

Do Gypsies, Travellers and Show People get the support they need with stress, depression and nerves?



Assertive Outreach Research Project

Bristol Mind – February 2008

Bristol Mind



For better
mental health

Supported by



Acknowledgements

Special thanks to Annie Crocker, from the Gypsy and Traveller Team at Bristol City Council for her invaluable help and advice, and to Sarah Rhodes from the Travellers Health Project.

We would also like say a big thank you to the people from the Gypsy, Traveller and Show communities who took part.

Jane Mowat, Rosanne Levene, and Rosie Davies worked on this project.

This project was also supported by:



Avon and Wiltshire **NHS**
Mental Health Partnership NHS Trust



Do Gypsies, Travellers and Show People get the support they need with stress, depression and nerves?

Findings from a research project done by Bristol Mind

Background

As part of a bigger project the researchers aimed to find out if people from Gypsy and Traveller communities, including Show People, got the kind of help they needed with stress, depression and nerves.

The research project was based at Bristol Mind and funded by the Big Lottery Fund. It included people from Bath and North East Somerset, Bristol, North Somerset and South Gloucestershire.

How it was done?

The researchers visited local Travelling and Show People sites accompanied by a member of the Gypsy community, and talked to people about the research to see if they were interested in taking part. Information about the project was also distributed by people working with Gypsies, Travellers and Show People, and the study was advertised in Travellers Times.

The researchers were interested in the experiences and needs of the people who were interviewed. The interviews were shaped by a topic guide which outlined areas for discussion. However, the people taking part could respond to the topics as they wished and raise other subjects that were important to them. The interviews were recorded and typed up and then analysed for themes.

Who took part?

Nine people from the Gypsy, Traveller and Show People communities took part in the study. As well as interviews with people from the communities staff from various services took part in group discussions. One staff member was from a service that worked with people from the Traveller communities.

Most people who were recruited lived on permanent sites; at least one was not licensed. Two people were living in rented housing. 4 people described themselves as Travellers, 2 as both a Traveller and a Gypsy, and 2 as Gypsies. One person said they were a Showman. One of the nine had cared for a family member with serious problems.

What we found out

1. Attitudes towards mental health issues

The language that people used was to describe their problems in terms of experiencing stress, depression, or trouble with their nerves, and people often felt these things were linked to specific situations, like problems on sites or getting children into school. The people who took part talked about stress, depression and nerves relatively openly. However, even when problems were serious, they were not described in the language that health services might use, and people were very reluctant to talk about more serious problems. It was felt that people would not say they had mental health problems – the use of the word ‘mental’ was associated with madness. Mental health services were seen as only for those who had ‘completely lost it’ and were viewed with suspicion.

It was clear that for Gypsies, Travellers and Show People the family was very important, and this would include a large group of people. Some people felt that these kinds of problems were private, and something that you did not talk about to other families.

Several people who took part also said that they were likely to try to cope with their problems themselves without seeking outside help, and they also wanted to protect their family members from outsiders. This meant that some family members were giving a lot of care and support to those who were unwell.

Some people said that problems were 'God's will' and felt that things were meant to be as they were – this might mean that people did not seek any help for their problems.

2. Experiences with GP's

Most people in the study were registered with a GP, and for most people the GP was the main health service that they used. [Please note that most people were on permanent sites.]

Several people talked about going to their GP and focusing on physical health problems, rather than talking about stress, depression or nerves. Their GP's had not picked up on these underlying issues.

There were some positive comments about GP's being kind and supportive. Some people had also found their GP's flexible and considerate, for example, dropping round prescriptions. However, others had found them inflexible, especially when emergency help was needed.

Some people said it was difficult to use their GP, for example, when they did not have money for their mobile phones so they could not call to make an appointment, or when they did not have the use of a vehicle to get there.

3. What put people off using health services

Many people talked a lot about abuse and prejudice they had experienced from people in everyday settings, for example, relating to sites or in pubs and shops. Although these experiences were not directly related to health services, people did not feel they would necessarily be well treated by anyone.

Some people had also experienced prejudice and discrimination from GP's and psychiatrists. Some people had been refused treatment, and staff had used insulting language.

Some people did not want to be referred on to different people to help them. They did not want to have to repeat their story, and wanted to build up a relationship and trust with one person.

One participant said that the care home where their relative was being looked after did not have good standards of hygiene. Washing was all mixed up and the home was not clean enough. This person was not treated with respect and when they tried to raise these problems they were banned from visiting and described as a 'trouble maker'

4. Problems related to sites and housing

It is not surprising that a lot of people talked at length about housing problems and the effect that these problems had on their well being. These issues were seen as the main contributors to creating stress, depression and nerves.

Problems identified included: sites having poor surrounding environments; frequent moves; being in remote places; poor conditions on sites; pressures relating to unlicensed sites and legal issues; worry about future security and safety; not having enough space or privacy and problems relating to being pushed into houses.

5. What people wanted

People who took part were asked what kind of help they would like. The responses covered a range of areas; people did not just want specific help with stress, depression and nerves.

Some people wanted support in their own homes and help with practical things like dealing with forms and other paperwork, and getting access to adult education and literacy classes. Some people also said they wanted help to get their children into school and to cope with them when they felt unwell. Some people wanted more intensive support for problems, for example, help to stop drinking.

6. Tablets and counselling.

Many people had taken tablets for stress, depression or nerves at some point. Most people had been given sleeping pills or anti-depressants.

Some people did not want to rely on tablets but did think they were sometimes helpful. Other people felt that tablets hid their problems rather than solving them. For some the tablets did not seem to work, and even made problems worse.

Some people wanted tablets and felt they were not getting them, and one person felt that tablets were a problem because they were too expensive.

Some people wanted counselling so that they could talk about their problems. One person said that they had missed out on counselling because they had had to move on. Another person said that there had been a traumatic incident which had affected everyone on a site, and although the GP agreed that counselling was needed, there was not sufficient funding to provide it. Although some people wanted counselling, one person had received it and not found it helpful.

7. Comments from staff

Staff said that hardly any Gypsies, Travellers or Show People were being seen by most of the services that they represented. These services included NHS mental health services (specifically assertive outreach teams) and services offered by voluntary organisations.

However, a staff member working in a service for Travellers knew of many people who had problems with stress, depression and nerves, including several people with very serious problems.

It seemed clear, therefore, that people from Gypsy, Traveller and Show People communities were not getting specialist help from the NHS or access to voluntary services.

To make it easier for people to get help staff felt that services needed to:

- Actively go out to meet people
- Offer help in a range of areas and be open and flexible
- Enable relationships and trust to be built
- Be linked into other services, especially GP's
- Consider the needs of the whole family

It was also seen as helpful if a known worker could take part in assessments for other services as an informal advocate (to sit alongside the person and help to explain the situation). It was felt that this would help to increase understanding and help to make sure that needs were identified properly.

One staff member came from a specialist service for the deaf. Other staff felt that some features of this service would be helpful for Gypsies, Travellers and Show People. Positive features of this service were:

- People could contact the service themselves to ask for help - as could members of the family or friends

- The service worked with all kinds of problems, from mild to severe
- Staff worked actively to make contact with the deaf community by going out on visits
- There was a flexible approach where staff went out and saw people wherever was best for them

This service was seen as being available because people from the deaf community had a strong voice and had put pressure on people in power to get something done.

Staff also noted some more general issues which were of concern:

- Diversity training that they had received had not covered Gypsies, Travellers or Show People issues
- Some information was available about the Gypsy and Traveller communities but this was not widely known about
- Monitoring forms did not include categories for Gypsies, Travellers or Show People

So what are the key issues?

This research shows that people from Gypsy, Traveller and Show People communities are not looking for a specialist 'mental health' service. Indeed using these words would put people off. However, people are not using services that are available to other people.

Instead of a mental health service people wanted help with a whole range of issues that affected their well being. Some issues, like sites and housing, have a particularly big impact on stress, depression and nerves.

It is also important to improve education and awareness of cultural issues in all relevant services, particularly with GP's.

Things that are likely to help

This research suggests that some things are likely to be helpful in thinking about providing services for Gypsies, Travellers and Show People.

These things are:

- Having staff who actively go out to visit people and build relationships and trust
- Services that are culturally sensitive and understand the ways that people describe their problems
- Services that offer help in a range of different areas, are flexible and can be tailored to individual needs
- Services that consider the needs of the whole family
- Services that have good links to GP's

For more information about this research project contact:

Rosie Davies, Research Co-ordinator
 Assertive Outreach Research Project
 Bristol Mind
 35 Old Market Street
 Bristol BS2 0EZ

Telephone: 0117 980 0382 (direct line)
 Email: assertiveoutreach@bristolmind.org.uk
www.bristolmind.org.uk

A selection of organisations which give support, advice or information:

GP's (Local doctors)	For problems with stress, depression or nerves, a local GP will be able to help.
Purple Pages	Is a free information service that helps people to find what they need. They will give you contact details of services that will help you. Free helpline 0808 808 5252 open 9.30-4.30 Monday to Friday
ARA Alcohol Misuse Service	Telephone 0117 939 0282 for Bristol, Bath and North East Somerset, South Glos. and North Somerset. Treatment and support services for people with problems with drinking.
Avon and Bristol Law Centre (Bath and North East Somerset, Bristol, North Somerset and South Glos.)	Telephone 0117 924 8662 Free specialist legal advice and some representation on several areas including housing, debt and benefits.
Bread Youth Project (Bristol)	Telephone: 0117 942 7676 Offer help for young people (aged 11-25) to build up skills and confidence.
Bristol Debt Advice Centre (Bristol and South Glos.)	Telephone 954 3544. Free advice for people in debt. Telephone helpline Monday mornings from 9.30-12.00
Bristol Mind	Confidential free helpline Wednesday – Sunday 8-12 pm Telephone 0808 808 0330. Advocacy service (people to speak up for you and help you get what you need) 0117 980 0376
CRUSE Bereavement Care	National telephone helpline 0870 167 1677 10.00 am to 1.00 pm. Bristol helpline 0117 926 4045 is open from 10-1.00 pm with an answer-phone at all other times. Provides counselling and support groups for the bereaved.
National Domestic Violence Helpline	Telephone 0808 2000 247 free and confidential, 24 hour service. Provides support and information.
Samaritans	Provide confidential emotional support on any issues 08457 909090
Shelter (Housing advice line)	Telephone 0808 800 4444 open 8.00 am – midnight. Also at Bristol Housing Aid Centre 0844 515 1414
South Bristol Advice Service	Telephone 0117 985 1122. Provides general advice, home visits, people to speak up for you, for people in South Bristol.
Support Against Racist Incidents (SARI) (Bath and North East Somerset, Bristol North Somerset and South Glos.)	Telephone 0117 942 0060 Voluntary black-led organisation offering a free support service to anyone experiencing racial harassment.
Womankind	Provide low cost counselling and other help for women experiencing depression and other problems. Helpline 0845 458 2914
YWCA Bristol Young Women's Centre	Telephone 0117 966 4856 (Bristol) Free, confidential counselling for young mums and pregnant women with free childcare, and some general counselling for women up to 30.