



# **Knowledge, Attitudes and Barriers to Mental Health Services for the Gypsy and Traveller Community in West Sussex: A Qualitative Report**

**October 2025**

## Contents

1.	Executive Summary.....	3
2.	Rationale.....	4
3.	Methods .....	6
4.	The Results.....	7
4.1.	Aspects of Mental Health .....	7
4.2.	Maintaining Good Mental Health.....	7
4.3.	Features of Mental Health Services.....	11
4.4.	Barriers to Accessing Mental Health Services .....	14
5.	Recommendations.....	22
5.1.	Practice Recommendations .....	22
5.2.	Longer-Term Recommendations .....	23
6.	Conclusion.....	25

## 1. Executive Summary

West Sussex Mind and Friends, Families & Travellers have successfully secured funding through the Sussex Inclusion Health Grant to collaboratively develop a research project. The initiative aims to explore and better understand the barriers that prevent individuals aged 18 and over within Gypsy and Traveller communities in West Sussex from accessing mental health support.

### West Sussex Mind

West Sussex Mind is a dedicated mental health charity that offers comprehensive support to individuals experiencing mental health challenges. Their services span across all age groups, including adults, children and young people, parents, and older adults. In addition to direct support, the organisation delivers specialist training and actively campaigns to improve mental health services, reduce stigma, and foster greater public understanding.

### Friends, Friends and Travellers

FFT work to end racism and discrimination against Gypsy, Roma and Traveller people. They support individuals and families and are dedicated to achieving equality and to protecting the right to pursue a nomadic way of life, whilst working to transform systems and institutions to address the root causes of inequalities faced by Gypsy, Roma and Traveller people.

This report explores the mental health needs, barriers, and attitudes of the Gypsy, Roma and Traveller communities in West Sussex, drawing on 18 in-depth interviews.

The findings reveal that all participants were experiencing some level of mental health difficulty, with “motivation” and “coping” frequently cited as signs of good mental health, and withdrawal from daily activities as a sign of poor mental health.

#### **Key themes include:**

- The central role of family and friends in maintaining wellbeing.
- The importance of nature and being outdoors.
- The challenges posed by literacy barriers, digital exclusion.

- The challenges of housing and accommodation instability and living roadside.
- Many described a reluctance to use prescribed medication, while self-medication with alcohol or drugs was seen as a common issue in the community.
- Relationships with healthcare professionals, especially GPs, were mixed, with trust and continuity highly valued.

**Barriers to accessing support included:**

- stigma (especially for men);
- fear of prejudice or social services involvement;
- literacy barriers and digital exclusions;
- and the instability of living roadside or without a fixed address.

**Preferences for support varied, but there was a strong emphasis on:**

- Privacy;
- Flexibility;
- and the need for practitioners to understand Gypsy, Roma and Traveller cultures and lifestyle.

A significant amount of these findings and recommendations are not new and they reflect other mental health or suicide focussed research conducted by FFT and other organisations and academics over the years. We feel that this shows how detrimental these issues are and, that without meaningful change to mental health design, practice, access, engagement and funding, these findings and recommendations will continue to persist for some of the most marginalised communities in society.

We are really grateful to those who took the time to share their experiences with us.

## **2. Rationale**

This project was funded by NHS Sussex through their Sussex Inclusion Health grants programme with an aim of meeting one of the funding objectives:

**“understand the characteristics and needs of people in Inclusion Health Groups.”** Funding to meet this objective was applied for jointly by Friends,

Families & Travellers (FFT) and West Sussex Mind (WSM). Aspects of the project delivery were split across the charities based on who was best placed to fulfil the specific project task; FFT were responsible for preparing the interview questions in a steering group and for carrying out the interviews whilst WSM were responsible for collating the information and extrapolating key themes for the purpose of this report.

The desired outcome from this work was to gain a better and more nuanced understanding of mental health problems and barriers to accessing mental health support for those from the Gypsy, Roma and Traveller communities in West Sussex.

The term Gypsy, Roma and Traveller is often used to refer to a complex population group made up of Romany Gypsies, Welsh Gypsies, Roma, Irish Travellers, Scottish Travellers, Showmen, Bargees, Liveaboard Boaters, New Travellers and Van Dwellers. Although these are distinct communities and are afforded different legal rights, they are often converged under this umbrella term. However, this project only included Romany Gypsies, Irish Travellers, Welsh Gypsies and New Travellers from West Sussex.

Gypsy, Roma and Traveller Communities are considered an Inclusion Health Group. This is an umbrella term used to describe people who experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma.<sup>1</sup>

Research cited in FFT reports repeatedly demonstrate stark health inequalities faced by Gypsy, Roma and Traveller communities when compared to other members of the general population:

- **42%** of the Gypsy, Roma and Traveller communities are affected by long-term health conditions, compared to **18%** of the general public.<sup>2</sup>
- **1 in 5** Gypsy, Roma and Traveller women experience the death of a child, compared to **1 in 100** of the general population.<sup>3</sup>

---

<sup>1</sup> NHS England <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health-groups/>

<sup>2</sup> Friends, Families and Travellers, Roma Support Group, GATE Herts & Minority Rights Group International (2022) [Shadow Report to the Universal Periodic Review Working Group and UN Member States: Focus Report on Gypsy, Roma and Traveller Communities](#)

<sup>3</sup> Ormiston Children and Families Trust and Cambridgeshire Community Services (2008) [An Insight into the Health of Gypsies and Travellers: A Booklet for Health Professionals in Cambridgeshire](#)

- Gypsy and Travellers are **three times more likely to be anxious** compared to the general population, and **twice as likely to be depressed.**<sup>4</sup>
- The **suicide rate** of male Travellers in Ireland was found to be **6.6 times higher** than in the general population.<sup>5</sup>

Further information on the original reports cited by FFT can be found on the FFT website: [Policy & Publications - Friends, Families and Travellers](#)

At WSM, we recognise that Gypsy, Roma and Traveller communities are currently underrepresented within our services. We acknowledge that we have not previously prioritised outreach to these groups, and through this project, we aim to identify meaningful ways to improve engagement. Our goal is to ensure that our services are inclusive, culturally responsive, and accessible to individuals from Gypsy, Roma and Traveller communities.

### 3. Methods

The interview questions were co-produced in a steering group with FFT staff and community members, in line with FFT's lived experience policy, to ensure they were appropriate and aligned with the project's objectives. The community members comprised of two New Travellers and one Romany Gypsy, with two males and one female aged between 30 and 49. Their accommodation status included council housing, roadside living, and temporary accommodation.

FFT interviewed 18 individuals:

Age range	27-67
Gender	15 women
	3 men
Accommodation	2 living roadside 7 on local authority sites 2 in housing association accommodation 7 in bricks and mortar housing
Communities represented	9 Romany Gypsies 4 Irish Travellers 4 New Travellers 1 Welsh Traveller

<sup>4</sup> Parry G, Van Cleemput P, Peters J, Walters S, Thomas K, Cooper C. (2007). [Health status of Gypsies and Travellers in England](#). J Epidemiol Community Health. 2007 Mar;61(3):198-204. doi: 10.1136/jech.2006.045997.

<sup>5</sup> All Ireland Traveller Health Study Team (2010). [Our Geels: Summary of Findings](#). Department of Health and Children: Dublin

Once the interviews were complete these were securely sent over to WSM to begin to write up the report.

## **4. The Results**

### **4.1. Aspects of Mental Health**

All 18 survey respondents reported either current or past experiences with mental health difficulties. When asked to describe what good mental health meant to them, common themes included feeling motivated and able to cope with daily life. Many participants identified indicators such as getting out of bed, maintaining personal hygiene, eating well, and achieving adequate sleep as signs of being in a positive mental state. Conversely, poor mental health was frequently associated with difficulty performing everyday tasks and reluctance or inability to leave the house.

### **4.2. Maintaining Good Mental Health**

#### **Community Support**

A consistent theme that emerged across all interviews was the importance of mutual support, both receiving and offering it, to family members, neighbours, and friends. This sense of connection and shared care was widely recognised as a key factor in maintaining good mental health. Being part of a tight knit community was valued but everyone spoken to and that this was trusted.

*“We all kind of look out for each other and help each other out... try to keep each other on the right path”*

Many interview participants indicated that, when facing mental health challenges, their initial sources of support would be close family members—such as parents, siblings, or children—or trusted friends, rather than professionals within mental health services.

*“If I feel particularly bad I’ll give my sister a ring and that will help.”*

*“I think I’d chat to my daughter first, only got doctors if its really bad. You kind of just learn to get on with things.”*

*Whilst very prevalent, the idea of going to loved ones first was not universally expressed.*

One participant shared a desire not to speak to family as they explained family dynamics impacted their mental wellbeing negatively. *“I like to like reach a further field if I've got problems. It's more of like a private thing. I can then go to my friends afterwards, when I feel ready.”*

Further to this, good relationships with family are considered important and protective in maintaining good mental health. Many described phone calls with friends and relatives, spending time with their children, getting out of the house and doing activities together as being key to feeling well.

*“What helps me most is my kids, I get up for them. They give me purpose. Family is everything.”*

### **Prescription Medication and Self Medication**

Interviewees expressed varied perspectives on the use of prescription medication for mental health. Just under half reported currently taking medication, with several noting that it helped them maintain stability or served as a starting point for accessing additional support services. Several participants noted that they had observed positive outcomes from the use of prescribed medication among family and friends, recognising its benefits in managing mental health conditions. However, concerns were also raised: one participant felt medication had been offered prematurely without exploring alternative approaches, while another voiced apprehension about the long-term implications of continued use.

*“I've mostly just been on medication. Once you find the right medication, you can open up more.”*

*“People say go to the doctors but I don't want to take tablets for the rest of my life, makes me anxious.”*

*“I've gone to the doctor and they gave me antidepressants. That helps a bit, keeps it all at bay.”*

Although several participants have witnessed or experienced how medication prescribed for mental health can be beneficial, there is a clear feeling of unease towards medication for a proportion of the interviewees. The belief that seeking help for their mental health will only result in being prescribed medication is a

significant barrier. There is a clear need for a consistent primary care approach to mental health; for GPs to be equipped with more therapeutic forms of support alongside medication.

At the same time, self-medication was identified as a significant challenge within the communities. Two individuals shared that they used marijuana as a means of coping with anxiety and emotional distress. Another talked about alcohol, “*I do like a drink but I’m trying to cut back*”. Another interviewee pointed to smoking and e-cigarettes when asked about strategies for maintaining their mental health.

While most interviewees reported that they were not using substances to self-medicate, a few acknowledged that substance misuse had affected either themselves or others within their communities.

*“I know many people in my community self-medicate with drugs or alcohol to cope with stress, and addiction is a serious issue for some.”*

Mental health services should therefore take into consideration that substance misuse may likely be a challenge alongside mental health problems. One interviewee described drug use meaning that they were not able to access a service. Therefore, clear communication around inclusion criteria for addiction and clear pathways to move into an alternative, or allowing someone to access both services simultaneously, would help people to get help more quickly.

## **Nature**

Spending time in nature and going for walks emerged as a recurring theme across several interviews, with participants identifying these activities as beneficial to their mental health. While some individuals described difficulty leaving the house during periods of anxiety or low mood, they also acknowledged that doing so—however challenging—often led to an improvement in their overall wellbeing.

*“I did a lot of walking. A lot of peace for your brain. I think it's good exercise, you know, go for a walk”*

*“There’s a little nature reserve down the road, it calms me. Bit of fresh air helps clear the head. Nice when people say hello or good morning and you say it back, makes you feel good.”*

*“When I feel low, I try to go out and get fresh air.”*

## **Being in the Right Place to Access Support**

A recurring theme across several interviews was the importance of being in the right mental and emotional state before engaging with mental health interventions. Many participants expressed that readiness and mindset played a crucial role in their ability to seek and benefit from support.

*“I think I would have liked longer but it is about having access to it and being in the right place for therapy.”*

*“My personal life was kind of like... I couldn't really step into [therapy] too much... You need a calm space in your life.”*

Therefore, external stresses such as financial and housing security combined with societal factors, could mean that someone is not psychologically able to find or access mental health support, even if they feel like they might want to.

## **Bereavement**

Bereavement and the experience of multiple losses were consistently mentioned across interviews, highlighting the profound impact of grief within participants' lives. This aligns with existing data showing that suicide rates among Gypsy, Roma and Traveller communities are significantly higher than national averages.<sup>6</sup> These communities also face pronounced health inequalities, contributing to lower life expectancy and poorer overall health outcomes.<sup>7</sup>

*“Five funerals in 2 years, everyone under 55, a lot of death in the community. [We're] exposed to more of it so it would be good to have someone to get this.”*

*“There's been so much death our whole lives growing up because of you know, people's lifestyles and stuff.”*

Several participants emphasised the significance of funeral traditions within their communities, noting that these practices hold deep cultural and emotional

---

<sup>6</sup> Friends, Family & Travellers (2023) [Research Summary: Experiences of Suicide in Gypsy, Roma and Traveller Communities](#)

<sup>7</sup> House of Commons, Women and Equalities Committee (2019)  
<https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/360.pdf>

meaning. However, they also expressed concern that individuals outside their communities may not fully understand or respect these customs.

*“It’s important to have support that respects our family traditions and doesn’t require us to explain ourselves or shock others.”*

### **4.3. Features of Mental Health Services**

#### **Consistency/Practitioner**

A key theme that emerged across the majority of interviews was the importance of building a trusting relationship with a practitioner in order to effectively engage with mental health services. Participants consistently emphasised the value of working with the same professional over time, noting that continuity of care helps avoid the distress of repeatedly recounting their experiences. Establishing a consistent and supportive rapport was seen as essential to fostering trust, improving engagement. Central to all interviews was the need for continuity of care to reduce the risk of re-traumatisation.

*“Consistent appointments with the same person. If I saw more than one person I wouldn’t like it and wouldn’t trust them.”*

*“If you’re seeing different people each week, you end up retelling your story over and over – and it becomes a vicious circle that doesn’t help.”*

Several respondents discussed the value of seeing a regular GP to enhance understanding and build a relationship. Conversely others described challenges from not having a good relationship with their GP or seeing a different GP each time one was required.

*“Seeing the same doctor is good. When they know all about me and my history, I trust them more. My current doctor is very good.”*

*“You have to just vibe with that person, the energy of someone is really important, you need to have a good relationship with them.”*

#### **Gender**

A consistent theme across several interviews was the preference for working with a practitioner the same gender as them. This was particularly prevalent amongst female interviewees. This is consistent with some Gypsy and Traveller

communities' gendered practices, especially towards healthcare considered intimate or taboo.<sup>8</sup>

*“Same gender would help too – I'd prefer a woman.”*

*“I'd rather talk to a female when I was younger because I couldn't talk to a male for some reason.”*

### **Type of support – Location and Delivery**

Responses varied for preference of the best ways of receiving mental health support. Some preferred telephone support if they struggled to leave their homes due to physical pain, or mental health difficulties such as anxiety. Telephone support was also cited to be more flexible around childcare or other caring responsibilities.

*“Telephone support is easier for me because it's very difficult to travel anywhere because of my back problems.”*

Others showed a preference for in person home support to accommodate other responsibilities and to assist situations where physical and / or mental health challenges made it difficult to leave the house.

*“I have anxiety, so a home visit would be better, I don't want to go out.”*

Contrastingly, others showed preference for neutral ground as they would not want professionals coming onto site due to a concern others would see or overhear. For this reason, some had a preference to receive support away from children and other family members. Others felt they would not want to disclose their ethnic background to health professionals so would not want them visiting their homes. Some also shared wanting a distinct separation from a mental health appointment and their home space.

*“I'd rather go out and see people than have someone visit my caravan because I don't want everyone knowing my business or personal problems.”*

*“I prefer to go out, as home visits can be very full on, especially with the kids around.”*

*“Yes, prefer going to a neutral space instead of like doing it in your home because it's bringing all like bad feelings into your personal space as well with anything*

---

<sup>8</sup> Friends, Families & Travellers (2023) [Summary-Maternal-Health-Inequalities-Guidance.pdf](#) (page 18)

*that's really heavy it's better being done in a neutral environment because then you can go to your session and then leave it there and go home."*

The majority of people interviewed showed a preference for one-to-one support to ensure privacy when seeking support for mental health problems.

*Confidentiality is also important. Knowing that what I share stays private makes a big difference."*

*"If it's something private, then 1-to-1 is best. Can ask to chat to someone privately. But if it's general, group's alright too."*

### **Group**

There was a varied response to the potential of accessing group or peer support. Some had accessed group support previously for bereavement and had found this helpful. Others had not accessed such groups but considered being in a group with those who had a shared lived experiences of mental health could offer support.

*"Being in a group does help as other people are going through the same thing."*

There were a number of different activities that people shared as being good for mental wellbeing and that could be offered in a group spaces. This included exercises such as boxing, as well as art activities, walking and DIY.

A regular preference across interviews was space for informal chat over coffee or where it didn't feel pressurised to share too much, whilst still being around others.

*"Group for a walk with someone or chatting while doing something like going to the gym, that really helps."*

*"I would prefer going somewhere, like a church or something, somewhere you can chat to people, nice and casual you know. Tea, coffee, catching up, something to do and get out."*

### **Practice Improvement Training vs a service for the Gypsy and Traveller Communities**

When asked whether they would prefer mental health support tailored specifically for Gypsy and Traveller communities, most respondents indicated that this was not essential. However, they emphasised the importance of working with professionals who possess cultural awareness, appropriate training,

and an understanding of their communities. Several individuals who had previously accessed support shared that initial sessions were often spent explaining their lifestyle and cultural background, rather than focusing on the issues that had led them to seek therapy—highlighting a need for greater cultural competency within services.

*“That was one of the things that I really struggled with when I was talking to the therapist. I was like, wait, it's a really unique community and not a lot of people understand, like the dynamics of things... When I started talking, I realised I had to explain how things are for me before I could even talk about my struggles with it, because otherwise, they just wouldn't understand.”*

*“I found the first person really rude. He was like, I don't want to hear about your community. And I was like; this is just part of me having a talk.”*

### **Bereavement Support**

Many participants spoke about the profound impact of losing close friends and relatives, noting that bereavement is a particularly significant and often frequent experience within Gypsy and Traveller communities. There was strong support for the idea of a dedicated bereavement service—one that is delivered by professionals who understand the cultural traditions and significance surrounding death and funerals in these communities.

*“It would make a big difference to have support that understands how we grieve and what our traditions mean.”*

*“Traveller communities have higher mortality rates and people find this shocking, so culturally aware support would be helpful when it comes to stuff like that.”*

*“Lately I've heard a lot of suicide within the community.”*

## **4.4. Barriers to Accessing Mental Health Services**

### **Stigma Around Mental Health**

Stigma surrounding mental health within Gypsy and Traveller communities was identified as a significant barrier to accessing support. This is consistent with wider research<sup>9</sup>. In nearly every interview, participants shared that this stigma

---

<sup>9</sup> Friends, Families & Travellers, Roma Support Group and VCSE health & wellbeing alliance, (May 2024) <https://www.gypsy-traveller.org/wp-content/uploads/2024/08/Tackling-Mental-Health-Inequalities-for-Gypsy-Roma-and-Traveller-People-final-May-2024.pdf> (page 11)

often prevented open conversations about mental health and discouraged individuals from seeking help.

*“Stigma is a big thing too, admitting you need help can lead to worse problems.”*

Some interviews suggested that the stigma surrounding mental health—and the fear of being judged by others—can prevent individuals from speaking openly about their struggles. This silence was identified as a potentially significant contributing factor to the elevated suicide rates observed within Gypsy and Traveller communities.

*“There’s a lot of silence around mental health struggles, and many people suffer alone until they feel desperate. Sadly, I know many people who have taken their own lives.”*

### **Stigma – Men**

A widely shared theme across interviews was the pronounced impact of stigma on men’s mental health. This barrier is also demonstrated in other studies on mental health in some Gypsy and Traveller communities<sup>10</sup>. All respondents described gendered expectations that discourage men from expressing emotions or seeking help, as such behaviours are often perceived as signs of weakness or shame. This cultural pressure was identified as a major barrier preventing men from accessing support. While relevant quotations on this theme could have been drawn from every interview, only a sample has been included to illustrate these experiences.

*“There’s a difference between men and women, men don’t talk, they want to be strong, maybe they don’t want to be judged or seem weak.”*

*“My brother, for example, is against talking about it—it’s seen as a “man thing” in the Traveller community. He won’t access he’s got issues there. There is still stigma, though people speak more openly now.”*

*“There’s a lot of pressure on men to be strong. Many men don’t talk about their feelings or mental health unless they’re in a close relationship where they feel safe.”*

---

<sup>10</sup> Friends, Families & Travellers, Roma Support Group and VCSE health & wellbeing alliance, (May 2024) <https://www.gypsy-traveller.org/wp-content/uploads/2024/08/Tackling-Mental-Health-Inequalities-for-Gypsy-Roma-and-Traveller-People-final-May-2024.pdf> (page 12)

## **Stigma – Older and Younger Generation**

Another theme related to stigma, raised by several participants, was the contrast in attitudes toward mental health during their upbringing. Many reflected on how mental health was rarely discussed openly in their childhood, contributing to a lasting discomfort or reluctance to talk about emotional struggles.

*“When I was younger, I didn’t really hear anything. Things are more open today. “Bad nerves” was something said when growing up.” [4]*

*“Mental health wasn’t really spoken about when I was younger. I only heard about things like “baby blues” after I became a mum myself.” [1]*

This implies more commonplace phrases such as “bad nerves” and “baby blues” were discussed more openly with others feeling mental health was discussed more openly now compared to previously.

*“Young ones nowadays talk more and are more open. But the older ones, no, they keep it quiet. Just got on with it.”*

## **Literacy Barriers and Digital Exclusion**

Literacy barriers and digital exclusion in the Gypsy and Traveller communities was also described as a barrier to accessing support. These are persistent and well-documented barriers to Gypsy and Traveller communities accessing all kinds of services including mental health.<sup>11</sup>

*“a lot of people dropped out of school young or didn’t go to school for whatever reason, so they can’t read and write, can’t use, you know, get access to the online services that there are now.”*

This can make self-referral processes, such as completing forms, understanding shared resources, and reading appointment-related letters, emails, or text messages, particularly challenging.

*“Have a real fear of filling out forms- gives me immediate anxiety.”*

---

<sup>11</sup> Friends, Families & Travellers, Roma Support Group and VCSE health & wellbeing alliance, (May 2024) <https://www.gypsy-traveller.org/wp-content/uploads/2024/08/Tackling-Mental-Health-Inequalities-for-Gypsy-Roma-and-Traveller-People-final-May-2024.pdf> (pages 20-21)

*“I can’t read or write, so my family helps a lot, especially with phone calls and filling in forms.”*

As well as navigating the language, there can also be barriers in accessing and navigating technology. If a person doesn't have access to a device or Wi-Fi or don't have the skills or confidence to use it, they may struggle to access services.

*“Mostly I’ve just been told to use links and to check my blood pressure. but we’re not very good on the computer so yeah, our surgery is not really understanding to be honest with you.”*

It is important to consider that asking for help with form-filling may itself be a barrier to referral, particularly if an individual feels uncomfortable discussing their mental health with the person offering assistance. Rather than simply signposting someone to complete a self-referral, health professionals could proactively check whether the individual would benefit from support in completing the process. This approach could significantly improve access to services and encourage greater engagement.

*“I much prefer to have the GP put in a referral form for me”*

One interviewee suggested incorporating alternative communication methods, such as voice notes instead of text messages. This highlights the importance of asking individuals about their preferred ways of communicating and offering a range of options to ensure they can engage fully and comfortably with services.

### **Not Feeling Listened To**

Recurrent feedback was that when interviewees had tried to access support, they felt they were not listened to.

*“I’ve had professional support, but when you’re going through so much and someone says, “I know how you feel,” it doesn’t help.”*

*“Think it is really important when someone listens, and half the time they don’t listen properly.”*

*“My partner finds it really hard to open up, he thinks people will judge him... He always says, “What’s the point?” Like no one’ll get it anyway.”*

Across interviews, participants shared experiences of health professionals making commitments during appointments that were not followed through, as well as services failing to act on suggestions or preferences related to accessing and attending appointments. These inconsistencies contributed to feelings of mistrust and exclusion, often discouraging individuals from engaging with services or continuing their involvement.

### **Fear of Judgement and Prejudice**

A recurring theme across many interviews was the fear of facing discrimination, judgement, or prejudice due to being from Gypsy or Traveller communities. Several participants expressed concern that these biases may have influenced the quality or nature of the services they received, leading to feelings of marginalisation and mistrust.

For example:

*“I don’t think we always get fair treatment, they tell you there are no appointments or don’t want to help so it makes us not want to talk or go for help. Not sure they get our culture.”*

*“When you go on a Facebook page about Travellers, theres probably 6 good comments for every 3 million bad. Am I going to find 6 good mental health workers out of 3 million bad? “*

Others felt judged by professions leading to them feeling misunderstood so they may not share their ethnic background to avoid this happening.

*“I went up to the council the other week and they don’t get it, no good for society they think. You feel judged.”*

*“We think we’re being judged anyway as Gypsies, when I meet someone new, I might not tell them I’ve a Traveller right away.”*

### **Fear of Social Services Involvement**

Several interviewees expressed concern that seeking mental health support as parents could lead to involvement from social services, being perceived as unfit caregivers, or even the risk of having their children removed. This fear was identified as a major barrier preventing individuals from reaching out for help.

*“I tell you what scares me, I’m scared I’m going to tell someone exactly how I feel and they’re going to call social services, even though I’m capable of looking after my kids. I’m petrified of it, it’s my biggest fear.”*

*“Even if it’s just anxiety, many women get nervous because they think social services will get involved. They worry they’re seen as unfit mums, even though they’re brilliant.”*

One respondent suggested that having clearer information about the mechanisms and processes used by social services and mental health services would be beneficial. Greater transparency could help reduce uncertainty, ease fears, and address common misconceptions about what might happen when support is sought.

*“More information about the stages of mental health i.e what it would take to lose children and be sectioned as this is a fear.”*

### **Having no Fixed Address and Living Roadside**

Living roadside was identified as a significant barrier to accessing mental health services. Living nomadically is now incredibly difficult due, in part, to the increasing criminalisation of nomadic life through legislation such as the Part 4 of the Police, Crime Sentencing and Courts Act of 2022. Challenges that interviewees identified included difficulties receiving correspondence, limited phone signal or internet access for online appointments, and the instability of being moved on unexpectedly by police. The stress associated with these circumstances, such as the risk of home vandalism when temporarily leaving, often left individuals unable to psychologically engage with support. Several interviewees described how these ongoing pressures made it difficult to even consider seeking mental health care.

*“Harder to get to stuff and services living roadside, trying to get through to doctors is hard as my signal and reception is pretty bad.”*

*“I can’t get support whilst being moved on by Police every day. Sometimes I’ll pull into an old industrial estate, a factory has been shut down, I might get a few days [without being moved on] but nowadays I don’t even get that now.”*

## **Waiting Lists, Thresholds and Navigation**

Another challenge highlighted was the difficulty in finding appropriate support and accessing it in a timely manner. Long waiting lists were repeatedly mentioned as a significant barrier. Whilst long wait lists are an issue for many, for Gypsy and Traveller communities, these delays can be especially harmful, compounding existing health inequalities and experiences of chronic exclusion from mainstream services.

*“People do try and reach out before, but with the waiting lists so long, by the time you’re seen, you’re already at breaking point.”*

*“You need help but there ain’t much out there really. Not enough places to go.”*

One interviewee described being referred to an NHS counselling service, with the referral being rejected due to using marijuana. Although they said about their experience:

*“The people who told me they couldn’t help, they were still lovely. They probably suggested alternatives but I can’t really remember them or whether they actually did.”*

Creating a clearer and more streamlined pathway into services—rather than requiring individuals to restart the referral process—could help people access appropriate support more quickly and sustain their engagement.

One interviewee shared that, despite receiving a referral, they were told their mental health issues were not severe enough to qualify for support at that time. This approach risks delaying intervention until problems become more complex and acute, missing opportunities for early support that could prevent further deterioration.

*“I was referred to [a mental health service], but because I’m considered “stable”, I don’t see one.”*

*“I think the NHS is better for physical health than mental health, people are struggling, lots of people are killing themselves.”*

## **Awareness of West Sussex Mind’s services**

Finally, interviewees were asked whether they recognised WSM or were familiar with the services it provides. Around one-third of respondents said they had

heard of WSM or used its services, while the majority were unsure about what the organisation offers. Although the question focused on a single charity, this may indicate a broader need for clearer and more effective communication about available support services.

### **Previous Bad Experiences**

Across the interviews, four individuals shared negative experiences when engaging with services. One person recalled that after trying to explain the cultural context of their community, their therapist responded by saying they didn't want to hear about it—leaving the individual feeling dismissed and disrespected.

Another respondent described being unable to attend appointments consistently due to childcare and caring responsibilities, and as a result, was removed from the service and told they would need to rejoin the waiting list. These experiences highlight how a lack of cultural sensitivity and flexibility can create significant barriers to accessing and maintaining support.

*“I think they are quicker to do this [removal from a service or waitlist] if you’re from the Travelling community, they don’t want to hear about your community.”*

Another discussed feeling let down by a service who she felt had said one thing to her on the phone and then when it came to reading the write up of the phone call, it was interpreted differently.

*“If I read something or look at any documents from the NHS about what I said and I didn’t say it, that’s my trust gone.”*

One individual shared their experience of repeatedly informing a counselling service that their anxiety was too severe to leave the house and requested support over the phone instead. Despite these efforts, the request was not accommodated, and they were discharged for disengagement. This experience was deeply discouraging and ultimately deterred them from seeking help again.

Beyond these specific examples, many participants spoke more generally about negative interactions with healthcare professionals. Such experiences often led to a reluctance to reach out for support and a lack of trust in the effectiveness or understanding of available services.

*“Well, I deal with things myself because my doctor's no good”*

Understanding the processes that lead to disengagement or early discharge from services is essential. By identifying and adapting these pathways, services can become more inclusive and accessible—better tailored to meet the specific needs of Gypsy and Traveller communities.

## 5. Recommendations

These recommendations reflect long-standing evidence from FFT and other research, highlighting that without substantial changes to how mental health services are designed and delivered, the barriers faced by Gypsy and Traveller communities will persist.

This report has identified key themes and persistent barriers that continue to prevent members of Gypsy and Traveller communities from accessing mental health support. The following recommendations outline practical actions that services can take to improve accessibility—both through immediate adaptations to practice and longer-term strategic changes.

While many of these recommendations have the potential to enhance services for a wide range of communities, they are especially critical for Gypsy and Traveller populations. Due to the significant health inequalities and systemic exclusion these communities face, failing to adapt services risks compounding existing barriers and further deepening disparities in health outcomes.

### 5.1. Practice Recommendations

#### 1. Assign a Single Practitioner for Relationship-Building

Ensure that each service user can see the same practitioner over time to build trust, avoid repeated storytelling, and foster a sense of safety and continuity. Where possible, give service users the choice to see a practitioner of the same gender.

#### 2. Mandatory Practice Improvement Training for Staff

All staff should receive training on Gypsy, Roma and Traveller culture, values, and barriers to engagement, including the impact of stigma, discrimination, and the realities of roadside or site-based living. From this

report we will be offering a Lunch and Learn session based upon these findings for the Sussex NHS Inclusion Network.

### **3. Offer Choice of Support Type and Setting**

Provide options for one-to-one, group, or family-based support, and allow users to choose between home, site, community venues, or remote support, according to their needs and preferences.

### **4. Offer a Range of Communication Options**

This should include phone calls, voice notes, and in-person visits, to accommodate those with low literacy or who move frequently. Avoid reliance on written letters or digital forms alone. Alternatives such as voice notes rather than text messages may mean that communication is more effective and efficient.

## **5.2. Longer-Term Recommendations**

### **5. Address Stigma, Build Trust and Increase Awareness**

Run targeted anti-stigma campaigns within the Gypsy, Roma and Traveller communities, especially for men and older generations, and ensure confidentiality and non-judgemental attitudes are at the heart of all services.

### **6. Mobile and Outreach Services**

As those who are living roadside or who are experiencing housing instability find it harder to access services developing mobile mental health teams or outreach workers who can visit sites, roadside encampments, or homes, ensuring continuity of care for those without a fixed address. Offering access to support in rotating community spaces could also benefit those who would prefer to access support away from their home.

### **7. Peer Support and Community-Led Initiatives**

Support the development of peer-led groups and community advocates, recognising the value of lived experience and the strong role of family and wider community in Gypsy, Roma and Traveller wellbeing. It is important that enough funding is allocated to support establishing these spaces and offering appropriate training to those who are leading them.

## **8. Simplify Access and Reduce Bureaucracy**

Streamline referral processes and minimise paperwork, recognising that forms and official letters can be a barrier for those with literacy barriers or are digitally excluded. Making accessibility criteria obvious at referral and supporting a person to directly access an alternative provision if they do not meet these criteria may also help maintain engagement and build trust.

## **9. Joining Up Services and Offering Holistic Support**

There was a clear link between mental health problems and other factors such as caring responsibilities, bereavement, physical health, finances, debt, housing instability and addiction. Mental health services should ensure that they are work effectively with organisations who can support with the wider determinants of health. This holistic and person led approach is consistent with the neighbourhood plans within the NHS's newly released 10 Year Plan.

## **10. Coproducing Services with Members of the Gypsy, Roma and Traveller Communities**

Developing a service model that is accessible, inclusive and meets the need in collaboration with people from the Gypsy, Roma and Traveller communities is essential. This co-production is most effective at the point of service design and delivery and should also be included in wider strategic plans for mental health support. This could include co-designing peer support groups or specialist bereavement support, funding outreach workers embedded in services or the co-development of resources for the communities.

## **11. More Funding and Research**

Further research is required to understand what initiatives should be piloted to address Gypsy and Travellers' mental health needs. It is important to understand the nuance and difference in need between age groups, genders and different Travelling communities. There is a strong need for commissioning bodies to adequately fund what initiatives would work best for the Traveller communities when it comes to their mental health.

## 6. Conclusion

The project was successful in its aim to understand the significant barriers faced by the Gypsy, Roma and Traveller communities in accessing mental health support. Whilst some of these themes are unique to these communities, other barriers may be experienced by other excluded or inclusion health groups and therefore recommendations suggested here may be beneficial more widely.

Stigma, literacy challenges, accommodation instability, and a lack of cultural understanding among professionals all contribute to low engagement with services. Despite these challenges, there is a strong desire for support that is flexible, consistent, and culturally competent.

Building trust through long-term relationships with practitioners, offering multiple communication options, and providing staff with cultural awareness training are critical steps. Services must adapt to the realities of Gypsy, Roma and Traveller life if they are to be truly accessible and effective.

West Sussex Mind and Friends, Family Travellers are keen to continue their collaboration and to support NHS colleagues to embed the learning from this report to reduce the mental health inequalities faced by these communities