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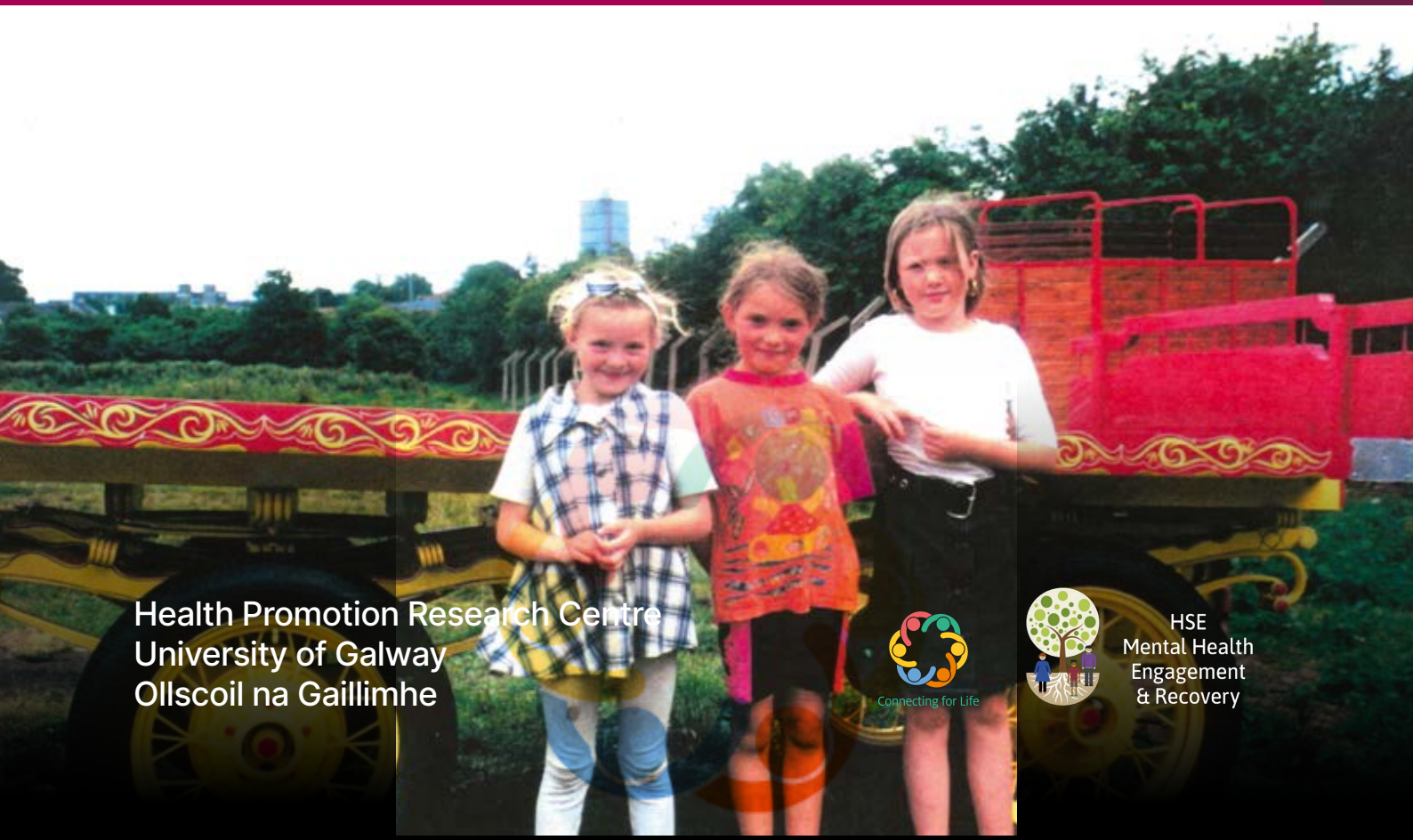


Offaly Traveller Movement



Traveller Mental Wellness Continuum: A qualitative peer research study of Travellers' views

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Mental Health
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Full list of all stakeholders involved in the project

Traveller Peer Researchers and Traveller Organizations

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2	Mary Nevin	Co Longford Traveller Primary Health Care Project
3	Ellen McDonagh	Mayo Traveller Support Group
4	Celine McInerney	Offaly Traveller Movement
5	Martin Nevin	Co Longford Traveller Primary Health Care Project
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7	Mandy Dinnegan	Westmeath Traveller Project
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9	Olive O'Reilly	Limerick (supported by Exchange House)
10	Margaret O'Brien	Limerick (supported by Exchange House)
11	Mary Helen Connors	Ferns Diocesan Youth Service – FDYS (Wexford)
12	James Patrick O'Brien	Wicklow Travellers Group
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Steering Group Members

	Name	Organization
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2	Dr Tuuli Kuosmanen	University of Galway - HPRC
3	Professor Ella Arensman	UCC – National Suicide Research Foundation
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6	Sandra McDonagh	Offaly Traveller Movement
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9	Jim O'Brien	Bray Travellers Community Development Group
10	Ciara Ridge	HSE – Traveller Mental Health Service Coordinator
11	Ellen McDonagh	Mayo Traveller Support Group
12	Helena Power	Community Development Worker - Kilkenny Traveller Community Movement
13	Julie Duke (Secretary)	Traveller Peer Support Worker (HSE)
14	Maggie McDonagh (Co-Chair)	Balbriggan Travellers Project
15	Mary Byrne	HSE – Traveller Mental Health Service Coordinator
16	Thomas Maughan	Cavan Traveller Movement
17	John, Bidy, Michael	Cork Travellers

HSE Mental Health Service Coordinators for Travellers

	Name	HSE Community Health Organization
1	Ita Madden	CHO Area 1
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3	Ciara Ridge	CHO Area 4
4	Mary Byrne	CHO Area 5
5	Peter O'Reilly	CHO Area 6
6	Cian O'Lonargain	CHO Area 7
7	Petra Daly	CHO Area 8
8	Doreen Carpenter	CHO Area 9
9	John McCusker (Coordinator)	Mental Health Engagement and Recovery – National Office

Executive Summary

Introduction

Strategies for promoting Traveller mental health and wellbeing and reducing mental health inequities need to be informed by Traveller views and knowledge concerning the determinants of good mental health and wellbeing and how these can be supported from a strengths-based and culturally appropriate perspective. Indigenous wellness frameworks, such as the First Nations Mental Wellness Continuum Framework (Health Canada 2015), identify cultural continuity and competence and the social determinants of health as the foundation for mental wellness and suicide prevention. This national framework identifies a continuum of comprehensive supports and services for promoting mental wellness, based on a cultural intervention model that enables and supports indigenous individuals, families and communities to enjoy optimal levels of mental wellness. Such models highlight the need for a national framework for promoting Traveller mental health and wellbeing, led by Travellers and informed by research with and by members of the Traveller community, so that new ways of responding to Traveller mental health needs can be envisioned and developed.

This collaborative research project set out to explore the views of Travellers on the strategies needed for promoting Traveller mental health and wellbeing and reducing suicide. This study was designed to explore the range of community supports, services and actions that members of the Traveller community consider to be essential for promoting their mental health and wellbeing. The study findings will help inform the development of a Traveller Mental Wellness Continuum, rooted in Travellers' views and knowledge on the determinants of mental health and encompassing all aspects of Travellers' life and cultural identity, which the community perceives as essential to prevent suicide and achieve and sustain positive mental health over the longer term.

Study Aim and Objectives

This study aims to create the research base for the development of a culturally sensitive continuum of mental wellness and suicide prevention strategies for and by members of the Irish Traveller community. The findings from this research will identify, from the perspective of Travellers, the actions needed to improve Travellers' mental health and wellbeing, reduce suicide rates, and improve Travellers' engagement with services. More specifically this study has the following objectives:

- To explore the views of Travellers and Traveller groups on the factors and strategies needed for Travellers to achieve optimal mental wellbeing and prevent suicide, including timely access to mental healthcare services.
- To examine the meaning and nature of culturally appropriate suicide prevention and mental healthcare services from the perspectives of members of the Traveller community.
- To identify the core requirements for the development of a comprehensive continuum of care for Travellers (mental health promotion, suicide prevention, treatment, recovery) which can be integrated into mainstream health services and community actions.

Methods

This study adopts a community-based participatory research approach consisting of qualitative participatory workshops augmented by individual interviews, employing the same protocol, with adult members of the Traveller community. Seventeen Traveller peer researchers were engaged in the collection and analysis of the data, working in collaboration with the core research team, which also included a Traveller research assistant.

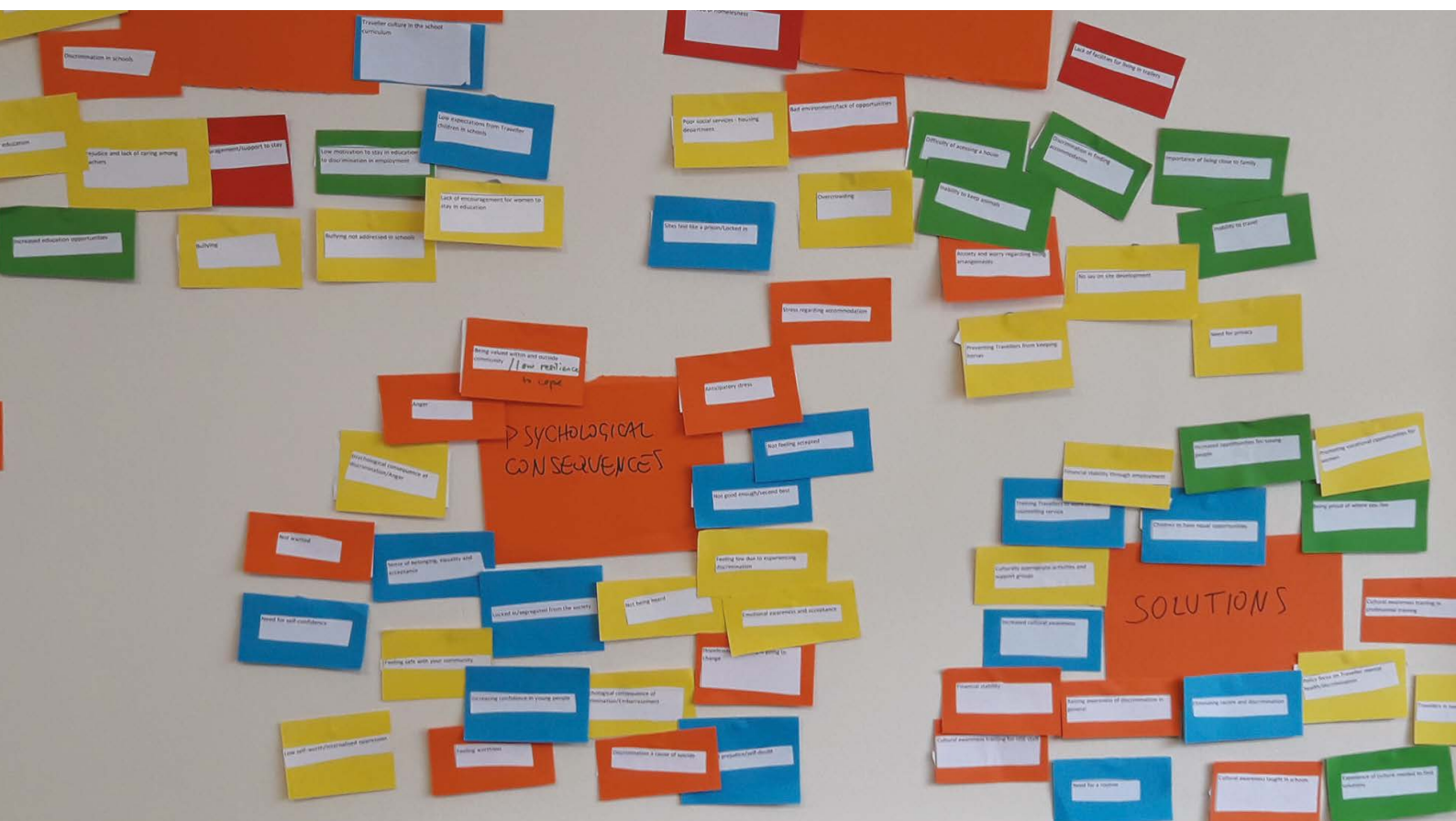
Sample: During the Summer of 2022, thirteen workshops and five individual interviews were conducted with a total of 87 participants, who ranged in age from 18-78 years (mean = 33 years) with the majority (83%) being female. The sample was recruited by ten local Traveller organisations across Ireland with the help of the Traveller peer researchers. Existing Traveller groups were contacted, as trust had already been built within these groups.

Protocol: The protocol for the participatory workshops was adapted from previous research and focused on three main areas:

- maintaining good mental health and wellbeing among Travellers
- preventing suicide and mental health problems
- developing culturally appropriate mental health services.

A case scenario and a short video were used to encourage discussion. The protocol was reviewed by the Research Steering Group and the peer researchers to ensure the cultural appropriateness, accessibility and sensitivity of the questions.

Analysis: The data analysis method was based on the six-step process to thematic analysis developed by Braun & Clarke (2006) and the participatory methods of analysing qualitative data outlined by Jackson (2008). The group participatory data analysis procedures followed in this research project involved Traveller peer researchers in the classification and interpretation of the data they previously gathered.



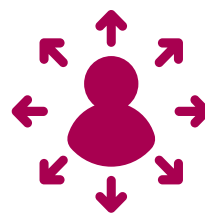
Results

Four overarching themes emerged from the data, which were developed with the peer researchers as follows:

- **Culture and Identity:** This theme highlights the need for recognition of the importance of cultural identity and cultural expression for the mental health and wellbeing of the Traveller community. Cultural identity was viewed by the study participants as providing a positive sense of identity, which was considered critical for good mental health and wellbeing. The importance of cultural expression was also endorsed as it creates a positive sense of self-worth and respect.
- **Health and Community Services:** This theme identifies some of the changes needed to create a more inclusive, diverse and culturally sensitive mental health service for Travellers and to strengthen community-based actions to improve Travellers' wellbeing and prevent suicide. This theme also points to the need to improve Travellers' mental health literacy, combat mental health stigma and improve mutual trust between Travellers and HSE service providers.
- **Life Opportunities and Choices:** The need for, and right to, equal life opportunities for Travellers was strongly endorsed in this theme. The importance of Travellers being able to not only survive, but to flourish, have a sense of purpose and enjoy life was articulated as being central to good mental health and wellbeing. This theme underscores the need for a continuum of mental health promotion initiatives delivered for and by members of the Travelling community.
- **Discrimination:** This theme highlights the profound detrimental effect of racism, prejudice and discrimination on Travellers' mental health, including high psychological and emotional impact. Discrimination is reported to happen throughout the life course in all domains of life, to the point that it can be described as systemic. These circumstances were perceived as contributing to the marginalization of Travellers and fuel the mental health crisis affecting the community.



Culture and Identity



Life Opportunities and Choices



Health and Community Services



Discrimination

Conclusions and Recommendations

The findings from this qualitative peer research study identify a number of critical issues to be addressed in order to improve Traveller mental health and wellbeing and reduce the risk of poor mental health and suicide. The data indicate the importance of factors such as Traveller cultural identity and expression; the right to equal opportunities and life choices; the detrimental effect of discrimination on Traveller's mental health and wellbeing and the changes needed in how health and community services are delivered.

The study findings also suggest a range of community supports, services and intersectoral actions that members of the Traveller community deem to be essential in promoting and protecting their mental health and wellbeing. This evidence provides an important basis on which future actions and priorities can be developed. The importance of addressing the social determinants of mental health comes through clearly from the data analysis, including improving educational, training and employment opportunities, improving Traveller accommodation, curbing discrimination, celebrating and reviving Traveller culture and improving access to culturally appropriate mental healthcare. These strategies call for coordinated intersectoral action to improve Travellers' mental health and wellbeing.

Discussions were held with the Research Steering Group concerning the findings in order to identify actionable recommendations that could be taken forward from this study. Based on these, an overarching recommendation from this study is that there is a need for the implementation of a national plan to urgently address the specific mental health needs of the Traveller community. There was a clear view that national plans need to be realised through a process that is owned and led by members of the community and supported by national and local agencies. This process, similar to that successfully employed in the development of the First Nations Mental Wellness Continuum Framework in Canada, needs to be underpinned by key principles, which are also reflected in the findings from this study. These include:

- a strong foundation in Traveller culture and ethnic identity
- an empowering and strengths-based approach to promoting Traveller mental health and wellbeing
- an intersectoral approach that can address the social determinants of Traveller mental health
- the provision of funding for a continuum of mental health promotion and mental health service and community supports based on a co-production process and a peer-led model of delivery.

The study findings provide a research base for advancing the development of a coordinated Traveller-led framework for developing and implementing a continuum of essential services and supports. The key themes that emerged from this research can help inform the process of developing a comprehensive continuum of culturally relevant, safe, community-centred mental health services, supports and actions at a national level. Drawing on the experience of developing indigenous frameworks and cultural intervention models in other countries such as Canada, effective collaboration, partnership, leadership, sustained commitment and resourcing will be needed to guide this process, which will need to be led and owned by the Traveller community. The study findings identify some of the key components of a Traveller Mental Wellness Continuum, which are outlined below under each of the themes.

Culture & Identity

- Cultural empowerment of Traveller Youth
- Revival of Traveller cultural expression, identity and heritage
- Traveller cultural awareness across sectors

Health & Community Services

- Mental health promotion and prevention programmes (mental health literacy, combat stigma, improve self-efficacy and agency, mental wellbeing programmes in key settings across the life course)
- Cultural Safety and Humility ethos
- Travellers employed in the health services
- Strengthening Trauma Informed Care
- Trust, Partnership & Co-Production
- Crisis Response
- Early Intervention & Community Outreach
- Community Development
- Traveller-led services and initiatives (peer-led model of delivery)

Life Opportunities & Choices

- Education & Training opportunities
- Employment access
- Culturally appropriate accommodation
- Community wellbeing empowerment & Community participation
- Positive youth development
- Peer-led support (family strengthening, domestic violence, substance misuse, healthy lives)

Discrimination

- Anti-discrimination campaigns and policies
- Protection of Travellers human rights
- Anti-bullying guidelines

Based on the study findings and consultations with the Research Steering Group, a number of recommendations for actions are identified, supported by reference to existing policy frameworks and strategies.

“I think it’s the fact that you don’t feel accepted. I think if you feel accepted in a place you feel a lot more comfortable. I think when you feel comfortable you’ll talk more and you’ve better outcomes.”



Background and Context

This collaborative research project with the HSE Mental Health Service Coordinators for Travellers nationally, was funded by the Health Service Executive, National Office for Suicide Prevention (NOSP)¹ and the national office of Mental Health Engagement and Recovery (MHER). The study was conducted through the Health Promotion Research Centre at the University of Galway, with the support of Offaly Traveller Movement and nine additional Traveller Organizations.

This study was conducted in the aftermath of the COVID-19 crisis, which highlighted the disproportionate mental health impact of the pandemic on marginalised populations and minority groups and the risk of exacerbating existing health and mental health inequities. The need to empower the most vulnerable members of our community and improve their resilience, through strengths-based and social determinants of health approaches, has never been so important.

While this study was being conducted, relevant national mental health policy frameworks were launched, such as the *National Traveller Health Action Plan 2022-2027* and the *Stronger Together: The HSE Mental Health Promotion Plan, 2022-2027*. These plans draw special attention to the mental health needs of Travellers, requiring tailored strategies and cross-departmental actions. In addition, the national mental health policy *Sharing the Vision* launched in 2020 (Department of Health, 2020), reiterates the importance of creating a mental healthcare sector that is culturally safe and appropriate for marginalised populations, referring to Travellers as an at-risk group requiring specific support and consideration.

Against this background this study provides additional evidence on possible strategies and service improvements for promoting Travellers' mental health and wellbeing.

¹ The HSE NOSP is administering funding on behalf of Sláintecare (Department of Health), as part of its strategic commitment under Connecting for Life.



Introduction

Irish Travellers are a minority ethnic group, indigenous to the island of Ireland, whose distinct ethnic status was officially recognised in 2017 (Joint Committee on Justice and Equality, 2017). Research on Travellers' health shows that they experience high levels of health inequity, with poorer physical and mental health outcomes compared to the general population. The 2010 All Ireland Traveller Health Study (AITHS) reported lower life expectancy for both Traveller men and women (of 15 and 11 years respectively), and 3.5 times higher mortality rates compared to the settled population. Travellers were also found to experience higher levels of poor mental health, with a higher prevalence of anxiety and depression, and suicide rates up to six times higher than the general population (AITHS Team, 2010). With up to 82 per cent of the Traveller community being affected by suicide (O'Mahony, 2017), the experience of bereavement from multiple tragic deaths has been identified as contributing to complicated grief reactions and high psychological impact (Tobin et al., 2018).

Travellers also experience high levels of discrimination, marginalization, and social inequity. Data from the Irish 2016 census place Travellers in the lower end of the socio-economic scale due to low educational attainment and high rates of unemployment, homelessness, and poverty (CSO, 2016). Psychosocial and economic factors are recognised as influencing Travellers' poorer mental health and high suicide rates, due to the cumulative negative impact of widespread discrimination (O'Mahony, 2017; Paradies et al., 2015; Williams et al., 2019), educational disadvantage, poverty and social exclusion (AITHS, 2010; Pavee Point, 2013; Villani and Barry, 2021).

Surveys have shown that 85 per cent of Irish Travellers are unemployed (Census, 2016), that 83 per cent of the general Irish population would not employ Travellers (O'Mahony, 2017), and only 15 per cent of the same sample would befriend a Traveller, suggesting that Travellers are one of the most ostracized and marginalized population groups in Ireland. A recent study, examining a sample of over six thousand Irish youths (aged 12-19 years), shows that adolescents from minority or marginalized groups, including Travellers, are more likely to perceive discrimination compared to non-minority peers (Költő et al., 2022).

It has also been recorded that 15 per cent of the community is homeless and that the majority of Travellers in Ireland live in unhealthy accommodation with poor facilities (Census, 2016; Armitage and Nellums, 2020). Given the robust empirical evidence associating unemployment, poor housing and discrimination with anxiety, depression, and chronic stress (Smith, 2017), it is plausible to assert that these are the main determinants of Travellers' poor mental health.

In particular, it is worth highlighting the extremely detrimental impact of discrimination, prejudice and bullying on Travellers' emotions and self-esteem, both at an individual and collective level. A study from 2021 has shown how Travellers' behaviours and mind-set resonate with those of colonized and oppressed people, who accept abuse and harassment in order to survive in a hostile environment (Villani and Barry, 2021). This phenomenon recalls the concept of 'internalised oppression' (David, 2013), which is the internalization of negative labels by marginalized groups with devastating effects on how they perceive themselves in society. It has also been reported that Travellers' exclusion from social spaces is linked to trauma and emotional consequences such as 'internalised racism' (Joyce, 2018). In addition, there is a body of literature associating people's judgement with negative mental health outcomes and increased risk of psychiatric disorders (Wilkinson and Pickett, 2010, 2018). International bodies such as the United Nations High Commissioner for Human Rights and the Council of Europe have highlighted with concern, in their reports, the high incidence of discrimination against Travellers in Ireland (Council of Europe, 2019).

The negative impact of the COVID-19 pandemic on population mental health and wellbeing has been well documented, including in Ireland, (Kelly, 2020; Salari et al., 2020; Vindegaard et al., 2020; Xiong et al., 2020). This has resulted in rising rates of depression, anxiety, post-traumatic stress symptoms, and increases in suicidal thoughts and behaviours (Cénat et al., 2021; Sher 2020). These negative impacts have widened existing inequities, especially for population groups such as people with existing mental health difficulties and those already experiencing health and social inequities due to homelessness, racism, exclusion, discrimination,

and stigma (Bambra et al., 2020). The need for community-health partnerships to mitigate the disproportionate effects of the pandemic on Travellers and Roma in Ireland has been reported on by Villani et al. (2021). This situation underscores the urgent need for a population level approach to Traveller mental health, whereby universal and targeted mental health promotion and prevention interventions are made available that will support Travellers in protecting and enhancing their mental health and wellbeing and provide the necessary supports and resources to reduce mental health inequities.

The importance of cultural identity and 'cultural connectedness' for good mental health

Travellers have higher needs for mental health support and culturally appropriate services, alongside the need to improve their socio-economic circumstances, which can make a positive difference to their mental health status. These circumstances resonate with those of indigenous communities in other countries who, in a process of colonisation and indoctrination, have experienced the loss of their cultural identity with profound psychological effects on the new generations of Aboriginal communities including high rates of suicide (Boksa et al., 2015; Kirmayer et al., 2003; William et al., 2018; Jorm et al., 2012; Gutierrez et al., 2021). On the other hand, studies conducted in Canada show that First Nations communities who are actively engaged in rebuilding or maintaining their cultural continuity have a lower youth suicide rate (Kirmayer et al., 2003; Health Canada, 2015) compared with those who failed to preserve their culture and have less control over their lives.

The extant literature suggests that culture may be a key factor in understanding the suicide rates and mental health status among Irish Travellers and could have a pivotal role in informing future mental health and suicide prevention strategies. For instance, it has been documented that horses are deeply embedded in Traveller culture and are central to Travellers' wellbeing and positive mental health (Burke Wood, 2019), as well as the ability to lead a nomadic life with no fear of evictions (Villani and Barry, 2021). While this may not hold true for all members of the community, especially for younger generations and for those who were born and grew up in urban environments, it may be important to give the community a chance to hold on to their cultural heritage and revive their traditions.

Although Traveller groups in Ireland advocate that Traveller culture and identity are central to the wellbeing and flourishing of the community, there is a paucity of studies that focus on the association between Travellers' culture, Travellers' determinants of health and suicide from the point of view of Travellers. A rapid review of the scientific literature on Irish Traveller mental health and suicide by McKey et al. (2020) point to recurrent themes of the 'travelling way', stoicism, self-reliance, discrimination, loss of identity, powerlessness and low institutional trust. The authors call for research to develop new knowledge and understanding of Traveller mental health and suicide from a cultural and community perspective. There is, therefore, a need for research to also focus on the positive aspects of Traveller culture and the factors that can protect and promote Traveller mental health and wellbeing.

A recent study on the perceptions of mental health among the Traveller community in Ireland suggests that cultural identity and social connections are key factors in promoting positive mental health among Travellers (Villani and Barry, 2021). In fact, focus group participants from that study explicitly connected the lower levels of mental health among Travellers with the erosion of their culture and the loss of social connections with their extended family and other groups. This is attributable to modernization, urbanization and specific government legislations that made nomadism illegal. The study suggests that the extent to which Travellers are enabled to express and preserve their knowledge and cultural way of life will determine the degree of their mental wellbeing. This may include their ability to preserve their nomadic lifestyle, but also the possibility of living close to the extended family which provides strong social connections and support, thus enhancing collaboration and social capital.

These findings align with theories of social and ethnic identity and acculturation which suggest that being connected with a broader social network or a community with a shared cultural background can enhance people's self-esteem and can protect from psychopathologies (Burnett-Zeigler et al., 2013). For instance, evidence from New Zealand shows that strong Māori cultural identity is associated with improved wellbeing scores and fewer depressive symptoms (Williams et al., 2018). Furthermore, literature from Canada reports that 'cultural connectedness' is a strong protective factor for the mental health of the Anishinaabe

indigenous people and provides evidence for the concept of 'culture as treatment' (Gray and Cote, 2019). Research has also demonstrated that ethnic minorities growing up in a dominant culture are exposed to conflicts linked to their identity formation, which may lead to psychological stress and anxiety (Gonzalez et al., 2017; Balidemaj and Small, 2019).

A recent peer-research project exploring the life experiences of LGBTI+ Travellers and Roma in Ireland shows how the intersection of Traveller ethnicity and sexual minority orientation is a major contributor to mental distress, exacerbating mental health inequalities (Sartori, 2022). Between 82 and 90 per cent of respondents from that study recorded experiencing stress, anxiety and depression as a result of their LGBTI+ identity and over 60 per cent had suicidal thoughts and 32.6 per cent had attempted suicide. This evidence substantiates studies correlating ethnic minority identity, sexual minority orientation and poor mental health and higher risk for suicidality (Sattler and Zeyen, 2021, Wittgens et al., 2022). It also suggests that Travellers with sexual minority orientation may be the most vulnerable cohort within the wider community.

Culturally appropriate mental health services and supports

Travellers' poor mental health status is also compounded by Travellers' experience of engagement with mainstream health services. Travellers interviewed as part of the AITHS (2010) reported a poorer quality of healthcare experience compared to medical card holders from the general population. This study reports that only 40 per cent of Travellers have trust in health professionals, and that only 42 per cent of Traveller rated the quality of healthcare as good or excellent. This is compared, respectively, to 91 per cent and 74 per cent of the comparator population. The same differences exist when exploring Travellers' perceptions of the amount of time allocated for consultations and the level privacy. Furthermore, over 66 per cent of healthcare providers interviewed as part of the AITHS (2010) confirmed that discrimination against Travellers exist within the healthcare setting due to a sentiment that Travellers are less deserving.

² More specifically in 'Galway-Roscommon 4' (GR4); this includes Tuam and Loughrea.

An assessment of Travellers' attendance to mental health services in the Galway/Roscommon region, conducted by the lead author (JV), shows a 25 per cent rate of DNAs (Did Not Attend) to mental health appointments among Travellers. While stigma and low perceived need for treatment are key barriers to access mental health services for Travellers, we need to recognize that Travellers' distrust towards health professionals may contribute equally to hinder their help-seeking behaviours. Studies conducted by local Traveller groups in Galway, Donegal and Wicklow Counties, report that Travellers do not feel understood within the HSE mental health services and call for actions around creating Traveller cultural awareness among service providers (Friel, 2022; Madden, 2020; County Wicklow Mental Health Steering Group, 2019). In addition, Kavalidou et al. (2023) recommend the development of Traveller cultural competency among Irish hospitals' emergency department (ED) staff, in order to improve Travellers' help-seeking for suicidal behaviours and thoughts.

This evidence seems to align with data from Australia on how to improve the mental health outcomes of indigenous communities and their access to culturally appropriate services (Upton et al., 2021). Recent studies have also shown that adopting Trauma-Informed Practice and 'cultural humility' frameworks can be beneficial for engaging clients from minority communities (Mosher et al., 2017; Ranjbar et al., 2020).

A systematic review by McFadden et al. (2018) found that discrimination and cultural and language barriers are among the most common barriers to accessing healthcare for Travellers and Roma. Although many authors have argued for the need to create culturally appropriate and culturally competent health services for Travellers in Ireland (Hodgins et al., 2006; McGorrian et al., 2013), there is a lack of evidence in the academic literature on what this means in practice and what would constitute an acceptable and culturally appropriate mental health service and suicide prevention strategy from a Travellers' perspective. In addition, Traveller groups in Ireland have developed and delivered over the years training modules for healthcare professionals to raise awareness about Travellers' needs and to create a more inclusive healthcare setting (Cork Traveller

³ If we apply this rate of missed appointments to Ireland as a whole, this figure equates approximately to over one thousand missed appointments in a year, which corresponds to a loss of hundreds of thousands of euros. This shows that improving services for Travellers may benefit everyone by saving substantial resources that can be invested in improving mental healthcare for all.

Visibility Group Ltd, 2023; Donegal Traveller Project, 2023; Waterford Institute of Technology, 2017). However, there is considerable variation in their implementation across the country.

A Cochrane review by Horvat et al. (2014) recommended that cultural competence education programmes need to be better specified and described including their conceptual rationale, actual content, delivery, organisational support, and approach to evaluation. Incorporating the views of Travellers into the design, planning and delivery of services, would help to reorient mental health promotion and treatment programmes, and ensure that services are culturally appropriate and sensitive to Traveller needs. Evidence from Canada (Etter et al., 2019; Monsanti, 2022), Australia (Upton et al., 2021) and the United States (O’Keefe et al., 2021) suggest that engaging indigenous/marginalised groups more directly in service delivery would also enable greater engagement with, and uptake of, services by Travellers (Nielsen et al., 2017).

Adopting a mental health promotion approach

Mental health promotion has a critical role to play in meeting the challenge of improving Traveller mental health and wellbeing. While traditional mental health services focus primarily on treating mental ill-health, it is increasingly recognized that treatment approaches alone are not sufficient to address the growing burden of mental disorders and that a more comprehensive population health approach is required. The World Health Organization has clearly endorsed the need for an integrated approach, embracing promotion and prevention, alongside treatment and recovery, to improve population mental health and wellbeing and reduce mental health inequities (WHO 2013; 2021; 2022).

Mental health promotion is concerned with achieving positive mental health and wellbeing by strengthening protective factors for good mental health, enhancing supportive environments, and enabling access to resources and life opportunities for individuals and communities that will promote their social and emotional wellbeing (Barry et al., 2019). A health promotion approach reframes the challenge of improving population mental health from a deficit model of illness to a broader understanding of mental health as a positive concept with relevance for the whole population. Good mental health is more than the absence of symptoms of mental

disorder. The WHO definition of mental health as a “*A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities.*” (World Mental Health Report, WHO 2022 p.8), challenges the idea that mental health is simply the opposite of mental ill-health. Positive mental health is a resource for everyday life which enables us to manage our lives successfully and is therefore, considered fundamental to good health and wellbeing (WHO, 2013). While prevention programmes are primarily concerned with the reduction of the incidence and prevalence of mental disorders, mental health promotion focuses on the process of enabling and achieving positive mental health, reducing inequities and enhancing wellbeing and quality of life for individuals, families, communities and society in general.

Drawing on a health promotion perspective, the challenge of improving population mental health is reframed to focus on the mental health potential of the population and the everyday settings and social contexts in which they live (WHO, 1986; McQueen and Jones 2007; Kickbusch 1996). Positive mental health is conceptualised as being embedded in the social, economic and cultural life of people and their communities. An environment and sociocultural climate that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to the promotion of population mental health. Alongside strategies for strengthening individuals’ skills and competencies, mental health promotion also focuses on improving the social, physical, cultural and economic environments that determine the mental health of populations and individuals. In keeping with the fundamental principles of health promotion as articulated in the Ottawa Charter (WHO, 1986), this calls for integrated approaches including interventions at the level of individuals, families and communities and ‘upstream’ policy interventions across the non-health sectors in order to reduce structural barriers to mental health. This perspective underscores the importance of developing supportive environments and settings for good mental health, e.g., in homes, schools, workplaces and communities, re-orienting existing services and advocating the development of mentally healthy public policy designed to promote and protect positive mental health at a population level.

Mental health promotion interventions intervene at the level of strengthening individuals and communities, reorienting health services, and promoting intersectoral actions to remove the structural barriers to mental health at a societal level (Herrman et al. 2005; Friedli, 2009). There is a compelling body of international evidence that interventions that promote population mental health and wellbeing, when implemented effectively, can produce long-term benefits for individuals, families, and communities across a range of mental health, social wellbeing, health, educational, and economic outcomes (Barry et al., 2019). Evidence syntheses, meta-analyses and systematic reviews identify a number of high-quality interventions that have produced consistent evidence of their effectiveness and the feasibility of their implementation (Barry et al., 2017; Clarke et al., 2015; Kuosmanen et al., 2022; Petersen et al., 2015; Rickwood & Thomas, 2019). Such interventions have also been found to hold the greatest promise as cost-effective strategies (Knapp et al., 2011; McDaid and Park, 2022). These interventions span population groups across the lifecourse from infancy to adulthood and include actions that can be delivered across different settings such as the home, school, workplace, community, primary care and health services, and digital platforms.

Current policy frameworks endorse a whole-of-government and whole-of-society approach (WHO, 2021; 2022) and call for universal actions across the lifecourse to ensure that the conditions that create good mental health and reduce inequities are accessible to all (WHO Calouste and Gulbenkian Foundation, 2014). The delivery of mental health promotion strategies and interventions requires the development of intersectoral policy and actions that extend beyond the clinical and treatment focus of current mental health service delivery to address the broader social determinants of population mental health.

A social determinants of mental health approach

The WHO Calouste and Gulbenkian Foundation (2014) report endorsed the importance of the social determinants of mental health stating that; *“Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live”* (p.8). This report calls for actions to improve the conditions of daily life, including the adoption of comprehensive and universal actions across the lifecourse,

multiple sectors and levels. As mental health is determined by a web of biological, psychological, social, economic, cultural and environmental factors, which interact in complex ways, a comprehensive systems-based approach is needed for understanding and addressing these determinants at a population level. The accumulation of positive and negative determinants of mental health across the lifecourse indicates the need to address determinants at each stage of life in order to reduce exposure to conditions which increase vulnerability to poor mental health and increase access to positive life experiences, resources and environments that will create and enhance positive mental health and wellbeing. A lifecourse approach, which takes into account the differential exposure to risk and protective factors throughout life, calls for universal actions in order to improve the conditions in which people are born, grow, live, work and age (WHO and Calouste Gulbenkian Foundation 2014).

Compton and Shim (2015) argue that mental health inequities stem from the unequal distribution of opportunity in society, including inequity in resources, money, power, voice, and choices at the level of the structure of society. Therefore, the social determinants of mental health are best addressed by working at the upstream levels of the policies and social norms, and environmental and social factors that shape the more proximal risk and protective factors. This is also referred to as addressing ‘the causes of the causes’ (Marmot, 2005), so that the underlying causes of risk and protective factors can be best addressed through advocacy, political will and policy interventions (Marmot 2005; Marmot & Wilkinson 2006).

Adopting a social determinants approach to Traveller mental health therefore, requires comprehensive actions across sectors and across the lifecourse to address the range of risk and protective factors that operate at multiple levels, including the individual, family, community, structural and societal level. To reduce inequities in Traveller mental health, actions need to be taken to improve everyday living conditions, and improve the potential for good mental health beginning before birth and progressing into early childhood, adolescence, adulthood and old age. In view of the close association between physical and mental health such actions would also reduce the inequities in physical health and lead to improvements in overall health and wellbeing (WHO, 2022). The development and implementation of such interventions need to be informed by Traveller knowledge and lived

experience concerning the everyday factors that impact on mental health and wellbeing and the type of policies and interventions that are needed to make a positive difference to mental health and wellbeing outcomes. Addressing the social determinants of Traveller mental health calls for action across sectors, including a whole-of-government and whole-of-society approach, in creating the conditions that will protect and promote Traveller mental health and wellbeing across the lifecourse and in everyday settings.

The policy environment

In the last number of years, the policy frameworks related to health promotion, suicide prevention and health and wellbeing in Ireland have all developed strategic actions to reduce health inequities, with a focus on marginalised groups, including Travellers as a priority at-risk population requiring targeted approaches. This is the case in policies such as: the *Healthy Ireland Strategic Action Plan 2021-2025* (Department of Health, 2021); *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health, 2020); *Connecting for Life* Ireland's national strategy to reduce suicide (NOSP, 2015); and *the Stronger Together: The HSE Mental Health Promotion Plan, 2022-2027*, launched in April 2022 (Health Service Executive, 2022a). *The National Traveller and Roma Social Inclusion Strategy 2017-2021* (Department of Justice and Equality, 2017) also included a commitment to adopting a social determinants approach in addressing Traveller health inequity. The new *National Traveller Health Action Plan (2022-2027)* (Department of Health, 2022, launched on 28 November 2022, includes actions on Travellers' mental health with a budget for their implementation nationwide. As a specific *Traveller and Roma Mental Health Action Plan* is being advocated for by numerous Traveller groups, there is a great opportunity to influence these policies with new evidence and recommendations from members of the Travelling community.

Strategies for promoting Traveller mental health and wellbeing and reducing mental health inequities need to be informed by Traveller views and knowledge concerning the determinants of good mental health and wellbeing and how these can be supported from a strengths-based and culturally appropriate perspective. Such a positive and holistic approach is clearly articulated in indigenous wellness frameworks such as the First Nations Mental Wellness Continuum Framework (Health Canada 2015) for promoting mental wellness among First Nations in Canada. This national framework encompasses a 'whole

person' perspective with an emphasis on balance and interconnectedness that respects and values First Nations' cultural knowledge, approaches, languages and ways of knowing. The continuum of mental wellness is centred firmly within indigenous culture, based on individuals having a sense of *purpose* in their daily lives, *hope* for their future and that of their families, a sense of *belonging* and connectedness and a sense of meaning and understanding of how their lives are part of creation. A cultural intervention model is employed in enabling and supporting indigenous individuals, families and communities to enjoy optimal levels of mental wellness.

Such models highlight the need for a national framework for promoting Traveller mental health and wellbeing, led by Travellers and informed by research with and by members of the Traveller community so that new ways of responding to Traveller mental health needs can be envisioned and developed.

Introduction to the current study

This research project set out to explore the views of Travellers on the influencing factors and strategies needed for Travellers to achieve optimal mental wellbeing and prevent suicide with an emphasis on culture, identity, priorities and the determinants of health. This project aims to inform a cultural intervention model, which would put Traveller identity, knowledge, strengths, values and traditions centre stage. This model will focus on the broader and positive concept of mental wellbeing and on the factors that keep Travellers healthy, rather than on mental illness and risk factors for suicide. This study is, therefore, placed within a mental health promotion framework, which focuses on a socio-ecological model of mental health and mental health promotion (WHO, 2021; Barry et al., 2019). The findings of this research can also inform the process of developing a Traveller Wellness Continuum Framework, rooted in Travellers' views and knowledge on the determinants of mental health and encompassing all aspects of Travellers' life, which the community perceives as essential to prevent suicide and achieve and sustain positive mental health over the longer term.

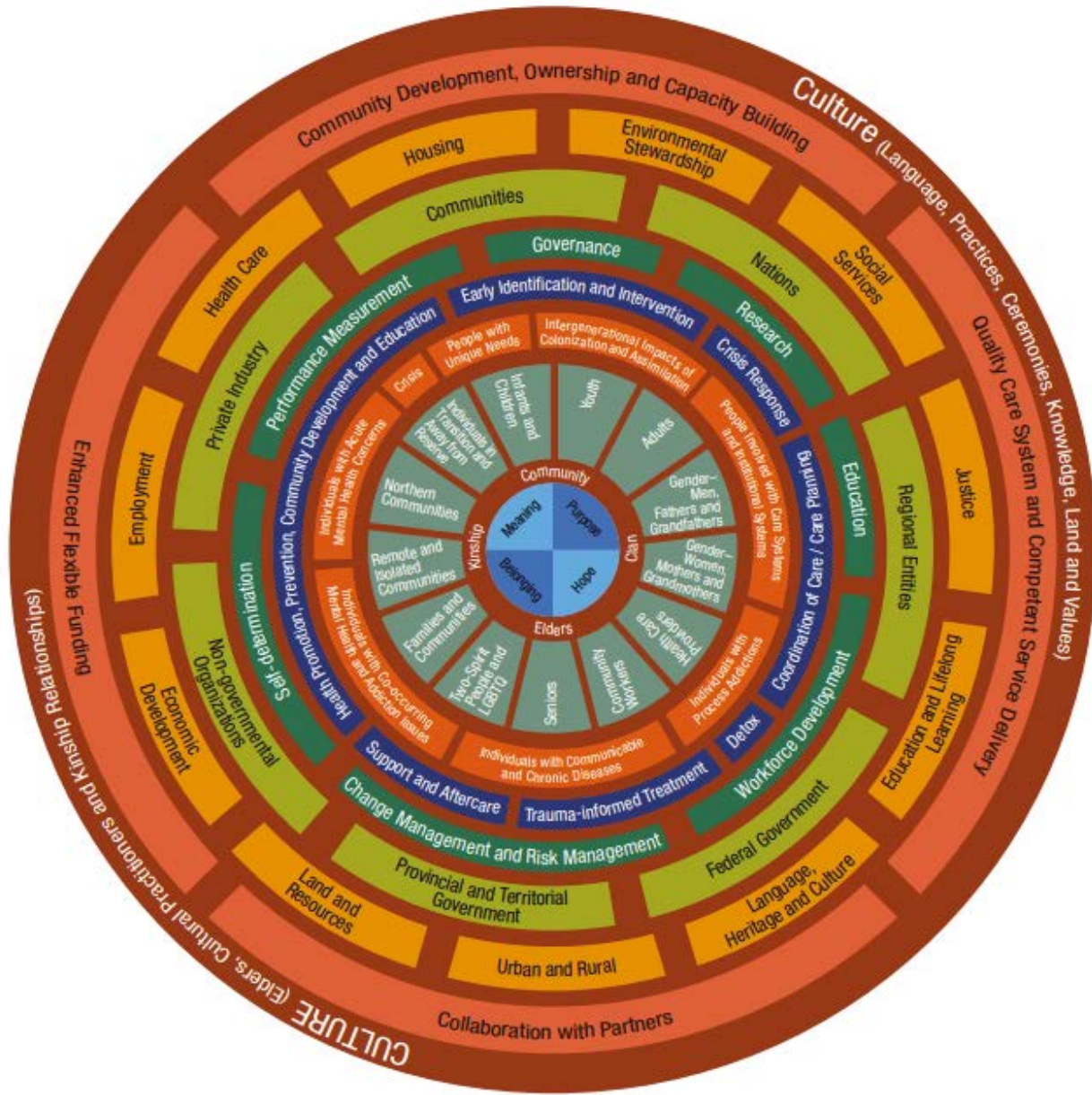
This research project is inspired by the experience and know-how of indigenous Canadians in developing mental wellness strategies, with particular reference to the First Nations Mental Wellness Continuum Framework (see Figure 1), which identifies culture, cultural continuity, cultural competence and the social determinants of health as the foundation for mental wellness and suicide prevention (Health Canada, 2015). The First Nations Mental Wellness Continuum Framework was developed in partnership with the First Nations communities over a number of years, through consultations, engagement with National and Regional First Nations health and wellness networks, the work of advisory committees and task forces and the recommendations included in several action plans and health strategies. This work, led and owned by the First Nations communities, helped to develop a "*commitment to a shared vision for mental wellness*" specific to the First Nations (Health Canada, 2015; p.8).

The experience of the First Nations shows that developing a holistic framework for mental wellness requires an integrated and coordinated approach, working in partnership with different stakeholders over a long period of time. For this reason, and given the limited timeframe for this study, it is not the aim of this project to create a similar framework for Travellers in the Irish context but to establish the research base for its development and to identify some of its possible components. The study findings can help inform a process whereby members of the Irish Traveller Community, working in partnership with statutory and voluntary agencies, develop a shared vision for a comprehensive continuum of mental wellness supports and services and a national framework to support implementation. It is, therefore, critical that this process is created and owned by the community itself.

In keeping with this approach, the current study is underpinned by a participatory co-production ethos, where Traveller peer researchers are directly involved in the process of data collection and data analysis. Peer research is a form of active research in which those with first-hand knowledge of the problems being investigated help to plan and carry out the study. Peer researchers use their lived experience, and knowledge of their own community, to help gather data from their peers, in order to reduce the risk of misunderstandings and to ensure that the discussions are relevant and meaningful for the participants.

The project also investigates the meaning of culturally appropriate mental health support, care and suicide prevention from the perspective of Travellers. By unpacking the meaning of "*culturally appropriate services*", this project will provide the evidence to inform the development of a continuum of services such as mental health promotion, suicide prevention, early intervention and treatment, specifically designed for Travellers and informed by Traveller knowledge.

Figure 1: First Nations Mental Wellness Continuum Model (adapted from “First Nations Mental Wellness Continuum Framework”, Health Canada, 2015, p.12)



Legend (from centre to outer ring)	
	Four Directions (outcomes)
	Community
	Populations
	Specific Population Needs
	Continuum of Essential Services
	Supporting Elements
	Partners in Implementation
	Indigenous Social Determinants of Health
	Key Themes for Mental Wellness
	Culture as Foundation

Aim and objectives

This study aims to create the research base for the development of a culturally sensitive continuum of mental wellness and suicide prevention strategies for and by members of the Irish Traveller community. The data collected through this study will contribute to the current knowledge base concerning the views of Irish Travellers on their mental health needs and will help inform national policies, practices and community actions concerning the development of culturally appropriate mental health promotion and suicide prevention strategies for Travellers. The findings from this research will identify, from the perspective of Travellers, the actions needed to improve Travellers' mental health and wellbeing, reduce suicide rates, and improve Travellers' engagement with services.

More specifically this study has the following objectives:

1. To explore the views of Travellers and Traveller groups on the factors and strategies needed for Travellers to achieve optimal mental wellbeing and prevent suicide, including timely access to mental healthcare services.
2. To examine the meaning and nature of culturally appropriate suicide prevention and mental healthcare services from the perspectives of members of the Traveller community.
3. To identify the core requirements for the development of a comprehensive continuum of care for Travellers (mental health promotion, suicide prevention, treatment, recovery) which can be integrated into mainstream health services and community actions.

Methods

This study adopts a community-based participatory research approach consisting of qualitative participatory workshops augmented by individual interviews, employing the same protocol, with adult members of the Traveller community conducted by seventeen Traveller peer researchers. The use of participatory workshops, instead of focus groups, was motivated by the fact that workshops are a more flexible and open method of data collection. As the peer researchers were not formally trained in focus group facilitation, it was decided that 'workshop' was a more appropriate term for the open style of group discussions that were conducted. In essence, workshops are structured group discussions with predetermined questions and prompts, which allow more freedom to peer researchers with regard to moderation.

Peer researchers were also involved in the analysis of the findings, in collaboration with the core research team, which included a Traveller research assistant (MMD), principal investigator (MB), lead researcher (TK) and project coordinator and researcher (JV).

The study employs a generic qualitative approach (Kahlke, 2014, p.40). This study design is appropriate to understand people's interpretation of their life experiences. More specifically the study uses qualitative description which, according to Sandelowski (2000), is a reliable approach to provide real life accounts of events in people's lives using everyday terms to describe these events and making sure that most people would agree these are accurate. This qualitative study, therefore, aims to collect an accurate account of Travellers' understanding of the strategies needed to improve their mental health, reduce suicide and develop culturally appropriate services.

It is widely reported that intercultural health studies related to members of the Travelling community, and other marginalised groups, greatly benefit from the involvement of peer researchers. Peer researchers can safely create a climate of confidence with research participants, ease stress during interviews

and interpret accurately the perspective of interviewees (Condon et al., 2021, 2022). In this research project, Traveller peer researchers were recruited, as trusted members of their communities, to set up individual interviews and participatory workshops and ensure the cultural appropriateness of the data collection process. Given their deep knowledge of their own communities, Traveller peer researchers were in a position to facilitate workshops in a way that builds trust and minimises emotional stress. In addition, the involvement of Traveller peer researchers, who acted as gatekeepers to their own community, facilitated access to the study participants for this study and also played a key role in interpreting and analysing the data.

Research Steering Group

At the start of the project a Research Steering Group was formed, which comprised nine members of the Travelling community and nine external experts in mental health and suicide prevention, to guide the development process and ensure the cultural appropriateness of the project. The Research Steering Group also ensured collaboration and buy-in from Traveller Organisations and supported the recruitment process in partnership with the peer researchers. Previous studies have endorsed the benefit of advisory groups to promote engagement and participation of key stakeholders (Condon et al., 2019, 2022). The Research Steering Group, which met on a monthly basis during the twelve months of project implementation, was co-chaired by a Traveller and an HSE Head of Mental Health Services and the secretary was also a member of the Traveller community.

The Research Steering Group had a significant role in the implementation of this study, as it informed every stage of the research process, making sure that all the steps taken were relevant and meaningful for Travellers. In particular, this group helped to interpret the research findings and to translate them into possible recommendations for future actions.

Traveller Peer Researchers

In the initial phase of the project recruitment posters and application forms were distributed to Traveller organisations across Ireland to identify potential candidates for the peer researcher posts. Shortlisted applicants were invited to interview. Seventeen Traveller peer researchers (twelve females and five males) from ten counties were selected, based on their communication and group facilitation skills, interest in the research topic, and geographical location. Peer researchers were recruited to work in pairs. In two areas, only one peer researcher was recruited, in which case they were supported by the local Mental Health Service Coordinator for Travellers. Most pairs conducted two participatory workshops, in which one of the peer researchers acted as a facilitator and the other as a moderator. The peer researchers helped in organising and facilitating the workshops and individual interviews, recorded the discussions, and participated in the analysis. One of the peer researchers also participated in transcribing recordings.

All peer researchers attended an initial one-day face-to-face training. The training consisted of an orientation to the research project, introduction to mental health promotion, interview and group facilitation skills, review of interview protocol and practice in pairs on conducting the workshop questions, use of recorders, privacy and anonymity, confidentiality and safety. The training protocol can be found in Appendix 1. Each peer researcher received a training package, consisting of a copy of the training slides, a guidance document on responding to a person in suicidal distress (NOSP, 2020), Protocol for Retrospective Abuse Disclosure (HSE, 2018), Consent Forms and Participant Information Sheets. An online session was held two days after the initial training to reiterate what peer researchers needed to do when holding the workshops and to answer any questions that had arisen. After all the workshops were held and the recordings were transcribed and coded, the peer researchers participated in a one-day workshop where they organised the coded data into themes.

One member of the Traveller community was recruited as a research assistant to assist in data analysis and coding. The research assistant had previous experience of data analysis and was trained by the lead researcher in the specific analysis method used in the current study. They coded the data from the workshops with the lead researcher and the project coordinator, all of whom contributed to the organisation and delivery of the analysis workshop.

⁴ Mayo, Galway, Longford, Westmeath, Wicklow, Offaly, Limerick, Cavan, Kerry and Wexford.

Recruitment of study participants and the involvement of Traveller organisations

Considering that the topic of mental health is much stigmatised among members of the community, and that mental health problems are so prevalent among Travellers, the study participants were selected through convenience sampling. The sample was recruited by the local Traveller organisations across the designated sites with the help of the Traveller peer researchers. Studies on Travellers' health have demonstrated the vital role played by gatekeepers such as Traveller Organisations in helping to provide access to members of the Traveller community and encourage their participation in the research (Condon et al., 2019). Existing Traveller groups were contacted, as trust had already been built within these groups. Traveller organizations and peer researchers were provided with a two page 'Recruitment Leaflet', which detailed the aims of the research, the different stakeholders involved in the study and what would happen during the workshops, including issues of confidentiality, anonymity and freedom to withdraw. Traveller groups and peer researchers were asked to distribute this leaflet to potential research participants prior to the workshops. The leaflet was written as an invitation for Travellers to attend the workshops and contribute to the discussion with their lived experience.

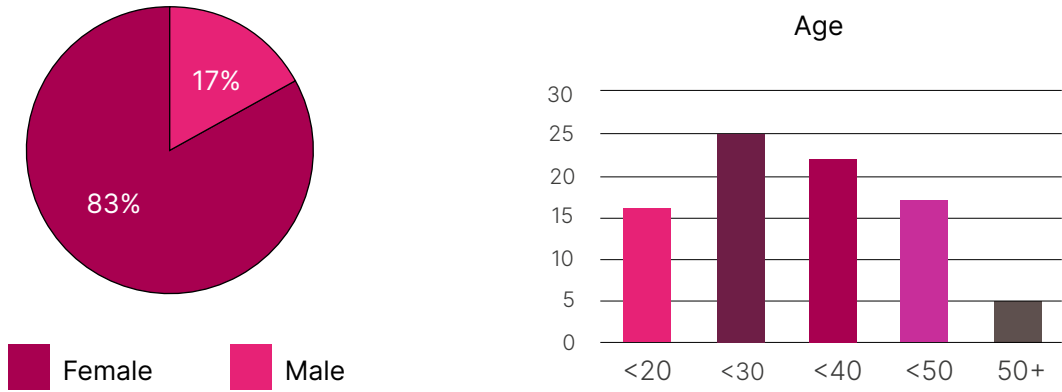
While the aim was to hold sixteen workshops with approximately eight participants per workshop, due to minor difficulties in the recruitment thirteen workshops and five individual interviews were conducted with a total of eighty-seven participants. Figure 2 on the next page summarises the demographics of study participants. Specific attention was given to ensuring that the views of male and female participants and those from different age groups were represented in the study.

Ten Traveller organizations were involved in supporting organisation of the participatory workshops across 10 different locations nationally. They provided invaluable support in providing access to a room for conducting the workshops, supplying food and refreshment for the participants, recruiting participants and administering the project payments to peer researchers. In particular, the Offaly Traveller Movement was central in organizing the one-day training for peer researchers and the follow-up workshop with the same group to finalize the data analysis. The assistance of the local HSE Mental Health Service Coordinators for Travellers was also critical in creating a strong link with Traveller groups around the country. This logistical and administrative support was essential to the smooth implementation of the study.

Figure 2. Research Participants' Demographics

Gender and age

The age of participants range from 18-78 years (M=33 years) with the majority (83) being female.



Children

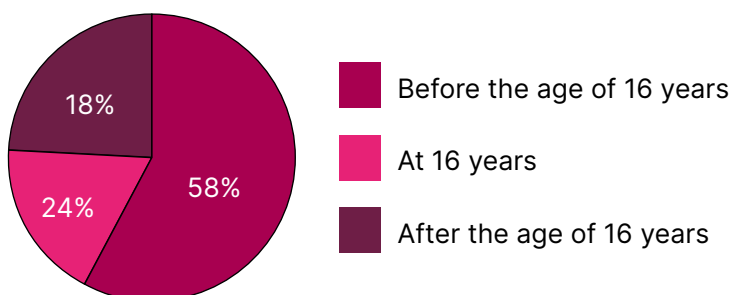
Of the participants, 40.2% (n=35) reported having children. The number of children ranged from 1 to 7, with the average number of children being 4.9.



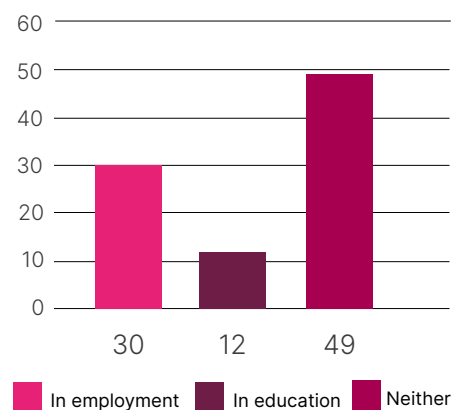
Education and employment

The majority of the participants (78.2%, n=68) reported having left education on or before the legal age of 16 years. Over half of the participants (56.3%, n=49) reported not currently being in education or employment.

Age of leaving education



Proportion of participants in education or employment



Workshop protocol

The protocol for the participatory workshops was adapted from previous qualitative research examining Travellers' perceptions of mental health (Villani & Barry, 2021). The protocol focused on three main areas: 1) maintaining good mental health and wellbeing among Travellers; 2) preventing suicide and mental health problems; 3) developing culturally appropriate mental health services.

Prior to the start of the workshops peer researchers provided each participant with a 'Participant Information Sheet' outlining all aspects of the research, its aims and the roles of the different institutions involved. At the start of the workshops peer researchers reiterated the purpose of the research, explained confidentiality and its limits, freedom to withdraw, they sought written informed consent from each participant and permission to record the conversation. Telephone numbers and details of counselling services available in the community were also provided to all participants.

A case scenario and a short video were used to encourage discussion. The protocol can be found in Appendix 2. The protocol was reviewed by the Research Steering Group and the peer researchers to ensure the cultural appropriateness, accessibility and sensitivity of the questions. As a result of this feedback, changes were made to the wording used in some of the questions. Furthermore, it was decided that the use of the video was optional, as some participants may have had recent experiences with suicide in their community.

Despite some concerns about showing a video that could trigger emotional reactions, members of the Steering Group agreed that the film would be helpful to talk about suicide prevention and to destigmatize the topic of suicide among research participants. The peer researchers were also instructed to ask permission from the participants before showing the video.

The video shown was a short extract of the film 'John Boy', about Travellers' suicide. The section of the film played during the interviews included Traveller men and women talking to the camera about the need to speak openly about suicide within the community and encouraging people to reach out to someone and seek professional help. It also provided phone numbers of safe and confidential professional support, available online and by phone. The video was not shown only in four workshops where the peer researchers were unable to access the video online.

At the end of the workshops peer researchers uploaded the recorded conversation on an online secure shared drive and the recorders and all signed informed consents were sent for safe storage to the research team at the University of Galway.

⁵ The case scenarios (one for women and one for men) are included in the 'Workshop Protocol' in Appendix 2.

⁶ The short video is available here: <https://www.youtube.com/watch?v=Mj7XP4-fD0> This is the promo of the film which was released online at the First Fortnight Festival 2021.

Analysis

The data analysis method was designed specifically for this participatory research project, based on the six-step process to thematic analysis developed by Braun & Clarke (2006) and the participatory methods of analysing qualitative data outlined by Jackson (2008). The 'group participatory data analysis' procedures (Jackson, 2008) followed in this research project is a distinctive feature of the study as it involves Traveller community members, instead of one or a small team of academic researchers, in the classification and interpretation of the data they previously gathered. This process requires community members, supported by professional researchers, to organise data into clusters and the clusters into themes and to arrange themes into patterns. One Traveller community member was also involved in writing up the narrative of the data. This process actively engages community members in making sense of the data and developing the research findings. This participatory approach contributes to validating the analysis process and can also be empowering for the participants as it ensures that members of the community with lived experience are centrally involved in shaping the research findings.

Travellers' discourse around mental health and healthcare is often constructed through a complex interplay of social contexts and ethno-cultural narratives. Thematic analysis is appropriate to interpret these narratives and to identify Travellers' "underlying ideas, assumptions and conceptualizations" (Braun & Clarke, 2006). The use of participatory data analysis is particularly useful in this type of projects as it recognises the power of ideas from lay people and community members (Jackson, 2008). In fact, the inclusion of community members in data analysis and interpretation can provide unique insights and increase community capacity; however, it is not a common practice due to perceived lack of expertise among community members and the considerable amount of time involved in data analysis (Cashman et al., 2008). In the current study, the initial coding was conducted by the researchers and research assistant, and the peer researchers were involved in developing the overall themes based on these codes.

The recordings were transcribed, following which the initial coding was conducted by the lead researcher (TK), the Traveller research assistant (MMD) and the project coordinator and researcher (JV). Following steps 1 and 2 outlined by Braun and Clarke, the transcripts

were first read and re-read to gain familiarity with the data, and initial codes were then generated by highlighting and labelling relevant extracts of the transcripts. The three researchers met several times during this process to review and discuss their coding and to ensure consistency between coders. Once all transcripts were coded, the lead researcher reviewed and refined all generated codes, combining codes that were similar and identifying additional codes. The final set of codes were reviewed and agreed upon by all members of the core research team.



The generation of themes (steps 3 to 5 by Braun and Clarke, 2006) was conducted in a collaborative one-day workshop with thirteen peer researchers, who had also been involved in collecting the data. Each code and a short extract was printed on a piece of paper. The peer researchers were asked to work in groups to organise the codes into themes and sub-themes. Jackson (2008) refers to this stage as *Grouping the Data and identifying Themes*. The candidate themes and their relationship to each other were then reviewed in the main group, to ensure that data within themes was coherent and that there were clear and identifiable distinctions between themes. An additional two-hour online session was organised with peer researchers two weeks later, where a thematic map of the themes and their interrelationships was agreed upon and a description and a name was developed for each theme. These last two steps coincide with the step *Making Sense of the Whole Thing* (Jackson, 2008). The researchers (TK, JV, and MMD) guided and facilitated the group work.

Ethics

Ethical approval was granted by the University of Galway Research Ethics Committee (Reference Number 2021.11.001). Informed consent was sought from all participants. The peer researchers provided the contact details of organisations and services providing counselling and psychological consultations before the start and at the end of the meetings. Peer researchers were also supported by the local Traveller organisation and/or Mental Health Service Coordinator for Travellers during the workshops and were debriefed by one of the researchers after the workshop. The debriefing was done over the phone and consisted of a general discussion on how the workshop had gone and whether the peer researchers had encountered any issues.

Peer researchers were also instructed to inform participants in advance when the topic of suicide was to be discussed, in case any participant has recently lost a friend or a family member due to suicide, and remind them of the freedom to withdraw. The HSE *Responding to a Person in Suicidal Distress - a Guidance Document* (NOSP, 2020) was employed to train and support the peer researchers in the event that any of the participants express psychological distress during the workshop discussion or disclosed suicidal ideation or considered themselves to be at risk of suicide and self-harm. Furthermore, the peer researchers were advised to report any disclosures of retrospective abuse to the research team to be dealt with according to the *Protocol for Retrospective Abuse Disclosure* (HSE, 2018).



Results

Four overarching themes were developed with the peer researchers, as shown in Figure 3 below:

- 1) Culture and Identity,
- 2) Health and Community Services,
- 3) Life Opportunities and Choices
- 4) Discrimination.

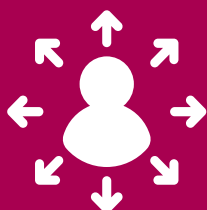
Figure 3. Four overarching themes



**Culture and
Identity**



**Health and
Community
Services**



**Life Opportunities
and Choices**

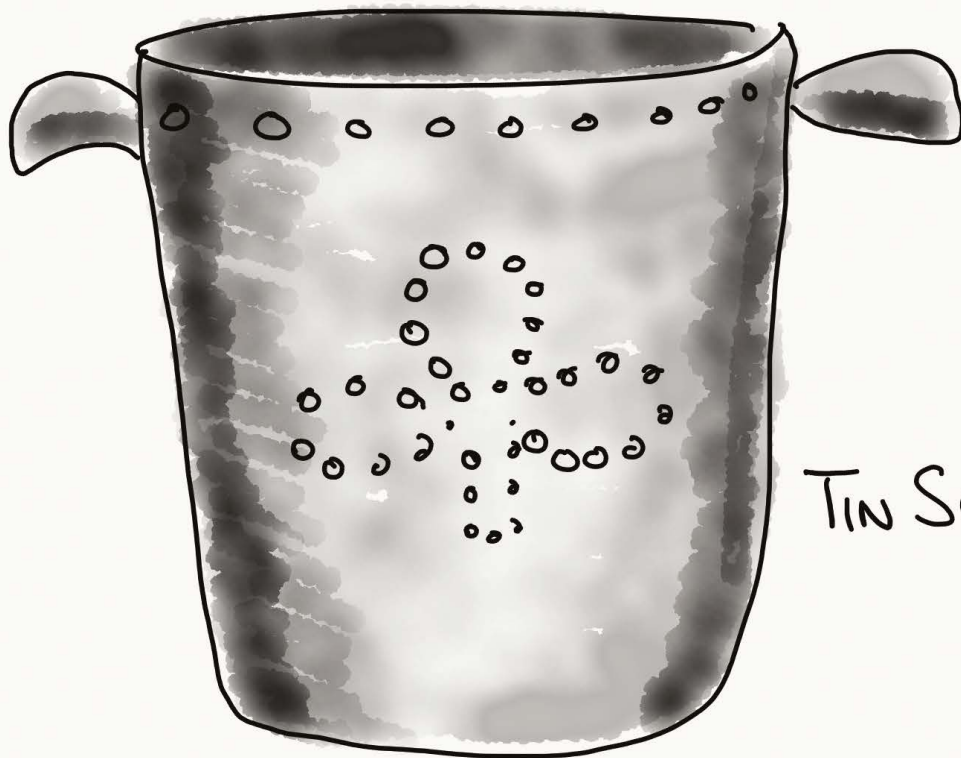


Discrimination

Culture and Identity

The theme 'Culture and Identity' encompasses accounts of where the participants discuss the importance of cultural identity for the Travelling community. Culture was seen as both a strength and a barrier to personal wellbeing and as providing a positive sense of identity. Travellers' identity was seen as being conflicted, with feelings of pride in their cultural identity being contrasted with a sense of shame and embarrassment at having to hide their identity to be accepted in wider Irish society. On the other hand, there was a view that the younger generations are becoming more assimilated in mainstream Irish culture and need to find a way whereby their identity as a member of the Traveller community, and as a member of the wider Irish society, can coexist in a positive way. One participant described this as feeling "stuck in the middle" with their Traveller identity not being accepted by mainstream society while parts of their identity, that are associated with the mainstream culture, are judged within their own community. This is the theme description by peer researchers:

'Identity and culture are a huge part of being a Traveller. The way of life and way of living is a huge part of who they are and where they came from. The culture has been slowly eroded over the past six decades. There is security in being part of the culture and living close together, however, it can also have a negative effect on younger generations whose choices and identity may not be accepted by older generations. You are caught in the middle between remaining a Traveller and being accepted and welcomed in Irish society.'

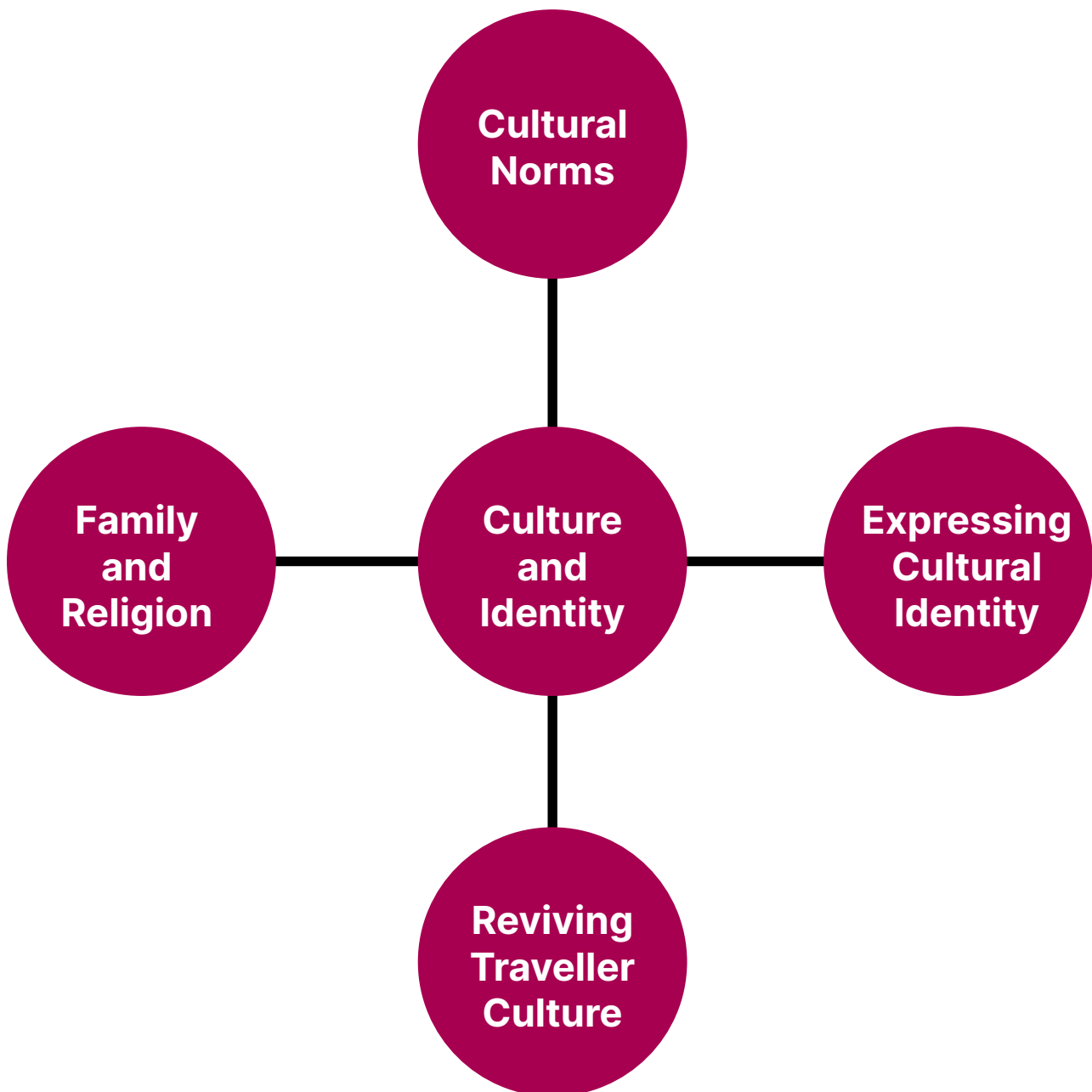


TIN SMITHING

Lisa Fingleton

The figure below shows all the sub-themes under 'Culture and Identity', each of which is explored in depth in the following sections.

Figure 4. Sub-themes under 'Culture and Identity'



Cultural norms

The participants discussed cultural norms among the Traveller community in relation to marriage, education, gender roles and sexuality, and how trying to abide by these norms resulted in pressure for many young people.

Female 1: *"The culture and the ways we get on doesn't help. It's an awful lot of pressure."*

Female 2: *"Yeah, I know exactly what she's trying to say. There's a lot of stuff within the Travelling community you have to kind of abide by and stick to."*

Participants of all ages talked about the pressure that traditional gender roles and early marriage can put on young people. For young men, a positive identity was very much tied to being able to provide and not bringing shame to the family, while gaining employment can be challenging due to poor education and discrimination experienced in employment:

"...if you can't get a job, then you are seen as being no good. Can't provide for yourself, need help from someone else." (Male)

For young female participants, traditional cultural norms about women's role in looking after the home and children, were conflicted with personal ambition to pursue education and autonomy. They reported that the fear of judgement and exclusion from the community can inhibit making choices that are against cultural norms, which can result in feeling boxed in and unable to live as one wishes.

"...if you wanted to go to college and get an education, I think the fact that they're so old-fashioned the first thing they look at you and be like, 'Oh, what's wrong, you want to be a settled girl?'. You're trying to better yourself for yourself, it doesn't mean that you're forgetting your culture or anything like that...And then you're kind of stuck in this little box..." (Younger female)

Similar views of being stuck between two cultures were also expressed by young males, with one participant describing it as *"trying to grow up in a system that ... squeeze [you] from the inside and squeeze you from the outside."*

It was acknowledged that there is diversity in community members' views and expectations, with some Travellers being more traditional in their views than others. One of the older male

participants expressed more liberal views when talking about his granddaughter not pursuing education because she married:

"She could have been whatever she wanted to be, the teachers told her that she could have been a doctor a nurse or whatever she wanted to be...and she went on and got married, threw it all away." (Older male)

An important subtheme was the identity conflict experienced by LGBTI+ youth. It was acknowledged that there is limited acceptance and understanding of sexual and gender minority identities in the Travelling community, which can result in having to hide one's identity due to fear of being judged or disowned by the community. This in turn can lead to mental health problems or even suicide.

"...it would play a massive part [in your mental health]...You're hiding it then from the only people you've ever known, you know what I mean, and you know that they're not happy about it you know." (Younger male)

One of the participants explained, that being part of the Traveller culture remains an important part of one's identity, even if their sexual identity is not accepted in the community. He felt that the underlying expectation of the mental health support he had received was that he would leave his culture, however, he did not consider this as a viable option as it would leave him without any support network. Instead, there is a need for culturally appropriate support services that aim to build bridges back to the community for those who have been excluded due to their sexual orientation.

"We need supports for that where they can go and talk about how they feel in their culture and how they can make their way back into it, basically if they feel welcome. You know you need someone that can support them on that and show them reassurance, you know, security within communities, so it doesn't have to feel like they're being pushed out because of who they are." (Younger male)

There was a sense among some of the younger female participants, that cultural norms do not change, and challenging these norms requires personal strength and confidence. They expressed that Travellers generally are *"afraid to voice opinion"* when it is critical towards the community. On the other hand, others

acknowledged how “*Traveller culture is also changing along with society*” (Younger female). Many participants expressed how, in comparison to past generations, there is now increased freedom among women to choose how they live their lives and when to marry, and increased acceptance of diverse sexual and gender identities among younger generations. This shift in attitudes was also evident in the critique expressed by the participants towards the norms within the Traveller culture. For example, a participant in a workshop consisting solely of young males commented:

“...still living in middle ages...like the way we think about homosexuality...stupid...” (Younger male)

Expressing cultural identity

This theme centres on participants views on the importance of cultural expression for supporting mental health and wellbeing. Feeling proud of oneself and one’s origin was considered important in its own right.

“You got to be proud of who you are.” (Female)

The participants felt pride in several aspects of their culture, including appearance and dress, cultural traditions and practices, arts and crafts, sports, language, way of living and family values. On the other hand, cultural pride was conflicted with feelings of shame and embarrassment due to being rejected by mainstream Irish society. The participants recurrently discussed having to hide their Traveller identity and “*to pick and choose whether to act like a Traveller or to not act like a Traveller*” in order to avoid exclusion and discrimination. The participants recounted events where they had changed their name, way of talking or how they dress to avoid exclusion:

Male 1: “...how far you have to put yourself off to do something. Change accent, change everything.”

Male 2: “...booking a hotel... paying for the room. I get Katie [name changed] to use O’Connor... because they will recognise O’Brien as a Traveller name...how much you have to change to get a job...not worth it...”

Having to hide one’s identity was considered inherently wrong and was said to cause feelings of embarrassment and shame around one’s cultural heritage. One of the participants talked about how being respected in mainstream society would improve her life:

“...you wouldn’t be going in with your head low and worrying or afraid to say your name because they know automatically that you’re a Traveller no matter how you dress. You shouldn’t be made ashamed and being ashamed of who you are...” (Older female)

Reviving Traveller culture

There was a strong sense among some participants that the Traveller culture was becoming lost or stolen, and that reviving it would be beneficial for wellbeing. Some of the older participants were nostalgic about the Traveller culture in past generations and associated good mental health with being out and about and engaged with cultural activities:

“My father never could read or write yet could do anything with his hands. He’d be all into horses all things like that. There was plenty he could do even though he couldn’t read and write and his mental health was perfect.” (Older female)

The loss of the nomadic lifestyle and cultural way of life was seen as being particularly detrimental for the mental health of older generations and for men. There was a sense among many participants, that reacquainting with cultural activities, such as keeping horses, tinsmithing and travelling would be beneficial for their mental health and wellbeing, through strengthening cultural identity and improving community connections and purpose.

“They should pick up from what they’ve learned in Travellers cultural ways, like go out and do more things with horses and keep to their culture like.” (Female)

For this purpose, it was acknowledged that there was a need for increased community groups and a safe place to practice these activities. Others expressed that they were not interested in traditional Traveller activities, however, that being active in itself was important for mental health and that option to engage with cultural activities should be provided for those who want it.

Some of the older participants felt that younger generations were losing their cultural identity and becoming more integrated with the settled community. They expressed that young people “*don’t know what they are anymore*” and that “*their identity is lost*”. Preventing the culture from “*dying out*” and ensuring that their children have the option to learn about the Traveller culture, if they wish, was important to some.

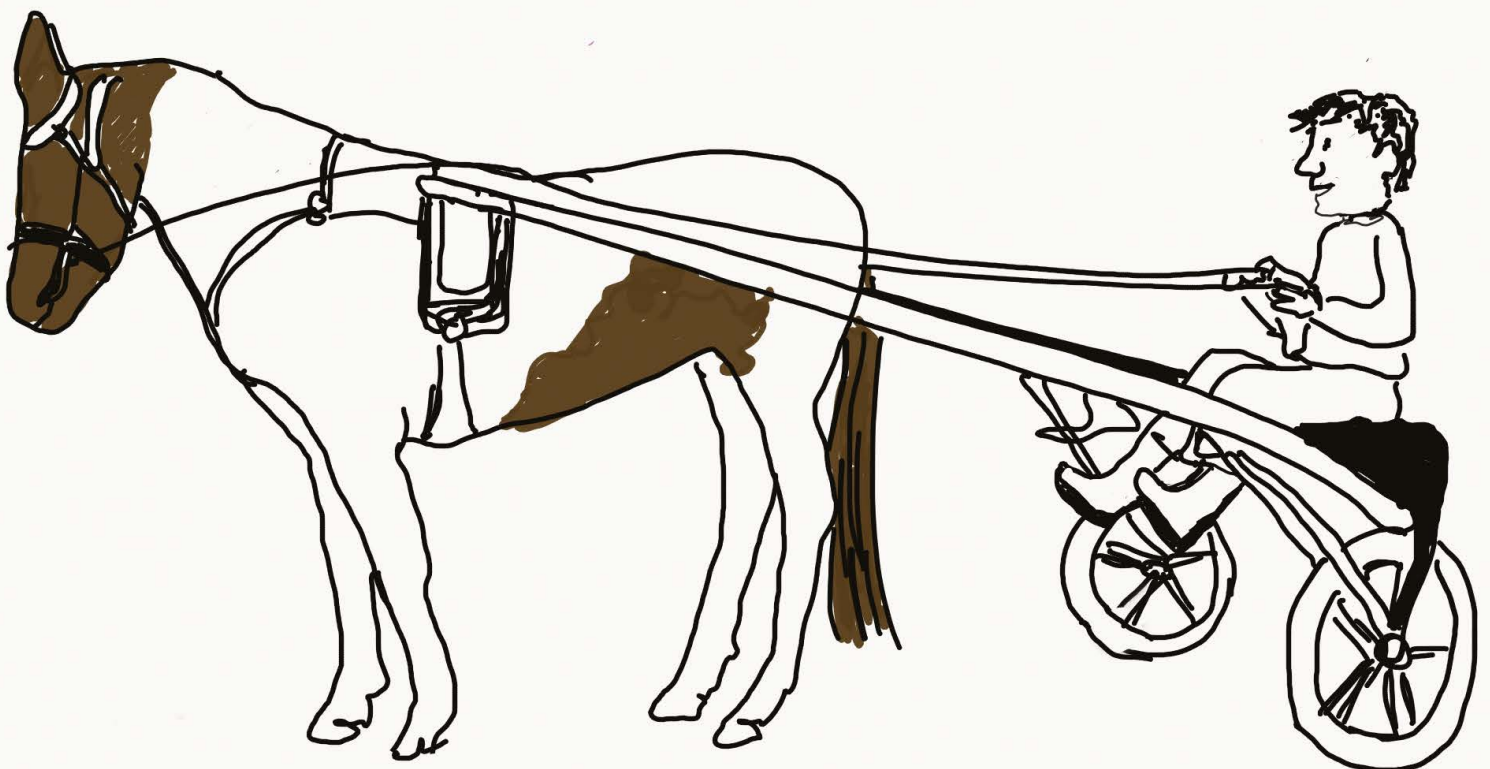
"I think it would be still good for a young person to grow up knowing that their father was a tinsmith and they can do something. I think it's good for them to know exactly where they came from. Let it be tinsmithing, woodwork, horses or whatever it's still nice to know a little bit of your background. Yeah, not everybody is into the tinsmithing. Not everybody is into the horses. But give them that choice not to take it away from them..."
(Older female)

Young people themselves rarely linked cultural activities to Traveller identity and their views on the importance of cultural identity for mental health and wellbeing varied. Some did not see how learning about one's culture would improve their mental health, whereas others linked cultural identity with self-worth. For example, the

young female participants discussed the benefits of learning Cant for bringing security by others not understanding what you say, but also in its own right:

Female 1: "Like Travellers don't know a lot of their language so it is important that way yeah to learn. Maybe it would give you a little bit of a buzz knowing what you're saying but nobody else knows what you're saying."

Female 2: "But it's not even that. It's just knowing that you're more than, you actually have your own language and its more than talking behind people."



Lisa Fingleton

Family and religion

The importance of family for the Traveller community was consistently discussed by the participants. Living close together and respecting family values was seen as an inherent part of the Traveller culture.

"...being alone and a Traveller. A lonesome Traveller be a scary thing" (Younger male)

Family was seen as an important source of support, particularly as life could be challenging in many ways. Talking to your family and friends was also considered the first point of call when going through mental health difficulties.

"We come from big families and we're used to having that social and that networking. And we also feel very close when things are down. Like that we always have a battle and a challenge against us the whole time so we find it very hard. But we do have strong links with our family and great support." (Older female)

Some argued that due to the erosion of many aspects of the culture, such as the nomadic lifestyle and cultural arts and crafts, living close to and valuing family remained the most important part of the culture. Others talked how losing the nomadic lifestyle has also resulted in the weakening of family and community ties, through the inability to travel to family events and show support.

"Travellers tip wood if there was a wedding or a death or whatever you'd see them all pulling together. Now that's kind of been taken away because they're so far apart." (Older female)

The challenges of living "too close" together were also mentioned, including the lack of privacy and not having time for yourself. Family was mainly seen as a positive influence on mental health and wellbeing, however, it was acknowledged that family could have a negative influence, for example, through marital conflict and domestic violence, and by providing poor role models in terms of delinquency and misuse of alcohol and drugs. Lack of communication and understanding between generations was also discussed by younger participants. Poor communication and "not being heard" was mentioned as one of the reasons behind increasing suicide rates among young people.

"...we could have families trying to be more open-minded towards ... what they [young people] are going through and what they're maybe hiding like what they can't tell you or what they just fear of the outcome of telling." (Younger male)

Religion was also discussed as an important supportive force for mental health and wellbeing. Religion could bring hope and comfort for those who believe and confiding in God and saying prayers was seen as a form of opening up and asking for help. However, similar to other aspects of culture, religion was seen to be losing importance among the younger generation of Travellers.

"...I used to go in [the church] feeling down about myself and I'd sit there for a half an hour and I'd feel better coming out of there. But what I noticed, even in myself, and a lot of people didn't believe in that now no more. There is not many people going to mass like they used to a few years ago, including myself." (Younger female)

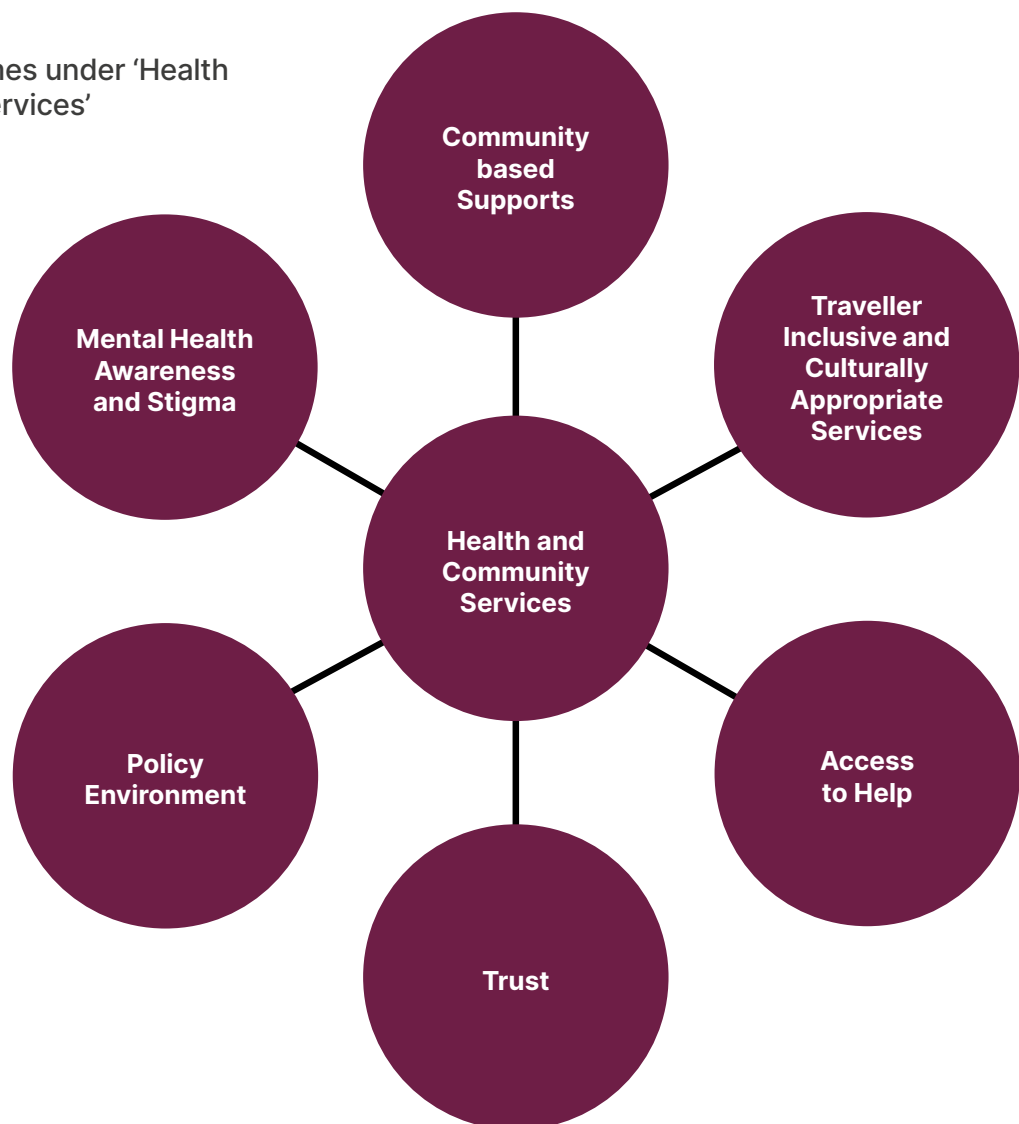
Health & Community Services

The theme of 'Health and Community Services' captures participants' concerns about accessibility to mental healthcare and community support. It also includes ideas around service improvements in order to make services more accessible and friendly for Travellers. This is how Traveller peer researchers described this theme:

'Travellers need to be given equal and fair access to services in a non-judgemental and non-discriminatory way. Building mutual trust between Travellers and services through cultural awareness training, inclusion of Travellers in service design and delivery and linking in with local community and Traveller organisations is crucial. A better awareness and understanding of Travellers' mental health in Ireland and within the community is also needed. Mental health stigma is a barrier for opening up and accessing mental healthcare.'

The following sub-sections elucidate the main sub-themes comprised under 'Health and Community Services', which are summarized in the diagram on Below.

Figure 5. Sub-themes under 'Health and Community Services'



Trust

'Trust' is the most prevalent sub-theme under 'Health and Community Services'. This shows how important this subject is for Travellers when talking about mental health. While mistrust can be considered a consequence of discrimination against Travellers, which is discussed in the following sections of this report, here we are presenting research participants' ideas about trust in the context of mental healthcare provision.

Throughout the participatory workshops there is a widespread sense of Travellers being failed by the mental health services, whose employees '*pass you back and forth with no support;* consider you just a '*tick on a list*' and do not encourage you to speak about your problems. The perception of poor care generates distrust towards mental health service providers who do not seem to offer psychological safety and allow Travellers to feel at ease to speak about their difficulties. This is also linked to concerns around lack of confidentiality and anonymity, which further hinder Travellers' predisposition to open up. A few participants commented that if Travellers were reassured about confidentiality and if they understood that nothing is disclosed outside consultations, it would help to improve confidence in the services.

Some participants commented that Travellers do not feel understood and they feel they are '*not taken seriously*' when they access A&E for a mental health crisis. This is linked to the sub-theme of 'Cultural awareness training' for mental health providers, which can create a better understanding of Traveller culture and living circumstances and, therefore, shed light on their behaviours, mind-set and specific mental health needs. This type of training can create what one participant called a '*Traveller friendly atmosphere*' where Travellers are respected and valued as members of Irish society.

The following statements elucidate clearly how being able to trust service providers can be considered the most important issue when accessing mental healthcare:

'I feel like if you're going through something I think the biggest part is maybe just to know someone is there for you. Like genuinely, so an actual genuine person actually there for you. I think that's a big part too.' (Female)

Also:

'If they have someone that they can trust, right, someone they can trust that he can talk to, someone that will be there for them. Yeah, I think they will get better. There is support out there. But we just haven't got the right ones.' (Female)

Study participants commented consistently that building trust with health professionals, and services in general, could be crucial to improve access and enjoy better healthcare provision. For example:

'The fact that they know you the more trust they are going to put in, you know what I mean like...trust her or trust him that they are good people they are going to have good help.' (Older male)

Several participants in different workshops discussed the importance of meeting with the same trusted person at every appointment. Travellers feel that meeting different professionals at consultations is stressful as it requires building trust and repeating your story every time and it also gives the impression that the HSE feels your needs are not important or that they are not working properly.

This is linked to a topic that was brought up by many participants across different workshops, which is the possibility of being supported and attended by someone from your own community. For example:

'At least then you are more kind of at ease you know, and you feel more at home as well because that person [Traveller Mental Health Worker] is from your own community and understands where you are coming from. They know your background.' (Male)

While some participants expressed concern about disclosing their mental health problems to a member of their community, for fear of breach of confidentiality, many have commented that it would be easier to trust a Traveller who can understand your culture better and can relate more easily with your problems and living circumstances. This topic is also linked to the sub-theme 'Travellers employed in services', which can be helpful to create a more inclusive and diverse healthcare system.

Access to help

This sub-theme includes participants' observations about the barriers that Travellers encounter to access support, and ideas about how access to services could be improved. While some participants report that Travellers do have knowledge of health services, as most have medical cards and access to GPs, several commented that there is a lack of awareness about mental health services within the community, for example:

'I think, firstly, I don't know any mental health services outside the Traveller community. So if I was suffering with mental health issues I don't think I'd know where I could go.' (Male)

Also:

'Travellers know nothing, no one comes around, no-one tells us anything. So we don't even know if there's even any facilities or support anything there for Travellers and we don't get nothing, we don't know nothing.' (Older female)

Participants suggested that this awareness could be created by any professional, even outside the HSE like a solicitor, who could, for example, signpost people to a counsellor. Traveller organizations can also play a role in creating this awareness by linking people in with existing support or by having contact numbers displayed on the wall; so people will not feel uncomfortable to seek information about mental health services.

One of the participants commented that a good mental health service is one that seeks proactively to help people in the community, and performs outreach activities routinely:

'There's no point coming when it's too late when someone has suicide committed. It would be nicer for them to come out to the community and get involved with the community and let people know that they're there and not be waiting until it's too late for people.' (Female)

This type of service would allow for timely access to services, reduce long waiting lists or having to *'fight to get a counsellor'* as one of the participants put it; finally it could help to prevent suicide in the community and could serve as a

good mental health promotion strategy.

Other barriers to access mental health services, cited in the workshops, were no availability, financial barriers, transport and literacy. Some participants stated that services are not present where they live, and other affirmed they are far away from towns requiring public transport, which is not always available. Cost was mentioned as a barrier to mental health services⁷, and poor literacy was also cited among the obstacles to accessibility. In particular, Travellers talked about how the inability to read and write not only prevents people from understanding how to access support, but it can also trigger feelings of embarrassment during consultations due to difficulties in understanding what is being discussed. This is worsened by the use of jargon by professionals, which can be intimidating to lay people. The lack of sign and language interpreters in any counselling service⁸ was also mentioned in a one-to-one interview. These circumstances may prevent people from seeking support or may drive them to drop out from services.

The need for faster and immediate support was mentioned a few times in the workshops. Given the high prevalence rate of suicide and poor mental health among Travellers, there was a sense of urgency among study participants to access help when it is needed and the desire to access immediate crisis support. Some people commented that if risk to suicide and family history of poor mental health were factored in, when prioritizing service users, Travellers would be able to access services more swiftly.

Finally, accessibility could also be improved by increasing the number of psychiatrists and mental health nurses and by encouraging help-seeking.

⁷ Presumably this comment refers to private services, not HSE.

⁸ This comment was from a blind member of the Traveller community.

Traveller inclusive and culturally appropriate services

This sub-theme encompasses comments about the need to employ Travellers within the mental health services and the need to increase Traveller cultural awareness among mental health professionals. This sub-theme addresses participants' views on the meaning of cultural appropriate services from the perspective of Travellers.

There were thirteen suggestions made, across the different workshops and interviews, about the importance of employing members of the community in mainstream mental health services and beyond. Throughout the discussions there was a real sense of needing to broaden the profile of health service staff in Ireland in order for the services to be more inclusive.

Participants mostly referred to the fact that Travellers could be employed as receptionists, mental health workers, counsellors, teachers and support workers. The list could be possibly expanded to include any supporting staff within the HSE, as one of the reasons participants wanted to see Travellers employed in mainstream services is to create an environment that is more familiar and welcoming for them, to see that 'friendly face', and to allow Travellers to feel at ease and proud by seeing fellow community members employed in public services. This would demonstrate the government's commitment towards equality, as this person put it:

'It would be nice to be able to walk into a clinic or you have an appointment and walk in somewhere and see a Traveller girl behind one of these desks. Like it would make your day. It would make you so proud that well the government and the HSE is treating everybody equal.' (Female)

Another reason to employ Travellers in the HSE, brought forward by the participants, is that these employees would have an understanding of their culture and, therefore, would be able to better interpret Travellers' needs and would help them to better navigate and engage with services and 'be able to work on solutions before they [service users] have to mention anything'.

One participant said that 'the only time you can be a Traveller is with Travellers', implying that Travellers would be their true self, and feel more comfortable and safe, if they could speak and be attended by a member of their own community. One person said that being able

to speak to a Traveller worker would reduce the fear of being judged by members of the settled community. In particular, six participants mentioned that Travellers could be trained and employed as Mental Health Support Workers. These posts could perform outreach work in their own community to distribute information about existing services, including the National Traveller Counselling Service, but also share advice on how to improve mental health. This would contribute to overcoming barriers to access, such as unawareness, stigma and low literacy and would help to promote positive mental health.

One of the participants said that if Counsellors could come to Traveller organizations and meet Travellers they will see 'that Travellers are human and they do not eat anybody.' The person continues: 'the more information Travellers get the better it is.' According to this person, attitudinal change among mental health practitioners can be achieved by improving connections, and creating opportunities for interaction with the community. That would help to break stereotypes and stigma around Travellers, and would also help to share information that could be passed on to the wider community.

Related to this comment the topic of 'cultural awareness training' was discussed by thirteen participants in different workshops, as a way to create Traveller friendly services and to make service providers aware of how Travellers live today and debunk old stereotypes. This training would enable mental healthcare providers to have a better understanding of where Travellers are coming from, their living circumstances, their values and some of the challenges they experience. For example:

'If you went in to a counsellor and said my mother is putting pressure on me to get married, they'd only look at you and be like oh well that's not serious like you don't have to.' (Younger female)

'They don't understand the culture. You know that's the thing.' (Younger female)

These participants refer to the fact that people from the majority population may not be aware of the Traveller custom of early marriage and how this can be a source of stress for young Travellers. One of the participants expressed frustration and difficulties in accepting the advice

of a service provider, which was perceived as a recommendation to leave their culture behind in order to evade pressure from family and cultural practices. Traveller cultural awareness trainings, according to several participants, should be delivered to HSE staff and in all Irish schools so children could learn about the Traveller community as having a culture like many others, with its own heritage and traditions.

A few participants suggested having 'Traveller mental health centres' and 'Traveller walk-in services' open 24 hours, so as to be able to receive one-to-one culturally appropriate professional support at any time.



Community-based supports

This sub-theme encompasses comments related to initiatives and services developed and provided at community level, which can be positive for Travellers' mental health. The observations included in this sub-topic highlight the importance of outside support, as an outlet separate to the family, where members of the community can speak and be listened, by peers and other professionals.

A small number of participants mentioned that being able to access gender specific groups could be good for people to go out, engage in meaningful activities and open up about their problems with their peers. These culturally appropriate groups could target young people, encouraging them to engage in different sports such as boxing, football, bowling and other outdoor activities. Travellers expressed the view that if people are supported at a young age, learn social skills and how to open up about mental health problems, they could benefit when they grow up and will be better endowed to face difficulties during adulthood.

The implementation of horse projects for Traveller men was mentioned as an activity that could serve several purposes, such as preserve Traveller culture, enhance employment and social skills and ultimately improve mental health outcomes and social wellbeing. Possible support for women included guidance on how to speak with their partners about mental health.

Peer support groups for LGBTI+ Travellers, such as, for example, a 'minority shed' would be a safe space where Travellers with minority sexual orientation can meet in a confidential location, speak up with their peers without fear of judgement and being harassed. For example:

'If you went into a minority shed where you'd have not just gay Traveller men but Lesbian Traveller women and Trans Travellers you know that's their little place. They can go. They all understand one another you know what I mean. That would be a really good idea and I think you would have a massive turnout.'
(Female)

One person said that mental health services could be based in Traveller organizations. While many realize that community-based services are provided mostly by Traveller organizations, some participants bring forward the idea that mainstream mental health services should be

everywhere, even in schools, and should be more present in the community in the form of outreach work with Traveller specific campaigns:

'the onus not always be on the Traveller community and the Traveller projects to make things work. The mental health services we are a big part of their clients. We should be reflected in their services.' (Female)



Finally, there were some suggestions about the need to extend the ASIST⁹ training on suicide prevention to every member of the Traveller community and to deliver this in the school setting, to enable community members to spot signs of suicidal ideation as soon as they arise.

⁹ Applied Suicide Intervention Skills Training



Mental health awareness and stigma

This sub-theme includes participants' statements about the lack of mental health awareness among Travellers and their difficulties in openly speaking about mental health, which is linked to widespread mental health stigma.

It is evident from the comments made by participants that stigma is a huge barrier, firstly in acknowledging people's mental health problems and secondly in seeking help. There is a sense of shame attached to poor mental health and since feeling low is considered a sign of weakness, especially among Traveller men, many in the community hide their vulnerability and prefer to deal with it by themselves with no support. For example:

'And sometimes with Traveller men the shame can be a lot of it. Their family will say oh God why are you depressed. He's thinking that's gonna be said to him. And they're ashamed well sure if I say I'm depressed they're going to be all at me then. So just shame. A Traveller man thinks he's strong but he's far from it.' (Male)

There is fear of being judged by other community members if Travellers are seen entering a mental health centre, which prevents people from seeking help or having to access support far away from home, for example in other counties or towns.

'I personally myself went to a counsellor down in [town] so nobody would know I was going to a counsellor in [town] because I didn't want anyone to know. Because it's very hard to try and open up to someone even in your community. Because you're like oh God if they see me going in there they're going to be talking about me. People are going to know there's something wrong with me.' (Male)

Also:

'Other Travellers seeing you go in would cause trouble.... "and him going in to get help with his head, what's wrong with you at all". doing something wrong at home.' (Younger male)

Many participants recognized that there is a need to combat stigma through targeted campaigns, through mental health talks led by teachers, local councillors, mental health teams, GPs and by creating support groups. These groups can help Travellers to talk openly about mental health problems with no shame, so that people can realize that every Traveller experiences mental health difficulties, and it is ok to feel low, anxious and depressed from time to time.

One of the participants was positively struck by the video on suicide prevention shown during the workshop. He found it inspirational to see Traveller men talk so openly about their mental health problems and encouraging people to do the same and seek support.

Among the participants there was a sense that stigma is fuelled by poor mental health literacy, lack of awareness about mental health and negative connotations attached to the concept of mental health, which was described as follows:

'having bad thoughts', 'feeling lost', 'loneliness', 'locking yourself in', 'not mixing with people', 'suffering', 'thinking in silence.'

While many recognize that it would be difficult for young Travellers to talk about their problems and go to the GP or a counsellor, several participants suggested that improving education and mental health literacy and awareness would be very helpful.

Building emotional awareness and accepting one's own difficulties can also be an important step to fight stigma and be more comfortable about experiencing mental health problems:

'I think also just sitting and acknowledging your bad feelings and actually going through it. I don't understand where this shame comes from to begin with.' (Female)

Two participants talked about the personal responsibility to deal with your own problems and to improve your mental health, which depends on your outlook on life.

Policy environment

This sub-theme includes Travellers' ideas about the need to be involved in the development of policies, strategies and plans, which will affect their life and ultimately their mental health. Travellers' sense of exclusion, lack of ownership and inability to have a say in Travellers' policy making was evident in statements made across the workshops.

'I think the HSE and government need to link in with the Traveller organisations. There's no point in them going and putting out this great big plan that looks absolutely fabulous and looks great and oh it's going to work and having very little to do with Travellers. And that is just not going to work. It looks great on paper but in reality it's not going to work. And I find the HSE need to link in with Travellers themselves, get culturally appropriate, get what Travellers need, what Travellers want and look at what is happening here now on the ground for Travellers.' (Male)

Also:

'You've no choice, they've no choice for new buildings, what's going up around them. They're not being like informed about the plans that's going on cameras, that's going up in the sites. There is a lot of things that is happening around the sites that we've no information about whatsoever. You go to bed tonight and wake up tomorrow and there might be a shopping centre next door to you being built. Just we've no say over anything.' (Older female)

It is recognised that many of the decisions affecting Travellers in all domains (housing, education, employment) are made by settled people in government departments or local authorities, who may have a very little understanding of Travellers and their needs.

'How can a settled person then work or talk on behalf of the Traveller? When they know nothing about Travellers' culture, they know nothing about them. But yet they're making decisions for Travellers, without Travellers even knowing they are making the decisions.' (Older female)



These circumstances were deemed unacceptable by Travellers, who instead commented on their preference for a co-production approach:

'Listening to the Traveller community and designing services with the Traveller community and not for the Traveller community. I think then only will we be able to tackle this problem of mental health.' (Female)

Two participants made suggestions for the development of a specific National Traveller Mental Health Strategy and encouraging the government to focus its policies on Travellers' mental health and curbing discrimination. While some participants distrust the government and recognize that the government is not acting to solve many of the problems affecting Travellers' mental health, there is a sense that the government's support and funding are crucial to advance these issues.

A number of comments also focused on the need for the government to give more visibility to Traveller issues, similarly to the prominence and visibility given to refugees from war countries in recent years. There were also advices about the need to implement proactive rather than reactive strategies and to avoid prioritizing actions only after tragic events¹⁰.



¹⁰ This remark refers to improvements in halting sites' fire alarms following the deaths of ten Travellers due to a fire on a site in Dublin in 2015.



Life Opportunities and Choices

The theme of 'Life Opportunities and Choices' centres on the need to provide equal opportunities for Travellers, that allow them not only to survive, but to flourish and enjoy life.

"I think, first of all, you need to be happy. I think you need to do something that you enjoy doing. If you're working you need to be in a job that you're happy to be in." (Older female)

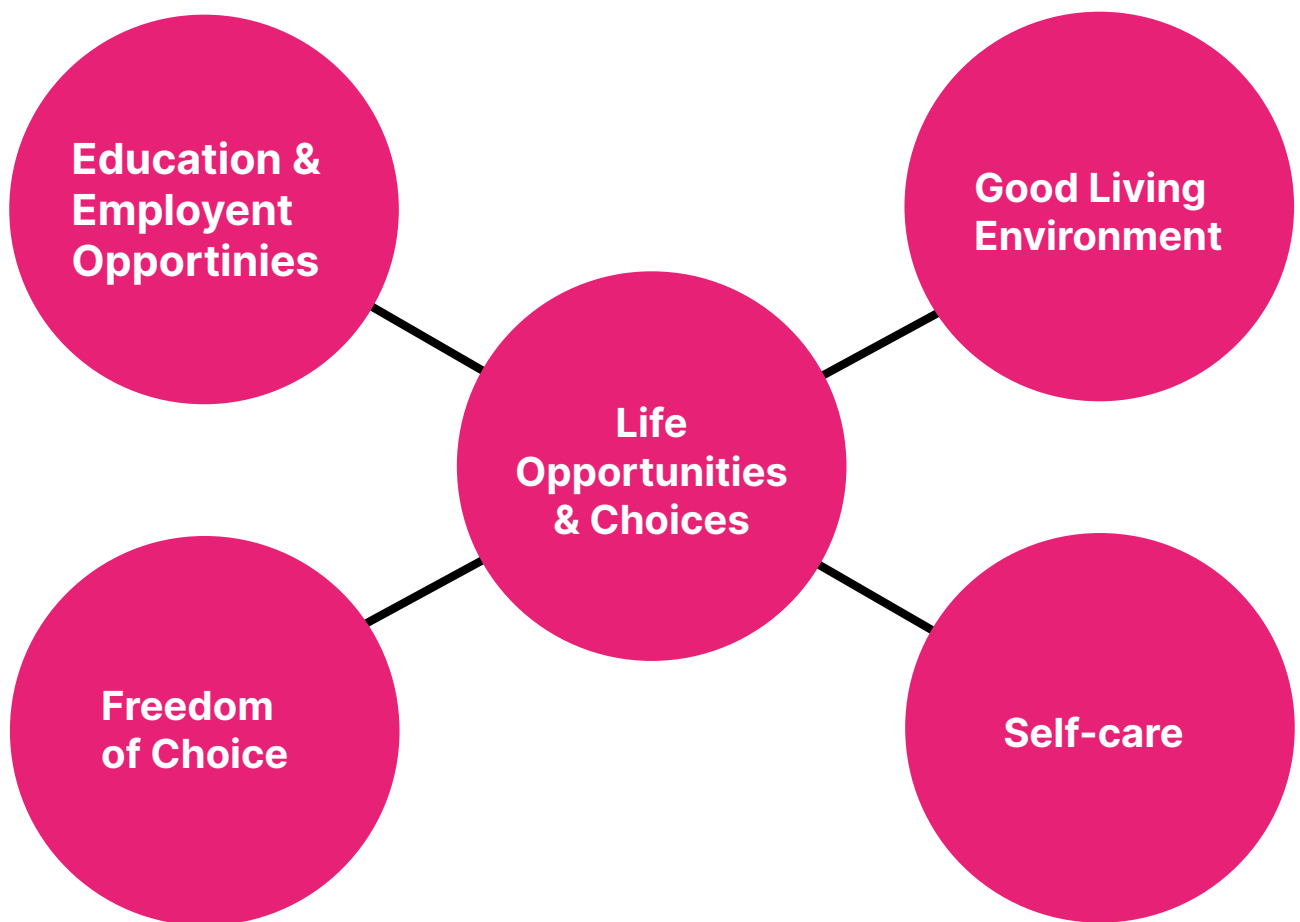
This theme is about fulfilment and senses of purpose in life. The participants discussed feeling restricted and "locked in" with nothing to do in their living environment and with poor prospects for the future. Young people need to be able to see positive pathways for their future, where they feel that they can contribute to the society, in order to be motivated to pursue education and feel good about themselves. The need to be able to have control over their lives and have the freedom to make choices was highlighted by respondents, whether in relation to which restaurant to go to or where to live, and not to be forced simply to take what is given to them. This theme was described by Traveller peer researchers as follows:

"Not being able to make your own choices and decisions in any aspect of life prevents Travellers from maintaining positive mental health and feeling in control. A lack of employment opportunities leads to a sense of hopelessness and lack of purpose and prevents Travellers from pursuing education. It is hard to see a pathway to progression in a system where Travellers don't feel they are welcome. Instead of steppingstones, Travellers face stumbling blocks and boulders."

The sub-themes under 'Life Opportunities and Choices' are summarized in the diagram below and described in more details in the following sections.

"My father never could read or write yet could do anything with his hands. He'd be all into horses all things like that. There was plenty he could do even though he couldn't read and write and his mental health was perfect."

Figure 6. Sub-themes under 'Life Opportunities and Choices'



Education and employment opportunities

The participants, regardless of gender and age, discussed the need for improved education and training opportunities for Travellers. Many participants mentioned having nothing to do and nothing to look forward to, leading to feelings of worthlessness, hopelessness and lack of purpose.

"They are getting up now walking around outside there and they feel worthless there and they are worthless in a way." (Older man)

Sitting around with nothing to do was also said to lead to overthinking, which in turn could result in anxiety, depression and suicidal thoughts. On the other hand, "keeping busy" with work or hobbies was consistently mentioned as a way to protect one's mental health.

"If you're sitting thinking all day especially anyone around would say that overthinking leads to anxiety and they need to be kept busy." (Older female)

Also:

"And it [work] gives them something to, you know like, every morning they wake up, they have something to do. They have no time to sit around or get depressed or anything like that. No, they're putting their heart and soul into something, and it will keep them going." (Older female)

The lack of employment opportunities and discrimination in employment was said to lead to low motivation to stay in education. On the other hand, poor education was thought to act as a barrier to seeking and gaining employment. This was due to putting Travellers at a disadvantage for not having the skills or education required for the job, but also due to lacking the skills needed to seek jobs in general.

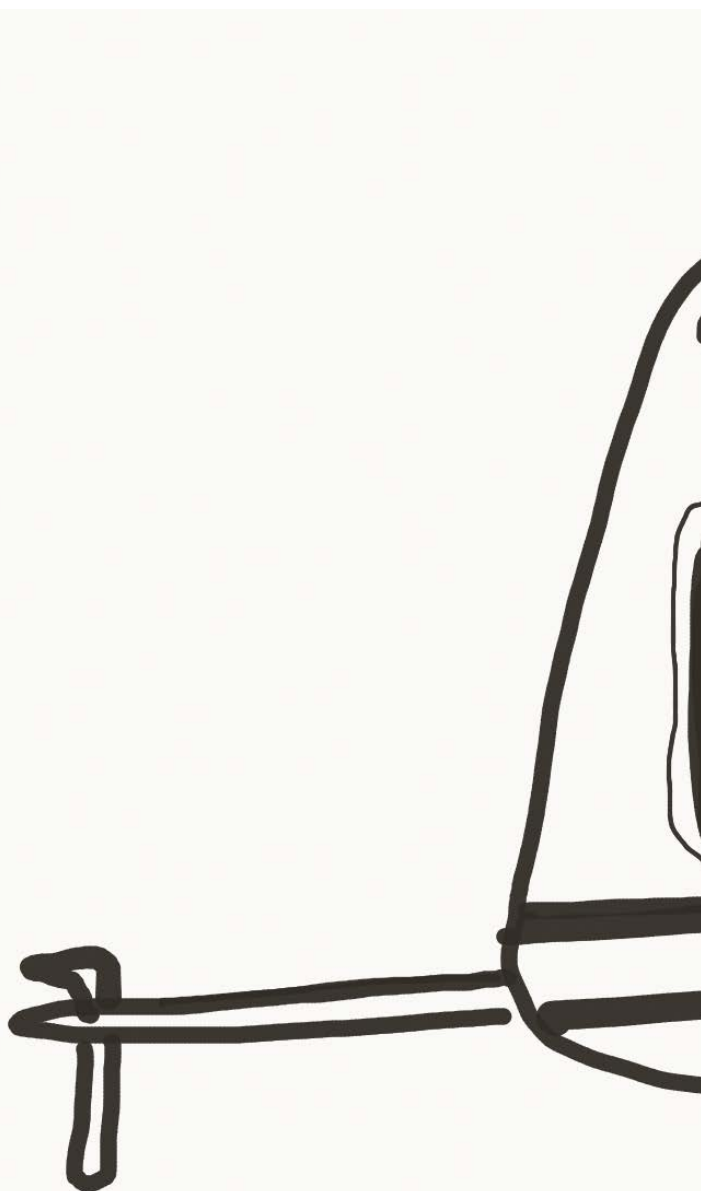
"Not knowing how to actually get a job or having the knowledge of how to apply for one you know and things like that. I was someone that left school early so when I was applying for jobs it was all upside down and on the floor. I never had the knowledge of actually applying for a job..." (Younger male)

The lack of employment opportunities combined with generational disadvantage and exclusion from education and the employment market, can make it difficult for young people to identify potential career pathways.

"Children even growing up wants to know what you want to be and you can't give them an answer on it. Because they can't because when they leave school, they have nothing to look forward to." (Older female)

One participant talked about the need to provide positive role models for young people, to help in developing confidence and ambitions, and career goals which feel attainable.

"Someone to look up to, thinking he's a Traveller, I'm a Traveller, he went and done all these courses. And now he has a job out of it...that be something that you will look forward to in life, knowing that I can work as this." (Older female)



Women talked about the need to promote educational and employment opportunities to women specifically, to provide purpose outside the home environment. Education and training schemes were seen as particularly relevant for women, who spent a lot of time at home, and so would be able to avail of these schemes.

"I think for young Traveller couples ... that doesn't have children, the men will always go to work and the woman will always be in the trailer. So, I think mostly it should be women on the CE schemes because a man will get work anywhere...Just instead of her being at home all the time." (Younger female)

Finally, one young female participant talked about providing vocational training that builds on the skills and cultural heritage of Travellers, identifying the strengths of the Traveller culture, and what it can teach and offer to the mainstream culture.

"And there's a lot they can teach to settled, because they were reared up to know everything about horses. So, I do think, to become if they got training to be Smith. So they can do their own work on horses and stuff that will help them an awful lot." (Younger female)



Good living environment

The participants discussed the importance of having a safe and stimulating living environment to support healthy development, wellbeing and flourishing. When asked about what would make most difference for improving mental health among Travellers, several participants talked about the physical and social environment:

"I think a good environment, good housing, good education and a nice social life as well." (Older female)

"I think that's the biggest impact is your environment like who you associate yourself with and what you spend your time doing you know." (Young female)

Many of the participants discussed the lack of facilities and "things to do" in their living environments. Poor living environments were said to inhibit making positive life choices and prioritising one's own wellbeing and life goals. The participants also talked about the stress and worry caused by the difficulty of accessing appropriate accommodation through the council or private rental market. Several participants talked about feeling "locked in" in sites that are overcrowded and segregated from the society. This was seen as particularly detrimental to the mental health of Travellers, who in the past lived free and travelled across the country.

"..halting sites, houses, things they're not used to...For a lot of people that wasn't used to sitting around and doing nothing, looking forward to things. It's bringing an awful lot of depression to them to feel closed in, locked in it, don't feel that they're wanted anywhere, just put in a corner...they're all locked away. And one little hole as you call it, barriers and firewalls." (Older female)

Some participants literally compare sites to a prison:

Female 1: "Like a prison."

Female 2: "Like concentration camps."

Female 3: "Blocking the view of everything, just lock them in out of the way."

Living under such conditions made Travellers feel both isolated from the society, as well as not being able to have your "own space". The everyday lives of many

Travellers were seen as intense and pressured and it is not surprising that under these conditions, issues with safety, substance abuse and violence were said to be common in the community.

"...you have to understand the terrible lot of pressure that Travellers are facing all their life. And it comes from every day. It comes from drug abuse, substance abuse..." (Older female)

"Bad environment...could be coming from domestic [violence]...where they kill each other...is that what they call it?" (Younger male)

Linked to the previous subtheme of Education and employment opportunities, the participants also discussed the stress caused by poor finances. Financial stability was seen as a basic prerequisite for positive mental health and wellbeing:

"It's not having money to do everything but its having enough that you can maintain a happy and healthy lifestyle that adds to good mental health." (Younger male)

"Listening to the Traveller community and designing services with the Traveller community and not for the Traveller community. I think then only will we be able to tackle this problem of mental health."



Self-care

Organising time for, and prioritising, personal wellbeing was seen important among both men and women. The female participants talked about spending the majority of time within the home looking after children, with limited support from their husbands. In order to support their mental health and wellbeing, they needed time for themselves, find purpose outside the home and participate in the community.

"Sometimes your brain can over burn and overflow so you need a bit of me time as well. If it's only to look out at the tree it's a bit of me time." (Younger female)

"She needs to look after her own personal health more by going for a spa or going doing something for herself or meeting her friends for a coffee or joining traveller groups." (Older female)

The phrase "get out" was consistently used by female participants when discussing the need to socialise and have time for oneself, reflecting feelings of isolation and confinement.

"...She needs to get out and live her life there's something for her then." (Younger female)

In order to have time outside the home, it was acknowledged that women needed help from their husbands with looking after the children, as well as access to childcare and afterschool and summer activities for children. Men also talked about the need for hobbies and activities to combat isolation, which was associated with depression, anxiety and suicidal thoughts. Similarly to the female participants, the younger male participants talked about the importance of getting out and being active when feeling low.

"I would just get out and start moving or whatever. Just don't sit and dwell on your thoughts. Music is great. I like music as well but still you're gonna be getting out of the house." (Young male)

"it's all about staying active and busy. And you don't have too much time to take and get yourself down." (Younger male)

Exercise and hobbies, and participating in community groups or courses were discussed to improve mental health and wellbeing by providing purpose and enjoyment, but also, by providing the opportunity to socialise. Sport and exercise was seen as particularly important for young males.

"Sport facilities and stuff like that, sport classes, things like that, football teams... I think that would clear a lot...of lad's heads. It gets us together... and something to look forward to." (Younger male)

"Getting out and about and being part of something... a football team, something to feel good about...Anything at all, just to feel good about and never isolate yourself." (Younger male)

Also:

"I think for the young Traveller men should engage more in sports. Some of them are very athletic but they don't get the support that they need. Some are good boxers, footballers and they love doing bowling and all those outdoor activities. And I think we need to encourage the men to get back to that and get more sports into their lifestyle as well." (Older female)

Some participants also mentioned the importance of a healthy diet and lifestyle on mental health and wellbeing, reflecting an understanding of the interconnectedness of mental and physical health. In addition to the benefits of sports for physical health and socialising, exercise was seen as a way to distract from and release negative thoughts and feelings.

"You could have...these workouts where people just put all their focus into exercising. Or you could have self-defence classes where people take their anger out on a boxing bag or you know things like that. You could have loads of those type of activities." (Younger female)

One of the young males emphasised the importance of music, in particular, for him when feeling low or stressed. He suggested that organising a music workshop for young Travellers could improve wellbeing by providing an avenue for self-expression:

"A music workshop, someone teaching them how to write their own songs. They could write their own stories and it might be a way for them to express themselves through music." (Younger male)

Freedom of choice

This subtheme reflects participants' views of freedom of choice as a basic human right. There was a sense of overall lack of control over one's life and choices among members of the Travelling community. The participants wanted to have the freedom to choose which restaurant to go to, where to live or what to do with one's life, and denying this right was considered inherently wrong and detrimental to sense of self-worth and mental wellbeing.

*"We're not given our freedom or our choice. We have to accept what they throw at us."
(Older female)*

One of the participants, when asked what would living well look like for Travellers, responded:

"Live free" (Younger female)

It was clear that the participants differed in terms of their priorities and wishes for the future, however, they wanted to be able to choose whatever felt right for them. One of the younger males talked about what it would feel like if they had the freedom to choose which restaurants to go to:

"I do think if your allowed to walk into any pub you want...imagine how enjoyable that'll be. If Katie [name changed] asked me where do you want to go? I can pick anywhere. Travellers may go to Beehive, Jack Whites. Get the same dinners that they got for the last 10 years. Imagine being able to go to Fitzes with the bands on, go to Bridge and then Brass Fox, go to another bar. Walk around and not have to worry....Ah, some freedom isn't it!" (Younger male)

The lack of choices was mainly attributed to discrimination within the society, but also the cultural norms within the Traveller community, which can be restrictive towards the freedom of choice among women in particular.

"We're not given our freedom or our choice. We have to accept what they throw at us."



Discrimination

This theme is one of the most prevalent across all the workshops, as Travellers regularly refer to discrimination and racism when discussing any issue related to mental health. In addition, during the process of participatory analysis this was the most discernible and unambiguous theme identified by Traveller peer researchers. Besides outlining all the settings and contexts in which Travellers' discrimination occurs, this theme also describes the emotional and psychological consequences of discrimination and how it can fuel not only poor mental health among Travellers but also tensions and disconnect with the majority population.

This is how Traveller peer researchers described this theme:

'Travellers face racism and discrimination in all walks of life from cradle to the grave. It seems to be the only form of accepted racism in Ireland; nobody questions derogatory comments, which feels demeaning and immoral. This has a massive negative impact on all aspects of Travellers' lives. It is fuelling the mental health crisis within the community.'

“You can be as good as the next settled person but as soon as you go for an interview and they hear your surname or your address you ain't getting it. So that alone can be a big problem on our mental health for Travellers.”



The following sections describe the sub-themes identified under 'Discrimination', which are summarized in the diagram below.

Figure 7. Sub-themes under 'Discrimination'



Exclusion in education, employment, housing and social spaces

This sub-theme covers comments about the contexts in which Travellers' discrimination occurs and is most evident, which are the school setting, when seeking employment and housing and in social spaces.

Travellers talked about the feeling of being treated differently in the school environment by teachers, who have low expectations from Traveller children and do not encourage them to achieve and to strive for improvement. For example:

'Teachers never had an interest in Travellers. They provide more time for settled people than what they do for Travellers.' (Female)

Also:

'Traveller children are put aside they are given books that are down a grade from the rest of the children. If they have an issue with maths they're downgraded and they are just given easier work [rather] than being helped with the same class level, and bringing them up, they're always put on a step behind settled kids.' (Older female)

The following exchange between two Traveller women shows clearly how they perceive school teachers as prejudiced and careless towards their children. This feeling is shared by several participants, who also highlight how the lack of support and encouragement from teachers prevent Traveller children from pursuing higher levels of education, despite their evident capabilities.

Female 1: *They're not taking people's feelings into consideration.*

Female 2: *They're not taking their lives serious.*

Female 1: *No, and the teachers kind of look down upon a Traveller child. They'll always look at them as well you're gonna become nothing anyway. That's a Traveller. You're gonna make nothing of your life. They're not giving the child the option.*

Female 2: *No. Or they don't give a child an option. They automatically think when they see Travellers that they don't want education.'*

One of the participants highlighted how Travellers' exclusion in the school environment

is also caused by peers who do not invite Traveller children to birthday parties, which in turns discourage Travellers to organize their own parties for fear of people not turning up.

The job and housing markets are two further domains where Travellers often experience discrimination. Participants report that regardless of your references and your abilities when prospective employers and house lords find out you are a Traveller, based on your surname or your address, it is very difficult to get a job and rent a house. People from the majority population avoid having Traveller tenants or employees based on ingrained prejudice, and widespread stigma attached to being part of the Traveller community.

'You can be as good as the next settled person but as soon then as you go for an interview and they hear your surname or your address you ain't getting it. So that alone can be a big problem on our mental health for Travellers.' (Female)

These circumstances push Travellers to hide their identity, in order to avoid prejudiced encounters. This type of avoidance behaviour, over the long term, can have negative repercussions on Travellers' mind set, creating a deep sense of shame around their identity and contributing to Traveller suicide as this participant suggests:

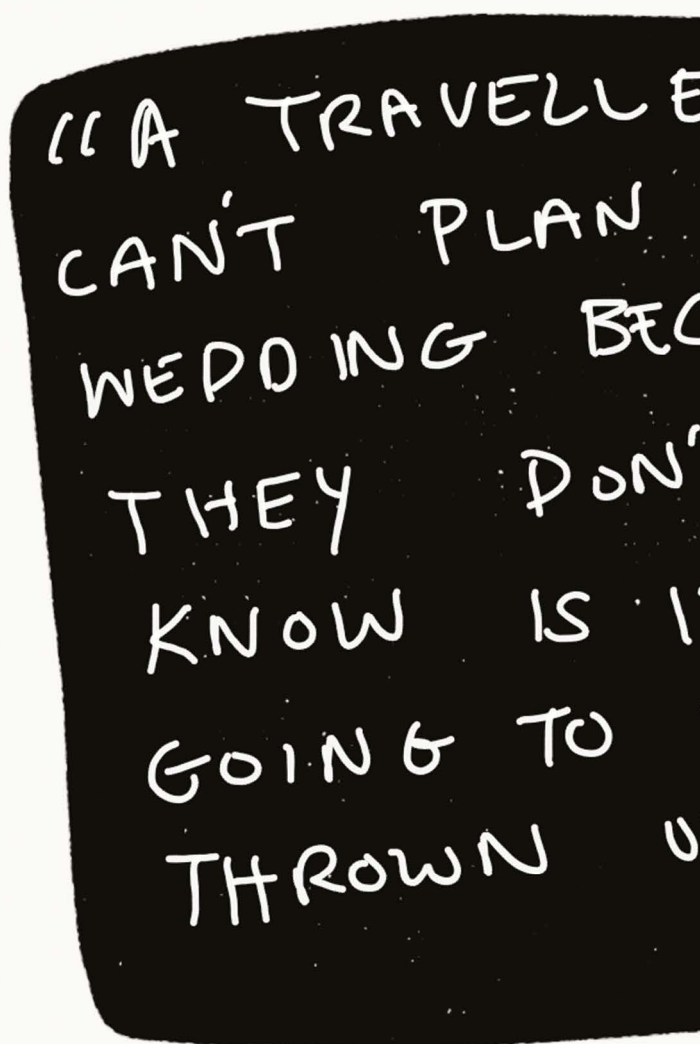
'And Travellers not being ashamed to identify themselves and then we wouldn't have as much suicide within the young community if they know they're able to grow up and get their education and get a job.' (Older female)

“Teachers never had an interest in Travellers. They provide more time for settled people than what they do for Travellers.”

Throughout the workshops there were many comments around Travellers' inability to plan or attend social events such as weddings, funerals, family gatherings and accessing pubs and restaurants. Travellers encounter more difficulties in planning family celebrations such as weddings, compared to the majority population, as they fear the venue will be cancelled last minute or as soon as the restaurant finds out they are a Traveller family. Travellers are often denied access to pubs, and reported avoiding gatherings such as funerals for fear of getting into trouble with Gardaí or guards, and other forms of discrimination¹¹. One participant also expressed the view that the church is not accepting of Travellers, which is the reason why Travellers are not going to mass anymore. This person suggests that the church should engage more with the community and include Travellers more in their activities.

Finally, several participants realize that Travellers' discrimination occurs across the life course and in every setting to the point that Travellers '*know nothing different than being discriminated*'. This can be considered a form of systemic racism that is at the root cause of the Traveller mental health crisis, as it affects the main social determinants of Travellers' mental health, as this participant suggests:

'But it's only the root cause because discrimination and racism follows Travellers wherever they go in every area of their life. And a lot of Travellers don't know how to name that. They don't even realise it's happening to them. But it's no coincidence that most of us is unemployed, most of us has a lower education and most of us is living in bad conditions. So there is a common denominator and that is racism and exclusion.' (Female)



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¹¹ Participant may refer to the closing of bars, cafes and restaurants during a Traveller funeral to prevent Traveller from accessing these venues. These types of occurrences have been described in other reports.

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Guards and Law

This sub-theme includes discussions related to Travellers' perception of being criminalised in many aspects of their life and not feeling protected by the law. It also includes comments related to harassment perpetrated by the guards.

Travellers feel discriminated against by Irish laws concerning the control of horses (Control of Horses Act 1996) and occupying vacant lands (Housing (Miscellaneous Provisions) Act 2002, also known as Trespass Law). Many argue that these laws are directly contrary to their lifestyle and curtail Traveller culture by making it very difficult to keep horses and by criminalising nomadism¹².

'I think if they were allowed to keep animals. Like its part of our culture and our tradition to have a pony or a horse or whatever. I think since they brought out these laws around the licence and the tagging and owning land and everything it's very hard for travellers to keep ponies.' (Female)

And

'And the same thing with the camping around roadsides. There's all barriers up and no Travellers can go from camp to camp. So they're really bombarded as you call it into houses because there's no such thing as travelling anymore and families meeting up.' (Female)

There is a real sense that Traveller are unfavourably affected by these laws, which prevent Travellers from expressing their culture, regularly meeting with extended families and the ability to travel freely. These laws are disproportionately affecting Travellers who, instead, would like equal treatment in Irish society as mentioned by these participants:

'If we fitted in and were made to feel equal it would be a lot better.' (Female)

'And the government needs to step up and make equal rights for Travellers, no discrimination against them. No-one is lower than anybody in this world today. Everybody is the same.' (Female)

Since the government is deemed responsible for the lack of legal protection for Travellers and for limiting Travellers' freedom of choice and breach of their human rights, several participants call to the government to address racism and discrimination, which are considered the underlying causes of Travellers' exclusion and poor mental health.

'We need laws passed. We need laws passed that you cannot refuse anyone whether you're black or whatever. The government need to practice what they preach especially with their human rights. They have a list there of human rights and the Travellers are not getting a lot of their human rights, their basic human rights. So there is big discrimination going on and that's with the government top list.' (Female)

Finally, two participants described instances of discrimination and harassment by the guards, which can trigger fear of authorities and government official and affect Travellers' mental health.

'And they could be driving on the road and the guards could pull them in off the streets in their vans, take them out and search you. It plays a big issue with their mental health as well. They're being put off the road for no reason sometimes. The guards target travelling men a lot. That's what affects their mental health as well.' (Male)

The fear of authorities also manifests in people's unwillingness to speak to government officials for fear of their children being taken to care.

¹² The 'Housing Act 2002' prohibits entering, occupying vacant lands or bringing any object onto it, while the 'Control of Horses Act 1996' requires landless horse owners to licence their horses.



Bullying, stereotypes and prejudice

This sub-theme encompasses participants' observations about prejudice, stereotypes and bullying towards Travellers.

In the discussions with research participants there were many comments about Traveller being looked at, by the majority population, 'not as a person, not as an individual, [but] as a Traveller'. In substance, Travellers feel that in shops, in the 'chipper', in pubs, in the hurling field and many other places they are watched and seen differently, which is considered a subtle form of prejudice.

'You're just classed as non-human. You're just dogs and it's all Travellers will ever be in their eyes until someone changes it and that's the way it's gonna be.' (Female)

There is also a palpable frustration for all Travellers being 'tarred with the same brush' and being blamed for others' actions. Travellers can be diligent, respecting the law, they 'can be the quietest person in the world' but if in your area there is a conflict involving Travellers, or some people from your community commit a crime, you are automatically blamed as well.

'Like there's good and bad in every community and everybody, but a lot of people look at the bad and they see that in everybody then within the Travellers community. And if there's conflict and you carry one surname or whatever you're related to one family you could be brought into something that you're not and that can upset you. Other people look at you and judge you without even knowing you.' (Female)

And

'I know settled lads that wouldn't leave you with your shoelaces... but if one Traveller takes a bag of crisps, all Travellers are robbers.' (Younger man)

Travellers believe that this type of prejudice is bred in the home environment. 'No child is born racist', said one participant, who continued explaining that children will become racists by listening to their parents blaming and insulting Travellers throughout their lives. That is how racism against Travellers is being perpetuated generation after generation, becoming deeply rooted in people's psyche. This mentality is also fuelled by the media, which tends to report only negative news about Travellers, thus generating and perpetuating negative stereotypes.

'They [the media] stereotype Travellers in a way that makes people think that we're all like that, like my big fat gypsy wedding and stuff like that, that's not the way Travellers are. We're all not like that.' (Older female)

In addition, the workshop discussions captured a collective sense of mistreatment towards Travellers compared to other minorities in Ireland. Travellers complained that other minorities are being provided grants and other provisions, while they are not supported much, despite being Irish citizens. Similarly, negative social media comments towards Muslims or black people are normally not tolerated and everyone would be shocked, but Travellers are an exception and the most horrible things can be written and said in social media against Travellers and will never be deleted. The view was expressed that this is considered an accepted form of racism.

Participants also commented on bullying and how this can have a big impact on the children's and family's mental health, as well as on their social life. Two of the settings where bullying occurs are the school environment and social media. Bullying needs to be addressed in both settings as it seems that not much is done to stop it. The following comment shows the level of maltreatment that Traveller can experience:

'They could tell them to go and do it. They could be in the school and say go home and hang yourself or go home and kill yourself or do such and such. It could be a lot to do with the phone.' (Younger female)

Finally, widespread hostility towards Travellers create tensions and disconnect between the Traveller and Settled communities which is reported by participants in the forms of having difficulties to accept intermarriages or interact in social spaces.

Psychological consequences

This sub-theme includes all the observations related to the consequences of discriminatory attitudes and behaviours experienced in different settings throughout the life course. It also includes examples of how the internalization of these experiences can ultimately shape people's mind-set. Through the Travellers' accounts of the physical, emotional and psychological impact of discrimination, it is evident how this represents a key pathway towards experiencing poor mental health and social anxiety.

In all the workshops Traveller participants described in many different ways how they felt following racist comments, rejection in pubs, being belittled in school and being judged by others. They describe physical pains such as 'pain in the stomach', but also a deep state of anger such as feeling 'your blood boil', 'annoyed', 'upset' to the point that one participant reports he 'possibly could have knocked down the hospital with vexation'. They also describe feeling 'shame', 'embarrassed', 'sweating', and 'feeling low'.

Travellers described being 'looked down on' and 'belittled' in different contexts and that they feel are always 'second best to other people'. One participant describes how he felt 'little' and 'not wanted' after members of the settled community built trenches on the green to avoid Travellers commuting to their land or close to their residence.

'They just didn't want. And I'll say it, they just didn't want knackers sitting there because that's the way they look at us. Thieves that's all they are. Oh it actually gets me annoyed. It really really annoys me. It actually gets to me.'
(Female)

These experiences of rejection and nonacceptance are very unpleasant and can damage people's confidence and resilience; to the point that Travellers often feel 'they are not good enough for the job' or to be successful in life. This lack of confidence, over the long term, can create a sense of hopelessness among youngsters, especially if the same stories of refusal, discrimination and constant denial are heard over and over from parents, who experienced the same hostility twenty or thirty years ago. One Traveller said that 'all the hopes you have end up getting crushed' and therefore, they feel that nothing is never going to change and that 'life is just meant to be rough' for Travellers:

'I just don't go anywhere now...waste of time.'
(Younger male)

This feeling of 'not being accepted', not being 'valued' can also threaten Travellers' sense of belonging and can trigger their inclination to withdraw, stay away from other communities and disengagement from society. For example:

'I think it's the fact that you don't feel accepted. I think if you feel accepted in a place you feel a lot more comfortable. I think when you feel comfortable you'll talk more and you've better outcomes. If you go into a place that people don't understand you that you don't feel comfortable, all you want to do is leave. So no matter what that person does to try and help there is a block there straight away because you don't want the help, you want to go.' (Male)

A common theme, discussed in many workshops, is the internalization of negative stereotypes and the process of believing in the labels that are put on Travellers. For example:

'It mightn't seem like it's belittling to anyone else but to us it is and that's where mental health stems from. You're pointing fingers at our insecurities and pointing fingers at this and that and accusing of this and that but it's not those things that are getting to us. It's the fact that you think you know us well enough to assume these things you know. And that's where it affects you because you're starting to think are we like everyone else? You know what I mean? Are we like the bad ones?'
(Female)

And

'If you're not valued by everywhere you go if you're being turned from when you're three or four years of age you build that up inside of you.' (Female)

According to this comment, Travellers, from a very young age, start to build up inside them a sense of rejection, oppression and self-stigma which, as someone else said can stay with them for the rest of their lives and which is often bred in the school setting:

'I just think children by the age of thirteen and fourteen has such a shame among their culture and that comes from school. From the minute they start school at three or four years of age they're already told that they're worthless and that they'll never amount to nothing. And that sticks. That's internalized so that sticks with them for the rest of their lives.' (Female)

The internalization of negative labels can also manifest itself in Travellers' fear of fulfilling stereotypes, which is clearly explained in the words of this person:

'You've got some parents there in the Travelling community that will not allow their child to go outside the door with a spec of dirt on their face after eating chocolate because what's gonna be said, they'll go around saying they're not minding the children.' (Female)

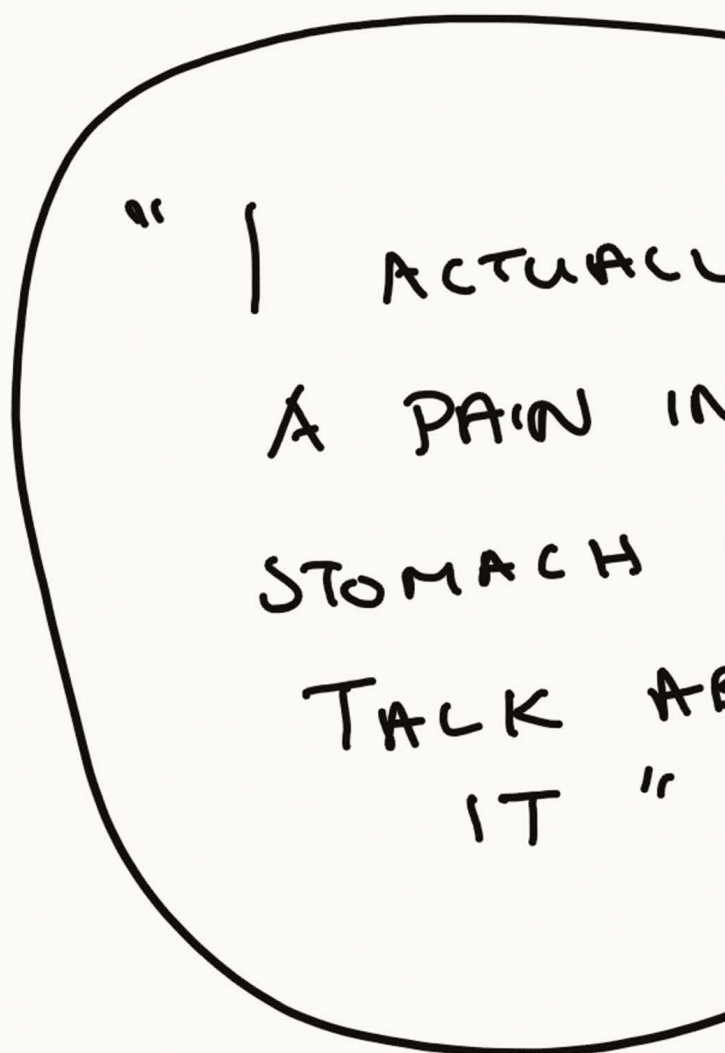
Workshop participants report that Travellers feel judged by members of the majority population, but also by fellow community members. The judgement from within your own community is often worse, it hurts and affects people's mental health deeply, as this man reports:

'By not being judgmental about people about their choices, their lifestyle choices, their situation. Because I think a lot of the time people feel judged by their community and this adds to their mental health. And sometimes your own can be worse than any service or any outside person to you.' (Female)

These widespread critical attitudes, from within and from outside the community generate fear of judgements, especially based on social status, and a pressure to contradict negative expectations by showing, for example, a high financial position. The following quotes elucidate this mind-set:

'They can't meet the repayments and they are wondering what will Paddy say John say next door or May or Lar and say about him oh he was going on to well he must owe an awful lot of money, he must be in a bad way and he done them things you know what I mean like.' (Older male)

'It's not about money it's about this lifestyle of oh we always look so good and we're always living so good you know what I mean for many people. And then they're looking down on others that don't. I know like my father goes to collect scrap there and then you'd have someone that's working someone in the Travelling community looking at him like why, why would you do that, sell horses, that's better or you know race dogs or something like that. Because trust me I've seen it. I've seen it 150 million times over. Travellers are the worst against their own when it comes to having big things.' (Female)



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Lisa Fingleton

'Some Travellers try to keep up with other Travellers. One Traveller could come along with more money and the next one could have less money and then they're trying to keep up with that Traveller. Actually money is a big thing. And the way they're living can obviously be a big thing.' (Female)

'One poor fella there would have no work and his wife then is hesitating that she wants this and she wants that and she can't get it. And that's causing pressure to the poor fella that he can't give his wife this and that's causing suicidal.' (Female)

This comment links suicidal ideation directly to the pressure of providing material wealth to the family and the inability to keep up with this stress. Another person made a direct correlation between discrimination with suicide and commented that targeting discrimination would help reduce suicide.

Another psychological consequence of discrimination is the stress and anxiety generated by the anticipation of rejection, which was described by Traveller men when trying to gain access to social spaces such as pubs. It was also suggested that a lot needs to be done for Traveller youths, to make them feel comfortable with themselves, increase their self-esteem and confidence, by showing them that life is much more than just *'a dark place'* and helping them to communicate, socialize, keep their minds occupied and reach out and talk to someone if needed.

Finally, a comment was made about acts of violence, which can be considered the consequence of systemic neglect experienced by Travellers over a long period of time.

Discussion

This qualitative peer research study explored the views of 87 members of the Traveller community concerning the actions needed to improve Travellers' mental health and wellbeing, reduce suicide rates and improve engagement with mental health services. The findings from the 13 community workshops and five interviews held across the country identified a wide range of community supports, services and intersectoral actions that community members considered necessary to promote their mental health and reduce the risk of poor mental health and suicide. The four key themes identified in the data analysis emphasise the importance of; Traveller cultural identity and expression; changes in how health and community services are delivered; the right to equal opportunities and life choices; and the detrimental effect of discrimination on Traveller's mental health and wellbeing.

The overall study findings support the view that promoting Travellers' mental wellbeing and preventing suicide requires a holistic multisectoral approach with cross-sectoral actions that address the multiple factors that influence Travellers' mental health and place them at higher risk of poor mental health. The provision of educational, training and employment opportunities, improving Traveller accommodation, curbing discrimination, celebrating and reviving Traveller culture and improving access to culturally appropriate mental healthcare were identified by the research participants, as key strategies to improve Travellers' mental health and wellbeing.

It is evident from the findings that a social determinants of health approach and a strengths-based perspective are needed to tackle the wider determinants of Travellers' mental health and to enhance Travellers' assets and resources. Creating a continuum of community-based supports spanning mental health promotion, prevention, treatment and recovery, based on a co-production process and peer-led model of delivery, and embedding an ethos of cultural safety and humility and strengthening trauma-informed practice within the mental health services, can provide a framework for enhancing Travellers' empowerment and resilience and promoting mental health and wellbeing in the community. The study findings will now be discussed under each of the three study objectives.

Objective 1: To explore the views of Travellers and Traveller groups on the factors and strategies needed for Travellers to achieve optimal mental wellbeing and prevent suicide, including timely access to mental healthcare services.

When discussing how to achieve optimal mental wellbeing and reduce suicide rates, Travellers talked about their need for greater control over their lives, including having the freedom to make choices in life. Their comments highlighted a sense of inability to steer the course of their lives and a lack of freedom to make choices in all domains of life, including where to live and in recreational activities such as choosing which restaurant or hotel to go to. This is elucidated by an older Traveller woman who said; *'we have to accept what they throw at us'*, which implies an incapacity to take control over life and an acceptance of, and resignation to, current conditions. This perceived lack of autonomy creates a low sense of agency which, over the longer term, can trigger feelings of hopelessness, powerlessness, apathy and demoralization, which are all associated with poor mental health outcomes.

These findings are in keeping with the evidence concerning the importance of sense of control for good mental health and wellbeing (Antonovsky, 1996; Ross and Mirowsky, 2013). Sense of personal control has been described as the cognitive link between social structural conditions and emotional distress, leading to depression, anxiety and anger (Ross and Mirowsky, 2013). Perceived control is influenced by the experience of structural inequality, disadvantage, and objective powerlessness, including low socio-economic status, poor educational attainment, unemployment and low income, gender, age, sexual orientation, and race/ethnicity. The attitude of 'accepting whatever is thrown at us', including sub-standard living conditions or maltreatment in order to fit in, is also a symptom of 'internalised oppression' (David, 2013), which is common among colonized populations and is associated with higher rates of mental health problems and suicide. Wilkinson and Pickett (2018) also described this mind-set among less affluent people in unequal societies who are inclined to react with subordination and submission to social evaluation and differences in social status.

The experience of structural inequality and perceived lack of control over one's life, which are common pathways to social anxiety and depression, call for the adoption of strategies aimed at improving Travellers' sense of agency, self-efficacy and control. Improved sense of

control can be developed through life skills training, personal development and formal education, but also by providing a safe, dignified and supportive living environment. A good living environment can encourage self-determination and positive life choices, including prioritizing one's own mental wellbeing and self-care (Herrman et al. 2005)¹³. However, most research participants described their living environments as unsafe, overcrowded, segregated from the rest of society and some compared them to 'jails' and 'concentration camps'. The relationship between poor living environments and mental wellbeing has been extensively researched (Marmot & Wilkinson, 2006; Boomsa et al., 2017). Poor housing conditions are associated with anxiety, persistent worry, concern with physical health and higher levels of depression (Boomsa et al., 2017). On the other hand, a systematic review of studies evaluating the impact of housing on health and health inequalities found that interventions aimed at relocating disadvantaged families from poverty areas to more affluent areas produced significant positive mental health outcomes for tenants (Gibson et al., 2011).

Other strategies suggested by the study participants to combat Travellers' sense of worthlessness and lack of purpose, included improved education and employment opportunities. Travellers describe a cycle of disadvantage whereby negative school experiences lead to low educational attainment and lack of job-seeking skills, which limit their access to employment. On the other hand, the expectation of being discriminated when seeking employment and *'having nothing to look forward to when they leave school'*, were seen as barriers to Traveller youths staying in education, thus perpetuating the cycle.

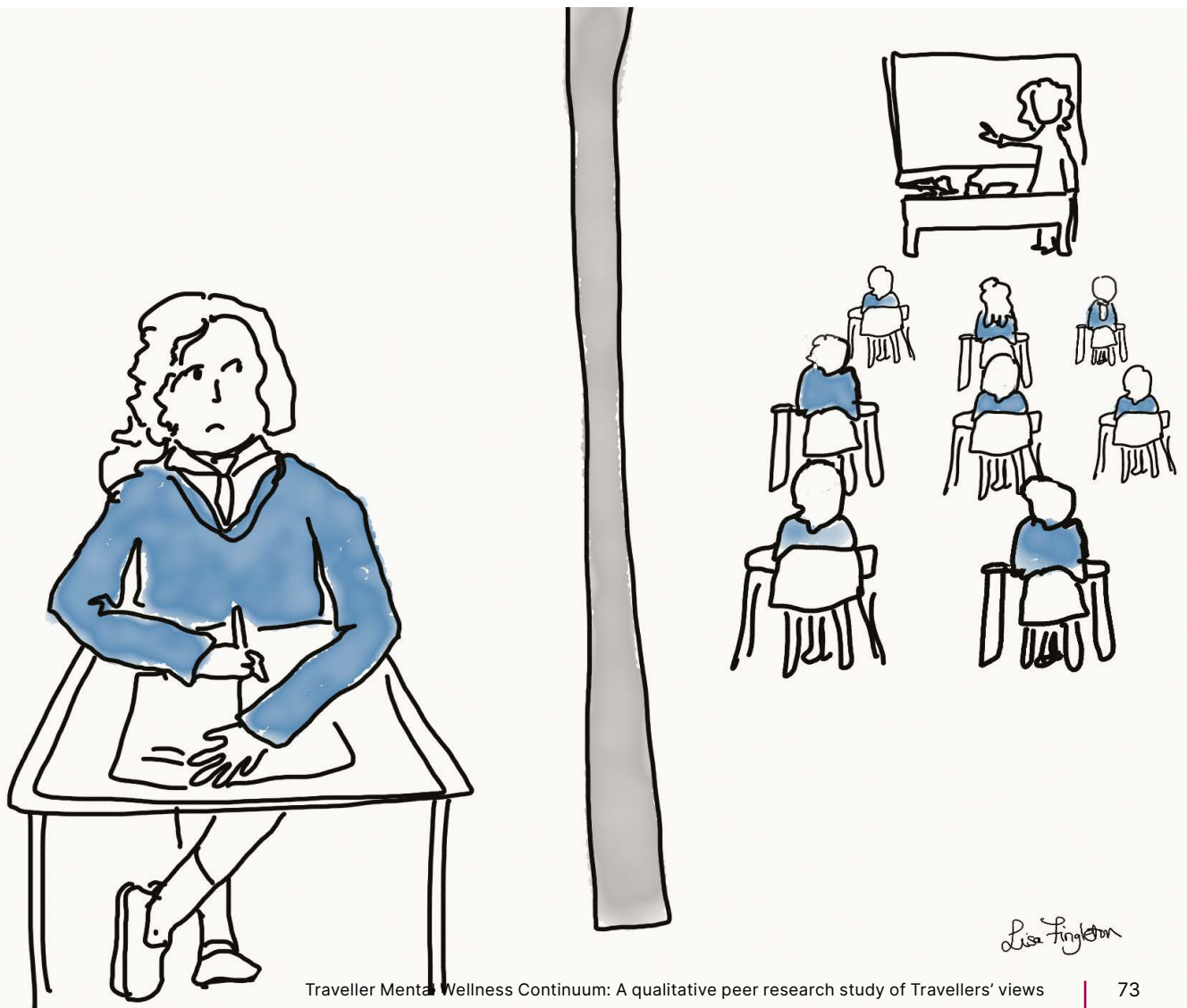
This downward spiral is exacerbated by the lack of role models who are educated and employed among older Traveller generations. One participant spoke explicitly about the need for role models and *'someone to look up to'*. Research has shown that role models, including parental involvement in the community and supportive relationships, such as teachers' interest in students, are important protective factors in promoting

¹³ https://apps.who.int/iris/bitstream/handle/10665/43286/9241562943_eng.pdf?sequence=#page=23

positive mental health among adolescents (Butler et al., 2022; Herrman et al., 2005).

Studies have also shown a positive association between employment and education with good mental health (Marmot and Wilkinson, 2016; Herrman et al., 2005; Waddell and Burton, 2006). People with higher education and people who are employed have generally better health and mental health outcomes compared with individuals with lower education or unemployed, who are at higher risk of psychological distress and depression (Marmot and Wilkinson, 2016). In particular, employment is considered to provide structure and purpose in people's life, and a sense of fulfillment in contributing to society, which can also strengthen self-esteem (Waddell and Burton, 2006). This evidence is confirmed by several statements from this study where participants reported that Travellers need *'something to do'*, need *'to put their heart and soul in something'*, they *'need to be kept busy'* so *'they have no time to sit around or get depressed'*. These findings call for actions to increase education, employment, training, and apprenticeship opportunities for Travellers, including targeted recruitment for jobs in the public sector.

“Traveller children are put aside they are given books that are down a grade from the rest of the children. If they have an issue with maths they're downgraded and they are just given easier work [rather] than being helped with the same class level.”



Traveller Culture and Identity

The importance of cultural identity and cultural continuity for the social and emotional wellbeing and mental health status of Indigenous communities and ethnic minorities is clearly recognised in the extant literature (Stuart and Jose, 2014; Gibson et al., 2020; Williams et al., 2018; Boksa et al., 2015; Kirmayer et al., 2003; Health Canada, 2015). Studies show that individuals with a strong cultural identity and a proud sense of belonging to a cultural group, are more likely to experience good mental health and to report higher levels of wellbeing and life satisfaction (Williams et al., 2018; Health Canada, 2015; Boksa et al., 2015; Burnett-Zeigler et al., 2013).

However, it has also been demonstrated that members of ethnic minorities growing up in a dominant culture may face a complex process of identity formation¹⁴, which may imply keeping or abandoning traits of their cultural identity while trying to fit in the mainstream dominant culture (Balidemaj and Small, 2019). This process of identity formation, which can be compared to the processes of colonization and acculturation, can result in considerable psychological stress, as members of the minority community question their cultural identity and their ethnicity.

The participants of this study seem to mirror this experience, as many described an internal conflict related to their minority identity. They talked about feeling pride for their affiliation to the Traveller community, but also shame for having to hide their identity in order to fit in, as a result of the stigma associated with Travellers in Ireland. This ambiguity is further exacerbated by the younger generations' willingness to become more included in mainstream Irish culture, while preserving their Traveller heritage and culture, which provokes feelings of 'being stuck' or 'being squeezed' between cultures.

In discussing Australian Indigenous mental health, Brown (2001) describes precisely the same feeling of being 'trapped' between two cultures, which can trigger strong emotions among Aboriginal Australians, and may be a risk factor for anxiety, depression and suicidality. This feeling is also similar to the 'acculturation stress' described by Balidemaj and Small (2019) in their literature review of the effect of acculturation on mental health. The authors report that this stress, caused by merging the ethnic culture with the mainstream culture, can lead to psychopathology and can be a barrier to adjusting to the majority culture. Moreover, it can also lead to ostracism from their

ethnic community for appearing unaware of the cultural heritage that they are abandoning. A longitudinal study conducted in Chile, measuring the ethnic identity development of minority youths (Indigenous Mapuche), found that: "the perceived in-group (Indigenous) norms supporting cross-group friendship with non-Indigenous Chileans supported the early identity development of Indigenous minorities by strengthening their own ethnic identity and fostering their desire for maintaining their own culture, values, and traditions, thus making the process of adaptation to the majority's culture smoother and easier" (Gonzalez et al., 2017, p.754).

If this logic is applied to Travellers in the Irish context, it could be inferred that the integration of a young Traveller in mainstream society would be less challenging if their family, parents, siblings and friends were supportive of their friendship and contact with non-Traveller settled community members. Yet, the data collected through this study shows a certain level of reluctance among older Traveller generations to favour adopting cultural traits, habits and behaviours of mainstream Irish society, thus making it more difficult for younger generations to fit in.¹⁵ The pressure of having to abide to Traveller cultural norms seems to be restricting younger Travellers' opportunity to inhabit two identities at once. This is exemplified by the young Traveller woman's desire to go to university, which was considered by her family a 'settled life-course' and therefore, deemed not appropriate for a Traveller. Nevertheless, it is important to highlight that not all Travellers endorsed this attitude; one man interviewed as part of this project was very much in favour of his granddaughter's education and was sad that she did not pursue that after getting married.

Some research participants reported additional identity conflict for being part of the LGBTI+ community. While it is acknowledged that nowadays there is more acceptance among Travellers of diverse sexual identities, as well as more freedom for women, Traveller traditional cultural norms do not generally accept minority sexual orientations. Young Travellers are,

¹⁴ Developing a positive sense of identity is considered critical in adolescence and is associated with feelings of control, self-esteem and well-being.

¹⁵ Travellers' reluctance to be in contact with the settled community, besides cultural reasons, is a consequence of widespread discrimination and hostility experienced throughout the life course.

therefore, forced to conceal their sexual identity for fear of being stigmatized and rejected by their own people. Participants stated that this tension generates stress and can lead to suicidal ideation.

This is in line with studies documenting that sexual minorities experience mental health inequalities, and are at 1.5 - 5 times higher risk for suicidality, self-harm and mental disorders compared to their heterosexual counterparts (Wittgens et al., 2022). This is the consequence of stigmatization, everyday discrimination, internalized homophobia and identity concealment. It has also been reported that the intersection of ethnic and sexual minority orientation may increase the risk of suicidality and of developing mental health problems (Sattler and Zeyen, 2021). This intersection has been highlighted in a recent research report on the experience of exclusion of LGBTI+ Travellers and Roma in Ireland, which captured the voice of 45 members of this community through a survey and four focus groups (Sartori, 2022). Survey respondents reported high levels of ostracism from their own Traveller community for being LGBTI+, as well as high rates of verbal abuse, physical threats and attacks, stress, anxiety, depression and suicidal thoughts, making the consequences of exclusion for Travellers and Roma even more severe.

The sub-theme 'Expressing Cultural Identity' captured participants' ideas about the importance of feeling proud of, and being able to express safely, one's own cultural heritage and how this could boost people's self-esteem, well-being and positive mental health. In the workshops Travellers stated clearly how their life would improve if their culture was valued and respected in Ireland, because they would not have to hide who they are. This finding is in line with research on the prevalence of lifetime mental disorders among Black, Hispanic and Asian adults in the USA, showing that a sense of pride and belonging to one's ethnic group is a significant protective factor from psychopathology (Burnett-Zeigler et al., 2013). On the other hand, abandoning one's ethnic background, or having fewer opportunities to be involved in traditional and cultural practices, can be a risk factor for developing mental disorders (Burnett-Zeigler et al., 2013).

The association between poor mental health and the erosion of Traveller culture also emerged

in the study by Villani and Barry (2021), where Travellers attributed the Traveller mental health crisis with their inability to live according to their culture, the loss of their traditional nomadic lifestyle and the reduced connectedness with their extended family and wider community. This theme was also explored by older Travellers in the present study, who spoke with nostalgia of the olden days when they could be out and about with their horses and they would not hear, or worry so much, about mental health challenges and suicide in the community. Study participants talked about the need to revive Traveller culture among younger generations, and create groups where the old practices and traditions could be revitalised to prevent them from '*dying out*'.

The loss and erosion of Traveller culture in Ireland is also comparable to processes of acculturation in the Americas. For example, Gutierrez et al. (2021) describe how the impact of modernity, international tourism and the work of mining companies are threatening the social relations, traditional economy and the socio-environmental context of the Andean natives (Lickan-Antay people) in northern Chile with a direct impact on their wellbeing. Their study shows a positive relationship with ethnic identification and wellbeing, which can be explained through greater integration and higher self-evaluation as a member of the group and society more widely. The process of colonization in Canada and the trauma derived from the cultural genocide of the Canadian Aboriginal communities has also been associated with higher incidences of suicide, depressive symptoms and drug abuse (Boksa et al., 2015).

“They should pick up from what they’ve learned in Traveller cultural ways, like go out and do more things with horses and keep their culture like.”

Evidence from Australia (Brown, 2001), and New Zealand (William et al., 2018) also suggests a robust relationship between cultural identity and continuity and good mental health outcomes. Indigenous scholars in Canada are calling for 'revitalizing traditional Indigenous culture' as a treatment for collective trauma (Gray and Cote, 2019), which resonates with Travellers' suggestion to revive Traveller culture as a means to boost people's wellbeing and connect to their origins. In the Australian context, Brown (2001) affirmed that: "a reattachment to Aboriginality in a more significantly positive way may enhance the process of the business of healing' for communities that experienced tragic loss, grief, sorrow and loss of identity" (p.36).

While some Travellers in the present study did not see the connection between their culture and mental health and wellbeing, and would not be interested in engaging in traditional Traveller activities, others saw the benefit of learning Cant, which is the language traditionally spoken by Travellers. Gray and Cote (2019) report that learning and speaking the traditional language of the Canadian Anishinaabe Indigenous people was one of the factors supporting a sense of 'cultural connectedness' among youths, along with other activities such as fishing, hunting, traditional medicine, ceremonies and others. 'Cultural connectedness' is defined as 'knowledge of, and engagement with, aspects of [Indigenous] culture' (Gray and Cote, 2019, p.78), which is correlated with positive outcomes such as lower suicide rates, better educational achievement, better mental health and less substance abuse.

Participants in Gray and Cote's (2019) study reported that their relationship with family and elders was a crucial factor supporting 'cultural connectedness', which echoes Travellers' discussion about the role of the extended family in providing support in challenging times and being one of the most important features of Traveller culture. If cultural connectedness can be regarded as a 'treatment', and can provide healing to the extreme suffering and collective trauma experienced by the Canadian Aboriginal communities, it may also be therapeutic for Irish Travellers, who have also endured decades of disadvantage, racism, grief and marginalization. Therefore, these findings call for policies and practices that celebrate and promote strong Traveller cultural identity, eliminate prejudice and ethnic discrimination, and create safe community spaces where Travellers have the option to engage with cultural activities.

Discrimination

The issue of racial discrimination directed to Travellers as a group was also discussed in the workshops as being a critical factor influencing Travellers' mental health. Participants described the negative emotions felt after being discriminated and belittled, such as annoyance, shame, anger, disappointment and embarrassment, which can adversely affect psychological wellbeing. Epidemiological evidence has established a direct correlation between various forms of exposure to racism and negative mental health outcomes (Paradies et al., 2015; Williams et al., 2019). Moreover, Wilkinson and Pickett (2010, 2018) demonstrate how being judged negatively by others can trigger depression, social anxiety and subordination. They refer to this process as 'social evaluative threats,' which reveals the association between being part of a devalued social group and the poor mental health outcomes of its members (Villani and Barry, 2021).

Some study participants also exhibited a mind-set which echoes features of David's (2013) 'internalized oppression', whereby victims of discrimination tend to internalise these hurtful experiences and over the long-term will start believing in the negative stereotypes about themselves that have been disseminated by the oppressors. For instance, while commenting on racism one of the participants said: '*you start to think: are we like everyone else? Are we like the bad ones?*' This mentality is shaped by a sense of rejection which, over time, is responsible for a collective undermined sense of identity among Travellers that is disempowering and a fundamental barrier to positive mental health outcomes.

Travellers also connected racism with their lack of confidence, hopelessness and withdrawal. The young man who said that '*he would not go anywhere*' as he felt it was '*a waste of time*', and '*all you want to do is to leave*', elucidate the sense of hopelessness as he anticipates rejection, prejudice and stress everywhere he goes. These circumstances, experienced through the life course, fuel disengagement from society and disconnect with other groups, which has been described as a strategy to avoid hostile encounters for Travellers (Villani and Barry, 2021). This separation from other communities is an important factor, as social cohesion and social integration are important determinants of health (Wilkinson and Marmot, 2016).

¹⁴ Developing a positive sense of identity is considered critical in adolescence and is associated with feelings of control, self-esteem and well-being.

The painful experiences and feelings described by the study participants are examples of individual discrimination. However, discrimination against Travellers in Ireland is so pervasive that it appears to fit in the categories of 'cultural racism' and 'institutional racism' described by Paradies et al. (2015). This type of systemic structural racism is a critical determinant of socio-economic status as it limits access to resources such as: housing, education, employment and public services (Paradies et al., 2015). These are precisely the sectors where research participants claimed to experience discrimination. The accounts of bullying and discrimination in the school setting are particularly poignant, as Travellers described schools as 'breeding grounds' for Traveller exclusion, where stigma starts to be internalized at a very young age through teachers' differential treatment of Traveller school children, experienced through low expectations, prejudice and carelessness. Teachers' expectations have a significant influence on pupil's academic performances, which can influence students' likelihood of going to third level education. If teachers hold negative expectations of students from ethnic minority groups, this can place them at a disadvantage (Gershenson et al., 2018). Addressing bullying and training school staff on anti-racism, can create a more welcoming, supportive and safe environment for young Travellers in the Irish school system.

Participants talked about how racism is shaping their collective behaviours in terms of accessing social spaces and planning social events. This aligns with a study focusing on young Travellers' spatial mobility in Galway city, which suggests that young Travellers' access to public urban spaces is strictly linked to their ethnic identity and is significantly influenced by anti-Traveller racism (Joyce, 2018). The study concludes that young Travellers' participation in urban life requires the development of strategies to 'negotiate racialized boundaries'.

A systematic review and meta-analysis by Ben et al. (2017) has found that self-reported racism is associated with different measures of healthcare service use, including delayed health seeking, low adherence to treatment, lower levels of trust, satisfaction and communication. Findings from this study highlight Travellers' low trust, poor communication and dissatisfaction with healthcare professionals in Ireland.

Therefore, tackling discriminatory practices and negative attitudes towards Travellers in the Irish health system would encourage a more prompt and positive engagement of Travellers with healthcare services. For these reasons, and for its power to restrict access to life opportunities, services and social spaces, discrimination has been defined a determinant of health (Paradies et al., 2015), which can impact mental health and maintain inequalities through unjust policies and treatments.

Travellers in the workshops referred several times to the constant breach of their human rights and called for the government to put in place legal protections for Travellers, to improve accountability, ban the criminalization of Travellers, and to make sure that they are treated equally. These comments align with the report on Ireland of the Council of Europe *Advisory Committee on the Framework Convention for the Protection of National Minorities*, which recommends higher access to justice and remedy for Traveller victims of discrimination in places of entertainment (Council of Europe, 2019). The association between access to human rights and positive mental health has long been established (Herrman et al. 2005), which supports the need to enable Travellers to exercise their rights as a means of achieving better mental health outcomes.

Finally, the findings of this study, supported by the literature and complemented by Travellers' own suggestions, shows that improving Travellers' mental health and reducing rates of suicide requires a social determinants of health approach, with a clear focus on improving Travellers' life opportunities and choices, strengthening and celebrating Traveller culture and eliminating discrimination.

Objective 2: To examine the meaning and nature of culturally appropriate suicide prevention and mental healthcare services from the perspectives of members of the Traveller community.

The sub-theme 'Traveller inclusive and culturally appropriate services' explores Travellers' ideas about how existing healthcare provision could be more responsive to their needs. Participants felt that improving the Traveller cultural awareness of service providers would be important, so that mental healthcare staff could offer advice and therapeutic plans that are cognizant of cultural issues and not in conflict with Traveller modus vivendi, cultural norms and mind sets.



Traveller Cultural Awareness Training and Cultural Humility

The study findings support research advocating for the creation of Traveller cultural awareness among healthcare staff in Ireland (Hodgins et al., 2006; McGorrian et al., 2013; Madden, 2020; Villani and Barry, 2021). This is also supported by empirical evidence from Australia, Canada, and the USA, which encourages mental health practitioners to improve awareness, sensitivity, attitudes and behaviours towards population groups with a different culture (Jorm et al., 2012; Montesanti et al., 2022; O'Keefe et al., 2021). In particular, Monsanti et al. (2022) argue that it is crucial that service providers understand the impact of intergenerational trauma and colonialism on the mental health of Canadian Indigenous communities. They further emphasize that there is a need to move beyond cultural competency training in order to create institutions that 'provide supportive and safe environments for Indigenous clients' (p.11).

This argument is linked to recent studies that criticize the concept of 'cultural competence', and related practices, and offer alternative approaches (Mosher et al., 2017; Ranjbar et al., 2020). These studies demonstrate how it may be difficult for practitioners in multicultural societies to be 'competent' in many different cultures, and show how the construct of 'cultural competence' may perpetuate the 'client-provider' power imbalance and how competency-based models may not address the intersectionality of marginalized groups. The alternative proposed is 'cultural humility' which, according to Mosher et al. (2017)'s review of the literature, involves the motivation to learn about other cultures, critical self-examination of cultural awareness, developing partnerships that address power imbalances, interpersonal respect and an openness to others and new cultural information. According to this emerging evidence, adopting a 'cultural humility' approach may better support mental healthcare staff to navigate the complexities of working with clients from marginalized groups and diverse cultural and social backgrounds.

Mosher et al. (2017) provide an interesting case example of how a Mexican client, engaging with a White therapist in the USA, lost motivation to continue therapy due to the low cultural humility of her psychologist. According to the example, the therapist told the Mexican client that her stress and worry were linked to her inability to set boundaries with her mother. Coming from a White, Western, individualistic perspective, and unaware of the closeness of Latino families,

the therapist made assumptions and had a judgemental standpoint which led to the client disengagement. This example resonates with two comments from the present study. One young Traveller woman commented on the fact that counsellors in Ireland are not aware of the practice of 'early marriage' among Travellers and would not perceive that to be a problem. The participant reported that counsellors would not consider the pressure of marrying early in life as serious, as people are not obliged to (*'that's not serious, you don't have to'*). Another Traveller was frustrated as he received advice from a practitioner to 'leave your culture behind' as a way to elude pressure from family. From a 'cultural humility' perspective, these counsellors would have respected and honoured the Traveller cultural background of their clients, would have been curious and asked for clarifications on why and how their cultural norms may be a source of stress and would have built partnership with their clients. They would have reflected carefully on what is important for their Traveller clients and would have been more cautious before making assumptions based on their majority culture (Mosher et al., 2017).

Despite this evidence, a 'cultural humility' approach and ethos does not seem to be incompatible with the provision of 'Traveller Cultural Awareness Training' to mental health professionals, which is a priority ask among several Traveller organizations in Ireland (Friel, 2022; Madden, 2020; County Wicklow Mental Health Steering Group, 2019). These types of training, which are also provided in Canada (Monsanti et al., 2022, Health Canada, 2015) and in Australia (Upton et al., 2021), can still shed light on the cultural practices and beliefs of Indigenous communities/ethnic minorities and create a more empathetic and compassionate mental healthcare environment. Similarly to Australia, where these trainings are often ad hoc and inconsistent (Upton et al., 2021), in Ireland there is a need to build on and standardize the training delivered by different NGOs in different regions (Cork Traveller Visibility Group Ltd., 2023; Donegal Traveller Project, 2023; Waterford Institute of Technology, 2017) in order to maximize their impact by ensuring that the rationales, content and potential outcomes of the training are coherent across the country (Horvat et al., 2014).

Employing Travellers within the Health Service

Another suggestion on how the mental healthcare services would respond more appropriately to Travellers cultural needs was to employ more Travellers within the health system. Although not all participants would prefer a Traveller counsellor, or to be attended by a Traveller receptionist due to high levels of perceived stigma, many participants believe that a Traveller professional would better understand their needs and would enable Traveller service users to overcome barriers and to better navigate the health system. From the comments recorded in the workshops, it can be deduced that Travellers would prefer to be able to choose whether to engage with a professional from the Traveller or from the settled community.

There is robust evidence in the international literature on the positive effect of employing the mental health workforce from minority/Indigenous communities. O'Keefe et al. (2021) in their paper *'Increasing Culturally Responsive Care and Mental Health Equity With Indigenous Community Mental Health Workers'* report the numerous benefits of employing American Indian and Alaskan Natives as mental health professionals. They report that the Indigenous workforce would have greater familiarity with community dynamics, cultural norms, attitudes, expectations and communication styles of fellow community members accessing services. This shared understanding can support trust, retention, engagement and ultimately more positive therapeutic results. This Indigenous workforce can also help to overcome barriers to access (waiting times, transport) and improve their clients' attitudes towards help-seeking through home visiting programmes and specific tailored interventions. Employing an Indigenous mental health workforce can also enhance self-determination and be a source of economic development.

O'Keefe et al. (2021) also describe positive outcomes in the field of suicide prevention where Indigenous Community Mental Health Workers delivered evidence-based interventions, which were adapted to their culture, for young people who attempted suicide and for their family members. Positive results in terms of stigma reduction were reported, as well as the creation of a more comfortable environment to discuss such a sensitive topic.

In the Canadian context, it has been evidenced that training local Inuit Lay Health Workers (LHWs) can be helpful in improving the mental health literacy of small Inuit communities, the early identification of young people with mental health challenges and their rapid referral to the most appropriate specialized mental health service (Etter et al., 2019). Monsanti et al. (2022) in their account of insights collected at an Indigenous Mental Health Forum in Canada, report that allocating funds to train and hire Indigenous mental health workers has been brought forward as a suggestion to improve mental health services for Indigenous people.

Reports from Australia suggest that underrepresentation of Indigenous Australians in the mental health workforce is a key barrier to Indigenous communities' engagement with mental health services (Upton et al., 2021). The Health Service Executive also shows some readiness to address this issue in the Irish context. One of the aims of the recently launched 'Diversity Equality and Inclusion Strategy 2022-24', from the HSE National HR Capability and Culture, is to 'achieve diversity in the workforce that reflects the population we serve, recognising the richness of difference that supports innovation and creativity across the organisation' (Health Service Executive, 2022b). Since Travellers are overrepresented in the mental health services (Tong et al., 2020) it would be appropriate that more affirmative action is taken and that tailored strategies are put in place to encourage and enable Travellers to join the mainstream mental health workforce¹⁶ Such a targeted strategy, along with other policy frameworks, would help address the practice-knowledge gap in the field of intercultural competence within the mental healthcare sector in Ireland.

Finally, the study findings, supported by the international evidence, show that hiring a Traveller mental health workforce, and embedding an ethos of respect, consciousness, interest and humility towards Traveller culture, would be a critical step towards creating a mental healthcare setting that is responsive, appropriate, safe and sensitive to the specific needs of this community.

¹⁶ A Vision for Change' (2006) included a recommendation on culturally sensitive mental health services for Travellers. 'Sharing the Vision' (2020) recommendation n.61 recommends that the HSE maximise the delivery of diverse and culturally competent mental health support. The NTRIS and the 'HSE Intercultural Strategy' include similar recommendations.

Objective 3: To identify the core requirements for the development of a comprehensive continuum of care for Travellers (mental health promotion, suicide prevention, treatment, recovery) which can be integrated into mainstream health services and community actions.

The aim of this study, as outlined in the introduction, was to develop the research base for the development of a Traveller Mental Wellness Continuum and to identify, from the perspective of Travellers, some of its key components. This section, based on the findings from the theme 'Health and Community Services' points to several service improvements, principles and practices, which could form part of a comprehensive continuum of appropriate services for Traveller service users. The range of services and supports identified below, therefore, may represent some of the key components of a Traveller Mental Wellness Continuum.

Trauma-Informed Services

Firstly, considering the widespread anti-Travellers sentiments, the experience of bullying in schools, social exclusion, hate crime and the microaggressions that Travellers described in the workshops, it can be deduced that Travellers in Ireland experience systemic racial trauma (Ranjbar et al., 2020). The words used by Travellers to describe their feelings following discriminatory behaviours, such as anger, shame, embarrassment, and the examples of 'internalized oppression' from this and other studies (Villani and Barry, 2021), echoes the emotional state and mentality of individuals experiencing trauma, which has been defined as follows: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being" (Ranjbar et al., 2020, p.8).

Therefore, strengthening the Trauma-Informed Practice approach in mental health service provision would be beneficial for Travellers, and for all service users who may have experienced traumatic events in their lives. Trauma-informed services recognize the signs and symptoms of trauma and its impact, they respond by creating a physical and social environment that is welcoming and safe, they avoid re-traumatization and put in place processes that are empowering through collaboration, trust and respect between practitioners and service users (Ranjbar et al., 2020).

Trauma-informed Practice is one of the components of the Canadian 'First Nations Mental Wellness Continuum Framework' (Health Canada, 2015) and is also recommended in the Australian context to improve services for Indigenous people (Upton et al., 2019).

The key principles of Trauma-Informed Practice, as elucidated by Ranjbar et al. (2020), resonate with those of health promoting services, as they focus on person-centred and strengths-based approaches, on choice, collaboration, empowerment, service users' autonomy and safety. In the Irish mental healthcare setting it would be essential that practitioners realize that the Travellers' traumatic experiences are embedded within a cultural context. Therefore, Trauma-Informed Practices can be enhanced by adopting a cultural humility approach and by recognizing power-imbalances and practitioners' own biases, by developing partnership with Traveller service users and by empowering them through their recovery journey.

A Trauma-Informed healthcare setting would support practitioners in becoming more aware of, and recognizing, the features of 'internalized oppression' among Traveller service users. The integration of the concept of internalized oppression in clinical practice, according to David (2013), would enable practitioners delivering Cognitive Behavioural Therapy (CBT) to challenge the dysfunctional mental schema and the negative automatic thoughts developed by oppressed communities and deconstruct their self-defeating cognitive system. Adapting therapeutic approaches to the specific needs of members of the Travelling community would create a more inclusive healthcare system.

Building Trust: Partnership and a co-production approach

Another important requirement for service improvement, identified through the workshops, is the need to build trust between Travellers and mental health services. Trust was considered a critical factor to improve relationships, access and engagement with services and ultimately to improve Travellers' mental health outcomes. This is a common viewpoint in the literature on the mental health of Indigenous groups (Monsanti et al., 2020; O'Keefe et al., 2021; Upton et al., 2020; Etter et al., 2019) which reports that a lack of trust in mainstream health services is a barrier to access, which can be overcome by hiring an Indigenous mental health workforce, by connecting with the communities, and investing time in building strong relationships and understanding their needs.

However, distrust may be also felt by mainstream service providers towards marginalized communities, as this quote from a study participant elucidates:

'The fact that they know you, the more trust they are going to put in, you know what I mean like...trust her or trust him that they are good people, they are going to have good help.'

This quote sheds light on the fact that distrust is mutual, and therefore, Travellers also have a role in trust building by showing up at appointments, by being consistent in their therapeutic engagement and by trusting healthcare providers. This can create a virtuous cycle which may enhance mutual confidence. It is evident that for service delivery to succeed there needs to be a strong foundation built on trust and partnership between Travellers and mainstream services, and an awareness of the needs of both parties (Upton et al., 2020). This can be achieved through the development of trust-building mechanisms that can enhance communication and collaboration such as, for example, convening routine meetings in clinical and community settings to share information and challenges, endorsement of, and participation in, Travellers' human rights campaigns and organizing lunch group discussions about specific topics.

This introduces the important aspect of creating partnerships between mental health services and Travellers, and developing initiatives and service improvements through a co-production approach. Research participants commented on their willingness to be involved in service and policy development, and in designing strategies that can be owned by the community. The response to the COVID-19 pandemic in Ireland demonstrated how community-health partnerships between Traveller groups and mainstream health services have been instrumental in reducing the potential widening of Travellers' health inequities during the crisis (Villani et al., 2021). This shows that close cooperation between the two stakeholders can be beneficial to solve problems and enhance access to mental healthcare.

Furthermore, evidence from Australia indicates that collaboration between mainstream mental health services and Aboriginal communities can have a positive knock-on effect on service providers' cultural awareness and their ability and skills to better support Indigenous clients (Upton et al., 2020). Monsanti et al. (2022) also call for the inclusion of Indigenous voices in decision-making about mental health service design and delivery.

Developing Mental Health Promotion Interventions

Study participants' comments endorse the need for mental health promotion interventions that could support Travellers in building emotional awareness, resilience, self-efficacy, self-esteem and reducing mental health stigma. The findings called for the development of mental health promotion interventions at the community level for all Travellers, including gender-specific approaches for Traveller women, men and LGBTI+ members. Focusing on improving mental health literacy and enhancing social and emotional skill development, especially among young Travellers was highlighted as a way of enhancing mental wellbeing, reducing stigma and improving help-seeking behaviours.

There are several examples of school-based programmes, as well as evidence-based interventions in community settings and online, which could have a positive impact on Travellers' mental health (Kuosmanen et al., 2019; 2022; Barry et al., 2019; Clarke et al., 2014; Dowling and Barry, 2019). Mental health literacy among Travellers could also be enhanced through the work of Traveller Wellbeing Awareness Workers, the co-development and implementation of outreach services, and the co-production of Traveller culturally appropriate mental health literacy resources that can outline pathways to access services.

In relation to mental health awareness and literacy, two participants talked about the personal responsibility to deal with your own problems and to improve your mental health, which, according to them, depends on people's outlook on life. While individual responsibility is important, it is important to acknowledge the role played by the structural determinants of mental health, which fall outside individual control.

Crisis Response

The need for faster and more immediate support was also referred to in the workshops. Given the high rate of suicide and poor mental health among Travellers, there was a sense of urgency among study participants concerning the ability to access help when it is needed and the desire for immediate crisis support. This desire is linked to a sense of being forgotten and neglected by mainstream services, which is elucidated by the older female who said:

'Travellers know nothing, no one comes around, no one tells us nothing. So we don't even know if there's even any facilities or support.'

The establishment of crisis response plans for suicide, drug abuse and violence was also identified as a major gap in Canada for the First Nation communities (Health Canada, 2015). 'Crisis Response' was included in the First Nations' Mental Wellness Framework, confirming the importance of this approach in supporting minority communities to gain better mental health outcomes.

Early Intervention and Community Outreach

Besides the importance of crisis response, participants suggested that Traveller groups, and different professionals outside the healthcare sector, such as solicitors and school teachers, could have a role in signposting individuals to mental health services. They also commented that mental health services should be everywhere, in the communities, in schools and in the form of outreach work. These comments resonate with approaches adopted in Canada for Indigenous groups, where there is a focus on early identification of cases and referrals. The 'First Nations Mental Wellness Continuum Framework' recommends that early identification can happen in many settings including schools, the workplace, day-care, social services and family support programmes (Health Canada, 2015). Etter et al. (2019) describe a project for Inuit communities in the Canadian Arctic region which has 'early identification' as the main objective, in order to reduce untreated prevalence of mental health problems among young people. They also report that teams of Indigenous lay health workers work closely with schools, police and other agencies in the community on early case identification (Etter et al., 2019).

Participants also suggested having Traveller walk-in centres open 24 hours, and specific 'Traveller Mental Health Centres'. Although the feasibility of these ideas would need to be assessed in the Irish context, there are international examples of Indigenous-owned and Indigenous-led health services. In Australia, for example, there are Aboriginal Community Controlled Health Services (ACCHS) that employ Indigenous Australian mental health workforce along with non-Indigenous professionals (Upton et al., 2019). The ACCHS promote self-determination, are culturally safe and appropriate, use an Indigenous conceptualization of mental health, and therefore, are considered to be best placed to deliver services to Aboriginal communities, including suicide prevention.

Community Development Approach: Traveller-led services

The idea of Indigenous-owned services and the fact that this can lead to empowerment and autonomy underscores the importance of a community development approach to improve Travellers' mental health. Community development has been discussed by participants in the form of community-based services provided by Traveller groups such as: 'Traveller LGBTI+ peer support groups', 'Horse Projects', gender specific 'Traveller Groups', 'Minority Sheds', and sports clubs for young Travellers. Since community development is one of the bedrocks of health promotion (WHO, 1986), and is also included in the Canadian 'First Nations Mental Wellness Continuum Framework' (Health Canada, 2015), it would be important that Traveller groups' initiatives at community level, such as the Primary Health Care for Travellers Projects, continue to be funded by the Irish Government in a spirit of partnership, in order to create a culturally appropriate spectrum of mental wellness that is rooted in Traveller culture and self-determination.

Study Strengths and Limitations

There are a number of strengths and limitations in the present study that need to be considered. A major strength of the study is the methodological approach adopted, which is based on a community participatory research approach, consisting of qualitative workshops and interviews with adult members of the Traveller community conducted by Traveller peer researchers.

This study explored the views and knowledge of Travellers, in their own voices, concerning their unique strengths and needs in terms of promoting mental health and wellbeing and the provision of a continuum of supports and services from promotion, prevention through to treatment. The Traveller peer researchers, together with the local Traveller Organisations acted as gatekeepers to their own community and facilitated access to study participants across the country for this study. While the overall sample size of 87 participants is relatively large for a qualitative study, the use of convenience sampling through the local Traveller Organisations may have restricted access to lesser-heard voices among the Traveller community and may, therefore, have led to self-selection bias.

Peer researchers were involved in both the data collection and analysis stages of the study, working in collaboration with the core research team, which also included a Traveller research assistant. The peer researchers ensured the cultural appropriateness of the data collection process and helped to build trust with members of the local Traveller community. The involvement of peer researchers created a safe climate for Traveller's participation in the study, minimising anxiety and any emotional stress. Given their deep knowledge of their own communities, Traveller peer researchers also played a key role in interpreting and analysing the data, facilitating a more culturally accurate interpretation of the study participants' perspectives. Overall, the involvement of peer researchers together with the support of the Traveller Organisations and the Research Steering Group, which had a strong Traveller representation, increased the relevance and acceptability of the research project.

While recognising the strengths of the peer research approach, it must also be acknowledged that some limitations were evident. Peer researchers worked in pairs and conducted workshops in parallel across eight different local sites. While it could be argued that having the same facilitators collect all the data across

the different sites would have ensured greater consistency in the data collection process, familiarity with the local community was a critical consideration to facilitate good participation from members of the Traveller community. In addition, data collection had to be conducted over a relatively short period and therefore, the peer researcher training that was possible was quite brief. Given the large amount of data collected, the one-day follow-up session with peer researchers post-data collection would have also benefitted from an additional day to allow for a deeper discussion about the different themes.

It was clear from the workshop recordings that there was variability in the quality of workshop facilitation and fidelity to the protocol. To some extent it was possible to make allowance for this in the analysis process, e.g. identifying leading questions or failure to probe certain areas etc. That said, the overall quality of facilitation was quite high and the workshops were handled sensitively and with due care. Ensuring adequate training and support for peer researchers is an important consideration for future research with Travellers and other minority groups, including the development of guidelines for best practice in involving peer researchers. The follow-up session with the peer researchers post-data collection was important in this respect, as was the provision of back-up support for the peer researchers from the local HSE Mental Health Service Coordinators for Travellers.

Conclusions & Recommendations

The findings from this qualitative peer research study identify a number of critical issues to be addressed in order to improve Traveller mental health and wellbeing and reduce the risk of poor mental health and suicide. The data indicate the importance of factors such as Traveller cultural identity and expression; the right to equal opportunities and life choices; the detrimental effect of discrimination on Traveller's mental health and wellbeing and the changes needed in how health and community services are delivered.

The study findings also suggest a range of community supports, services and intersectoral actions, at the individual, community and structural level, that members of the Traveller community deem to be essential in promoting and protecting their mental health and wellbeing. This evidence provides an important basis on which future actions and priorities can be developed. The importance of addressing the social determinants of mental health comes through clearly from the data analysis, including improving educational, training and employment opportunities, improving Traveller accommodation, curbing discrimination, celebrating and reviving Traveller culture and improving access to culturally appropriate mental healthcare. These strategies call for coordinated intersectoral action to improve Travellers' mental health and wellbeing.

A number of meetings and discussions were held with the Research Steering Group concerning the study findings in order to identify actionable recommendations that could be taken forward from this study. Based on these, an overarching recommendation from this study is that there is a need for the implementation of a national plan to urgently address the specific mental health needs of the Traveller community. There was a commitment in the Programme for Government (Department of the Taoiseach, 2020) to deliver a National Traveller and Roma Mental Health Plan; this study findings could contribute to the development of such a plan. The National Traveller Health Action Plan (2022-2027) was published in November 2022, following completion of the data analysis; therefore, its actions were not included in the discussions with the Research Steering Group. However, there was a clear view that national plans need to be realised through a process that

is owned and led by members of the community and supported by national and local agencies. This process, similar to that successfully employed in the development of the First Nations Mental Wellness Continuum Framework in Canada, needs to be underpinned by key principles, which are also reflected in the findings from this study.

These include:

- a strong foundation in Traveller culture and ethnic identity;
- an empowering and strengths-based approach to promoting Traveller mental health and wellbeing;
- an intersectoral approach that can address the social determinants of Traveller mental health;
- the provision of funding for a continuum of mental health promotion and mental health service and community supports based on a co-production process and a peer-led model of delivery.

The study findings provide a research base for advancing the development of a coordinated Traveller-led framework for developing and implementing a continuum of essential services and supports. The key themes that emerged from this research can help inform the process of developing a comprehensive continuum of culturally relevant, safe community-centred mental health services, supports and actions at a national level. Drawing on the experience of developing Indigenous frameworks and cultural intervention models in other countries such as Canada, effective collaboration, partnership, leadership, sustained commitment and resourcing will be needed to guide this process, which will need to be led and owned by the Traveller community. The study findings identify some of the key components of a Traveller Mental Wellness Continuum, which are outlined below under each of the themes.

Culture & Identity

- Cultural empowerment of Traveller Youths
- Revival of Traveller cultural expression, identity and heritage
- Traveller cultural awareness across sectors

Health & Community Services

- Mental health promotion and prevention programmes (mental health literacy, combat stigma, improve self-efficacy and agency, mental wellbeing programmes in key settings across the life course)
- Cultural Safety and Humility ethos
- Traveller employed in the health service
- Strengthening Trauma Informed Care
- Trust, Partnership & Co-Production
- Crisis Response
- Early Intervention & Community Outreach
- Community Development
- Traveller-led services and initiatives (peer-led model of delivery)

Life Opportunities & Choices

- Education & Training opportunities
- Employment access
- Culturally appropriate accommodation
- Community wellbeing empowerment & Community participation
- Positive youth development
- Peer-led support (family strengthening, domestic violence, substance misuse, healthy lives)

Discrimination

- Anti-discrimination campaigns and policies
- Protection of Travellers human rights
- Anti-bullying guidelines

Based on the study findings and consultations with the Research Steering Group, a number of recommended actions are identified, supported by reference to existing policy frameworks and strategies. These will now be outlined in relation to each of the core themes that emerged from this study.

Theme: Culture and Identity

This theme highlights the need for recognition of the importance of cultural identity and cultural expression for the mental health and wellbeing of the Traveller community. Cultural identity was viewed by the study participants as providing a positive sense of identity, which was considered critical for good mental health and wellbeing. The importance of cultural expression was also endorsed as it creates a positive sense of self-worth and respect. It will be critical to ensure that the development of plans addressing Travellers' mental health have a strong foundation in Traveller culture and ethnic identity.

Recommendations:

- **Embed a positive appreciation of Traveller culture and identity within the health system**, including the development of a continuum of culturally-based mental health promotion and mental health service programmes across the lifecourse, including prenatal care, parenting programmes, personal care and wellness development, primary care, community and mental health services.
- **Develop cultural empowerment programmes to support young Travellers** in reconciling how their identity as a member of the Traveller community and as a member of the wider Irish society can coexist in a positive way.
- **Create opportunities for Travellers to express their cultural identity** through cultural traditions and practices, arts and crafts, sports, language, way of living and family values. Provide safe community spaces and support for the practice and teaching of Traveller arts and crafts, language, and cultural heritage.
- **Embed a positive focus on cultural identity** within the education system by including a focus on Traveller culture and heritage within the curriculum, aligned with the provisions of the Traveller Culture and History in Education Bill. Advocate the passing of the Bill and its implementation in educational policy and practice.

Policy Implications:

- The Department of Children, Equality, Disability, Integration and Youth should appoint Traveller Youth Workers, as part of 'mainstream' youth workers roles but with unique orientation and specific requirements, to deliver cultural empowerment programmes

for young Travellers to support the development of their positive cultural identity.

- The Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media should provide safe community spaces and support for the practice and teaching of Traveller arts and crafts, language, and cultural heritage.

This is in line with 'Stronger Together – The HSE Mental Health Promotion Plan' and 'Creative Ireland' Programmes which highlight the important role of the arts in promoting positive mental health and wellbeing. It is also in line with the NTRIS actions n.3 and n.5 aimed at supporting Traveller culture, arts and traditions through cultural heritage centres and the development of new ambitious initiatives.

- The Department of Education, in collaboration with Traveller groups, should embed a focus on Traveller culture and heritage within the school curriculum and the 'Wellbeing Framework' and roll out Traveller cultural competency training nationally for school staff.

This is aligned with the NTRIS actions n.4, n.19, n.20 and n.21 aimed at developing an inclusive school community and a culture of respect and protection for the cultural identity of Travellers across the education system. This also aligns with the Department of Education's commitment within the Cineáltas: Action Plan on Bullying.

- Develop a national conversation to advance a greater awareness and appreciation of Traveller culture and heritage and link to an anti-discrimination campaign nationally, in line with the NTRIS actions n.1 and n.7 aimed at strengthening Traveller Pride Week, communication initiatives promoting positive attributes of Travellers and counteracting negative mainstream media coverage.
- The HSE Traveller Health Infrastructures, the Department of Children and Youth and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media should ensure that cultural programmes and initiatives are designed in consultation, collaboration and partnership with Traveller representative groups. The HSE and Government Departments should also support Traveller representative groups to pilot and evaluate youth programmes.

Theme: Health and Community Services

This theme identifies some of the changes needed to create a more inclusive, diverse and culturally sensitive mental health service for Travellers and to strengthen community-based actions to improve Travellers' wellbeing and prevent suicide. It also sheds light into the need to improve Travellers' mental health literacy, combat mental health stigma and improve mutual trust between Travellers and HSE service providers.

Recommendations:

- **Improve the understanding of Traveller culture, living circumstances (including the trauma and oppression experienced through the life course) and their specific mental health needs** among HSE mental healthcare providers and staff.
- **Broaden the profile of health service staff in Ireland** in order for the services to be more inclusive with respect to Travellers.
- **Co-design trust-building mechanisms, in collaboration with Traveller groups**, and carry out initiatives aimed at creating a space for interaction, communication and collaboration between HSE mental healthcare staff and members of the Travelling community.
- **Co-design strategies to improve Travellers' mental health literacy** in order to combat stigma, improve awareness of mental health and mental illnesses and encourage access to services.

Policy Implications:

- The HSE and Traveller organisations should co-produce Traveller culturally appropriate mental health literacy resources to improve awareness of mental health, wellbeing and pathways to access mental health services, as well as to describe signs and symptoms of different mental health conditions.

This aligns with action n.19 of 'Stronger Together: The HSE Mental Health Promotion Plan' which suggests to 'support and co-design mental health literacy initiatives for priority groups through dedicated communications campaigns and resources.'

- The HSE should implement Traveller specific recruitment campaigns with the aim of diversifying the staff composition and

promoting Traveller inclusion in the HSE workforce and in mainstream jobs.

This is in line with Sharing the Vision's recommendation n.61 suggesting that the HSE maximise the delivery of diverse and culturally competent mental health support throughout the services. It further aligns with the NTRIS objective 'Targeted positive public service recruitment to train and employ Traveller and Roma staff in public services should be introduced' and the 'HSE Diversity and Inclusion Strategy 2022-2024'.

- The HSE should promote the employment and training of 'Traveller Wellbeing Awareness Workers' within Traveller Health Teams in view of the need to promote positive mental health at community level and create liaisons between HSE mental health teams, HSE Traveller Mental Health Liaison Nurse posts and the Traveller community.

Requirements, job specifications and governance for these posts should be based on the 'Evaluation of the Traveller Community Wellbeing Awareness Worker Pilot Initiative' carried out in Kilkenny in May 2021.

- Ensure that the newly developed HSE-NOSP Community Response Plans, to be activated following incidents of suspected suicide, to meet the specific needs of Travellers. These plans could mirror the model developed for Travellers called 'A Guide to Developing a Local Co-ordinated Crisis Response Plan for the Traveller Community'¹⁷. This is in view of the need to support the community in the aftermaths of a suicide, attempted suicide and unexpected tragic deaths.
- Embed an ethos of 'cultural humility' across the HSE mental health services, which includes practitioners' openness, respect and curiosity towards cultural diversity and new cultural information and critical self-examination of cultural awareness.
- Co-produce a standardized 'Traveller Culture Awareness Training' module at national level, which is CPD accredited by Irish healthcare accreditation bodies.

¹⁷ Available here: <https://otm.ie/wp-content/uploads/2019/03/A-Guide-to-Developing-a-Co-ordinated-Crisis-Response-for-the-Traveller-Community-2018.pdf>

- Develop Key Performance Indicators (KPIs) for mental health workforce on Traveller Cultural Awareness and cultural humility.
- Co-produce a national plan, in collaboration with Traveller groups, to routinely resource the delivery of 'Traveller Culture Awareness Training' to all staff employed in the HSE mental health services.

Elements of this training, which should be delivered by Travellers, could be included in Induction Training for all mental healthcare staff. This action aligns with Sharing the Vision's recommendation n.61 suggesting that the HSE maximise the delivery of culturally competent mental health support throughout the services.

- Implement trust-building initiatives between Travellers and HSE staff, including, but not limited to, the following:
 - i. Lunch time discussion groups
 - ii. Coffee mornings
 - iii. Regular meetings in clinical and community settings (including premises of Traveller groups)
 - iv. Participation/endorsement/promotion of local Traveller human rights campaigns and events
- Develop outreach services, performed by HSE mental health teams in collaboration with Traveller organizations, in line with Sharing the Vision's recommendation n.26 on enhancing outreach and liaison activities between the HSE and voluntary organizations.
- Assess the feasibility of creating specific services for Travellers at community level, to support Travellers in a mental health crisis, as well as those who are not in crisis. These could mirror the model of the 'Galway Community café'¹⁸ and align with the Sharing the Vision recommendation n.24 around the piloting of out-of-hours crisis cafes.
- To develop a Traveller Health Module to be delivered to all undergraduates who are

embarking in a career in the health service attending Irish Universities.

- The HSE should strengthen the trauma-informed care model in clinical settings, especially for practitioners working with Travellers, through training for staff on trauma-informed practice and care. This should also include the introduction of the concept of 'internalised oppression' in clinical practice, such as in Cognitive Behavioural Therapy (CTB), to challenge the dysfunctional mental schema and the negative automatic thoughts developed by Travellers and other oppressed communities.

“The fact that they know you the more trust they are going to put in, you know what I mean like... trust her or trust him that they are good people they are going to have good help.”

¹⁸ For more information see the following website: <https://galwaycommunitycafe.ie/about-us>

Theme: Life Opportunities and Choices

The need for, and right to, equal life opportunities for Travellers was strongly endorsed in this theme. The importance of Travellers being able to not only survive, but to flourish, have a sense of purpose and enjoy life was articulated as being central to good mental health and wellbeing. This theme underscores the need for a continuum of mental health promotion initiatives delivered for and by members of the Travelling community.

Recommendations:

- **Further develop and expand mental health promotion initiatives for the Traveller community, based on a co-production process and a peer-led model of delivery.**
- **Implement community wellbeing empowerment programmes** that will enhance a sense of control and life choices among members of the Travelling community and enable a sense of self-worth and mental wellbeing. These include the following:
 - Gender-specific community wellbeing programmes to support Traveller men and women in acquiring the awareness, skills and resources needed for their mental wellbeing and personal development, including addressing cultural norms and pressures concerning gender roles and 'feeling stuck in the middle' between two cultures.
 - Positive youth development programmes to enable young Travellers to acquire life skills and develop positive pathways for their future, engendering a sense of how they can contribute to the society, be motivated to pursue education and feel good about themselves.
 - Provide specific support for Traveller LGBTI+ youth through the development of culturally appropriate support services that aim to build bridges back to the community for those who have been excluded due to their sexual orientation or moving outside of traditional gender boundaries.

This aligns with the NTRIS actions n.115, n.116 and n.117 under the objective 'Culturally appropriate supports should be developed so that LGBTI Travellers and Roma are included, accepted and protected in their own communities and wider Irish society'.

- Create opportunities for community participation and social interaction outside the home, including:
 - access to leisure activities such as music, art, sport and hobbies to combat isolation, which was seen to be associated with depression, anxiety and suicidal thoughts.
 - strengthen social support and connectedness to address feelings of isolation and confinement.
 - provide access to childcare, afterschool and summer activities for children.
 - Develop community microfinancing initiatives that will facilitate economic empowerment for members of the community, especially for women and young men.

These actions align with 'Sharing the Vision' recommendations n.5 and n.6, which seek to promote social inclusion, community connectedness and engagement, and also align with the 'Stronger Together: The HSE Mental Health Promotion Plan', and incorporate mental health promotion and prevention actions that recognise the needs of priority groups identified in the 'Connecting for Life' strategy.

Provide a continuum of peer-led support including:

- family strengthening and support programmes.
- support in addressing marital conflict and domestic violence
- outreach support for substance misuse.
- healthy diet, exercise and lifestyles and an understanding of the interconnectedness of mental and physical health.

Provide access to improved education and training opportunities for Travellers including:

- Job seeking skills for Travellers – adapt current job-seeking programmes such as Winning New Jobs for delivery within the Traveller community.
- Vocational guidance and support to help young people identify potential career pathways.

- Further education and training schemes for women, including options beyond a focus on Community Employment Schemes to a more sustainable pathway.
- Vocational training that builds on the skills and cultural heritage of Travellers, identifying the strengths of the Traveller culture.

These recommendations are in line with the NTRIS' actions n.22, n.24, n.25, n.26, n.27, n.31 aimed at improving Travellers' opportunities to engage in culturally appropriate apprenticeships, training, employment and life-long learning, as well as supporting Travellers' entrepreneurship and self-employment.

- **Create safe living environments that will support healthy development, wellbeing and flourishing for the Traveller community through multisectoral actions developed in partnership with central and local government agencies.** Poor living environments were viewed by study participants as inhibiting making positive life choices and prioritising one's own wellbeing and life goals. Therefore, improving the conditions of daily living is a critical action to address the social determinants of Traveller mental health and wellbeing.
- **Develop regeneration and improvement schemes for culturally appropriate accommodations** and to improve Traveller living conditions and provide access to local facilities such as transport, parks, community centres and sports grounds.

Policy Implications:

- Scale up the appointment of Traveller Wellness Awareness Peer Workers, already in place in certain regions, to support the delivery of more culturally-focused mental health promotion empowerment programmes for the Traveller community.

This action aligns with Sharing the Vision's recommendation n.74, which proposes that the HSE continue developing and funding peer-led/peer-run services for people with mental health difficulties around the country.

It further aligns with action n.22 in 'Stronger Together: The HSE Mental Health Promotion Plan' under Theme 5 Equally Well : 'Scale up and further strengthen mental health promotion initiatives within the existing Traveller health infrastructure.'

- Scale-up the appointment of Traveller peer-led support workers, already in place in certain regions, in order to expand the range of community wellbeing and empowerment programmes delivered.

This is also in line with action n.19 of the HSE 'Stronger Together' plan.

- Provide tailored vocational education and training programmes for members of the Traveller community.
- Train Traveller youth workers to deliver culturally-tailored positive youth development programmes, including social and emotional learning programmes (e.g. adapting MindOut for adolescents), social action and mentoring programmes (e.g. adapting Big Brothers Big Sisters) and provide specific support for Traveller LGBTI+ youth, for delivery in Traveller youth and education settings.

This action is in line with the NTRIS' objective 'Traveller and Roma children should have opportunities to participate in culturally appropriate youth programmes that meet their needs' and related actions, under the theme 'Children and Youth'.

- Deliver improvement and regeneration schemes for culturally appropriate accommodations based on effective collaboration with the Traveller community and across central and local government, and local agencies.

This action is in line with the NTRIS' recommendations n.126, n.127, n.128, n.129, n.130 and n.131 on the adequate provision of culturally appropriate accommodation for Travellers, underpinned by a robust monitoring and

Theme: Discrimination

This theme highlights the profound detrimental effect of racism, prejudice and discrimination on Travellers' mental health, including high psychological and emotional impact. Discrimination is reported to happen throughout the life course in all domains of life, to the point that it can be described as systemic. These circumstances contribute to Travellers marginalization and fuel the mental health crisis affecting the community.

Recommendation & Policy Implications:

Given the existence of several recommended actions in the area of anti-discrimination and equality within the 'National Traveller and Roma Inclusion Strategy 2017-2021' (NTRIS), the research team, in consultation with the Research Steering Group, endorse the execution of the following actions.

- Implement actions n.111, n.112, n.113 and n.114 included in the NTRIS under the section 'Anti-Discrimination and Equality' in order to address racism, hate speech and address systemic racism and societal discrimination.
- Implement actions included in the NTRIS under the section 'Employment and the Traveller Economy' and 'Anti-Discrimination' in order to increase apprenticeships, training and employment of Travellers, recruit Travellers within the public services and reduce discrimination of Travellers in accessing employment (especially actions n.24, n.25, n.26, n.28, n.29, n.30 n.118 and n.119).
- The Department of Education should support Travellers to become teachers with specific recruitment campaigns (NTRIS action n.15).
- Research on the effectiveness of the anti-bullying procedures, policies and guidelines on Travellers experiences in the school system should be commissioned (NTRIS action n.18).
- The Department of Education and Skills continues to address the areas of anti-racism, identity-based bullying and cultural awareness through a suite of supports including the Stay Safe Programme, the Continuing Professional Development (CPD) to teachers at Primary and Post-Primary level, trainings for Boards of Management and information sessions for parents (NTRIS action n.21).

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Appendix 1.

Peer Researchers Training Protocol

TRAINING DAY 1



Place: Offaly Traveller Movement, Tullamore

Welcome and introduction to the project

- Icebreaker and introductions
- Ground rules

Presentation: Introduction to the project – Jacopo Villani

- Aims and objectives
- Methodology
- Participants provided with a project information pack

Presentation: Interviewing and group facilitation skills – Tuuli Kuosmanen

- Introduction to Workshops
- Group facilitation skills

Activity 1: Group facilitation practice

Aim: To practice facilitation skills

Preparation: Participants will have been asked to familiarise themselves with the workshop protocol prior to the session.

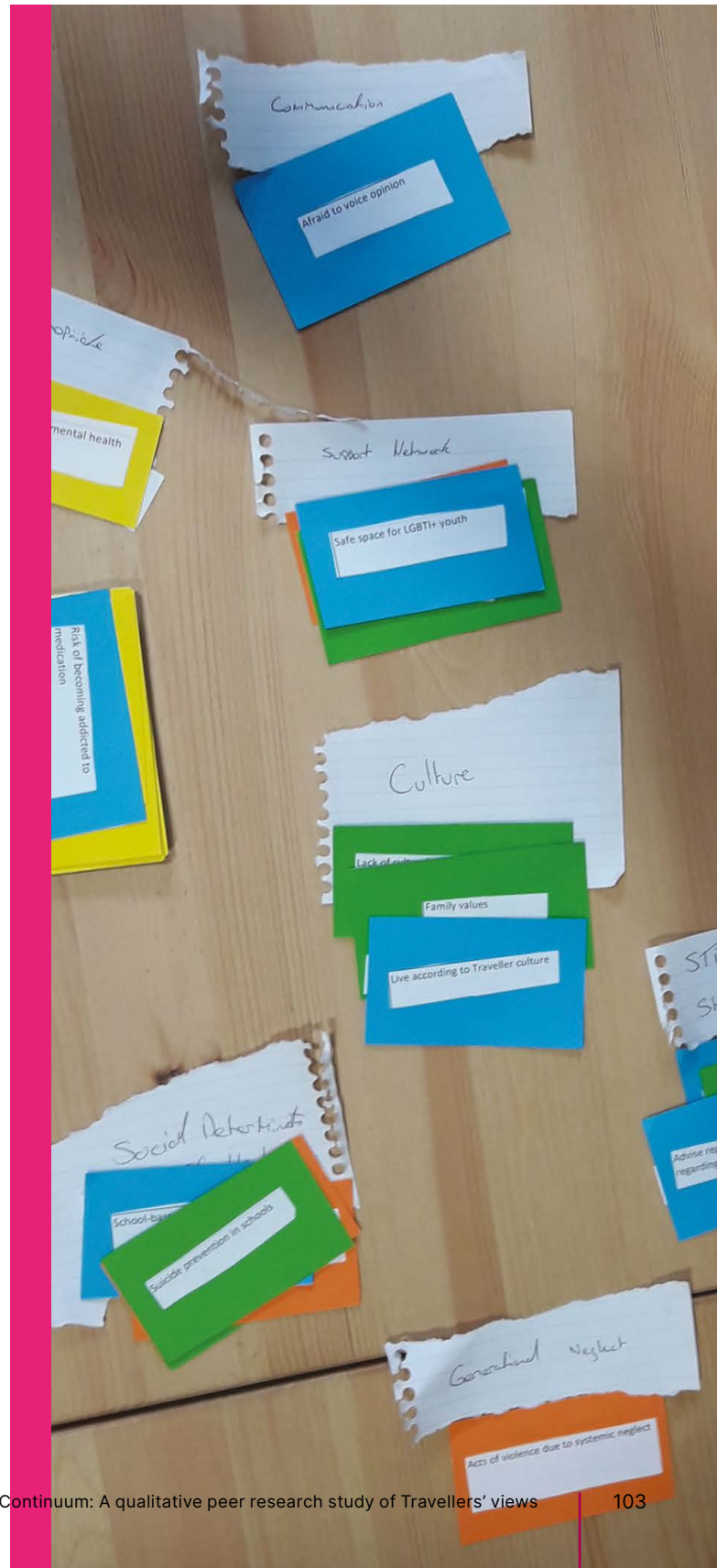
Materials: Workshop protocol

Instructions:

In groups of 4, the participants will practice group facilitation using the first part of the interview protocol. One of the participants will act as the facilitator, and the others will pretend to be research participants. After 10 minutes, roles will be switched.

Reflection:

- How did it feel to interview/being interviewed?
- Were there any challenges? How would you overcome these?



Introduction to positive mental health

Presentation: What is positive mental health? – Tuuli Kuosmanen

- Defining mental health
- Determinants of mental health

Group facilitation and moderation – PART 2

Activity 2: Facilitation practice

Aim: To practice facilitation skills

Preparation: Participants will have been asked to familiarise themselves with the workshop protocol prior to the session. Participants will be shown the short video clip.

Materials: Workshop protocol

Instructions:

In groups of 4, the participants will practice group facilitation using the second part of the interview protocol. One of the participants will act as the facilitator, and the others will pretend to be research participants. After 10 minutes, roles will be switched.

Reflection:

- Were there any challenges? How would you overcome these?
- Was it easy to facilitate the discussion? Did the discussion go as planned or did it get side-tracked?

Activity 3: Reviewing workshop protocol

In their pre-assigned groups, the participants are asked to review and discuss the interview protocol.

- What works well, what doesn't work?
- Are there any foreseeable issues with any of the questions?
- Is something missing?
- Are there any changes that you would make to the workshop protocol?

One participant to take notes and feedback to the group.

Activity 4: Recorders

Participants will be provided with recorders and instructed on their use.

Privacy, confidentiality and safety
Presentation: Introduction privacy and confidentiality

- Informed consent
- Protecting the privacy and confidentiality of participants and peer researchers
- Safety procedures and signposting
- Protecting your own wellbeing



Activity 3: Scenarios

Aim: To examine possible challenging situations arising during and after the interviews/workshops, and how to deal with these.

Instructions:

In groups of 4-5, the participants are asked to discuss the scenarios and how they would deal with them.

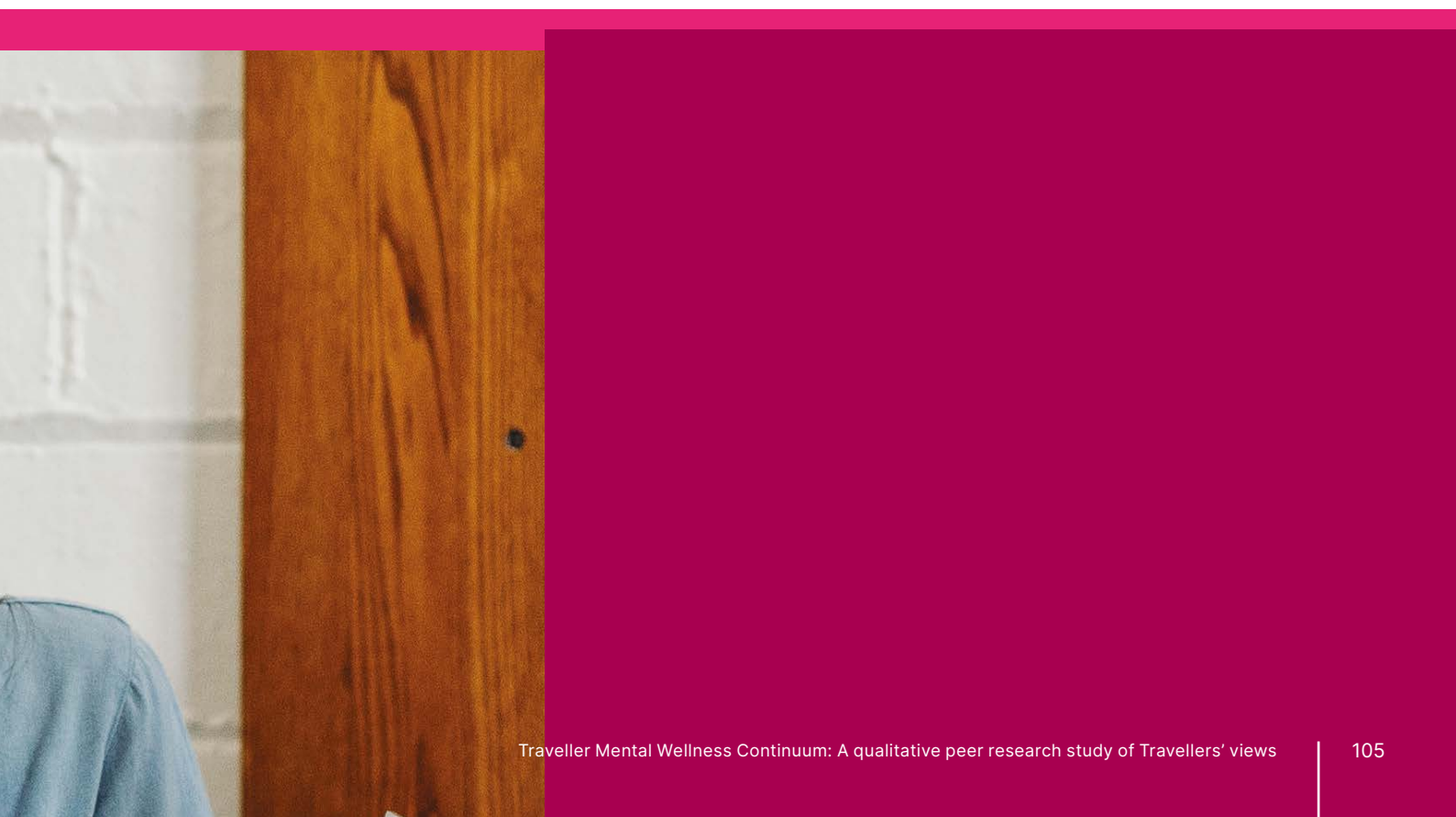
Scenario 1: It's the day of your workshop. You have a good conversation with the participant. Towards the end of the end of the workshop, one of the participants shares that they have felt suicidal and do not have any close friends or family to support them.

Scenario 2: Someone you interviewed has sent you a "friend request" on social media and were asking intrusive questions about your personal life during the workshop.

Reflection: What other ethical issues/challenging situations might you face during the workshops/interviews? How should you handle these situations?

Summary points from the training

- What to do at the start, during and after interviews/workshops
- Use of recorders
- Dealing with challenging situations



Appendix 2.

Workshop Protocol

Workshop Topic Guide

At the start

1. Welcome Participants; Introduce facilitator and moderator and mention self-identification as a Traveller; Outline purpose of the research.

“This research project explores Travellers’ views of mental health and wellbeing, and what is needed to promote good mental health and reduce lives lost to suicide. The project is funded by the Department of Health and the National Office for Suicide Prevention (NOSP). We are running group discussions with members of the Traveller community across Ireland. We hope that these discussions will help in developing more appropriate supports and services for Travellers.”

2. Explain confidentiality and its limits, informed consent and freedom to withdraw.

“Everything that is said in the room is confidential. You will not be able to be identified when the findings are written up as no names will be used. If everyone is ok with it, we will record the discussion. This is done to make sure that we don’t miss anything important that has been said. The recordings will be transcribed (written out) and then destroyed. We also ask that you do not talk about what has been said, or who was here, to anyone outside the group. But we cannot guarantee this. Taking part in the study is up to you and you are free to leave at any point without giving a reason. If you are happy to take part, we will ask you to sign a consent form.”

[Hand out consent forms and ask if the participants have any questions]

3. Check if everyone gives permission to record the conversation.
4. Distribute telephone number and details of counselling services in the area for those who may feel affected by the information or situations described in the workshop.
5. Set up ground rules.

[Ask participants to come up with ground rules that should be respected by everyone in the room. If they struggle to come up with anything, you can give examples (see training slides). Write the ground rules somewhere visible, like a white board or a large sheet of paper.]

Questionnaire and probe questions

1. Vignettes

Traveller Women:

“Let me tell you about Rose. Rose is a Traveller woman; she has a husband, with four children all under 7 years. Rose takes care of the children, but she struggles as her husband is not helping her much. Rose does not have any hobby and does not go out much, she left school early and struggles to read and write. Rose does not feel like eating and recently has lost weight. Although she is worn out most evenings, she finds it hard to sleep and she feels fed up a lot over the last couple of months. She has not talked to her doctor about this as she feels it will not help her and she fears people will talk about her.”

Traveller Men:

“Let me tell you about Mike. Mike is a Traveller man, he is unemployed and he struggles to provide for his family, he left school early and struggles to read and write. Mike hangs around with friends in the housing estate, but there is not much to do around. He does not feel welcomed in pubs or restaurants in his area. Mike feels on his own and with nothing to do (no purpose in life), he sometimes feels angry. In the past few weeks he started to feel downhearted and he does not want to talk to people. Although he is worn out most evenings, he finds it hard to sleep almost every night. He is ashamed to talk about this with his doctor, family and friends.”

2. Opening questions

What do you think about Mike's/Rose's situation?
(Are there people like Mike/Rose in your area? Could you talk about them?)

- Has he/she a problem? What is it?
- What do you think is causing the problem?
- What can Mike/Rose do to make things better?
- What could be done? What is needed to help the situation?

3. How can we maintain good mental health?

- What do we need to have good mental health?
- What does good mental health mean to you?
- What's needed to stay mentally healthy?

- Good housing? Employment/Income? Less discrimination? Better Education?
- School retention programmes? Tackle bullying in the school setting?
- An equal distribution of responsibilities in the house? Especially in relation to child rearing
- Engage in Hobbies, Sport, Boxing, Music, Hunting, Horses?
- What kind of services would you find helpful to keep good mental health?
- What would most improve the mental health of Travellers?

4. Let's talk about Travellers' strengths, identity and culture.

- Do you think Traveller culture is important for mental health?
- If people would respect and value your culture would that improve your wellbeing?
- What do you think are the most important strengths of your community?
- Social Connections? Family Networks?
- Being able to make the best with what you have got? Knowledge about horses? Knowledge about Tinsmithing?
- Proud to be a Traveller?
- What are the most important parts of your culture?
- Living in mobile homes? Being able to travel? Being in close contact with nature? Feeling of freedom? Feeling of being part of something? The history of Travellers?
- Your language? Living in close contact with horses?
- Living very closely to your family and cousins?
- Religion?
- How can we build on these strengths and cultural identity to improve your mental health?
- **If you were able to live well according to Traveller culture, what would that look like? How would your mental health improve?**

- Do you think that learning more about the **Cant language** would strengthen your culture?

SHORT COFFEE BREAK (10 MINUTES)

5. Video

Watch short film (2 mins) 'John Boy Social Promo' about Travellers' suicide.

<https://www.youtube.com/watch?v=Mj7XP4-fD0>

6. What can we do to reduce the number of lives lost to suicide?

- What do you think about this video?
- What can be done to support Travellers who are feeling very low and in a dark place with suicidal thoughts?
- What type of actions would you put in place to make sure Travellers do not reach the stage of being suicidal?
- Can you identify a service, an activity, a project that would help Traveller men and women cope when they are having suicidal thoughts?

What advice you would give to friend/family member who are feeling low with suicidal thoughts?

- What support do you feel is needed to cope with suicidal thoughts?
- Do you feel religion can give comfort to people with thoughts of suicide?
- Would horse projects work for Men? Would being able to travel freely around the country help? Would employment help? Improving housing conditions?

7. Let's talk about seeking help for mental health problems.

- Do you think the health services can help Travellers to improve their mental health and reduce suicide rates?
- What do you think of the existing services for mental health?
- Would you use them if you needed to?
- Do you think Travellers would attend appointments with mental health services? Why?

- How would you change the mental health services to make them easier for you to use?

- Would you find it helpful if we had mental health workers to chat with you in your community? Would you prefer someone from the Traveller community, or somebody from outside but that is familiar with the community and your culture?

- How can Travellers use mental health services when they need to?

- What do we need to do to encourage Travellers to use mental health services? What would help Traveller men and women?

8. Do you think mental health care/cure would work for Travellers?

- Do you have trust in mental health cure?
- Do you think Travellers can recover from mental health problems?
- What does getting better look like for Travellers?

9. Let's talk about culturally appropriate services, which are services that are designed to meet Travellers needs respecting Traveller culture

- How can services be made more suitable for Travellers?
- Some people believe that if the services were more aware of Traveller culture, members of the community would use them more? What do you think?
- What does a 'Culturally Appropriate Service' mean for you?
- What do we need to put in place to make services more culturally appropriate for Travellers?
 - Do you think that being part of developing services would help?
 - Would having Travellers employed as Health Workers in the HSE help?
 - Providing trainings on Traveller cultural awareness to mental health Staff?
 - Have structures in place where the voices of Travellers can be heard?

- What do HSE Service Providers need to do and to know about Travellers? How can they encourage Travellers to engage with services?

10. What would help improve the mental health of Travellers?

- What's the number one thing that would make most difference?

11. Any other comments?





