



**NUI Galway**  
**OÉ Gaillimh**



**HPRC**  
Health Promotion Research Centre



## **Health behaviour in school-aged children 2018: Short report on traveller mental health and wellbeing**

**Casey Rose Watters, Aoife Gavin, Colette Kelly, Andras Költő, Saoirse Nic Gabhainn**

**HBSC IRELAND  
HEALTH PROMOTION RESEARCH CENTRE  
SCHOOL OF HEALTH SCIENCES  
NATIONAL UNIVERSITY OF IRELAND GALWAY**

## **Introduction**

The Health Behaviour in School-aged Children (HBSC) study is a cross-national research study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe and runs on a four-year cycle. In 2018, Ireland participated for the sixth time in the HBSC study ([www.nuigalway.ie/hbsc](http://www.nuigalway.ie/hbsc)). The overall aims of the HBSC study are to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context. HBSC collects data on key indicators of health, health attitudes, and health behaviours, as well as the context of health for young people.

The study is a school-based survey with information collected from students through self-completion questionnaires in classrooms. HBSC Ireland 2018 was funded by the Department of Health. Further information on the HBSC Ireland can be found at [www.nuigalway.ie/hbsc](http://www.nuigalway.ie/hbsc) or at [www.hbsc.org](http://www.hbsc.org), the International HBSC website. The most recent HBSC Ireland study was conducted in 2018 and included 15,557 school children from 3rd class in primary school to 5th year in post-primary school. Collectively, 255 primary and post-primary schools across Ireland participated in this study.

The methods employed comply with the International HBSC protocol and are detailed in the national report from the 2018 survey (see <http://www.nuigalway.ie/hbsc/hbscireland/2018study/>).

## **Focus of this report**

This short report describes self-reported mental health and wellbeing data from the 2018 HBSC survey. The data focus on comparing findings from children who identify as members of the Travelling Community, and those who do not. It focuses specifically on mental health and wellbeing, and includes both HBSC international questions as well as national items.

## **Sample and methodology**

This report includes data from a sample of 15,557 school children who completed the 2018 HBSC survey. Of all of the children sampled, 15,022 provided information about their status as a member of the Travelling Community. Of these 15,022 children, 450 identified as Travellers and 14,572 did not. Of the same 15,557 total children sampled, 15,450 disclosed their gender. Of these 15,450, 7,547 identified as boys and 7,903 identified as girls.

It is important to note that the data below include only the children who answered each question, and since not all children answered all questions, the sample varies slightly for each item. The sample of children answering each question ranged from a minimum of 92 Travellers to a maximum of 436 Travellers, with a mean sample of 319 Travellers answering each question. For non-Travellers, there was a minimum sample of 4612 to a maximum of 14405, with a mean sample of 11,426 non-Travellers answering each question.

The questions included in this report include both HBSC international mandatory and optional items, as well as Ireland-specific national items. It includes items in the, 'Positive Health' section of the HBSC International protocol. Specific items from the 'Positive Health' section included in this report are two HBSC international mandatory items: self-rated health and life satisfaction and one HBSC international optional item: WHO 5-item wellbeing index. This report also includes findings from four related items from the Ireland National Survey. These four items are the mental health index abbreviated score (MHI-5), frequency of feeling stressed, self-confidence and happiness with self.

## Table of Contents

The results of items related to mental health and wellbeing are organised in this report using the following structure:

|  |    |
|--|----|
| 1. Overall Health and Life Satisfaction                                  | 3  |
| 1.1 Travellers vs. non-Travellers: Overall Health and Life Satisfaction  | 3  |
| 1.2 Travellers' Overall Health Over Time: Life Satisfaction              | 4  |
| 1.3 Travellers' Overall Health Over Time: Happiness with Life            | 5  |
| 1.4 Travellers' Overall Health Over Time: Self-Rated Health              | 6  |
| 2. Happiness with Self and Self-Confidence                               | 7  |
| 2.1 Traveller vs. non-Traveller: Happiness with Self and Self Confidence | 7  |
| 3. Mental Health and Wellbeing   | 8  |
| 3.1 Traveller vs. non-Traveller: Mental Health and Wellbeing             | 8  |
| 4. Perceived Stress  | 9  |
| 4.1 Traveller vs. non-Traveller: Perceived Stress                        | 9  |
| Discussion   | 10 |
| Acknowledgements   | 11 |
| References   | 11 |

## Results

### 1. Overall Health & Life Satisfaction

The charts below describe findings from three key questions related to children's overall health. The first required students to describe their health on a 1-4 scale from 'Poor' to 'Excellent,' and students who selected 'excellent' were categorized as having excellent health. The second asked students to rate how they felt about their lives at present on a 1-4 scale from 'Not happy at all' to 'Very happy', and students who selected 'I feel very happy' are described as 'Very happy with life.' The third item in the chart below describes the children's life satisfaction and was measured on a ladder from 0 (worst possible life) to 10 (best possible life). Children who selected 7 or above are categorized as having 'High Life Satisfaction.'

#### 1.1. Traveller Overall Health & Life Satisfaction

Both Traveller boys and girls were significantly more likely to report having excellent health than non-Traveller boys and girls (46% vs. 36%,  $p < .01$  for boys; 38% vs 29%,  $p < .01$  for girls). Traveller children were also significantly more likely to report being very happy with their lives than non-Traveller children (59% vs. 51%,  $p < .01$  for boys; 58% vs. 45%,  $p < .01$  for girls).

About three-quarters of all students in Ireland reported high life satisfaction (79% vs. 77% for boys; 71% vs. 70% for girls), and there were no significant differences in self-reported life satisfaction between Travellers and non-Travellers.

**Figure 1.1: Self-reported general health, happiness with life, and life satisfaction among Traveller and non-Traveller children**



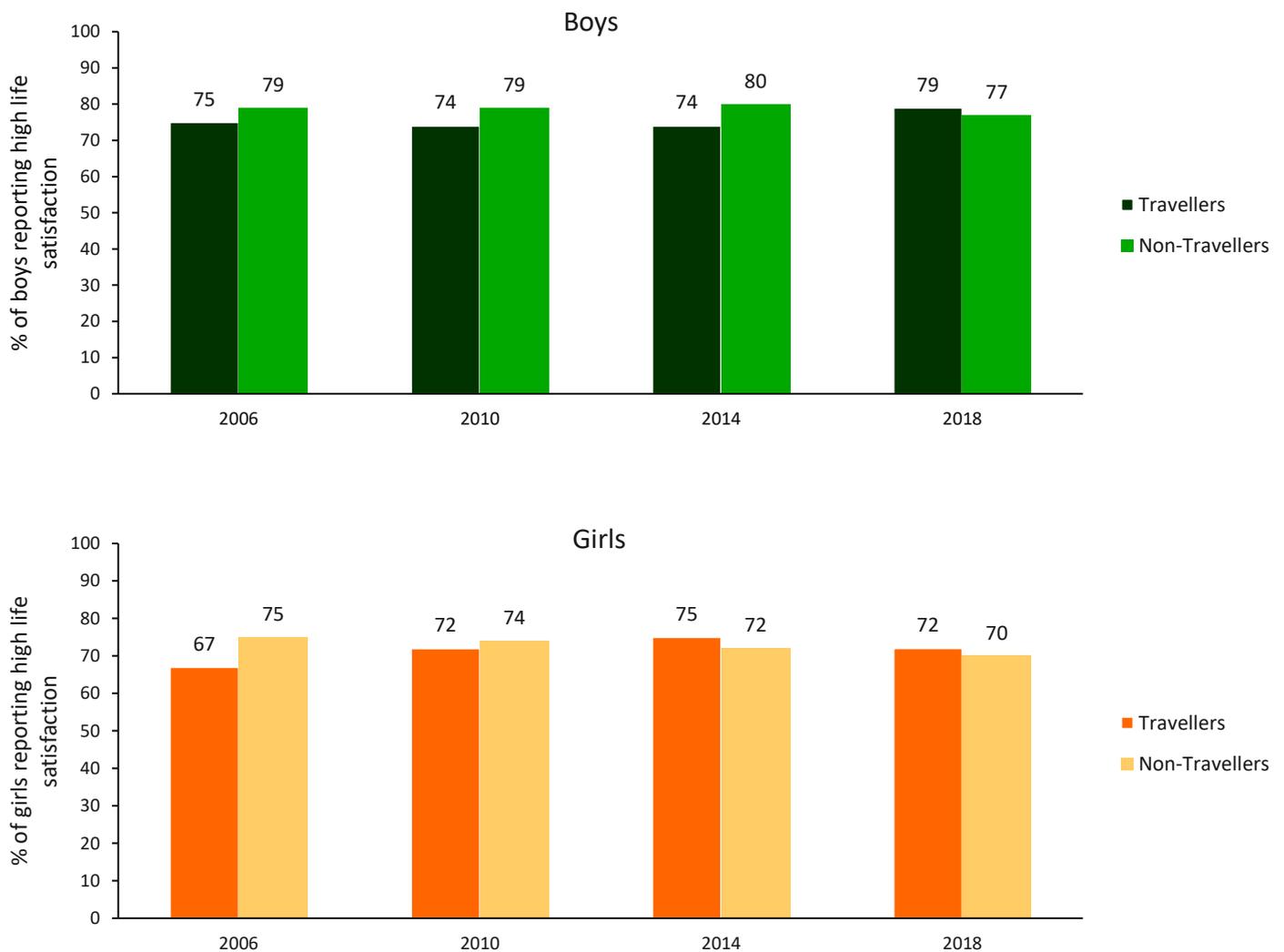
### 1.2. Traveller Overall Health Over Time: Life Satisfaction

Life satisfaction among Traveller boys and girls has remained fairly consistent since 2006. The percentage of Traveller boys reporting high life satisfaction between 2006 and 2018 ranged from 75% to 79%, and the percentage of Traveller girls reporting high life satisfaction during that time ranged from 67% to 75%.

Non-Traveller children's life satisfaction has also remained fairly consistent over time. Between 2006 and 2018, there is a range of 77%-80% of non-Traveller boys and 70%-75% of non-Traveller girls reporting high life satisfaction.

Although there is only minimal variation across surveys, it is interesting to note that the percentage of non-Traveller girls reporting high life satisfaction has declined each reporting year since 2006.

Figure 1.2 and 1.3: Self-reported life satisfaction over time among Traveller and non-Traveller children



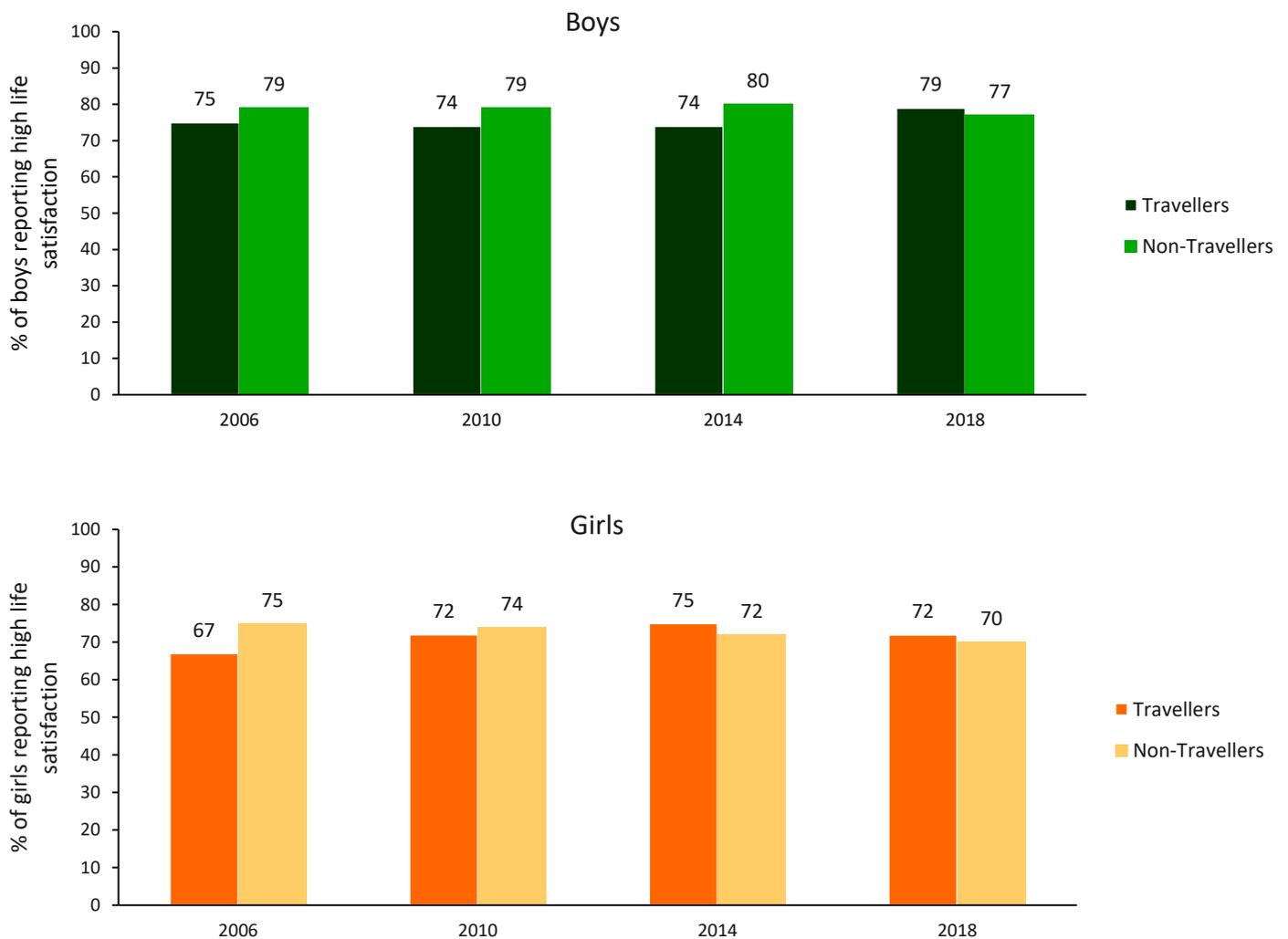
### 1.3. Traveller Overall Health Over Time: Happiness with Life

Self-reported happiness with life among Traveller and non-Traveller children has also remained relatively stable between 2006 and 2018.

Among Traveller boys, the percentage of children reporting high life satisfaction between 2006 and 2018 ranges from 74% to 79%. Among non-Traveller boys, there is a range from 77% to 79%. The girls reported similarly stable life satisfaction scores, with a range of 67% to 75% for Travellers and a range of 70% to 75% for non-Travellers.

Similar to the pattern with life satisfaction, there is a slight decline each reporting year in the number of non-Traveller girls stating that they are very happy.

**Figures 1.4 and 1.5: Self-reported happiness with life over time among Traveller and non-Traveller children**



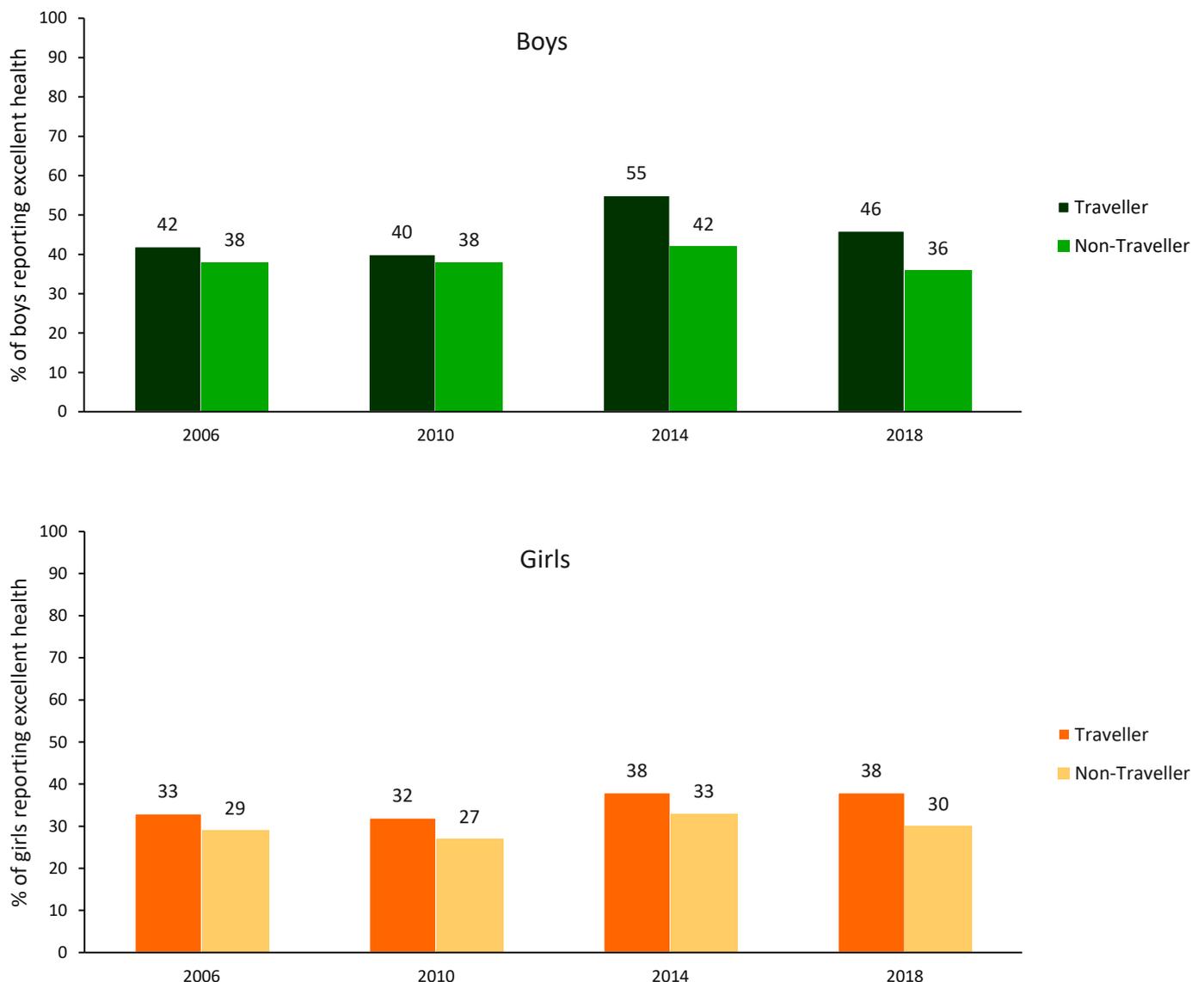
#### 1.4. Traveller Overall Health Over Time: Self-Rated Health

Self-rated health among children varied slightly between 2006 and 2018. Among Traveller boys, the percentage of children reporting excellent health ranged from 40% to 55%. Non-Traveller boys' frequency of reporting excellent health varied slightly less, with a range of 38% to 42%.

Traveller and non-Traveller girls also experienced only slight variation in self-reported health between 2006 and 2018. The percentage of Traveller girls reporting excellent health ranged from 32% to 38%, and the percentage of non-Traveller girls reporting excellent health ranged from 27% to 33%.

Interestingly, self-rated health peaked for all four groups of children in 2014.

Figures 1.5 and 1.6: Self-reported health over time among Traveller and non-Traveller children



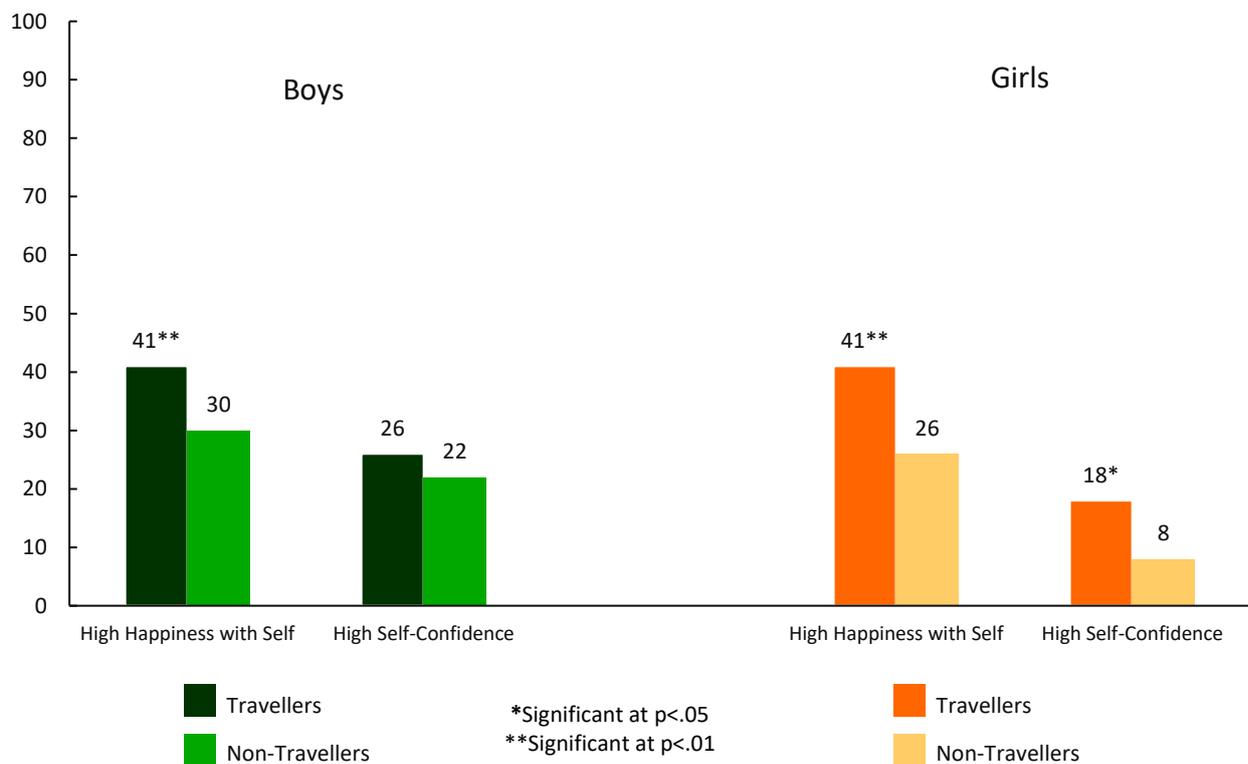
## 2. Happiness with Self and Self-Confidence

The chart below describes findings from two questions related to children's perceptions of themselves. The first asked students to select how often they felt happy with the way they were in the last week, with 5 options ranging from 'Never' to 'Always.' Only children who selected 'Always' were categorized as 'Very Happy with Self.' The second question asked children if they were self-confident with four potential responses ranging from 'Never' to 'Always.' Only children who selected 'Always' were categorized as having 'High Self-Confidence.'

### 2.1 Traveller Happiness with Self and Self-Confidence

Both boy and girl Travellers were significantly more likely to report being very happy with themselves compared to non-Traveller boys and girls (41% vs. 30%,  $p < .01$  for boys; 41% vs. 26%,  $p < .01$  for girls). Traveller girls were also significantly more likely to report high self-confidence compared to non-Traveller girls (18% vs. 8%,  $p < .05$ ). However, there was no significant difference in self-reported self-confidence between Traveller and non-Traveller boys (26% vs. 22%).

**Figure 1.2: Self-reported happiness with self and self-confidence among Traveller and non-Traveller children**



### 3. Mental Health and Wellbeing

The figure below describes findings from two sets of questions in the survey related to mental health and wellbeing.

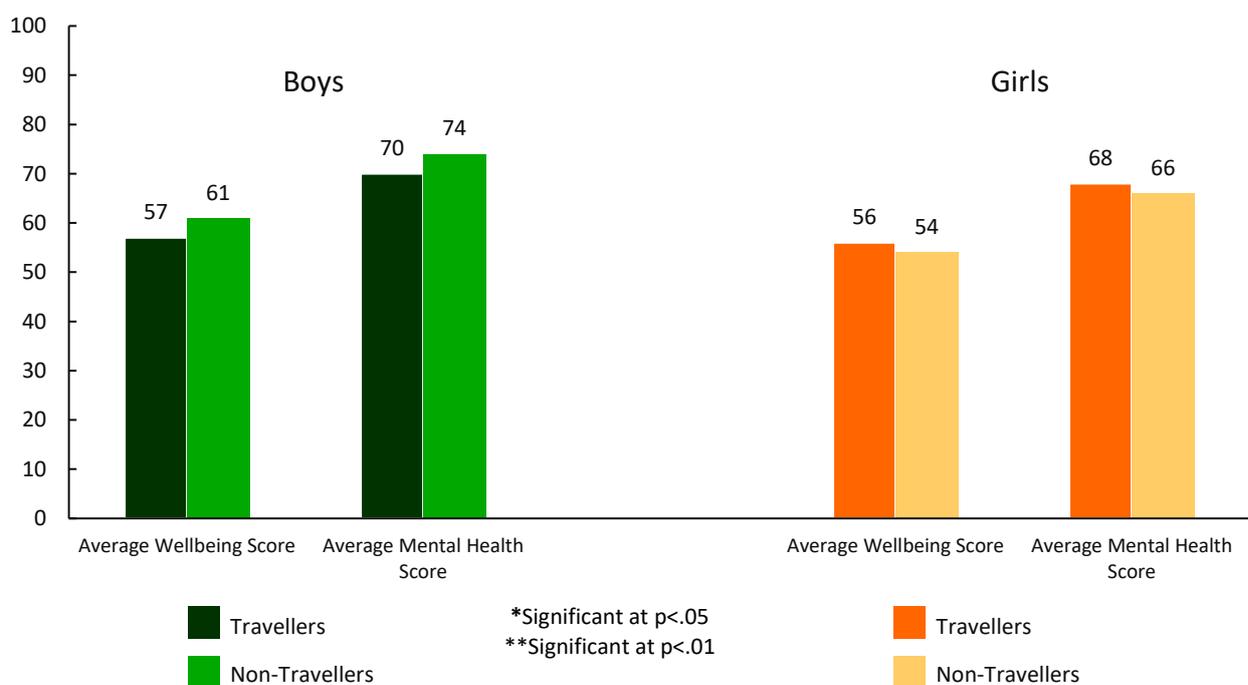
Wellbeing: The first set of five questions comprised the WHO 5-item wellbeing score, and covered topics of feeling cheerful, calm, active, refreshed and interested in life. For each topic, children were asked how much of the time in the last month they felt each of the 5 topics, with 6 options ranging from ‘None of the time’ to ‘All of the time.’ To create the composite score, each student’s scores from the 5 questions were added together, then transformed to a 0-100 scale such that higher scores indicate better overall wellbeing.

Mental health: The second set of five questions comprised the Mental Health Inventory – 5 Scale and covered topics of feeling nervous, down in the dumps, calm, downhearted, and happy. For each topic, children were asked to indicate which option was the closest to how they had been feeling during the last two weeks, with 6 options ranging from ‘At no time’ to ‘All of the time.’ Positively-framed questions were reverse coded, then each student’s scores from the 5 questions were added together and transformed to a 0-100 scale such that higher scores indicate better mental health.

#### 3.1 Traveller Mental Health and Wellbeing Summary Scores

Both boy and girl Travellers reported similar scores on the mental health and wellbeing items as non-Traveller boys and girls. Although Traveller boys reported slightly worse wellbeing and mental health scores than non-Traveller boys (57% vs. 61% for wellbeing and 70% vs. 74% for mental health), these differences were non-significant. The pattern was reversed for Traveller girls—Traveller girls reported slightly better wellbeing and more positive mental health than non-Traveller girls (56% vs. 54% for wellbeing and 68% and 66% for mental health), but these differences were similarly non-significant.

**Figure 1.3: Self-reported mental health and wellbeing average scores among Traveller and non-Traveller children**

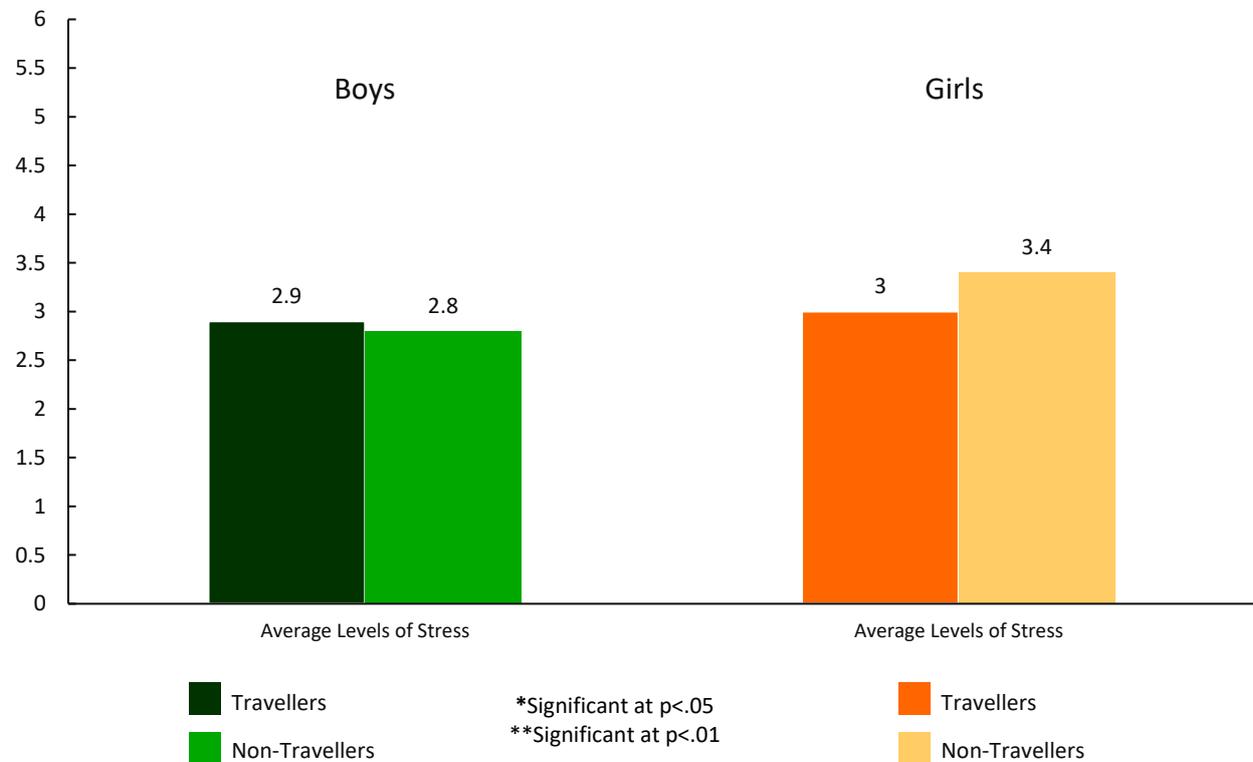


### 3.2. Traveller Perceived Stress

The figure below depicts findings from a question related to children’s feelings of stress. Children were asked how much of the time during the last month that they felt stressed, and were given six options ranging from ‘none of the time’ to ‘all of the time.’ Outcomes were analysed as continuous variables ranging from 1 (none of the time) to 6 (all of the time), such that a higher average score signifies more frequent feelings of stress.

Both boy and girl Travellers reported similar feelings of stress as non-Traveller children. Traveller boys reported an average of 2.9 compared to non-Traveller boys who reported an average of 2.8, and this difference was non-significant. Although Traveller girls reported slightly lower average levels of stress than non-Traveller girls (3 compared to 3.4), this difference was also non-significant.

**Figure 1.4: Self-reported feeling of stress among students from Travelling Community compared to students not from Travelling Community**



## **Discussion**

In summary, our research found that Traveller children report either similar or better outcomes than non-Traveller children across all mental health and wellbeing items.

Both boy and girl Travellers are significantly more likely than their peers to report having excellent health, being very happy with life and being happy with themselves. However, there were no significant differences in outcomes between Traveller and non-Traveller children on overall wellbeing scores or mental health scores, the number of children reporting high life satisfaction, or the frequency that children report feeling stressed.

Lastly, there was one measure that differed in significance by gender—self-confidence. Whereas Traveller and non-Traveller boys report similar frequencies of high self-confidence, Traveller girls are more likely to report high self-confidence than non-Traveller girls.

## **Limitations**

This report is not without its limitations. Firstly, Travellers are an ethnic minority who comprised less than 3% of the sample of school-aged children in Ireland who participated in the 2018 HBSC study. Because we did not utilize matching in these analyses, our findings report on different sample sizes with different degrees of variability. To account for this, future research should consider creating matched Traveller and non-Traveller samples based on key criteria such as gender and age.

Furthermore, the sample sizes for each question were slightly different since not all children answered every question. Given the already small sample of Traveller children, we decided to include all children who answered each question, rather than only including the children who answered all questions. Therefore, each question reports on a slightly different sample of children. Although this is not necessarily a limitation, it is certainly a consideration to bear in mind when considering these data.

## **Future Research**

It is important to note that our findings conflict with the majority of research on Traveller mental health. Although there is recent evidence suggesting that the Roma people in Europe and Travellers in the UK have higher levels of mental health problems such as depression and suicidality, there is limited existing research which focuses specifically on Travellers in Ireland (Goward et al., 2006; Lau and Ridge, 2011). Recently, a few scholars have sought to address this gap. One such study, the All Ireland Traveller Health Study (AITHS, 2010) found that Irish Travellers are disproportionately burdened by mental ill health than their non-Traveller counterparts. McGorrian et al. (2013) analysed data from the same AITHS and found that 12.9% of Irish Travellers aged 16 and older experienced frequent mental distress (defined as more than 14 days of poor mental health in the last month) compared to only 5% of the matched non-Traveller Irish sample. Similarly, Van Cleemput and Parry (2001) found that Irish, English, and Welsh Travellers in the UK were significantly more likely than matched non-Traveller groups to suffer from anxiety and depression ( $p < .05$ ).

Given the research described above, it is interesting to consider that our data shows that Traveller school-children in Ireland may have similar or even better mental health outcomes than their peers. There are a few potential explanations for this. First, it is important to remember that our data come from children in school classrooms, and that children from the Traveller community are more likely than their non-Traveller peers to leave school early. Therefore this is a comparison between Traveller and non-Traveller schoolchildren, not all children, and needs to be interpreted in that context. In addition, the research on Traveller mental health to date has focused on young adult and adult populations, and there may be differences in mental health outcomes between Traveller children and Traveller adults. Second, there may be cultural differences in perceptions and

understanding of mental health among Traveller communities which merit a more nuanced approach to surveying Traveller children. To address these questions, future research should focus on youth engagement efforts with Traveller children to better understand their perceptions of mental health. Lastly, longitudinal studies with Travellers would be beneficial in elucidating any potential changes in mental health outcomes from childhood to adulthood.

### **Acknowledgements**

HBSC Ireland 2018 was funded by the Department of Health. This short report was completed in June and July of 2019. We would like to acknowledge the children and parents who consented and participated; the management authorities, principals and teachers who helped us to collect the data; the staff at the Health Promotion Research Centre, especially those colleagues who participated in the survey: Aisling Harrington, Aileen Kavanagh, Leah Tyrrell, Aoife Gavin and Lorraine Walker; National University of Ireland Galway; the HBSC Ireland Advisory Board; and the International coordinator of HBSC, Dr Jo Inchley of the University of St Andrews, Scotland. Further information on HBSC Ireland is available at <http://www.nuigalway.ie/hbhc>.

### **References**

Gavin, A., Keane, E., Callaghan, M., Molcho, M., Kelly, C. & Nic Gabhainn, S. (2015). *The Irish Health Behaviour in School-aged Children (HBSC) Study 2014*. Dublin: Department of Health.

All Ireland Traveller Health Study Team (2010). *All Ireland Traveller Health Study: Summary of findings*. [https://www.ucd.ie/t4cms/AITHS\\_SUMMARY.pdf](https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf)

Goward, P., Repper, J, Appleton, L., & Hagan, T. (2006). Crossing boundaries. Identifying and meeting the mental health needs of Gypsies and Travellers. *Journal of Mental Health, 15*(3). DOI: [10.1080/09638230600700888](https://doi.org/10.1080/09638230600700888)

Kelly, C., Gavin, A., Molcho, M., & Nic Gabhainn, S. (2012). *The Irish Health Behaviours in School-aged Children (HBSC) study 2010*. Dublin: Department of Health.

Nic Gabhainn, S., Kelly, C., & Molcho, M. (2007). *The Irish Health Behaviour in School-aged Children (HBSC) study 2006*. Dublin: Department of Health and Children.

McGorrian, C., Hamid, N.A., Fitzpatrick, P., Daly, L., Malone, K.M., & Kelleher, C. (2013) Frequent mental distress (FMD) in Irish Travellers : Discrimination and bereavement negatively influence mental health in the All Ireland Traveller Health Study. *Transcultural Psychiatry, 50*(4), 559-578. DOI: [10.1177/1363461513503016](https://doi.org/10.1177/1363461513503016)

Lau, A.Y-H. & Ridge, M. (2011). Addressing the impact of social exclusion on mental health in Gypsy, Roma and Traveller communities. *Mental Health and Social Inclusion, 15*(3), 129-137. DOI: [10.1108/20428301111165717](https://doi.org/10.1108/20428301111165717)

Van Cleemput, P. & Parry, G. (2001). Health Status of Gypsy Travellers. *Journal of Public Health Medicine, 23*(2), 129-134. DOI: [10.1093/pubmed/23.2.129](https://doi.org/10.1093/pubmed/23.2.129)