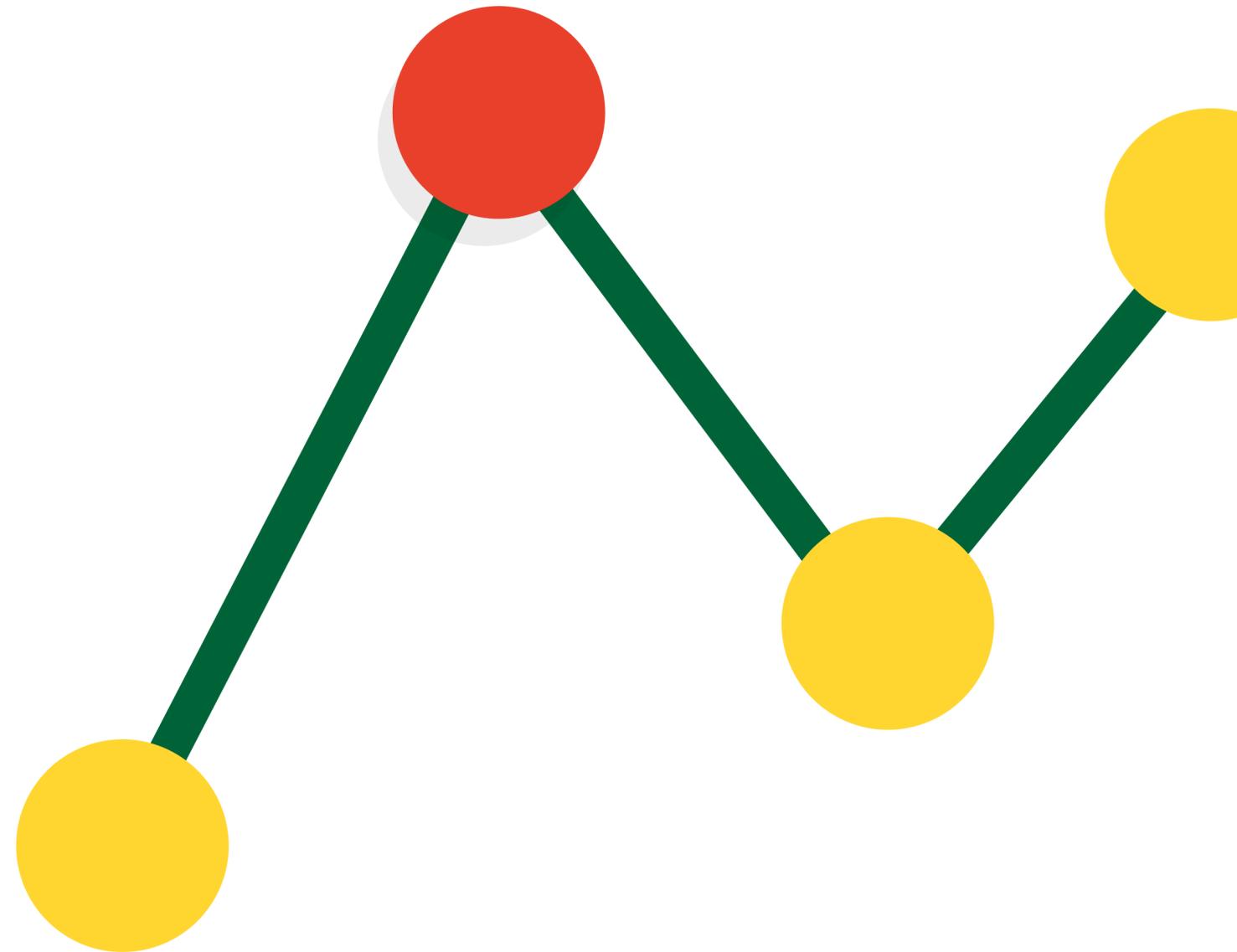


## What local data is available for Gypsy and Traveller communities?

You may wish to collect your own data or carry out analysis of other available data locally to build a greater understanding of population size of Gypsy, Roma and Traveller communities in your area.

The results of the Census 2021, released in early Summer 2022, will provide an updated overview of Gypsy and Traveller populations by local authority area, and will also be the first to include Roma and Showmen communities.

Although this will be a valuable reference, it's important to note that only a percentage of people complete the census.



## At present, analysis may include the following data sources:

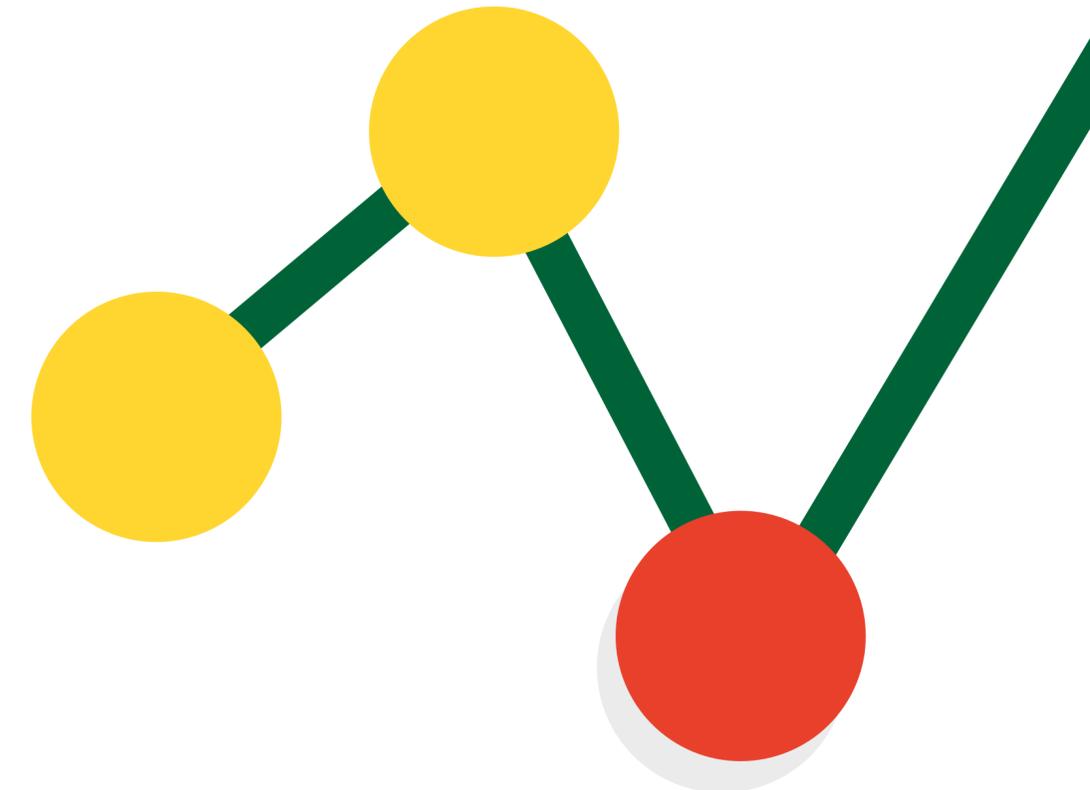
- **Census 2011**

Gypsy and Traveller populations by local authority area – the Office for National Statistics holds data on population size and demographic details for people who self-identify as ‘Gypsy or Irish Traveller’. This is the largest available dataset on health, living conditions and working conditions of Gypsy and Irish Traveller communities, however, it does not include any data on Roma communities and is recognised widely an undercount (by around five times) for Gypsy and Traveller communities.

- **Gypsy and Traveller Accommodation Needs Assessments (GTANAs)**

The majority of local planning authorities gather population information on Gypsies and Travellers (housed and travelling) in their area, to assess need for pitches. This often brings together a list of Traveller sites in an area, instances of unauthorised encampments and can draw on other available local data. However, GTANAs are often an undercount of local Gypsy and Traveller populations, some local authorities fail to carry out GTANAs and this does not include Roma populations in an area. If a GTANA is carried out, it is usually available on-line.

### Census 2011: Gypsy and Traveller populations by local authority area



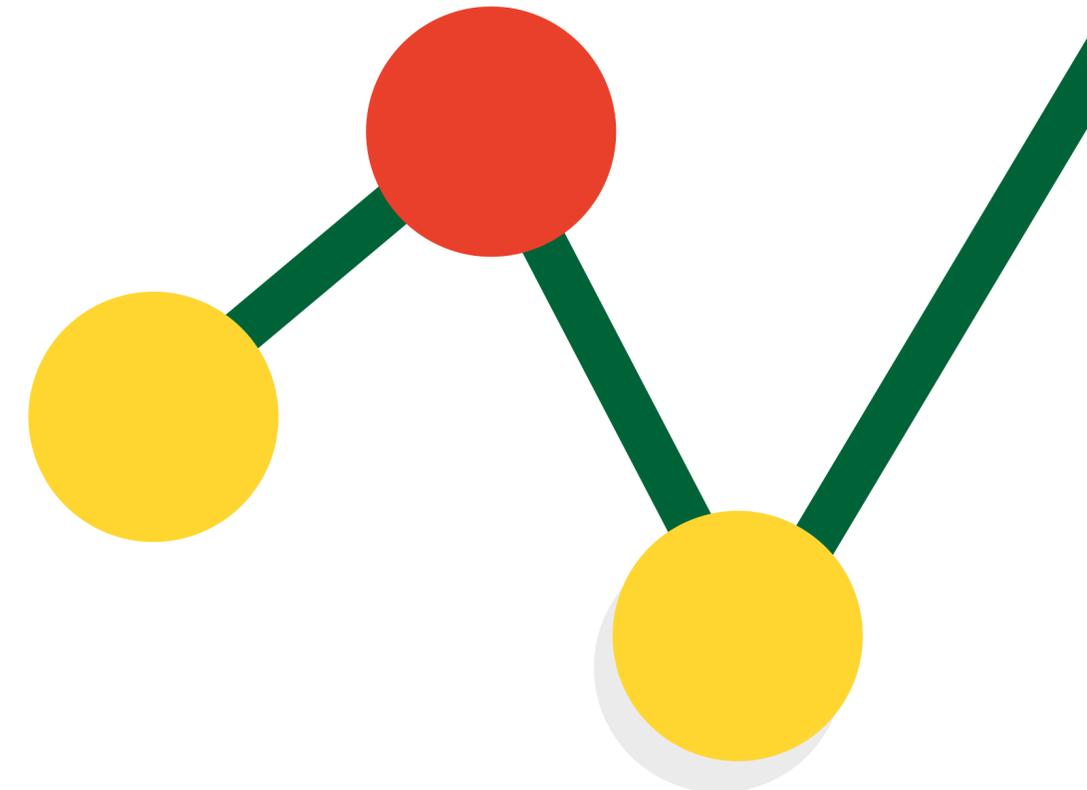
- **Department for Education data disaggregated by locality and ethnicity**

Schools collect information on population of children and young people in their area who identify as ‘Gypsy/Roma’ or ‘Traveller of Irish Heritage’. This information tends to be routinely collected across the education system; however, is often not publicly available, only represents children in school and families may be afraid to disclose ethnicity leading to an undercount. This data may help to give you a broad understanding of population size of Gypsy, Roma and Traveller communities in your area. You can approach your local authority to share this information with you.

- **The Department for Levelling Up, Housing and Communities**

This count is carried out twice a year and measures the number of caravans on Traveller and Travelling Showpeople sites, unauthorised encampments and unauthorised developments. This contains **the** number of all caravan types by local authority; however, it is recognised as an undercount and only includes details of nomadic Gypsies and Travellers.

## The Department for Levelling Up, Housing and Communities



# Recommendations



**Look beyond the data and ensure Gypsy and Traveller communities are included as high risk groups in your local suicide prevention planning:**

Gypsy and Traveller communities are often hidden in mainstream datasets, but a lack of local data does not indicate a lack of need.



**Conduct your own data collection and analysis:** Refer to page 23 for the best available datasets by local area.



**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 you to understand local need and ensure a voice for Gypsies and Travellers in your multi-agency suicide prevention group.



**Consider commissioning or providing relevant professionals with cultural competency training.**

Find out more about FFT's training packages



**Tackling the key  
issues and barriers  
Gypsy and Traveller  
people experience in  
relation to suicide  
prevention**

**Gypsy and Traveller**  
**communities are estimated to**  
**have life expectancies between**  
**10 and 25 years shorter than**  
**the general population.**

**Gypsy, Roma and Traveller communities are known to face some of the most severe health inequalities and poorest life outcomes amongst the United Kingdom population, even when compared with other groups experiencing social deprivation or exclusion, and with other ethnic minorities<sup>8</sup>.**

Gypsy and Traveller communities are estimated to have life expectancies between ten and 25 years shorter than the general population<sup>9</sup>. Before the significantly shorter life expectancy of Gypsy and Traveller communities is taken into consideration, Gypsies and Travellers experience six less Quality Adjusted Life Years (that is, years spent in good health) than age and sex matched members of the population<sup>10</sup>. Gypsies and Travellers are significantly more likely to have a long-term illness, health problem or disability, which limits daily activities or work<sup>11</sup>.

There are a number of key issues which place Gypsy and Traveller communities at high risk of poor mental health. These include a variety of social risk factors and key barriers to healthcare services.



# Social risk factors for poor mental health and high suicide incidence

- **Wider determinants:** Gypsy and Traveller communities are widely recognised to be more likely than the general population to be facing a variety of social risk factors, or wider determinants, of poor mental health, including, poverty, unemployment, lower educational attainment, insecure or lack of culturally-pertinent accommodation, and extreme stress<sup>12</sup>.
- **High levels of self-employment:** 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<sup>13</sup>. 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. Research released in 2017 found that men working in elementary occupations had a 44% higher risk of suicide, and men working in skilled trades had a 35% higher risk of suicide<sup>14</sup>.

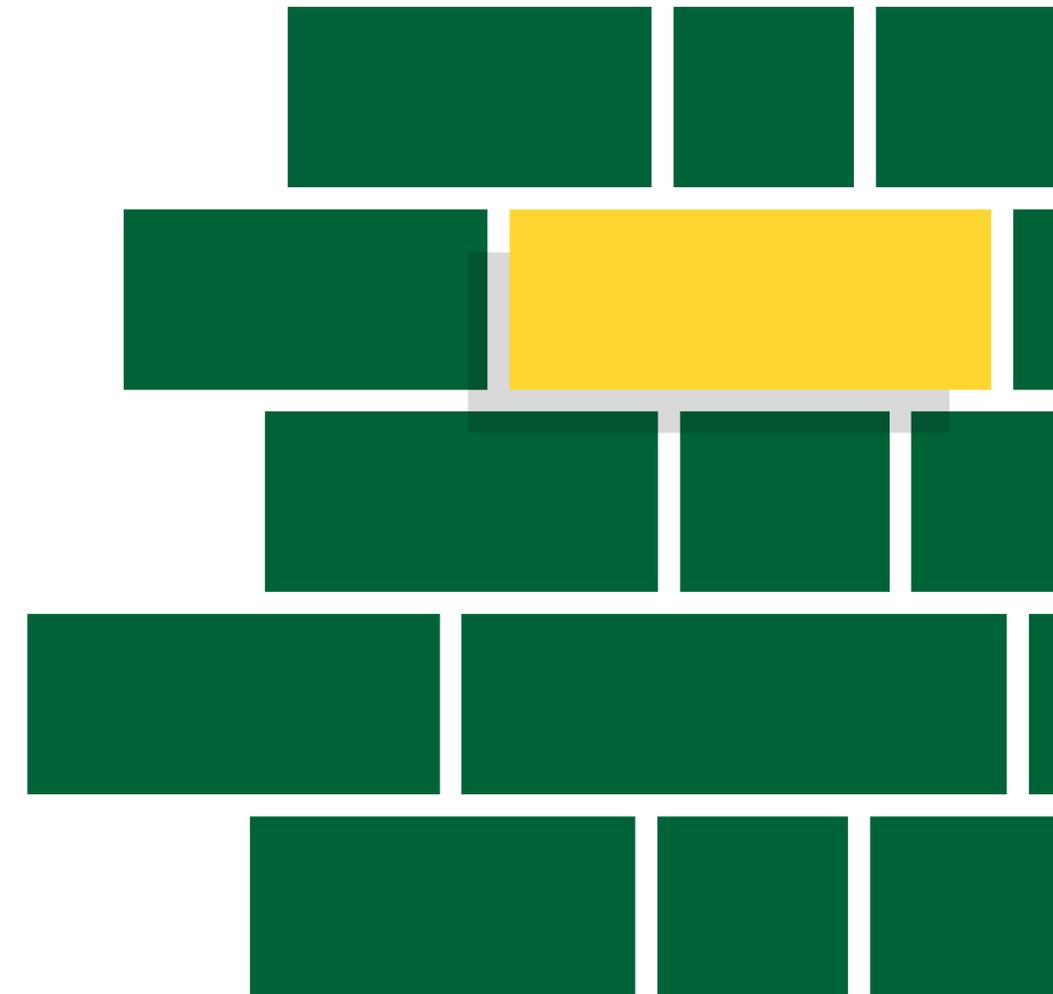


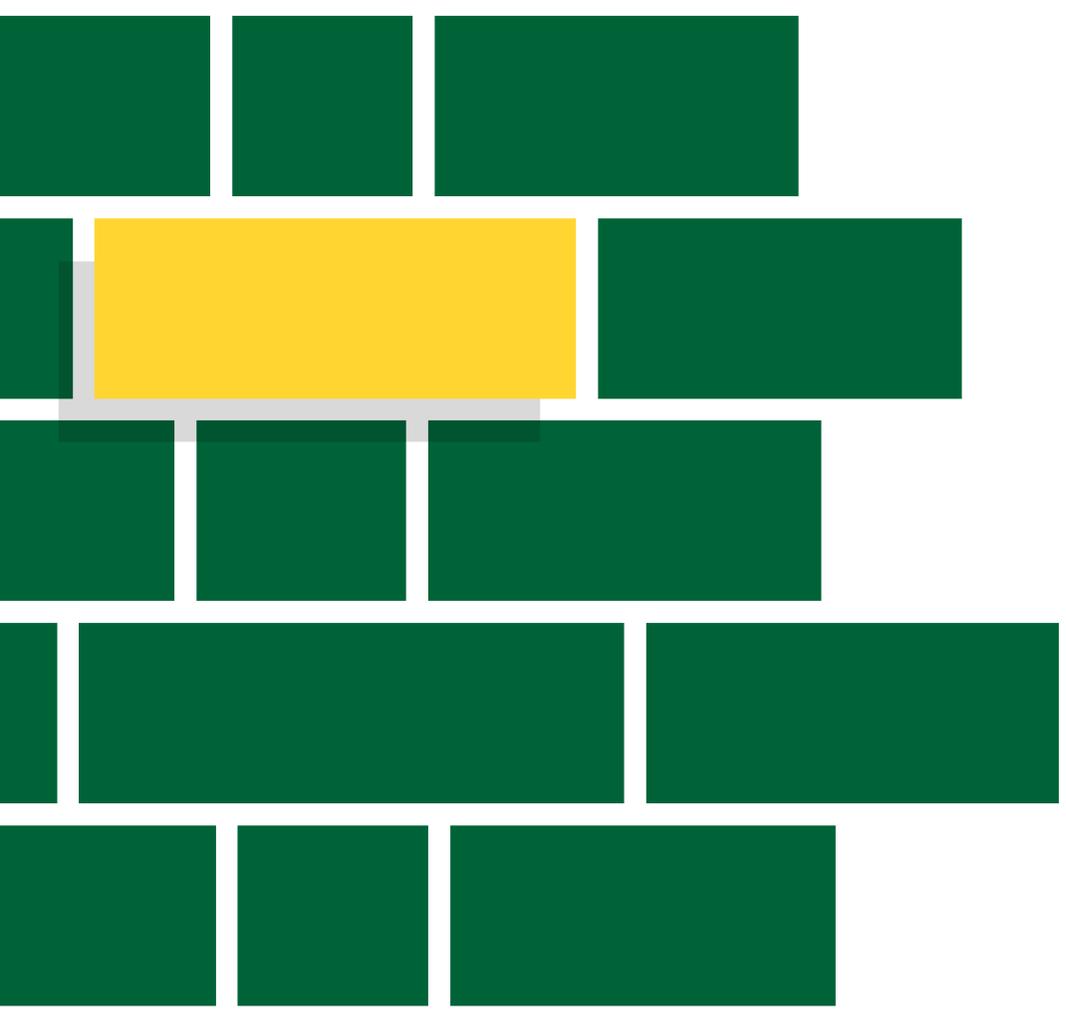


- **Provision of unpaid care:** Research in 2017 found that carers had a risk of suicide that was almost twice the national average<sup>15</sup>. Gypsy and Traveller communities provide more unpaid care than any other ethnic group within the UK, and have the highest proportion of carers providing more than 50 hours of unpaid care per week<sup>16</sup>.
- **Hate crime and discrimination:** The Equality and Human Rights Commission found in the 2018 National Barometer of Social Prejudice that Gypsy and Traveller communities are the ethnic groups for which people most frequently expressed a negative opinion, at 44%<sup>17</sup>. The report “Hate as Regular As Rain” highlights that frequent experience of hate crime may be linked to and exacerbate the risk of suicide for Gypsies and Travellers<sup>18</sup>.
- **Exclusion from whole-population approaches to prevention:** Gypsy and Traveller communities are often missed by whole population approaches to prevent poor mental health. For example, target audiences may be in schools or universities which Gypsies and Travellers may be far more likely to be excluded from or not attending (e.g. many of the actions outlined in the Transforming Children and Young People’s Mental Health Provision Green Paper), or prevention activities may take place in workplace settings where Gypsy and Traveller people are less likely to be present in due to self employment or unemployment (e.g. ‘Reducing the risk of suicide: a preventative guide for employers’)<sup>19</sup>.

# Barriers to mental health services and support

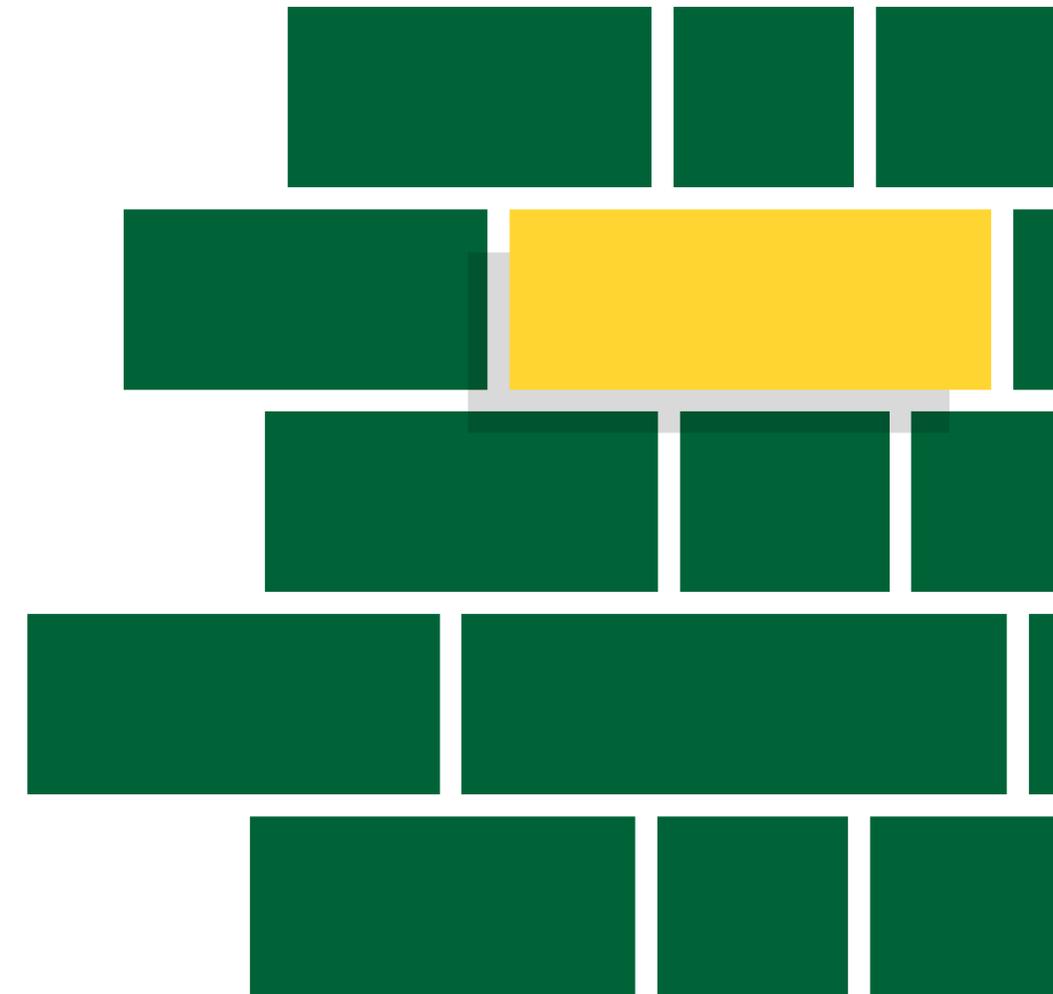
- **Wrongful registration refusal and barriers to primary care:** Romany, Traveller, and Travelling Showpeople in England face long-standing barriers to primary healthcare services. We mystery shopped 100 GPs in England between March and April 2021, and found that 74 GP surgeries broke NHS England guidance and refused to register our mystery shopper because they were unable to provide proof of identity, proof of fixed address, register on-line or another reason<sup>20</sup>. This means that patients often struggle to get a foot in the door of primary care services to access necessary mental health support, or receive referrals for secondary healthcare.
- **Inequalities on elective care waiting lists:** We often hear from people living nomadically that they often have to start from scratch when moving to a new area, and many have been removed from waiting lists when travelling. This means that people may never reach the top of waiting lists for secondary mental healthcare services when moving across geographical boundaries.





- **Digital exclusion and accessible information:** Around 40% of our service users at FFT have low or no literacy as a result of educational inequalities, which also impacts digital access. In 2018 we interviewed 50 people from Romany and Traveller communities and found that one in five participants had never used the internet, compared to one in ten members of the general population and only 38% of Romany and Traveller people (33% if housed) had a household internet connection, compared to 86% of the general population<sup>21</sup>. Much initial ‘Increasing Access to Psychological Therapy (IAPT)’ service provision is now delivered through on-line Cognitive Behavioural Therapy. Digital-by-default approaches to service delivery may be exclusionary for many Gypsy and Traveller patients.
- **Stigma and trust:** Members of Gypsy and Traveller communities may be less willing or able to access support when mental health issues do occur. This can be a result of deeply entrenched stigma, lack of trust in services or lack of culturally appropriate services, and communication difficulties between health workers and Gypsy and Traveller communities<sup>22</sup>. There is a need for services to offer culturally competent support services, and link in with VCSE organisations and community groups wherever possible to reach out to communities in a way that works for them, and to build trust between communities and services.

- **Bereavement support:** There is a need for research to be undertaken to identify how Gypsy and Traveller community members experiencing bereavement could be better supported. However, it appears that Gypsy and Traveller people are often not being provided with bereavement support when they should be. Within our **Suicide Prevalence study**, only 4% of respondents so far who have lost a family member, friend, or partner to suicide report that they have been offered bereavement support.



# Recommendations



**Take a multi-agency approach to tackling the wider determinants of poor mental health: consider how partners across your suicide prevention group can be tackling the key determinants of suicide for Gypsies and Travellers.** For example, public health leads can work to ensure local authorities are supporting negotiated stopping for people living roadside.



**Consider key social risk and intersectional factors such as self employment, and unpaid care responsibilities:** Gypsy and Traveller communities may be missed by whole-population approaches to suicide prevention, so link in with voluntary sector partners and community groups to reach people at particularly high risk.



**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.

Find out more about  
Negotiated Stopping





**Work with local commissioners, PCNs and GP representatives to ensure that nomadic patients are never wrongfully refused registration in primary care:** Local PCNs can assess how successfully they are engaging with Gypsies, Travellers and other inclusion health groups.



**ICS, local authority, and criminal justice partners should work together to ensure approaches to evictions of roadside camps consider the mental health needs of individuals:** Consider how you can ensure that 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 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:** this includes working with local PCNs, commissioners and secondary mental healthcare services to ensure that IAPT services are accessible.

How successfully are Local PCNs engaging with Gypsies, Travellers and other inclusion health groups?





**Research should be undertaken to identify how Gypsy and Traveller community members, experiencing bereavement, could be better supported.**



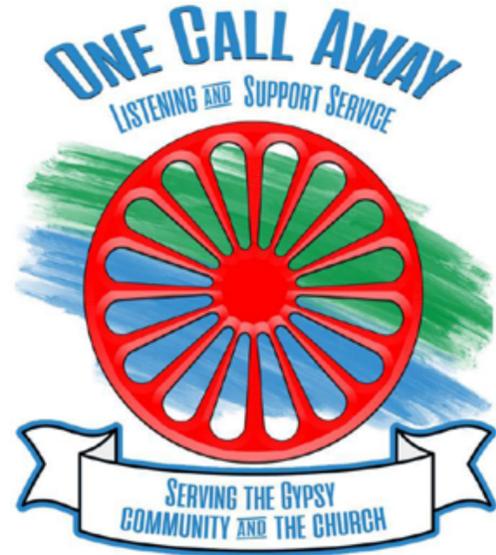
**Voluntary sector organisations providing specialist bereavement support should work with Gypsy and Traveller VCSE organisations to ensure they are accessible and reaching communities.**



**Example Good  
Practice Interventions  
that can be included  
in Suicide Prevention  
Planning**

**Specialist Gypsy, Roma and Traveller VCSE organisations and services can offer a vital bridge between statutory services and communities, and provide crucial protective support across the wider determinants of mental health.**

**The following examples of good practice and case studies highlight the invaluable support that can be provided by specialist services.**



## One Call Away

One Call Away is a helpline set up by a Romany Gypsy brother and sister team to help prevent suicides in the Gypsy and Traveller communities.

This is a community developed mental health and suicide prevention hotline, that is effective at reaching community members, because they understand the cultural context of calls. Both siblings have Mental Health First Aid and Assist training and are working towards Counselling qualifications. They also have a mental health champions programme running, and are now receiving calls from all over the world.



**FRIENDS,  
FAMILIES &  
TRAVELLERS**



## Friends, Families and Travellers' assertive outreach service

FFT provide a local outreach service which functions across East Sussex, West Sussex and Brighton to support the Gypsy, Roma and Traveller community. Our work as a team supports community members with a diverse range of issues including support with benefits, accommodation and mental health.

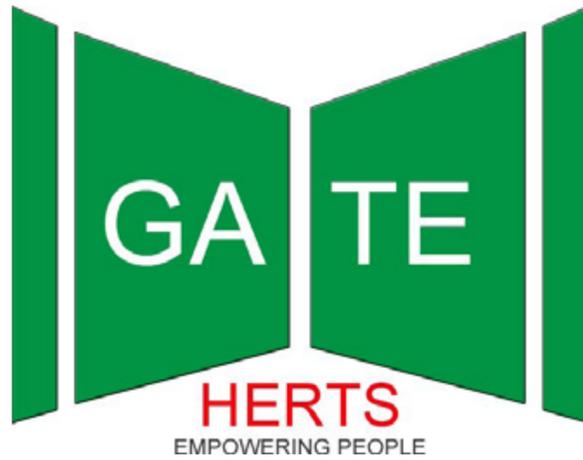


### Example of the support provided by the FFT Outreach team:

“We have been working with a local lady in Sussex for a number of years. She suffers from a number of mental health conditions including very severe anxiety and depression, which she has found extremely challenging to manage. Through assertive outreach, our team at FFT has built a trusted relationship. This has been paramount to supporting her accessing mental health services and other local services that she was otherwise hesitant to access.

We have made a referral to local mental health services, and her support worker has made fortnightly mental health well-being calls to make sure she is coping okay. Support workers have also supported her to attend doctors and benefits appointments. Without this support, she was previously unable to attend appointments because of anxiety attacks. Since FFT's intervention, the lady reports that her confidence has grown hugely, and her general mood has significantly improved”.

# GATE Herts



## Example of the support provided by the GATE Herts team

“We received a referral regarding a Romany Gypsy man during the COVID-19 lockdown. He disclosed that he has low literacy and was suffering from poor mental health, worsened by spinal injuries he received in an accident at work. He is separated from his family and is currently homeless. At GATE Herts, we advocated on his behalf with the Local Authority, who are working to find him appropriate accommodation, and assisted him to claim Personal Independence Payment.

To ensure he was able to access key information and correspondence, we encouraged him to share WhatsApp photos of any correspondence, which a member of staff would read and explain, and to utilise voice notes as a means of communication.

The gentleman has now been signed off from the community mental health services; he is still on medication and is managing his condition with the ongoing support of GATE Herts, his GP and consultants. As a result of our support, he reports that his anxiety has eased, and his quality of life has much improved”.



## Leeds GATE, Don't Be Beat

Leeds GATE is an award winning organisation based in Leeds, which works alongside local health bodies and services to deliver strategic advocacy, community development and outreach services to the local Gypsy and Traveller population.

Leeds GATE Suicide Prevention Service developed from the Don't Be Beat Project which delivered mental health advocacy and adapted SafeTalk training to community members. This service now works across the Integrated Care Partnership footprint (West Yorkshire) to provide one to one mental health support.

People who would benefit from the service are assessed using defined indicators of suicide; those with four or more indicators are at greatest risk and are prioritised. Leeds GATE is now developing its own culturally-pertinent suicide prevention training for members to help people have the tools to keep them, their family and community safe.

Leeds Gate, Don't Be Beat



# **Useful Resources and References**

# Relevant Guidance and Resources



## How to Tackle Health Inequalities for Gypsy, Roma and Traveller communities

This practical resource provides an overview of the key health inequalities faced by people from Gypsy, Roma and Traveller communities, practical steps healthcare services can take to address these, examples of good practice from across the country and links to useful resources.



## “Hate as Regular as Rain”

A pilot research project into the psychological effects of hate crime on Gypsy, Traveller and Roma (GTR) communities.



## Friends, Families and Travellers Suicide Prevalence Study

Without data, it is difficult to make the case that there should be more support for Gypsy and Traveller people who may be struggling with suicidal thoughts. Therefore, we are asking people who know a Gypsy or Traveller person who has died by suicide to share their details with us so we can build an evidence base of those people who have died by suicide from Gypsy and Traveller communities.

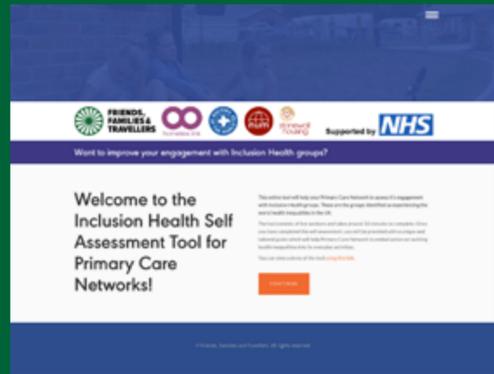


## Friends, Families and Travellers report “Suicide Prevention in Gypsy and Traveller communities in England.”

This research study explored the inclusion of Gypsy and Traveller communities in suicide prevention planning across England and outlines key recommendations.



# Relevant Guidance and Resources



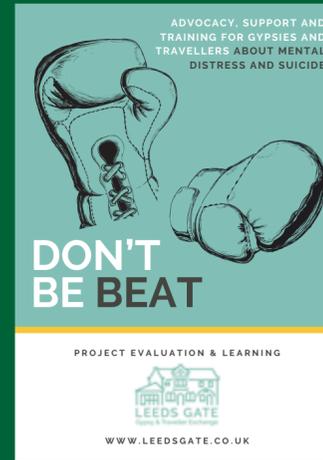
## The Inclusion Health Self-Assessment Tool for PCNs

This online tool helps Primary Care Networks to assess their engagement with Inclusion Health groups. These are the groups identified as experiencing the worst health inequalities in the UK. The tool consists of five sections and once you have completed the self assessment, you will be provided with a unique and tailored guide to embed action on tackling health inequalities.



## Friends, Families and Travellers cultural awareness training

With over 25 years' experience of working with individuals from Gypsy, Traveller and nomadic communities, our Gypsy and Traveller cultural awareness training will suit the needs of your organisation.



## “Don’t Be Beat”

The final report from a project funded by the Rayne Foundation and delivered by Leeds GATE between 2018-2020. The project aimed to increase support networks available to Gypsies and Travellers in West Yorkshire experiencing mental distress and suicidal ideation.



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## Friends, Families and Travellers

Friends, Families and Travellers (FFT) is a leading national charity that seeks to end racism and discrimination against Gypsies, Travellers and Roma and to protect the right to pursue a nomadic way of life.



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