Travelling to Wellbeing

An exploratory study and formative evaluation of the Travelling to Wellbeing mental health service for the Traveller community in Ireland

EXCHANGE HOUSE IRELAND
National Travellers Service

Offaly Traveller Movement

West Cork Travellers

The Travelling to Wellbeing Model

An exploratory study and formative evaluation

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Offaly Traveller Movement
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Foreword

Travelling to Wellbeing came about from the coming together of West Cork Travellers, Offaly Traveller Movement and the National Traveller Suicide Awareness Project (initially under CrossCare, later under Exchange House Ireland) to explore how to address the poor mental health situation and suicide rates within the Traveller community as highlighted by the All Ireland Traveller Health Status Study 2010. Once-off funding was successfully secured from Genio and the three year pilot project became a reality.

Travelling to Wellbeing is a pioneering initiative, bases in the three organisations named above, specifically designed to respond to Irish Traveller mental health. It is evidence based, clinical/therapeutic recovery focused model of local mental health service provision, offering intensive one-to-one and group support to Irish Travellers with highly complex needs. It also engages with a range of services and agencies, both statutory and voluntary, to ensure a continuity of care to this vulnerable group. The majority of service users we worked with have had life changing circumstances since engaging with the service.

As this was a pilot service, the Travelling to Wellbeing Steering Group considered it prudent to carry out an exploratory study and formative evaluation of the service. This study is a concise insight and review of the Travelling to WellBeing service. It has highlighted a number of key factors that indicate the overall success of the service, including:

- unprecedented buy in from service users and their families
- capacity to deal with a multiplicity of complex issues
- an excellent model of 'value-for-money'
- the implementation of an internationally evidence based model of Traveller specific mental health service provision grounded in therapeutic and clinical best practice. This affords Irish Travellers a real and meaningful opportunity to actively engage with their own recovery.

The Travelling to Wellbeing Steering Group would like to express our heartfelt thanks to Genio for having faith in the pilot service and sharing in our desire to address Irish Traveller mental health in funding the service for three years.

We also want to acknowledge the support of Diane Nurse and Patrick Costello of the HSE National Social Inclusion Office who funded this study.

Thank you to Liza Costello, who carried out this research and compiled this exploratory study and formative evaluation over a 14 month period.

Lastly we take this opportunity to acknowledge and thank the Travelling to Wellbeing staff, clients and service providers who have provided significant time to contribute to this study.

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Executive summary

1. Overview of Travelling to Wellbeing

Travelling to Wellbeing (T2WB) is a pilot mental health project for Travellers. It is a unique project, in that it takes an evidence-based approach to providing a dedicated clinical, therapeutic service for Travellers within a community development context. A partnership initiative of three Traveller organisations – Exchange House Ireland, Offaly Traveller Movement (OTM) and West Cork Travellers (WCT) – its aims are:

- to support individualised culturally appropriate recovery plans with Travellers experiencing mental health issues;
- to address inequalities by working with Travellers and service providers to improve referral pathways and aid recovery; and
- to raise awareness and reduce the stigma around mental health and suicide in the Traveller community.

Within each of the three participating Traveller organisations, a professional dedicated T2WB staff member provides the service on the ground to meet these aims outlined.

2. The research process

The aim of this research study is to capture and explore the ongoing development of T2WB; it is a formative, qualitative evaluation that takes a broad, exploratory approach. It is also collaborative in nature; the three partner organisations were consulted in detail regarding the design of the research. In-depth interviews with clients of T2WB comprised the key feature of the study, with their views and experiences playing an important role in the study and in the development of the accompanying best practice guidance document for T2WB staff.

Interviews with T2WB clients (n. 14) took place between September and November 2014. Research with staff of T2WB (n. 7) and Traveller primary healthcare team members (n. 10) also took place within these periods, while interviews with external service providers (n. 7) were completed in early 2015.

This research adhered to ethical guidelines of the Social Research Association (SRA) and the Sociological Association of Ireland (SAI).

3. Context and established best practice

- A strong body of research literature shows that Travellers face serious health disadvantages, physical and mental health.
- A number of factors have been attributed to the disproportionate rate of mental health concerns among Travellers, including; a history of oppression, minority stress, housing inequality, discrimination, poverty and substance misuse.
- A body of international research on barriers to mental health services experienced by ethnic minority groups has highlighted a wide range of barriers, at different levels. These include cultural and attitudinal barriers; discrimination; and practical barriers.

- Past research studies have highlighted the value of services taking a joined-up approach in seeking to meet the mental health needs of Travellers. This is also a theme that emerged from studies with the Indigenous population in Australia.
- There is a growing body of evidence regarding the value of a specialist approach in addressing the mental healthcare needs of ethnic minority groups. This involves dedicated staff addressing the needs of a particular population. This approach enables improved knowledge and understanding among service providers; and means a greater likelihood of client engagement.
- In order to be effective in working with an ethnic minority community, a specialist model must also be culturally competent. Cultural competence has been defined as 'a commitment to engage respectfully with people from other cultures'. With regards to mental health services, it involves taking into account different understandings of mental health. One study showed that services or models that take a truly culturally competent approach have been shown to be four times more effective in meeting the needs of ethnic minority groups than those that do not (Griner et al, 2006).
- The research literature also shows that focusing specifically on mental health issues can be inappropriate when trying to meet the mental health needs of Travellers; often what is needed is an approach that focuses on relieving the symptoms of mental health concerns.
- There is a growing body of evidence about the value of the recovery model in mental health service provision. However, in order to be truly beneficial to people from ethnic minority groups, a recovery model must also aim to be culturally competent, addressing any specific issues experienced by the relevant population.

4. Profile of Travelling to Wellbeing clients

- Between December 2012 and end May 2015, T2WB linked in with a total of 197 Travellers in its one-to-one support work. The majority of these were female (62%) and aged between 19 and 54 years (75%). The level of contact maintained with individual clients has varied substantially, depending on need.
- Many of the issues faced by clients of T2WB, which have a clearly negative impact on their mental health, are rooted in broader structural inequalities faced by members of the Traveller community.
- T2WB clients typically access T2WB through prior knowledge of, or engagement with, the Traveller organisation in question.
- Clients typically present to T2WB with a wide range of complex mental health concerns. Crisis is a defining characteristic of the initial presentation of many clients of the service.
- While all client participants described having at least one mental health issue, clinical diagnosis of a mental health condition is not a prerequisite for accessing T2WB.
- T2WB clients typically face a range of external, or environmental factors that compound, or in some cases are the cause of negative mental health.

- Accommodation emerged as the strongest issue here. Other factors included social isolation, separation from children and bereavement.

5. Barriers to accessing mainstream services

- Some T2WB clients felt that they had been negatively appraised by mainstream service providers, particularly statutory social workers, which led to feelings of concern and distrust. There was a perception that this was largely grounded in a lack of appreciation of the cultural differences between Travellers and settled people. This acts as a barrier to engaging with such services.
- Unfamiliarity with terminology and literacy difficulties also pose as barriers. These issues can be aggravated by a lack of awareness or sensitivity among some service providers.
- There was a perception among a number of T2WB clients that some mainstream healthcare providers did not always convey concern or real understanding regarding their needs. Again, this was associated with a lack of understanding of aspects of Traveller culture.
- The importance of establishing a trusting relationship with health service providers was emphasised, in particular in relation to mental health. Without this, Travellers may be less likely to engage with mainstream services. Important factors here include clear sharing of information and continuity of care with the same provider where possible offering support on a range of concerns any one person may present with.
- Some external service providers had, over years of working with Traveller clients, developed a good awareness of sensitive issues and ways of addressing them. But in cases where such steps were not taken, a trustful relationship may never develop, which seriously limits the capacity of mainstream service providers to provide support.
- Discrimination emerged as a strong aspect of the backdrop to the lives of T2WB clients. Some described encountering discrimination when trying to engage with different services. This has a negative impact on mental health, and also poses as a barrier to accessing mental health services: when discrimination is encountered with one service, it can make an individual less likely to try to engage with other services, for fear they experience it again.
- Overall, long-term experience of discrimination can make Travellers wary of engaging in mainstream services.
- For those facing a crisis situation, delays to accessing support from mainstream services, such as long waiting lists and bureaucratic processes, could also dissuade Travellers from trying to engage with them. From the point of view of service providers, it was noted that this may reflect a lack of understanding or clarity about the nature of such services and how they operate, as well as unrealistic expectations about the extent of support they can provide.
- For some, stigma associated with mental health services (and with mental health conditions) could act as another barrier to seeking support.
- The absence of a joined-up approach among service providers in more complex cases can mean that the individuals concerned find themselves dealing with a

range of services, often a daunting and difficult process, which can act as yet another barrier to maintaining engagement with services. This aspect was raised by both T2WB clients and external service providers.

- Finally, a number of practical barriers to accessing mainstream services were identified. These include: not being able to drive; issues around appointment times; not having a postal service (for those without an official address); and, for those living in very chaotic circumstances, becoming homeless, which can make it difficult to coordinate ongoing liaison with multiple service providers.

6. Travelling to Wellbeing in action

- T2WB is a unique service, being the only Traveller-specific mental health service of its kind in Ireland. It takes an evidence-based approach to providing a clinical, therapeutic service to Travellers experiencing mental health difficulties, within a community development context.
- T2WB staff members develop individualised, culturally-sensitive care plans with service users. These plans are informed, though not restricted, by existing evidence-based models such as the Recovery Star and Wellness Recovery Action Plan (WRAP). Clients play a central role in identifying needs, goals and actions.
- T2WB takes a flexible, person-centred approach in meeting the needs of individual clients. This means that the approach and type of supports provided can vary quite substantially from client to client. For example, for clients in a crisis situation, a more practical approach is often required, with emphasis placed on issues such as housing, with a more therapeutic approach introduced once the client's circumstances have stabilised.
- T2WB staff members carefully navigate a space that allows them to provide a professional, therapeutic service to clients. Support is both practical and emotional in nature. Practical support can include, among other things, facilitating getting to appointments and acting as advocate on their behalf.
- A high proportion of T2WB clients present with housing difficulties; sometimes this involves a crisis situation, with the client at risk of, or experiencing homelessness. For many, T2WB played an essential role in helping them, either through accessing appropriate homeless accommodation, or liaising with the local county council, and supporting the client to access social housing. It emerged as important that T2WB staff members had the support of colleagues, such as Social Workers, Family Support Workers, Addiction Counsellors, Youth Workers and Primary Care Workers, in addressing such issues.
- T2WB has also played an active role in supporting clients whose children are at risk of being taken into care or have been placed into care. This could involve supporting the client at child protection case conferences, interagency and inter-professional meetings. Also to attend access visits with their children or, from a more therapeutic point of view, helping the client to deal with their emotional response to such visits, particularly in communications with social services.
- It is relatively common for T2WB staff members to extend the service to family members of a client, should this be deemed useful by the family member(s)

concerned. In this way, it can be extended to some particularly vulnerable and hard-to-reach people.

- T2WB staff members stressed the importance of empowering clients, insofar as possible, to become independent of T2WB. Often, this involved working to improve a client's sense of self-esteem and self-confidence. Clients confirmed this was an important outcome of their engagement with T2WB.
- T2WB staff members played an important 'translation' or 'bridging' role in addressing communication barriers between Travellers and mainstream service providers. This work involved acting as advocate for the client.
- T2WB staff members also helped address communication barriers from the perspective of service providers, for example by helping them to understand aspects of Traveller culture that might have an impact on a client's situation. In some cases, a close working relationship would develop between the external service provider and the T2WB staff member – an example of joined-up working that leads to real outcomes for clients. External service providers described how T2WB often acted as a valuable resource to them, in supporting Traveller clients.
- T2WB staff members can take a number of steps to improve trust in mainstream services among clients. This might involve attending an initial meeting between a client and a psychotherapist, for example, or facilitating therapy sessions to take place in a private room in the Traveller organisation.
- Practical measures, such as providing clients with a lift to and from appointments, also help improve clients' access to mainstream services while using the opportunity to offer support and guidance.
- Stigma associated with mental health issues is addressed with clients through one-to-one work; by creating a safe space for clients to discuss their mental health, the taboo often associated with mental health issues can lessen. Stigma has also been addressed by other initiatives taken by T2WB staff members, namely: mental health and wellbeing workshops with Traveller groups linked into the organisation in question; seminars; facilitating Traveller participation in local mental health initiatives for the general population; and addressing mental health through art therapy and drama.

The flexibility of the model is reflected in certain local variations that have occurred. For example, in Exchange House Ireland, some clients (or their family members) were successfully linked into training programmes provided by the organisation, while in OTM and WCT, there was greater evidence of work being conducted to address stigma associated with mental health among Travellers. These local differences highlight how T2WB staff members utilise the specific services and strengths of their Traveller organisation, as well as their local community and their own professional expertise in performing their role.

7. Success factors of the T2WB model

The following success factors of the T2WB model have been identified:

- Involvement of well-established Traveller organisations, which enabled the T2WB model to achieve a strong buy-in from Travellers;
- capacity to address a multiplicity of issues presented by clients;

- operating within a relatively low-cost model;
- evidence-based approach, drawing from established good practice in both fields of clinical mental health care and community development;
- the professionalism and qualifications of its staff;
- provision of structured clinical support and external supervision within the context of a well-established community development setting;
- being based across three Traveller organisations, which provides a robust basis for ongoing learning; and
- facilitation of meaningful referrals to mainstream services.

8. Sustainability and future development

- It is essential to the future sustainability of T2WB that participating Traveller organisations have established a good level of trust and credibility among their local Traveller population and, moreover, that they are adequately resourced, with a body of staff that can provide the support needed to enable a T2WB staff member to fulfil their role.
- Continuity was identified as a key deciding factor in the future sustainability of T2WB, both in relation to its management and T2WB staff members. The importance of adequate supports for T2WB staff members was stressed, such as through clinical supervision and opportunities for support from colleagues.
- Growing awareness of T2WB highlights a possible future challenge around managing demand within the constraints of limited capacity. A tension emerged between the growing awareness of and subsequent demand for T2WB and the initiative's limited resources.
- Particularly vulnerable clients of T2WB can become at risk of growing overly-dependent on the service. It is important for the sustainability of the service that this issue is effectively addressed, but again, such efforts must involve sensitivity; for some, facilitating use of mainstream services may be a slow process.
- It emerged that some mainstream service providers may interpret T2WB as a reason for them to reduce the support they provided to Traveller clients.
- T2WB staff members can be a useful referral pathway for mainstream healthcare providers but this needs to be formally identified on referral pathways such as those used by HSE service providers.
- Future sustainability of T2WB will require evaluation tools to be built into the model, in order for it to both monitor outcomes and to identify and benefit from emerging good practice.

9. Conclusion and recommendations

This study shows that T2WB has proven to be an effective model for providing a clinical, therapeutic and practical service to Travellers with mental health difficulties and suicidal thoughts/tendencies. Three recommendations arise from the research:

Recommendation 1: funding should be provided for T2WB to be continued within the three Traveller organisations involved in its pilot phase – Exchange House Ireland, Offaly Traveller Movement and West Cork Travellers Centre.

Recommendation 2: pending steps outlined in chapter 9, the T2WB model should be rolled out to other well-established Traveller organisations

Recommendation 3: in its continuation, T2WB should adhere to the good practice standards, also outlined in chapter 9.

Part I: Introduction

1. Introduction and background

Travelling to Wellbeing (T2WB) is a pilot mental health project for Travellers. It is a unique project, in that it takes an evidence-based approach to providing a dedicated clinical, therapeutic service for Travellers within a community development context. A partnership initiative of three Traveller organisations – Exchange House Ireland, Offaly Traveller Movement (OTM) and West Cork Travellers (WCT) – its aims are:

- to support individualised culturally appropriate recovery plans with Travellers experiencing mental health issues;
- to address inequalities by working with Travellers and service providers to improve referral pathways and aid recovery; and
- to raise awareness and reduce the stigma around mental health and suicide in the Traveller community.

The project originated in a funding proposal to the philanthropic body Genio by Offaly Traveller Movement and the voluntary organisation CrossCare, which highlighted the unmet mental healthcare needs of Travellers (an issue that had also been raised with CrossCare by West Cork Travellers). Together with CrossCare, OTM proposed a pilot project that aimed to address this issue. This proposal was successful and funding was provided under the auspices of the National Traveller Suicide Awareness Project (NTSAP), which was then based in CrossCare. In 2012, the NTSAP went out to tender (including T2WB) and was awarded to Exchange House Ireland National Travellers Service. T2WB began in earnest in December 2012.

Within each of the three participating Traveller organisations, a dedicated T2WB staff member works to meet the aims outlined above: they engage with individual Travellers and groups who are experiencing mental health difficulties; develop care plans for these clients; work to improve referral pathways to mainstream health and social services; and address barriers such as stigma associated with mental health issues. Each of the T2WB staff members has a relevant professional qualification: two are social workers and one is a family support worker and art therapist.[1]

All T2WB staff members are employed by Exchange House Ireland, with those based in OTM and WCT fully seconded to those respective organisations. In Exchange House Ireland, the T2WB staff member is managed by that organisation's family support and crisis intervention service manager, while in OTM and WCT, the T2WB staff member is managed by the director of each organisation. The overall project is managed collectively by a Steering Group, which meets on a regular basis.

The research brief

Following receipt of funding from the HSE, in February 2014 an invitation to tender was circulated for a research study to capture and explore the ongoing development of T2WB.

Following the tendering process, this research study commenced. It is a formative, qualitative study which seeks to capture the ongoing development of T2WB while also illustrating its impact to date.

[1] For simplicity, the term 'T2WB staff members' is used throughout the report to refer to these three employees.

Report outline

This report comprises six parts. Part 1 introduces the study and presents the methodology. Part 2 (A strong evidence base) draws from the existing research literature (national and international) to consider the evidence base for the Travelling to Wellbeing model, as it relates to the needs and experiences of the Traveller community and best practice culturally-competent models. Part 3 (Setting the scene) presents the first two qualitative findings chapters, providing a qualitative profile of T2WB clients and the barriers they face in accessing mainstream services. Part 4 (The Travelling to Wellbeing model) presents a detailed chapter on the T2WB approach, or in other words, the implementation of T2WB on the ground. Part 5 (Success factors of Travelling to Wellbeing) draws from the findings of the previous chapters to highlight the key aspects of T2WB that are essential to its success. Finally, Part 6 (Towards the future) considers issues of sustainability before going on to draw a conclusion and present recommendations. The report also includes, in Annex 1, the revised research plan document that emerged from a consultation process with the three organisations at the beginning of the research process.

2. Research design

This chapter outlines the methodological approach of this study.

2.1 Research objectives

The invitation to tender set out the following research objectives:

- to explore experiences specific to Travellers that may be linked to mental health issues;
- to explore with Travellers what a culturally appropriate mental health service could look like;
- to document and analyse the ways of working used by the T2WB so far since the beginning of the project and the impact that this has had on the participants and the wider Traveller community;
- to review the tools, methods and approaches which the service has developed;
- to identify and report on the impact of the service on Travellers and the statutory and voluntary sector with a focus on referral pathways and outcomes;
- to look at the cost and benefits of the service;
- to identify and analyse the key strengths and challenges of the service; and
- to consider the sustainability of the service.

2.2 A formative, qualitative approach

This study can be described as a formative evaluation. A formative evaluation tends to be an exploratory process, defined as an: 'assessment process designed to identify potential and actual influences on the progress and effectiveness of implementation efforts' (Stetler et al, 2006). It is a particularly useful approach when an evaluation seeks to capture the impact of a service on a complex phenomenon and to highlight the importance of local context (ibid.). Unlike a summative evaluation, which is concerned with presenting the outcomes of an initiative following its completion, a formative approach focuses on identifying learning that emerges during the initiative's implementation, its evolution and development and any learning that arises from this.

Qualitative methods are particularly appropriate for a formative evaluation, especially one with such a broad, exploratory remit as reflected in the research objectives above. They can lead to a rich understanding of a new initiative, particularly one addressing so sensitive a subject as mental health. They are also most suitable for a project in its early stages, whose data 'do not [yet] readily reduce into numbers' (Patton, 2001, p. 175). As Patton describes it, such methods 'are often used in evaluations because they tell the program's story by capturing and communicating the participant's stories' (ibid). In doing so, they allow us to:

- determine the focus of the evaluation;
- evaluate the implementation or the process of a programme; and
- determine improvements and changes to a programme (ibid).

All the above aspects of a qualitative evaluation are relevant to this study.

A participatory approach

Qualitative methods are also necessary for a participatory approach, which involves 'significant collaboration between the evaluator and stakeholders' (McDavid et al, 2013). In addition to its qualitative nature, this project sought to incorporate a collaborative approach into the research process in a number of ways, summarised below.

- **Consultation process:** At the outset of the research, a consultation process was conducted with each of the partner organisations, with a view to clarifying the purpose of the research, enhancing the study design and informing the development of research tools. In this way the initial research plan was revised to reflect the views and expertise of the partner organisations. This involved three separate meetings at each of the organisations, followed by the preparation and circulation of a final research design report (see Annex 1), which was agreed by all members of the Steering Group.
- **Central role of T2WB clients**: Qualitative interviews with T2WB clients comprised the key aspect of the research design. These interviews played a central role in exploring the impact of T2WB and in identifying its success factors.
- **Inclusion of primary healthcare team members**: The views and expertise of members of the primary healthcare teams in OTM and WCT were also sought and played a valuable role in exploring the broader mental healthcare needs and service barriers experienced by Travellers.
- **Framework tool:** Analysis of interviews with T2WB clients also informed the development of a second output of this research process – a framework tool to map best practice for T2WB staff members.

2.3 The research process

The research process can be divided into four key stages: the consultation process (outlined above); the data collection phase; the analysis of the data; and the preparation of this report and the draft framework tool. An interim report, presenting preliminary findings of interviews with T2WB clients and primary healthcare teams, was submitted in December 2014 and revised in March 2015.

Data collection

Research participants included clients of T2WB, staff of T2WB and external health and social service providers. Table 1 presents the number of participants in each of these categories.

Table 1: Research participants

Category	Interviews conducted
T2WB clients	14 participants (9 one-to-one interviews; 3 joint interviews)
Primary healthcare teams	10 participants (1 focus group in OTM; 1 joint interview in WCT)
T2WB staff members	3 participants (3 interviews)
Steering Group members	4 participants (4 interviews)

External service providers	7 participants
Total	**38 participants**

Interviews with T2WB clients took place between September and November 2014. Precedence was given to these interviews in order to ensure that these findings informed the development of the initial draft of the framework tool for T2WB staff members. Interviews with staff of T2WB also took place within these periods, while interviews with external service providers were completed in early 2015.

Data analysis

Interviews and focus groups were recorded and transcribed with the permission of participants.[2] These data were then analysed using a thematic content approach, which sought to capture and interpret participants' experience of the issues being explored. Following an initial coding exercise, the analysis moved on to identifying key themes and trends. This was firstly carried out for each participant group, after which an explanatory framework was applied to the analysis, with emerging themes analysed across all participant groups. This process began during the data collection phase and continued into March 2015. An iterative approach was taken whereby the raw data set was returned to, in order to confirm and validate conclusions drawn at later stages of analysis.

2.4 Ethical considerations

This research adhered to ethical guidelines of the Social Research Association (SRA) and the Sociological Association of Ireland (SAI). Key principles included avoiding undue intrusion, obtaining informed consent, ensuring voluntary participation, protecting the interests of subjects, enabling participation and confidentiality. All T2WB client interviewees were aged 18 years or over and provided verbal consent to take part. In addition, a process of ongoing assent was adopted for interviews with T2WB clients, whereby during the interview participants were reminded of the voluntary and confidential nature of their participation.

Limitations of this study

This study design is deliberately purposive in nature. All Traveller participants were either staff (of the partner organisations) or clients of T2WB. All external service provider interviewees were linked in with T2WB.

[2] One external service provider preferred not be recorded; in this case, detailed notes were taken during the interview.

Part II: A strong evidence base

3. Context and established best practice

Key findings

- A strong body of research literature suggests that, today at least, Travellers face serious disadvantages in relation to physical and mental health.
- A number of factors have been attributed to the disproportionate rate of mental health concerns among Travellers, including a history of oppression, housing inequality, discrimination, psychological pressures associated with being an ethnic minority group, and poverty and social stressors such as substance misuse.
- A body of international research on barriers to mental health services experienced by ethnic minority groups have highlighted a wide range of barriers, at different levels. These include cultural and attitudinal barriers; discrimination; and practical barriers.
- Past research studies have highlighted the value of services taking a joined-up approach in seeking to meet the mental health needs of Travellers. This is also a theme from studies with the Indigenous population in Australia.
- There is a growing body of evidence regarding the value of a specialist approach to addressing the mental healthcare needs of ethnic minority groups. This involves dedicated staff addressing the needs of a particular population. This approach enables improved knowledge and understanding among service providers; and means a greater likelihood of client engagement.
- Cultural competence has been defined as 'a commitment to engage respectfully with people from other cultures'. With regards to mental health services, it involves taking into accounts different understandings of mental health. One study showed that services or models that take a truly culturally competent approach have been shown to be four times more effective in meeting the needs of ethnic minority groups than those that do not (Griner et al, 2006).
- The research literature also shows that focusing specifically on mental health concerns can be inappropriate when trying to meet the mental health needs of Travellers; often what is needed is an approach that focuses on relieving the symptoms of mental health concerns and providing practical support.
- There is a growing body of evidence about the value of the recovery model in mental health service provision. However, in order to be truly beneficial to people from ethnic minority groups, a recovery model must also aim to be culturally competent, addressing any specific issues experienced by the relevant population.

One of the challenges of conducting a literature review on mental health service provision for Travellers is that there is no single 'best' database that can be accessed for this, covering related disciplines such as sociology, healthcare and social work. Google Scholar was the primary search tool used here, for two reasons. Firstly, it has the broadest coverage, including books and research articles as well as 'grey literature'. Secondly, Google Scholar brings the added advantage of presenting results by number of citations, which can be a useful indicator of the value of a study. Following an initial search on Google Scholar, other databases, such as PubMed,

were accessed to ensure no important study was missed. Finally, contacts from participating organisations were asked for any local, relevant studies or other information sources.

Most of the literature identified came from Ireland and the UK and focused specifically on the Traveller community; however, some international research literature was also reviewed regarding ethnic minority populations experiencing disadvantage.

3.1 A history of health disadvantage

A small indigenous minority ethnic group, Irish Travellers have been part of Irish society for hundreds of years (for example, see Cemlyn et al, 2008). A strong body of research literature suggests that, today at least, Travellers face serious health disadvantage (Van Cleemput, 2009). A review of literature by Van Hout and Staniewicz (2012) found that the health status of Irish Travellers has consistently been shown to be significantly lower than that of the rest of the Irish population. A UK study found that Irish Travellers have a significantly lower health status than the lowest socio-economic group in the UK (Van Cleemput and Parry, 2001). Travellers experience higher infant mortality rates, higher rates of asthma, chest infections, heart disease, disability, diarrhoea and infections (Smart, 2003).

This health disadvantage is not limited to physical health issues. Travellers, particularly Traveller women, have much higher levels of depression and dependency on prescription medicine than the general population (Smart, 2003, Van Hout, 2009). Goward et al's mixed method study of Travellers in the UK (2006) revealed higher levels of anxiety and depression and lower social functioning among Travellers than a comparison group in a local deprived area. More recently, the All Ireland Traveller Health Study showed a high rate of mental health illness and suicide among Travellers. Almost two-thirds (62.7%) of Traveller women said their mental health was not good enough for one or more days in the last 30, days compared to 19.9% of GMS female card- holders. A similar proportion (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. Suicide was found to be the cause of 11% of all Traveller deaths. The rate for women was six times that of settled women, and for men, seven times higher than that of settled men (AITHS Team, 2010).

3.2 Disadvantage and the mental health of Travellers

Goward et al (2006) identified four main causes of disproportionate mental health concerns among Travellers: housing; hostility (or discrimination); reluctance; and practical issues. Citing a range of studies, they place particular emphasis on the negative mental health outcomes of drastic changes in **housing** the Traveller community has experienced over recent decades; documented outcomes include depression, anxiety, bad dreams and suicide. The changes referred to here include a reduction in traditional levels of mobility, the physical isolation of official Traveller sites and separation from their community for those placed in standard housing. This isolation occurs when a Traveller community becomes fragmented through 'settled housing restrictions', which can conflict with the strong role of the family and extended family in Traveller culture (van Hout and Staniewicz, 2012). A recent youth needs analysis of young Travellers in County Offaly highlighted the negative impact

of housing issues, such as insecure and substandard housing, on the wellbeing of young people (OTM, 2014). And in a UK-based study, Irish Travellers reported feeling confined, with sites referred to as 'prisons' or 'reservations', many located away from residential areas, thereby increasing spatial segregation and harassment and increasing the overall disadvantage in terms of education, employment and health service access (Cemlyn and Clark, 2005).

It is relevant to note that such **housing problems** are also grounded in a historic failure of local government in Ireland to fulfil their statutory obligations to Travellers regarding their housing needs. As a recent UN report of the Committee on Economic, Social and Cultural Rights states, 'The Committee is also concerned at the lack of culturally appropriate accommodation provided to Travellers and Roma and of adequate legal protection of Traveller families at risk of eviction (art. 11)' (United Nations, 2015). This Committee report also reiterates a previous recommendation (E/C.12/1/Add.77, paras. 32–33): 'that the State party take steps to provide Travellers and Roma with culturally appropriate accommodation in consultation with them and ensure that the funding allocated to Traveller housing at local level is fully and appropriately spent to this end' (United Nations, 2015).

A more recent review by van Hout and Staniewicz (2012), drawing on the work of Fountain (2006), van Cleemput et al (2007) and van Hout (2009), confirms this relationship between poor mental health and housing, and 'intense **psychological pressures** relating to assimilatory struggles [which] have resulted in the acceptance of poor quality and transient halting sites, and have contributed to heightened levels of Irish Traveller suicides and the prevalence of antidepressant medication abuse'. They go on to note that being 'coerced to live in an alternative setting can have a pathogenic effect'. Moreover, a lack of security and ongoing threat of eviction can reinforce social exclusion and tensions between Irish Travellers and 'settled' authorities (Van Cleemput, 2007, cited in van Hout and Staniewicz, 2012). On a related point, research conducted in the 1980s and 1990s in the UK highlighted that persistent **discrimination** has a negative effect on Travellers' behaviour and emotional wellbeing (cited in Goward, 2006).

These issues are acknowledged by the Intercultural Health Strategy in Ireland (2007, p. 34), which recommended that 'attempts to make Travellers behave like non-Travellers could be inappropriate, and a model should be used that recognizes their own health concepts'. However, as van Hout and Staniewicz (2012) point out, a constant disenfranchisement and marginalisation of Travellers, evidenced in unsafe and inadequate housing and sites and local services not catering for Travellers' needs, lead to 'an inherent suspicion of authority and institutional **mistrust**', which is another barrier to accessing mental healthcare services. This reluctance, even where services are available, was also highlighted by van Cleemput as far back as 1995. This can be compounded by a lack of knowledge regarding complicated access procedures and low levels of literacy, which also restricts access (O'Dwyer, 1997).

A large body of research shows that ethnic minority groups can be much more likely to experience **poverty** and social disadvantage than the rest of the population – low socio-economic status has been associated with psychological concerns such as depression and anxiety disorders. For example, a recent study that used Japan data from the World Health Organization (WHO) world health study found that childhood socio-economic status (SES) is likely to be positively associated with the lifetime

onset of mental disorders, regardless of family history of mental disorders, childhood physical illness, or SES in adulthood (Ochi et al, 2014).

Another related issue is that of '**minority status stress'**. This phenomenon has been identified among minority ethnic groups in a range of settings and countries, and has been shown to have a negative effect on mental health. For example, a review of studies of minority status stress among ethnic minority students in the US found that mental health is likely to be negatively affected by stressors, such as racism and discrimination, traumatic stress, educational hegemony, insensitive comments, and questions of belonging on a college campus. Such experiences can lead to heightened feelings of not belonging, and interfere with students' adjustment to college (Cokley et al, 2012).

Van Hout (2010) looked at **alcohol use** in the Traveller community, which can be both a cause and an outcome of mental health issues. She found that Travellers, particularly Traveller women, are presenting with increasingly problematic alcohol use, which was related to dissipation of their culture, marginalisation, discrimination, depression, illiteracy and poverty. The literature she reviewed for this study shows that Travellers experience many risk factors associated with problematic substance use, such as poor educational attainment, unemployment, compromised housing conditions, criminal activity, domestic violence, child welfare issues, poor health and experiences of discrimination in the community. This in turn has been associated with increasing levels of alcohol abuse and problematic drug use. In particular, she highlights that this increasing substance use has occurred alongside the merging of the Traveller community with the 'settled' population, which is posited to compromise the community's resilience against substance use.

3.3 Barriers to accessing mainstream mental health services

International research studies on the experience of ethnic minority groups highlights a range of barriers to accessing mainstream mental health services. Scheppers et al (2006), in a review of 54 articles on studies carried out in different countries and among different ethnic minorities, identified that potential barriers to accessing support could occur at three different levels: patient level, provider level and system level. Patient-level barriers relate to patient characteristics: demographic variables, social structure variables, health beliefs and attitudes, personal enabling resources, community enabling resources, perceived illness and personal health practices. Provider-level barriers relate to the provider characteristics: skills and attitudes. Finally, system-level barriers relate to the system characteristics: the organisation of the healthcare system itself.

Leong and Kalibatseva (2011), in a US-based review of literature, also categorise cross-cultural barriers to seeking support into different categories: affective and value-orientation barriers. Affective barriers relate to the extent to which willingness to report issues of concern is influenced by perceptions of stigma and shame, and 'protecting the community's/family's reputation'. Relatedly, value orientation barriers are about how cultural values shape our emotional expressions and communication styles.

Regardless of the level at which barriers occur, however, they are all caused by a range of cultural and attitudinal factors, as well as discrimination.

Cultural and attitudinal barriers

An analysis of the WHO World Mental Health surveys found that, worldwide, the major barriers to accessing mental healthcare are low perceived need and attitudinal barriers (Andrade et al, 2014). These authors cite a range of studies that show that differences among population groups in terms of willingness to report mental disorders and obtain help are due to: embarrassment about reporting symptoms; misinformation about mental illness; stigma; as well as poor competence of health professionals in detecting issues of concern in culturally diverse societies. They postulated that social and cultural factors may contribute to the level of stigma associated with mental health concerns. Similarly, a report on 79 national community engagement projects (Fountain and Hicks, 2010) showed that fear as a barrier to accessing services was a recurring theme, with people with little or no personal experience of mental illness reporting that their biggest fear of seeking help was the stigma, shame and social repercussions. This was echoed by a US-based literature review, which identified 'affective barriers' – those that relate to the extent to which willingness to report problems is influenced by perceptions of stigma and shame, and 'protecting the community's/family's reputation' (Leong and Kalibatseva, 2011).

These findings are also reflected in studies that focus on the experiences of ethnic minority populations, which show that different cultural frames of reference and understandings of mental health may mean that mental health services are not seen as relevant or helpful by ethnic minority populations. For ethnic minority cultures that uphold more collectivistic, family-orientated values, the process of psychotherapy may seem foreign and even unhelpful (Leong and Kalibatseva, 2011). Health professionals from different cultures may not recognise the mental health element of a person's illness and so not help them access specialist support (Clinical Commissioning Groups, 2013). Individuals and families may hold off from seeking help for as long as possible for different reasons, such as taboos in the community, use of traditional medicines or faith-based healing, or fear (ibid). Lack of information and awareness of the mental health system, what it offers and how to access it, may prevent people from asking for help (ibid).

Looking specifically at Travellers, Goward et al (2006) highlighted cultural differences as a barrier to optimum mental health service provision for Travellers. Their study illustrated many differences between the Traveller and settled communities. For example, they note that mental health providers are trained to work with **individuals**. However, this approach 'does not fit easily into the preferred ways of working as outlined by Gypsies and Travellers'. This 'lack of fit' was acknowledged both by mental health workers and members of the Traveller community:

> *The 'rules' adopted by providers (appointment based care, sole interviewing to assess 'symptoms') inevitably mean that this community 'break the rules' (not being concerned with punctuality, arriving at the surgery as a family) and thus are ruled out of any effective usage of the help available.*

Similar themes emerge from research on alcohol use among the Traveller community. As van Hout (2010) explains, mainstream health services are 'geared to majority needs and culture; no minority members delivering services; and mistrust of confidentiality'. For example, an emphasis on harm reduction can be unhelpful to Travellers (ibid). Such difficulties in accessing community health and addiction services reduced people's capacity to deal with alcohol dependency. As a result, home detoxification attempts were found to be common among Travellers.

Discrimination as a barrier

In the UK, the Clinical Commissioning Groups March 2013 (UK) noted that experiences of **racism** both in the wider community and in mental health services are likely to make people mistrustful and reluctant to seek help. They also acknowledged that a lack of understanding within mental health services about the impact of racism makes it harder for people to receive appropriate support.

Fear due to stigma has already been identified as a barrier; however, not all fear is caused by stigma. Research in the UK on barriers to mental health services for ethnic minority groups could be caused by prior experience with services. They also point out that fear and dissatisfaction with services has been shown to play a significant part in people's interaction with mental health services. They draw from other research that found that Black people in the UK experience 'circles of fear' that stop them from engaging with services:

> *Mainstream services are experienced as inhumane, unhelpful and inappropriate. Black service users are not treated with respect and their voices are not heard. Services are not accessible, welcoming, relevant or well integrated with the community… Black people come to services too late, when they are already in crisis, reinforcing the circles of fear.* Sainsbury Centre for Mental Health, 2002

Focusing on Travellers, Van Hout and Staniewicz (2012) cited literature that referred to a use of traditional healers among Travellers as a consequence of such barriers – 'lickers' or Drabarni (healers, herbalists and diviners).

Practical barriers

Finally, some findings from the literature suggest that practical factors can also exclude Travellers from accessing healthcare services. For example, an eviction from an unauthorised site could lead to an appointment being cancelled (Durward, 1990).

3.4 The case for joined-up working

Two key studies on Travellers conclude that a **joined-up working approach** must be adopted in addressing the mental health needs of Travellers. Goward et al (2006), in their study of Travellers in the UK, argue that services need to work across boundaries to address social and economic factors underlying distress and to ensure consistency and communication between primary and secondary care. They highlight that family and community-based models of care may improve acceptability and effectiveness of services. Education, information and training are required to reduce discrimination and increase existing support to meet the mental health needs of Gypsies and Travellers.

Goward et al (2006) also conclude that as well as seeking to provide more culturally appropriate mental health services, people working with Gypsies and Travellers need to move the focus of their work away from relieving the symptoms of mental health concerns. There is a need to examine how deprivation is impacting on the individual and to develop methods to address and protect against these influences in a manner that is culturally acceptable to this community. The health service need not work alone in this endeavour; joint working would make the most effective use of the scarce resources available. This would involve 'a reorientation of helping towards a

community development approach', which would lead to improved co-ordination and communication between agencies, the voluntary sector and resources within the Traveller community. It could also lead to a greater emphasis on strengthening facilities and opportunities within the community; greater efforts to make appropriate treatments accessible and family orientated.

Goward et al (2006) note that this approach would enable services to address social and economic factors underlying distress for Travellers, and as well as help ensure consistency and communication between different care services. They cite a model in parts of the United Kingdom, where efforts have been made to improve access to services by developing the role of specialist health visitors who forge personal relationships with Travellers so that health concerns are shared, and health care is accepted.

The value of joined-up working is also a theme from international research literature on ethnic minority communities. Walker and Sonn found in their study of Indigenous Australians that both clients and practitioners agreed, that practitioners need to work in genuine partnership with Indigenous Australians in order to be effective. They identified the following key principles of good practice regarding joined-up working:

- Recognising that the client, the family and community, Indigenous co-workers and other professionals are equally 'experts' in the process: Letting go of the 'expert' role can be very difficult and is likely to involve a lot of critical self-reflection on the unequal power inherent in the therapist–client relationship.
- Recognising that developing an effective partnership takes time, trust and a personal relationship.
- Having regard for Indigenous protocols in community contexts: Often a process of vouching is required, in which one or some of the community members will attest to the person wishing to enter the community.

In cases where the practitioner does not have experience in providing a culturally competent service, they recommend working in collaboration with cultural consultants, who would advise about cultural matters, provide guidance in appropriate behaviour, and mediate between the practitioner and the community.

3.5 The case for a specialist approach

There is a growing body of evidence regarding the value of a specialist approach to addressing the mental healthcare needs of ethnic minority groups. This approach involves dedicated staff addressing the needs of a particular population; Travelling to Wellbeing is an example of this approach. Having dedicated staff, based within an organisation working with a specific community, improves the likelihood of a service being culturally competent – as Hernandez et al (2009) stated, 'culturally competent mental health services are to a great extent tied to a service organisation's ability to appropriately understand and respond to the cultural characteristics of the community it serves' (Hernandez et al, 2009).

Bhui (2007) sets out four arguments in favour of providing a specialist mental health service for a minority ethnic population.

1. Dedicated service providers' **knowledge** of issues such as cultural factors and cultural taboos are greatly improved. This enables staff to deal with issues of concern with a clear understanding of the cultural factors thereby making it likely

that patients, and their carers, will find their needs met, and will feel understood by the professionals.

2. Dedicated service providers will have a **better understanding** of clients' needs than mainstream service providers. This can lead to a better establishment of trust. Of particular relevance to Travellers, she notes, 'this is especially crucial where a specific … ethnic minority group have unique political histories, distinct languages and adverse circumstances that are conducive to the generation of mistrust'. Relatedly, some US research has suggested that in cases where therapists are of the same ethnic background as patients, drop-out rates after initial assessment are reduced.
3. As a result of feeling or being understood, the client is **more likely to engage** with and benefit from the service, such understanding partly relies on service providers' awareness and knowledge of concepts about mental illness.
4. In cases where the client and service worker, have a shared understanding of key concepts related to mental health, a **more accurate assessment** ensues. If they can communicate effectively, without misreading or misinterpreting each other, the needs of clients are more likely to be understood and addressed appropriately.

Bhui (2007) also considers the arguments against a dedicated approach. One key concern here is an increased risk of marginalisation of clients, which is related to the risk of a reduction in the motivation of other service providers to become culturally competent.

3.6 Towards cultural competence

According to Walker and Sonn (2010), whose work focuses on the experiences of Aboriginal and Torres Strait Islanders, 'cultural competence is a commitment to engage respectfully with people from other cultures' and involves the knowledge, awareness and skills aimed at providing a service that promotes and advances 'cultural diversity and recognises the uniqueness of self and others in communities'. The rationale for a focus on cultural competence is based on existing health inequalities and related disparities in access to health services. While its aim is to foster constructive interactions between people of different cultures, it has become increasingly recognised that cultural competence for one population may not necessarily translate to another (Kim et al., 2006; Sue, 1999, 2003, cited in Walker and Sonn, 2010). This means that cultural competence is an ongoing process.

Walker and Sonn go on to explain:

> Commitment to cultural competence is the beginning of an ongoing process that requires motivation and a willingness to improve cross-cultural communication and practice in both individuals and organisations. Cultural competence encompasses and extends elements of cultural respect, cultural awareness, cultural security and cultural safety. Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.

On the basis of their review of the international literature, Bhui et al (2013) suggest that cultural competence is best conceptualised 'as a systemic and deep-seated

process of change in both organisations and professional practice'. This requires change:

- in the attitudes of staff and a change in the way they assess, diagnose and treat people with different expectations and perceptions about what is illness and what is recovery;
- at an organisational level, in developing values that are more welcoming of culturally diverse populations and changes in management styles and HR practices that reflect an understanding of the influence of culture on communication.

Bhui et al (2013) also note that educational solutions have been proposed for mainstream settings, including training to address individual staff attitudes and stereotypes, in order to permit staff to work more effectively with culturally diverse populations. However, they highlight that much work on this issue has focused on short-term solutions, such as training events. They cite one UK study on cultural competency training in the UK, which concluded that insufficient attention was placed on clinical interventions and racial issues. They also highlight the absence of evaluations of cultural competency interventions in mental health settings, and none with patient reported outcomes.

Hernandez et al (2009) cite the results of a meta-analysis of 76 published studies, which found that services that adapted their practices in order to ensure compatibility with the cultural characteristics of specific communities were four times more effective than services broadly adapted for individuals from a variety of cultural backgrounds (Griner et al, 2006).

The research literature also shows that focusing specifically on mental health issues can be inappropriate when trying to meet the mental health needs of Travellers. In Goward et al's UK study (2006), most participants did not describe serious or enduring mental health concerns, though they did describe difficulties that they found to be 'distressing, difficult to address and disabling'. They highlight that the problem here is that service provision does not tend to deem such difficulties as warranting specialist or secondary mental health services. A result of this is that people tend to be referred only to primary care, where they do not receive the care and support they need. Goward et al (2006) also point out the inappropriateness, for many Travellers, of focusing on mental health concerns (partly due to stigma) rather than 'relieving the symptoms' of mental health issues, which can often mean providing more practical support in terms of housing and social welfare needs, issues that are strongly related to Travellers' historic and ongoing experience of social exclusion.

Different understandings of mental health

Another related issue is how understandings of what constitutes good and bad mental health can vary across cultures and communities: ethnic minority groups' perceptions and understandings of mental health, and what constitutes a mental health concern, may not completely correspond to that of the majority community. A meta-analysis of peer-reviewed qualitative research on indigenous Australians in Australia, for example, identified one overarching theme in indigenous Australians' perceptions of mental health:

> ‘The dynamic interconnectedness of culture, spirituality, identity, family and community, land/country, socioeconomic status, and socio-historic events, with each defining, influencing, being part of and impacting on the other.’

This report concluded that this interconnectedness means that no single aspect of an Indigenous person’s life circumstance could or should be considered in isolation from other areas of life; as they put it, ‘no theme appears to exist without the other themes influencing and impacting on mental health’ (Ypinazar et al, 2007). This report highlighted the importance of understanding Indigenous descriptions and perceptions of mental health issues, so as to enable ‘two-way understandings between Indigenous people’s constructs of wellness and Western biomedical diagnostic labels and treatment pathways for mental disorders and mental health problems’.

The importance of building relationships

A recent published qualitative study by Offaly Traveller Movement involving interviews with 16 Travellers who engage with the organisation’s primary healthcare team highlighted the importance of emotionally supportive relationships (York and Stakem, 2015). Particularly, it showed that this feature helped facilitate the development of trust among participants, improved self-assessed mental health and even led to improvements in health behaviours.

Recovery-based approach to mental health

There is a growing body of evidence about the value of recovery models in mental health. This is reflected in the fact that a recovery-focused approach to care is one of the standards identified in the Quality Framework for Mental Health Services in Ireland (Mental Health Commission, 2007). Research has shown that certain elements of a recovery care model, such as hope, optimism and control over one's destiny, are ‘universal’ in nature and that recovery is based on being able to lead a full cultural and community life without stigma (Kalathil, 2011). Recovery is based on the idea that people who have mental health issues themselves and specifically those who use mental health services can develop skills and strategies for dealing with mental health issues that promote higher levels of wellness, stability and quality of life. Perhaps most importantly, the concept and ethos of recovery requires health practitioners, people who experience mental health difficulties, family members, and carers to think differently about mental distress/illness and the impact it can have on people’s lives (Higgins and McBennett, 2007). Another potential benefit of the recovery approach for minority ethnic groups is its focus on wellness. In one study, community members did acknowledge the need to talk about depression but urged researchers to focus on wellness as a more culturally appropriate strategy to effectively converse with the population being studied (Chung et al. 2006). These authors found that balancing discussion of depression with wellness not only encouraged communication among this group but, appeared to help dissipate the stigma attached to depression. One popular recovery model is Wellness Recovery Action Planning (WRAP) (see Box 1 below).

However, it has also been shown that, while the recovery-based approach is useful, this approach may not adequately address all the barriers to good mental health faced by ethnic minority groups. This is illustrated by a qualitative research study of minority ethnic women’s narratives of recovering from mental distress (Kalathil,

2011), which found that some interviewees experienced distress because of the adverse effects of discrimination and social exclusion; their racial and cultural identities, and a sense of worth in self and community had a direct relationship with their views on mental and emotional wellness and recovery. For these women, recovery frameworks, while useful to a point, did not account for these experiences. The study outlined the following lessons for the future, so that the recovery model might also be culturally competent:

- Any approach to recovery should account for the context of an individual's distress, acknowledging that a person needs to recover not only from mental distress but, from the underlying causes of it.
- The focus on the individual in recovery approaches needs to be broadened to include ways of overcoming socio-political oppression, acknowledging the limits that these factors may pose on people's quality of life.
- Transcultural approaches to recovery should be developed to understand distress as a legitimate response to life events, spiritual crises, trauma and stress.
- A need for more investment to create further opportunities for [minority ethnic] women to tell their stories about distress and recovery, which have important personal and political functions.

Leamy et al's (2011) systematic review on personal recovery among ethnic minority groups, which involved reviewing 97 papers, highlighted the added importance of spirituality and of addressing stigma. Leamy et al also identified two additional themes for minority ethnic mental health patients: culturally specific facilitating factors and collectivist notions of recovery. This reflects Goward et al's (2006) finding that the Traveller community had a 'potential buffering' effect on mental health issues and dealing with difficult life events, which was suggested by Traveller respondents scoring high on indicators such as 'interpersonal competence' and 'independence competence'. The authors go on to note that 'there is, potentially, much more to learn from such communities in relation to the strategies that they adopt in order to survive and, for some, to flourish'.

Box 1: Wellness Recovery Action Planning (WRAP)

Wellness Recovery Action Planning (WRAP) was designed by Mary Ellen Copeland, PhD, and further developed by people who have experience of mental health difficulties, struggling to incorporate wellness tools and strategies into their lives. WRAP is a self-management programme in which participants identify early warning signs or triggers for distress, in addition to identifying internal and external resources to support their ongoing mental health and recovery. People then use this knowledge and tools to create their own, individualised plans for successful living. Such a plan may include strategies for staying well and strategies for eliminating or minimising triggers to distress. The plan also includes an advanced directive on preferences for care and treatment, should the person's decision-making capacity decline. The fundamental principles underpinning this approach are personal responsibility, education, hope, self-advocacy, peer support and future planning. In other words, people are empowered to take control of their own wellness and control what happens to them within their recovery journey.

Source: Copeland Center for Wellness & Recovery

3.7 Summary

This chapter has drawn from existing evidence to highlight: the way in which Travellers face serious health disadvantage; particular pressures that can negatively impact on their mental health; and various barriers they can face in accessing mainstream mental health services. It also presents a strong body of research that support a specialist, joined-up approach to meeting the mental health needs of Travellers and the documented value of the recovery model, particularly one that takes a culturally competent approach. The next part of this report aims to show how many of these findings are reflected in the experiences of T2WB clients by presenting a qualitative profile of T2WB clients, followed by an exploration of the barriers they face in accessing mainstream health and social services in Ireland.

Part III: Setting the scene

4. Profile of Travelling to Wellbeing clients

Key findings

- Between December 2012 and end May 2015, T2WB linked in with a total of 197 Travellers in its one-to-one support work. The majority of these were female (62%) and aged between 19 and 54 years (75%). The level of contact maintained with individual clients has varied substantially, depending on need.
- Many of the issues of concern faced by clients of T2WB, which have a clearly negative impact on their mental health, are rooted in broader structural inequalities faced by members of the Traveller community.
- T2WB clients typically access the service through prior knowledge of, or engagement with, the Traveller organisation in question.
- Clients typically present to T2WB with a wide range of complex mental health concerns. Crisis is a defining characteristic of their initial presentation.
- While all client participants described having at least one mental health concern, clinical diagnosis of a mental health condition is not a prerequisite for accessing T2WB.
- T2WB clients typically face a range of external, or environmental factors that compound or in some cases even are the cause of negative mental health. Accommodation emerged as the strongest issue here. Other factors included social isolation, separation from children and bereavement.

This chapter provides a descriptive profile of the clients of Travelling to Wellbeing. Drawing from the qualitative interviews with clients, as well as those with service providers (including T2WB staff), it considers their reasons for presenting to Travelling to Wellbeing and their related needs. It also explores the most common pathways to Travelling to Wellbeing among interviews.

These findings are contextualised by a brief demographic overview of all Travelling to Wellbeing clients between its inception in December 2012 and 31 May 2015.

4.1 Demographic overview of T2WB clients

This section presents a brief demographic overview of T2WB clients from December 2012 to 31 May 2015. Table 2 shows that in total, almost two-thirds (62%) of clients were female and 35% were male. This trend was broadly observed in each organisation; the proportion of female clients was at 75% in Exchange House Ireland, 56% in Offaly Traveller Movement and 65% in West Cork Travellers.

Table 2: *T2WB clients, December 2012 – 31 May 2015, by gender*

Organisation	Male	Female	Total
Exchange House Ireland	12	35	47
Offaly Traveller Movement*	54	70	124
West Cork Travellers	9	17	26
Total	**75 (38%)**	**122 (62%)**	**197 (100%)**

** Note: These OTM figures include 33 couples.*

Regarding age, the majority of clients (75%) were 19–54 years (see Table 3 below). Twenty clients were children – i.e. aged under 18 years. These clients tended to be the children of adult clients of T2WB (see the subsection in section 6.1 on the theme of T2WB being extended to family members). Only 15% were aged 55 years and over.

Table 3: *T2WB clients, 2013–2015, by age*

Organisation	**<18 years**	**19–54 yrs**	**55 years +**	**Total**
Exchange House Ireland	4	38	5	47
Offaly Traveller Movement	9	93	22	124
West Cork Travellers	7	17	2	26
Total	**20 (10%)**	**148 (75%)**	**29 (15%)**	**197 (100%)**

Needs and numbers

A striking feature of this brief demographic overview is that the total number of clients varies substantially by organisation, ranging from 124 in Offaly Traveller Movement to 26 in West Cork Travellers. This partly relates to the different professional backgrounds of the three T2WB mental health staff members and other local differences (see section 6.4 for an exploration of this). It also reflects the local flexibility of the model, and how it responds to local need. However, the strongest factor that has caused this concerns variations regarding the level of contact maintained with individual clients.

T2WB staff, during the pilot phase, have maintained records of their level of contact with individual clients. However, as these data are not standardised across the three organisations, it is not possible to empirically assess variation in level of contact with clients. Nonetheless, all three organisations stressed that contact varies significantly by client; some clients require intensive and frequent contact while others require a much lower level of support. The level of support required for one client can also vary over time, as a client goes from a crisis situation to a more stable one. All three mental health staff workers provided intensive support to certain clients. The varying number of clients by organisations is largely related to this issue; T2WB can be characterised by a greater or lesser tendency to take on clients that require a lower level of support, depending on the organisation. In other words, T2WB workers can make different choices in terms of the number of hours dedicated to individual clients, with some choosing to focus on a smaller number of clients but in a more intensive way while others chose to link in with a much higher number of clients, of whom many require a low level of support.

This finding also highlights an issue explored in chapter 8 on sustainability, however – the importance of matching capacity to resources and the need for T2WB to take measures to ensure it does not become overstretched.

The needs of presenting clients did not vary by organisation; in each, clients usually presented with multiple needs. These include: mental health and other health issues; family, community and social issues; and access to services and entitlements. They

are summarised in greater detail in Table 4 below, and explored in the subsequent section (4.2).

Table 4: Presenting needs of T2WB clients, as identified by T2WB staff

Mental health	Depression, eating disorders, self-harm, suicidal ideation, attention deficit hyperactivity disorder (ADHD), panic attacks, obsessive compulsive disorder (OCD), personality disorder, social isolation, grief.
Other health issues	Chronic health problems, substance dependency
Family, community and social issues	Child protection (access and custody issues), domestic violence, sexual abuse, housing issues, homelessness, family conflict, unemployment, discrimination.
Access to services	Access to social/community welfare, access to other entitlements, Habitual Residence Condition, literacy (as a barrier).

4.2 Needs on presenting to Travelling to Wellbeing

All client participants accessed T2WB to seek support in dealing with at least one aspect of their lives, ranging from accommodation needs to bereavement. Many were dealing with multiple issues of concern. Some were facing a crisis. The extent to which therapeutic, mental health support was desired or even appropriate varied significantly – while for some, this was a presenting need, for others their presenting needs necessitated a different approach, at least initially.

This is not to say that all client participants did not present with a mental health issue (although diagnosis of a mental health condition is not a precondition for accessing T2WB). Clients typically presented with at least one mental health concern, such as depression or anxiety. Moreover, despite clients presenting with varied needs and mental health issues, there was one overriding theme: external circumstances were intrinsically connected to their mental health status. Examples of external factors that negatively impacted on clients' mental health include loss of accommodation, isolation, bereavement, physical health issues and family relationship difficulties.

This section presents the needs of T2WB clients on presenting to the service. In order to do so, it is necessary to explore different needs separately. However, it is important to stress that no client participant experienced only one issue. T2WB staff all confirmed that clients generally presented with a range of needs and difficulties in their lives. As one T2WB staff member described it:

> *Some cases that present are extremely difficult. They are multi-faceted, with so much going on, so much chaos and trauma.* T2WB staff member

Mental health issues

Client participants described a wide range of mental health issues. Many had been diagnosed with depression and anxiety. Some shared that they had a history of self-harm and/or that they had attempted suicide. One suffered from social phobia. Psychosis was another presenting issue. Some typical comments from clients included:

I have a tendency to self-harm and to take overdoses. T2WB client

I would be so down, there wasn't a day that I didn't cry … and then when I get very depressed, I would take to my bed. … It's tiredness, I can't cope. T2WB client

T2WB staff also highlighted that clients presented with different mental health concerns. There was a strong sense that, for many, their needs had almost reached crisis point by the time they linked in with T2WB:

When people come into me, it's always a crisis. There is something that has to be done there and then, on the spot. T2WB staff member

Primary healthcare team members noted that these issues were by no means unique to Travellers accessing T2WB, highlighting how, through their work, they had observed a dramatic rise in mental health issues among the Traveller community in general over recent years. These participants partly attributed this to a perceived increase in alcohol and drug use, particularly among men.

Depression is huge. … [There has been] a very big increase. … [Especially] where men are concerned with depression and suicide, there is a lot around when they take alcohol and when they take drugs. Primary healthcare team member

External service providers emphasised that the mental health conditions experienced by their Traveller clients were no different to those presenting in the settled population. However, they also noted that T2WB clients tend to present with multiple, complex needs, and were often facing a crisis situation:

Some of the cases are so complex, with people facing so many different problems and needs. External service provider

These themes, as noted above, can only be understood in the context of a wider framework of social disadvantage. A range of external, or environmental, factors were found to play a strong, negative impact on the mental health of T2WB clients. For many, a vicious circle emerged between difficult life circumstances and poor mental health, with each have a compounding impact on the other. Among such factors, accommodation was one of the most significant.

Accommodation problems

Accommodation emerged as a major issue of concern, affecting the majority of clients in some capacity. T2WB staff members highlighted that a high proportion of their clients have faced difficulties in relation to housing, and that this can have serious repercussions on their mental health:

Initially … I would almost say 80% of the people I was dealing with didn't have a fixed address. … And as a result, their mental health was really, really struggling. … I would say most of the time they would actually come because of their housing need. T2WB staff member

This view was echoed by some external service providers, who shared a strong awareness that such broader, structural concerns can seriously compound any mental health difficulties experienced by their Traveller clients generally:

Travellers would have it harder. With the settled population, you can say, well at least you have a roof over your head. With a Traveller patient, you might

realise they don't have a house. They might be faced with eviction because they can't afford ongoing rent increases. … Those stresses can bring on depression. External service provider

Some of those already living in social housing lived in overcrowded conditions but felt powerless to do anything to change this:

The families might have to have two or three of their sons that would be married with small children in on top of them because they don't have anywhere to go. PHC team member

Those living on halting sites could also face substandard living standards:

[For] the majority of people living on sites, you are looking at mental health [and] you are looking at physical health [issues]. … On some of the sites, the facilities would be good, but … some are overcrowded … [with] little or no facilities. T2WB staff member

Difficulties on halting sites did not always relate to the standard of facilities on the site. One client described being the victim of physical assault on a halting site where they had lived for many years; this eventually led to her leaving the site and to becoming homelessness:

[Other] families moved in. … I was getting an awful lot of hassle. There were bottles getting back-ended at me. My car was petrol-bombed. I couldn't get no sleep or whatever. I got up and left it anyways. I signed over the bay. T2WB client

Discussing such incidences, primary healthcare team members described the hugely negative impact on the mental health of the individual:

Rather than a Traveller stay in that situation, they will get up and go, because otherwise you are either going to kill yourself or some of your family are going to, you are going to lose somebody. So rather than do that, you would get up and go. PHC team member

However, it emerged that if Travellers find themselves living in accommodation that is either substandard or unsafe, the alternatives can be very limited. The private rented sector was generally not seen as a valid option for Travellers, either by clients or T2WB staff member. This was principally due to perceived discrimination among landlords:

The minute someone would find out you're a Traveller, that's it, it's gone. That's going to be no matter where you go. T2WB client

At the same time, ever-lengthening local authority housing waiting lists meant that social housing was also difficult to access.

I am on it [housing waiting list] since the last five years. … I have been into them in nearly three or four times a month and [am] getting nowhere. … They would give you no help at all, they would just say, 'You are on a waiting list'. But nothing happens. T2WB client

Some primary health care team members felt that local authorities are not meeting the needs of Travellers in a meaningful way – there was a strong sense that the cultural context and needs of Travellers were not being adequately considered in the

operation of the housing waiting list, and the way in which a property might be offered.

> *I think they are still seeing it through a settled person's perspective, and they are offering people a house. … They will say, 'Well, we made you an offer, so you are not homeless. We made you the offer.'* PHC team member

It is unsurprising, therefore, that some clients had directly experienced homelessness, or that many (including those who had not experienced homelessness) shared a deep sense of insecurity regarding their housing status.

Levels of isolation

T2WB clients described experiences of isolation at a number of levels – family, community and society. At the family level, for some T2WB clients, family relationship difficulties could lead to isolation and mental health difficulties. Often, such difficulties were at least partly caused by a family being under extreme stress. Reasons for this were very varied; such as a housing crisis, bereavement, or caring responsibilities. As one example, a client described her concerns around the wellbeing of her grandchildren, due largely to the fact that her daughter was in a violent relationship. This was a huge cause of fear and distress to her:

> *I was just there on my own, I was fighting a losing battle.* T2WB client

Another client had herself been a victim of intimate partner violence. Others had been separated from their children, who had been placed in foster care, another understandable cause of distress, and one that was strongly associated (by clients themselves) with mental health issues. For many, such difficulties were associated with a deterioration in family relationships, and a growing sense of being alone:

> *I had kind of lost the bond with our family being honest with you because the kids were going in different directions. … And there was too much for me to handle because like, I was the only person in the situation.* T2WB client

The relationship between isolation and family difficulties was also explored by a T2WB staff member who explained that family relationships could break down in the face of a disagreement, leading to someone feeling they have no support structure within their community:

> *Family dynamics might change – a relationship mightn't be accepted or acknowledged, and then all of a sudden, they have been isolated from the family and … as a result, they feel that they haven't the support. … And siblings [may] be instructed not to communicate with the individual who has possibly stepped away from the family.* T2WB staff member

Some T2WB clients spoke of feeling isolated from their local community. For example, one client described the impact of living in an area where she had no friends or family nearby. The isolation she experienced was exacerbated by the fact that she did not drive, an example that shows how the limited housing options available to Travellers described above can lead to social isolation:

> *A house came up in [area] and I moved in for a week. It was private rented and I moved out because I was so depressed. Oh, it was so isolated. … There was nobody, because I don't drive.* T2WB client

Isolation also occurred due to conflict in the local community. One T2WB staff member described how some clients became isolated due to such conflict, in the halting site in which they live for example, which could result in people feeling unable to leave their home due to concerns around their safety.

As T2WB staff members and clients highlighted, when isolation at community level occurs to a member of a small, minority community, the ensuing social isolation can be compounded if they feel alienated from the majority population, or that mainstream services are not relevant to them (an issue explored in greater depth in the chapter on barriers to mainstream services).

There was a strong awareness among participants who discussed the issue of social isolation that it can have a seriously negative effect on mental health, leading to both depression and anxiety. In particular, the importance of strong social supports as a protective factor against mental health difficulties was recognised by clients; as one described it:

> *When hard things happen … sometimes people are not strong enough to face them. But then if you don't have support and there is nobody there, you are more likely to break down.* T2WB client

Bereavement

Finally, many client participants were going through bereavement when they accessed T2WB; for some, this was the 'tipping point' that led to them seeking help:

> *And then I lost my mother and it all just came to a head. I had to get help from somewhere.* T2WB client

Some had lost a family member through suicide, a deeply traumatic event. For many, a major problem here concerned difficulties around communicating their emotions to others, even those in their own family. As one illustration of this, a young woman who accessed the service was going through bereavement following the death of her father by suicide. She described how, when she had presented to T2WB, she had been unable to talk to her siblings or her partner about her father's death 'because they don't understand'. This had exacerbated her sense of isolation and feelings of depression.

4.3 Pathways to Travelling to Wellbeing

Most clients first became aware of T2WB through a pre-existing connection to the relevant Traveller organisation; for example a relation or friend might work there and they may have heard of it from them, or they may link in with the organisation themselves. In some cases, this connection was ongoing when the client learned of T2WB. In other cases, years may have passed between initially hearing of a particular Traveller organisation and making the decision to contact them for support:

> *I remember always knowing about it because my sister would be going on about [name of organisation]. … I knew you could ring them up but I never bothered them until … I needed a social worker. So I said, 'I need a social worker and I'm going to try and get one that … knows a bit about the Travelling culture'. And [name of organisation] came to me.* T2WB client

Some had heard about T2WB through a relative or friend who themselves had linked in to the service.

T2WB staff members described how they could also raise awareness of the service among Travellers by organising or attending events in their organisation. Such events could range from information sessions involving both mainstream service providers and Travellers. to social outings, such as a trip to a local site of interest (examples included a trip to the zoo and to a site of religious interest). This approach allows potential clients to hear about the service and get to know the T2WB staff member in an informal context, without being approached directly or feeling stigmatised in any way. This was a stronger feature of the two rural-based, smaller organisations.[3] In all cases, familiarity with the Traveller organisation in question emerged as an important condition for an individual to link in with T2WB.

4.4 A context of disadvantage

It is important to stress that many of the difficulties and problems presented in this chapter, which clearly have a negative impact on mental health, are deeply rooted in broader, structural inequalities experienced by Travellers. The housing difficulties typically faced by T2WB clients would not occur, for example, if Travellers did not face barriers to employment and education or experience discrimination, or if local authorities met their statutory duties to meet their housing needs (see Section 3.2 for further detail).

Nonetheless, various mainstream mental health and social support services do exist in Ireland – both statutory and voluntary – to meet the needs and issues raised in this chapter. This raises the question: why have clients of T2WB not accessed such supports from mainstream services? In other words, what specific barriers do Travellers face in accessing mainstream mental health and other relevant services? This is the focus of the next chapter.

4.5 Summary

This chapter has highlighted how many of the issues of concern faced by clients of T2WB, which have a clearly negative impact on their mental health, are rooted in broader structural inequalities faced by members of the Traveller community. While they typically face a range of external, or environmental factors that compound or in some cases even are the cause of negative mental health, with accommodation emerging as the strongest issue, various other factors also presented, including social isolation, separation of children and bereavement. The next chapter follows on from this theme, considering the reasons why many Travellers do not access the support they need from relevant mainstream services.

[3] A subsection of Chapter 6 considers such local variations.

5. Barriers to accessing mainstream services

Key findings

- Some T2WB clients felt that had been negatively appraised by mainstream service providers, particularly social workers, which led to feelings of concern and distrust. There was a perception that this was largely grounded in a lack of appreciation of the cultural differences between Travellers and settled people. This acts as a barrier to engaging with such services.
- Unfamiliarity with terminology and literacy difficulties also pose as barriers. These issues are aggravated by a lack of awareness or sensitivity among service providers.
- There was a perception among some T2WB clients that some mainstream healthcare providers did not always convey concern or real understanding regarding their needs. Again, this was associated with a lack of understanding of aspects of Traveller culture.
- The importance of establishing a trusting relationship with health service providers was emphasised, in particular in relation to mental health. Without this, Travellers may be less likely to engage with mainstream services. Important factors here include clear sharing of information and continuity of care with the same provider where possible.
- Some external service providers had, over years of working with Traveller clients, developed a good awareness of sensitive issues and ways of addressing them. But in cases where such steps were not taken, a trustful relationship may never develop, which seriously limits the capacity of mainstream service providers to provide support.
- Discrimination emerged as a strong part of the backdrop of the lives of T2WB clients. Some described encountering discrimination when trying to engage with different services. This can have a negative impact of mental health, and also pose as a barrier to accessing mental health services: when discrimination is encountered with one service, it can make an individual less likely to try to engage with other services, in case they encounter it again.
- Overall, long-term experience of discrimination can make Travellers very wary of engaging in mainstream services.
- For those facing a crisis situation, delays to accessing support from mainstream services, such as long waiting lists and bureaucratic processes, could also dissuade Travellers from trying to engage with them. From the point of view of service providers, it was noted that this may reflect a lack of understanding or clarity about the nature of such services and how they operate, as well as unrealistic expectations about the extent of support they can provide.
- For some, stigma associated with mental health services (and with mental health conditions) can act as another barrier to seeking support.
- The absence of a joined-up approach among service providers in more complex cases can mean that the individuals concerned, find themselves dealing with a range of services, often a daunting and difficult process, which can act as yet another barrier to maintaining engagement with services. This issue was raised

by, both T2WB clients and external service providers.

- Finally, a number of practical barriers to accessing mainstream services were identified. These include: not being able to drive; issues around appointment times; not having a postal service (for those without an official address); and, for those living in very chaotic circumstances, becoming homeless, which can make it difficult to coordinate ongoing liaison with multiple service providers.

This chapter explores barriers faced by T2WB clients in accessing mainstream services. This includes, but is not limited to clients' experiences regarding mainstream mental health therapeutic services. It also looks at barriers to other, more generic health services and even some wider services, such as social welfare. This is for a number of reasons. Firstly, as highlighted in the literature review, stigma can prevent some Travellers from attempting to access mental health services. Secondly, as shown in Chapter 3, many environmental factors can negatively impact the mental health of T2WB clients and so their experiences of accessing associated services is relevant. Thirdly, it emerged that certain barriers encountered in one type of mainstream service tended to act as barriers to accessing other services.

A number of different barriers were identified across all groups of participants, and so this chapter draws from an analysis of interviews with clients, T2WB staff members and external service providers. The main barriers identified are: cultural differences and issues around cultural competency in mainstream service provision; the limited capacity of some mainstream services to respond to a crisis situation; discrimination, including the fear of discrimination which can be grounded in negative past experiences; stigma attached to mental health services for some; literacy; and a lack of a joined up approach among different service providers.

5.1 Perceptions of mainstream service providers

Some T2WB clients felt they had been negatively appraised by social workers in the past. This led to feelings of concern and distrust. For example, one T2WB client described being told by a social worker that her son was overweight, and that this reflected neglect on her part. This in turn led her to worrying that the same social worker might raise concern over her own poor health and the fact that her house was damp, which might lead to her children being taken into care. These thoughts caused her a great level of distress:

> *I kept thinking, 'Look, they are going to have a look at the house. The house is going to go against me. My health is going to go against me'. It was terrible.* T2WB client

There was a sense that such negative attitudes were grounded in a lack of appreciation of the cultural differences between the Traveller and settled communities. As this woman explained, she felt that the standards against which she was being assessed by a social worker were less about ensuring the safety of their children and more concerned with applying inappropriate cultural norms to their behaviour as a mother:

> *The HSE that took my daughter? No, they were completely against me. They were using every excuse … that my house was overcrowded, that the kids weren't going to school … that there was not proper manners in the house. And but as I said to them, they have to realise that we are brought up in a*

> *Traveller's background. … We don't sit down and have tea parties or, do you know what I mean, the way settled people would.* T2WB client

Others shared a similar concern; one client described her own efforts to support her daughter who had been in a violent relationship and to protect her grandchildren, but despite the seriousness of the situation was reluctant to seek support from social workers:

> *Even getting a social worker involved with my family situation – I never wanted that because I was afraid more than anything. You do be afraid. The first thing you think of, of a social worker is 'the children gone'.* T2WB client

These perceived negative attitudes made it difficult to establish trust, and clients described how as a result, they became less likely to turn to certain such services for support:

> *You couldn't tell the social workers because the first thing they would be saying would be, 'Well, that's not on'. In the end … I lost all trust in them*. T2WB client

It emerged that such experiences could act as a barrier not only to accessing support from social work services, but also from other services. For example, one client described how she was dissuaded from engaging with a counsellor because she suspected social work involvement:

> *I went once to a counsellor up here, but she was involved with the social workers as well and I thought that I couldn't trust her, so I couldn't sit down and talk to her.* T2WB client

5.2 Literacy and information barriers

Many clients described how the use of unfamiliar terminology by healthcare professionals could act as a barrier to information, both about their health status and their treatment. As one example, one T2WB client described how she was regularly in contact with her local hospital due to an ongoing health condition of a family member. She felt that medical professionals did not take the time to ensure she understood the information they shared with her about her family member's condition or medication. This led to her feeling embarrassed and excluded from the treatment process.

This issue could also make the service provider less accessible to the client – a degree of intimidation, even if unintended, could be an outcome:

> *The doctors were using big words, and I, do you know, on account of being a Traveller, I suppose, I didn't want to ask him things.* T2WB client

> *There were services that I couldn't reach myself, do you know, how would you put it, they were kind of using big words to me.* T2WB client

Literacy issues were identified as another barrier to accessing mainstream health services. The extent to which this posed a barrier related to the level of awareness and sensitivity among service providers around this issue. As one T2WB staff member put it, 'if somebody is given a form when they go in, that's like a red rag to a bull'. Many clients noted that the anticipation of being given forms to fill in, on the assumption that literacy was not an issue, could in itself pose a barrier to engaging

with a service at all. This related to health services but also to other mainstream services such as social welfare and housing.

5.3 Perceived absence of caring element

Some T2WB clients felt that mainstream healthcare providers are generally 'not very understanding'. These clients felt that the caring element could be missing in how some health service providers performed their role:

> *They [social workers] do their job and that's it … It's a job, and that's it. They would go home then at five, and that's it.* T2WB client

> *They give off that approach … get in, get your job done, and they don't care whether it helps or it doesn't help … I think a lot of them just don't like their jobs. … They don't like it and they are just there.* T2WB client

Some T2WB clients on anti-depressants or other medication for treating mental health conditions felt that the extent of the support they received from their GP began and ended with a prescription; a typical comment was, 'they would just give you tablets. That's all you would get is your tablets'. This could make people less likely to seek support from their GP:

> *A person might think, I can't really talk to him. He only just wants to write and give me something and leave me out the door as quick as he can. He is not taking time to listen.* PHC team member.

Contact with psychiatrists was also found to be disappointing, due to the typically short length of sessions:

> *I didn't like [the psychiatrists] … because … they would talk to you for 10 minutes … how do they know what's going on inside in your head?* T2WB client

It is important to note that clients generally acknowledged that while they perceived this as an overall trend, it was not always the case; one client quoted above for example also cited the example of a service provider in the Department of Social Protection who was 'very understanding … very human' – while she felt this was 'rare', it nonetheless was also part of her experience of mainstream service providers. Another described her GP as 'lovely and … very understanding'.

A perceived lack of understanding among healthcare providers was often associated with a lack of understanding of Traveller culture. Such unbridged differences alongside a sense of not being understood, could lead to a feeling of vulnerability when trying to access mainstream health services; as one client put it, when attending medical appointment alone, 'I would just feeling naked sitting there [in a waiting room]'. Another noted:

> *We can talk to the counsellor, but the counsellor does not know. She is, like, asking you to explain, like, what do you mean or what's that.* T2WB client

5.4 The importance of trust

The importance of establishing a relationship with health service providers was emphasised, in particular in relation to mental health. Clients felt that a good continuity of care was an important factor in establishing trust – that is, that they see the same service provider at each appointment. This was illustrated by the distress

clients had felt in the past when they found themselves being treated by different healthcare providers at follow-up appointments. A T2WB staff member described an example of this, whereby a tentative trust established by a psychiatrist at the initial meeting with a client was later destroyed when at the next appointment, the same client met with a junior doctor under the tutelage of the psychiatrist:

> *She said [to the psychiatrist], 'You said you would see me and you weren't there for me'. It was complete loss again, complete abandonment*. T2WB staff member

In this case, it seems likely that the psychiatrist in question was unaware of the negative repercussions of referring this patient to a different practitioner. An assumption seems to have been made that it is understood by patients that they may not see their psychiatrist at each appointment.

The intention is not to suggest that this desire for establishing a good level of continuity of care with a healthcare provider, particularly in relation to mental health, is limited to the Travelling community. However, it was a particularly strong theme in these interviews and one that posed a very real barrier to continuing to engage with mainstream services. It also emerged that this need for establishing a trustful relationship with service providers and the fragility of such trust, once established, is grounded in a history of past experiences of discrimination and unequal treatment, not only with healthcare services but with mainstream services more broadly and, in a broader context again, with Irish society generally.

External service providers also shared a strong awareness of how distrust of 'official' services can act as a barrier for engaging with Traveller clients and the importance of establishing trust with Traveller clients:

> *Travellers can be fierce distrusting of anything from authority.* External service provider

> *They'd be quite suspicious of outsiders until you prove your salt. … I think trust is key*. External service provider

They emphasised the importance of building a trustful relationship with Traveller clients, and the need for sensitivity and understanding of Traveller culture in doing so:

> *It's a case of starting a relationship where you have to be very clear that you're there to help them. People can be paranoid about that – Traveller and settled. It can be about simple things – 'give me a ring when you like', 'I can get you an earlier appointment if you like'. So that they understand it's not about dragging them into hospital. … A lot is to do with your reaction, how you present.* External service provider

> *Trust is everything. It's number one. And that takes ages. … Break that … and you might as well move on, it's very difficult to build it up again. So you have to be upright and honest and straight and say what you're doing and do what you say.* External service provider

While external service providers acknowledged that this issue is relevant to both Traveller and settled clients, it was also noted that certain issues are more likely to affect Traveller clients; as one example, confidentiality may be harder to protect in the context of a halting site, where everyone is known to each other, than for example in a housing estate. One service provider described how, over years of

working with the Traveller community, they had learned 'common sense' steps that could make all the difference for the client:

> *If I walk into a halting site I know there are twenty eyes looking at me. That doesn't happen on an estate because you don't stand out as an outsider. The last thing you want to do is upset the community. And I suppose you've to be very aware of that. I'd usually ring ahead and say I'm on the way out and I'll be there in ten minutes. If there was trouble in the community, they could then say so and so is on his way out to meet [X] and he's just going to have a chat with him about his mood or whatever. So I suppose it gives them a chance to explain.* External service provider

In cases where such steps were not taken, a trustful relationship may never develop, which seriously limits the capacity of mainstream service providers to provide support:

> *If people don't want to share information or don't want services, you can't move on. … It has to be their choice and yet you're left dealing with the situation.* External service provider

For those presenting with complex needs, this issue can be particularly challenging, as they may be dealing with intervention with a range of mainstream services:

> *Travelling families … often feel under siege. … That's the feeling I get. You could have education and welfare chasing them, you could have guards on the door and you could have social work on the case because someone has said … there was violence in the house. By the time they get to us, they're really complex.* External service provider

5.5 Discrimination

Many Traveller participants spoke generally about their experiences of discrimination. While this was in no way presented as universal, it was seen as something that was inherent to life as a Traveller. It could affect interactions with neighbours, in the school context with teachers and pupils, and in accessing or trying to access public services such as shops and hairdressers and social spaces such as pubs and nightclubs. Its negative impact on educational, training and employment opportunities was also stressed. One T2WB client succinctly captured the impact of discrimination on mental health when asked how she would define good mental health:

> *Good mental health is getting on with your day, getting on with your life and having a car or having your house, having independence, people not calling you 'knacker' and all these stupid names, you know?* T2WB client

Some described encountering discrimination from health and social support services. For example, one T2WB client shared her experiences when she approached a representative of a voluntary organisation for financial support:

> *'We can't be doing this for you people all the time,' he said. … He said, 'Why don't you get up and go back to England … and I think you are getting enough help from the Travelling community without coming to me for help'*. T2WB client

She acknowledged that since that encounter, she received valuable support from the same organisation; nonetheless, the damage of this initial encounter remained: 'I felt so worthless'.

Another participant described feeling patronised by statutory services, which she attributed to her Traveller identity:

> *You can't go to [name of service] … because … they kind of come across as if 'We don't know what you're going on about … because you don't know what you are going on about'. And they would say, 'Can you explain again?' And then they will talk louder, as if you are deaf. 'What is it? Can you explain again?' And you know, I'm not deaf, I'm just asking you for the information.* T2WB client

Other Traveller participants shared stories of discrimination against Travellers in healthcare settings; while they themselves may not have been the victim in such cases, the lesson taken from them was the same – that attempting to access healthcare and social services, as with other mainstream services, means risking encountering prejudice:

> *'What age are you?' they said to a Traveller girl, and she said, 'Well I'm 26'. 'Well, why aren't you married? I thought you got married at 15,' [they asked]. So she came with a problem and that's what the doctor was asking her.* PHC team member

This highlights the damage an isolated event like this can cause. Moreover, it emerged that an encounter with prejudice such as the one described above does not have to occur within healthcare settings in order to act as a barrier to accessing healthcare services; discrimination from any 'authority' or form of 'officialdom' could tarnish Travellers' perception of all such services. As one primary healthcare member put it:

> *It affects them [T2WB clients] from going back to those places and trying and getting involved because they had a bad run with this teacher, Gardaí, probably a doctor.* PHC team member

Generic and service-specific experiences of discrimination acted as a barrier to accessing mainstream health and social services, in the sense that the individual concerned understandably aims to protect themselves from such damaging experiences in the future:

> *With Travellers, once you are told no, you don't bother thinking what else you can do. You don't think, 'Well, hang on, can I do this or something else about that?' You don't, you just take no for an answer. Because you don't want to be made little of really, you know?* T2WB client

> *If you meet the guards and get a bad service off them and you go to the GP and get a bad service off him, and you can't get served in the local pub and your kids are having a hard time in school, and the Council won't let you do this and you can't get private rented accommodation, the likelihood of you wanting to access a service that you don't know and you don't have a personal relationship with is low. … The chances are that you think that service is going to give you a bad service.* PHC team member

The key point here is that long-term experiences of discrimination can make Travellers wary of engaging in mainstream services. It was suggested that a history

of these experiences can lead to Travellers being highly sensitive to prejudice in communication with others:

> *A lot of Travellers … are emotionally incredibly intelligent. … If there is any little hint of discrimination, and they will be out the door. And that's what people don't get.* T2WB staff member

5.6 Capacity to respond to a crisis situation

Some T2WB clients described how, in a crisis situation, long waiting lists and bureaucratic processes could mean that mainstream health and social services would not be able to provide the support they needed when it was needed. This was also raised by members of the primary healthcare teams:

> *They will tell you he is booked out. 'He is booked out now until maybe Monday two weeks' or Monday three weeks. Sure, you could be dead by that, couldn't you? If you were a person with suicide, you could have it done, or be gone, couldn't you?* PHC team member

Even for those whose situation had stabilised, long waiting periods made people less likely to try to engage:

> *There's too much of a waiting list. … Sure, you're talking about 12 months.* T2WB client

> *She [family member] didn't like the approach to it, where the doctor tried to set it up and the waiting list was way too long.* T2WB client

This issue reflected a lack of clarity and understanding regarding how mainstream services operated and their limitations. One external service provider noted that among some Traveller clients, 'sometimes there's a perception we're here to fix it'. Another commented that, 'sometimes there is an expectation for mainstream services to be more tailored than they can be'. For those who did not attempt to access such services until they needed its support urgently, it could be disappointing and off-putting to learn that support might not be available straightaway and that it might not provide an immediate solution.

5.7 Stigma attached to mental health services

It emerged that, for some Travellers, the stigma that can be associated with mental health can lead to a stigma being attached to mental health services. In some cases, this can cause people to avoid attending them:

> *A counsellor? They mightn't want to go in their own area. They mightn't want to go in their own area. They mightn't want to be seen by other Travellers.* Primary healthcare team member

> *If I would go to see a counsellor, I would be thinking, 'They think I'm gone mad' or 'That's a mental woman'.* T2WB client

This may not become an issue until after an appointment has been made, as the individual 'grows closer to the fear' (T2WB staff member) of stigma and even of hospitalisation once they 'open up'.

This issue may be worse in rural areas; living in a small community can make it easier to be recognised:

Sometimes it might be that the person on reception is a bit of a dragon and everybody knows … or maybe a service is known to have a cleaning lady who is a gossip. … Because it's such a small area. PHC team member

Some external service providers pointed out that the issue of stigma affects clients from both Travelling and settled communities, and was not limited Travellers. In fact, one service provider felt that Travellers, once they did access the service in question, tended to be particularly grateful for the support they received:

> *That is an issue for all clients coming here. I wouldn't see it as unique to Travellers. If anything, I think they would be more appreciative of the service.* External service provider

5.8 Lack of a joined-up approach

Due to the often, complex nature of the situation and needs of T2WB clients, cases often involve a range of health and social services, and not be limited to mental health services. In such cases, the absence of a joined-up approach can mean that the individual is required to engage separately with a range services. As already shown, it can be difficult for Travellers to decide to engage with one service, due largely to issues around trust and understanding. Having to engage with multiple services, therefore, can be an extremely daunting process, an issue raised by both T2WB staff members and clients. For some clients, it created a perception that no service wanted to take responsibility – that they were being sent from one agency to another, without anyone taking responsibility:

> *Everyone just kept pushing us aside. … They didn't want to take us on. T2WB* client

> *You would go into [name of service 1] and then they would say, "No, go to [name of service 2]. And then we would go to [name of service 2] and then they would say, 'No, this place is only for such a thing once a day'. Then they would send us back up then to [name of service 1], and it was just up and down the road.* T2WB client

Looking at this issue from the point of view of the service providers, it was noted that the failure of one service to address one need might cause a kind of 'block' to other services addressing other needs. For example, if a client was living in substandard housing which was affecting their physical and mental health, it would be inappropriate to try to engage that client in a therapeutic service – in such a case, one service provider noted that therapy 'would not make any difference' until the more immediate need (housing) is adequately addressed. Another echoing this concern, described how the absence of a joined-up approach can alienate and exclude people with complex needs:

> *What is really, really scary when you start to dip into any of this is just how systems alienate people and leave them aside. And how difficult it is to merge resources, just how difficult it is to do that. Everyone is working on their own.* External service provider

Some external service providers also made the point that complex cases tended to demand more of their time and resources, something that in the context of recent budget cutbacks had become increasingly difficult to give.

5.9 Practical barriers

Many participants – both clients and service providers – highlighted the isolating impact of not being able to drive (an issue that was not limited to rural settings). Without being able to drive, some clients of T2WB had faced the practical, but very serious, barrier of not having access to service centres, which could result in missed appointments with healthcare service providers:

> *A number of Travellers I've worked with don't drive. It's a huge issue and we have very small staff. The demand is great so we can't go out.* External service provider

Perhaps related to the issue of limited access, some external service providers noted that issues with timekeeping had occasionally arisen in the past with some Traveller clients. It was felt that this may reflect a cultural difference – that a lack of familiarity with formal services might be related to lack of understanding around more official processes, for example, keeping appointments at specific times.

Those without an official address (such as those living in an unofficial halting site) may not have access to a postal service. This can also be an issue for those who are homeless or who move from one address to another. Some Traveller organisations (such as OTM) address this by providing an address for clients, or by seeking an up-to-date address from affected clients. Related to this, homelessness can have a negative, knock-on effect in terms of the availability and accessibility of services. Those who had found themselves homeless described how difficult it was to coordinate with multiple external service providers while living in temporary accommodation, with no long-term address.

5.10 Summary

This chapter has highlighted a range of barriers to mainstream services experienced by clients of T2WB. These included negative perceptions of attitudes towards them among staff, unfamiliarity with terminology and literacy issues, the absence of a trusting relationship between client and service provider, discrimination, stigma and practical barriers. Together with the findings of chapter four, this part of the report illustrates the strong need for a new approach to meeting the mental health needs of Travellers. The next part presents just how the T2WB model achieves this.

Part IV: The Travelling to Wellbeing model

6. Travelling to Wellbeing in action

Key points

- T2WB is a unique service, being the only Traveller-specific mental health service in Ireland of its kind, one that takes an evidence-based approach to providing a clinical, therapeutic service to Travellers experiencing mental health difficulties, within a community development context.
- T2WB staff members develop individualised, culturally-sensitive care plans with clients of the service. These plans are informed, though not restrained, by existing evidence-based models such as the Recovery Star and Wellness Recovery Action Plan (WRAP). Clients play a central role in identifying needs, goals and actions.
- T2WB takes a very flexible, person-centred approach in meeting the needs of individual clients. This means that the approach and type of supports provided can vary quite substantially from client to client. For example, for clients in a crisis situation, a more practical approach is often required, with emphasis placed on issues such as housing, with a more therapeutic approach introduced once the client's circumstances have stabilised.
- T2WB staff members carefully straddle a space that allows them to provide a professional, therapeutic service to clients without becoming overly officious or formal, and avoiding any stigma for the client. Support is both practical and emotional in nature. Practical support can include helping clients to complete forms, giving lifts to appointments and acting as advocate in their dealings with mainstream health and social services. Emotional support, alongside the more clinical, care plan-based meetings, was also manifested in less formal contact, such as through phone calls.
- A high proportion of T2WB clients present with housing difficulties; sometimes this involves a crisis situation, with the client at risk of or experiencing homelessness. For many, T2WB played an essential role in helping them, either through accessing appropriate homeless accommodation, or liaising with the local county council, and supporting the client to access social housing. It emerged as important that T2WB staff members had the support of colleagues, such as an accommodation worker, in addressing such issues.
- T2WB has also played an active role in supporting clients whose children have been placed into care. This could involve supporting the client to attend access visits with their children or, from a more therapeutic point of view, helping the client to deal with their emotional response to such visits, particularly in communications with social services.
- It is relatively common for T2WB staff members to extend the service to family members of a client, should this be deemed useful by the family member(s) concerned. In this way, it can be extended to some particularly vulnerable and hard-to-reach people.
- Social isolation is addressed through one-to-one therapeutic support as well as through the organisation of social events.
- T2WB staff members stressed the importance of empowering clients, insofar as

possible, to become independent of T2WB. Often, this meant working to improve a client's sense of self-esteem and self-confidence. Clients confirmed this was an important outcome of their engagement with T2WB.

- T2WB staff members played an important 'translation' or 'bridging' role in addressing communication barriers between Travellers and mainstream service providers. This work involved acting as advocate for the client.
- T2WB staff members also helped address communication barriers from the perspective of service providers, for example by helping them to understand aspects of Traveller culture that might have an impact on a client's situation. In some cases, a close working relationship could develop between the external service provider and the T2WB staff member – an example of joined-up working that could lead to real outcomes for the client. External service providers described how T2WB often acted as a valuable resource to them, in supporting Traveller clients.
- T2WB staff members can take a number of steps to improve trust in mainstream services among clients. This might involve attending an initial meeting between a client and a psychotherapist, for example, or enabling therapy sessions to take place in a private room in the Traveller organisation.
- Practical measures, such as providing clients with a lift to and from appointments, also help improve clients' access to mainstream services.
- Stigma associated with mental health issues is addressed with clients through one-to-one work; by creating a safe space for clients to discuss their mental health, the taboo often associated with mental health issues could lessen. Stigma has also been addressed by other initiatives taken by T2WB staff members, namely: wellbeing workshops with Traveller groups linked into the organisation in question; seminars; facilitating Traveller participation in local mental health initiatives for the general population; and addressing mental health through art therapy and drama.
- The flexibility of the model is reflected in certain local variations that have occurred. For example, in Exchange House Ireland, some clients (or their family members) were successfully linked into training programmes provided by the organisation, while in OTM and WCT, there was greater evidence of work being conducted to address stigma associated with mental health among Travellers. These local differences highlight how T2WB staff members maximise features of their Traveller organisation, their local community and their own professional expertise in performing their role.

This chapter explores Travelling to Wellbeing in practice. It considers its operation on the ground against the three aims of the pilot initiative:

- to support individualised culturally appropriate recovery plans with Travellers experiencing mental health issues;
- to address inequalities by working with Travellers and service providers to improve referral pathways and aid recovery; and
- to raise awareness and reduce the stigma around mental health and suicide in the Traveller community.

As noted in the introduction to this report, T2WB is a unique service, in that it is the only Traveller-specific mental health service in Ireland of its kind. It takes an evidence-based approach to providing a clinical, therapeutic service to Travellers experiencing mental health difficulties, within a community development context. Essentially, this chapter aims to explore how this distinctive and new approach has translated in practice during the pilot phase of T2WB.

6.1 Culturally appropriate, evidence-based clinical assessment and care planning

This could be described as the crux of the work of T2WB. In each organisation, the T2WB staff member engages with a number of Travellers who are experiencing mental health issues, with the aim of supporting their mental health recovery. A recovery plan is developed with each of these clients, with a highly person-centred approach guiding the development of each of these plans.

There is no blueprint or template for these recovery plans. Each one is based on the individual needs of the presenting client. T2WB staff members all described how in developing these plans they were informed, though not restricted by existing evidence-based models: the Recovery Star and Wellness Recovery Action Plan (WRAP) models were two of the most commonly cited models that informed this work:

> *I would absolutely use a 100% individual approach for every person. There hasn't been one recovery star model or care plan or assessment tool that has been appropriate for every client.* T2WB staff member

Literacy was seen as one barrier to more commonly used tools; even the Recovery Star was found to involve a lot of writing, which was not always appropriate. It was also noted that an over-emphasis on 'ticking boxes' in an area as sensitive as mental health could be more harmful than beneficial.

The two workers that used the WRAP model found it very relevant to their work with clients. One strength was, that it enabled progress to be measured via small steps that reflected the situation and needs of the client:

> *You would have a wellness toolbox, looking at simple everyday things that you can do to keep yourself well. Let it be go for a walk, go shopping, have a bath, you know, little things like that. You would do up a daily maintenance plan that you would incorporate them into [for example] 'I will go for a walk today, I will go for my ten-minute walk'. … There would be triggers and you would learn how to identify triggers and put in an action plan for that*. OTM

During the pilot process, Offaly Traveller Movement developed and tested a recovery model based on the WRAP model that has been adapted specifically for Travellers called *Mincears Tairien (Travellers Talking)* (see Box 2 below for further details).

Regardless of the model(s) used, in each case the client plays a central role in identifying needs and future goals, and therefore in the development of their recovery plan. It emerged that most often, during the assessment process with their T2WB staff member, clients tended to identify issues and concerns that had a significant bearing on their mental health, but that fell outside of the typical remit of a mental service. A strong example is the issue of accommodation (explored below).

T2WB staff members described how they drew on a range of tools and experience in assessing the mental health of their clients. This tended to be a process rather than a single event. This is one illustration of T2WB's flexible, person-centred approach, and highlights the importance of avoiding over-formality, which some clients associated with negative experiences in the mainstream health services. This did not mean that the information gathered was not detailed however; data gathered for each client includes: demographic information; referral process; the type of support sought; presenting and past issues of concern; involvement with other agencies; family background; education and employment; and their health status, including any presenting psychological issues. (As noted earlier, a mental health diagnosis is not a pre-requisite for accessing T2WB.)

This flexible, person-centred approach means that the approach and type of supports provided can vary quite substantially from client to client. For example, for clients in a crisis situation, a more practical approach was often required, at least initially, with a more therapeutic approach introduced once the client's circumstances have stabilised.

Box 2: *Mincears Tairien (Travellers Talking) – A pilot recovery model for Travellers*

Over 2014–2015, Offaly Traveller Movement developed Mincears Tairien (Travellers Talking) – a group-based recovery workshop model for Travellers. Using the WRAP programme as a basis, Mincears Tairien was developed as a space for facilitating dialogue and discussion among Travellers on issues related to mental health. Following an introductory session with a group of Travellers, the model was piloted with OTM's primary healthcare team over four sessions. It involved seven female participants. The broad consensus was that people found it a safe place to express their thoughts and a structured format to deal with any issues or concerns that may impede on their mental health.

Feedback included:

> *'It was a good and safe place to talk and everyone felt free to talk.'*
>
> *'I have learned a lot about supports that I would not have thought of before.'*
>
> *'It will make me more aware of how to mind my mental health.'*
>
> *'Very easy to understand and to use – a new learning for the Traveller community.'*

Source: OTM, 2015

Avoiding stigma in providing therapeutic support

While emotional support was identified as a huge aspect of the role of T2WB staff members, both by clients and the workers themselves, it was stressed that words such as 'counselling' and 'therapy' can come with a lot of stigma. At least initially, therefore, sensitivity can be required.

> *They don't necessarily use the word counselling. They just say, 'I need to speak to someone about what's going on'. The thought of counselling is very clinical and very formal … so to reduce the stigma, they don't use the word counselling. They would say, 'I need to talk to someone because…'* T2WB staff member

One worker preferred her title to be 'family and mental health worker' so that clients could then say, 'Oh, well she is doing family support with me and not mental health'. In such ways, T2WB staff members carefully straddle a space that allows them to provide a professional, therapeutic service to clients without becoming overly officious or formal, while avoiding any stigma for the client. The nature of counselling is introduced and explained to clients but only begun if the client is in a place to meaningfully engage with it.

Combining practical and emotional support

Practical support ranged widely, depending on the needs of the individual client. For some, it involved driving the client to an appointment with a mainstream health service. For others, it involved helping them to complete forms or following up on appointments.

> *Writing letters is a massive thing that we would do. … Even a letter of referral, offering supporting letters to clients who might be connecting with an agency that mightn't have a voice or an ability to communicate in such a way that I could do up a two-paragraph letter, briefly outlining the need of the client. The client brings that letter to a service. The service can see immediately what needs to be done, or what's recommended as an option, and the client doesn't walk in there and say, 'I need a bed'.* T2WB staff member

From the client's point of view, this support was invaluable and was seen as an essential aspect of T2WB. This was one of the features of T2WB that marked it out as distinct from mainstream services for clients – that the difficulties and barriers they faced were not separated into different service areas, or referred to other services, but rather were seen as all being relevant to their mental health and therefore falling under the remit of T2WB.

Specifically, because such practical assistance was complemented by an emotional support, clients felt that they were dealing with someone who genuinely wanted to help them, a factor that made a real difference to their emotional wellbeing and to their willingness to engage with the service:

> *She would give me spins to meetings. … [and] she would be there to comfort me. … If I ever needed to talk to her, if I felt down now or whatever, and I would ring her and talk to her, she was there for me. … She was just kind of best friends.* T2WB client

Emotional support occurred in a clinical sense via the structured, care plan-based meetings between client and T2WB staff member. But it was also manifested in less formal contact. Very often, clients specified that it was the sense of being listened to that was most valuable to them. This apparently simple factor, it was felt, helped the individual feel less alone in the difficulties they faced. To take one of many examples, one client noted:

> *It was more because you knew there was someone there to listen. … It's like [T2WB staff member] … is your key worker, sending you on the right way, but most of all … you feel like [T2WB staff member] is a friend as well.* T2WB client

Members of primary healthcare teams also emphasised the value of emotional support provided by the T2WB staff members, particularly the value for clients of being listened to:

It's just listening skills and talking with that person, [but] just listening mainly, that he or she knows that, 'Ah well, at least you are listening to me because the others are only arguing with me, and they are down my throat, and all I want is to go in and to have a drink'. Primary healthcare team member

Addressing accommodation concerns

Most interviewees had experienced difficulties with accessing accommodation and, for many, T2WB played an essential role in helping them. For some this was about accessing appropriate homeless accommodation, while for others, it was about liaising with the local county council, and supporting the client to access social housing.[4] Work here might involve trying to link clients into emergency accommodation or housing. It might involve advocating on their behalf to the housing department of the local authority in question. The key concern, from the T2WB staff member's point of view, is finding the client 'somewhere safe they can reside' with a degree of security. For those in homeless accommodation, support might extend to rebuilding pre-existing relationships with mainstream health and support services, which had been temporarily lost due to the loss of an address.

In addressing this issue, it emerged that it was very important that the T2WB staff member could rely on the support of colleagues within their organisation, such as an accommodation worker. This enabled them to take a team approach. For example, one T2WB staff member described how, along with their organisation's accommodation worker, they arranged a meeting with members of the local housing department, at which they presented a range of housing issues faced by Travellers, including a list of T2WB clients on the local authority housing waiting list. At this meeting, it emerged that many people had been taken off the waiting list, unknown to them, because they had not responded to letter asking if they wished to remain on the list. (This is another example of how literacy and insecure accommodation can act as barriers.) This meeting led to positive outcomes for some clients.

Working with colleagues in addressing accommodation issues also means that certain aspects of the work involved can be shared, or even reallocated. Without this, there is a risk of T2WB staff members being overwhelmed with addressing housing needs, to the detriment of their role in providing clinical, therapeutic support.

Reuniting clients with their children

T2WB has also played an active role in supporting clients whose children have been placed into care. Specifically, clients described how the service had helped them to re-engage with social services. As with many examples of T2WB in action, this involved both a practical and therapeutic role. From a practical point of view, it might involve supporting the client to attend access visits with their children by accompanying them there. From a more therapeutic point of view, it can involve helping the client to deal with their emotional response to such visits, particularly when communicating with social services:

It's about putting in place a structure whereby the access visits are more positive experiences rather than strained experiences. … A client might feel as if the HSE

[4] These forms of support are, of course, further examples of practical support; the fact they are presented separately here reflects the fact that this serious issue affects a high proportion of T2WB clients and can therefore represent a significant aspect of the work of T2WB staff members.

are acting as though they are doing her a favour by letting her see her kids. So that relationship and the absence of communication can cause her to feel quite unwell at times. … So it's about trying to work on creating a relationship where this individual can build some sort of communication [with the social worker] … either directly or through myself, where they can feel that the visitation is more inclusive. T2WB staff member

Extending the service to family members

All three T2WB staff members described how, if appropriate, they would extend the service to members of a service user's family; in this way, family members could become clients in their own right. This was a common development. It was noted that in some cases, the family member with the most serious mental health issue might only engage with T2WB after observing a family member's experience with the service – in this way, trust could be established with some particularly vulnerable and hard-to-reach people:

> *I might start working with one person, and then it becomes apparent that the whole family needs work. … with most Travellers … you would work with the whole family. … [Someone] with a serious mental health problem is usually the last person to engage, but they might be watching how I would work with the wife, and deciding whether I could be trusted.* T2WB staff member

For clients, this was seen as an example of how the service was sensitive to Traveller culture, where family plays a central role, and where the cause of mental health issues often cannot be isolated from the family. It also epitomises how T2WB responds to needs in a flexible manner, and supports the client in a holistic, person-centred way.

In some cases, the T2WB staff member might not initiate a clinical relationship with a family member of a client but rather provide practical support to them if and when it was possible. For example, one client described how their son was supported to access a training course in the relevant Traveller organisation. By doing this, the individual's priority needs were addressed and a high level of trust in the service developed.

Another, particularly complex case also exemplifies the flexibility of the service. In this case, the T2WB staff member concerned supported a client and her daughter in gaining the caring rights of the client's grandchildren, who were at risk after the children's father had brought them to England. This T2WB staff member travelled there with her client and engaged with the social worker allocated to the case in order to enable the children to return to Ireland and be placed under the client's care, rather than be placed in social foster care in England. The practical support was seen by the client as having played a crucial role in achieving this outcome (she did not feel she could have travelled to England alone). However, feeling emotionally supported – no longer alone – in this difficult situation was at least as important; as she put it:

> *My mind used to be in turmoil. I couldn't sleep, the slightest thing would worry me and everything would become a big thing, and I would be trying to figure it all out, especially where the children were concerned. Oh my God. When I look back, oh my God. And now it's like that burden is lifted because I am not on my own.* T2WB client

Addressing social isolation

For those for whom social isolation was largely related to a mental health condition, this was addressed clinically in identified issues and goals in the individual's care plan and through meetings between the T2WB staff member and the client. For example, one client who had become extremely isolated described how her care plan addressed 'in baby steps' various manifestations of her isolation, such as her inability to leave the ground floor of her house:

> *It's how [social worker] explains things to me, you know, because I am 13 years sleeping on the couch. … We are doing this thing, like maybe buy one pillowcase a week … and one pillow to build the bed up. … Then the big struggle is me climbing them stairs to get into it. … It's all psychological in my head.* T2WB client

Others, whose isolation may be more an outcome of their circumstances, spoke of how they benefitted from social occasions organised by the Traveller organisations. While such events were typically organised by the organisation itself and not specifically by T2WB, the T2WB staff member might encourage clients to attend. This often had a positive impact on those who felt themselves to have become socially isolated:

> *We went to Knock now last year and it was lovely. … Oh, it was lovely. … I went without the children and it was such a lovely day. … I kept saying, 'No, I can't go because I have got the children to look after' and [T2WB staff member] really encouraged me to go. … [Otherwise] I wouldn't have gone, no way, no.* T2WB client

Empowering clients

T2WB staff members were aware that, partly because of features of T2WB highlighted above, such as the (partly) informal approach and person-centred, holistic nature of the service, there is a risk of clients becoming dependent on them. There was a strong sense that such an outcome would be counter-productive, and that it would ultimately undermine any positive developments that occurred for clients. For this reason, T2WB staff members described how they worked to empower clients, insofar as possible, to become independent of T2WB:

> *It would be great if somebody came in and looked up to me and thought I was Superwoman, but it isn't going to help them, you know? … We have to be careful.* T2WB staff member

> *Caretaking, for the want of a better word, [is] where you would do something for someone rather than a client-centred approach of [considering] how can the person do it for themselves. … Sometimes caretaking is easier, it's quicker. It's like putting the child's socks on instead of waiting while they struggle to put them on. … It isn't my job to do that.* T2WB staff member

T2WB staff members shared a strong awareness of the fact that, due to past experiences and, more broadly, to the historical disadvantage of Travellers in Irish society, many of their clients suffered from very low self-esteem and, for some, a reduced capacity to take control of their own situation:

> *Their self-esteem is low and they don't feel capable. … They don't believe that they possibly could do something. … A drive towards well-being has been*

> *lost along the way. Medication can do that [and] … disappointment in life along the way. The person feels, 'This never happens for me, good things don't happen. I am treated differently'.* T2WB staff member

Initially, often due to the client being in a crisis situation, the T2WB staff member might feel obliged to temporarily 'take control' of a situation on behalf of a client, for example by liaising with relevant service providers. This point was echoed by T2WB clients. For example, one explained how she required this extra level of support at an earlier stage of her engagement with T2WB:

> *I was going through an awful difficult time. If I wanted to go to doctor appointments … [T2WB staff member] would come and support me. … I would be nervous and [T2WB staff member] would help… Sometimes when I would get overwhelmed, I would forget things. Important things. … And then [T2WB staff member] was great for taking notes or would ring me to say, 'You have an appointment at such a place tomorrow'.* T2WB client

This more hands-on approach might also be necessary due to literacy difficulties or issues around vocabulary, especially when mainstream services did not address such issues. For example, this client described how her T2WB staff member accompanied her to meetings with the local authority housing department, to address this issue:

> *[T2WB staff member] went to meetings [to be] there with the higher-up words that I didn't know, didn't have a clue about.* T2WB client

However, once a client is in a more stable situation, the workers seek to improve their sense of empowerment and self-esteem, through helping clients to identify positive goals and outcomes via their care plan and clinical support:

> *I think a lot of my work is about building confidence within the individual, helping them to feel worthwhile, to feel that they do deserve a chance, to feel that they do have the ability or the right to attain supports where previously they mightn't feel as if they have had the right because they were a Traveller.* T2WB staff member

Drawing from a specific example, another T2WB staff member described one client with a history of low engagement with the education system, and of being the victim of intimate partner violence and other negative experiences that contributed to 'a lot of negative reinforcement in her life'. A task-based approach, whereby the individual was encouraged to take on responsibility for planned, initially small-scale tasks, led to an improvement in her self-esteem:

> *It gives her a little bit more confidence to maybe look at small tasks, maybe call into an office to collect a form or to have the confidence to go to an office to leave in a letter. Having a task-centred approach with her gives her the ability to achieve something.* T2WB staff member

One T2WB staff member described how they would deliberately encourage clients to come to their Traveller organisation for their first meeting, rather than hold it in the client's home, in order to 'give them an opportunity to demonstrate their willingness to engage'. This approach is also about encouraging people to take the first step themselves.

This approach is not taken by the other T2WB staff members (another example of certain differences that could arise across the three locations). And it is important to

stress that the general approach is one that sought, wherever appropriate, to leave major decisions in the hands of the client. As one T2WB staff member explained, this is about supporting them to identify the supports they needed and then identifying steps that need to be taken towards accessing that support:

> *If we both feel that there is a need for them to seek additional support, whether it would be psychiatric contact, psychological contact … or in some cases, a hospitalisation, then they will be supported in accessing that. But again, it's not a decision I'll make. I'll offer them opportunities to … see and to tease out what they feel would be the most suitable and then putting a name on what their task is to be like.* T2WB staff member

Clients confirmed that an increased self-esteem and confidence has been an important outcome of their engagement with T2WB. Many described how the support they received through T2WB has made them feel more empowered and better equipped to deal with any future difficulties that may arise:

> *I have kind of gone to the stage now where I face what comes, you know that way?* T2WB client

> *She has always given me that encouragement, [saying], 'Well look, a few months from now, you will have the children with you permanently'. And she is right, you know? [My mental health] has gone a lot better. … I don't get half as down.* T2WB client

For example, one person described how their T2WB staff member enabled them to make a complaint about discriminatory treatment they had received from a service, which in turn increased their self-esteem:

> *Oh, I felt as if I was somebody, I was worth something, you know?* T2WB client

On a related note, T2WB staff members spoke of how it was common for their clients to have normalised their experiences of poor mental health and (for some) of being on medication for mental health issues. This was due to the fact that many had suffered with mental health related issues for a long time, often a number of years, without receiving support. It was also associated with internalised oppression and a lower sense of self-esteem that can be related to being a member of the Traveller community:

> *A lot of people think it's … normal to have medication and tablets and a diagnosis and they don't see their base level of wellness to be that of someone from a settled community. They think it's normal to have depression, they think it's normal to be full of fear, that it's normal to be full of anxiety, that it's normal to be discriminated against, it's normal not to feel part of society. Where it's letting them know it's not normal to have those feelings.* T2WB staff member

Concern was also raised over the normalisation of suicide in families where this had occurred. Here again, the role of the T2WB staff member was about showing people 'there is another option, that it doesn't have to be that of others gone before'.

Box 3: *How many clients?*

According to the original proposal for T2WB, T2WB staff members were to engage with ten clients over its three-year pilot period. However, in reality workers engage

with varying numbers of clients, ranging from eight to, in one temporary situation, 32 people. This varies by organisation and over time.

It emerged that clients can fall into two categories: those who require a high level of support and those who require a minimum level of support. The former category is more likely to be in a crisis situation and to be at an earlier stage of engagement with T2WB. The latter category is more likely to have already received more intensive support from T2WB, but deemed to require ongoing support, ranging from regular therapeutic support meetings to more limited contact such as phone calls and/or occasional meetings.

It was noted that the amount of time and support varied by client, with some requiring intensive levels of support. Enabling clients to become independent and fully linked into mainstream services takes time. This is largely due to the barriers described in the previous chapter. Moreover, due to what are often traumatic past experiences, clients can continue feeling vulnerable and in need of ongoing support from T2WB – their mental health status might still be an issue for concern. Supporting clients to reach good mental health was described as an often slow process. It was felt that it is both feasible and sensitive to the needs of clients to allow a limited and monitored level of ongoing contact after key goals had been addressed.

6.2 Improving referral pathways and aiding recovery

In regard to improving pathways to mainstream mental health services, much of this work related to overcoming some of the barriers explored in Chapter 5. Specifically, T2WB staff members aimed to overcome barriers around information and understanding, and low trust in such services. Where possible, the focus was on helping clients to help themselves – to facilitate their future, independent engagement with mainstream services. This aspect of the work of T2WB extended beyond improving referral pathways to mainstream services – it was also about enabling clients to continue accessing the relevant service as long as was required.

Overcoming communication barriers

Chapter 5 highlighted information and communication barriers to accessing mainstream health services for T2WB clients. One of these was the issue of literacy and the related low awareness or sensitivity of this issue that could be encountered in dealing with mainstream services. Clients described how this barrier could be particularly challenging when their mental health was suffering:

> I can't fill in forms, big forms, I wouldn't know what to put in them. And then that's where you would put them to one side, your head gets confused and you're like, 'I cannot do anything. I can't be bothered'. T2WB client

In addressing such barriers, T2WB staff members played an important 'translation' or 'bridging' role; during this process, certain barriers and communication difficulties were identified and worked through; as one T2WB staff member put it, 'it's about walking over the bridge with them'. Almost all clients described how their T2WB staff member provided an important advocacy role for them, mostly with a view to improving their access to a wide range of health and social services. Sometimes this was about following up with service providers to advocate their case, or even accompanying a client to a meeting with a service provider, or often it simply

involved dealing with and explaining formal, bureaucratic processes and associated paperwork:

> *That's causing a lot of stress on the mother because she feels as if she is just jumping to the beat of the HSE, but they have different rhythms and different departments.* T2WB staff member

T2WB staff members also overcame communication barriers faced by external service providers. As one external contact noted, 'sometimes we miss the nuances' – in such cases, T2WB can help fill in information gaps that help external service providers gain a fuller, more informed picture of a client's situation and needs, both because of the trustful relationship developed between them and the client and also because of their expertise in Traveller culture. Comments included:

> *The Traveller organisation support is very helpful. … Sometimes we end up meeting around the table. … This is helpful even from the point of view of information gathering, when they know something we don't.* External service provider

> *[The T2WB staff member] came into that case and she was very good, very understanding. [They] could see it from both sides, being a social worker and working in a Traveller organisation.* External service provider

Towards a joined-up approach

Many external service providers described how, in dealing with complex cases, a close working relationship had developed between them and the local T2WB staff member. For example, one described how they and the local T2WB staff member worked together to help a client with a diagnosed mental health condition take responsibility for his own mental health by taking his medication, identifying warning signs and by contacting services should he feel he needed help, 'so we catch it before he becomes really unwell'. Similarly, another external service provider described how, through the coordinated efforts of their own agency and those of T2WB, a real outcome was achieved for a client with complex needs:

> *We were aiming to pull together a safety net around this person. Because moves to the community in the past have been pretty disastrous for this person. … Through the whole process, we definitely think she's become more resilient.* External service provider

Some external service providers also noted that, in terms of access to other needed services, a joined-up approach, involving the two agencies, had a better chance of success. For example, one service provider described a case where both his community mental health service and T2WB were limited in their efforts to support a client by his substandard accommodation. In such a situation, they would make a joint application to the relevant authority on behalf of the client:

> *We would write a letter of recommendation [to the local authority] and we would ask [T2WB staff member] to write one as well and we would send them in together. … That's more likely to have an outcome. That then can make a big difference to a person's mental health, reducing the life stressors he has to live with. You've two agencies on board.* External service provider

Another service provider strongly felt that T2WB 'dove-tailed' very well with the psychotherapy she provided. They described being impressed by how well prepared

for psychotherapy T2WB clients were by the time the T2WB staff member linked them into this service. This was attributed to the preparatory work of T2WB and by the strong trust that had been established between the client and the T2WB staff member before the client was linked into the psychotherapist.

Building up trust in mainstream mental health services

T2WB staff members worked to build up clients' trust in mainstream mental health services. For example, in linking a client in with a counsellor or psychotherapist from a mainstream service, the T2WB staff member might attend an initial meeting between the counsellor and the client and, if preferred by the client, even attend initial counselling sessions. The T2WB staff member might also help facilitate the client's family members to attend sessions, if deemed useful by the client and their therapist.

One HSE social worker cited Open Dialogue (a form of family therapy) as a working example of how T2WB had facilitated relations between their service and Traveller clients:

> *T2WB played a valuable role linking into the HSE's Open Dialogue – it strengthened this project to have different viewpoints. [The T2WB staff member's] contribution was … pivotal in the equal approach taken, reflecting back observations but not coming with solutions – empowering the family.* External service provider

Another way in which trust in a therapist may be facilitated is by enabling therapy sessions to take place in a private room in the Traveller organisation, rather than in the therapist's offices.

In other cases, clients might feel encouraged to engage in external services simply because it was suggested by the T2WB staff member – an indication of the strength of the trust in their relationship. For example, one client described how it was through her T2WB staff member's encouragement that she finally agreed to linking in with social services, a decision she has had reason to be glad of:

> *[The T2WB staff member] said, 'Look, we'll get in contact [with social services]'. I said, 'I can't', you know? And [T2WB staff member] said, 'Look, I have worked with the social workers for my training before'. … I said, 'But the first thing that they're going to do is they are going to take the children'. She said, 'They won't take the children because they are in a good home'. [The T2WB staff member] convinced me, and I haven't looked back.* T2WB client

As one external service provider pointed out, trust in mainstream services can also develop in other Travellers, simply by virtue of witnessing the positive outcomes of T2WB clients who are supported to engage with them:

> *For a Traveller to go to a GP and admit things aren't going well takes huge courage. And sometimes the trust isn't there. So that's the trouble. If [T2WB] are involved with one person and others see the benefit of it, they might ask how they can get help for someone else.* External service provider

Hands-on support

The practical example cited above of giving clients lifts to appointments is one example of how flexible, hands-on support provided by T2WB can play an important

role in improving their access to services. This was particularly important to clients with physical health issues and/or who were faced with a limited public transport service (an issue that could arise in suburban areas of Dublin as well as rural areas). As well as T2WB clients, external service providers also highlighted the value of this aspect of the service. For example, a community mental health nurse noted that because of limitations imposed by indemnity insurance, they could not drive clients to or from appointments. This aspect of T2WB's involvement alone therefore had a significant impact on clients' capacity to engage with the community mental health service:

> *[The T2WB staff member] can call to the halting site, pick up [the client] …, bring him to his appointment to get him his medication and prescription and we can have a chat with him. That makes a huge difference. His physical health is deteriorating, he can't make it there on his own. … It's an absolute asset.* External service provider

Another external service provider described how, in an ongoing plan to move a Traveller client living in residential care back into the community, they relied on the involvement of T2WB, specifically their capacity to provide more hands-on, community-based support:

> *I don't think it would have been possible to make progress without T2WB. … Things we were looking at as part of the transition plan were as basic as having somebody that could build that relationship, to go visit the house where she was going to be living. I don't think we would ever have been able to do that. … I think that would have been a real stumbling block.* External service provider

6.3 Reducing stigma around mental health and suicide

As highlighted in Chapter 5, stigma can represent a serious barrier to accessing mental health services for some Travellers. One of the most obvious ways in which this has been addressed by T2WB is through the one-to-one work with individual clients. Reducing stigma was identified as a natural outcome of the therapeutic support provided to clients; by creating a safe space for clients to discuss their mental health (and sometimes the mental health of a family member), the taboo often associated with mental health issues lessened. This outcome could be described as a secondary outcome of client work, in the sense that this did not tend to be a stated goal in an individual's care plan. It is made possible by many of the features of T2WB described above, such as the flexible, 'less officious' aspect of the service and the trusting relationship that develops between the T2WB staff member and the client. Some clients also noted that while it was often difficult to discuss mental health issues with members of their family and/or immediate community, due to concerns around privacy, it was much easier to broach these subjects with someone from a Traveller organisation, whom they trusted:

> *When you're going through a rough patch … you will talk to someone that will listen, but when it comes to a family member, you won't, you know what I mean? You are stubborn.* T2WB client

In addition to client-based work, stigma attached to mental health issues has also been tackled through events organised by T2WB staff members. These ranged from information events, to mental health workshops, to, in one case, a play on the subject. In many of the examples of this work (summarised below), stigma can be

addressed indirectly – by holding events and workshops, spaces are being opened up in which Travellers can begin to discuss mental health issues in a safe and non-threatening environment. These events also play a useful role in raising awareness about mental health issues.

Wellbeing workshops

Two T2WB staff members have held group-based workshops with Travellers who linked in with their Traveller organisation. This included, but was not limited to, T2WB clients; for example, one T2WB staff member described holding a workshop with members of a Traveller men's health network. These were found to be useful in normalising mental health and related concepts. It was described how the concept of mental health might be initially broached using less taboo words such as 'stress'. A positive approach is taken, with an emphasis on supporting people to take control of their own mental health; as one example, a workshop with Traveller women involved participants identifying '50 ways to take a break'.

Once the topic of mental health has been introduced in this way, it is possible to then move on to exploring more loaded terms such as 'mental health issues of concern' or 'depression'. The emphasis is on normalising such experiences – showing that mental health is a subject relevant to everyone and that everyone at some point in their lives is at risk of experiencing mental health related difficulties:

> *We would talk about stress – everybody has that [so] it's easier than talking about mental health. But then at the end, we'll talk about how when stress isn't addressed it can lead to depression … and that we are all a hair's breadth from that.* T2WB staff member

This work is also about challenging misconceptions or negative assumptions about the subject of mental health. For example, one T2WB staff member discussed her approach in a wellbeing workshop with young men:

> *I would ask, 'What is mental health?' You are going to get all these … negative words – 'madness', 'mental hospital', 'loopy'. … I would write them up on the flip-chart … and then I would say, 'What's poor mental health?' … My next question would be, 'What's a mental illness?' So by that stage, you have totally lost them. And it's great because … by the end of it, you have introduced the idea that mental health can mean having a healthy mind. … Mental health is positive, but then you can have poor mental health or you can have a mental illness.* T2WB staff member

In another example, an event in WCT called 'Horse Talk' targeted men. It aimed to address the topic of horses, specifically legal requirements around horse ownership, a subject of interest to Traveller men. This was also used as an opportunity to address the subject of mental health, in this way seeking to promote understanding of mental health issues and to address stigma around this topic.

Seminar on T2WB

In June 2013, Offaly Traveller Movement (OTM) held the Travelling to Wellbeing Seminar. Attendees (75 in total) included representatives from a wide range of Traveller organisations, other voluntary organisations and the HSE, as well as individual Travellers. The aim of the one-day event was to explore the theme of

mental health and Travellers, while also raising awareness about Travelling to Wellbeing.

Participating in local mental health initiatives

T2WB staff members also described their participation in local mental health initiatives that were aimed at the general public. These included Offaly Mental Health Talk Week (43 attendees), local projects organised for World Suicide Prevention Day (92 attendees) and the West Cork Mental Health Forum. The potential outcomes of such work include raising awareness among Travellers, service providers and the general public regarding Travellers' experience of mental issues and accessing services.

As one example, the West Cork Traveller Centre took part in the West Cork Wellness Week in October. The organisation's office base was opened to the public and a music therapy event was held.

Addressing mental health through art and drama

A performance of the play 'Magpies on the Pylon' by Traveller playwright Michael Collins was organised in May 2014 in West Cork Travellers. Both local mental health service providers and Travellers were invited to attend. This play, which addresses the theme of suicide in the Traveller community, was followed by a discussion on mental health involving mental health service providers and members of the Travelling community.

The T2WB staff member in the West Cork Traveller Centre has also used her professional training to use art therapy during wellbeing workshops with Travellers accessing the centre.

6.4 Local variations

The flexibility of the T2WB model is reflected in certain local variations that have occurred. Before considering local differences, it is important to emphasise that the commonalities were much stronger than differences – all of the key factors of T2WB such as developing trustful relationships with clients and taking a holistic, person-centred approach were evident in all three sites.

Some differences reflect the varying capacities and emphases of the three Traveller organisations involved. For example, in OTM and WCT, a strong working relationship had grown with the T2WB staff member and the organisation's community development workers (who focus on accommodation issues) and primary healthcare team. Primary healthcare teams described how they benefited from the added support of the T2WB staff member, particularly their professional expertise.

> *It's meant that you have someone with those professional skills who is able to work with someone at that really deep level. None of us can have training in that kind of thing, it's more community-based. … Having a service that is embedded in this organisation. … I think it has changed how the whole team works really. Primary healthcare team member*

Primary healthcare team members also described how they could work together with the T2WB staff member in referring someone to T2WB:

> *It's not that somebody has to say, 'I have a mental health problem and I would like to talk to the mental health worker please'." … If a worker gets a sense of something … [the T2WB staff member] can talk them through the referral. … [The] approach has been so versatile and flexible, Travellers are accessing [T2WB staff member], and part of that is because of being linked in to the rest of the team.* Primary healthcare team member

Exchange House Ireland does not have a primary healthcare team, but in this case, the T2WB staff member could avail of the training and education programmes run by Exchange House Ireland, where appropriate offering clients (or family members) the opportunity to access training courses and other opportunities relevant to them:

> *The possibility of being able to engage a young person in education takes away stress for the mother who might be struggling with mental ill health by knowing that one of her big worries is her child, who mightn't be engaged in an activity. But now they are engaged in education.* T2WB staff member

Exchange House Ireland is also a larger organisation than OTM and WCT. The T2WB staff member is based within the organisation's family support services section, which also includes; two generic social workers, four family support workers, two addiction counsellors and a family support services manager. This may be the reason why referrals for T2WB were sometimes made to Exchange House Ireland by external service providers, whereas in the other locations, referrals tended to be made by word of mouth or through the primary healthcare team. It may also explain why in OTM and WCT, the work of T2WB encompassed awareness-raising initiatives such as the play performance in WCT and the seminar in OTM, whereas in Exchange House Ireland the focus remained on client-based work and, to a lesser extent, raising awareness of T2WB among mainstream services. In a larger organisation, such as Exchange House Ireland, specific roles tend to be more delineated than they are in smaller organisations – awareness raising work may be seen to be the remit of a separate department.

Interestingly, while two of the T2WB staff members are mental health social workers and one is a family support worker with expertise in art therapy, no significant difference emerged across workers regarding the nature of the care plan-based, individual work with T2WB clients. The art therapist successfully used techniques from art therapy in workshops with Traveller women, but this work related more to the general aim of addressing stigma than it did to client work. For all three workers, their role could be defined by providing a person-centred, holistic service that involved clinical expertise and support but that did not draw the line when it came to more practical, or less formal support when the benefit to the client was clear.

The local variations highlighted here illustrate how T2WB staff members maximise features of their Traveller organisation, their local community and their own professional expertise in performing their role. This is another example of the flexible and innovative nature of the service.

6.5 Summary

This chapter highlights the uniqueness of T2WB, in its provision of a clinical service within a community development context. The findings presented here clearly show that, in doing so, T2WB fills an important gap in service provision for Travellers

experiencing mental health difficulties, overcoming many of the barriers faced by mainstream services in meeting the needs of Travellers.

As a formative evaluation, this study is also concerned with identifying learning that has arisen over the project's initial two years. One issue that emerged was the way in which some of the very strengths of the project can also present as potential areas of weakness, without the necessary supports and structures. This particularly relates to the tight balance walked by T2WB staff members in terms of providing a clinical service while also maintaining a less formal, supportive relationship in a flexible service. The next chapter addresses such issues, by exploring learning that has arisen thus far and issues relating to the future sustainability of T2WB.

Part V: Success factors of Travelling to Wellbeing

7. Success factors of the T2WB model

Key findings

This chapter presents the following success factors of the T2WB model:

- Involvement of well-established Traveller organisations, which enabled the T2WB model to achieve a strong buy-in from Travellers;
- capacity to address a multiplicity of issues presented by clients;
- operating within a relatively low-cost model;
- evidence-based approach, drawing from established good practice in both fields of clinical mental health care and community development;
- mental health professional qualifications of its staff;
- provision of structured clinical support and external supervision within the context of a well-established community development setting;
- being based across three Traveller organisations, which provides a robust basis for ongoing learning; and
- facilitation of meaningful referrals to mainstream services.

T2WB's impact on its clients has been overwhelmingly positive. Clients, T2WB staff and Traveller primary healthcare teams all painted a strong picture, both of the barriers and difficulties Travellers can face in their lives and in terms of accessing mainstream services, and of how T2WB has successfully addressed these barriers.

This chapter draws from the qualitative findings of this study, as presented throughout this report, to highlight a range of key success factors of T2WB.

7.1 Well-established Traveller organisations

All three Traveller organisations participating in the pilot phase of Travelling to Wellbeing are very well-established organisations, with histories ranging from 20 to 35 years. As such, they have a strong level of credibility among local Traveller organisations – both the organisations themselves and their work with Travellers. Feedback from T2WB clients highlighted that this was centrally related to the high level of trust in the organisation. Moreover, it also played a key role in 'buy-in' being achieved for the Travelling to Wellbeing model – Travellers were enabled to take the first step to engage in this clinical, mental health service precisely because it was located within a trusted, well-known Traveller organisation. In a sense, this feature represents the crux of the success of this model: a mental health service that represents clinical best practice, but one which overcomes many of the typical barriers faced by Travellers in accessing clinical services within more mainstream settings. Such barriers (highlighted in Chapter 3) include a perceived lack of appreciation and understanding of Traveller culture among some mainstream providers; the perception that some mainstream providers were uncaring; lack of continuity of care; discrimination; long waiting lists and bureaucratic processes that limit flexibility; and the absence of a joined-up approach across different service providers.

7.2 Capacity to deal with multiplicity of issues presented by clients

T2WB takes a highly person-centred approach, providing a holistic range of supports to clients, and one that is guided by the needs of the individual client. It has been essential to the success of T2WB that it does not limit itself to formal therapeutic support (although this is an essential aspect), but rather provides a more holistic, broad-ranging service. This can mean dealing with non-mental health issues first, which can lead to an improvement in mental health, as well as reinforcing trust in the service. This approach gave clients the sense that they were supported in their life in general, which has a strong, positive impact on their mental wellbeing. In this sense, the model is partly about 'unpacking' the issues surrounding the mental health needs of its clients – addressing issues such as accommodation, often through liaison with colleagues – so that they can then move on to work with clients regarding their mental health concerns.

T2WB staff members used their (ongoing) assessment of a client's needs in determining the amount of time and resources to allocate to them. This enables them to respond fully to clients facing a crisis situation, while also allowing T2WB to extend its support to family members (which can lead to the service reaching particularly vulnerable individuals). This, in turn, is one of the many ways in which T2WB clients develop a high level of trust in the service.

7.3 A value for money model

The benefits in terms of the mental health of clients of T2WB presented throughout this report show that T2WB has resulted in clear, positive outcomes for clients. These outcomes relate to better uptake of mainstream mental healthcare and other forms of healthcare, coordination of liaison with mainstream service providers, progress in terms of dealing with mental health conditions, as well as other outcomes regarding family relationships, housing status and even education and training. All of this, alongside the positive impact of the trusting relationship that develops between the T2WB staff member and client, has clear results in terms of the mental health status of T2WB clients. In addition, the work of T2WB in addressing stigma associated with mental health issues in the Traveller community has the capacity to make a real impact on this issue, which in turn may effectively target some of the barriers to accessing mainstream mental health services.

The psychological costs of not addressing such serious needs, both for the individual concerned and family dependents or other family members, are plain to see. And while the qualitative and formative nature of this evaluation does not allow an empirical cost–benefit analysis of Travelling to Wellbeing – one that measures the monetary cost of the initiative against the cost to the Exchequer had clients not been able to avail of the service – there are strong indications that it represents value for money. It is clear that prior to their engagement with T2WB, many clients were facing a crisis situation that was likely to worsen. People commonly found themselves facing the threat of homelessness, of their children being taken into care, of social isolation and of a worsening mental health status – issues that place individuals at higher risk of needing emergency services and/or in-hospital treatment, the high monetary costs of which are well known.

7.4 An evidence-based approach

The review of literature highlighted many aspects of good practice in providing a culturally-competent clinical and therapeutic service to Travellers. This includes:

- a culturally-competent recovery-based approach that takes a holistic approach, taking into account the impact of contextual factors such as housing, life events and discrimination;
- a collectivist approach that is open to working with families as well as individuals and that acknowledges internal support structures within the Traveller community;
- an approach that recognises the value of 'relieving the symptoms' of mental health issues;
- a specialist, dedicated approach that involves service providers with expertise and understanding of Traveller culture, which has been shown leads to better service engagement, greater trust in the service, and a more accurate needs assessment process; and
- an approach that values and seeks to increase joined-up working, both across relevant agencies and between the client and service providers.

The findings of this study show that T2WB involves all of these features. In addition, one of its essential and defining features is that it provides a clinical mental health service, which is grounded in evidence-based best practice. T2WB takes a recovery-based approach in its therapeutic work with clients, drawing from evidence-based models such as the WRAP model and Recovery Star. Feedback from clients who benefitted from this recovery-based approach shows that it can play an important role in recovery. During the course of the pilot, OTM have worked to develop a culturally-competent recovery model for Travellers, a step that highlights the potential of T2WB to continue to evolve and improve in its provision of an evidence-based model of support.

T2WB is a clinical service, provided within a community development context. By drawing from best practice in both fields, it provides a unique mental health service to Travellers.

7.5 Professional qualifications of staff

Each of the three T2WB staff members providing the service has different therapeutic, professional backgrounds: two are social workers and one is a family support worker and art therapist. Their respective professional backgrounds enable them to engage therapeutically with clients using a recovery-based approach, which involves developing individualised care plans. Having a mental health qualification also facilitates liaison with mainstream health service providers; external services providers interviewed for this study in particular highlighted the importance of this feature.

While some local variations emerged, this had no significant bearing on the quality of the service. This brings to mind the finding of Lambert and Barley (2001) in the field of psychotherapy research on how person-centered facilitative conditions (such as empathy, warmth, congruence) and the therapeutic relationship that develops between a therapist and a client have a much stronger impact on client outcomes

than therapeutic approach (Lambert and Barley, 2001). It also reflects the fact that clinical work is only one aspect of the role of the T2WB staff member.

Interestingly the stigma that was usually associated with the role of social worker was not an issue for any of the client interviewees in Exchange House Ireland and OTM. This is another reflection of the trust that develops between T2WB staff members and their clients, which is grounded in the trusting relationship that already exists between Travellers and the Traveller organisations.

T2WB staff members' professional qualifications and experience also equipped them with the skills and knowledge necessary to develop a trustful relationship with Traveller clients – a feature of the model whose importance cannot be overstated. Specifically, this relates to staff members' capacity and willingness to demonstrate awareness and understanding of Traveller culture and to be non-judgemental and approachable in liaising with the Traveller community.

7.6 Structured clinical support and external supervision

The importance of clinical supervision was highlighted by T2WB staff members, Steering Group members, as well as mainstream service providers. This is recognised as good practice in the field of mental health services, and was seen to play an important role in helping T2WB staff members deal with the various challenges of their role, particularly in the context of their non-clinical working environment. One common theme that emerged regarding clinical supervision was that of maintaining boundaries and workloads. This can be particularly difficult in a model such as T2WB, where workers provide a clinical service within a holistic model that can also entail less formal engagement with clients and that is provided within a community development context.

Each T2WB staff member accesses clinical supervision on a regular basis. Initially, clinical supervision was provided through Exchange House Ireland offices but in mid-2014, local clinical supervisors were recruited to this role in each of the three sites, a system that has been found to work well.

7.7 Three settings, one service

The importance of the involvement of well-established Traveller organisations in achieving buy-in from Travellers has already been highlighted. The fact that three Traveller organisations participated brought another benefit; it contributed to the robustness of this pilot model. More specifically, the model enables learning and innovative practice to emerge at local level and inform the model's ongoing development.

7.8 Facilitating meaningful referrals to mainstream services

This important aspect of the work of T2WB extended beyond improving referral pathways to mainstream services – it was also about advocating for clients and enabling them to continue accessing the relevant service as long as was required. In addressing barriers such as those relating to information and communication, T2WB staff members played an important 'translation' or 'bridging' role. This role applied to external service providers as much as it did to clients; T2WB staff members' expertise in Traveller culture often enabled them to help external service providers gain a fuller, more informed picture of a client's situation and needs.

T2WB can also facilitate a joined-up working approach to develop between themselves and mainstream service providers. Many external service providers described how, in dealing with complex cases, a close working relationship had developed between them and the local T2WB staff member.

T2WB can also improve mainstream referral pathways for clients by building up the level of 'buy-in' among clients for mainstream services. This might involve attending meetings between the client and service provider, for example, or providing a neutral space to meet a counsellor, or simply by encouraging their clients to attend mainstream services.

Finally, hands-on support provided by T2WB can play an important role in improving clients' access to mainstream services. For example, driving clients to and from initial appointments can be particularly important for clients with physical health issues and/or who are dependent on a limited public transport service.

7.9 Summary

While chapter 6 explored T2WB in action, this chapter drew from those findings to present the key success factors of the T2WB model. The next part of the report moves on to consider factors that will be critical to its future sustainability, as well as challenges to sustainability. This is followed by a conclusion and detailed recommendations regarding the future of T2WB.

Part VI: Towards the future

8. Sustainability and future development

Key findings

- It is essential to the future sustainability of T2WB that participating Traveller organisations have established a good level of trust and credibility among their local Traveller population and, moreover, that they are adequately resourced, with staff that can provide the support needed to enable a T2WB staff member to fulfil their role.
- Continuity was identified as a key deciding factor in the future sustainability of T2WB, both in relation to its management and T2WB staff members. The importance of adequate supports for T2WB staff members was stressed, such as through clinical supervision and opportunities for support from colleagues.
- Growing awareness of T2WB highlights a possible future challenge around managing demand within the constraints of limited capacity. A tension emerged between the growing awareness of and subsequent demand for T2WB and the initiative's limited resources.
- Particularly vulnerable clients of T2WB can become at risk of growing overly-dependent on the service. It is important for the sustainability of the service that this issue is effectively addressed, but again, such efforts must involve sensitivity; for some, facilitating use of mainstream services may be a slow process.
- It emerged that some mainstream service providers may interpret T2WB as a reason for them to reduce the support they provided to Traveller clients. This view was presented by some external service providers, justified by the belief that T2WB (and the related supports provided by the Traveller organisation in question) provided adequate resources to Travellers.
- T2WB staff members can be a useful referral pathway for mainstream healthcare providers but this needs to be formally identified on referral pathways such as those used by HSE service providers.
- It was suggested that T2WB staff members might benefit from continued professional development; such as training on the Mental Health Act and child safety legislation.
- Future sustainability of T2WB will require evaluation tools to be built into the model, in order for it to both monitor outcomes and to identify and benefit from emerging good practice.

This chapter explores the theme of sustainability. On this topic, interviewees highlighted that continuity will be a key deciding factor in the future sustainability of T2WB, a point that relates to T2WB staff members and the ongoing management structure for T2WB. It was emphasised the ongoing success of T2WB should not be integral to any one individual or group of individuals:

> *My big bugbear is in focusing on this becoming sustainable. … I have personal numbers of people and I know the best person to ring in social services, who will listen now – they trust me, they will take the call. … But if I go tomorrow, that's all lost.* T2WB staff member

More specifically, this chapter considers various factors relating to the sustainability and future development of T2WB – support for T2WB staff members, the ongoing challenge of balancing capacity against resources, avoiding client dependence and the need to ensure the continued, active engagement of mainstream services with T2WB clients. Throughout, key lessons for the future sustainability of T2WB are highlighted.

8.1 Structures and settings

Well-established, resourced Traveller organisations

This point has already been highlighted as a particularly important success factor for the T2WB model. For that reason, it is essential to the future sustainability of T2WB that the service is placed within a Traveller organisation that has established a good level of trust and credibility among its local Traveller population and, moreover, that it is adequately resourced, with staff that can provide the support needed to enable a T2WB staff member to fulfil their role. This means having staff specialising in relevant fields such as health and accommodation.

> **Lesson for future sustainability:** Participating Traveller organisations must be well-established and have a high level of credibility among the local Traveller population.

Supporting T2WB staff members

As the previous chapters have highlighted, the role of T2WB staff member can be challenging and multi-faceted. It can encompass therapeutic work with clients, tackling stigma associated with mental health among Travellers, liaising with external service providers, and raising awareness of T2WB. It is also in many ways untypical, not least because it involves a mental health professional working within a community development context. Interviewees stressed that adequate supports for T2WB staff members are therefore essential, to the initiative's continuity, the wellbeing of workers, and to ensuring that it maintains its level of service provision. In this regard, some areas for possible future development emerged.

- ***Working in a non-clinical environment***

As highlighted in the previous chapter, T2WB benefits from the within-organisation support and liaison that occurred between T2WB staff members and other staff, be they family support workers, accommodation officers or a primary healthcare team. However, the unusualness of a mental health professional being based in a non-clinical environment was also highlighted. The importance of having the appropriate procedures and policies in place (such as relating to protection of confidentiality) was noted.

One T2WB staff member noted that while they did sometimes link in with different multidisciplinary teams, they missed having one multidisciplinary team to link in with, across all clients. For them, T2WB would be enhanced if this was a built-in support for the T2WB model.

- ***Importance of clinical supervision***

The importance of clinical supervision was highlighted by T2WB staff members, Steering Group members, as well as mainstream service providers. This was seen to

play an important role in helping T2WB staff members deal with the various challenges of their role, particularly in the context of their non-clinical working environment. While colleagues in the Traveller organisations provide T2WB staff with valuable professional support, clinical supervision emerged as necessary in order to ensure that T2WB staff could fulfilling the clinical aspect of their role. One common theme that emerged regarding clinical supervision was that of maintaining boundaries and workloads. This can be particularly difficult in a model such as T2WB, where workers provide a clinical service within a holistic model that can also entail less formal engagement with clients.

Each T2WB staff member accesses clinical supervision on a regular basis. Initially, clinical supervision was provided through Exchange House Ireland offices but in mid-2014, local clinical supervisors were recruited to this role in each of the three sites. This system has been found to work well.

- ***Opportunities to share learning***

Meetings are held regularly between the three T2WB staff members. These meetings provide an ideal opportunity for collegial support between T2WB staff members and to share learning that has arisen locally. While they were seen as an important resource, it emerged that they may benefit from the development of clear terms of reference, which acknowledge their role in sharing local learning.

- ***Ongoing training for T2WB staff members***

External service providers made some suggestions around how T2WB staff members might benefit from continuing professional development. Specifically, a community mental health officer suggested that T2WB could benefit from attending training on the Mental Health Act. This addresses the temporary involuntary hospitalisation of an individual in cases where their mental health status poses a risk to themselves or to others. In such relatively rare instances, it was felt that T2WB staff members' capacity to support clients and their families might be improved. This legislation operates within very specific timeframes; for example, the individual concerned must see a doctor within 48 hours in order for an application for involuntary hospitalisation to be valid, and the application form itself is a legal document so must be completed according to very specific guidelines. A mainstream mental health worker such as a community mental health worker is legally not allowed to complete such as form, or to act as an 'authorised officer' for this purpose. This form must be completed by a family member or an 'authorised officer'. In some instances, it may not be possible for a family member to complete this form – literacy issues may prevent them, or the individual in question may be socially isolated from their family. In such instances, it might be useful if the T2WB staff member is an 'authorised officer' and thus enabled to apply for involuntary hospitalisation of an individual.

Obviously, acting in this capacity is something that would have to be tackled with great caution and sensitivity. In order to avoid damaging the trust that exists between a T2WB staff member and the Traveller community, it could only be used when it is absolutely necessary – when there is a real risk of the client self-harming or harming others – and when their family and other members of the community are made aware of why it is happening and the limitations of the legislation (for example, that the period of hospitalisation cannot extend 21 days).

It was also suggested that T2WB staff members might benefit from ongoing training in legislation around child safety.

> **Lesson for future sustainability:** Adequate clinical and other relevant professional support structures (including training opportunities) must be in place for T2WB staff.

8.2 Challenges to future sustainability

This section considers a number of potential challenges to the future sustainability of T2WB that emerged during the research: that of balancing capacity against resources; client dependence on T2WB; and some mainstream services possibly reducing their resources allocation to Traveller clients.

Balancing capacity against resources

A key learning point for T2WB centres around the related issues of capacity and sustainability, and the need to impose limits on its remit. T2WB staff members are inevitably limited in the amount of work they can take on, and each organisation will have its own strengths and limitations. Interviewees anticipated that this tension around capacity will increase, as word continues to spread about T2WB and demand rises. In order to ensure that the service maintains its therapeutic, clinical focus and high standard of care, without resulting in over-demand being placed on the T2WB staff member, it is likely that future requests to access the service may have to be turned down, or placed on a waiting list. Yet such steps risk threatening certain key success factors of T2WB: the trust it has established among clients and the Traveller community more generally; and its holistic, flexible nature which has led clients to see it as a service that responds to their individual needs, however they arise. As one T2WB staff member noted:

> *Travellers experience such rejection and discrimination. … If we start turning Travellers away, where do they do? I often hear them saying, 'Without you, where would we go?' They have no link person. They can come to me over one issue or a hundred issues.* T2WB staff member

Clients also shared their concerns over T2WB's future, particularly in relation to its capacity to meet future demand, as did members of the primary healthcare teams who perceived a need for more resources for T2WB. Steering Group members echoed such concerns, highlighting the importance of flexibility in terms of the number of clients taken on by T2WB, while also sharing some concern over the demands placed on T2WB staff members. As noted in an earlier chapter, the caseload of the T2WB staff members has varied quite significantly over the past two years, as has the level of need presenting at any point in time. And the number of clients of a T2WB staff member is not the only factor that impacts on the resources of T2WB; the level of need of each presenting client is also relevant. As one example, when a family linking in with T2WB experienced a traumatic bereavement, as they were not engaged with mainstream services, a significant burden of care fell on the T2WB staff member to support them, in terms of practical matters as well as their emotional needs. This example highlights that T2WB is engaging with people who can be very vulnerable and very disengaged from mainstream services. In such situations, it is the very strengths of T2WB that can put the wellbeing of the T2WB staff member at risk – its holistic, informal aspects, its willingness to provide practical as well as emotional support.

Lesson for future sustainability: In balancing demand against a limited capacity, T2WB must take measures to ensure that it does not become overstretched and that the wellbeing of T2WB staff is protected.

Avoiding client dependence

Some (though by no means all) T2WB clients felt they were particularly dependent on T2WB for their wellbeing. These clients could all be described as being particularly vulnerable, having recently been through a distressing life experience, such as a bereavement or loss of housing. Among them, there was a clear reluctance to engage with other service providers, particularly regarding their mental health. This occurred across the three sites.

One woman, who had recently been made homeless, described how she refused her T2WB staff member's suggestion to engage with a counsellor, because she felt that developing trust with and opening up to one person (her T2WB staff member) had been challenging enough; she did not want to face going through that with a stranger:

> *[My T2WB staff member] did ask me to see a counsellor at one stage. … And I said no. I said, 'I don't think I would be able to do all that again, to open up to someone'. Because it's hard to open up to someone … when you are going through a rough stage in life. With [T2WB staff member] I trusted them.*
>
> T2WB client

In another case, a client, who had recently experienced a bereavement and was being supported through that with her T2WB staff member asserted that she would be disinclined to even engage with others from the local Traveller organisation:

> *If I had a problem and I went into [Traveller organisation], if [T2WB staff member] wasn't there, I would just turn around and close the door and walk away.* T2WB client

The risk of over-dependence also emerged in the suggestion that the service could usefully be extended to outside of office hours – at evening time and over weekends:

> *Because that's when I really needed it. … That's when I need more support. I know there's other supports out there but I can't trust them, I would prefer [T2WB staff member]. … I would just rather stick with the one person and not kind of jump in back and forward [from other organisations]. T2WB client*

This tendency is understandable, given the barriers to trusting mainstream service providers explored in previous chapters, and the vulnerable circumstances of these clients. Engaging in any service requires trust, and in such cases the development of trust can be particularly fraught and fragile. Thus, addressing this issue can be a slow process, requiring sensitivity and time. As a Steering Group member noted,

> *It's a slow, slow process. You're dealing with something that's very serious. It's not to be taken lightly. If it's to develop, that needs to happen carefully.* Steering Group Member

Nonetheless, without active engagement with mainstream services, there may be a risk of the service becoming isolated from other services, and even of other services reducing their resources to responding to the needs of T2WB clients.

> **Lesson for future sustainability:** The T2WB model must continue to proactively engage with mainstream health and social service providers, and to support clients to link in with mainstream services.

Mainstream services passing the buck?

A minority of external healthcare service providers shared a perception that the Traveller organisations operating T2WB are better resourced to meet the often complex needs of T2WB clients. The reality is somewhat different – a 'dramatic disinvestment by the state in the Traveller community' has left Traveller organisations struggling to survive, as highlighted in the recent report 'Travelling with Austerity (Harvey, 2013). According to this report, 'These figures tell an egregious story of an extraordinary level of disinvestment by the Irish state in the Traveller community. One can think of no other section of the community which has suffered such a high level of withdrawal of funding and human resources'.

Yet some service providers were unaware of these developments. Speaking in the context of statutory services and years of reduced budgets during the economic recession, they shared a perception that Traveller organisations were relatively well-resourced, which led them to reducing the amount of time they devoted to some of their Traveller clients who were also linked into T2WB. This worrying development is illustrated in this comment from a service provider who, on highlighting their six month waiting list, noted:

> *[Traveller organisation] have such a massive support network there, they don't need us. I would feel the Travellers are looking after the Travellers and we're only here for emergencies. … Compared to what we have, they've held onto their funding. [The T2WB staff member] has freed me up so much.* External service provider

One T2WB client also shared their own perceptions that some mainstream service providers shifted the onus for delivering certain services onto their T2WB staff member:

> *I brought [T2WB staff member] in to these meetings [with child's school]. [T2WB staff member] is doing most of the work. … The schools and the nurse and the social workers, even though they are outside… they should be doing half of the stuff that [T2WB staff member] is doing.* T2WB client

The extent to which this trend is occurring is unknown; however, the fact that it has emerged at all gives cause for consideration.

> **Lesson for future sustainability:** Mainstream services should be informed of the reduced resources made available to Traveller organisations in recent years and the importance of Travellers having equitable access to mainstream services.

8.3 Formalising relations with mainstream service providers

In Chapter 6, it was highlighted that T2WB staff members can improve communications between service providers and Traveller clients. This tended to occur as a natural outcome of responding to a client's needs; for example, through meetings, letters or less formal communications.

External service providers suggested that the value of the work of T2WB in facilitating relationships between Traveller clients and mainstream services needs to be acknowledged on a more formal basis. One service provider suggested for example that bi-annual meetings be held with T2WB and relevant service providers, so as to open up a space for both clients and service providers to develop new ideas and ways of moving forward, both regarding specific clients and, more generally, to develop ideas in how services might be made more available to clients.

Identifying T2WB as a referral pathway option

As noted previously, in most cases T2WB clients are referred to the service in an informal way, usually through word of mouth. However, in Exchange House Ireland referrals were sometimes made by mainstream health and social services and it was observed that as awareness of T2WB increases, this referral pathway may grow in importance, across all sites. A potential barrier to this is the fact that a T2WB staff member may not be an identified referral option on documented referral pathways for HSE services for example:

> *I still have to refer through the HSE social workers. There isn't a governance structure in place. There's a referral pathway I have to follow with the HSE and [T2WB staff member] doesn't come into that. T2WB needs to an identified option on referral pathways for mainstream service providers.* External service provider

> **Lesson for future sustainability:** The formal identification of T2WB on the referral pathways of mainstream service providers would help improve links between T2WB clients and mainstream services.

8.4 Ongoing evaluation

T2WB is a new and unique model. As such, it continues to adapt and improve over time. This formative evaluation has sought to highlight the qualitative learning from the model thus far. Future sustainability of T2WB will require more formalised, built-in evaluation tools to the model, in order for it to both monitor outcomes and to identify and benefit from emerging good practice.

> **Lesson for future sustainability:** The development of an evaluation tool for T2WB would enable the service to monitor outcomes and identify emerging good practice on an ongoing basis – essential features for its future sustainability.

8.5 Summary

This chapter has highlighted several important factors regarding the future of the T2WB model. Some clear messages emerge from these findings in terms of ensuring its future sustainability.

- Participating Traveller organisations must be well-established and have a high level of credibility among the local Traveller population.
- Adequate clinical and other relevant professional support structures (including training opportunities) must in place for T2WB staff.

- In balancing demand against a limited capacity, T2WB must take measures to ensure that it does not become overstretched and that the wellbeing of T2WB staff is protected.
- The T2WB model must continue to proactively engage with mainstream health and social services, and to support clients to link in with mainstream services.
- Mainstream services should be informed of the reduced resources made available to Traveller organisations in recent years and the importance of Travellers having equitable access to mainstream services.
- The formal identification of T2WB on the referral pathways of mainstream service providers would help improve links between T2WB clients and mainstream services.
- The development of an evaluation tool for T2WB would enable the service to monitor outcomes and identify emerging good practice on an ongoing basis – essential features for its future sustainability.

The next chapter draws from these findings as well as those presented in earlier chapters to make recommendations regarding the future of T2WB.

9. Conclusion and recommendations

A strong body of research literature has shown how external factors such as a history of oppression, poor housing, poverty and discrimination can cause a range of mental health issues among Travellers. These findings are strongly reflected in this study of the Travelling to Wellbeing (T2WB) initiative. Clients and service providers have illuminated how insecure and substandard housing, poor education, a history of disadvantage and discrimination from the wider community impacted negatively on Travellers' mental health. Moreover, the barriers to accessing mainstream services faced by T2WB clients and Travellers generally that emerged from this study also confirm the findings of previous studies. Key factors include stigma associated with mental health conditions and an associated fear of accessing mental health services; information and literacy issues; previous negative encounters with healthcare providers (echoing the 'circles of fear' phenomenon highlighted in a UK study); and a lack of cultural competency among some mainstream service providers. For many T2WB clients, such barriers could make it difficult to trust many mainstream services. While it did emerge that positive, trustful relations can and do develop with mainstream providers, this is not the norm. Other barriers can be just as detrimental – such as not being able to drive (alongside a limited public transport service), unclear understandings of the procedures and limitations of mainstream services, the limited capacity of difference services to respond to a crisis situation and the absence of joined-up working across relevant agencies.

The findings of this research illustrate how the broader, more structural experiences of inequality and disadvantage faced by Travellers not only negatively affect mental health, but also result in the need for a wide-ranging and flexible response from service providers. While clinical care is an essential aspect of this support, a response that is solely focused on addressing mental health conditions through clinical care, for many Travellers, is simply inappropriate.

This study shows that, despite this context of inequality and disadvantage faced by Travellers, T2WB has proven to be an effective model for providing a clinical, therapeutic service to Travellers with mental health difficulties.

Its key success factors are:

- Involvement of well-established Traveller organisations, which enabled the T2WB model to achieve a strong buy-in from Travellers;
- capacity to address a multiplicity of issues presented by clients;
- operating within a relatively low-cost model;
- its evidence-based approach, drawing from established good practice in both fields of clinical mental health care and community development;
- the mental health professional qualifications of its staff;
- its provision of structured clinical support and external supervision within the context of a well-established community development setting;
- being based across three Traveller organisations, which provides a robust basis for ongoing learning; and
- its facilitation of meaningful referrals to mainstream services.

9.2 Avoiding marginalisation from mainstream services

During the pilot stage of T2WB, the risk emerged of T2WB clients becoming more marginalised from mainstream services. This can happen for two reasons. Firstly, there is some evidence that certain mainstream health services may reduce the resources they provide to Traveller clients who are also clients of T2WB, especially in the context of reduced budgets. Secondly, the very strengths of T2WB – its holistic, person-centred nature and the fact that clients have a strong level of trust in the service – may lead to dependency among more vulnerable clients. Bhui (2007) in identifying the value of a specialist, dedicated mental health service such as T2WB for minority ethnic groups also highlighted this risk. Avoiding this in the future is one of the biggest challenges facing T2WB.

9.3 Recommendations

Three recommendations arise from this research:

> **Recommendation 1:** That funding should be provided for T2WB to be continued within the three Traveller organisations involved in its pilot phase – Exchange House Ireland, Offaly Traveller Movement and West Cork Travellers Centre.
>
> **Recommendation 2:** That, pending steps outlined below, the T2WB model should be rolled out to other well-established Traveller organisation settings.
>
> **Recommendation 3:** That in its continuation, T2WB should adhere to the good practice standards also outlined below.

The subsections below provide guidance for the implementation of each of these recommendations.

Recommendation 1: Continued funding for T2WB in the pilot organisations

- The **Steering Group** structure has been appropriate and useful for the pilot process. It is important that the Steering Group's operation continues to be assessed on an ongoing basis against its Memorandum of Agreement.
- Clearly stated and detailed aims and objectives of T2WB will also help ensure that the ethos of the service is adhered to at local level. T2WB is strongly grounded in the World Health Organization's understanding of mental health and social determinants of health.[5] The Steering Group should consider adapting and updating the pilot-stage **aims of T2WB**, so that they reflect the findings of this research, explicitly acknowledge the relevance of these WHO definitions and provide more specific detail on the role of all concerned.

Recommendation 2: Rolling out T2WB to other well-established Traveller organisations

Prior to rolling out T2WB to other settings, the following steps should be taken:

[5] The WHO defines mental health 'as a state of well-being in which every individual realises his or her able to make a contribution to her or his community'. It defines the social determinants of health as 'the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries'.

- An **assessment** should be undertaken of the capacity of local Traveller organisations in Ireland, and their local Traveller population, in order to identify organisations best suited to participation in the T2WB model.
- All **clinical and outcomes tools** used by T2WB staff should be standardised, such as assessment tools, care plans and confidentiality forms. This should be done through a facilitated consultation process with T2WB staff, involving an external facilitator with relevant expertise.

Regarding the rolling out process itself:

- T2WB should be expanded in **incremental stages**, so as to ensure that ongoing learning is absorbed and the initiative can continue to evolve.
- Each participating T2WB organisation should have a high degree of **autonomy and flexibility** in implementing T2WB, so that it may continue to operate in a flexible and innovative way that enables providers to maximise the value of the strengths of the organisation in question and to respond to local need.
- Traveller organisations invited to participate in the T2WB model should have adequate staff resources to enable the T2WB staff member to perform their role.

Recommendation 3: Future adherence of T2WB to good practice standards

A number of steps need to be taken in order to ensure that T2WB continues to adhere to good practice and to be rooted in a strong evidence base.

- ***Documenting the ethos of T2WB***

  A detailed statement on the nature, mission and ethos of T2WB should be developed, which specifies the model's aims, objectives, modus operandi and the **success factors** of the T2WB model identified in chapter seven of this report.

- ***Staff training and support***

  T2WB staff members should adhere to the **principles of good practice** for T2WB framework tool mapping best practice for T2WB staff, which emerged through this research process.

  T2WB staff members should continue to receive adequate **support structures and relevant training opportunities** regarding their work.

  Participating organisations should aim to facilitate T2WB staff members to benefit from the **support of other clinical professionals** who work with Travellers. How this is achieved should depend on the local context – participating organisations should have the autonomy to exercise flexibility and innovation in identifying the best approach for them, For example, for organisations that do not already have clinical staff besides the T2WB staff member, consideration should be made for the establishment of local consortia of health and social care providers. This approach would also further T2WB's work in improving referral pathways for clients and in improving the cultural competence of local mainstream services.

Liaison between T2WB staff members should continue to be facilitated at regular meetings. The role of these meetings should be clarified through terms of reference that acknowledge the importance of sharing learning across the different sites. Consideration should be made of increasing the opportunities for T2WB staff members to meet and share emerging good practice.

If T2WB does expand, consideration should be made of developing an **online platform** where emerging good practice and learning can be shared across T2WB organisations.

Ongoing professional development of T2WB staff members should be incorporated into the service. This could address topics as wide-ranging as: relevant legislation and regulations, such as *Children First* and the Mental Health Acts; managing caseload; and introducing best practice in clinical care regarding topics such as confidentiality and anonymity into a non-clinical environment.

- ***Ongoing evolution and evaluation***

  This is about ensuring that the T2WB model benefits from ongoing learning, while also monitoring outcomes.

  Each organisation should gather **evaluation data** on T2WB. To this end, T2WB should develop a clear and standardised tool for collecting basic demographic and outcomes data on each client, across all participating organisations. In addition, more qualitative, informal feedback from clients should be regularly sought and recorded.

  The **culturally-competent recovery model** for Travellers currently being developed by OTM should be introduced to the other participating organisations, tested by them and then reviewed; this would improve the validity and robustness of the tool and provide an opportunity for sharing learning across the three organisations.

- ***Empowering clients to reach independence***

  In order to avoid client dependence, T2WB staff members should continue to emphasise empowerment and promotion of self-esteem and self-capacity in their work with clients.

  Once clients of T2WB have been supported to address any crisis situation they may be facing on presenting to the service, T2WB staff members should continue to focus on supporting clients to **link in with relevant mainstream services**.

  In **liaising with mainstream mental health services**, T2WB staff should emphasise the role of T2WB in enabling Travellers to avail of mainstream services, the barriers to doing so and the importance of this aspect of the initiative.

As a final note, this study has, perhaps inevitably, highlighted many serious issues experienced by Travellers. These include an inadequate social housing supply, discrimination from the wider community and varying levels of cultural competency

among mainstream health and social service providers. While it is beyond the scope of this study to make recommendations on such complex and long-standing issues, the need for greater resources to be allocated to addressing these issues of concern is clear. T2WB can and has played a valuable role in helping Travellers with mental health difficulties to traverse major obstacles to accessing the support they need and to work towards greater mental wellbeing. But without external factors being addressed, it will always be constrained by the broader inequalities faced by Travellers in Irish society.

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Appendix 1: Research plan following consultation process

Travelling to Wellbeing: Research design

1. The aims of Travelling to Wellbeing

The Travelling to Wellbeing Service (T2WB), through a community development approach, aims to:

- **reduce the stigma** around mental health and suicide in the Traveller community;
- **support individualised culturally appropriate recovery plans** with Travellers experiencing mental health issues and;
- **address inequalities** by working with Travellers and service providers to improve referral pathways and aid recovery. (Invitation to tender document)

2. Grounding meetings

In May, a fruitful 'grounding process' was conducted, whereby I met with each of the three partnership organisations: West Cork Travellers, Offaly Traveller Movement and Exchange House Ireland. Key topics were:

- outcomes of the research study; and
- the research approach and process.

2.1 Research outcomes

Two key points were made regarding the **outcomes** of the research: that it should be **exploratory**, capturing the needs of Travellers regarding mental health and how T2WB has addressed these needs to date; and that it should **enable T2WB to move forward**, by building on those approaches that have emerged to develop a culturally appropriate tool or framework for working with Travellers with mental health issues, which adequately reflects the on-the ground experience of T2WB, across the three sites.

- Exploratory research

At the grounding meetings, important themes for inclusion in the research were discussed. Across the three organisations, it was agreed that it should:

- capture the variation in how T2WB works across organisations and local contexts, and other aspects of its operation (for this reason, the inclusion of case studies, as well as thematic analysis on data from the three sites was seen as a good idea).
- capture the diverse needs, and levels of need, among clients and how this impacts on the dedicated social worker's work and role. For example, the need to deal with issues of immediate concern (e.g. housing) before being able to address mental health.
- explore one specific aspect of T2WB: that it involves a social worker working directly for and with Travellers – how does this address cultural barriers to accessing services?
- show how T2WB has impacted on Travellers – has it met a need, or needs, and if so, how? Could any aspect of it be improved?

- explore how T2WB staff members can play a 'translation' role between Travellers and mainstream services.
- describe T2WB's partnership model (with three different organisations and local settings, and one steering group).
- consider issues of mainstreaming and sustainability for T2WB.

- Moving forward

Through the grounding process it was highlighted that this research study is not only about exploring the characteristics of T2WB (above), but is also about using this information to develop T2WB further. The report/ final output must of practical benefit, using the exploratory findings to identify what exactly a culturally-appropriate response to Traveller mental health entails. This is about developing a framework for engaging with Travellers that is grounded in the work and client-centred ethos of T2WB, that is equally relevant across the three settings, and that is even possibly transferable to other services and settings. Key questions here are:

- What do Travellers want themselves?
- What do they want such a service to look like?
- What is appropriate for Travellers?

- *Research project or evaluation?*

There was agreement that this study involves both a research (exploratory) and a formative evaluative component, formative in that it is about using the research process to further develop and strengthen T2WB.

2.2 The research process

It was agreed that the research approach must be **participatory**, in the sense that both the views, experience, insights of Travellers (clients), as well as service providers, are gathered as a key part of the research. It should also mean that Travellers' experience and views feed directly into the final model that emerges through this pilot project.

> *'It's not a service until Travellers decide what it is.'*

- *Research methods*

The grounding process was very useful in terms of deciding the most appropriate qualitative methods to use.

- It was largely agreed that focus groups would be less appropriate for people using T2WB, due to issues around trust and privacy. **One-to-one interviews**, in the main, will work best, though people should be enabled to choose being interviewed with a friend (who is also accessing T2WB), if preferred.
- It was agreed that interviews should include people with **varying levels of engagement** with T2WB, including those who are aware of the service but who have not engaged with it.
- The research will also include semi-structured interviews with **staff** and/or focus groups where both feasible and appropriate. It should include consultation with members of the **steering group**.
- **Other service providers** in local communities were mentioned in the three sites as being possibly useful to consult with.

- *The timeframe*
  - It was agreed fieldwork will largely take place between July and October, with a break in August due to people being on leave etc.
  - During the meeting with Exchange House Ireland, the point was raised that it might be useful to extend the research process if possible, so that its completion comes closer to the end of the funding period (January 2016). (The original timeframe was April/May 2014 to January 2015.)

- *Data sources*
  - Where available, organisations provided information and/or copies of any local, relevant research study or policy document.
  - Other potentially useful sources that emerged include: (anonymised) client notes; the proposal submitted to Genio and the contract with Genio.

3. Updated research plan

This section presents a revised research plan, taking account of key issues raised during the grounding process, and in line with the participatory approach being taken.

- *NB: A new addition to the research plan: Piloting a culturally-appropriate framework tool for Traveller mental health*

One of the most important proposed changes is that the research will involve the piloting and review of a framework tool for **providing a culturally-appropriate response to Traveller mental health**. This addresses a major point that was raised during the grounding meetings (outlined above).

Benefit of this addition

It would strengthen the final report considerably to include such a 'tried and tested' resource. Its specific nature will emerge through the research process. However, it is envisaged that, while enabling flexibility, it will serve as guideline resource that sets out principles and best practice information to help a service provider working with mental health issues to ensure they are responding to the needs of Travellers in a culturally-appropriate way. This tool would be evidence-based, drawing from the learning of T2WB and the expressed needs and preferences of Travellers.

- *Focus on one-to-one interviews rather than focus groups*

One-to-one interviews will be conducted with Travellers (clients), rather than focus groups. However, in cases where interviewees express a preference for being interviewed with a friend or relative who is also engaging with T2WB, this will be facilitated. This is in line with taking an inter-culturally competent approach to the research.

- *Revised timeframe*

In order to include the new phase of the research, as outlined above, the following, revised timeframe is proposed:

Stage 1: From July to October, as originally planned, fieldwork will be conducted (interviews in three organisations), and secondary sources will be analysed. During this stage, transcription of interviews and analysis of same will be ongoing.

Stage 2: From December to January, I will prepare an interim report that outlines the key findings, as well as a draft framework tool for providing a culturally-appropriate response to Traveller mental health.

Stage 3: From February to April (a three month period), the three organisations will apply the draft framework tool to their work with T2WB.

Stage 4: In May/June, I will facilitate a group discussion meeting with the three partner organisations on the draft framework tool. Following this, the tool will be revised and finalised. The final draft of the report and the framework tool will be completed and submitted. (See Fig. 1 below.)

Figure 1: Revised research plan

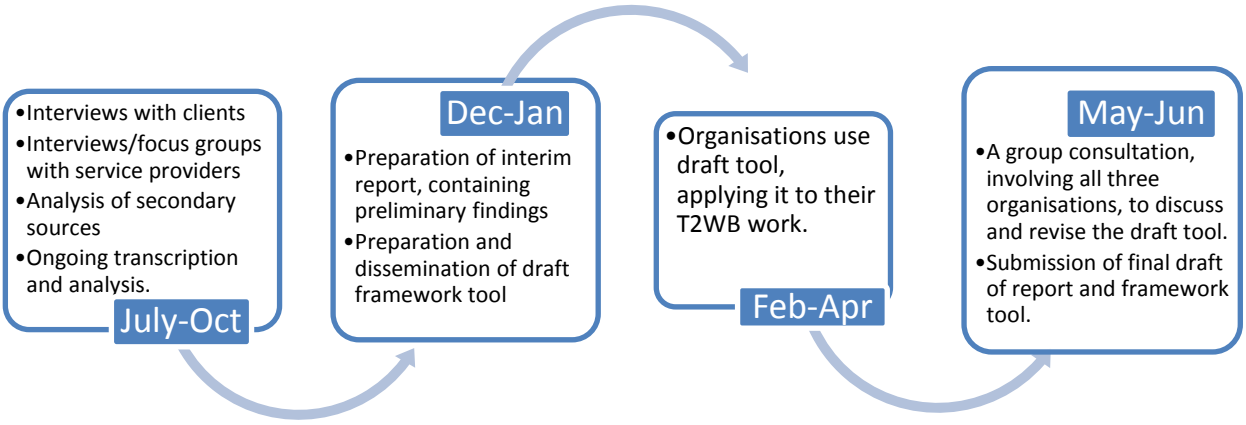

Table 1: Summary of fieldwork involved

Location	**Interviews**
Exchange House Ireland	1 with social worker 4–6 interviews with clients (Travellers) 2 interviews with Travellers aware of but not engaging with T2WB Interview/focus group with other staff involved in T2WB
Offaly Traveller Movement	1 with social worker 4–6 interviews with clients (Travellers) 2 interviews with Travellers aware of but not engaging with T2WB Interview/focus group with other staff involved in T2WB
West Cork Traveller	1 with T2WB staff member 4–6 interviews with clients (Travellers) 2 interviews with Travellers aware of but not engaging with T2WB Interview/focus group with other staff involved in T2WB

Total	**7–9 interviews per site (21–27 interviews in total)** **+ focus groups/interviews with other service providers involved in T2WB** (total number will emerge through research process) + consultation meeting to discuss and review the draft framework tool in May 2014. (Time permitting, the research may also include a more structured feedback process with relevant local service providers, as suggested by the three organisations.)

4. What's next?

Finalising the research plan: As soon as you can, please get back to me with any views, concerns or questions on the above, together or individually.

T2WB background sources: It would be **very beneficial** for the project if I could access anonymised client files and any Genio-related documents, such as the original tender document and contract.

Arranging fieldwork: Once the revised research plan is agreed, I will be in touch with Adele, Sandra and Paul to start arranging interviews.

TRAVELLING TO WELLBEING

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