

Notes from webinar transcript document prepared by Nicky Chater Thursday 17th of October.

Julie Gorman Cliff: Mental Health Therapist

Julie shared some of her heritage and her motivation for wanting to help understand some of the mental health needs of Gypsies and Travellers. Apart from being of Traveller heritage, Julie is also a qualified therapist. She has a special interest in neuro linguistics.

Julie outlined some findings of a research project using funding from a small grant from the National Institute of Health Research for small projects in the Northeast. The research used a validated questionnaire for well-being, which had been appropriately adapted to be fully understandable by members of the communities. A small team visited sites in the Northeast and Cumbria and spoke to about 100 people inviting them to take part and around 40 people did. Key findings included a state of well-being meant being able to provide for your family, having support in your work and from your community. Important things for helping support well-being included values and beliefs, which for many were Christian, and prayer was important.

Another finding was that people had difficulty putting into words what they meant by mental health, or mental ill health. As an example, people might say that they had a 'bad feeling' or were 'feeling badly,' but did not have the intricate semantics to describe their emotions on a deeper level.

For men in particular, negative well-being was associated with business problems and positive well-being with doing well in business, interpreting the explanation of feelings as linked to how well a business was doing.

Coping strategies for times of difficulties included high use of alcohol, smoking, and sometimes gambling. Gambling or borrowing to try and manage debt. There was a hope that there would be a big win, or a new successful business which would sort problems out.

Julie talked about her hopes to try and help people have better language and words to be able to articulate feelings and confidence to ask 'how are you?'. She has the permission to adapt training from 'Make Every Contact Count' (used in the health service) to work initially with a small group of women. Evidence has shown being able to talk about feelings even at a simple level can significantly improve emotional wellbeing.

Questions and comments to Julie

Mainly centred on the importance of language and supported the need for the work Julie is hoping to do.

Participants also raised language as a key point for those working with Roma and especially when considering the use of translators. Crina explained that there is a

shortage of people trained and employed as professional Romanes translators and interpreters for the various Eastern European Roma Communities. Use of informal translators and interpreters, especially friends and family members, can sometimes lead to significant mistranslations of meaning for several reasons, and participants shared examples of negative effects of this.

Participants noted that communication involves more than language and includes understanding gestures and facial expressions.

David Blowers also raised a point about empathic translators versus official translators. Empathic translation can include understanding idiom.

Crina Morteanu: Manager, Luton Roma Trust.

Crina outlined the history of Roma and gave information and detail about the problems Roma face in health, education, housing, employment; much of this has a serious detrimental effect on mental health and family well-being. Crina provided summary information on a powerpoint presentation

For more details, please contact Crina or visit Luton Roma trust website

<https://lutonromatrust.org.uk>

Crina made the point that correct terminology is important and this will vary between communities, particularly with reference to the term Gypsy. Crina said that, in general, the term Roma is acceptable to Eastern European Roma.

Crina summarised and showed the experience of marginalisation and discrimination experienced by Roma today both across Europe and in the UK. She believes this is increasing in the UK and gave several examples.

Crina spoke of the positive efforts of the European Union and Council of Europe towards Roma peoples to address severe discrimination.

Language difficulties prevent individuals and families from accessing services and make it difficult for people to integrate and socialise or be effective citizens. Crina explained some of the positive work of Luton Roma Trust and said that because of the Trust more Roma people chose to live in Luton.

Crina made an important point that the first point of contact with health services is often at reception and usually no or little assistance with language differences is available.

Crina explained that the Roma communities often have lack of digital skills and although they may have a smart phone and be using the Internet they are unable to make an appointment or fill in a form primarily because of language difficulties. This led

to unaddressed significant health problems. Crina explained this is not direct discrimination but indirect.

Crina was positive about all that can be achieved and gave examples of work, Luton trust had done with the university of Bedfordshire regarding improving access to services and agencies. One recommendation was for Roma cultural awareness workshops to be available to health professionals and Luton Roma Trust are working with their local authority in Luton to implement this.

Luton Roma trust are part of the health equity network where they advocate for Roma. They are also collaborating with other universities regarding access to healthcare.

From personal and professional experience Crina expressed the need for adapting and improving services for the aging community of Roma. She also emphasised the need to develop appropriate preventative healthcare strategies.

Crina advocated for a national strategy and expressed disappointment that little appeared to have happened towards achieving this.

Rosie Hollinshead: Health and Policy Projects; Friends, Families and Travellers

Rosie shared about Friends, Families and Travellers and the work they do as an organisation. There are four main areas of work which are health, hate, accommodation, and education.

Rosie gave a brief overview of the different communities with which the charity works. Please see the FFT website <https://www.gypsy-traveller.org> for further information.

Rosie commented that a lot of her data regarding Health was similar to the data shared by Crina and this is because there is limited information available.

From the 2021 census Rosie quoted that 14% of Gypsy or Irish Travellers responding described their health as bad or very bad, which was more than twice as high as the white British group. For life expectancy the data varies but it's between 10 to 25 years lower than the national average and there are much higher than average numbers of individuals affected by long-term health conditions.

There is a high incidence of poor maternal health and poor infant health outcomes, and Gypsy and Traveller mothers are 20 times more likely than the rest of the population to experience the premature death of a child.

Rosie reiterated many of the concerns about the difficulty with language used to express experiences of problems with mental health. One term used might be 'problems with nerves.'

Rosie also focused on the wider determinants of health, including economic and financial exclusion, barriers to employment, difficulty accessing adequate accommodation, inequalities in education, disproportionate criminalisation, and social exclusion. Rosie noted that multiple inequalities could result in poor health in earlier years contributing to worsening long-term outcomes.

Rosie discussed the difficulty obtaining data and structural failures to gathering this. For example, NHS categories make it hard for people to appropriately self-identify, thus making it harder to get a clear picture of health experiences linked to ethnicity and identity. She gave an example of the problems with census data.

A major issue is individuals from the communities having difficulty with, or being refused registration at a GP or primary care centre. For example, being required to give proof of address and proof of identity. This is against the NHS constitution.

People may be unaware of services because they cannot access information in an appropriate form or a timely way. This includes not taking up the opportunity of screening services.

Poor health in childhood and adult life can lead to an earlier onset of age-related issues including dementia and frailty.

Rosie again cited literacy and language barriers as causes for not accessing healthcare.

Sheldon from Showman mental health awareness charity

Sheldon presented his research on the work of the Showman mental health awareness charity. Unfortunately, the information is embargoed and could only be verbally shared during the webinar. This is due to Sheldon's impending PhD submission and strict rules relating to this. For more information, contact the website

<https://www.showmensmentalhealth.com>

Fiona Perkins from Margaret Clitherow Trust

Fiona gave an overview of the work of Margaret Clitherow Trust and of her role within it for just over the last three years. For further information, please see the website.

<https://www.margaretclitherow.org>

Fiona reiterated the difficulties with accessing services including primary healthcare and dental care. The findings of Margaret Clitheroe Trust echo those of previous speakers.

Fiona works as a health advocate, and described the amount of time and effort it can sometimes require for her to achieve registration on behalf of a client.

Fiona reported a general mistrust amongst Travellers for the NHS and statutory agencies. She gave a strong example of negative effects from the past affecting engagement with health services by the present generation. At one time there was a practice of encouraging sterilisation of women presenting with obstetric and gynaecological complications and a belief amongst the community has grown that if women are admitted to hospital, they may be sterilised. Having children is a key part of the community values.

Fiona cited examples of healthcare professionals using a lot of jargon which was difficult for people to understand. She echoed the impact of digital exclusion.

Fiona gave a strong example of the need to understand community values. A man who was being assessed for his mental health was routinely questioned about his libido, without the understanding that a man would not openly talk about his sex life, certainly not with a member of the opposite sex, and especially one unknown to him. The effect of the unexpected questioning was to prevent the man from talking further.

Being directly asked about suicide risk has a similar effect. Such questions might be a routine part of triaging for mental health assessment and suicide risk.

Fiona drew attention to the need to check whether people were in private and confidential spaces when taking calls. She advocated that good practice would be ringing ahead and asking if a person could arrange to be in a quiet space where they couldn't be overheard and had time to think.

Fiona commented that a lot of information about self-referral is on websites or leaflets and yet many members of the community are digitally excluded and may have problems with literacy. A successful strategy has been for some GPs to do short videos, particularly on WhatsApp, giving bite-size information. Margaret Clitheroe Trust has worked with healthcare providers to adapt triage questions appropriately, and this has enabled some clients from the Traveller communities to access help.

Fiona noted that the area of sexuality and gender can be a particular trigger for difficulties with mental health, and it can be difficult for community members to discuss issues with family and friends.