



The Traveller Movement

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The Traveller Movement - policy briefing addressing mental health and suicide among Gypsy, Roma and Traveller communities in England

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About the Traveller Movement

The Traveller Movement is a registered UK charity promoting inclusion and community engagement with Gypsies, Roma and Travellers (GRT). The Traveller Movement seeks to empower and support Gypsy, Roma and Traveller communities to advocate for the full implementation of their human rights.

Introduction

'...We are all liars at this table, and I will tell you why. An awful lot of the men are hanging themselves, taking overdoses, buying the rope, the whole lot' Irish Traveller man¹

Background / statistics

Office for National Statistics (ONS) data reveal that there were 18,998 suicides in men and women aged between 20 and 64 years between 2011 and 2015, and that suicide is the leading cause of death in England in adults below the age of 50². Mortality data published by the ONS are collected from the information provided at death registration but as this information does not include the ethnicity of the deceased, there are no official data on deaths by suicide among Gypsies, Roma and Traveller (GRT) individuals in England and Wales. As noted by the Department of Health the failure to collect ethnic data through the death registration and inquest processes *'is a major obstacle to getting reliable and accurate data on suicides and to improving the evidence base and monitoring trends'*³

In the UK men commit suicide more frequently than women; for example, suicide rates for males in 2017 was 15.5 deaths (4382 deaths) per 100,000 population; suicide rates for females in 2017 was 4.9 deaths (1439 deaths) per 100,000 population. There is a correlation between low skilled occupations and rates of suicide among men; for example, males working in the lowest-skilled occupations had a 44% higher risk of suicide than the male national average.

Studies on suicide among GRT communities

Ireland:

There is in-depth longitudinal research to draw on in relation to suicide among Irish Travellers and Gypsies in Ireland which can throw light on Gypsy and Traveller communities in England.

Based on the 2012 All Ireland Traveller Health Study (AITHS), Pavee Point report that Travellers experience a 6.6 times higher suicide rate when compared with non-Travellers, accounting for approximately 11% of all Traveller deaths. The most common method was by hanging.

¹ Comment from a workshop participant recorded in Our Geels – All Ireland Health Study of Travellers' Health Status and Health Needs (AITHS) - all Travellers living on the island of Ireland, North and South; jointly funded by the Department of Health and Children and the Department of Health, Social Services and Public Safety (NI); undertaken by the School of Public Health, Physiotherapy and Population Science, University College Dublin, the study ran for a three-year period from 2007 to 2010. https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf page 133

² <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015>

³ *Preventing suicide in England A cross-government outcomes strategy to save lives* Department of Health https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf, p33

When disaggregated by gender and age, this rate was:

- 7 times higher for men and most common in young Traveller men aged 15-25; and
- 5 times higher for Traveller women than in the general population⁴

Britain:

High rates of suicide among Gypsies and Travellers in Britain were reported in a 2009 Equality and Human Rights Commission (EHRC) review of inequalities experienced by Gypsy and Traveller communities,⁵ which confirmed anecdotal evidence of a disproportionately high suicide rate amongst this group. In its December 2017 update the EHRC reported that: *'Gypsies, Travellers and Roma were found to suffer poorer mental health than the rest of the population in Britain and they were also more likely to suffer from anxiety and depression.'*⁶

Health inequalities among GRT communities

There is research to confirm that GRT communities in England face significant health inequalities, including higher rates of mortality, morbidity and long-term health conditions, and a higher prevalence of anxiety and depression compared to the settled populations.⁷

According to the 2011 Census (which had no separate category for Roma), 14.1% of Gypsies and Irish Travellers in England and Wales rated their health as bad or very bad, compared with 5.9% of White British and 9.2% of White Irish people.⁸

The National Needs Assessment of Roma in Ireland found that levels of reported poor mental health were extremely high with 51.3% of Roma respondents reporting more than 14 days of the previous month when their mental health was not good.⁹

Official data on the mental and physical health of GRT populations in England are not available as they are not separately identified in the NHS digital codes used to record the ethnicity of patients.

Traveller Movement (TM) believe that accommodation insecurity, poor living environment, low education attainment, economic exclusion, community isolation and discrimination all have a negative impact on Gypsies' and Travellers' physical and mental health.

Approximately 14-20% of Gypsies and Travellers living in caravans are situated on illegal sites and as such are legally classified as homeless, whilst half of all local authority Traveller

⁴ <https://www.paveepoint.ie/wp-content/uploads/2015/04/Handout-Mental-Health-A5-8pp.pdf>

⁵ EHRC research report 12: Inequalities experienced by Gypsy and Traveller communities: A review http://www.gypsy-traveller.org/wp-content/uploads/inequalities_ehrc_2009.pdf

⁶ EHRC, Dec 2017: Race report: Healing a divided Britain, EHRC report on the need for a comprehensive race equality strategy.

⁷ Ministerial Working Group on tackling inequalities experienced by Gypsies and Travellers, 2012, p12 <https://www.gov.uk/government/publications/reducing-inequalities-for-gypsies-and-travellers-progress-report>

⁸ Office for National Statistics, 2011 Census analysis: What does the 2011 Census tell us about the characteristics of Gypsy or Irish travellers in England and Wales? (ONS) January 21, 2014

⁹ Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) Roma in Ireland – A National Needs Assessment; page 97 <http://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

sites in England suffer from environmental problems relating to adjoining land. These communities also experience low rates of economic activity and have the highest proportion with no qualifications for any ethnic group (60%) – almost three times higher than for England and Wales as a whole (23%). All these factors are compounded by high levels of discrimination and marginalisation.

In relation to accessing health services, TM considers that Gypsies and Travellers face numerous challenges in accessing primary care service including registration (requiring proof of identity and address); poor literacy skills (including Roma communities); fear of discrimination (resulting in non-engagement and hiding ethnicity); over reliance on A&E services (especially mobile and/or homeless Gypsies and Travellers). Meanwhile many health professionals lack the skills, support and cultural understanding/awareness of these communities while health commissioners may not have the financial incentives to deliver high quality care to these groups.

Gypsy and Traveller specific issues

Risk factors for suicide among the general population include:

... gender; age – people aged 35-49 now have the highest suicide rate; mental illness; the treatment and care they receive after making a suicide attempt; physically disabling or painful illnesses including chronic pain; and alcohol and drug misuse. Stressful life events can also play a part. These include: the loss of a job; debt; living alone, becoming socially excluded or isolated; bereavement; family breakdown and conflict including divorce and family mental health problems; and imprisonment. For many people, it is the combination of factors which is important rather than one single factor. Stigma, prejudice, harassment and bullying can all contribute to increasing an individual's vulnerability to suicide.¹⁰

Gypsy and Traveller communities fulfil all these criteria and, as noted by the AITHS 'it is very likely that this constellation of circumstances, coupled with a lack of access to preventive services particularly, makes for an explanation of risk'.

There are also GRT-specific social or cultural issues which policy-makers should take into account. AITHS summed these up:

Travellers have traditionally relied on their family networks for social and economic support. Many fear the fracturing of these bonds as a consequence of being settled. A loss of social support structures combined with distrust, a sense of anomie, discrimination and low self-esteem is a potent combination likely to have implications for mental health and physical wellbeing. The loss or reduction of ties and support structures and emotional support, and the potential impact in terms of health status is well documented.¹¹

¹⁰ Preventing suicide in England, Department of Health, page 9

¹¹ AITHS p132

Additional GRT-specific factors/issues also include:

1. Anti-GRT discrimination
2. Nature of close family relations in GRT communities and their experience of bereavement
3. Culture stress
4. Homophobia
5. GRT prisoners

1. Anti-GRT discrimination

In 2017 TM's online survey on the levels of discrimination experienced by 214 GRT community members across the UK found that 91% respondents had experienced discrimination because of their ethnicity, and 30% had experienced discrimination in relation to accessing health care. As noted by the AITHS, the experience of discrimination or the perception of discrimination, *'is likely to lower a sense of efficacy and self-esteem and this is damaging to mental health and wellbeing'*.¹²

2. Close GRT communities and bereavement

In her study of disproportionate rates of suicide among Travellers in Ireland between 2000 - 2006, Walker noted three patterns of suicide which were closely linked to Traveller culture i.e. 'Traveller specific suicides'. These were:

- a. 'bereavement suicides' where in 40% of cases where a Traveller took his/her life following the death of somebody close, that death itself was also a suicide;
- b. 'violence suicides' whether domestic or feuding, which occurred following a violent episode and affecting both victims and perpetrators; and
- c. 'shamed suicides' which took place following disclosure of an alleged criminal act or awaiting trial for a criminal act.¹³

In her study of bereavement among Gypsy and Traveller families, noting the close and tight-knit nature of GRT communities, Carol Rogers highlights the intensity of the experience of bereavement and loss and referred to a ripple effect which has a powerful impact with some relatives of suicide victims becoming predisposed to suicide themselves.¹⁴ She notes that a practice of protecting each other by not discussing grief and loss extends across family relationships creating tension, and the failure to manage grief has significant and long-term health implications *'with women commonly suffering from anxiety and depression and men resorting to alcohol or the more extreme bereavement suicide.'* Noting that bereavement suicides are commonplace, Rogers argues that these are *'a consequence of the pressure of culturally protective behaviours [which mean] that grief responses are internalised rather than shared and supported'*. Quoting a study respondent: ¹⁵

¹² AITHS p165

¹³ Walker, M.R. (2008) Suicide Among The Irish Traveller Community 2000-2006. Wicklow: Wicklow County Council, <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/research/suicidetravellercommunity.pdf> pp 88-89

¹⁴ Beyond Bereavement: is close kinship enough? An exploration of the bereavement experiences and support in Gypsy and Traveller families; Carol Rogers, August 2016 http://collections.crest.ac.uk/15673/1/Rogers_Carol_thesis.pdf, p74

¹⁵ Beyond Bereavement: is close kinship enough? p162

The majority of Travellers committing suicide in rural [areas] are on the roadside, most of the ones that I know of are after a death ... I think that could be the cause of a lot of suicide as well when nobody is getting to say what they feel, and kept it to themselves and that's why you get a suicide that follows a death.

3. Culture stress

The EHRC 2009 report noted that some of the accommodation, social and economic characteristics of Gypsy and Traveller communities in England bear a strong resemblance to the circumstances of Native Americans in the USA, First Nations (Canada) and Aboriginals (Australia), particularly those communities' experiences of oppression and marginalisation.¹⁶ Where native communities were subjected to oppression, racism and rejection of their community norms and way of life, they were likely to experience heightened levels of substance abuse, suicide and self-harm. A Royal Commission on Aboriginal Peoples in Canada defined 'culture stress' as:

A term used to refer to the loss of confidence in the ways of understanding life and living that have been taught within a particular culture. It comes about when the complex of relationships, knowledge, languages, social institutions, beliefs, values, and ethical rules that bind a people and give them a collective sense of who they are and where they belong is subjected to change. ... such things as loss of land and control over living conditions, suppression of belief systems and spirituality, weakening of social and political institutions, and racial discrimination have seriously damaged their confidence and thus predisposed them to suicide, self-injury and other self-destructive behaviours.¹⁷

Reflecting on mental health, suicide and social disintegration among Irish Travellers, the AITHS noted:

The qualitative consultation highlights thoughtful discussion on what it means to be a man in Traveller culture and how Travellers engage with each other and with wider society. The disintegration of traditional family structures, the decline of religious certainty and belief are adverse trends, though not as much as in the wider society. A further compounding issue is the traditional problem of finding employment, which is tied in with identity and personal self-esteem in the accounts of Travellers themselves. The tight-knit community has positive effects, but also negative, in that there is literally little personal space for individuals and strong incentive to take part in group activities that can be damaging. Drinking patterns can aggravate mental health problems also, as binge drinking is associated with impulsivity and compounds clinical depression (World Health Organisation, 2008). Add to this a chronic problem with bridging to the general world around them and the corrosive daily relations with the general population Travellers themselves describe, and the mix is complete of poor self-esteem and self-efficacy in an unsupportive environment. There are a number of examples of fatalistic thinking in the narratives, particularly in trying to break the cycle of education and employability. There is ample evidence in these data of risk factors for mental ill-health, depression and suicide, whether from the quantitative census, the qualitative consultation or the mortality study.¹⁸

¹⁶ Cemlyn, S. & Briskman, L. (2002) Social (dys) welfare within a hostile state. *Social Work Education*, 21 (1), pp 49-69

¹⁷ Royal Commission on Aboriginal Peoples. (1995) *Choosing Life: Suicide among Aboriginal People – a royal commission report*. Ottawa, Canada, page 2

¹⁸ Our Geels – All Ireland Health Study, page 161

Solutions to addressing the impact of culture stress include, among others, a commitment to working with GRT communities as equal partners. *'The best health outcomes of Indigenous peoples are achieved when they provide leadership in addressing their own trauma and mental health. However, collaboration between mental health providers, who offer more mainstream approaches, and affected communities is also crucial.'*¹⁹

4. Homophobia

Given the highly heterosexualised norm within GRT communities and expectations of early marriage, the EHRC 2009 report stated that *'it is unsurprising that suicide may appear to be the only route out an impossible situation for some Lesbian, Gay, Bisexual, Transgender people.'* The EHRC reported evidence of young people committing suicide as a result of confusion or distress over their sexual orientation.

Pavee Point refers to stigma in relation to sexual orientation as a contributory factor leading to Traveller suicide and self-harm.²⁰

TM were funded by the DHCLG in 2017-2018 to do some specific work with the GRT LGBTQI community to open up the discussion of homophobia, raise awareness and create online resources. While facilitating the workshops and interviews of the project we continuously heard about the difficulties of family relationships and being ostracised not just by family but the family's wider GRT community network. Reasons for justifying non acceptance by most was religious beliefs. We also heard numerous stories of self-harm and suspected related suicides. Furthermore, during this campaign we heard from gay GRT that the LGBTQI service providers are often not able or willing to help them. In fact, gay GRT had experienced discrimination from the wider LGBTQI community because of their ethnicity.

6. GRT Prisoners

In his study of Irish Travellers prisoners in England and Wales undertaken in 2010/11, MacGabhann reported that, while it was estimated that 10% of the prison population generally has serious mental health problems, 26.1% of all Irish Traveller prisoners (men and women), 64.7% of female Irish Traveller prisoners, and 22.2% of Traveller Young Offenders were identified as having mental health problems. Research had shown that 9% of all Irish Traveller deaths generally in a 10-year sample were suicides. Key factors which exacerbate the poor mental health of Traveller prisoners were identified as lack of access to services, disruption of community and family support, prejudice and loss of self-respect.²¹

¹⁹ <https://www.suicideinfo.ca/resource/trauma-and-suicide-in-indigenous-people/>

²⁰ <https://www.paveepoint.ie/wp-content/uploads/2015/04/Handout-Mental-Health-A5-8pp.pdf>, 2016

²¹ MacGabhann 2011 Voices Unheard, A Study of Irish Travellers in Prison
<http://travellersuicide.ie/userfiles/file/VoicesUnheard.pdf>

Recommendations to the Health Secretary and the minister for mental health, inequalities and suicide prevention:

1. Commission a study into the causes of the high rates of suicide among GRT communities and into GRT-specific issues and solutions.
2. Similar to good practice in Ireland on suicide prevention fund a national delivery programme of safe TALK for GRT communities. Since its development in 2006, safe TALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences.
3. Work with the GRT community to develop a GRT mental health strategy which targets resources and funding at suicide prevention and support; addresses accessibility of services; improves access to information about available services; collects data on access, experience and outcomes from health service users; ensures healthcare professionals understand the different needs of GRT communities; and trials interventions to assess what works in improving the healthcare experience for GRT populations.
4. Update the NHS data dictionary to include Gypsies, Roma and Travellers.
5. Improve the quality of data collection and analysis on the access, outcomes and experiences of GRT patients in mental health settings in order to better address the disproportionalities facing these communities and to identify early strategies and care pathways appropriate to their needs.
6. Explore the steps necessary to require the General Register Office (responsibility of the Home Office) and the coroner service in England and Wales (responsibility of the Ministry of Justice) to register the ethnicity of the deceased.
7. Work with GRT communities to deliver community participation and engagement training to frontline health professionals working with GRT communities.
8. Support third sector organisations to increase the number of GRT employees/engaged in health and social care initiatives.

For more information please visit our website or contact us on the details above