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Traveller Community Engagement with Local Mental Health Services in Dublin North City and County



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Table of Contents

Acknowledgements	2
Chapter 1: Introduction and Background	4
Chapter 2: Aim	6
2.1 Objectives	6
Chapter 3: Methodology	7
Chapter 4: Findings from the Review of the Literature	8
Chapter 5: Findings from the Focus Groups and Individual Interviews	11
5.1 Participants	11
5.2 Context	11
5.3 Factors that Influence Traveller Access and Engagement with the Mental Health Services	12
5.4 Intrapersonal Factors	13
5.5 Interpersonal Factors	16
5.6 Institutional and Organisational Factors	17
5.7 Community Factors	18
5.8 Public Policy	21
Chapter 6: Key Points and Recommendations	23
6.1 Other Key Points from the Data	23
6.2 Recommendations	23
Chapter 7: References	26

1. Introduction and Background

Irish Travellers are an ethnic group, with a long history, traditions, language, culture and customs based on a nomadic tradition which sets them apart from settled people (Pavee Point, 2017). The Central Statistics Office (2016) state that there are around 31,00 Travellers in Ireland. However this figure is likely to be much higher given that there were an estimated 11,680 Traveller families living in Ireland in 2021 (Department of Housing, Local Government and Heritage, 2023). Travellers have been documented as being part of Irish society as far back as the 5th century, where they were referred to as 'whitesmiths' due to their association with tin-smithing (Joyce, 2018). Unfortunately, the history of Travellers is largely unrecorded (Claffey et al., 2017). It is well known that Travellers experience multiple social and economic disadvantages and have poorer health outcomes, including mental health (Houses of the Oireachtas, 2021). Mental distress and suicide disproportionately affect the Traveller community with socioeconomic disadvantage, racism and discrimination often cited as the root cause of these problems (Abdella et al., 2010; Houses of the Oireachtas, 2021; McKey et al., 2020; South Dublin Travellers Report, 2021). A review completed by McFadden et al., (2018) found that there were a range of factors that influenced Traveller use of the health services including the mental health services and a summary of these is presented in table 1.1.

Factor	Example
Health service issues	Staff reluctant to visit Traveller halting sites; difficulty registering with services; services difficult to reach.
Discrimination and attitudes of health service personnel	Poor relationships and communication between Travellers and health staff; staff not taking the time to explain diagnoses and treatments. Traveller perceptions of being treated differently than settled community; problems with not being taken seriously.
Cultural and language barriers	Lack of cultural awareness and diversity training which affected interactions with healthcare staff e.g. not understanding the role of the family. Health care staff lack of awareness of the heightened sensitivity around issues such as mental health and sexuality.
Health literacy	Traveller lack of awareness of health systems and how to access them; difficulties accessing and understanding health information.
Service-user attributes	Age and gender differences in accessing and using health services (e.g. women more likely to access services for their children, men not accessing services early); Traveller fear of discrimination or judgemental attitudes, lack of trust in services.
Economic barriers	Not being able to pay for some services, not being able to afford transport to the service; not having a phone to contact services.

Table 1.1:
Factors influencing access and use of the health services including the mental health services
(McFadden et al., 2018)

In 2022, the Mental Health Service Coordinator for Travellers in Dublin North City and County (CHO9), in response to an advertised tender, asked researchers at the School of Nursing and Midwifery, Trinity College to conduct a piece of research to explore the factors that influence access and utilisation of the mental health services in that area. This document presents the findings from that research.

2. Aim

The overall aim of this research was to engage with the Traveller Community and key stakeholders to inform the development of strategies to increase knowledge, awareness, access and utilisation of the local mental health services.

Objectives

1. To ascertain perceived knowledge and awareness of the mental health services among Travellers in the area.

2. To ascertain perceived levels of access and utilisation of the mental health services by Travellers.

3. To explore the factors that influence Travellers' access, utilisation, and engagement with the mental health services.

4. To make recommendations for the development of evidence-based strategies to enhance Travellers' knowledge, awareness, access, and utilisation of local mental health services.

3. Methodology

Two strategies were used to collect the data. A review of the literature was conducted which searched peer reviewed literature from 2018 – 2022. This focused on research papers that provided information about the factors that influence Traveller access and engagement with mental health services. In addition, we conducted focus groups and individual interviews with 15 key stakeholders including members of the Traveller community. A research oversight committee was formed which was chaired by Kathleen Joyce, (Special Primary Health and Social Care Initiative Coordinator, Blanchardstown Traveller Development Group) and members included Traveller representatives from health and social services and other stakeholders. This group met regularly and advised on issues such as access and recruitment of participants including the cultural congruency of the information sheets and consent forms, the interview guides and the presentation of the findings. Ethical approval to conduct the research was obtained from the Faculty of Health Sciences Research Ethics Committee, Trinity College Dublin in June 2022.

4. Findings from the review of the literature

Seven peer reviewed studies were located from the systematic searches and a summary of the papers detailing the barriers and facilitators to accessing and engaging with the mental health services can be seen in table 4.1.

Author, year and country	Aims	Issues that influence access and engagement with the mental health services.
Claffey et al., (2017) Ireland	This study aimed to explore and describe Irish Travellers' experiences of drug use and opioid agonist treatment (OAT), with a view to improving service delivery and expanding the limited research base.	Barriers to accessing treatment included shame and stigma, fears around confidentiality and being shunned (blacklisted) by the Traveller community, and a negative attitude towards OAT. Participants, especially women said that physical violence came from community elders because of the stigma and shame associated with drug use. Fears about the community elders findings out about the participants drug use was seen as a barrier to accessing support and treatment. This was perceived as worse for women than men.
Keogh et al., (2020) Ireland	The aim of this paper was to present the findings from an evaluation which explored Travellers access to and reasons for accessing the Traveller Mental Health Liaison Nurse (TMHLN), the interventions provided and their experiences of and perceptions of the role of the TMHLN.	The Travellers who took part in this study positively evaluated the role and function of the Traveller Mental Health Liaison Nurse, a role that was introduced specifically to support their unique mental health needs. Key to the success of the initiative was the TMHLN's use of interpersonal skills which were tailored to address the cultural needs of the Travellers who experienced marked social disadvantage. Barriers to accessing mental health support also included stigma and lack of knowledge about mental health.

Author, year and country	Aims	Issues that influence access and engagement with the mental health services.
O'Sullivan et al., (2021) Ireland	The aim of this paper was to discuss the findings from the evaluation of the role and activities of the Traveller Mental Health Liaison Nurse (TMHLN) as found in this multi-stakeholder context. Service user perspectives of the role of the TMHLN from the same evaluation are published elsewhere (see Keogh et al., (2020).	The physical space that was used to work with Travellers was perceived as crucial. Fears about confidentiality and bringing shame to the family were perceived as barriers to accessing and using services. The use of a community centre that was accessed by Travellers for multiple reasons allowed those who were meeting the TMHLN a degree of confidentiality. The use of interpersonal skills, building therapeutic relationships, addressing literacy needs and awareness of cultural issues were central to promoting access and engagement with the mental health service. Outreach work and building relationships with the community more generally was also seen as pivotal. In addition, working closing with the mainstream mental health and addiction services in the area to promote greater knowledge of Traveller culture was also important.
Quirke et al., (2022) Ireland	This study aimed to identify factors associated with reported discrimination and how this affects Travellers' experiences of accessing health services, including mental health services.	Experiences of discrimination and perceived discrimination negatively affect engagement and the quality of engagement with mental health services. A number of factors were associated with higher experiences of discrimination including level of education, literacy levels and having a medical card.
Stevens et al., (2021) England	The objective was to develop recommendations for policy makers and stakeholders to mitigate adverse impacts on socially vulnerable groups (including Travellers) throughout the COVID-19 response and recovery period.	The participants reported that exclusion from digital technology meant that government guidance on COVID 19 was difficult to access. In addition the information was not always tailored to meet their needs. The move to on-line delivery of healthcare services worsened existing barriers to accessing healthcare. For example, online registration for services and the closure of drop in and outreach services made it difficult for the participants to access and engage with healthcare. In addition factors such as job loss, social isolation and access to income were negatively affected by the pandemic resulting in loneliness and worsening mental health was frequently reported.

Author, year and country	Aims	Issues that influence access and engagement with the mental health services.
Thompson et al., (2021) United Kingdom & Ireland	This study aimed to examine factors that contribute to the mental health crisis of Gypsy, Roma and Traveller people and their corresponding support needs.	Unsuitable services, racism and discrimination, lack of cultural competency, mistrust of services, lack of time to attend appointments, lack of transport, lack of knowledge about mental health difficulties and of the support available beyond the general practitioner were cited as issues that negatively affect accessing and utilisation of the mental health services. Use of medical jargon by professionals, stigma and fears about confidentiality, fears that law enforcement or child protection agencies might become involved were also discussed as barriers to access and engagement. Access to the internet and longer time spent in education were associated with greater mental health awareness.
Villani & Barry, (2021) Ireland	This study aimed to explore the views of a sample of Irish Travellers on their perceived mental health needs.	Travellers in this study conceptualized mental health mostly in negative terms and had a lack of knowledge about positive mental health. Stigma and negative stereotypes about the nature of mental distress were seen as a barrier to seeking support. Experiences of discrimination and racism negatively affected Traveller mental health. Improving awareness among mental health service providers about Traveller culture and beliefs were seen as ways of improving engagement with the services.

Table 4.1: Barriers and Facilitators to mental health service access in the Traveller community

5. Findings from the focus groups and Individual Interviews

5.1 Participants

Four focus groups and four individual interviews were conducted with key stakeholders. Limited detail about the participants is presented here to protect their identity but all of the stakeholders worked closely with Travellers and were very familiar with Traveller mental health and the issues that affect it. In total 15 participants took part and 12 of these were members of the Traveller community.

5.2 Context

Before moving on to the individual factors that influence engagement with the mental health services, it is important to acknowledge that all of the participants that took part voiced concerns about what one participant called a ‘mental health pandemic’ among the Traveller community and the need for targeted actions to address this. There was widespread understanding of the issues that affect mental health within the Traveller community and the importance of addressing the social determinants of mental health as part of an overall solution to the crisis which is seen as persistent and long standing. It was also recognised that stigma was one of the most powerful issues that prevented people from talking about mental health and seeking support. In addition, there was recognition of the need for positive mental health which was seen as a protective factor during times of trauma and distress. All of the Travellers who took part had been affected by suicide in some way and they spoke about this as an urgent issue that also needed to be addressed. This was not just in the context of suicide prevention but also managing the traumatic impact it had on the community and the potential it had to increase suicide risk among Travellers. Drug and alcohol misuse was another issue that the participants talked about. While alcohol misuse was talked about as a long standing issue, drug misuse was perceived as a growing concern and something that was getting worse. While the National Traveller Health Action Plan (Department of Health, 2022) was welcomed, there were some participants who believed that a stand-alone strategy which specifically focused on Traveller mental health was required.

Many of the participants talked about how Traveller men and Traveller women manage their mental health and engage with the mental health services. There was a sense that Traveller women are more likely to recognise mental distress and seek help. In addition, women were seen as individuals who might recognise that other people within their families or communities might be in need of support and encourage engagement with professional help. On the other hand, Traveller men were seen as less likely to talk about their mental health and the difficulties they might be experiencing for fear of appearing weak or open to ridicule from their peers. These viewpoints are presented in the following quotation from two of the focus groups.

A woman you could see her maybe having a little hissy fit or a little whinge or a little cry but you wouldn't see a man doing that till it's too late maybe. It's a crisis before you say there's something not right there. [FG2]

The women is quicker to talk about it [their mental health] than the men. The men just won't talk about it at all. Even at their very, very lowest. It is very hard to see a man cry. Because they're strong, like they're stronger than women. I just find that the women will cry out more than what the men will. The men won't. [FG3]

Stigma about mental illness coupled with beliefs about the nature of masculinity have often been cited as reasons why Traveller men do not seek support for their mental health. There were some concerns expressed about this viewpoint and the need to avoid stereotyping Traveller men. Non-healthy expressions of masculinity may go some way to explain these issues but they may mask the complexity of Traveller men's experiences and overlook the importance of issues such as racism, discrimination, socioeconomic disadvantage, in particular unemployment, and loss of identity. There was less mention of LGBTQI+ issues but where they were mentioned it was in the context of sexual orientation and the general lack of acceptance of Travellers who are not heterosexual. One participant suggested that this lack of acceptance whether real or perceived may increase suicidal behaviour especially among young men.

5.3 Factors That Influence Traveller Access And Engagement With The Mental Health Services

Findings from the focus groups and individual interviews with key stakeholders reveal that there are a number of factors that influence access and use of the mental health services in the area. These factors are not mutually exclusive and interact across multiple domains. The Social Ecological Model provides a useful framework to help present and understand the different factors involved while also allowing for the issues to be discussed within the wider context of Traveller mental health more generally. When used here, the social ecological model helps to acknowledge that every individual Traveller is a person and that there are different contexts operating at the same time which influence their relationship with health and mental health (MacCosham et al., 2021; Stokols, 1996). McLeroy et al., (1988) presents an ecological model for health promotion and the components of this model will be used to present the findings from this study. An overview of McLeroy et al.'s (1988) framework is provided in table 5.1. Findings are presented with quotations from the focus group or interview transcripts (FG = focus group and P= Participant).

Intrapersonal Factors	Characteristics of the individual such as gender, knowledge, attitudes, behaviour, self-concept, skills, etc.
Interpersonal Processes	Formal and informal social network and social support systems, including the family, work group, and friendship networks.
Institutional Factors	Social institutions with organisational characteristics, and formal (and informal) rules and regulations for operation (e.g. school and employment).
Community Factors	Relationships among organisations, institutions, and informal networks within defined boundaries.
Public Policy	Local and national laws and policies.

Table 5.1: Ecological model for health promotion (McLeory et al., 1988: 355)

5.4 Intrapersonal Factors

Factor	Context	Example from Transcript
Recognising mental distress.	There are some Travellers who may have a lack of knowledge about mental health and mental illness [mental health literacy].	Mental health literacy has been relatively poor, people often just think of mental health as the negative which is something that is equally true within the Traveller community. [P1]
Use of language to describe mental health.	Travellers may be more likely to talk about their mental health using informal and lay terms.	They would, because you'd often hear them say even, a person say I need to get up or I'm going to go stone mad. Or I need to get out my head is going to burst. That's the way a Traveller would say it, they wouldn't say there's this and that and the other, they would say my head is going to explode now, things are going to end. [FG1]
Mental health seen as negative concept.	Mental health only thought about in the context of mental distress or mental illness and not as something that can be positive.	Sometimes when people hear the word mental health it goes more to the bad side, than actual the good side. But from that what I remember is that there's good and bad mental health. [FG2]
Awareness of where to seek support.	GP are the access point to the specialist mental health services with little reference to other community supports.	They [Travellers], a lot of them like they're not really sure where to go in the first place. [FG3]

Factor	Context	Example from Transcript
Lack of time to seek support [especially for women].	A lack of time especially for women as they have so much going on at the same time.	And that maybe, and this is a broad sweeping comment but a lot of women in the Traveller community would assume what we call traditional roles where they would be home makers, you know and looking after either children or grandchildren, dropping them to school and collecting them. So the timeframe they have to either access health services including the time to and from, the travel, it might take them a couple of hours and therefore they may not be able to access health services or appointments because, due to home commitments. [P3]
Travellers are often in crisis before they seek support.	Need for Travellers to avail of support as early as possible.	What we often see is a lot of people appear, again this is anecdotal but that people from the Traveller community will reach crisis point before they will reach out for support. And one thing that would be much better for everyone and particularly the individuals that are going through a difficulty that they seek that support as early as possible so that you know the crisis point isn't reached. [P1]
A lack of trust in the health services including the mental health services.	Travellers are less likely to engage with the specialist mental health services if they do not trust them.	It's the trust thing. And it's a confidential thing. Now I understand the counselling is confidential even the Travellers [counselling service]. But the person receiving the counselling mightn't take all that they might still doubt that if they ever went to it. [FG2]
<p>Stigma</p> <ul style="list-style-type: none"> • Fear of other Travellers finding out. • Fears about confidentiality of services. 	Privacy and confidentiality are very important and Travellers may not attend services as other Travellers may find out about it bringing shame and embarrassment to them and their family.	Some Travellers would be afraid to go to places to get help in case they bump into a Traveller. I think the main thing is other people seeing them, going in and out especially if there are Travellers around the area or working in the area, that would be just, I think that's the biggest problem, it's themselves to be honest. It's Travellers themselves, they're afraid to be seen. [FG1]
<ul style="list-style-type: none"> • Myths and beliefs about mental illness. • Fears that attending might do more harm than good. 	Mentioned that some people might not access them because they are worried their children might be taken into care.	So the fear of going into a service and being mistreated and unfortunately [] just recently I saw it with a young Traveller woman and they were very, very scared of going to their GP highlighting that they were feeling down or experiencing anxiety. That her fear was her two children would be taken away from her. So unfortunately that's the reality it's those kind of things. [P2]

Factor	Context	Example from Transcript
Racism and discrimination.	Actual experiences of racism or fears that they will experience racism and discrimination from mental health professionals.	They do face discrimination and racism throughout their whole lives. So they probably think that they will probably face it when they go into the services as well. [P4]
Fears that services will not be culturally sensitive.	Fears that services will not be aware of Traveller culture and the specific issues that affect them.	And they need to know the culture of travellers as well, they need to be supporting to them but also that they understand about Travellers and whatever. That's a big, big thing for Travellers out there. [FG4]
Fears about the use of medication.	Fears that Travellers will be prescribed medication and that they might become addicted to it or it may interfere with their ability to function. Also some worried about medication side effects or being prescribed medication that is not needed.	At least when you go into the GP, like I'm too sure that they take twenty minutes of their time and give it to you. Not for to give you four to five minutes and have you're out the door. This is why an awful lot of young women are getting addicted to serious medication. They cannot come off it. They cannot rear their kids. Because they're strung out. [FG3]
Literacy levels	Travellers not being able to read written information given to them which may impact on their ability to follow instructions especially about treatments and follow up.	Let them know the services are there, where they are located, what they are for, and you have like seventy or eighty per cent of Travellers would be illiterate. Like my generation they have a little bit of education, we seem to have taken a step or two forward now with the kids staying in school and going to college. But most of the Travellers forty onwards wouldn't be able to read or write. [P4]
Finances	Ability to pay for things like gym memberships, healthy diet etc. Finances a source of stress for Travellers but also can impede a healthy lifestyle.	Join a gym, a football club, that kind of stuff whereas you could have Travellers that is living on a low income, I haven't got the money to join a gym or pay for gym membership or football clubs. Stuff like that. [P2]

Table 5.2: Intrapersonal factors affecting Traveller access and engagement with the mental health services

5.5 Interpersonal Factors

Factor	Context	Example from Transcript
Role of the family	Important as a source of support for Travellers.	I think if you have support and family or if it's like a wife or husband or somebody then you might be able to deal with it a little bit better than somebody that if your mental health is affected because of your home you wouldn't have, you would be more affected then because you haven't got somebody to kind of, family or whatever. [FG2]
	Role of the mother as someone who can encourage spouse or children to access supports including the mental health services through the GP.	You would say it to the wife or the mother like try to do something [if husband or son was distressed]. You would say he needs help, he may try and do something. If a woman was told or the wife or mother the mother would be more...she would walk in and say come here I want to talk to you. That's the way, what's wrong with you? [FG1]
	People who misuse substances, especially illicit drugs may be shunned by their family cutting them off from that vital source of support.	And there's also people getting isolated from their own families with their addictions. And that can lead them down a very bad path of suicide. Because over their addictions their families want nothing got to do with them. [FG3]
	Travellers who are LGBTQ+ may fear that they will be shunned by their family if they come out.	But we still have ah another few problems regarding the LGBT community and that is a massive one now...and this is where we think all the teenage suicide is coming from because they just can't tell their family do you know like it's just not accepted unfortunately. And around that age if you ask me like my personal view between the ages of thirteen to sixteen maybe even twelve to sixteen, they are possibly could be part of the LGBT community and can't disclose definitely can't tell their family. And then the pressure the pressure and then is suicide and self-harm you know. [P4]
Being part of a community	Role of the community as a source of support. Travellers checking in on other Travellers or recognising that friends or relatives may be experiencing distress.	I think we are lucky enough in the community we are in we live with a group of family and friends around us. So if something big happens you are a little bit, even if somebody loses a partner, an older one just say, I think the female is more conscious of it, get her to come out a little bit more. Maybe go into her, so they make that effort and do that extra visit. [FG2]

Factor	Context	Example from Transcript
	However, Travellers may not talk about their mental health or seek support for fear of bringing shame and embarrassment to the family and to the community generally.	Your home could be one of the causes of your mental health, the support is not there. [FG2]
The role of the Priest	The Priest can be a source of support for some Travellers as well as being a source of advice and encouragement to access support and engage with mental health services	So you have the religious side of it, you could go to [name] who is a very well-known priest within the Traveller community. Very good relationship with him. So he knows a lot of Travellers and he's seen huge change in Travellers as well. But a lot of Travellers would go to him for support. And lots of people maybe would go to the older generation - would you have a phone number of a priest? I want to ring up the priest. [FG4]

Table 5.3: Interpersonal factors affecting Traveller access and engagement with the mental health services

5.6 Institutional And Organisational Factors

Factor	Context	Example from Transcript
Education	Longer time spent in education was associated with improved literacy levels and greater awareness of mental health.	Exactly, if you have an educated community they will be a lot further on than what they are at the minute do you know. [P4]
Employment	While employment was seen as an important determinant of mental health, high unemployment among Travellers means that many lose out on the mental health protections that work brings such as financial security and access to other protective factors.	But it's difficult if you are getting up to the same thing day in day out, with no job, you know what I'm saying. It depends who you are talking to you know. If you have someone that's on a low income, trying to manage from week to week, they are not interested in eating healthy they are interested in trying to manage till they get paid next week. And if that's microwave food or whatever the case may be, that's look I'm not giving forty pound to join a gym and I'm not giving fifty euro for soccer membership. [P2]

Table 5.4: Institutional and organisational factors affecting Traveller access and engagement with the mental health service

5.7 Community Factors

Factor	Context	Example from Transcript
Location of services.	Services may be difficult to get to from sites which have poor access to public transport.	A lot of Travellers they don't have access to services for mental health because they can't travel. Because of where they're living. They can live on sites and they might not have the transport to get any access, or they might feel discriminated against. [FG3]
Services that do not appear Traveller inclusive.	Travellers may be more likely to use and engage with mental health services when messages of inclusivity are displayed.	Whenever I do go up and meet a mental health professional do I see Traveller pride posters up on the wall in the reception or the waiting room. So its these little things like, you know, like I walk into the space and I see oh there's a Traveller pride poster, and there's a young Pavee 'Mind your Nuck poster'. It resembles my ethnicity. [P2]
Fears of racism and discrimination.	While none of the Travellers directly experienced racism or discrimination, they felt that it was something that might be present in the services.	You will get people out there that genuinely don't like Travellers to be truthful even with some of the say the places you said there to go to with mental health they probably wouldn't take them on because they are a Traveller. Straight away they go yeah, if I say I'm a Traveller you could get that phone call knocked off. it does happen and it is happening. And it is happening with GPs, it is, but personally for me I never had any experience like that never. [FG1]
Facilities at halting site	Travellers may not be able to engage in activities that are protective for their mental health, for example access to a safe well-lit foot path to go for a walk.	It's difficult going for a walk if you don't have a footpath. If you don't have public lighting, if it's not a safe space. And not only the people behind, but if you look at the different types of accommodation Travellers are living in and your environment around which impacts greatly on their health. But if you look at outside of the sites and footpaths and public lighting, safe places to walk, cycling, you take up all that it does, it can bring your mind up when you know you have something to do. But this has great impact on Travellers being able to do it. Because in lots of areas where settled people won't go, up beside dumps, up beside graveyards which is depressing enough. So lots of Traveller sites are built away from lots of different services. And sometimes Travellers find it difficult to get services, might be no bus route going to the local site. So it's much, much bigger than what we actually think, and sometimes people don't see that. [FG4]

Factor	Context	Example from Transcript
Referral letters sent out in the post.	Travellers do not receive the letter for a variety of reasons.	You have practical issues such as where Travellers perhaps get a referral to a mental health team. That referral might be sent out in the post and there might be issues like letters don't get delivered to particular sites for a variety of different reasons. [P1]
Waiting lists for services such as counselling.	May have to wait a long time to access a particular service – sometimes the problem has resolved to some extent or the impetus to attend is lost.	Access to services taking a long time. Wait for so long that by the time the appointment comes around they feel a bit better and don't attend. [FG3]
Travellers mental health not being taken seriously and not being referred to the services.	Referrals to the specialist mental health services or other services are not made.	I don't think Travellers are taken seriously. I don't think they are. I think it's just, they're not given time. And I know that's a very blanket statement, but I'm pretty sure that there has been studies done on that.[FG3]
Consultation time with GP is very short.	Not enough time with the GP to talk about their problems	Well to spend more time to talk to you. Because I had experience, well not only me, nearly everybody in this town of GPs down the town. And when you went to them asking, you're not even, if you go in with very bad mental health. You're in and you're out the door with a script in five minutes. Sure that's not what they want. I don't want to go in there and come out with a big box of tablets and take them. I want someone to listen to what I have to say. And be able to talk back to me. And be able to point out where I can go to get help straightaway. Not to be waiting months. [FG3]
Lack of mental health literature that is culturally appropriate.	Mental health promotion materials may not be used or understood if they are not perceived as meeting the specific needs of Travellers.	I know another area for example in [] there's been literature developed to promote mental health and other services in that area. It's been developed with consideration of Traveller culture including issues around illiteracy and so on. However, that isn't available here at the moment so perhaps that could be one thing that would be not necessarily unique to this area but an issue that has been addressed elsewhere [P1].

Factor	Context	Example from Transcript
Culturally responsive services that acknowledge the specific needs of Travellers.	Services that recognise that Travellers require some additional support to navigate and engage with services may not be available or that Travellers may have mental health or psychosocial needs.	I've seen it where they are filling out a questionnaire or a form and you know, supporting that person, taking time to just support them. Taking the time to have a conversation of what's happening at home for them. But I just think that there needs to be a space how's things at home? How's things you know, is the postman - are you receiving post? Yeah I'm receiving post, okay so you will get my letters, my appointments. It's that kind of checking in piece before the actual consultation. [P2]
Lack of follow up once engagement with the services begins.	In the example cited, one person, after waiting for a long time and attending a counsellor once, did not hear from them again.	I had someone that I referred to for counselling. And the doctor set it for them, it's a few year back. And they went and they met the counsellor. And the second time after that the counsellor never was heard of or seen or turned up or anything. And the person in question was waiting, I think it was about six months for it. The person wouldn't go back for more, that was it. [FG3]
Over reliance on medication and lack of follow up with medication.	There was a sense that participants felt that GPs were quick to prescribe medications in the absence of other services and sometimes Travellers were left too long on the medications without monitoring.	Because you have mental health problems sometimes you might be put on medication waiting for the appointment to come out. And we feel sometimes that's a bit long and they give them medication the very first call. But also they can be left too long on them. That's the problem we see out there among Travellers, and because the GP gives them they think that they are good for them. But the message that I would give out, any prescribed medication just because the GP gives it doesn't mean they are the best in the world for you. You need to be monitored on them. You also need to go for your check up every couple of months and you need to be reduced off those after a certain length time. And we see within our own community that's very unlikely to happen with a lot of people out there. [FG4]
Services that are peer led and mainstream services.	There was a mixed view of services that were Traveller led. Some participants believed that Travellers were more likely to attend a service provided by people who were not members of the Traveller community.	But you know there is that kind of like shame and fear among the Traveller community to go and access them as well, that's part of the reason why some people may not access them [Traveller run services] and may opt to go towards what they would class as settled services or mainstream services. [P3]

Table 5.5: Community factors affecting Traveller access and engagement with the mental health services

5.8 Public Policy

Factor	Context	Example from Transcript
Addressing the social determinants of mental health for Travellers was seen as the basis for improvements in mental health.	There was a mixed reaction overall to the Traveller Health Action Plan but some optimism as it addressed the social determinants of health for Travellers.	I think overall now is an opportunity with the Traveller health action plan because it references the social determinants of health. It references ethnicity data being collected. And I think it's really now that collaboration piece for the Traveller health action plan to be implemented. Again [] I'm not going to be running around telling everyone this is the magic wand that's going to fix everything. But it has the potential if implemented because it acknowledges the social determinants of health. [P2]
The need for a standalone mental health policy for Travellers.	While there are specific mental health actions in the Traveller Health Action Plan, some participants thought that a specific mental health policy is more appropriate given the extent of the problem.	But what we are looking for is an individual standalone mental health plan and then leave the rest to the help you know because Travellers are actually in a pandemic at the minute when it comes to mental health and suicide. So, it's an individual standalone one we need which every organisation in the country is supporting through the National Traveller Mental Health Network. [P4]
The lack of progress despite the extent of the problem and the need for change.	There was frustration about the worsening mental health crisis despite the number of research studies and reports that have been published over the years.	And like the situation changes just around accommodation and around health and if they promised something that they might even deliver 50% of it would help. But it's just constantly reports, each plan promises and then nothing it's all a big 'yes' it's a big launch and what have you and then [nothing] look I have seen it too many times. I don't want to go into too much but it's just the failings of who is in power and the State itself. [P4]
Lack of specific data about Traveller use of the mental health services.	Information about how Travellers currently engage with the mental health services is necessary for planning purposes.	I suppose anecdotally again I would notice or hear about a lack of information within a variety of those services, but other services that are more generic that they may not have information in relation to ethnic identifiers. So it's hard to trace whether or not people from the Traveller community are actually accessing those services or not. Sometimes ethnicity data is gathered but then it's not utilised in a way that's useful or in a way an organisation can understand what is happening in terms of what ethnic demographic is using a service specifically and how many people from the Traveller background for example is accessing a particular service. [P1]

Factor	Context	Example from Transcript
Not enough staff to go into the sites and speak to Travellers about mental health and encourage them to access service [resource issues].	<p>More staff [Primary Health Care Workers] would have better reach.</p> <p>Not enough mental health workers attached to Traveller organisations.</p>	But what we would like to see is mental health workers to be in Traveller organisations everywhere. Which would be very, very handy for us that they can link in with us and we can link in with them if we find them and get them referred on or give them the right information as soon as we can. Because they are in crisis, some of them can be in crisis and it's getting them at that very early stage before it's too late. [FG4]
Lack of mental health services in the evenings and at the weekends.	Mental health services are not available 24 hours a day or 7 days a week.	So I think mental health services need to be changed, They need to be 24 hours 7 days a week, that does not happen in Ireland. It's the weekends, who am I going to get for you [if you need support for a mental health difficulty], I can't get them, nobody is working. There needs to be 24 hour mental health services out there for people out there. [FG4]

Table 5.6: Public policy issues affecting Traveller access and engagement with the mental health service

6. Key Points and Recommendations

6.1 Other Key Points from the Data

- The findings reveal that there is a strong perception that Travellers' knowledge and awareness of the mental health services (mental health literacy) in the area could be significantly improved. There is widespread recognition of the GP as the main access point to the specialist mental health services. Information about other services is provided to Travellers and while there is anecdotal evidence that some of this information facilitates access, more research is required.
- Similarly, information about the utilisation of the mental health services is not available and while Travellers experience higher levels of mental distress and higher levels of disability (CSO 2016) and that they are overrepresented within services (Kavalidou et al., 2023; Tong et al., 2021) more detailed information is required. Implementation of an ethnic identifier within services which collected standardised information about service use is necessary to plan and deliver mental health services.
- The factors that influence access and engagement with the mental health services correspond with the review completed by McFadden et al., (2018) and the research papers presented in table 4.1. The factors are complex and demonstrate how personal factors intersect with racism, discrimination, socioeconomic and political issues which heighten their impact.
- We were unable to talk to Travellers who were not part of the Traveller health infrastructure in the area, and this is a limitation of this research.

6.2 Recommendations

- Traveller access and engagement with the mental health services need to be reconceptualised as different elements of support needs. Strategies need to consider how Travellers can be supported to access the services and once they have accessed them how the mainstream services might support Travellers to engage with them using culturally responsive approaches.
- Improving Traveller access and engagement with the mental health services needs to be facilitated in partnership with the community using a community development model which recognises the importance of the social determinants of mental health.

- Greater consideration needs to be given to the voluntary mental health sector through increased awareness of their role in the provision of support. Many of these services use principles associated with peer support which are more acceptable to Travellers and may be useful to people who may not require specialist services through a Community Mental Health Team. This could be achieved through greater outreach by the voluntary sector in collaboration with existing Traveller projects.
- Urgent implementation and evaluation of the Traveller Health Action Plan is required through the regional implementation group in CHO9. This includes the roll out of the ethnic identifier across services. The objectives and strategic actions associated with Goal 2 of the Traveller Health Action Plan will facilitate access and engagement with the mainstream mental health services among other services.
- Consideration needs to be given to the need for a stand alone mental health action plan for Travellers.
- Staff in mental health and other services who work with Travellers should complete mandatory cultural awareness and anti-racism and discrimination training. This should also include implicit bias training.
- The promotion of the HSE LanD Training 'Introduction to Traveller Health' should be encouraged amongst mental health staff and other health care providers.
- While cultural awareness will go some way to understanding Travellers' customs and needs, mental health staff need to be aware of the specific traumas that affect the lives of Travellers, in particular social disadvantage, racism, and discrimination, and these should be incorporated into all educational programmes for health care staff that work closely with Travellers.
- Where Travellers are identified within services, the principles associated with Make Every Contact Count (MECC) should be used to maximise interventions. This should include a culturally appropriate mental health assessment. In this context, MECC involves health professional maximising interventions to support Travellers' mental health and wellbeing, assisting them to make positive changes or directing them to services which can provide support (Health Service Executive, 2016).
- Similarly, where Travellers are identified, issues that are known to impact their engagement with the mental health service should be sensitively assessed. For example, checking the most appropriate way to receive follow up appointments, support with literacy needs, additional time to explain interventions including medications etc.
- Mental health service providers in the area should establish outreach programmes to increase their visibility and use. This can be done through the mental health service coordinator in partnership with established Traveller projects. Emphasis needs to be placed on how organisations can facilitate access and engagement by increased awareness of the barriers and implementing strategies to address them.

- Mental health services need to reflect an awareness of and a responsiveness to the specific needs of the Traveller community and should work closely with the mental health service coordinator and the Traveller projects to introduce strategies to demonstrate this.
- Information provided to Travellers about mental health services need to emphasise confidentiality including the limits of that confidentiality. This is particularly important in Traveller led services and choice should be facilitated for Travellers who prefer to use the mainstream services because they may be worried about confidentiality.
- Initiatives such as text Pavee 50808¹ and Mind Your Nuck² should continue to be supported and evaluated to make sure that they are having the maximum impact.
- Given the specific impact of suicide and other traumas on the Traveller community, a coordinated community response should be developed in partnership with key stakeholders including members of the Traveller Community.
- The Mental Health Sub-group of Traveller Health Unit is developing a critical response plan to critical incidents that occur in CHO 6,7 and 9. This should be supported and could minimise contagion and distress, signpost Travellers to support services and encourage early intervention.
- Traveller Mental Health initiatives should continue to be supported and expanded in partnership with Traveller Organisations and the Mental Health Service Coordinators for/ with Travellers. These should focus on addressing Traveller inclusion in mental health services, development of appropriate mental health literature and programmes, delivery of Traveller Cultural Awareness Programmes and other initiatives as identified by the community.
- Plans are underway to implement safeTALK³ training to members of the Traveller community and this should be prioritised, supported and evaluated.
- A Traveller Mental Health Liaison nurse has been evaluated positively in other areas.⁴ A scoping exercise in partnership with all relevant stakeholders including the Traveller community should be completed to ascertain the suitability of this approach in CHO9.

1. <https://www.paveepoint.ie/pavee-50808/>

2. <https://youngpavees.ie/>

3. <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/types-of-training/safetalk.pdf>

4. <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/tmhl-evaluation-full-report-oct-18-2.pdf>

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If you are worried about your own or someone's mental health, support is available.

Talk to your GP if possible.

Call a helpline

Samaritans 24/7 on Freephone 116 123 or

Pieta 24/7 on Freecall:

1800 247 247 or text 'HELP' to 51444

Childline 24/7 on Freecall:

0818 275 975 or text 50101

Text Pavee to 50808

Aware 1800 80 48 48

Traveller Counselling Service Mobile:

086-3081476 or Ph: 01-8685761

Mind your Nuck website: www.youngpavees.ie

**In the event of an emergency call 999
or visit your nearest emergency department.**



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