# Family Based Interventions: Advancing Recovery for the Traveller Community in Ireland

**Name of Author:** Sandra McDonagh

**Qualifications:** M. Social Work (TCD),
Prof Cert Acute Mental Health Interventions (UCD),
BSocSc (Hons) (NUIM)

**Job Title:** Mental Health Social Worker

**Email:** mhsocialworker@otm.ie

**Relevant experience:** Sandra has a Master's in Social Work from Trinity College Dublin and a Professional Certificate in Acute Mental Health Interventions from University College Dublin. She is currently working as a Mental Health Social Worker for Travellers in a community development Traveller Rights Organisation

**Introduction**

Family based interventions including family therapy; a flexible culturally appropriate service that is open to including family members in all aspects of recovery is the way forward to tackle the mental health crisis of a community (Rountree, 2016). This research will explore the prevalence of Travellers mental ill health within the Traveller community in Ireland today. Some potential causes of this are examined before highlighting the various government policies in place to tackle this issue. Family tailored support services are explored before presenting a unique culturally appropriate Traveller mental health service being offered in Offaly. It will examine how this service addresses the needs of a local community and how family is included in interventions if appropriate.

**Traveller Mental Health**

Irish Travellers are a small indigenous minority ethnic group who have been part of Irish Society for hundreds of years (Cemlyn, 2008). They have a distinct set of values, customs, traditions and culture that sets them apart from the majority population. Having their own identity, language and nomadic tradition is unique to this minority community. The All-Ireland Traveller Health Study 2010 suggests that the island of Ireland is home to an estimated 40,129 Irish Travellers (AITHS, 2010).

It is researched worldwide that indigenous minority ethnic groups experience increased levels of mental ill health compared to the majority populations (McGorrian et al. 2013) and indeed the prevalence of poor mental health in the Traveller Community in Ireland is very high. According to the All-Ireland Traveller Health Study (2010) Irish Travellers experience a higher rate of mental illness and suicide when compared to the settled population. This study revealed that 62.7% of Traveller women said that their mental health was not good for one or more days in the last 30 days compared to 19.9% of GMS female card holders. Similarly 59.4% of

Traveller men said that their mental health was not good for one or more days in the last 30 days compared to 21.8% of GMS male card holders (AITHS, 2010). Although Travellers represent less than 1% of the total population in Ireland, suicide is the cause of 11% of Traveller deaths. The suicide rate for female Travellers is 6 times higher than their settled counterparts and 7 times higher for males. This represents an alarming high rate of mental ill health and death by suicide within the Traveller community.

Goward et.al. (2006) highlights four main causes of disproportionate mental health concerns among Travellers: hostility (discrimination), reluctance, housing and practical issues. Costello (2015) in her research identifies a number of factors that have a negative impact on Traveller mental health including mistrust, discrimination, and a lack of cultural competence within services. McGorrian et.al. (2013) looks at patterns of health inequality for minority groupings and suggest there is a strong association between mental distress and various aspects of life experience, a combination of discrimination, social exclusion and poverty. Cooper et.al. (2012) reports that racism, a lack of knowledge around mental health and services and cultural competence are factors why those from ethnic minority groups are less likely to seek help for mental health issues. Indeed as far back as the 1980's and 1990's research suggests that persistent discrimination has a negative impact on Travellers emotional wellbeing (cited in Goward, 2006) and what is known is that without tackling societal attitudes towards Travellers there is limited scope for health improvements (Cleemput, 2010).

**Mental Health Policy**

The Irish Government has recognised Travellers as a priority target group for mental health provision. In January 2006 'A Vision for Change' (AVFC) the Government's policy framework for mental health was introduced and set out a 10 year plan for the direction of mental health services in Ireland. This was a welcomed document as mental health service provision going forward was to be culturally sensitive responding to the health needs of

minority groups. Travellers were identified as a key target minority group who "require specific knowledge and understanding on the part of those delivering mental health services in terms of their culture and other characteristics" (Department of Health & Children, 2006, p. 40). Indeed AVFC (2006) calls for "community initiatives aimed at providing care and support around the mental health needs of people from diverse cultures and ethnic backgrounds" which will be supported and promoted within the context of the model of community mental health (Department of Health & Children, 2006, p.13). Similarly *The National Intercultural Health Strategy 2007-2012* was developed on foot of the National Action Plan against Racism launched in 2005 and "maintained that the health of people from an ethnic minority group is important" and stated that "enhancing access to mental health services is a priority".(Health Service Executive, 2008, p.40).

**Mental Health Recovery**

Recovery-orientated practice has a global focus and is central to mental health policy in Ireland (O'Doherty & Doherty 2010: Leese et al. 2014). Craig (2008) suggests that recovery refers to more than just the absence of symptoms to a broader view of social and occupational functioning and that both the individual and environmental factors are linked and contributes to personal recovery. Supporting recovery is more about building the resilience of people experiencing mental ill health and not just on treating and managing their symptoms (Mental Health Ireland, 2016). While there is no universally accepted definition of recovery much of the literature describes recovery as an individual process (Hydén, 1995: Deegan,1988). Anthony (1993) states that recovery is:

> "a deeply personal, unique process of changing one's attitudes,
>
> values, feelings, goals, skills and/or roles. It is a way of living a
>
> satisfying, hopeful, and contributing life even with limitations

caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness".

(Anthony, 1993, p.15)

AVFC recommends that services 'adopt a recovery perspective at all levels of service delivery' and treat service users with 'dignity and respect' and respond to 'practical needs' (Department of Health & Children, 2006, p. 13). Cheng et. al. (2011, p.2) in examining recovery competencies in mental health states that "the common recovery competencies identified are fostering empowerment, diminishing stigma, involving family, understanding service recipients from bio-psycho-social perspectives, accessing resources and developing collaborative relationships".

Despite considerable efforts by the Irish Government to reduce health inequalities and improve the health and wellbeing of the nation (Department of Health, 2013) existing literature suggests that Irish Travellers continue to experience poorer mental health and higher rates of suicide compared to the general population (National Research Suicide Foundation, 2015).

**Family Tailored Support Services**

AVFC (2006) recognises the role of the family in the care of people with mental ill health and highlights the need to include carers in the planning and delivery of mental health services. O'Doherty et.al. (2006) confirm this and suggest that families and carers play an important role in the treatment and rehabilitation of a person with mental health issues. Indeed family can play an important role in helping a loved one with mental health issues get on the road to recovery. Family support services offer a whole family approach designed to meet the needs of the service user and their family systems.

Marsh (2001), Lefley (2001) and Doherty et.al. (2006) discuss the five most effective types of family support resources for a person with a mental illness and their family members. Those listed are family consultation, family education, family psycho-education, advocacy groups and family counselling or psychotherapy and support.

These are important factors when considering members of the Traveller community who experience mental ill health. The literature suggests that Travellers emphasise the importance of family and their preference of living within extended family systems. Indeed family is of particular importance to Travellers who have a strong sense of family loyalty and duty (Pavee Point, 2010) and therefore involving them in the individuals recovery process may prove to be vital in the recovery process. Rountree (2016) in her work with Travellers highlights the importance of family support and engagement with services. Murphy (2014, p.14) confirms this stating "engagement of the family unit maybe the difference between success and failure…family participation may even prove to be the difference between somebody accessing a …service or not".

This article will now examine a mental health service unique to Travellers *Travelling to Wellbeing.* Its focus is on recovery, family tailored interventions and Psychotherapy as culturally appropriate interventions for members of the Traveller community who experience mental ill health.

**Travelling to Wellbeing**

A new service was developed in Offaly Traveller Movement in 2012 in response to the *All Ireland Traveller Health Status Study* 2010 that highlighted high rates of suicide and poor mental health among the Traveller Community. This service offers individualised and family recovery plans/programmes with Travellers experiencing mental health issues and developed a culturally appropriate recovery model using a community development approach. In

developing the service it addressed inequalities by working with Travellers and service providers to deepen their understanding of Traveller mental health, improve referral pathways and aid recovery. The benefit of this service is that Travellers and their families get the support they need to aid their recovery from mental health issues (Exchange House Ireland, 2015).

As a mental health social worker with this service my role was to provide a dedicated clinical, therapeutic recovery focused mental health service to Travellers and their families in Offaly. I work with individuals and families with a view to ensuring continuity of care and the coordination of services so as to maximise their wellbeing and quality of life that may contribute to positive mental health. Including family tailored support services has been critical to the outcomes achieved. Between 2013 and 2015 a total of 124 Travellers engaged with the service, 9 under the age of 18 years, 90 between the ages of 19 and 54 years and 22 aged 55 years and over. Although I did not work with children the flexibility of the service allowed support to be offered through their family systems.

For the service user this was the first Traveller specific mental health service in Ireland offered through a local community development Traveller rights organisation providing an evidenced based therapeutic service to individuals and their families. Culturally sensitive individualised care plans are developed with the service users and often members of their families. The approach and type of supports for each service user varies quite substantially. For example for clients in a crisis situation a more practical approach is often required with a more therapeutic approach introduced once the service users circumstances stabilised. Indeed support is both practical and emotional in nature. The service is often offered to family members of the service user should this be deemed useful to the service user and or the family member. Social isolation is addressed through one to one therapeutic support, group support as well as through social

and cultural events. The support offered to service users is often seen as a bridging role to support service users in accessing mainstream services. This often involves accompanying a service user to their first meeting with for example a psychotherapist or enabling the therapy session to take place in a private room in the Traveller organisation. Stigma associated with mental health issues is addressed with clients through one to one work, by creating a safe and confidential space to discuss their mental health, offering invitations to them and their families to attend wellbeing workshops, seminars, facilitating Traveller participation in local mental health initiatives for the general population and addressing mental health through art and drama.

It was recognised during the early stages of *Travelling to Wellbeing* that Travellers were actively engaging and seeking support for mental health issues. However as the demand for the service continued to grow it became evident that some individuals and families who were distressed could benefit from more intensive therapeutic support. A pilot scheme for a psychotherapeutic family support service for Travellers evolved as an add-on to the existing service. A range of evidenced based psychotherapeutic approaches were offered to Travellers and their families over a two year period including Systemic Psychotherapy, Narrative Therapy, Collaborative Practice, W.R.A.P, Solution Focused work and Just Therapy.

"Psychological interventions are one approach to the treatment and management of mental health problems and associated difficulties" (Hatchett et. al. 2015, p.89). Psychotherapy involves a variety of treatment techniques for people experiencing mental ill health. It is a collaborative treatment between the practitioner and service user grounded in dialogue (American Psychological Association, 2016) and "a process that helps the client make their life better by focusing on the area of their lives that cause them problems or distress" (Milne, 2010, p.5)

A strong body of research indicates that psychological therapies are effective interventions and this is why in the UK the National Health Service have rolled this type of intervention out across the country as a treatment for the mentally distressed (Claringbull, 2011). Similarly in Ireland the Health Service Executive offer a counselling service to anyone experiencing mild to moderate psychological difficulties (HSE, 2016). Green and Latchford (2012) agree that psychotherapy and counselling are effective frontline treatments for mental health issues.

Therapy is uniquely placed to work with individuals, couples and families (Enright, et. al. 2000). Individual counselling and family counselling offers a clinically proven way of reducing stress and positively impacting people at risk (Rountree, 2016). O'Doherty et. al. (2006) highlights the importance of individual and family counselling for recovery and suggests that family tailored support services should include family counselling involving service users and their family members.

Rountree (2016, p.vi) conducted research on a pilot psychotherapeutic family support service for Travellers in Offaly and concluded in her report My Geel Glorying -I Am Listening that the service "promptly met Traveller individuals and family in crisis and at risk of developing further health complications in a prompt and culturally sensitive way". The service offered an outreach wraparound systemic family support service while working with mainstream specialist services and building a better understanding of what counselling is and can offer for Travellers. Rountree (2016, p.37) stated that "when the Traveller community meet a positive service they respond and encourage their peers to engage". The findings from this report highlighted the ongoing need for a culturally sensitive psychotherapeutic approach to mental health recovery for Travellers.

**Conclusion**

It is evident that Travellers experience alarming rates of mental illness and suicide within their community. A number of contributing factors that have a negative impact on Traveller mental health includes mistrust in services, discrimination, and a lack of cultural competence within services. However this research has demonstrated that delivering a family tailored culturally sensitive service for Travellers can have a positive impact on their mental health and wellbeing. Combining individual support and family support, addressing both the practical and emotional needs of Travellers, has had successful outcomes for members of the Traveller community in Offaly. This article has demonstrated that a combination of culturally appropriate family support and psychotherapeutic family interventions that are evidenced based approaches are successful in addressing the mental health needs of individuals and family members of the Traveller community. Family is a very important aspect of Traveller culture and therefore the family when engaged whenever possible in mental health interventions can have the potential to contribute positively to supporting those in crisis. The outcomes of this approach were successful in tackling the crisis levels of mental ill health among the Traveller community.

# Bibliography

- All Ireland Travellers Health Study Team (2010) *All Ireland Traveller Health Study summary of findings*, Dublin: Department of Health and Children.

- American Psychological Association (2016). Understanding Psychotherapy and how it works. Available at: http://www.apa.org/helpcenter/understanding-psychotherapy.aspx [Accessed 10 December 2016]

- Anthony, W.A. (1993) 'Recovery from mental illness: The guiding vision of the mental health service system in the 1990's' *Psychosocial Rehabilitation Journal,* 16 (4), pp.11-23.

- Cemlyn, S. (2008) 'Human Rights and Gypsies and Travellers: An exploration of the application of a human rights perspective to social work with a minority community in Britain', *British Journal of Social Work,* 38 (1), pp.153-173.

- Cheng, S.P, Krupa, T, Lysaght, R, McCay, E, and Piat, M. (2013) 'The Development of Recovery Competencies for In-patient Mental Health Providers Working with People with Serious Mental Illness', *Journal of Administration and Policy in Mental Health and Mental Health Services Research,* 40 (2), pp.96-116

- Claringbull, N. (2011). *Mental health in Counselling and Psychotherapy*. Devon: Learning Matters.

- Copper. C, Spiers, N, Livingston, G, Jenkins, R, Meltzer, H, Brugha, T, McManus, S, Weich, S. and Bebbington, P. Ethnic inequalities in the use of health services for common mental disorders in England. *Social Psychiatry Psychiatric Epidemiology* (2013) 48: 685-692.

- Craig, T. (2008) 'Recovery: Say what you mean and mean what you say', *Journal of Mental Health,* 17, (2), pp. 125-128.

- Costello, L. (2015) *Travelling to Wellbeing*. Dublin: Exchange House Ireland.

- Deegan, P.E. (1988) 'Recovery: The lived experience of rehabilitation', *Psychosocial Rehabilitation Journal*, 11, pp. 11-19.

- Department of Health (2013), 'Healthy Ireland, A Framework for improved health and wellbeing 2013-2025', Dublin: Stationery Office.

- Department of Health & Children (2006) 'A Vision for Change' Report of the Expert Group on Mental Health Policy. Dublin: Stationary Office.

- Enright, R. Fitzgibbons, D and Richard, P. (2000). *Helping clients forgive: An empirical guide for resolving anger and restoring hope* . Washington: American Psychological Association.

- Exchange House Ireland (2015). Travelling to Wellbeing. Available at: http://www.exchangehouse.ie/TravellingtoWellbeing.php [Accessed 05 December 2016]

- Government of Ireland (2006) *A Vision for Change: Report of the Expert Group on Mental Health Strategy*. Dublin, Stationery Office.

- Goward, P, Repper, J, Appleton, L, and Hagan, T. (2006) 'Crossing boundaries. Identifying and meeting the mental health needs of Gypsies and Travellers', *Journal of Mental Health,* 15 (3), pp.315-327.

- Green, D. and Latchford, G. (2012) *Maximising the benefits of Psychotherapy A Practice-based evidence approach.* Sussex: Wiley-Blackwell

- Hatchett, V, Pybis, J, Tebbet-Duffen, U, and Rowland, N. (2015) 'Provision of mental health interventions in women's centres: An exploratory study', *British Association of Counselling and Psychotherapy Research,* 15 (2), pp. 88-97.

- Health Service Executive, (2016). Counselling in Primary Care. Available at: http://www.hse.ie/eng/services/list/4/Mental_Health_Services/counsellingpc/, [Accessed 04 December 2016].

- Health Service Executive (2008) 'The National Intercultural Health Strategy 2007-2012'. Dublin: HSE.

- Hydén, L. -C. (1995) 'The rhetoric of recovery and change', *Culture, Medicine and Psychiatry,* 19, pp. 73-90.

- Leese, D, Smithies, E, & Green, J. (2014) 'Recovery-focused practice in mental health', *Nursing Times,* 110 (12), pp. 20-22.

- Lefley, H.P. (2001) 'The impact of mental disorders on families and carers'. In Thornicroft, G. et al. eds. *Textbook of Community Psychiatry.* Oxford: University Press.

- Marsh, D.T. (2001) *A family-focused approach to serious mental illness: empirically supported intervention.* Sarasota: Professional Resource Press.

- McGorrian, C., Hamid, N.A., Fitzpatrick, P., Daly, L., Malone, K.M. and Kelleher, C. (2013) 'Frequent mental distress (FMD) in Irish Travellers: Discrimination and bereavement negatively influence mental health in the All Ireland Traveller Health Study', *Transcultural Psychiatry* 50 (4) 559-578.

- Mental Health Ireland, (2016) '*Recovery*', http://www.mentalhealthireland.ie/a-to-z/recovery/, [Accessed on 09 December 2016].

- Milne, A. (2010) *Understand Counselling*. Oxon: Bookpoint Ltd.

- Murphy, E. (2014*) Exploring the role of the Traveller Family in supporting Travellers experiencing addiction.* University College Cork. http://www.ucc.ie/en/scishop/completed/ [Accessed 05 December 2016]

- National Suicide Research Foundation, (2015) 'Evidence Brief: Mental and Health and Suicide in the Traveller Community. Available at: http://nsrf.ie/wp-content/uploads/Briefings/Briefings%20and%20bulletins/Evidence%20bref%20NSRF%20-%20Mental%20Health%20and%20Suicide%20among%20Travellers%2002-07-2015.pdf. [Accessed 20 November 2016]

- O'Doherty, Y.K. and Doherty, D.T. (2010) 'Recovering from recurrent mental health problems: Giving up and fighting to get better', *International Journal of Mental Health Nursing,* (19) pp.3-15.

- Pavee Point (2010). Profile of the Traveller Family for Family Resource Centres. Available at: http://www.paveepoint.ie/wp-content/uploads/2010/07/Profile-of-the-Traveller-Family.pdf, [Accessed 09 December 2016.

- Rountree, C. (2016) *My geel glorying: I am Listening.* Offaly: Offaly Traveller Movement

- Van Cleemput, P. (2010) 'Social exclusion of Gypsies and Travellers: health impact', *Journal of Research in Nursing,* 15 (4), pp. 315-327. Available at: file:///C:/Users/otm/Downloads/JRN%20Social%20Exclusion%20of%20G&Ts%20health%20impact.pdf [accessed 10 December 2016.