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Gypsy and Traveller Health

Dual Diagnosis Workshop

Leeds GATE June 15



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Are you talking about? Gypsy, Traveller or Roma ?



Romany Gypsies

Irish Travellers

Scottish Gypsy Travellers

Roma

Showmen

Circus People

Bargees

New Travellers

Wider Determinants

Accommodation, accommodation, accommodation!

-Sites

-Roadsides

-Houses

Planning

Education

Employment / Income

Racism and Discrimination

Full Systems Analysis

“Discrimination against Gypsies and Travellers appears to be the last 'respectable' form of racism. It is still considered acceptable to put up 'No Traveller' signs at pubs and shops and to make blatantly prejudiced remarks about Gypsies and Travellers.” (CRE 2004)



Health: Gathering Data

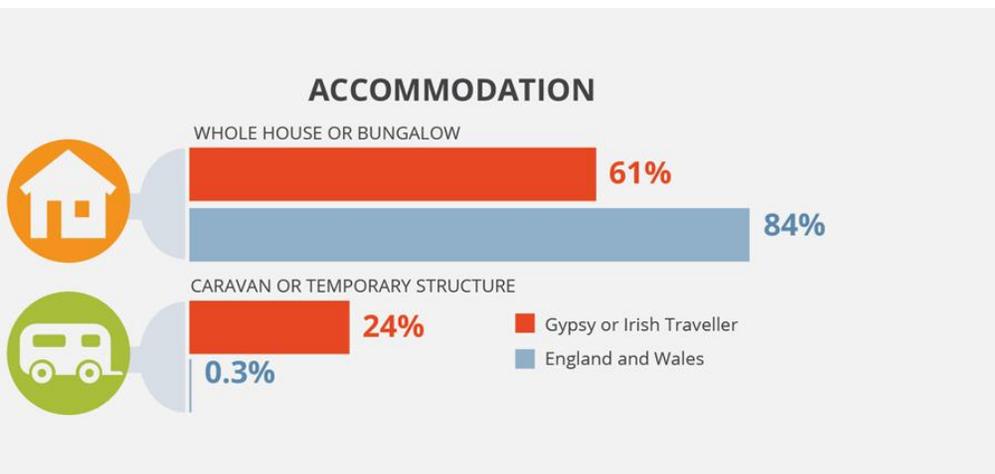


Data Collection

NHS Data Dictionary

Self Ascription

Census 2011 (the first ever count)- 58,000 people (council of Europe estimates between 150,000 and 300,000)



Health: What do we know?

Longitudinal Studies: Parry et al Sheffield 2004, study with comparators in settled population.

Life expectancy at least ten years lower than general population

It has been found that within this population there are high incidents of respiratory problems, chest pain, anxiety and depression and there appears to be a decrease in both mental and physical health when people move from a caravan into a house.

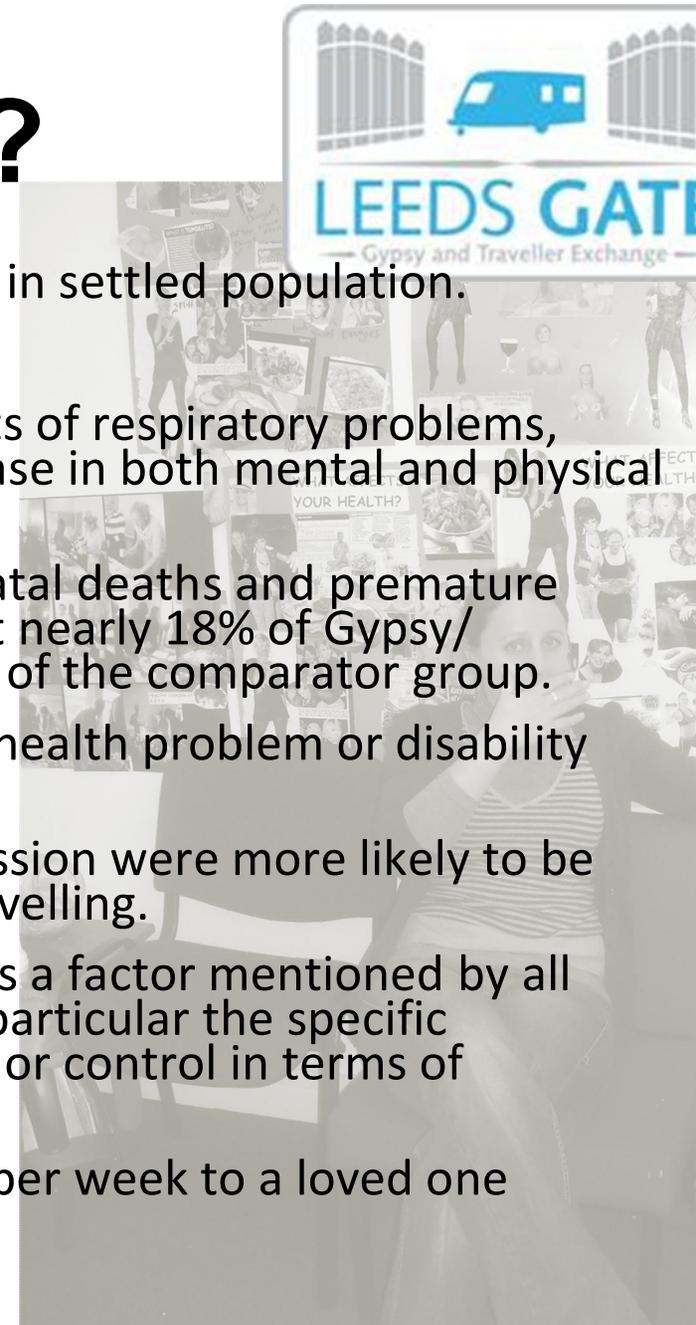
There is also an excess prevalence of miscarriages, still births, neonatal deaths and premature death of older offspring (Jenkins 2006). Parry et al (2004) found that nearly 18% of Gypsy/Traveller women had suffered the death of a child, compared to 1% of the comparator group.

Gypsies and Travellers were more likely to have a long term illness, health problem or disability (21% compared to 31%)

Gypsies and Travellers with a long term illness or anxiety and depression were more likely to be living on a permanent caravan site or in a house and to be rarely travelling.

Accommodation is a major health determinant; accommodation was a factor mentioned by all Gypsy and Traveller respondents in relation to health questions, in particular the specific conditions associated with where they lived or the degree of choice or control in terms of influencing the conditions.

25% more Gypsy / Traveller people are providing 50+ hours of care per week to a loved one

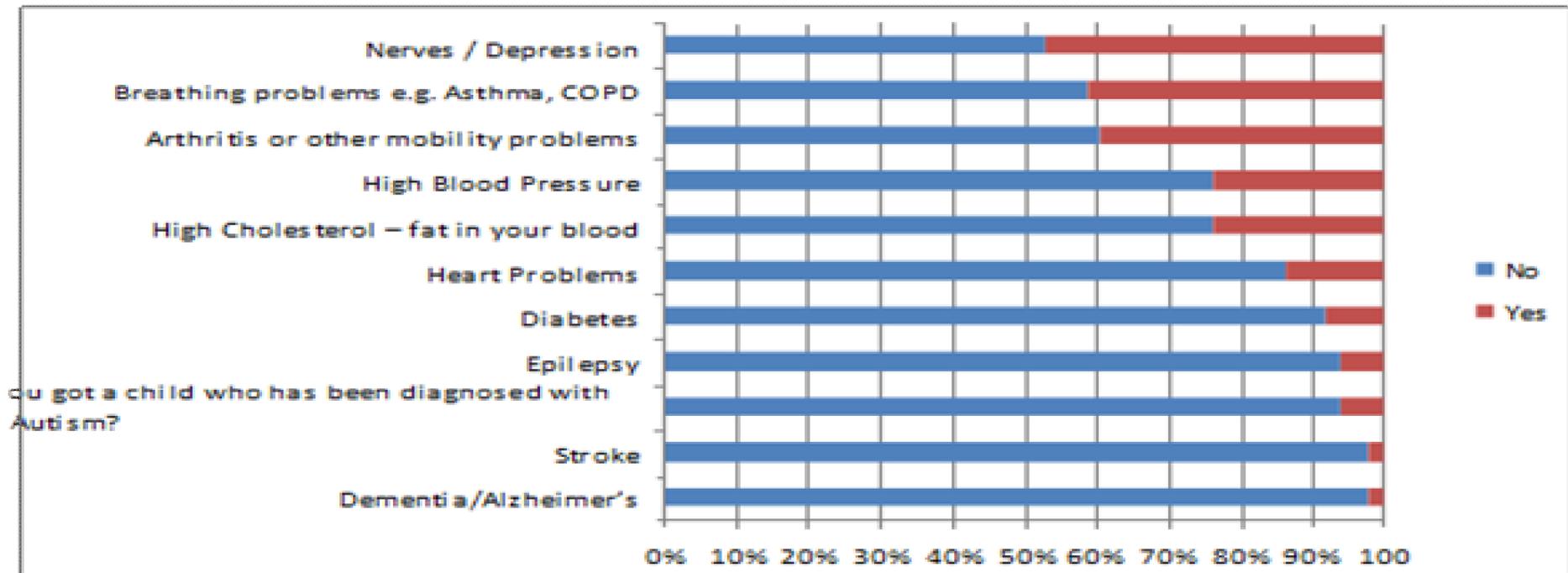


Health: What do we know in Leeds

Average life expectancy of 50 (Baseline Census)

Community Health Needs Assessment 2013

Key Health Issues:





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Access to Services



GP Registration – roadside, discrimination, location

Treatment at the GP – receptionists!

Communication

Literacy (prescription, registering, appointments)

Moving on, records etc

Primary care opens the door

Gender

Men's Health

You don't want to be saying in
a waiting room that you didn't
come because you can't read.
You don't want people
drawing attention to that.

Bradford May
9 out of 15 people
registered with a G

“Their head would have to be falling off before they went to the doctor”



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Mental Health

It happens to a lot of Gypsy women, I think more than in the settled community.



...ce as likely to be depressed, three times as likely to have anxiety

...guage: "I'm bad with my nerves"

...i-depressant prescription (monitoring, literacy, administration, sharing)

...der determinants: Accommodation, getting by, stigma, discrimination, police assessment

...eavement

...king after each other

'High levels of suicide and depression can be attributed to social exclusion, experiences of racism, and unresolved grief following the death of close family members.' 2011 Addressing the impact of social exclusion on GRT mental health

...ny people, when they move into settled homes, they've afraid to say to their children that they're Gypsy, so they tell their children, don't let anyone know, don't tell them, don't say anything at school. And that's bad. That can't be good for them or for the children. "



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Alcohol – generally men use more than women. Socially. Stress relief.
Comparators to other socially excluded communities – e.g.- Aboriginals.
Cannabis – mainly younger people “prefer it to drinking and its cheaper”
Coke and Amphetamine use recreationally amongst younger people
Heroin, crack cocaine – still relatively uncommon. Little knowledge or
understanding within the wider community. Addiction is shameful.
Experiences mirror those of settled communities in the 60’s – increasing
availability of drugs and reluctance to discuss this.



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If you get things right for Gypsy and Traveller people you get things right for a lot of people



Best Practice

Cultural Competency Training and developing culturally competent

language. Different conceptions of terms “homelessness”, “carer”

Accessible Information / Literacy / Be Creative

Outreach

Flexibility and Opportunistic Care

Continuity, Trust and being welcome

There is a dearth of culturally informed and sensitive counselling available to GRT communities. For example, the extent of the anecdotally high levels of depression and bereavement in GRT families (Fields, 2008; Cemlyn et al., 2009) is not widely known, nor has the importance of the extended family as a source of strength and resilience been fully explored.'

If you had a magic wand, how would you be treated by NHS staff?

Treated like everyone else
appointment times better
help staff honesty important
same as non-Gypsy listened lovely
treatment dignity Time culture care
human civil body longer
babies nice listen easier same
patience world person Travellers
experiences fair respected Valued fairly
respect
diferently
receptionists