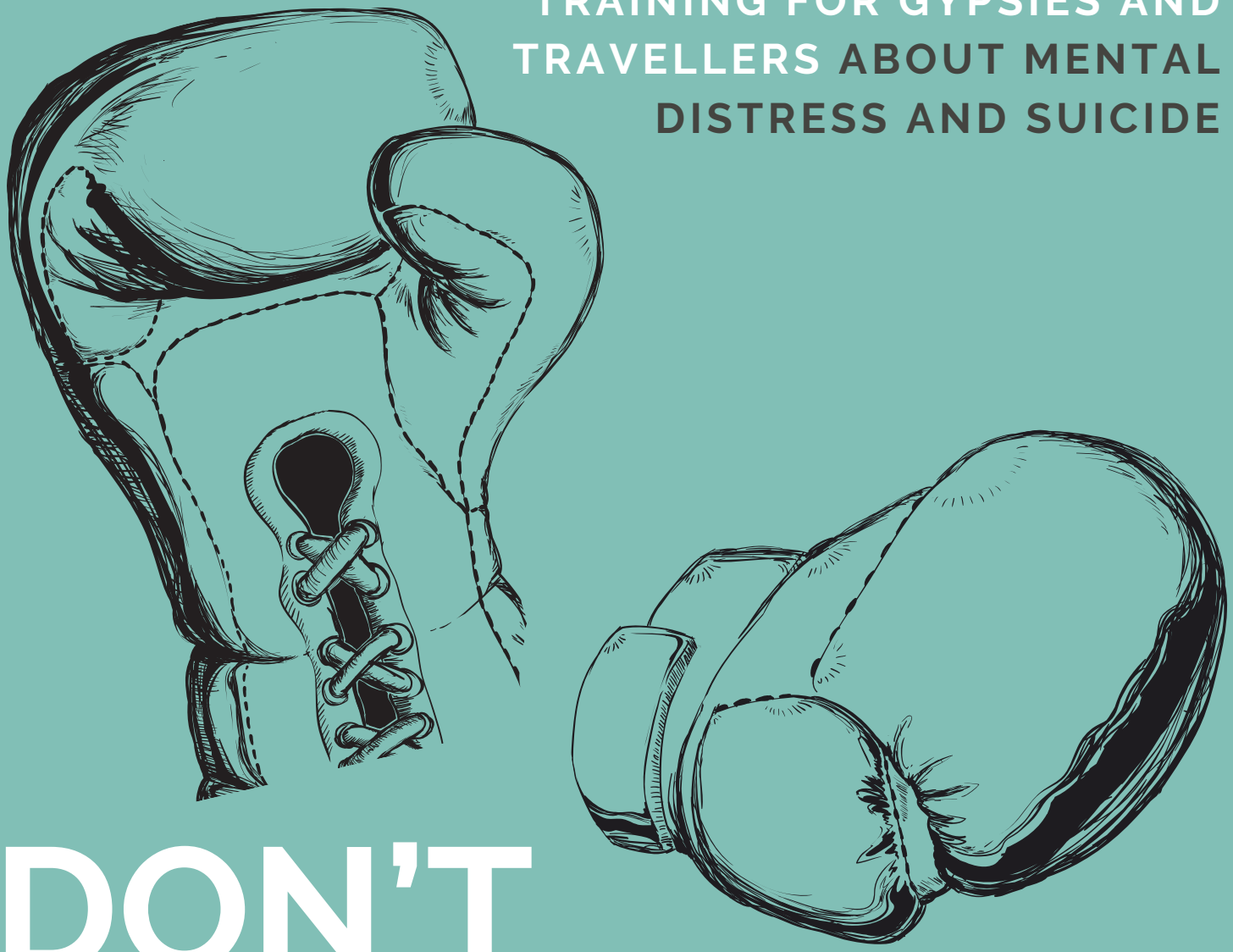
ADVOCACY, SUPPORT AND TRAINING FOR GYPSIES AND TRAVELLERS ABOUT MENTAL DISTRESS AND SUICIDE



DON'T BE BEAT

PROJECT EVALUATION & LEARNING

LEEDS GATE
Gypsy & Traveller Exchange

WWW.LEEDSGATE.CO.UK

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This evaluation and project were supported by: The Rayne Foundation

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This project has been so important to Gypsy and Traveller people as this subject has always been so taboo and never spoken about.

This project has given our members the support to get help and to help others.

Elizabeth Spaven

Leeds GATE Chair

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INTRODUCTION

LEEDS GATE

INTRODUCTION

WHO ARE LEEDS GATE?

Leeds GATE are a community members organisation for Gypsies and Travellers based in Leeds working to improve quality of life for their members through four main aims; improving health, improving accommodation, improving access to education, employment and financial inclusion and increasing citizenship and social inclusion. Leeds GATE have a 17-year history, and over 700 members, largely from Leeds and surrounding areas.

Leeds GATE operates as a values led organisation whose core value is that Leeds GATE belongs to Gypsies and Travellers. Leeds GATE is committed to Asset Based Community Development and delivers programmes of community leadership and involves Gypsy Traveller people in all aspects of their work.

WHAT IS DON'T BE BEAT?

Don't Be Beat was a project funded by the Rayne Foundation and delivered by Leeds GATE from 2018-2020.The project aimed to increase support networks available to Gypsies and Travellers in West Yorkshire experiencing mental distress and suicidal ideation.

To deliver the project Leeds GATE examined the high levels of suicide amongst Gypsy and Traveller communities and developed an organisational and community response in which action learners address the need to talk about and respond to mental distress and suicide in community settings. The Don't Be Beat project delivered a mental health advocacy service, provided SafeTalk and other training to communities, developed leadership and voice, embedded peer support and disseminated their learning to other organisations and services locally.

PROJECT OUTCOMES

- Gypsy and Traveller communities in Leeds will have better mental health support.
- Gypsy and Traveller communities in Leeds and those that support them will have more frequent and more effective conversations about mental distress and suicide.
- Emergence of better practice for dealing with mental distress and suicide.

This report is a review of the development and impact of the Don't Be Beat project and a summary of learning and key messages.

This report offers insight from existing literature, alongside service data analysis and primary research in the form of case studies and interviews with Leeds GATE members and staff.

EXECUTIVE SUMMARY

Leeds GATE delivered their Don't Be Beat project to address mental health disparities felt by their members. The project delivered a Mental Health Advocacy Service, SafeTalk training to staff, members and community partners, and collected learning during the process to provide insight, good practice and recommendations to stakeholders.

KEY BACKGROUND AND CONTEXT

1) Marginalised communities in the UK experience unequal access to health care services, which results in and further compounds health inequalities.

2) "Gypsy, Roma & Traveller people continue to experience some of the most significant barriers to accessing health care and poor health outcomes"
Women and Equalities Committee 2019

3) Mainstream health services are often developed without a clear plan to include the needs of all communities.

4) Leeds GATE learn of a new case of completed suicide every two months - that is six suicides per year affecting a population of 7000 across West Yorkshire.

5) Paucity of clear suicide data hinders Gypsy and Traveller communities in being able to evidence need for mental health resources.

6) All Ireland Traveller Health Study finds that Traveller suicide rate is 6 times higher when compared to the general population and accounts for approximately 11 percent of all Traveller deaths
AITHS, 2010

LEARNING FROM THE MENTAL HEALTH ADVOCACY SERVICE (MHAS)

The Mental Health Advocacy Service was co-produced with Leeds GATE members following the findings from a Health Advocacy project evaluation in 2017. This project evaluation found that there were significant barriers to accessing mental health support for Gypsies and Travellers and learned that mental health and suicide were a primary concern for Leeds GATE members. In establishing the Mental Health Advocacy Service as a key part of their generalist advocacy work Leeds GATE have been able to normalise this service, reducing stigma attached to accessing mental health support.

Interviews conducted during this evaluation found that **members did not feel able to access other mainstream services** and were seeking holistic support from Leeds GATE.

Having **low levels of literacy** was highlighted multiple times as a barrier to both self-advocacy and to seeking support elsewhere, as not all mainstream services would provide adequate support around literacy.

Primary and secondary reasons for accessing the MHAS points to strong **connections between mental health and wellbeing and material struggles** related to finances and accommodation.

Men accessing the MHAS were more likely to cite welfare support as a reason for their appointment, however, would often go on to disclose and seek support on issues relating to mental health during these appointments.

LEARNING FROM SAFETALK TRAINING

A key element of Don't Be Beat was the delivery of SafeTalk training that would give conversational tools to members of Leeds GATE that would **enable them to discuss mental health and suicide** within their communities.

From interviews with Leeds GATE members and staff, it was clear that while concepts and messages within the training were powerful, the standard **SafeTalk delivery method was not inclusive of different learning styles**.

Previous negative experiences in formal learning environments, especially for older members with low literacy, was a barrier to engagement. Members suggested that the most effective way to reach community members was through **informal conversations**, in a casual setting. Adapting the course to meet a variety of learning styles would support suicide prevention across different communities.

Delivering SafeTalk training sessions resulted directly in a **significant growth of support networks available to members.**

DON'T BE BEAT

RECOMMENDATIONS

LEEDS GATE

KEY RECOMMENDATIONS

Through collaboration with Leeds GATE staff, and members some key recommendations were developed from feedback and insights the project yielded. Many of these recommendations are directly from Gypsies and Travellers and have been kept in their own voices.

Throughout the Mental Health Advocacy project Leeds GATE held discussions with its members about the high levels of poor mental health and suicide experienced in the Travelling community. Leeds GATE members were involved throughout the project and have provided mental health recommendations and messages to each other. Members who were interviewed were also asked about their experiences of accessing mainstream services and what they could do differently.

The key recommendations are outlined on the following five pages.

KEY RECOMMENDATIONS

FROM GYPSIES AND TRAVELLERS TO OTHER GYPSIES AND TRAVELLERS

Travellers need to talk more about mental health and suicide without feeling shameful.

Men should talk more and recognise that having poor mental health does not make you 'less of a man'.

Look out for the people around you, if you are worried about them, take them somewhere quiet and talk to them. Help them to get help.

Don't accept suicide and bad nerves as a way of Traveller life. Do not pass this acceptance down to your children and let it stay in generations.

More Travellers should **be supportive to LGBTQ+ community members** and understand the impact that isolation, hate crime and fear has on mental health and suicide rates.

There is help available and it is there for everyone. Seek support and speak with your GP, an organisation like Leeds GATE or somebody you trust. Do not keep it to yourself because it builds up and gets worse. If you have a bad experience when trying to speak with health workers, speak to someone like Leeds GATE who can challenge this and help you.

Understand that **mental health issues is a common problem** which affects everyone from all communities.

LISTENING

Make Travellers feel important and really listen to them, take extra time in appointments', make them feel they are heard and important.
Don't think of us as 'just a Gypsy'.

BE WELCOMING

Be more friendly, treat us the same as the other customers because they don't treat us the same. I think they should spend more time with Travellers.
For example they should advertise that they want to work with Travellers and they are welcome.

OUTREACH

Mainstream services should do more outreach and visit sites like they would other people.

KEY RECOMMENDATIONS (CONT)

FROM DON'T BE BEAT TO PROFFESSIONALS

The following recommendations were created as part of this evaluation and incorporate direct feedback from the Gypsy and Traveller Community and Leeds GATE staff, who together built a successful specialist and culturally competent service delivery model.

Research

The Department of Health should lead a taskforce to further understand what the true impact of suicide is on the UK's Gypsy and Traveller communities. This should follow good practice in Ireland and should have real and tangible results such as changes to coroner's recording of ethnicity and the allocation of resource to programmes addressing this.

Co-production and Participation

Service specifications should be developed and commissioned with communities. Engagement should be sustained and meaningful not just ad-hoc consultations, this builds relationships and trust. Participation allowed members to feel heard and seen, this in turn encouraged them and others to access support. Gypsies and Travellers have a lot to offer any organisation - how can you increase participation and visibility?

Avoid using jargon

Checking in that everyone has understood what is being said, especially when prescribing medication and using health system terms, for example, use of the word carer is not widely understood.

Suicide Alertness in Communities

Programmes such as SafeTalk have been found to be effective in delivering impactful messages and increasing confidence, however, there are barriers to participation for those without a formal education. Basing community alertness projects at embedded community organisations allows conversations to be ongoing and iterative - leading to more lasting change. Commissioners should consider how they can best support community led and co-produced responses to suicide alertness and prevention for Gypsies and Travellers and consider how accessible a general service provision really is for these communities.

Increase Visibility

Display posters with clear messages to Gypsy and Traveller communities, they will feel more included and will trust the service more. Does your service monitor Gypsy and Traveller ethnicity? If not, ask why.

Up-skill

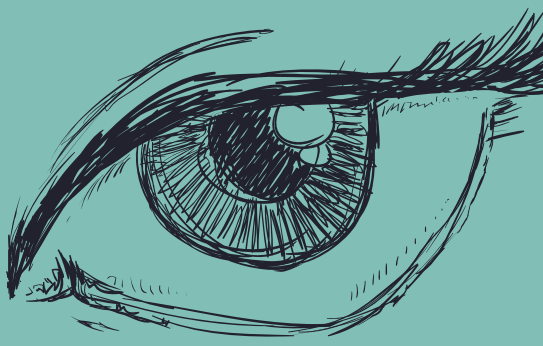
Engage with specialist organisations and communities to increase your understanding. Many people hold preconceived ideas about Gypsies and Travellers and get their information from unreliable sources. Investing in your organisations knowledge and understanding of communities' strengths and their experiences of oppression will help you to deliver a better service.

DON'T BE BEAT

STORIES

CASE STUDY: BRIDGET'S STORY

Bridget has been accessing Leeds GATE advocacy support regarding her poor **physical and mental health**. Bridget suffered from **childhood trauma** and identifies this as the root cause of her mental health issues. Bridget has a diagnosis of **depression and anxiety** and has been on the same anti-depressants for over ten years. Bridget describes this as having 'bad nerves'.



Bridget's teeth are significantly worn away due to her grinding them when she feels anxious, she has **issues with her memory** and other physical health needs. She **lacks confidence** around people.

Bridget lives on the roadside with her family and is faced with constant evictions from the local authority, this impacts on her mental health. Bridget's experience of mental health services has historically been negative as **workers refused to visit her** on her encampment and she was advised by a support worker to move into a house to improve her mental health.

When Bridget is feeling well enough she **attends weekly community groups** at Leeds GATE which contributes towards her emotional wellbeing. During these groups GATE offer an advocacy drop in service, it has been at these groups that Bridget has accessed support.

How did we work with Bridget?

- We spent time listening to Bridget's story and building our relationship of trust, she asked us to write down her story as she felt nobody had every listened to her before.
- We helped Bridget to understand links between her physical and mental health and that both were important.
- We attended a medication review with Bridget.
- We helped Bridget recognise when she is feeling in crisis and shared tools and support to keep herself safe.

What were the changes for Bridget?

- Bridget said she felt heard and believed.
- Bridget is attending regular community groups at Leeds GATE where she is learning to read and write. She said she felt she had to do some good with her life, if she was going to live it
- Other members of Bridget's family attended our SafeTalk training and now better understand how to support her.
- Bridget is now on more appropriate medication which is under regular review, she's got contact with our outreach nurse and with GATE if she needs support with this. We're helping Bridget access appointments for some of her physical health conditions, meaning she is starting to feel a bit better in herself.

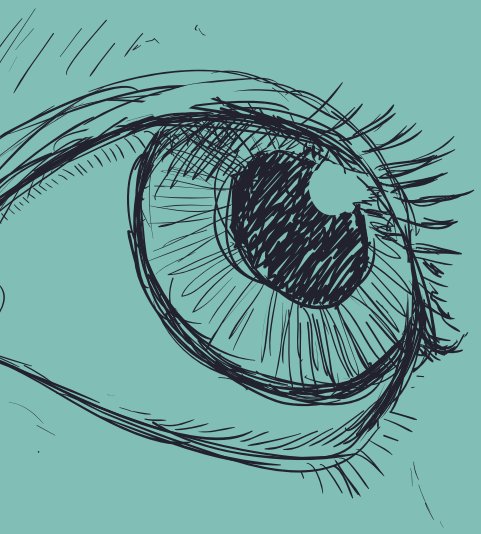
Through Bridget's story, we can see the complexity of need is compounded by experiences of childhood trauma and stress experienced as a result of being part of a marginalised and underserved community. The specialised and holistic support from Leeds GATE's MHAS has helped Bridget to take action in improving her own mental health, empowered her to share her story and help other members of the community recognise the importance of reaching out.

MHAS and Caring

Work between Leeds GATE and Carers Leeds in 2016 showed that "whilst positive about health care received by the person they cared for, carers felt their own needs were ignored. They did not feel involved, they were not given information that would make life easier or it was not given in an accessible format. Most were not aware of carer support services." (Morris, 2016)

The 2011 census showed that Gypsy or Irish Travellers were among one of the highest providers of unpaid care in England and Wales at 11 per cent (all usual residents in England and Wales average was 10 per cent). Gypsy or Irish Travellers were also the highest proportion of people providing 50 hours or more unpaid care per week at 4 per cent compared to 2 per cent for the whole of England and Wales. For Gypsy or Irish Travellers who provided no unpaid care, 72 per cent reported 'good' or 'very good' general health, compared to 46 per cent for those that provided 50 hours or more unpaid care per week. For all ethnic groups, self-reported general health became progressively worse for those who provided unpaid care and as the level of unpaid care provided increased from between 1 to 19 hours to 50 or more hours per week (ONS, 2014). It is necessary for services working with Gyspy and Traveller communities to have awareness of the high number of carers within the community and to work with their assets to enable them to continue doing this very important role.

CASE STUDY: JAMES' STORY



James is 33, he suffers with serious and complex mental health conditions and is an **unpaid carer** for several of his family members who also have the same diagnoses plus addictions. James is too ill to work and claims sick related benefits and **lives in shared accommodation**. James often neglects his own needs as his time is taken up trying to support his family. James has a **strong and loving bond to his family members** and wants to do his best for them. James' mental health is often exacerbated by **high stress levels,** his family members support needs are often greater than his and they regularly end up in crisis. James loses sleep worrying about them, spends a lot of time providing care and then also ends up in crisis.

How did we work with James?

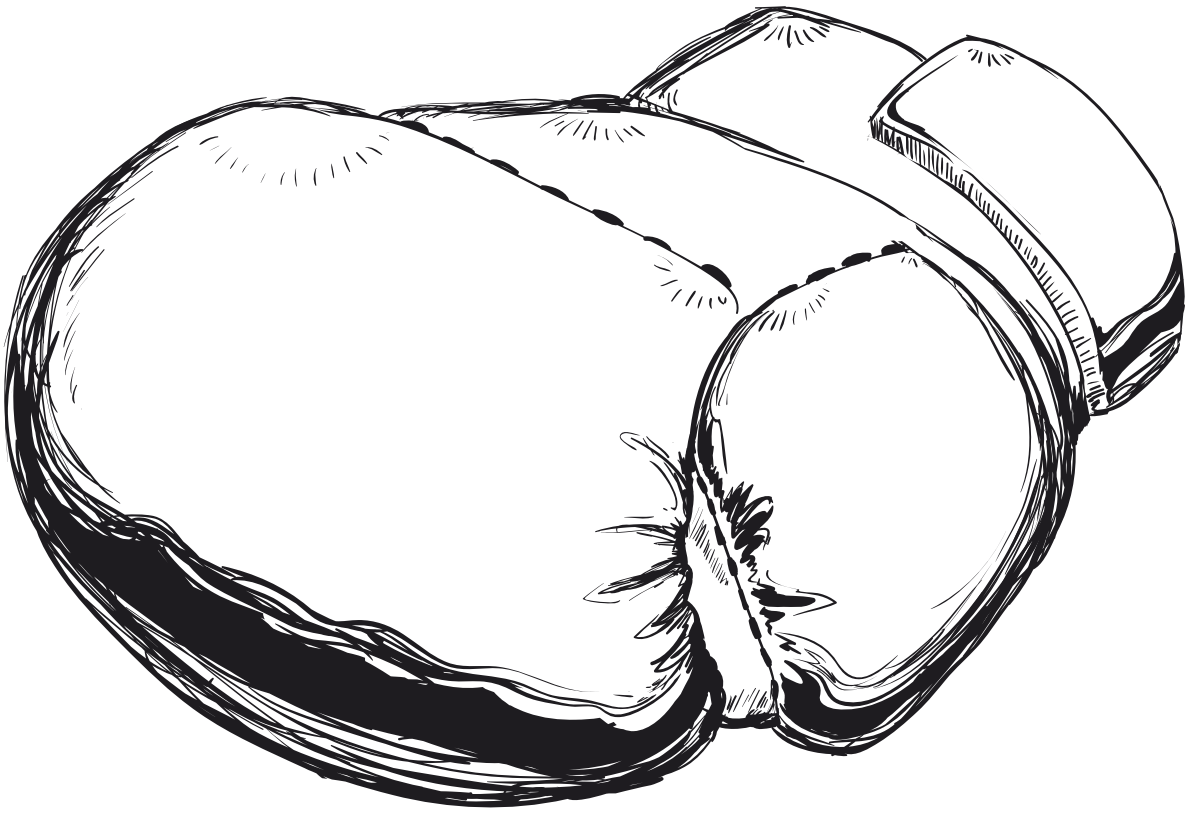
- We have been able to offer support to James and several of his family members, they have been worked with as individuals around their separate needs, wishes and aspirations.
- Careful and considered work around boundaries and confidentiality had meant James could concentrate on his own needs whilst in the knowledge that his family members are receiving the same quality of service to support them.
- James received welfare rights support. We also referred him into other mental health support.
- We pro-actively reached out to James' family members and offered them our support. Because of our trusted reputation in the community they accepted our support and allowed us to refer them into other relevant and crucial services including domestic violence, several health services, accommodation support, criminal justice advocacy and other third sector organisations. This has meant an easing of the practical and financial burdens on James of supporting his family.
- James has been recognised by GATE as an excellent speaker and community leader and invited to volunteer with us on several projects.

What were the changes for James?

- The support provided to James' family have allowed James the time to focus on his own wellbeing and accept some support for himself.
  James has accepted a referral into a charity who provides support and respite for carers.

- He is having weekly therapy sessions through the NHS and is practicing breathing exercises and coping strategies with his new mental health support worker.
- James has also had a welfare rights assessment and is on track to having his income maximized by £400 pounds per month and has found the time to move into more suitable accommodation himself.
- James reports that his stress levels are more manageable and his life has changed for the better now his family is getting the help that he struggled to provide on his own.

James' story illustrates that to address and support the needs of carers, services must take a holistic approach and assist in also addressing any unmet needs of those cared for. Leeds GATE was able to do this through proactive outreach and established trust in the community.



DON'T BE BEAT

BACKGROUND

LEEDS GATE

BACKGROUND

Health Inequalities and Unequal Access to Health Services

Marginalised communities in the UK experience unequal access to health care services, which results in and further compounds health inequalities. Mainstream health services are often developed without a clear plan to include the needs of all communities.

"The Long Term Plan", published by the NHS in January 2019, included an Equality and Health Inequalities Impact Assessment, which found Gypsy, Roma and Traveller people "continue to experience some of the most significant barriers to accessing health care and poor health outcomes" (Women and Equalities Committee 2019, para. 99).

It is also important to recognise Gypsy and Traveller experiences as intersectional, and that a Gypsy in need of support due to suicidal ideation may be also be experiencing barriers due to their sexuality, or disability status.

Some of the resulting impacts on Gypsy and Traveller communities include:

Life expectancy is at least **10 to 12 years shorter** than that of the non-Traveller population. 42% of English Gypsies are affected by a long-term health condition, comparted to 18% of the general population.

One in five Gypsy and Traveller mothers will experience the loss of a child, compared to one in a hundred in the non-Traveller community. **14%** of Gypsy and Travellers described their health as "bad" or "very bad", more than twice as high as the white British group.

Gypsy and Traveller people are less likely to be satisfied with access to a GP than white British people (60.7% compared to 73.8%) and are also less likely to be satisfied with the service they receive (75.6% compared to 86.2% for white British) (Women and Equalities Committee 2019, para. 17-19).

Ethnicity and Suicide Prevention Strategy

Both on a local and national level there is significant work to be done to understand and address suicide within Gypsy & Traveller communities.

In support of their application for this project in 2017 Leeds GATE reviewed their mental health work and found **60% of people accessing advocacy under the theme of mental health disclosed they had at some point in their mental health journey**, made plans to end their life.

Leeds GATE gathered community intelligence and found that they learned of a new case of completed suicide every two months - that is **six suicides per year affecting a population of 7000** across West Yorkshire. This is concurrent with findings from the All Ireland Traveller Health Study which found that the Traveller suicide rate is **6 times higher** when compared to the general population and accounts for approximately **11% of all Traveller deaths** (AITHS, 2010).

Findings from a 2006 research project on Traveller suicide in Ireland also found high numbers of so-called 'bereavement suicides'. In 40% of cases where a Traveller took their life following the death of somebody close, that death itself was also a suicide (Walker 2008).

The UK Government's suicide prevention strategy "Preventing suicide in England: A cross-government outcomes strategy to save lives" published in 2012 and the following progress reports (the latest of which was the fourth, published in Jan 2019) make no mention of Gypsy and Traveller communities. The publication identifies high risk groups as:

- young and middle-aged men;
- people in the care of mental health services, including inpatients;
- people with a history of self-harm;
- people in contact with the criminal justice system;
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers.

(Department of Health 2012, p.13 para 1.3).

The report acknowledges that "there are other groups whose risk could be high, but limits on the data available mean that their risk is hard to estimate, or else there is no way of monitoring progress as a result of suicide prevention measures." (Department of Health, 2012, p.13 para 1.4). Section 6 of the same document goes onto discuss improvements to data collection which includes recommendations to address the current information gaps around ethnicity.

Ethnicity Monitoring and Suicide

A key challenge for Gypsy and Traveller communities is the failure to accurately monitor the ethnicity of those deceased by suicide. In the UK a coroner does not formally record a person's ethnicity, but they often record a person's skin colour and place of birth. Where ethnicity data is presented on suicide it is often derived from skin colour and place of birth - this is likely to make Gypsy and Traveller people, who are largely white presenting and born in the UK (amongst other BAME groups), invisible in ethnicity data in the instances it is recorded. Additionally it is unlikely that Gypsy and Traveller people will have declared their ethnicity in another part of the health system as recommendations to include Gypsy/ Traveller as an ethnic category within the NHS data dictionary have still not been widely rolled out. Moreover prejudice and fear often prevent people identifying as Gypsy or Traveller even where they are given a choice.

The most recent suicide audit in Leeds, “Leeds Suicide Audit 2014-16”, used sections of the coroner's notes (e.g. GP records, drug-related death forms, postmortem reports) where available to establish ethnicity. The audit was careful not to make assumptions based on skin colour and looked for further evidence before ascribing ethnicity, it found an ethnicity breakdown of: 78% White British, 6% White Other, 8% BAME and 8% Ethnicity Unknown - this represented cases when there was not sufficient evidence to ascribe an ethnicity (Leeds City Council, 2019). The report goes on to conclude that there is not a case for investment in specific suicide prevention work within BAME communities (Leeds City Council, 2019, p.75)

The findings from Leeds GATE's community investigation contradict the conclusions of "Leeds Suicide Audit"– the former would suggest a suicide crisis among these communities, the latter would not. This paucity of clear data hinders Gypsy and Traveller communities in being able to evidence need for mental health resources in their communities and makes invisible the lived experience of these communities.

It is not clear if Gypsies and Travellers would be considered BAME, White Other or are being categorised as Unknown. The size of BAME populations also requires consideration - should the 3000 Gypsies and Travellers residing in Leeds have experienced 3 deaths to suicide in the period 2014-2016 (which the community intelligence suggests they likely did) that would mean this community had experienced more suicides than White British communities (at a rate of 8.5 per 100,000). The limitations in data due to a lack of monitoring make it very difficult to know and therefore direct any resource into this area.

The strong social bonds that exist in Gypsy and Traveller communities suggest that the impact of suicide is felt far wider than might be expected due to the closeness of extended family networks across large geographical areas. This is supported by the lived experience of Leeds GATE members, with many of these families affected by suicide, some more than once and inter-generationally.

The current suicide prevention strategy in England states clearly that tailored support should be developed for BAME groups and that "community initiatives can be effective in bridging the gap between statutory services and Black, Asian and minority ethnic communities, and in tackling inequalities in health and access to services." (Department of Health 2012, p.7) It also recommends that community wide support and interventions be established to address the negative impact suicide has on familial and community networks, including copycat and cluster suicides, also that all those concerned about suicide should have access to support and information.

As described, this can be even more important in communities with high levels of bonded social capital and wide geographical reach especially where there is low literacy and lack of access to information and support.

In fact there have been persistent attempts to raise and resolve these issues described above, by Gypsy and Traveller communities and organisations. This includes local and national strategic awareness raising by Leeds GATE; working with local structures such as the Health and Wellbeing Board, or national bodies such as government stakeholder groups and charities working more broadly about suicide prevention.

Other organisations and structures have been trying to make progress on this issue including parliamentary questions by members of the All Party Parliamentary Group for Gypsies, Travellers and Roma (UK Parliament 2018) and evidence submitted to the Women and Equalities Select Committee Enquiry into GRT Inequalities by advocacy, research and campaigns charity The Traveller Movement in 2019 (The Traveller Movement 2019)

In answer to the parliamentary question the government responded that they expect local authorities to ensure plans are tailored to their demographics and assess appropriate risk for their local communities, including GRT (UK Parliament 2019). This evaluation demonstrates that local authorities are not providing this, and that this expectation is not always achievable due to the dearth of data and the often poor relationships between statutory services and their local Gypsy and Traveller populations. Leeds GATE have been unable to effectively embed their knowledge and approach to the mental health crisis facing their members in longer term local policy changes or commissioning investment because the data makes this issue invisible and therefore justifies a lack of investment.

The Traveller Movement policy briefing made a series of recommendations, including: a commissioned study into the causes of high rates of suicide among GRT communities, national delivery of a SafeTalk programme, updating the NHS data dictionary, registering ethnicity of the deceased and working with communities and third sector organisations to target resources and funding (The Traveller Movement, 2019).

This report supports and echoes these recommendations. This report also seeks to strengthen these recommendations through providing evidence of the impact of Leeds GATE's Don't Be Beat project to deliver SafeTalk and target resources to communities and third sector organisations.

Availability of SafeTalk training and the Leeds Suicide Prevention Strategy

The issues described above in relation to ethnicity recording and the direction of strategy and resource have influenced the availability and targeting of locally based SafeTalk training. Prior to Leeds GATE's project their staff, volunteers, members and partners had not been targeted to receive SafeTalk training, especially not in the context of these communities. The Leeds Suicide Prevention Strategy rightly identifies the geographic locations of suicides and targets resources into areas experiencing the highest number of suicides, this mostly correlates with deprivation in the city. These areas make a band across LS13, LS12, LS11, LS10 and LS9.

However, Leeds GATE members live all over the city with some being nomadic and mobile across the city. The main concentrated population of Gypsies and Travellers occurs in the postcode LS27 where a large local authority site is provided. With the exception of the Traveller Site the area is semi-rural, industrial or affluent - this means it is unlikely to show up on a citywide analysis as a postcode in need, however intervention here, could be significant to this close knit and concentrated population.

Leeds GATE were motivated to develop and deliver the SafeTalk programme because their members remained largely invisible to a city-wide approach and they understood from their members that there was a suicide crisis within their communities.

DON'T BE BEAT

PROJECT OVERVIEW

LEEDS GATE

Leeds GATE worked together with its members to assess the different community mental health interventions they could make and applied to the Rayne Foundation for financial support. The project was deliberate and purposeful in aiming not only to address immediate need, but in building the capacity and resources within Gypsy and Traveller communities to respond to these issues themselves. This asset-based approach identified three key areas for impact which would harness the potential of Leeds GATE and its members.

PROJECT OUTCOMES:

1. Gypsy Traveller communities in Leeds will have better Mental Health support

Gypsy and Traveller community members will have a greater awareness of their rights and options to access mainstream services for support around mental distress. They will be supported holistically by the Leeds GATE advocate to manage distress, whilst building their own skills and assets within their support networks.

2. Gypsy Traveller communities in Leeds and those that support them will have more frequent and more effective conversations about mental distress and suicide

Leeds GATE staff, volunteers and partner organisations will be trained and supported to deliver effective interventions relating to mental distress and suicide alertness.

Gypsy and Traveller community members will be trained to have effective conversations about mental distress and suicide alertness within their community networks.

3. Emergence of better practice for dealing with mental distress and suicide

Training participants from Leeds GATE staff, volunteers and community members will have access to a network to discuss their learning and practice in relation to mental distress and suicide leading to better suicide prevention practice in Leeds.

To achieve these aims Leeds GATE implemented a Mental Health Advocacy Service and delivered SafeTalk training to its staff and members and strengthened and developed strategic partnerships across the city of Leeds.

Mental Health Advocacy Service

The Mental Health Advocacy Service was co-produced with Leeds GATE members following the findings from a Health Advocacy project evaluation in 2017. This project evaluation found that there were significant barriers to accessing mental health support for Gypsies and Travellers and learned that mental health and suicide were a primary concern for Leeds GATE members. These findings were supported by a Community Health Needs Assessment (Leeds GATE 2013) and findings from a Leeds based Outreach Nursing Project Evaluation (Booth 2018). Leeds GATE already had an effective, outreach and advocacy delivery model and had built up a trusted reputation for this service, driven by community, family or self-referrals. In establishing the Mental Health Advocacy Service as a key part of their generalist advocacy work Leeds GATE have been able to normalise this service, reducing stigma attached to accessing mental health support.

SafeTalk Training Model

Leeds GATE chose to use the established SafeTalk Training Model developed by Living Works for delivering capacity building around suicide awareness. Living Works' model aims to empower everyone to play a role in suicide prevention. Their training packages are described as a 'continuum of safety skills'. Living Works SafeTalk trainings prepares its participants to develop what it calls 'suicide alertness and safety connection skills'. In addition to SafeTalk, Living Works offers ASIST training, which is a further two-day training that aims to provide tools for skilled suicide intervention and safety planning. Those trained in SafeTalk are intended to be networked with those trained in ASIST to create a safer community.

To our knowledge Leeds GATE's Don't Be Beat project is the first to bring the SafeTalk Training Model into Gypsy and Traveller communities and evaluate its effectiveness. In using the SafeTalk model Leeds GATE has been able to build relations between an

established suicide awareness movement and the Gypsy and Traveller community facing high levels of mental distress and suicide.

This report will reflect on how the lessons from using this model with Gypsy and Traveller communities may be useful to other communities experiencing health marginalisation, and for suicide awareness and prevention strategies more broadly.

Don't Be Beat Project Resources

The Rayne Foundation grant funded Leeds GATE's salary costs for mental health advocacy time within the project at three days per week over two years. The training packages from Living Works and associated travel costs were also funded. There was a budget for an independent evaluation to ensure learning was captured and harnessed for change.

Don't Be Beat was overseen by a Leeds GATE Services Manager, to co-ordinate and supervise the project.

A personnel change within the role disrupted the process of establishing trust and relationships, which were a key element in successful delivery. This meant complex and ongoing cases were held by the Services Manager. Due to the size of the organisation (small charity) this was a strain on capacity, however, through careful management they have managed to deliver and establish a successful model.

It is worth noting that there is a distinct advantage to projects such as these being hosted in organisations that have trust and relationships across a team or organisation as opposed to an individual staff member or project - it means that progress, learning and trust are held within the organisation even when individual staff move on.

PROJECT PLAN

TIME	ACTIVITY
0-6 months	In consultation with our members, establish a model for providing flexible and holistic mental health advocacy at Leeds GATE to include social and psychological approaches to mental distress at the point of access. Enrol and complete member of staff in T4T training: http://www.prevent-suicide.org.uk/training_for_trainers.html
6-12 months	Ongoing advocacy appointments Delivery of three SafeTalk sessions / 10 people per session in line with SafeTalk qualification requirements. Registration as certified trainer. Gather easy read resource packs for members on suicide prevention Hold a series of community conversations aiming to identify those with the skills, leadership and resilience within Gypsy Traveller communities able to engage with and make use of the SafeTalk training
12-18 months	Ongoing advocacy appointments Deliver SafeTalk to 10 community members and provide 121 or group support for them to implement learning Review service demand and sustainability for advocacy model including options for further funding Deliver learning and support sessions for SafeTalk Participants to share and reflect on use of the training in day to day life / practice
18-24 months	Deliver transition work around advocacy model to ensure ongoing support to members (absorbing into other caseloads or seeking continuation funding) Complete evaluation

DON'T BE BEAT

EVALUATION

LEEDS GATE

EVALUATING DON'T BE BEAT PROJECT OUTCOMES

OUTCOME 1: Gypsy and Traveller communities in Leeds will have better Mental Health support

Delivering the Mental Health Advocacy Service
One of the key deliverables towards achieving this outcome was a Mental Health Advocacy Service, that would sit within Leeds GATE's existing advocacy structure. The Mental Health Advocacy Service (MHAS) was co-produced in consultation with members, to establish a service delivery model which would provide flexible and holistic mental health advocacy to include social and psychological approaches to mental distress at the point of access.

The service offer includes practical support to address wider determinants of poor mental health such as issues related to finances, housing, discrimination, information and service access. Staff encourage members to identify coping strategies and protective factors for their mental health and emotional wellbeing. During the appointments, members have access to information, accessible self-help and peer support options including mindfulness, breathing techniques, CBT and other self-help resources.

How did members access this service?
80 MHAS advocacy appointments were delivered to 48 unique members. Leeds GATE monitored the primary and secondary reasons members had for seeking advocacy and support. Analysis of the appointments by primary activity type highlights the following trends:

- 30% advocacy related to welfare rights
- 18% mental health and emotional support.
- 10% advocacy and support with accommodation

The secondary reason for accessing advocacy were also welfare rights, accommodation, and mental health and emotional support.

Interviews conducted during this evaluation found that members did not feel able to access other mainstream services and were seeking holistic support from Leeds GATE. Having low levels of literacy was highlighted multiple times as a barrier to both self-advocacy and to seeking support elsewhere, as not all mainstream services would provide adequate support around literacy.

> Truthfully, I would absolutely hate going elsewhere, I would have to build trust and it would be horrible. Citizens Advice used to have a centre (near to local authority site) it took us all a lot of time to trust them but then they closed down

MEMBER ACCESSING MHAS

> Nobody wants to spend the time filling in our forms and they make us feel stupid

MEMBER ACCESSING MHAS

The primary and secondary reasons for members accessing the MHAS point to the connections between mental health and wellbeing and experiences of material struggles related to finances and housing.

> I found it very good and helpful, I don't know what I would do if you wasn't there for me or my family. I really do feel that you have helped my family a lot. You have helped my daughter who has been suffering and I don't like to see her struggling with mental health and accommodation. You have really helped her a lot, I feel a lot better and I have seen a big change in her.

MEMBER ACCESSING MHAS

The cyclical relationship between mental health and poverty have been enumerated in a number of recent studies. An evidence review from Mental Health Foundation and the Joseph Rowntree Foundation, explores the relationship between poverty and mental health, finding that mental health is impacted by socio-economic factors including "social, cultural, economic, political and environmental factors such as living standards, working conditions, social protection and community social supports" (Elliot 2016, p.16).

The National Institute of Care Excellence states that "the proportion of people with mental health conditions is higher in areas with more deprivation; poverty can be a cause or consequence of mental ill health" (NICE 2019, p.4)

This was reflected both in the data and in the interviews with Leeds GATE staff who observed an accumulation of inequalities leading members to become unwell and which became a further barrier for members seeking support. Interviews with staff members and members highlighted racism and discrimination experienced by Gypsy and Traveller communities having negative impacts on mental health and wellbeing. **Leeds GATE members who have felt demoralised by racism when accessing support services are less likely to seek support in the future.**

> You cannot underestimate the impact of racism and discrimination on our members mental health, someone may be coping okay and then a little thing will happen which will remind them of the barriers and challenges they face just because they are a Gypsy or Traveller and it will set them back in their recovery.
>
> I have countless examples of people that are struggling with their mental health being criminalised or picked on due to their ethnicity, examples like people being followed in shops or stopped by the police. They will come to us for support and we'll look at it all, making complaints, dealing with financial issues, discussing feelings and emotions, looking at mental health support options.

LEEDS GATE STAFF MEMBER

> There is a lot of trauma in our communities, people have been through a lot but some of the things they have been through also stop them asking for help – where they have had a bad experience they won't ask for help

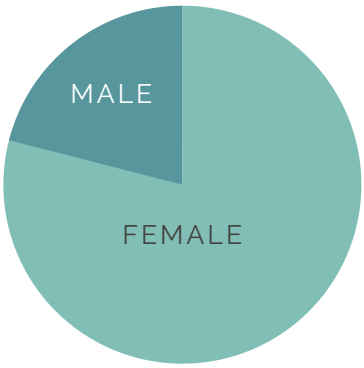
MEMBER ACCESSING MHAS

Who accessed this service?

AGE

The **age range** for members accessing the advocacy service was between **26 to 71,** with 32 – 57 making up the majority of those accessing.

GENDER



The percentage of members accessing MHAS that identify as female is significantly higher than the percentage of members who identify as male, at 79% and 21% respectively. As the service does not monitor trans status, the monitoring of gender identity refers to self-identification of female and male.

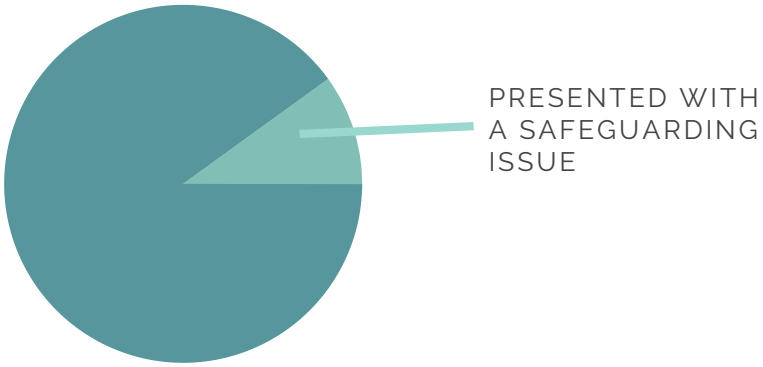
When looking at the reasons given between female and male members accessing the MHAS we found that women were more likely to ask for support with emotional wellbeing and mental health than men. Although men accessing the service often requested advocacy related to welfare rights or accommodation, they were often disclosing issues relating to mental health during these appointments. From case studies and staff feedback, the data supports the knowledge that male members were less likely to discuss their mental health and emotional wellbeing as openly due to the stigma related to this issue.

> We do work with less men than women across the board but when we do have appointments with men they will often open up and discuss things happening for them. There is a huge amount of pressure on men in the community and they really do need someone to talk to, they will struggle on alone for years not accessing things. It's important we work with the community as a whole though and its assets - a lot of women will refer men into our service, ask me to call someone they are worried about – it's all about offering a way in, letting someone know you're there and they can pick up the phone

LEEDS GATE STAFF MEMBER

MHAS and Safeguarding and Complex Needs

Monitoring data found that 9% of members presented with a safeguarding issue, often related to their mental health and the level of complexity in their lives. Feedback from the staff delivering the service suggests that barriers of access to mainstream services have a direct impact on the level of engagement, and support, that members with multiple and complex needs receive, or indeed have access to. This meant that people were often only accessing Leeds GATE and were presenting to Leeds GATE when they were in a very vulnerable position because they were not able to seek help earlier.



OUTCOME 2: Gypsy and Traveller communities in Leeds and those that support them will have more frequent and more effective conversations about mental distress and suicide

Delivering SafeTalk Training

A key element of Don't Be Beat was the delivery of SafeTalk training that would give conversational tools to members of Leeds GATE that would enable them to discuss mental health and suicide within their communities.

Leeds GATE also offered training to groups and organisations who may have contact with Gypsy and Travellers experiencing suicidal ideation. These partners were chosen through conversations with Leeds GATE members. The project team mapped the points of contact and places people access support to inform this. Primary to this was community members themselves, Leeds GATE staff and clergy in both the church of England and Catholic Church as key sources of support.

Other organisations were chosen because of their connections to people vulnerable to suicide - for example, WYCCP work with men leaving prison in West Yorkshire. Another reason for working with organisations was due to strong partnerships and referral links between Leeds GATE and these organisations, aiming to increase choice and options for members – for example, where a member wanted advocacy support but had a preference for this being disconnected from Leeds GATE as an organisation with a strong Gypsy Traveller identity.

There were also a number of organisations contacted with which the project had very positive dialogue but were unable to provide training within the timescales of the project, these included boxing gyms, Catholic ministry to Travellers and other churches. As Leeds GATE now has a qualified SafeTalk trainer these links will be pursued.

As a result of attending the training sessions participants from Leeds GATE staff, volunteers and community members gained access and 43 people were trained from the following organisations:

AREA OF IMPACT	THOSE TRAINED	NUMBER
Gypsy Traveller Community	Community Members	5
Gypsy Traveller Community	Leeds GATE Staff and Volunteers	10 (4 G&T)
Prison Leavers	WYCCP	8
Church of England members	Clergy – Church of England,	9
Health and Mental Health		
Statutory Advocacy Clients	Leeds Advonet	11

Community members gained access to a wider network of mental health practitioners to discuss their learning and practice in relation to mental distress and suicide leading to better suicide prevention practice.

Challenges to participation in SafeTalk

SafeTalk training follows a specific format, presentation and script to ensure that SafeTalk trainers work in a safe and consistent way across the learning community. From interviews with Leeds GATE members and staff, it was clear that while concepts and messages within the training were powerful, the standard SafeTalk delivery method was not inclusive of different learning styles.

Many members have previous negative experiences in formal learning environments, this was especially the case for older members with low literacy. Members suggested that the course should be adapted to the community's learning needs and styles, and that this would significantly increase the level of engagement with the course and its content, thus supporting the prevention of suicide in the Gypsy and Traveller community.The most effective way to reach the community members was through informal conversations and in a casual setting.

We delivered SafeTalk training to a small number of members who were concerned about their family and friends.

The SafeTalk training material is literacy heavy and adaptations are restricted. This made the usual 3 hour training session take much longer as more time was focused on reading through slides. Additionally, our members had lots of comments, questions and life experiences to share.

We have found that rather than members sitting through an intensive training course and feeling excluded from its content due to literacy issues, conversations about suicide alertness were more effective on a one-to-one basis or within families during our outreach work.

We delivered this by providing crisis cards with local support numbers across the community and relaying the following key messages:

- There is no shame in feeling suicidal or suffering with poor mental health
- Open conversations about suicide need to be practiced more within the community
- Suicidal thoughts are temporary and with the right approach and support people can get better

LEEDS GATE STAFF MEMBER

> Community members are only required to be suicide alert and know how to sign post family and friends to keep safe connections (ASIST trained community members, Emergency Services, Helplines and GPs)"

LEEDS GATE STAFF MEMBER

Impact of SafeTalk Training

While there were some challenges to members participation in SafeTalk, participant feedback from the sessions was positive. This data was collated from feedback forms completed by individuals who attended the SafeTalk training sessions delivered by Leeds GATE staff.

94% of respondents stated they would be recommending the training to others as they deemed it beneficial.

0% of respondents felt unprepared to talk directly and openly to a person about their thoughts of suicide.

100% of participants feeling mostly, well and partly prepared (39%, 56% and 5% respectively).

The qualitative data collated from the feedback monitoring forms, gave participants the opportunity to comment on the training sessions. Participants fed back positively on the delivery of the sessions and the content; people also noted the that the sessions provided space for open conversations.

When asked for suggestions for improvement, almost all participants commented on the need to update the video material included in the training, as participants felt this was out of date and no longer relevant. Feedback indicates that SafeTalk sessions had a positive impact on participants and provided useful tools that directly increase participants' confidence in being able to openly talk about a person's suicidal thoughts.

Outcomes following SafeTalk Training

Delivering SafeTalk training sessions resulted directly in a significant growth of support networks available to members. This included, two clergy members, one outreach nurse, three staff members and seven community members who stayed in touch following their training. They are all actively referring into the service and leading discussions with their communities and clients about suicide and staying safe.

Members who had attended the training were able to discuss suicidal ideation across their own networks within the community, and were able to refer people to Leeds GATE where they recognised the need for support.

The following section illustrates a breakdown of support offered following the SafeTalk training:

- 6 telephone calls from concerned members who had practiced SafeTalk but wanted an ASIST worker to speak to their friends and family. One which led to a referral into a crisis service.

- 3 requests for keep safe connection details for out of area.

- 1 training participant who approached us and asked for advice on whether they had acted appropriately in previous cases as they felt they wanted reassurance about their previous experiences of supporting people with suicidal ideation.

- 1 community member who became a champion in handing out crisis contact numbers across the community and has referred 2 family members into the service following training.

It is worth noting here that Leeds GATE are only aware of support which has involved their advocacy team or when a member has been in direct contact, there may be more instances of support offered and conversations between community members that are uncaptured.

OUTCOME 3: Emergence of better practice for dealing with mental distress and suicide

Developing better practice, gathering new intelligence and sharing learning was a key strand of the Don't Be Beat project. As an organisation Leeds GATE was already active in producing knowledge and best practice related to supporting and empowering Gypsy and Traveller communities. Leeds GATE's Theory of Change reflects their ambitions to deliver work that is transformative and moves beyond providing services to engaging in activities to change the systems and attitudes that lead to poor outcomes for their communities.

This work took a variety of forms including delivering training, attending partnership and strategic meetings, working with a local Public Health team around a refresh to the BME Mental Health Needs Assessment and working with Synergi Collaborative Centre (an independent centre of excellence on ethnic inequalities, severe mental illness and multiple disadvantage) on Gypsy and Traveller representation and stories within mental health systems in Leeds.

Leeds GATE have been successful in making an impact on their local landscape through the perspectives and connections they have brought to this work. Some of these are summarised below:

- Leeds GATE shared their Roads, Bridges and Tunnels work with the BME Mental Health Needs Assessment group and this was a useful tool in assisting conversations. They then facilitated a workshop for the group based on their model.

- Through connections made from this group and a growing understanding of the issues faced by Travellers in relation to mental health, relationships were established with commissioning teams working on a re-commission of a citywide mental health support service. It was found that 0 people from a Gypsy Traveller background were currently accessing the service.

- This led to a specification which included Gypsies and Travellers specifically. Leeds GATE were able to join a citywide partnership bid as a specialist provider. They are now in receipt of a 5-year statutory contract for delivering mental health support to Gypsies and Travellers in Leeds, this is the first of its kind in Leeds and one of few in the UK.

- Leeds GATE were able to draw on relationships through one of their funders Lankelly Chase to introduce the Synergi Collaborative Centre to the city, there is now a strong work stream headed by local Public Health teams, Synergi and local Primary Care Trust to deliver transformative work around BME Mental Health ineqaulities. Leeds GATE remain a part of the steering group.

One strategic area that has seen little change is the inclusion and representation of Gypsy and Traveller communities in suicide specific work in Leeds. Staff described a number of ways in which they had tried to understand and influence the systems and commissions but came upon the barriers described above in relation to recording of ethnicity and a lack of data to support their understanding.

Leeds GATE staff delivered Gypsy and Traveller awareness training to statutory healthcare professionals working in the field of mental health. Following the training, 33 participants completed feedback forms, the following data was extracted from these feedback forms:

- 85% strongly agreeing that the session was a positive learning experience.

- 93% of participants strongly agreed/agreed when asked whether the session provided then with skills and knowledge to work more inclusively with people from diverse communities.

- 93% of participants reported an increase in confidence in supporting Gypsy and Traveller communities,

- 88% felt able to share the learning from sessions to benefit their team/service and people they support.

This positive feedback evidences a willingness to engage in the process of developing more inclusive work practice. The feedback also shows the need for provision of specialist training and development for staff working in general services.

However, when asked how relevant this training was to their role 78% of participants strongly agree and agree that the session is relevant to their professional role, 21% felt neutral about this. The ambivalence of 21% of participants may indicate that minority groups are not seen as primary users of a service. Leeds GATE staff also expressed concerns about some service practitioners' willingness and ability to taken on learning from their training and make changes in the workplace that would benefit their members.

DON'T BE BEAT

KEY THEMES & RECOMMENDATIONS

LEEDS GATE

KEY THEMES FROM LEEDS GATE MEMBERS' EXPERIENCE OF THE SERVICE

The positive and wide-ranging impact of the MHAS was a clear thread throughout interviews with members. All members reported that they felt valued, that staff were culturally competent, the service was taking into account their needs. Moreover their existing relationships and familiarity with Leeds GATE gave them trust in the service. Leeds GATE's wider structures of participation and community ownership ensured that its members felt safe and like the service belonged to them.

When discussing the accessibility of the service there were some key themes which emerged, we have illustrated these below with quotes from interviews with members:

Sense of belonging and understanding

- "They know us and are like family. I just feel comfortable that they understand us."
- "Everything you need is at GATE. The people all care about us and they understand our lives and make us feel welcome. We feel like we are a part of GATE and we feel important."
- "When I go there for help I am not going to see strangers, I feel comfortable. I can come and talk to a member of staff and go away feeling a lot better and different."
- "Experience so far has been amazing, we have support and get pointed in the right direction. I don't feel judged and they understand how Travelling people live and work and our issues."

Listening

- "Very easy to get help with GATE. They listen."
- "The staff help me the best they can, they take good care of me and listen to me."
- "I can trust them; they listen to me and I feel wanted."

Responsive

- "Very accessible, call and texts responded to quickly, advocate gets back to you and puts you on the right path."

- “I normally get an appointment within a couple of weeks of ringing or asking for an appointment and it has parking and you don't have to pay to park so that’s good, also it’s in a good location and not in a town.”
- “I am 100 percent happy; they can be rushed off their feet bless them, and they still make time. I am guaranteed I will always be seen when I have a problem.”
- “If we want to come to the office on a Thursday to the drop in we still get seen.”
- “Yes I find them easy accessible, we can always have one to one on the phone if they aren’t available in person. We get seen pretty quickly by different people and if there is an emergency, I will always get seen by someone.”

Engagement with statutory and non-specialist services

In line with Leeds GATE’s aim to ensure that Gypsy and Traveller communities in Leeds have better Mental Health support, the advocacy team at Leeds GATE also engaged in work to strengthen understanding and partnerships with statutory mental health services. This happened on a case by case basis and is also reflected in learning under outcome 3: Gypsy and Traveller communities in Leeds and those that support them will have more frequent and more effective conversations about mental distress and suicide.

KEY MESSAGES AND RECOMMENDATIONS

Through collaboration with Leeds GATE staff, and members some key messages and recommendations were developed from feedback and insights the project yielded. Many of these key messages and recommendations are directly from Gypsies and Travellers and have been kept in their own voices.

Throughout the Mental Health Advocacy project Leeds GATE held discussions with its members about the high levels of poor mental health and suicide experienced in the Travelling community. Leeds GATE members were involved throughout the project and have provided the following recommendations and messages to each other:

RECOMMENDATIONS FROM GYPSIES AND TRAVELLERS FOR GYPSIES AND TRAVELLERS

- Travellers need to talk more about mental health and suicide and without feeling shameful.
- Men should talk more and recognise that having poor mental health does not make you 'less of a man'.
- Look out for the people around you, if you are worried about them, take them somewhere quiet and talk to them. Help them to get help.
- Don't accept suicide and bad nerves as a way of Traveller life. Do not pass this acceptance down to your children and let it stay in generations.

- More Travellers should be supportive to LGBTQ+ community members and understand the impact that isolation, hate crime and fear has on mental health and suicide rates.
- There is help available and it is there for everyone.
- Seek support and speak with your GP, an organisation like Leeds GATE or somebody you trust.
- Do not keep it to yourself because it builds up and gets worse.
- If you have a bad experience when trying to speak with health workers, speak to someone like Leeds GATE who can challenge this and help you.
- Understand that mental health issues is a common problem which affects everyone from all communities.

Members who were interviewed were also asked about their experiences of accessing mainstream services and what they could do differently. We have drawn out the themes below:

RECOMMENDATIONS FROM GYPSIES AND TRAVELLERS FOR SERVICES

LITERACY IS A BARRIER

- "They are not accessible they don't understand and think we are stupid they expect you to read and don't understand why you can't read."
- "I have been told on a couple of occasions that they aren't paid to fill in forms or they don't have time for this. It's usually receptionists."
- "Nobody wants to spend the time filling in our forms and they make us feel stupid."
- "It's easier to use GATE, they understand Gypsies and Travellers. They understand I can't read or write so they don't make me feel stupid."

FEELING UNWELCOME AND JUDGED

- "I don't have any problems with reading and getting to places but they don't like us. "
- "They don't have time and patience to talk to me."
- "I felt unappreciated and unwanted. I felt they couldn't be bothered with me because I am a Gypsy and unimportant."
- "They just treat us differently to other people. Sometimes they roll their eyes at us when they see us coming."
- "They just don't care about Travellers. They think we are not good people."

RECOMMENDATIONS FROM GYPSIES AND TRAVELLERS
WHAT COULD OTHER SERVICES DO DIFFERENTLY?

LISTENING

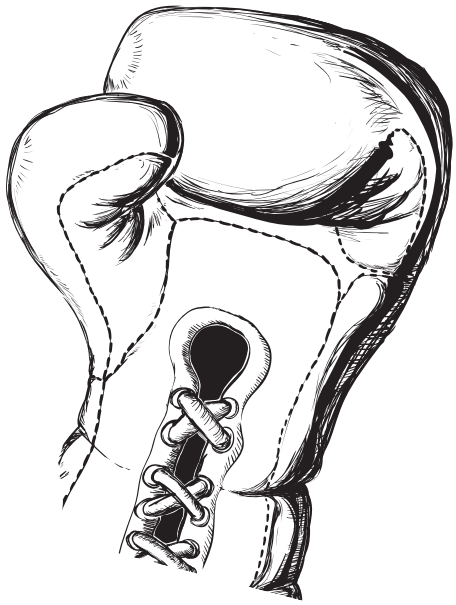
- "Make Travellers feel important and really listen to them, take extra time in appointments', make them feel they are heard and important. Not think of us as just a Gypsy."

OUTREACH

- "Mainstream services should do more outreach and visit sites like they would other people."

BE WELCOMING

- "Be more friendly, treat us the same as the other customers because they don't treat us the same."
- "I think they should spend more time with Travellers. For example they should advertise that they want to work with Travellers and they are welcome"
- "To prove to us that they want to work with us and help us instead of ignoring us"



RECOMMENDATIONS FROM DON'T BE BEAT
TO PROFESSIONALS

The following recommendations were created as part of this evaluation and incorporate direct feedback from the Gypsy and Traveller Community and Leeds GATE staff, who together built a successful specialist and culturally competent service delivery model.

Research
The Department of Health should lead a taskforce to further understand what the true impact of suicide is on the UK's Gypsy and Traveller communities. This should follow good practice in Ireland and should have real and tangible results such as changes to coroner's recording of ethnicity and the allocation of resource to programmes addressing this.

Co-production and Participation
Service specifications should be developed and commissioned with communities. Engagement should be sustained and meaningful not just ad-hoc consultations, this builds relationships and trust. Participation allowed members to feel heard and seen, this in turn encouraged them and others to access support. Gypsies and Travellers have a lot to offer any organisation - how can you increase participation and visibility?

Avoid using jargon
Checking in that everyone has understood what is being said, especially when prescribing medication and using health system terms, for example, use of the word carer is not widely understood.

Suicide Alertness in Communities

Programmes such as SafeTalk have been found to be effective in delivering impactful messages and increasing confidence, however, there are barriers to participation for those without a formal education. Basing community alertness projects at embedded community organisations allows conversations to be ongoing and iterative - leading to more lasting change. Commissioners should consider how they can best support community led and co-produced responses to suicide alertness and prevention for Gypsies and Travellers and consider how accessible a general service provision really is for these communities.

Maintaining professional boundaries

A common experience of Leeds GATE members was that service providers delivering outreach to sites seemed more interested in learning about Gypsies' and Travellers' way of life than in the needs of the individuals. Inappropriate questions from professionals, become a barrier to seeking support.

Consistency

This is key to being able to build trust with members of the community. Members frequently commented that being able to build a relationship with those in a service team helped them feel more able to access support. Relationships do not need to be limited to one service worker, and organisations should consider how they build trust across a team.

Literacy

Having accessible information and discreet ways of seeking support around literacy are effective and avoid embarrassment. Leeds GATE and Leeds CCG had used a literacy help card model, which members felt had been very helpful in seeking support and reducing embarrassment.

Opportunistic Care

When someone seeks support, ask how everyone is. Due to high levels of suicide, poor mental health and higher than average caring responsibilities, it could be that the whole family is struggling. Ask everyone how they are and offer separate visits, this lets people know that you care and want to support them.

Partnership work

Work with specialist support organisations, outreach projects and community organisations, this will help to build trust and engagement.

Outreach

Conduct your outreach in the exact same way as you would to other communities. Members experience everyday racism and have often been refused goods and services because they live on a site or camp, this is a key barrier to building relationships and trust. Contact a partner, do a joint visit.

Increase Visibility

Display posters with clear messages to Gypsy and Traveller communities, they will feel more included and will trust the service more. Does your service monitor Gypsy and Traveller ethnicity? If not, ask why.

Up-skill

Engage with specialist organisations and communities to increase your understanding. Many people hold preconceived ideas about Gypsies and Travellers and get their information from unreliable sources. Investing in your organisations knowledge and understanding of communities' strengths and their experiences of oppression will help you to deliver a better service.

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WE WOULD LIKE TO THANK

All the members who took part in this project and spoke openly and bravely about mental health.

DON'T BE BEAT

LEEDS GATE

Leeds GATE VALUES

- Leeds GATE is **welcoming**
- Leeds GATE believes that **everyone is equal and can be included**
- Leeds GATE **belongs to** Gypsies and Travellers
- Leeds GATE believes that **people should be safe**
- Leeds GATE is **honest and open**
- Leeds GATE is **brave and creative**
- Leeds GATE **doesn't make promises that can't be kept**
- Leeds GATE respects people's **privacy**
- Leeds GATE **helps people to help themselves**

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