

*Equally Connected** Report 7

Working with Gypsy/Travellers

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**Equally Connected* is an action research project using community development approaches, including the creative arts, to learn from Black and minority ethnic (BME) communities about:

- attitudes to, and experiences of, mental health
- what helps maintain well-being
- effective ways of challenging stigma and discrimination

This evidence will be used to improve understanding and help ensure that services and systems of care (such as the Integrated Care Pathway (ICP) for people with depression) are designed to meet the needs of the diverse BME communities within Edinburgh and the Lothians.

Equally Connected is funded and supported by NHS Lothian and NHS Health Scotland and based at Health in Mind in Edinburgh

Working with Gypsy/Travellers

1. Introduction

Equally Connected in the Lothians was an action research project focusing on mental health and well-being with Black and minority ethnic communities and one of the groups we worked with is Gypsy/Travellers.

Gypsy/Travellers are often regarded as a 'hard to reach' group but one could perhaps question whether some services try hard enough to reach such communities. Service providers rarely recognise them as a minority ethnic group with a long shared history, common language, traditional culture and beliefs. Many families experience extreme levels of discrimination and, arguably it has become 'socially acceptable' to discriminate against Gypsy/Travellers.

Over the last two years we have worked with Gypsy/Travellers to gain a better understanding of their experiences of, and attitudes towards, mental health. We also wanted to learn about existing coping strategies and what helps maintain wellbeing.

This report will summarise our findings from two Gypsy/Traveller Health Fayres for women held in 2010 and 2011. In the second half of this report, we will highlight some of the emerging themes from in-depth interviews carried out, and Case Studies collected, during the *Equally Connected* project.¹ Gypsy/Travellers also submitted poetry for, and participated in, the *Equally Connected* exhibition during the 2010 Scottish Mental Health Arts and Film Festival.

2. Background

As regards their health status, there is limited information available in Scotland, but increasing evidence from elsewhere that Gypsy/Traveller experience significant health inequalities, high infant mortality rates, premature deaths and higher than average rates of the major long-term conditions such as diabetes and cardiovascular disease.² In Parry's matched-subject study, researchers found that overall Gypsy/Travellers reported poorer health status than both white British residents and other minority ethnic groups. In comparison, Gypsy/Travellers were much more likely to have a long-term illness, health problem or disability. A recent report by the Keep Well team in Lothian has confirmed similar findings.³

¹ See also *Equally Connected* (2011) *Report 4*

² Parry et al (2004) *The Health Status of Gypsies and Travellers in England* and University College Dublin (2010) *All Ireland Traveller Health Study: Summary of Findings*

³ Lambie, J (2010) *Report of Keep Well Gypsy and Traveller Outreach Service* NHS Lothian

In Scotland many Gypsy/Travellers still face difficulties in accessing primary health care services. Over the years there have been some examples of good practice - e.g. individual health visitors and doctors providing effective outreach services sensitive to the needs of Gypsy/Travellers or the development of a Hand Held Record⁴ - but generally provision of such services is still patchy across the country. Too often good practice seems to be dependent on individual interest or commitment rather than strategic planning. It is not uncommon for Gypsy/Travellers to travel many miles to see a trusted GP/Health Visitor rather than face rejection/discrimination at a local practice.

Similarly, there is very little published research on Gypsy/Travellers and mental health in the UK. According to Parry's research Gypsy/Travellers have amongst the highest levels of mental distress in the UK, this results partly from forced evictions, constant harassment and the physical health problems many individuals face. Similarly, a community-led research project in South Yorkshire highlighted a distinct lack of awareness about a range of mental health issues and a number of gaps in provision.⁵

In addition, anecdotal evidence suggests a high rate of mortality through suicide although no accurate figures are available. A recent research report commissioned by the Equalities and Human Rights Commission recommended "*that urgent research is undertaken into the prevalence of suicide and self harm amongst Gypsy, Traveller and Showpeople communities in Britain, as no adequate statistics exist on the true extent of the problem, or on the numbers of families affected by premature death by suicide*".⁶

Our initial findings suggest 'mental health' is rarely discussed because of the stigma attached to it and individuals are largely unaware of the range of interventions available to treat depression or anxiety.

3. Health Fayres - 31st May 2010 and 28th February 2011

3.1 Planning

Equally Connected and Keep Well held two Health Fayres targeted at Gypsy/Traveller women living in Edinburgh and across the Lothians. These Fayres provided much-needed opportunities for women to come together in a safe environment to try new healthy activities, as well as building relationships and

⁴ In partnership with others, a Hand Held Record was designed by and distributed by the National Resource Centre for Ethnic Minority Health (NRCEMH is no longer in existence).

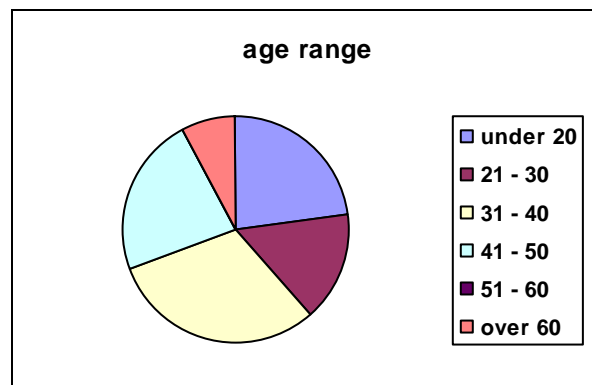
⁵ Marr et al (2008) *Community Engagement Project: mental health needs of Gypsy/Traveller communities of South Yorkshire*. University of Central Lancashire

⁶ Cemyln, S et al (2009) *Inequalities Experienced by Gypsy and Traveller Communities - A Review* EHRC Research Report 12

allowing project staff to initiate discussions on mental health and well-being.⁷ Each Health Fayre included a range of taster sessions, workshops and stalls to encourage discussion and learning around health and wellbeing. To our knowledge this is the first time this approach has been used to engage with Gypsy/Travellers in Edinburgh and the Lothians. Having consulted with several women in the Lothians area it was decided to hold events mid-way between Edinburgh and West Lothian so that it was accessible for those living in different areas of the Lothians. The Wester Hailes Education Centre was chosen as a venue as it is close to the city bypass and easily accessible.

3.2 Dissemination and attendance

For each event, we designed a colourful and eye-catching flyer to advertise the day and this was distributed in person on the two occupied local authority sites in the Lothians⁸, flyers were also sent to many women living in housing in the area and we asked people to pass it on to their friends and family, utilizing the highly effective 'word of mouth' networks. The flyers were followed up with phone calls in the days leading up to the event. The two events were attended by twenty women from across the Lothians, at that time they were residing in houses, council sites, private sites and a roadside camp. Several women from one extended family in the Edinburgh area were unable to attend as they had a sick relative in hospital at that time. Rather than organise a crèche, and recognising cultural preferences, we decided to offer a small childcare fee for those who needed to ask a relative or friend to look after their children to enable them to attend. Despite the offer, no-one claimed childcare expenses on the day and all the women negotiated their own way to the venue. The age range was:

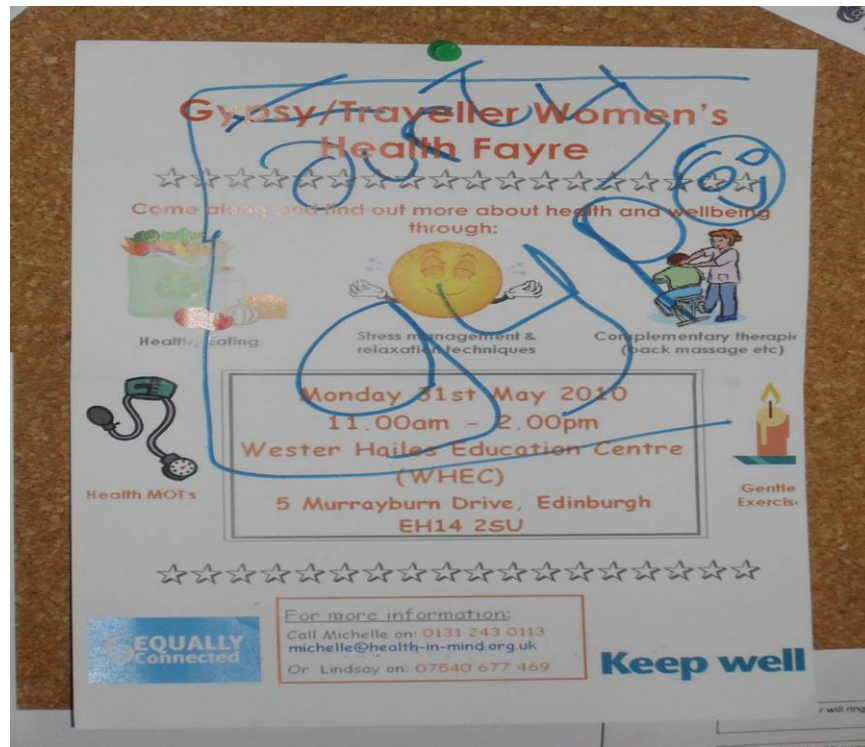


At the May event, around lunchtime I noticed that one of the flyers displayed on the outside of the building to advertise the event had been defaced with 'dirty gypo' scrawled across it. The poster was quickly removed before it was seen by

⁷ A small grant was secured from NHS Lothian Mental Health programme to fund this work

⁸ At the time of writing the third local authority site in West Lothian was unoccupied.

others. As an education centre the building is used by a wide range of adults and children. One of the reasons the venue was chosen was because of the very strong visual messages throughout the building about respect, tolerance and diversity.



3.3 Programme

At each event there was a varied programme consisting of health awareness activities such as a zumba exercise class, complementary therapy tasters (reflexology, face massage and back/shoulder massage), gym induction, health checks by the Keep Well nurse, basic first aid⁹ and a relaxation taster session.

In addition, there were a range of stalls including smoking cessation, healthy eating, Shelter and Edinburgh and Lothians Racial Equality Council. Refreshments and lunch were also provided on each occasion. From Equally Connected's point of view we also wanted to gather some initial evidence about attitudes towards mental health and wellbeing, for this we used Poster Questions and elements of the Community Conversation model.¹⁰

3.4 Key Health Questions

Being very aware of the stigma associated with mental health and likely reluctance of women to speak in public, not to mention potential literacy problems, we had to

⁹ Kindly provided by the British Red Cross Ethnic Minority Project

¹⁰ Sanctuary, (2008) *Community Conversation, Peer Educators' Manual*. Glasgow Anti Stigma Partnership

carefully consider how to initiate discussions about these sensitive issues. After consultation, the term 'emotional health' was used as it was thought to be less stigmatising than 'mental health'.

In order to get some insight into different attitudes towards, and understanding of, mental health and wellbeing, large colourful posters, with lots of images, were designed, asking three mental health related questions. As the women arrived at the May event they were given coloured dots and asked, in their own time, to visit the posters and put a dot on their preferences. The posters were also used by EC staff to initiate discussions throughout the day. This method was chosen because it was very visual and seemed to be a non-threatening way of raising issues about mental health. Also it was a way of allowing people to remain anonymous in an environment that was new to many. Although it is difficult to make generalisations, the responses do give some indication of what impacts on mental health and potential sources of support.

3.4a If you were feeling stressed where would you go/what would you do?

Visit GP	0
Sort it out myself	4
Friends/family	8
Other	1

It is interesting to note that no-one put their dot next to 'visit GP'; this has particular implications given how many social prescribing initiatives are only accessible via a GP. This was also a bit surprising given the many comments made about GPs at the Equally Connected stall throughout the day. Friends/family was by far the most popular option, this was reinforced by one woman's comment during the day "*it is so nice to be amongst your own folk and let your hair down*".

3.4b Which of the following affect your emotional health?

Death/bereavement	3
Money	1
Weather	2
Physical health	2
Religion	6
Isolation	1
Alcohol	5
How others see us	6
Relationships	2
Other (drugs)	1

Each woman selected a range of factors/issues which she felt impacted on her emotional health. Religion scored highly, perhaps reflecting the fact that many of those attending were born-again Christians who attend church regularly. Also scoring highly was "how others see us" indicating the levels of discrimination faced by many and several women openly talked about hiding their identity rather than face rejection (see earlier comment as well about *'your own folk'*). On several occasions during the day women commented on how nice it was *'to relax', 'have time for me', "can't remember the last time I did something like this without kids and my husband", "you grow up knowing to keep who you are to yourself it is just safer that way, I know it isn't right but I tell the kids that too"*.

Alcohol also scored highly, perhaps indicating that it is being used as a coping mechanism by some. One woman, although she said not a drinker herself, said *"drink it is becoming a disease, especially for men, it wasn't like that in my day!"* When responding to the poster one woman asked why there wasn't a 'drugs' option adding that *"it is all around the young ones now you know"*

3.4c How do you look after your emotional health

Sleep	3
Pray	4
Phone a friend	5
Scream	5
Take exercise	0
Relaxation/hot bath	1
Go for a drive/walk	4
Smoke	3

The two highest scorers were 'phone a friend' and 'scream'. This could suggest a lack of knowledge or trust in other options, as well as feelings of despair *"what else can I do...so I just scream, and cry sometimes, but mainly scream, I know it isn't good but..."* Next in popularity were 'pray' and 'go for a drive/walk'. It is interesting to note that 'take exercise' did not get any votes, linked with the poor response to physical health in question 3.4b, it could indicate that the links between physical and mental health are either not widely known or recognised.

During the February event we also used elements of the Community Conversation model to prompt discussion about mental health, often using 'imaginary' characters from a similar background to ask questions about what someone could do in this situation. Many of the issues raised in the Poster Questions and Community Conversation were confirmed in the in-depth interviews, see section 5 below.

3.5 Stalls

During the May event the women were very reluctant to visit the stalls around the room, preferring simply to socialise with each other and chat. Eventually some stall holders decided to 'take the stalls to them'; this resulted in several women inquiring, and accessing information, about smoking cessation and trying fruit smoothies.

3.6 Activities

Throughout each day there was a fun atmosphere and lots of laughter, not to mention a real enthusiasm to try new activities, old and young alike were encouraging each other to participate in new activities such as zumba or the gym induction, *"I've seen that exercise but never thought I'd get to try it"*. The First Aid session was attended by about half the group and afterwards a certificate was given to participants. After participating one woman said *"I am 47 years of age and you know that's the first certificate I've ever been given"*.

Initially we had expected the women to sign up for complementary therapy tasters as they registered but this did not happen and at first there was a reluctance to even try the therapies. Although a separate room was available, for peace and privacy, we decided to move the therapies into the main hall so that the women could see what was involved. One of the younger women offered to try it out first and soon everyone wanted to try, and compare, the different therapies. This was one of the most successful parts of each event. As one woman said *"why does the Dr just give you pills when you could be getting this"* and another added *"the Dr should have that massage on prescription"*.

At various points during the days there was a lot of informal discussion about the stresses of day-to-day life, and it was acknowledged how little time Gypsy/Traveller women 'get to themselves'. Many spoke about their concerns of being overweight and the limited opportunities for exercise, *"you know you are stuck in the trailer in the middle of nowhere, how are we going to get to a class, then we're Travellers - a lot of sports centres turn you away, thinking you are just going to use the showers or something"*. One woman who had lost a lot of weight was asked how she managed to stay slim she replied *'stress and worry that's my secret'*.

All the women also took up the opportunity to have a private chat with the Keep Well nurse and have their weight, height and blood pressure checked. Perhaps indicating the difficulties in accessing primary health care services, afterwards several women asked how they could arrange a follow up check.

4. Evaluation

At each event as the women left they were asked to rate their experience using an evaluation poster with happy and sad faces. The women were asked about the venue,

food, activities and health information. All rated the day a huge success with many very positive comments.

In addition, as part of the overall evaluation of Equally Connected's work, five Gypsy/Traveller women took part in the participant evaluation. A short question guide was used covering the key headings in the Kirkpatrick evaluation model.¹¹ To limit the potential for bias, the phone interviews were carried out by a member of the EC team not directly involved in the activities. Aside from enjoying the social aspect, which in itself reduces isolation, and improves confidence, the majority of participants gave positive feedback, detailing changes in their behaviour and awareness:

- Generally the women had mixed expectations and the majority of them felt that the activities and workshops on offer were different; particularly some that they'd never tried before and really enjoyed zumba and first aid. One woman stated "*they were different from what I expected, but better!*" and another feared it would be "*stuck up*" but found this wasn't the case.
- All the women enjoyed the day with one commenting that it was "*brilliant*" and another saying it was "*a great day, I really enjoyed it.*" They noted the flyer had been good and easy to understand, all enjoyed the zumba session in particular along with the food and massage "*didn't know dancing and exercise could be that much fun*". Others would have liked longer massage sessions and more regular events for Gypsy/Traveller women. One of the women hoped there would have been more women.
- All the women said they had or would recommend the events to a friend. One said it "*brought women together and showed how many different options there are for a healthy living.*"
- All of the women felt they learned something, one woman felt she had a better understanding of mental wellbeing and looking after herself and as a result, she now attends a regular zumba class after trying it for the first time at the Health Fayre. Others have also attended zumba classes and one woman is now going for regular massages to maintain her wellbeing and another said that neck massages are good at relaxing you if you're "*not feeling well, particularly if you're stressed, or not stressed.*" Another has used some first aid she learned with her children and grandchildren.
- Three women felt more aware of sources of support as a result of the Health Fayres.
- Some women have done things differently since attending the Health Fayres with one woman stopping smoking, another regularly attending massage and the majority of them attending zumba, however one woman felt she has not changed anything. They also said they think about mental wellbeing

¹¹ For further details see Lloyd, M. (2011) *Equally Connected Final Report*

differently by *"trying to be more aware of looking after myself"*, now eating healthier food i.e. fruits and one noting they're now aware of *"the link between wellbeing and massage."*

- Some suggestions from the women for improvements included providing a crèche as this would have attracted more women, having longer events and one woman would like to see these activities *"up and rolling"* in her local area. She feels that if zumba and massage was more widely available and more regular, more Gypsy/Traveller women would attend.

5. Interviews/Case Studies

In discussing mental health and wellbeing, many did not see the point in going to their GP for depression/stress because *'you would just be given pills'*. Several other common themes were raised by almost all the Gypsy/Travellers we spoke to, at events and during interviews - the pressures of living in a house, the causes of stress, having to hide your identity and a sense of shame. The women also shared their various ways of coping.

5.1 Living in a house

In relation to accommodation, for many regardless of where they were living at the time, there was a strong feeling that there is now a lack of choice or options and many felt they are being forced to live in 'bricks and mortar'. Respondents clearly regarded living in a house as having a major impact on mental health, as the following quotes illustrate:

"It was the loneliness that was the worst; just sitting looking at four walls, what kind of a life was that"

"Staying in a house is the depression itself that is what starts the road to depression is staying in the house. Especially in the summer months, and nobody listens to you."

"How did I feel? It's hard to say, just like the house had something to do with it too, we'd never been in a house before and those walls. Oh I remember being in my room and just sobbing, there was no air, just closing in around me.... it's these walls - how can I explain it. You'll think I'm daft, you can't put it into words but they are coming in on me".

The Parry research mentioned earlier also found that depression and anxiety, especially amongst housed Travellers, were much higher than the national average.

Although, a few women did acknowledge some benefits of living in a house, particularly if suffering from long-term health complaints:

"Well some things were better for me - like showers with having X problem, they were better for me. But other things like just coming out the door I used to see people all the time, where as in the house I didn't know anybody and I found that everybody kept to themselves. Where as in the trailer, everyone says 'good morning' and that's what it's like on the camps".

The same woman described her own coping strategy when she first moved into a house, *"when I first went into the house, the thing was I wasn't too far away from a caravan site where my parents and brothers were. So....when my husband went to work I just jumped in the car and that's where I went every day. Near enough every day I went down there, when I shouldn't have been going down every day, but I was at first. I went down there an awful lot".*

Another woman, who had recently separated from her husband, something she thought others might view as 'shameful', also acknowledged that she had more privacy in her house, *"but I also couldn't go back into the trailer. Everyone would have known. At least in the house I had some kind of a private life but it was hell, I cried so much, not just cried, sobbed".*

For most, it was not only the impact of living within 'four walls' but also the physical isolation from other community members and a fear about how that could affect you:

"In amongst Travelling people I believe there would always be somebody by that person, unless they were in a house. In a house it would be very dangerous as they'd be very isolated from their own people"

"But when you're in a house its different coz you've not got that same closeness, you're isolated. Do you know what I mean, the next person to you might be miles away so, you know what I mean, so they cannae come and help you".

5.2 Stress

The words 'depression' and 'stress' were often used interchangeably and there were strong links to environmental factors - the absence of a safe place to stay and discriminatory attitudes were felt to be contributory factors to poor wellbeing. As one woman said *" instead of using the word depressed we'd more use the word distressed, we would more use that... I don't know if you would find depressed and distressed different".* There was also a strong sense that 'being down' or depressed has almost become 'part of life', something you have to get on with, this was often combined with health beliefs of fatalism and stoicism.

One woman identified a main cause of stress as:

"Things that get you down as a Traveller is maybe travelling 100 miles to a site and you can't get on, that's a really distressful thing. Then maybe having to pull into a lay-by for a night, with no electricity, no nothing, till the man goes out and finds you a site the next day. A lot of sites you think you can get on them but you just can't get on them X, which is ridiculous because you're going and paying rents just the same, that's a stressful thing! It's mainly because they're Travellers that they can't get on; they don't let them on because of that. Or they're there for a couple of hours, then people from round about just phone and then they're getting told to move in the middle of the night, with kids - so they're stressful things. That's the most stressful thing is not getting on the sites and getting moved off sites if they've only been there for a couple of hours, which then causes arguments. That's definitely the most stressful thing".

However, those who had suffered stress or depression did not necessarily identify as having a 'mental health problem'. Instead, when asked during the Community Conversation what mental health meant to them, responses included: *'Do you mean if someone's not well in the mind?', 'schizo like', 'crazy, completely lost it, I know I probably shouldn't say this but some do need to be locked up they can't help themselves'*. Along similar lines, one older interviewee said *"I'll tell you what I was told by my dad. Anyone who gets a mental illness, it's an evil that comes over them, like an evil spirit that comes over them because they've done something in their life that must be banished before the light comes into their mind and body"*.

Marr also found that respondents who experienced symptoms such as cutting, extreme tiredness, lethargy, inability to cope and so on did not regard these as mental health problems leading the authors to conclude *" This could be a reflection of the lack of awareness and understanding of mental illness; the respondents not considering their symptoms to be a mental illness, or a fear or unwillingness to recognise symptoms because of the stigma attached to mental illness"*.¹²

5.3 GPs and primary mental health care interventions

As noted in the Poster Question at the first Health Fayre, several were reluctant to attend the GP when feeling depressed, although others felt they had had no choice. If the person had visited the Doctor for depression most had not disclosed their identity even when they did think it was important, *"it is relevant because the depression itself could be/most probably is the cause of your ethnic status, and whether it be a relationship, housing, health, because of your ethnic status I don't think you feel any more depressed but there's different ways of dealing with it and different reasons for it being there in the first place"*.

¹² Marr et al (2008) *ibid*

Amongst all those we interviewed there was a consensus that the GP would simply prescribe medication and many did not want to go down that route. There was virtually no awareness of other kinds of interventions. This was confirmed in the interviews, *"I told my doctor all this and said I didn't want to keep popping pills, they didn't help in the past and I don't want to become a junkie, but that's all he gave me. I tried to tell the Dr once but I don't think he really listened, they just want you in and out in 5 minutes these days"*.

"Well if you went to the doctor you'd get pills that would black your mind and sedate you, that's not the cure.....they'd give you a dose of Prozac pills and things".

"...I just kept taking them, feeling worse but I couldn't tell the doctor that, he knew best that's the way we thought. He never offered me anything else just tablets and more tablets".

"A lot of people don't know there are services there to help; some people just don't want it. They just like living (like me) in private. But a lot of them just don't know the service is out there because they move up and down that much. Like my brothers move up and down an awful lot so that's probably a lot to do with it."

As confirmed in other studies, whether GP, Health Visitor or simply a non-Traveller, it is vital that there is a relationship of trust and respect, sometimes this can take months or years to build up, as one woman describes, *"with country folk [non-Travellers] it is hard, you need to know a person, trust them like, know they'll treat you normal like, I can't explain that feeling when you think they might know who you are. It is like a churning inside, you see it in their eyes even before they say anything"*.

Fortunately, a couple of women did describe positive experiences with their GP, particularly when there was trust and understanding:

"The house was part of the problem for me, that must sound stupid to you but it was, I hated it. My Doctor, he's been the family Dr for years. When I eventually went to him, about the flu actually, not about depression, He knew straight away, he'd worked with Travellers, he know our ways. He made it easier for me. He said to me it's the house isn't it? I cried then, boy did I cry. I just let it all out. I still struggle with these four walls even after, what is it 10 years".

"It was a young man who understood I was a Gypsy/Traveller and wasn't judgemental towards me and was very calm, there was no pressure towards me at all. We could sit in silence for 5 minutes, and because I'd seen him the 2 or 3 times it was learning to trust. After that if I needed to see a doctor I'd only call for him".

Another noted "it will be easier... he would be aware she was a Traveller and she wouldn't have to go through all the details telling him that she is a Traveller before she tells him what's wrong.....for her to go in and say she's depressed and that she's cut off from her family. Being a Traveller is so family-orientated that the doctor needs to be clued up".

Similarly, for Gypsy/Travellers in particular, community isolation is an additional barrier for those who have experienced long-term misunderstanding and prejudice which has led to an increasing distancing from services, including health services. During the awareness-raising training, Gypsy/Traveller trainers said it is not uncommon for community members to travel hundreds of miles to see a known GP or Health Visitor, rather than risk rejection at a local surgery. As the following extract from an interview illustrates:

X: ".....my sister has problems [mental health] and I had her child for quite a while because I was frightened in case the authorities intervened.

Y: Do you think that is common in the community....?

X: Most definitely, especially when a child is concerned. I'd go 100 miles to be with my nephew and thinking that a health visitor was maybe going to come and see my wee sister in 2 hours because she was very unwell I'd be there in an hour and have my nephew away from there before she even came.

Y: And that fear...

X: It's a genuine fear, I've always had that fear. I've had that fear since I was a baby, and it was confirmed when I was a young mother on a camp site when the police actually visited and threatened to take my husband away and put my children in care. That was when my confirmation came from.

Under such circumstances, it is perhaps hardly surprising that there was little, or no, understanding of the availability of Primary Care Mental Health services.

5.4 Hiding your identity

The Gypsy/Traveller interviewees made frequent reference to racism, or the fear of being treated differently, often shaping their lives in such ways to avoid situations that may place them at risk. Similarly, interviewees regularly made reference to hiding their identity in case it placed them in danger, for some it had almost become a way of life. One woman who attended a Health Fayre said "you grow up knowing to keep who you are to yourself it is just safer that way, I know it isn't right but I tell the kids that too".

Another woman described her concerns about possible repercussions:

"it's very negative. I can go in and say I'm a Gypsy Traveller, I taught my children to say that, although I've got the confidence to say that and so do my children, my

child went into school and never declared it. If push came to shove, if she was backed into a corner I still don't know if she'd declare it. It's not that we're not proud of it, it's everything that comes with it, the backlash that comes with it. Of course it makes you fed up, we're very proud people".

Others mentioned the perceived inability of GPs and service-providers to understand the importance of this issue: *"anyway the doctor is too quick in handing people anti-depressants things...they didnae understand the name-calling and the eggs and other stuff, no really knowing how that made me feel and being apart from my own folk. Think they just thought I should be happy I was in a house, but those four walls were crawling in on me think that's why I went to the park so often, fresh air".*

5.5 Stigma and shame

As with racism, throughout the Gypsy/Traveller interviews and case studies, regardless of age, there is frequent reference to stigma and a sense of shame, in particular losing pride if you admit you suffer from mental health problems both within the community or if you have to ask for help outside of the community. As two women said:

"I'm shamed to death to say anything to my own folks, not even my sister it would be like saying I am crazy or mad"

"It's shame, innit?. It's more shaming... people would look at you if you all as mental, do you know what I mean? Other Travellers, most, they don't want to know....But it is no just about money, anyone can get it, but they like to keep it hidden, keep you away from folk, like it is catching, a disease or that".

"[go to] somebody you can confide in you, it depends how close you are with 'em. If it's a relative or a sister-in-law but you'll find that a lot of women keep it to themselves ... me personally, if I had a problem like I'll not go to my mother, I'll not go to my sisters. I'd have more confidence speaking to a stranger sometimes than I would coz I still feel shame discussing things with my mother and my sisters, that's it amongst Travellers, keeping up appearances. But I think it all depends just basically who it is. But sometimes you can tell, I think because I've suffered it, I've suffered depression".

In talking about the fear that mental health problems can be inherited within the Gypsy/Traveller community one woman remarked it can be *"shaming for the whole family, like 'look at them'. But basically if you've got it, it comes down to shame do you know what I mean? Like it would run in families or that, you hear it all the time but naebody will actually say that tae your face".*

One woman also commented on the situation for men in her community:

"It is there within Traveller men, but within Traveller men nobody knows about it...a women would tell another women, there is no way a man would tell another man he was depressed. I think probably it's harder for men, they can't express how he feels to another man, never mind a doctor. They never go to a doctor, they just go to a chemist and bring back the whole chemist when they're not well. Under no circumstances would they go to a doctors and say I feel mentally unfit to care for my family, it's a no go area, because the man is the provider and the stronghold of the family".

Although, in terms of stigma, for some, there are also signs of change:

"Yeah they're not too bad at that. Years ago they were but nowadays, they're not too bad on that. Like my friends father with senile dementia, they probably wouldn't have shared it and said he was just getting on in life, just changing or being silly today, but now they will admit that."

5.6 Resilience

In terms of coping strategies most women said they would first turn to friends or family for support, *"if you're in a trailer [caravan] and there's someone beside you, their problems are your problems, there's a bonding..."*.

Whilst other individuals described actions they took 'just to reduce the isolation' or 'be on their own', *"sometimes I just go and sit in the shopping centre just to see folk but even then I don't know them, I can't tell them"*. And another older member of the community suggested, *"they need to mix with people and take an interest in life again, because if you let that go, you've nothing. It's not looking at televisions and looking at books, you've got to get out there, go for a good brisk walk and get a wee animal or something"*.

Others embarked on further study:

"I had never been to the centres before I mean Travellers didnae dae that kinda thing, we'd never go there, too long we are used to getting turned back from those kinda places. I was fascinated, as soon as I walked in and all these courses that could maybe help me, improve my reading and my writing a bit, and there were a de-stress buster course, what was that I had nae idea about stuff like that. People think I'm mental eh going to these courses".

And, during the Scottish Mental Health Arts and Film Festival exhibition, a Gypsy/Traveller woman described how she had used poetry to share her personal experience of living with, and overcoming, depression. Her insightful poetry described for us what it feels like to hide your cultural identity and the impact this can have on your sense of wellbeing.

For some religion also had a role to play in treating her depression, *"I do gain my strength from the Lord...twice a week I went to my church, I've got commitments, I clean it, I sing and through the Lord, I'm not saying I've never lost my temper or never been angry, but God has sustained me in it. If I didn't have God to turn to I probably would be in a straight jacket"*. Another woman suggested the first place someone with depression should seek help should be, *"if she belongs to a church or chapel, if she's been on first name terms with the priest or minister, going speak to them"*. Similarly, in the South Yorkshire study, Marr found that the Gypsy/Travellers often stated that faith played a significant part in their overall feeling of wellbeing.¹³

Another Gypsy/Traveller, not herself a Christian, acknowledged the importance of faith for others her community *"now, for some of us they go to the church, but that's not for me. I don't like the way they tell you what to do, taking the control away. I know it helps them that is grieving or sad but you don't know where you'll end, it's the way the promise you I don't like. Nope not for me. Even if I have to stick to the tablets"* and another said *"see well when they're dealing with mental health, they think like sometimes a lot of them are Christians and they think that helps a lot and this is what they believe. This is their way of dealing with it"*.

Another young woman was also more critical of the church; she described her father's attempts to deal with her self-harming:
"He [her father] knew he couldn't sort it on his own so he send me to the Church (it was really big around X at that time) but they just made me feel worse like it was my fault again because I wasn't a good person or something. I know some people think the Church is good but not for me, I think it is like brainwashing - I know people will get mad when they see that but for me that is what it is, they take away your brain so you can't think for yourself. They also don't want you to mix with others. I used to get dragged along to their meetings but it was awful".

Some people also brought up coping mechanisms which may have a more negative impact. We were unable to interview any Gypsy/Traveller men specifically about mental health issues, although early in the project one man did comment to the Project Manager *"come on, you know Traveller men just don't do health"*. Nevertheless, several Gypsy/Traveller women did comment on how they felt their brothers, husbands and fathers coped, adding that they thought men were under an enormous amount of pressure, often using alcohol as a coping mechanism: *"the only*

¹³ Marr, C. Et al (2008) *Community Engagement Project: mental health needs of Gypsy/Traveller communities of South Yorkshire*. University of Central Lancashire

way a man will cope with it is taking his frustration out on his wife, that in itself is a man's escape from depression. Either that or drinking alcohol".

"Well, you ken what its like Traveller men just don't go to the Doctor...there is an even bigger problem for Traveller men, they do get depressed, of course they do, I saw it in my own father but no-one talks about it. Why do so many turn to alcohol? That's probably their way of coping".

"Thinking back he [her ex-husband] was depressed too but reacted in a different way, with temper and I couldn't live like that, I'm no like that, I wasn't brought up that way".

6. What next?

Our work with Gypsy/Travellers was only a small part of the Equally Connected project, nevertheless evidence gathered from events and interviews clearly illustrates the high levels of mental distress experienced by many. There is also a distinct lack of awareness about the wide range of non-medical interventions to deal with depression or stress. Further work needs to be carried out, using community development approaches, to explore these sensitive issues in much greater detail.

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