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An Exploration of community-based Mental Health Interventions for and with Irish Travellers

Lina Scharf

Erasmus Mundus Master in the Psychology of Global Mobility, Inclusion and Diversity in Society

Supervisor:
Carla Moleiro, Associate Professor at ISCTE - Instituto Universitário de Lisboa

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Department of Social and Organizational Psychology

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I want to thank all the participants of this study for taking the time to talk to us. Without your insights and experience regarding this topic, this project would not have been possible the way it was done. I hope that with this piece of research, we can make a meaningful contribution to how to move forward in terms of designing sustainable projects to tackle the mental health situation of the Irish Traveller community in Ireland. I also want to thank both of my supervisors, Dr. Carla Moleiro and Dr. Anca Minescu, for their continuous support throughout the process of writing this dissertation. In closing, I want to express my deepest gratitude towards my Global MINDS cohort: Aline, Catarina, Feli, Imke, Justine, Lizzy, Maria, Miguel, Mona, Umit and Vitória. I am grateful that I could make this experience with you. We can be proud of how far we all have come.

Guiding Principle & A Note on Language

This report follows the guiding principle that members of ethnic minority groups are experts on their own experiences and needs and should therefore be involved in the whole process of finding solutions for the mental health situation of their community (Joyce et al., 2022). This report uses the terms “Traveller” and “Traveller community”, acknowledging that these terms have been imposed on the community by the majority population, as described by Joyce and colleagues (2022). The term “settled people” is used by Travellers to refer to said majority population in Ireland, which is why we use it here as well.

Resumo

Estudos têm demonstrado que a comunidade de Irish Travellers apresenta um estado de saúde mental com piores indicadores do que a sociedade maioritaria na Irlanda (McGorrian et al., 2013; McKey et al., 2022). O presente estudo teve como objetivo explorar projetos liderados pela comunidade que promovem o bem-estar dentro da comunidade de Irish Travellers. Além disso, foram examinados fatores importantes que influenciam a situação da saúde mental na comunidade, de acordo com um quadro teórico ancorado nos determinantes sociais da saúde. Foram realizadas entrevistas semiestruturadas com cinco participantes que pertencem à comunidade ou já trabalharam com seus membros no domínio da saúde mental. Os participantes foram convidados a elaborar os objetivos e atividades de sua iniciativa e a fornecer orientações sobre as boas práticas para as pessoas que desejam trabalhar com a comunidade no futuro. Os resultados mostraram que a opressão estrutural da comunidade Traveller deve ser considerada como um dos principais fatores de influência na baixa qualidade da saúde mental dos membros da comunidade. Em segundo lugar, os participantes defenderam uma abordagem de capacitação e enpowerment da comunidade, incluindo o estabelecimento de confiança mútua e a construção de colaborações. Por fim, os participantes abordaram a necessidade de uma mudança de perspetiva para alterar a dinâmica entre a comunidade de Irish Travellers e sociedade irlandesa maioritária, o que implica investigar igualmente o seu papel na dinâmica opressiva.

Palavras-chave: Irish Travellers, determinantes sociais de saúde, saúde mental, intervenções comunitárias, boas práticas

Abstract

Studies have shown that Irish Travellers have a lower mental health status than the settled people in Ireland (McGorrian et al., 2013; McKey et al., 2022). The present study aimed at exploring community-led projects that promote mental wellbeing within the Traveller community. Moreover, important factors influencing the mental health situation within the community were examined, in line with a social determinants of health framework. Existing projects within the community and their characteristics were documented, following a qualitative approach. Semi-structured interviews were conducted with five participants who either belong to the community or have worked with its members regarding the topic of mental health. Participants were asked to elaborate on the goals and activities of their initiative and to give best practice advice for people who want to work within the community in the future. The results showed that the structural oppression of the Traveller community by the settled people must be considered as a major influencing factor of community members' low mental health status. Secondly, participants advocated for a community empowerment approach, including the establishment of mutual trust and the building of collaborations. Lastly, participants addressed the need for a change of perspective to change the dynamics between Travellers and settled people, which entails researching the settled people and their role in the oppressive dynamics equally.

Key words: Irish Travellers, social determinants of health, mental health, community-led, best practice

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Chapter 1: Literature Review & Theoretical Background

This dissertation examines existing community-led mental health programs within the Irish Traveller community in Ireland. Prior research has shown that this community has a much lower health status than the settled people (AITHS, 2010; Linehan et al., 2022). Moreover, several studies have shown that so-called 'mental health interventions' have not worked well in the past (Goward et al., 2006), as they are considered inadequate by community members (AITHS, 2010). Considering the mental health status of Irish Travellers, as well as the discrimination they are experiencing in all areas of their lives (Quirke et al., 2022), this research is timely and necessary. Following a participatory action approach, this dissertation aims to consult with community activists to come up with best practice advice for future mental health projects that the current mental health services fail to address. By choosing this approach, this study is one of the first ones to document in detail what and how community members from the Irish Traveller community have done to help their community deal with the difficult topic of mental health.

In the first chapter, the concept of mental health, as well as the role of (community-led) interventions in general, will be explained. Afterward, a social determinants of health framework is considered as a base to explain the mental health situation of Irish Travellers in Ireland. The literature review is concluded by examining what researchers have listed as best practices for mental health interventions within this community in the past, as well as outlining what the present study does to address possible problems and challenges. The second chapter of this dissertation outlines the methodology of this study, by justifying a qualitative approach and describing the process of the recruitment of study participants, ethical considerations, data collection as well as data analysis. The process of conducting semi-structured interviews will be explained in detail. A third chapter outlines the results of this dissertation, by describing the themes that were identified from the interview data of the participants. Direct quotes and figures will be used to visualize these results as well as make them more accessible to the reader. Lastly, the results of this study will be discussed in the fourth chapter of this dissertation, bearing in mind the previous literature and knowledge that exists in this field of research. To conclude this report, guidelines or possible steps for future research will be proposed.

1.1. Mental Health & Role of Interventions

Mental health is described as a state of personal well-being, which enables an individual to cope with challenging life stressors and at the same time strive for self-optimization (World Health Organization, 2001 a). To some extent, mental health depends on social justice (Brundtland, 2000). In their report on how to promote mental health, the World Health Organization (WHO) stressed that mental health influences all aspects of human life (WHO, 2004). Consequently, mental illnesses contribute negatively to the quality of life; for example, causing long-term disabilities and raising the mortality rate (Prince et al., 2007). Mental health problems account for approximately five out of ten causes of disabilities worldwide, with the leading causes being for example schizophrenia, major depression, or bipolar disorders (Brundtland, 2000).

Bonevski and colleagues (2014) described researchers as being in quite a powerful position when it comes to influencing health outcomes and health inequalities. Regarding health disparities, little is known about where, when, and how to intervene (Braveman et al., 2011). What is known, is that these inequities need to be tackled through interventions (WHO, 2004). So far, a lot of interventions promoted mental health on an individual level (Castillo et al., 2019). According to Bronfenbrenner (1977), a certain problem always exists in an ecology of distinct levels, not just the person. While the individual level appears in this approach, it goes further into how the different social systems around that individual influence each other and therefore create an environment that needs to be acknowledged when looking at the mental health issues of the individual. Therefore, the role of community engagement in mental health interventions will be examined below.

1.1.1. Community Engagement in Interventions

While the focus of past research has always been to explore how community members could be included in mainstream health services, little attention has been paid to actions from members of vulnerable communities themselves to promote positive well-being. Since community members are the experts in their experiences (Jason et al., 2019), community-based mental healthcare approaches are essential to address health and social equities (Castillo et al., 2019). On that note, it is important to mention that several researchers and activists have expressed their concerns regarding the possible “tokenism” of community members (Omeni et al., 2014). More community development programs and programs targeted specifically at vulnerable groups are

two key recommendations proposed by the World Health Organization in 2004. To achieve this, it is vital to acknowledge challenges or barriers arising from this resolution, keeping in mind that there is no one solution for everything (Bonevski et al., 2014).

Baskin and colleagues (2021) found that ethnic minorities tend to engage in mental health topics via their cultural networks rather than through health professionals. So-called lay support systems are crucial when it comes to helping people with ill mental health (Oliver et al., 2005). In the same study, the authors could identify friends and relatives as the main sources of help (Oliver et al., 2005). These findings are supported by the Participatory Action Research Model for ethnic minorities (Tsey et al., 2007). This approach is based on the concept of empowerment, which is described as a construct "that involves people assuming control and mastery over their lives" (Wallerstein, 1992, p.198). In other words, the still widespread perception that help for communities needs to come from the outside, is criticized and replaced by the assumption that Indigenous communities consist of resilient and creative people trying to do their best in their everyday life (Tsey et al., 2007).

Such an empowerment approach is also one of the principles of community psychology. The goal of community psychology is to understand the complex interaction between the individual and their environment, to create social change (Jason et al., 2019). This change is especially reserved for those who already have limited resources. A factor that is crucial to consider in this context is community capacity (McLeroy et al., 2003). The authors describe community capacity as a resource, a necessary condition as well as a "desired outcome for community interventions" (p. 531). What needs to be considered is the fact that the mobilization of community resources is a promising approach when it comes to increasing the accessibility of interventions (Tatari et al., 2021). As a result, engaging communities in the development of interventions has been shown to have a positive impact on the community members' health status as well as reducing health inequalities (Haldane et al., 2019). Community engagement strategies are also proven to improve the trust between services and service users, especially when it comes to marginalized populations (Buggle, 2020). Thus, the overall goal of community interventions was described as to balance unequal power relations by shifting the focus from research knowledge to the actual use of research in practice (Tsey et al., 2007).

1.2. Social Determinants of Health Framework

When looking at the existing health gaps between certain groups of society, the theoretical framework of the social determinants of health (SDOH) became increasingly more relevant over the last years. They are defined as "conditions under which people are born, grow, live, work, and age (…) shaped by the distribution of money, power and resources at global, national and local levels" (WHO, 2023). The different determinants are often interrelated and influence individual health outcomes (AAFP, 2018). The most common social determinants referred to in prior research are accommodation/housing (Molokhia & Harding, 2021; AAFP, 2018), education (Bambra et al., 2010), employment (Braveman et al., 2011), racism/discrimination (Gee, 2002), socioeconomic status (Braveman & Gottlieb, 2014), poverty (Braveman & Gottlieb, 2014), and access to healthcare (Bambra et al., 2010; WHO, 2008). As stated above, these factors are linked to higher mortality rates in ethnic minorities (Mahmood et al., 2021), which is why it is crucial to look at this framework when talking about the (mental) health of ethnic minorities. Studies have shown that with increasing the socioeconomic position of a person, their health also increases (Bambra et al., 2010; Braveman & Gottlieb, 2014). According to the World Health Organization, health gaps are especially apparent between rich and poor social groups, as well as between advantaged and marginalized groups of society (WHO, 2008). In the following, the most common SDOH will be described and applied to the case study of this research. When it comes to the Irish Traveller community, several researchers have stressed the importance of these determinants to explain the community's mental health situation (e.g. Goward et al., 2006; Hodgins et al., 2006; McGorrian et al., 2013; Villani & Barry, 2021).

1.3. Case Study: Irish Travellers and SDOH

1.3.1. Who are the Irish Travellers?

The Irish Travellers are an ethnic minority group indigenous to Ireland (McGorrian et al., 2013; Villani & Barry, 2021). In the Equal Status Act of 2002, the community was described as a "community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions, including historically, a nomadic way of life on the island of Ireland" (Government of Ireland, 2002). While Travellers are originally from Ireland, they also live in Great Britain and other European countries (McGorrian et al., 2013). Several studies have shown that Irish Travellers share a certain value system, culture and language that is distinctive from the majority population

(AITHS, 2010; Linehan et al., 2002; McGorrian et al., 2013). This and the fact that the settled population oftentimes lacks an understanding of the Traveller culture (Moore, 2012), is one explanation for their history of separation from each other (McKey et al., 2022). In other words, defining themselves as being culturally distinct lies at the core of the Irish Traveller identity (Moore, 2012), while they still strongly identify as Irish (Pavee Point, 2011).

The word "Traveller" is the translation of the word "an lucht siúil" which means "the walking community" and indicates the affinity to a nomadic lifestyle (McKey et al., 2022). Numerous studies pointed out that nomadism is considered a state of mind even if a person is not actively traveling (Moore, 2012; Van Cleemput & Parry, 2001). In their traditional language "Cant" or "Shelta" (Fitzpatrick et al., 1997), a language variation of old Gaelic (Kelleher et al., 2012; McGorrian et al., 2013), Irish Travellers refer to themselves as "Minceir" or "Pavee" (McKey et al., 2022). Family bonds, community mutual support as well as Roman Catholicism (Allen, 2012) are extremely valued by most members of the community (Moore, 2012; Quirke et al., 2022).

Officially recognized as an ethnic minority by the Irish government in March 2017 (McKey et al., 2022), Irish Travellers represent about 0.7% of the general population in Ireland (CSO, 2016). Demographically, it is a noticeably young community, with 50% being 15 years old and only 1.3% being older than 65 years old (AITHS, 2010; Linehan et al., 2002). The average age of a Traveller lies at 22.4 years compared to one of a person outside the Traveller community, which lies at 36.1 years (Browne, 2015). In the following, we will elaborate on specific SDOHs that are relevant to this community. This is necessary to achieve an appropriate understanding of the complex situation in which the Irish Travellers find themselves (Browne, 2015).

1.3.2. Accommodation

Accommodation or housing stability are important aspects of a person's health. Overcrowding, unsafe neighborhoods, or homelessness are factors that lead to housing instability which influence a person's (mental) health negatively (American Academy of Family Physicians (AAFP), 2018). A study done by Molokhia and Harding (2021) showed that ethnic minority group members are more likely to live in deprived areas or neighborhoods than members of the mainstream population.

Despite their nomadic culture, many Irish Travellers live in houses or concrete accommodations nowadays (Van Cleemput & Parry, 2001). The image a lot of settled people have of Travellers living in wagons is proven to be outdated (NCCA, 2023). According to the authors of a study done in Britain, the reason for this trend is twofold: First, the halting sites created for Irish Travellers are oftentimes very unsafe and unhygienic (Goward et al., 2006). In addition, local authorities are pushing the resettlement of this community into stable accommodation, or, in other words, governmental housing (Lau & Ridge, 2011). The Traveller's culture of nomadism is continuously misunderstood by the settled population (Moore, 2012), leading up to it being criminalized by the Irish state today (Collins, 2017). Even though there are many influencing factors when it comes to nomadism, people categorized as nomads are frequently exposed to marginalization from host societies (Howarth, 2022). This has detrimental effects on community members' mental health, as living in houses is associated with long-term illnesses (Buffin, 2011). In other words, the Travellers are facing an accommodation crisis because of discrimination combined with the settled peoples' lack of acceptance of nomadism (Hodgins et al., 2006).

1.3.3. Unemployment and Poverty

Another SDOH is employment. In the case of a lot of members of ethnic minorities, unemployment can be both a consequence and cause of bad (mental) health (Bambra et al., 2009). Since employed people can live in safer neighborhoods and afford better healthcare, it is not surprising that individuals without employment tend to report a worse health status (AAFP, 2018). Poverty is another SDOH that is linked to employment (Braveman & Gottlieb, 2014), or unemployment for that matter.

Irish Travellers were always involved mostly in seasonal work, tin smithing, recycling, and horse breeding (AITHS, 2010; Villani & Barry, 2021), working mostly self-employed and independently (Collins, 2017). Since this job base has weakened due to modernization, it created a barrier to economic independence and even the economic impoverishment of Travellers, while the situation for the majority population improved (Moore, 2012). This resulted in an unemployment rate of approximately 84.3% (CSO, 2012). The task force of Irish Travellers stated that "Traveller traders have survived economic changes (…) and progressed to exploit niches in modern society by trading in, for instance, antique furniture, farm gates, … tires and

carpets" (Government of Ireland, 1995, p.242). Presently, Traveller community development organizations are the main source of employment for community members (Collins, 2017).

1.3.4. Education

Bambra and colleagues (2009) showed that education can be seen as a major influencing factor in health inequalities and health in general. Limited health literacy is considered one of the reasons why ethnic minority members struggle with help-seeking in the case of a medical emergency (Primm et al., 2010).

The All Ireland Traveller Health Study (2010) showed that the Traveller community has the lowest educational status out of all communities in Ireland. This leads to high rates of school exclusion, which impacts academic achievement, social inclusion as well as the mental health of community members (Lau & Ridge, 2011). Lau and Ridge (2011) also pointed out the lack of continuity when it comes to education as a natural result of a nomadic lifestyle. A female participant in a study regarding the educational needs of the community done in Limerick described the situation as follows:

> *"It's the social part of it. It's the education. It's the understanding which comes back to the education again. A lot of times you leave school but from your own choices, it's how you are treated within school." (Anonymous, l. 7-12)*

This statement illustrates quite well the underlying problematic structures of several social determinants of health, which is racism and discrimination.

1.3.5. Racism & Discrimination

There are many existing definitions of racism to this date. Paradies and colleagues (2015) define racism as "organized systems within societies that cause avoidable and unfair inequalities in power, resources, capacities and opportunities across racial or ethnic groups" (p. 1). According to prior research, ethnic group membership and the racism that is connected to this membership pose a particularly important social determinant of health for ethnic minority groups (Braveman et al., 2011; Molokhia & Harding, 2021; AAFP, 2018). Despite this, racism was oftentimes not considered a SDOH in the past (Paradies et al., 2015). In addition, Reid and colleagues (2019) proposed that in terms of Indigenous communities, colonialism should be considered as the main

determinant of health. The World Health Organization (2008) identified the injustices that result from racist structures as the underlying cause of health gaps between certain groups.

Van Cleemput and Parry (2001) discovered that the poor health status of Irish Travellers cannot simply be attributed to age, sex, or social deprivation but rather to being a member of a socially distinct ethnic minority. In other words, membership in this ethnic group predicts poor health (Van Cleemput & Parry, 2001). Many advocates of the Irish Traveller community regard discrimination as the main factor contributing to the community's ill health (Buggle, 2020). This racism has its roots in the fact that Travellers lacked land of their own due to their nomadic culture and therefore they were considered not to have roots in the land (MacLaughlin, 1996). According to the author, that is the reason why settled people tend to see Travellers as having no history up to this day (MacLaughlin, 1996). MacGréil (1996 & 2010) showed that between 1996 and 2010, discrimination towards Irish Travellers increased. When it comes to finding accommodation or being served in a restaurant or pub is when the most discrimination is experienced by community members (McGorrian et al., 2013, Villani & Barry, 2021). Joyce and colleagues (2022) found that a lot of Travellers reported racist behavior towards them by a judge or the gardaí, which leads to Travellers being significantly less trustful in the justice system than settled people. In this context, what comes to mind is that this phenomenon could be closely related to the fact that community members are frequently associated with crime, oftentimes without reason (Hayes & Acton, 2006). In a study done by O'Connor and colleagues (2019), almost a quarter of the participants endorsed anti-Traveller discourse, "regardless of whether they are on the roadside or in houses" (Walker, 2008, p.53). Contributing to the prejudice expressed by settled people, which is oftentimes based on fear and ignorance, is the minimal contact between the settled population and the Irish Travellers (Fitzpatrick et al., 1997). To justify their discriminatory behavior towards Travellers, settled people rely on stereotypes of Travellers being lazy, lacking morals, and behaving in deviant ways (O'Shea Brown, 2020). The problem is that it has been normalized to show racist behavior towards members of the Traveller community, which has made it socially acceptable (Page & McGlinchey, 2022). All these examples show the prevalence of racism and discrimination towards Travellers not only in the past but this day.

In their study, McGorrian and colleagues (2013) stated that the "perception of hostility is in itself damaging to mental health" (p. 570). Considering that higher levels of lifetime

discrimination are associated with more perceived stress, it is alarming that Irish Travellers score higher in perceived stress than the majority population (Lee, 2022). In general, experiences of discrimination are associated with negative outcomes like suicidal ideation, low self-esteem, and mental illness (Quirke et al., 2022). In other words, discrimination, of institutional as well as personal nature, leads to community members having a poorer health status than settled people (Gee, 2002). Research has shown that racism is also associated with lower life satisfaction, anxiety, and depression, as well as a tendency to engage more in unhealthy behaviors like alcohol and drugs and less in healthy behaviors (Paradies et al., 2015; Williams et al., 2019). Moreover, community members are confronted with institutional racism in the form of health services designed specifically for the majority population (Quirke et al., 2022). As a result, people with experiences of discrimination show reduced healthcare-seeking behaviors (Williams et al., 2019).

1.3.6. Access to Health Services

Irish Travellers are considered hard to reach when it comes to accessing health services and evaluating health parameters (Goward et al., 2006; Quirke et al., 2022). To put it simply, the circumstances that were elaborated on above exclude them from accessing adequate health services (Van Cleemput & Parry, 2001). Kelleher and colleagues (2012) stressed that it is difficult to provide appropriate health services to mobile communities. While access to health services varies between countries, they are oftentimes not accessible to ethnic minorities (Shibli et al., 2021). While the AITHS (2010) found the access to health services to be at least as good for Irish Travellers as for the settled population, it became evident that Irish Travellers have lower use of health services than the Irish settled population (Buggle, 2020). Multiple studies have shown that a reason for this lack of engagement is that this population is dissatisfied with mainstream health services (AITHS, 2010; McGorrian, 2013).

One reason for this dissatisfaction is that mental health tends to be negatively conceptualized in the Irish Traveller community, for example as an equivalent to depression (Villani & Barry, 2021). While mental illness itself is still highly stigmatized in the 21st century (Brundtland, 2000), Mahmood and colleagues (2021) also found that for ethnic minorities, the topic of mental health itself is still considered taboo. Attitudes of service staff, including poor communication towards the patient and a lack of sensitivity regarding taboo topics are only a few examples of what Irish Travellers are up against when engaging in the health system (McFadden

et al., 2018). When it comes to trust in health professionals, Travellers showed much lower levels of trust than settled people (AITHS, 2010). According to Buggle (2020), this low trust especially towards healthcare professionals comes from prior bad experiences this community had over the years. In the domain of social work, it is specifically manifested due to a fear of losing children to care, a fear that is historically informed (Lau & Ridge, 2011). Mistrust in health services (Lee et al., 2009; McFadden et al., 2018; Williams et al., 2019) can therefore be considered as one major reason for this community's dissatisfaction with those. The impression that doctors and GPs would not listen or try to understand them only intensifies this feeling of mistrust (AITHS, 2010). The lack of cultural appropriateness of existing services leads to immense delays in professional help-seeking and more engagement in their cultural networks, where there are no cultural barriers (Baskin et al., 2021). Research showed that in terms of health needs, Irish Travellers are frequently under-served (Malone et al., 2017) while their health has been researched extensively (McFadden et al., 2018). To change this, Traveller's health beliefs need to be acknowledged and understood to design appropriate health services for this community (Van Cleemput et al., 2007).

1.3.7. The Role of Intersectionality

Gender poses another powerful SDOH (WHO, 2004), which requires an intersectional understanding of gender in combination with minority group status (Bergin et al., 2017). In the context of mental health, apparent gender differences between Traveller men and women (AITHS, 2010) should not be overlooked to understand the complex interaction between culture and health and the resulting intersectional identities. The Team of the All Ireland Traveller Health Study (AITHS, 2010) found that while men seem to have as many mental health problems as women, they hardly talk about them. The men who did express themselves seemed very fatalistic in outlook and highly pessimistic (AITHS, 2010). In contrast, women reported feelings of isolation, low self-esteem, and depression (Moore, 2012). Regarding support in situations of bereavement, men are considered especially hard to reach due to poorer emotional literacy and masculinity standards in the community (Tobin et al., 2020). Moreover, in the study by McFadden and colleagues (2018) it became evident that while men experience more difficulties talking about their mental health, women report a lack of autonomy when it comes to making health-related decisions. This pattern regarding gender differences in seeking healthcare could be explained by the fact that for men, sickness equals weakness and therefore accessing healthcare would indicate a loss of personal control on their behalf (Moore, 2012). The lack of autonomy

reported by women of the community falls in line with the fact that the Irish Travellers describe themselves as a very patriarchal community, with gender roles clearly defined (Keogh et al., 2020). Viewing the Traveller community as a homogenous group, which happens a lot in the field of research, individual differences remain unrecognized (Moore, 2012). This lack of cultural sensitivity regarding the consideration of gender was considered a major barrier to accessing healthcare by Thompson and colleagues (2022).

1.4. (Mental) Health Status of the Community

The section above outlined the factors that influence the (mental) health situation of the Irish Traveller community. Several studies have shown that Irish Travellers tend to have a lower health status than the Irish majority population (Goward et al., 2006; Linehan et al., 2002; McGorrian et al., 2013; McKey et al., 2022; Villani & Barry, 2021). In this context, the poorer health status refers to limited mobility as in usual activity, and overall health problems (Van Cleemput & Parry, 2001). This phenomenon is not exclusively specific to Irish Travellers but also to other ethnic minorities worldwide (McGorrian et al., 2013); for example, the Indigenous communities in Canada, the New Zealand Maori, the Roma population across Europe and the Aborigines (McKey et al., 2022; Villani & Barry, 2021).

Research has shown that Irish Travellers have a shorter life expectancy as well as higher infant mortality and mortality rates than the majority population (McKey et al., 2022). Other signs of ill health are functional disorders and psychiatric difficulties (Goward et al., 2006). Abdalla and colleagues (2013) also examined the health expectancy of this community, which can be defined as the estimated number of years a person will continue to live in good health. The authors stressed that health inequalities are easily underestimated if one only looks at life expectancy (Abdalla et al., 2013). As levels of depression and anxiety are extremely high in this community (McGorrian et al., 2013), they are likely to lead to alcohol or substance abuse (Van Hout, 2010). In Ireland, the consumption of alcohol is culturally accepted and oftentimes not even seen as threatening to health.

Another huge indicator of poor mental health in this community is suicide (Goward et al., 2006; Linehan et al., 2002; McGorrian et al., 2013; Tobin et al., 2020; Villani & Barry, 2021). With suicide rates approximately six times higher than in the majority population, it accounts for 11% of the deaths in the community (Browne, 2015; Villani & Barry, 2021). Moreover, Keogh

and colleagues (2020) found 70% of suicides in the community to be first attempts, which is an indicator of a lack of help-seeking among community members. On one hand, what could account for these tremendously high suicide rates are the detrimental living conditions on halting sites (Moore, 2012). Gul et al. (2021) on the other hand expect the roots of high suicide rates to lie in low income, social isolation, and inadequate access to healthcare. Suicide can also be considered an outcome of untreated depression in the community (Lau & Ridge, 2011). In a study done by Tanner and Doherty (2022), the suicidal ideation, as well as suicidal behaviors of Irish Travellers, were examined. Not all sets of diagnoses could be collected from all the participants because people had died by suicide, which demonstrates the seriousness of the problem. It becomes evident that "one cannot survive repeated disappointments of experience indefinitely" (O'Shea Brown, 2020, p. 153). Despite this very difficult situation, there are projects which try to influence the health and well-being of community members through creativity, for example, the 'Through Our Eyes' project (Photo Museum Ireland, 2022). This community-led program aimed to raise awareness for Traveller' individuality and the complexity of their culture (Photo Museum Ireland, 2022).

1.4.1. Recommendations from prior research

It is beyond question that there are not enough Traveller-specific mental health services in Ireland, especially for young members of the community (Keogh et al., 2020). Obstacles to healthcare, especially mental health care need to be described and addressed (McKey et al., 2022), while making sure community members are included in the delivery of health interventions (Buggle, 2020). It is also crucial for interventions to acknowledge and address intersectionality, for example between gender and ethnicity, to increase their effectiveness (Baskin et al., 2021). An intersectional approach should ensure the individual experiences of male and female community members and highlight the fact that the Irish Travellers are in themselves not a homogeneous group (Keough et al., 2020). Villani and colleagues (2021) also recommended culturally appropriate communication, building partnerships between community organizations and healthcare providers as well as appropriate health education. To build these partnerships, mutual trust and emotionally supportive relationships are invaluable (Stakem & York, 2015). A major step is bridging the gap between the knowledge of this community's health needs and the actual designing and implementation of interventions (Lhussier et al., 201).

From a methodological perspective, quantitative tools to measure the outcomes of empowerment interventions are of much-needed value, to enable the evaluation of larger studies (Tsey et al., 2007). Robust program evaluations as well as interventions to measure long-term outcomes are crucial to this field of research (Haldane et al., 2019). The fact that most relevant interventions are not accessible in the literature due to publication bias makes finding appropriate interventions to tackle the health problems of the Traveller community even more difficult (Baskin et al., 2021). Lastly, adequate access to health services is crucial when it comes to promoting mental well-being. According to Lau and Ridge (2011), a lot of premature deaths in the Traveller community could have been prevented if the community had adequate access to healthcare.

1.5. The Present Study

This study documents existing initiatives/ projects within the Irish Traveller community that deal with the topic of mental health. So far, there is a scarcity of research on community-led initiatives to develop and implement interventions on mental health in this community. Founded partly by community activists who chose different approaches to address this topic in their community, these initiatives are examples of the participatory action approach described above. Just how these projects were brought to life and how they individually shape the community was examined by asking those who are the greatest resources in the Irish Traveller community – the community members themselves and those who work with them. Based on the outline above, this study examines the following research questions:

1. *What are existing projects/initiatives around the topic of mental health in the Irish Traveller community?*
2. *What role does community participation play in these initiatives?*
3. *How do the existing initiatives reach the community?*

1.5.1. Research Aims and Benefits

This study aims to document existing initiatives in the Irish Traveller community that are accessed by community members and people closely working with them to improve their mental health and their knowledge of health matters. While some of these initiatives may have better reach and impact than the limited access to mainstream health services, no systematic research has documented this to date. Since the activists are all members of the community themselves,

they can give unique insights into the features of initiatives/programs that one should ensure for the program to have maximum impact. An analysis of common features of community-based initiatives will allow us to suggest best practices for mainstream mental health interventions which do not seem to be accessible or useful to Irish Travellers. One other benefit is the formal recognition of community-based and community-led projects which should empower the activists/community leaders so that new initiatives and projects can be developed adequately.

Chapter 2: Methods

2.1. Sample

The participants of this study were of different genders (male, female, non-binary) and all above 18 years old. The sample consisted of five people (N = 5), three of which are part of the Irish Traveller community. The others have run an initiative within the community over the past five years (2016 – 2022). In this report, we refer to the participants as "community leaders" or "activists".

2.2. Design

This is a qualitative study, and the focus of this research is the documentation of the programs/initiatives related to mental health, run with and for the Irish Traveller community. The Irish Travellers are an over-researched population (McFadden et al., 2018) and already expressed so-called research fatigue in the past. Because of that, we were very mindful to ask people who have experience with running a project to ensure they are comfortable talking about topics related to mental health. Collecting narrative data from individuals enables researchers to gain more knowledge of their phenomenon of interest (Moser & Korstjens, 2017). According to Song and colleagues (2010), qualitative research is the method of choice when it comes to the development, implementation, and testing of interventions. Another huge benefit of qualitative research is the fact that "it can bring deeper appreciation and understanding across cultures" (Ponterotto, 2010, p. 583), which is also key in this research. Smaller sample sizes in qualitative research serve the purpose of examining a phenomenon in more depth than would be possible in quantitative research (Gill, 2020). According to Boddy (2016), even single-case studies can provide complex and fruitful insights, therefore the question of what sample size is appropriate can only be answered when considering the context and the research paradigm. Following the approach of information power, it is more important to have richness in the data than a huge sample size (Malterud et al., 2016). In their paper, the authors describe information power as the richer the data, the smaller the sample size needs to be (Malterud et al., 2016).

2.2.1. Semi-structured interviews

Among observations and focus groups, semi-structured interviews are one of the most common methods of data collection in qualitative research (Adeoye-Olatunde & Olenik, 2021).

Conducting online interviews supposedly make participants' responses less inhibited as it allows a greater degree of anonymity (Jowett et al., 2011). According to the authors, this is especially relevant for participants from vulnerable or stigmatized populations, as was the case for this study. The fact that semi-structured interviews allow the researchers to explore certain aspects in more detail while still having focused questions (Adeoye-Olatunde & Olenik, 2021) was one reason why we chose this method for the study. Another advantage is that using participants' original quotes brings "Color and life to the research subject" (Harvey-Jordan & Long, 2001, p. 219).

2.2.2. Materials

The materials used for this research study consisted of recorded interviews and written transcription for analytic purposes. The guide for the semi-structured interview consisted of nine open-ended questions which aimed to explore the participant's initiatives inside the Irish Traveller community as well as the initiative's connection to the topic of mental health. To be able to be completely open to the study participants and their experiences, this manual served as a guide for the researchers only. Adeoye-Olatunde and Olenik (2021) suggested that it is important for the interview guide to focus on each unique interview and its conversation flow while providing some kind of structure. According to the authors, a pilot-testing of this interview guide can also be helpful (Adeoye-Olatunde & Olenik, 2021). The order of the questions was flexible for each interview. Participants were asked more concrete questions like "Can you describe the Mental Health Initiatives? How did they come about, what activities took place, where and who participated?". At the same time, they had the opportunity to go deeper into the aspects of these initiatives that seemed important to them. One of the more open questions was, for example, "What inspired you to do this kind of project?".

2.3. Procedures

2.3.1. Ethical Considerations

This study received ethical approval from the Research Ethics Committee (EHSREC) at the University of Limerick (April 13th, 2023, ID: 2023_02_09_EHS). The participants were expected to be well informed about the topic of mental health, especially within the Irish Traveller community, as they are exposed to these issues in the context of their initiatives/ programs. Nevertheless, there is a certain risk of triggering traumatic experiences when talking about

sensitive topics like mental health and suicide. This is why care was taken to provide support, debriefing, and making sure no participant left the interview with a feeling of distress. This ensured the rights and dignity of the research participants. According to Ponterotto (2010), the needs of diverse communities cannot be adequately addressed if psychologists do not command research skills that are culturally sensitive. Participants' personal information was kept to a minimum and only the researchers had access to them. Because of that, and the fact that the sample size of this study was rather small, we can guarantee confidentiality but not anonymity of the study participants, as lined out in the ethics application. They/them pronouns were used to refer to all the participants, to make them less identifiable. Throughout the report, the terms "Irish Travellers" or "Travellers" were used to refer to the participants as stated at the beginning of this report (Joyce et al., 2022).

2.3.2. Recruitment

After receiving ethical approval from the University of Limerick (UL), recruitment e-mails were sent out to all participants who could then indicate their availability for the study. These e-mails included an ethical consent form for participants to read through before the start of the interview. Apart from the consent form, participants were also orally assured that even if they had agreed to participate beforehand, they could withdraw their consent at any point during the study without having to face any sort of negative consequences. The study participants were identified through convenience sampling by Dr. Anca Minescu, the Co-supervisor of this study, who has professional collaborations with all of them due to prior projects, events, or conferences. She was a consultant for some of these projects and applied for similar projects with community leaders. The only inclusion criteria for this study were that participants were at least 18 years old and were either a member of the community themselves or had run a project in close collaboration with the community. Minescu acted as a gatekeeper to approach the participants, which has shown to be of value, especially in highly stigmatized communities like the Irish Travellers (Condon et al., 2019; Ponterotto, 2010).

2.3.3. Conducting semi-structured interviews

Before the interviews, participants were asked again to orally give their consent to being recorded. The individual semi-structured interviews were conducted online on Microsoft Teams by Dr. Anca Minescu and Lina Scharf. They lasted for about an hour, keeping in mind that every

interview had its flow. The interviews were recorded to transcribe the data into written form. Apart from that, according to Adeoye-Olatunde and Olenik (2021), this process allows the researchers to be more present during data collection.

2.3.4. Theoretical Assumptions

To theorize the findings of the data analysis, a couple of decisions around the theoretical framework of this study had to be made. First, the data were examined in line with a social phenomenology approach, which is defined as being "concerned with understanding the social reality which is subjectively experienced by groups of people as they go about their daily life" (Willig et al., 2013, p. 183). In other words, the focus was to reflect on the meanings of what the participants expressed during the interviews. In addition, the data were analyzed using an inductive approach (Boyatzis, 1998; Braun & Clarke, 2006), meaning that the themes are grounded in the data without having a coding frame before data analysis. This way, there was an opportunity for new themes to be generated that the researchers might not have thought of before (Willig et al., 2013). In this study, we followed a realist approach to look at participants' experiences in a rather straight-forward way (Braun & Clarke, 2006), as the goal was to capture how the participants perceive the situation in their community and what they think would make a difference in approaching mental health topics.

2.3.5. Data Analysis

After the transcription process, a thematic analysis was conducted, following the steps illustrated by Braun and Clarke (2006). The authors define it as "a method for identifying, analyzing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 6). According to Villani and Barry (2021), a thematic analysis is an appropriate approach "to identify assumptions and conceptualizations among ethnic minority groups" (p. 1453). Themes were generated to investigate whether there were commonalities between the different initiatives, while also acknowledging possible differences. After having identified and classified the themes, they were reviewed and a final list of themes and sub-themes was created. The method of thematic analysis was chosen because of its methodological flexibility, as it can be used for a wide range of paradigms and theoretical frameworks. Moreover, it is a promising method to generate unanticipated insights (Braun & Clarke, 2006), which is important in our field of research.

Chapter 3: Results

By conducting a thematic analysis of the data, several themes were generated. The classification of these themes, as well as their interaction, is shown in Figure 3.1.

3.1. Characteristics of the Traveller Community

> *"We are our own community, we're the indigenous people of Ireland, … and we are who we are, and we want to stay who we are. We're not ashamed of it, but we want to keep our identity." (P5, l. 2-4)*

Throughout the interviews, the participants kept referring to certain characteristics of the Traveller community. Most of these characteristics were directly or indirectly linked to the topic of mental health, as well as to the other themes that were identified. Thus, this theme could be seen as cross-cutting, as illustrated in Figure 3.1.

To begin with, storytelling was described by several participants as a key characteristic of the Traveller community. According to the participants, stories traditionally belong to the Traveller culture and are flexible.

> *"So, when they got that story it came with other people's worries, concerns, and hopes, and joys, and biases. So, this living thing. So, our stories aren't fixed. So, if I get a story, I can just pass it on and it can all change." (P1, l. 13-18)*

Another participant mentioned that storytellers had a lot of authority in the past, as remembering and passing on stories was considered very important to keep these stories alive.

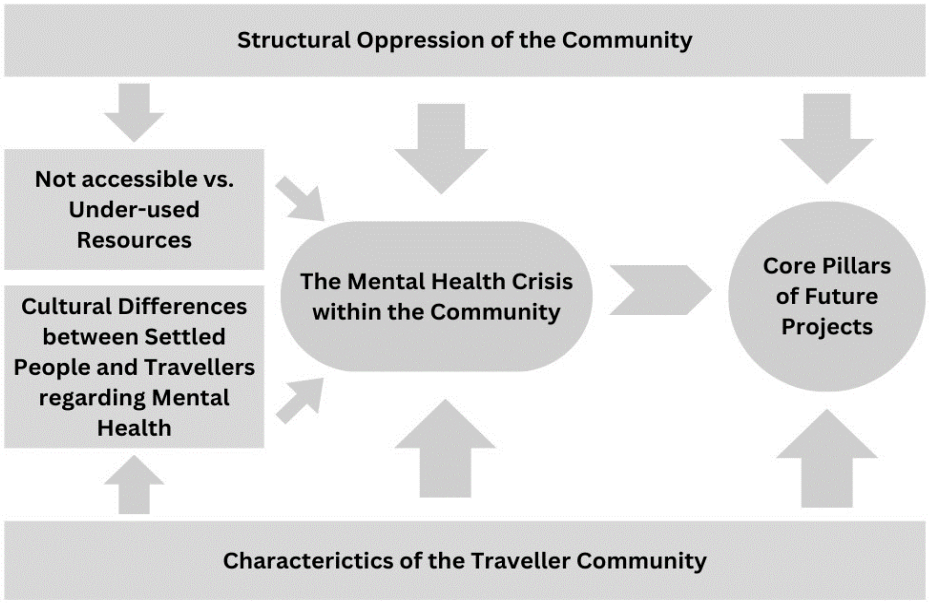
The arts were described by participants as something the Traveller community is known and acknowledged for, including the settled people in Ireland. One participant even described it as "hopefully one of the most powerful antidotes" (P4, l. 20) for the mental health problems in the community, which will be addressed at a later point. Generally, participants reported that the dynamic between Travellers and the arts is quite complex, as they see it as part of their culture.

> *"The vast majority of Travellers never see themselves as artists, even though they'll always be creative because creative arts are part of our cultural embodiment." (P1, l. 9-11)*

In addition to the quote above, it was said that being an artist is something that would be used to describe settled people but not Travellers since it is simply part of their culture. In general, participants listed writing, painting, music and dance but also metalwork, needlework, songwriting, and storytelling as part of the arts within the community.

Figure 3.1

Identified themes and their interactions



Social support and social relationships were considered core pillars of the Traveller culture. According to the participants, supporting one's family is highly valued and by supporting community members, very tight networks are created which then serve as a social support system for all community members.

> *"That's the way Travellers are. We're kind of, very social beings. We need that kind of, you know, communal. We need that all the time." (P5, l. 7-10)*

One participant described working with Irish Travellers as "one of the most supportive environments" (P3, l. 26) they had ever worked in. To understand the social relationships between community members, participants expressed the need for people to recognize and

acknowledge the underlying social structures of the community, including gender roles. The role of Traveller women was elaborated on by several participants.

> *"Like predominantly, women are the sole carers in the family and they, like I said, they may have six or seven kids. They could be living in a 2-bedroom caravan …. The stuff they have to deal with is just extraordinary and I think for people they need to acknowledge that." (P5, l. 7-29)*

Or:

> *"They are so proud going home. To their sons and daughters and saying, look what Mommy did. You can do this. (…) If Mommy can do it, the whole family can do it." (P5, l.3-9)*

Members of the Traveller community have a different understanding of certain concepts (like history, time, traveling, arts etc.) than the settled people in Ireland, according to the study participants. For example, the term "traveling" when referring to the community already holds misconceptions, as one participant tried to explain:

> *"It's not about Travellers being 'It's because I travel'. It's actually, it's all about that. It's about who they are as a culture, who they are as a people, and that's what's not understood. It is a lot more like people walking around and just wanting to walk around." (P2, l. 19-22)*

Contrarily, participants expressed that by settled people, the term "settled" is oftentimes understood as living in a house. From a Traveller's perspective, it is much more complex than that; participants stated that to be settled is defined as staying in the same place and adopting the old English customs. In general, the participants explained that the terms "Travellers" and "settled people" are just a form of labeling these two groups. When it comes to the concept of history, participants described that settled people understand it as something in the past, whereas Travellers perceive it as something ongoing, something that is happening right now. These examples illustrate the importance of acknowledging cultural differences to understand the dynamics between the settled people and the Irish Travellers.

Lastly, an important core pillar of the Traveller identity that was reported by participants was their origins. Oftentimes, Irish Travellers are seen as "failed settled people", which was

described as very damaging to their mental health. Participants expressed the importance of the Traveller's origins and that they have a lot of history since they are native to the country. A lot of connections to the Gaelic people were mentioned and they were proud in valuing this connection.

> *"Ethnic was not registered in my mind as something that was who we are. If we were to be anything, it couldn't be ethnic because we came from the **** land." (P4, l. 2-5)*

The community's origins were referred to as a crucial aspect when it comes to understanding the roots of the structural oppression the Irish Travellers are facing.

3.2. Structural Oppression of the Community

The structural oppression of the Irish Traveller community was a prominent topic in every interview. Participants expressed that they saw a causality between the oppression the community experiences and poor mental health conditions. As illustrated in Figure 3.1., this theme was also perceived as cross-cutting, influencing the other themes and their overall dynamic.

Irish Travellers were reported to be confronted with a lot of stereotypes and discrimination from the settled people in Ireland daily. Being greedy, being violent, and living in primitive conditions were only some of the many stereotypes and misconceptions listed by the participants.

> *"One person in particular qualified that by saying 'They're always asking for money.'" (P3, l. 9-11)*

Living in such a hostile environment where everybody is watching whether you might do something wrong and fulfill the expectations of these stereotypes was described as very intense. Moreover, these stereotypes and attitudes from the settled people were reported to have the power to demoralize community members as there was the danger of people internalizing a stigmatized identity.

> *"And they were like, P5, you've absolutely no idea. This one is ******* nuts. She comes in, she gives us a couple of flowers … and a bit of reed thing and tells us to stick them in, you know, completely demoralizing. Completely insulting our intelligence, our capabilities." (P5, l. 5-9)*

Some participants stressed that the stereotypes and discrimination against members of the Irish Traveller community have their roots in colonization and racism that is still happening today. According to the participants, the problem is that most settled people are not aware of their underlying biases and racist behaviors towards Travellers as it was normalized over time and is now manifested in the settled peoples' mentalities. Participants reported they perceived high levels of racism even within the community of health professionals, demonstrating that even they have these underlying biases that influence their work.

> *"You know, it is horrifying. The level of bias and racism that exists within the professional community in (City) … You know, I had people saying to me 'Umm, I'll bet you money. You'll lose all of them even before the end of the first session'." (P3, l. 21-23)*

When it comes to finding accommodation, racism towards Travellers was also very commonly expressed by participants.

> *"It was around the house that has been allocated for a Traveller family in (City) and someone burnt it down, but the comments were things like 'ah it's a pity that it did not burn with the Traveller family in it'. I mean, we are talking about psychopathic stuff." (P2, l. 26-28)*

In sum, participants frequently mentioned racism as the main influencing factor of the mental health situation within the community.

> *"But I think that is where we start. I think if we're really gonna start looking at, you know, mental health and the Traveller community, we can't not look at that without really shedding a light on the racism that they're facing on an everyday level." (P2, l. 3-5)*

Participants pointed out that this racism has its roots in colonization. Colonization was described by the participants as an ongoing human experience because people kept the old English systems – only today, instead of the English colonizing the Irish, the settled people are colonizing the Irish Travellers.

> *"When it comes to Ireland and Irish Travellers, we're absolutely invisible. Because we can't point to the structures, we can't even tell you who we are because it's been almost wiped from us and institutionalized, marginalized." (P4, l. 2-8)*

The marginalization of Travellers was seen as part of the ongoing racism from the settled people by the participants. They linked this marginalization to a lack of representation of the community in all areas of everyday life, like school, the work environment, politics, stakeholders in organizations, and even National Traveller organizations with no Travellers on their boards.

> *"It (information about Travellers) isn't in the public domain. It's not in the education, it's not on the health boards. It's not in the politics. It's as if completely psychologically removed from the psyche of the majority population." (P4, l. 16-17)*

Regarding the education system, participants recognized not only that the Irish Travellers were completely excluded from the schools' curricula, but scholars also even tend to spread misconceptions and false information about the community (e.g. stating things like Travellers being related to the Roma).

> *"Eventually the minister came back and say and going 'we don't want to teach it, we'll promote it.' Which means they won't officially put it in the curriculum, it has to be very up to the future if they want to do it, which means and historically, when we are a choice, we're very rarely chosen." (P1, l. 11-13)*

The education system was described by participants as so institutionalized that they did not even want to be a part of it "to not be sucked into this Western mentality" (P4, l. 21).

Settled people infantilizing Travellers especially when it comes to mental health interventions was frequently pointed out by the participants. They described it as if Travellers do not know what is happening in their community, and they (the settled people) always know what is best for Travellers. Apart from that, according to the participants, settled people see themselves in a superior position and as entitled to decide when community members are ready for certain programs or interventions.

> *"Nobody decided when the LGBT community was ready. Nobody decided when women were ready for the vote. I as an oppressor, do not get to decide when you feel ready, you know." (P3, l. 26-28)*

This infantilization creates a dynamic that is reported as extremely harmful to Travellers, as one participant explained that community members had to weaponize their experiences to convince the settled people of their needs.

> *"We're spending all of our time convincing people who know there's so much damage there and we have to win them over… And it's just another abuse of structure. Like, we're literally going 'Your parallel structure is harming me.' … I have to convince you and come back and be grateful to you." (P1, l. 3-8)*

Moreover, according to one participant, this harmful dynamic also includes Travellers oftentimes feeling like their identities are owned by settled people and interpreted by them to their advantage.

Participants explained that researching Travellers, only and systematically, is reinforcing this oppressive system of assuming the settled way of thinking as the default version of things and seeing Travellers as "the other group that needs to be researched". One participant pointed that out by saying that settled people should be included in the research as well since they are part of the system and the cultural trauma that is connected to that.

> *"Settled people have it in their mind that they are in the inside and we are on the outside. So therefore they are the only ones that can help us. And we're saying (…) actually psychologically you might think you are in the inside, but you are actually on the outside because you're the only people on the island still using the unchanged or colonial systems." (P4, l.17-21)*

According to the participants, the role of cultural trauma is crucial to understand the mental health situation of the Traveller community today. This cultural trauma was defined by participants as involving both Travellers and settled people: While the Travellers are being oppressed and victimized, the settled people are also forced to be part of the old English colonial system that is passed on for generations. Participants expressed the need for settled people to understand that they, too, are part of this cultural trauma, to be able to start a healing process. Travellers are constantly being re-traumatized through these dynamics and settled people not acknowledging this minority stress has detrimental effects on community members' mental health.

Lastly, organizations and Irish institutions were mentioned by participants to play a very important role in the oppression of the Traveller community. Participants named corruption and the exclusion of Travellers from decision-making processes to describe the current situation with

these organizations. Several participants referred to negative experiences in this context, such as being kicked out of a group, being unfriended on social media for expressing criticism towards the work of the organization, and simply being ignored and dismissed completely.

> *"But when we approached the local HSE, when we approached the local council and asked for power hoses, sanitation packs, so on and so forth, we were told 'No, get lost. Who are you?'" (P5, l. 17-19)*

Study participants mentioned not only being discriminated against by settled institutions but also by certain National Traveller organizations, as addressed earlier.

3.3. Cultural Differences between Travellers and settled people regarding Mental Health Interventions

From what the study participants expressed, Travellers and settled people have very different mentalities that influence their way of thinking about mental health interventions. Mentalities were described as belief systems, that are so deeply rooted in a person they become their automatic reality. Participants reported that, if settled people design interventions, this happens in a very normative framework, meaning that there must be certain activities in place as well as an evaluation of the outcomes. One participant even described an outcome as a "settled object" itself.

> *"And it (the intervention) has to be completed in six months. And I'm like, I can't plan more than a month ahead with any project I'm on because people die, people move, there are mental health issues, ... Long time planning also brings a lot of anxiety to people." (P1, l. 8-12)*

According to the participants, Irish Travellers do not fit into these normative frameworks, which partly explains why a lot of interventions have not been successful.

Participants also stated that projects in the past were not culturally appropriate for the community. Strict time frames, fixed outcomes, and non-negotiable content were presented as some examples.

> *"They basically come in. Well, if your grandmother just say she could be 76, you know, 'if your grandmother has COPD, then we can push her into a nursing home.' ... And to take*

a 70 year old women that has lived in a site all her life with family around her, (…) that's another prime example of not accepting or acknowledging our culture." (P5, l. 28-8)

One participant also gave the example of settled people wanting to visit the sites and take pictures, which, according to the participant, created a feeling for people like being in a zoo. Another participant criticized settled people calling themselves 'Traveller mental health workers', since using identity as an occupational label is inappropriate.

The fact that settled people are not living their lives on the sites and therefore cannot know what it is like was highlighted by participants. They revealed that from Travellers not showing up to their interventions, settled people should conclude that their projects are not meeting the needs of community members. Nevertheless, participant 1 also mentioned that some community members are trying to make the best out of interventions designed by settled people, as they are oftentimes the only ones that exist.

"There are some kind of weird interventions that we tried to get the best out of and hope that at the end, knowing there will be some damage there. But the benefit out of it will be better." (P1, l. 24-26)

3.4. The Mental Health Crisis within the Community

"They would use the word 'crisis' to define the current mental health state of the Traveller community in Limerick City. I absolutely agree with them." (P3, l. 1-2)

Participants listed several aspects that are responsible for or the result of the current mental health crisis within the community. For example, it was expressed that Travellers perceive the concept of mental health as a negative state a person is in. According to the participants, this is why it can be highly detrimental to approach mental health from a settled perspective when working within the community.

"It can be really not helpful in actually calling something mental health because of the way they might see that and their cultural norms and nuances, every culture is going to be different that way in how it actually understands mental health." (P2, l. 19-22)

Not calling something mental health was also described as being connected to the stigma that exists around the topic. Myths, misinformation, and personal biases were identified as contributing factors to this stigma by study participants.

Participants mentioned several negative emotions that they perceived as prevalent in the community, for example feeling hurt because settled people and organizations do not care about their needs. Moreover, they expressed feelings of anger regarding the ignorance of settled people when it comes to the Traveller culture. One participant said that forcing Travellers to assimilate into the settled system creates a lot of anxiety for community members.

A common result of constantly feeling these emotions is depression, which was identified by the participants as a major problem within the community.

> *"Travellers are actually in a situation and other indigenous communities around the world in a real situation where you would get depressed because what they're facing is actually really, you know, they are suffering… And I think a mammal would actually be depressed under those circumstances, such as even humans." (P2, l. 9-18)*

According to one participant, the recent pandemic of Covid-19 aggravated depression symptoms and even increased the already incredibly high suicide rates.

> *"Every single one of us in the group had a close family member that died through suicide. Every single one of us. So can you imagine this? … Like, if you have 15, 16 people in a room and everything, either their mother, their father, their brother, their sister, and I mean close, immediate family. Every single one of us." (P5, l. 15-19)*

With suicide being so prevalent in their community, participants expressed that people were desperate to understand the causes of these deaths and how to prevent them in the future. Learning about mental health and acquiring the tools to be able to intervene were therefore highly prioritized by the participants.

3.5. Not Accessible vs. Under-used Resources

When it comes to resources, there were two things mentioned by the participants of this study. On one hand, the existing resources in the community were portrayed as under-utilized. On the other hand, the oppressive structures mentioned above create a lack of resources in certain domains.

Funding was mentioned above as a domain where Irish Travellers experience a lot of discrimination and oppression. A lack of funding for their projects keeps them from running initiatives that community members would benefit from, as expressed by several participants.

> *"That doesn't translate very well to the expectations of funders and the limits of funders and unfortunately we don't have the resources or even the finances to do that ourselves." (P1, l. 26-28)*

It became evident that the participants perceive funding as one of the main necessary resources to start and maintain community-led interventions.

Community capacity was pointed out as crucial by the participants to deal with the ongoing mental health crisis. Knowing about mental health, for example, and learning what to do when there is a crisis enables community members to feel more equipped to deal with difficult situations. Participants pointed out that through that, they can move from a state of helplessness to a state where they feel like they have gained back some control of the situation. Being able to influence what is happening in the community, especially regarding mental health problems was described as highly valuable. In addition to community capacity, the resilience of community members was considered an important resource to deal with the above-mentioned mental health conditions within the community.

> *"Travellers go through the most horrific stuff. And you're right, they're still laughing and like. At the same time, there's still dying as well … They are an amazing, resilient people but they shouldn't be going through this stuff." (P2, l. 21-24)*

Or:

> *"When we come together like we will give out about stuff, but we still we'll like we will come together and there will be joy and fun." (P1, l. 16-17)*

This resilience was described by participants as being created through social connectedness with community members.

The role of allies was also mentioned as a community resource. In this context, it was highlighted that people from outside the community need to reflect on what it means to be an ally and in what way their support is beneficial.

> *"Our role of how we support is really essential. Because we're not there to fix people … We're very mindful of that and we're very mindful of working in a Traveller mentality." (P2, l. 23-29)*

Participant 2 expressed that while allies are important for the Traveller community, people need to be cautious in how they show their support and reflect on their motives while doing so.

Lastly, a rather personal resource for community members can be therapy or psychological support groups. The latter creates a space for people to share their experiences and vent together if they should feel the need to do so.

> *"It was an attempt to go 'Let's have like a queer space.'... And there's so much 'I'm not gonna bring another thing to your door'... But it was an attempt." (P1, l.19-21)*

One participant mentioned a WhatsApp group for people to share their experiences, aiming to create a queer space, which was not being used.

3.6. Core Pillars of Future Projects

> *"The best interventions that I've seen are usually free... So, they're not bound. And they are community-resourced, which means that we get to decide, and we get to change the plan." (P1, l. 15-17)*

The study participants expressed several things regarding what works for the community, and what future projects should look like.

3.6.1. Creating Platforms for Traveller Voices

Giving community members a platform to voice their opinions and concerns was mentioned as one very important goal among participants, especially to raise awareness for the problems that are ongoing in the community.

> *"I think the appropriateness of a program has a lot to do with how open the program is to the, to the participants bringing their own experience in." (P3, l. 11-13)*

People not listening to what they have to say was described as fueling feelings of anger, as well as a loss of power. One result was community members choosing another way of making their voices heard.

> *"We took testimonies and statements of people that had no running water, no electricity. ... And the Council throwing her out on the side of the road with no electricity. We took all*

*these statements. And packed them together and basically shamed the **** out of everybody around (City)." (P5, l. 3-8).*

One participant stressed that at the bare minimum, people who aim to work with this community should be asking the individuals what they need. It was highlighted that this is no special treatment for the Irish Travellers, but rather a "basic community development principle" (P3, l.13) when working with any group of people.

"I said you don't need to thank me, you asked for it. You know, if you need it, we can. We can make it happen. Why not make it happen? And their response was 'but nobody has ever asked us before'." (P3, l. 2-4)

This shows that not only do community members lack a platform to speak their minds, but by not even asking them they are also not listened to in basic conversations about their needs.

3.6.2. Education & Training on cultural-sensitive Competences

"What we're trying to do … is really shedding the light on helping people to gain insight you know what culture even means, what inclusion means you know what these things really are, because a lot of people, they'll throw the words around but they won't know what it means." (P2, l. 17-23)

According to the participants, all the initiatives that participants are involved in have the ethos to promote the education of both community members and settled people. They want to achieve this through specific mental health courses, the media and other means like movies, podcasts, radio, as well as the role of arts. The two main points that came up during the interviews were education about the community's history and mental health. Unlike many interventions that were run in the past, participants emphasized the need for education on both sides, not only trying to teach Travellers certain things that settled people consider necessary.

"We do wanna create … a cultural trauma center which is all which is based on decolonization and really again have a look at … how do we actually work with the community, … how do we work with a group of therapists who have actually gone through the decolonization training themselves so that they have an awareness of, you know, who they are, where they're coming from and actually develop therapies that are going to be helpful to the community." (P2, l. 11-21)

According to the participants, it is important to make settled people aware of their role in the current cultural dynamics in Ireland to bring about change for Irish Travellers.

3.6.3. Community Empowerment

> *"But all these families came out and said 'this is enough. We want our voice back. We want our power back. We want our own project. We're sick and tired of people making decisions on our behalf without consulting Travellers'." (P5, l.14-16)*

According to the participants, community empowerment is crucial in tackling the mental health problems within the community. Thus, existing projects promote this bottom-up, grassroots empowerment approach that was already touched on earlier in this report.

> *"We want to work for ourselves. You know what I mean? We're more than capable. We're more than capable of doing that. You know, we're more than capable of running a project." (P5, l. 16-18)*

If people from outside the community are involved in such projects, the inclusion of Travellers at every step of the way was reported to be crucial. As one participant phrased it, nothing for them without them.

> *"The longer process is actually, you know, going back and properly, meaningfully consult with the individuals so that they get a say over what it looks like when they engage, and they had full say over what it looked like when they engaged. And as a result, they were able to engage 100%." (P3, l. 12-15)*

3.6.4. Collaborations

> *"And then the discussion started around whether we might be able to achieve that together. And I suppose the reason I'm sitting in front of you now is because we managed to achieve it." (P3, l.13-16)*

Participants identified collaborations, especially with NGOs or institutions, as an important step to move forward regarding the dynamics between settled people and Travellers. By achieving this, the participants predicted that the community would have a bigger platform to advocate for change and address problems that they are facing. Moreover, people would have a chance to learn from each other and tackle the prejudice that currently steers the relationship between Travellers

and settled people, according to the participants. Collaborating was also described as a chance to get funding, as the example below illustrates.

> P3: "*And so we put in a joint application for the REACH fund… Brilliant application. Yeah, but we didn't get through to the next round." (l. 8-16)*
>
> I1: *"You know there might be other ways of, you know, attracting funding and if, for example, the university's involvement can work there…" (l. 23-28)*
>
> P3: *"I may have already put your name in the application." (l.29)*

In sum, collaborations between the community and organizations or settled people, in general, were described by the participants as a crucial aspect for future projects to work.

3.6.5. Important Values of People Working in Future Projects

Almost all participants expressed the need to be open and flexible when it comes to working with the community. Moreover, the establishment of mutual trust when developing a project with Irish Travellers, as well as mutual respect were frequently mentioned by the participants.

> *"One of the things that I heard a lot from them throughout the process was 'We trust you, P3.' Um, which actually I was quite honored by because I knew that wasn't something that was said regularly. Or often felt by them. Especially for outsiders." (P3, l.27-2)*

It was also declared as important not to bring too much of one's own values into the process of working together.

> *"And if I was willing to engage with that without getting offended or upset or, you know, putting my own kind of values onto things and bringing my own bias into the space. Then they were able to continue and go on and be successful. And if I'd tried to change that, it wouldn't have been successful at all." (P3, l. 29-2)*

On one hand, cultural competence from settled people for the Traveller culture and needs was considered essential by all the participants. On the other hand, the need for Travellers to acknowledge that blaming the settled people can get in the way of a successful collaboration between the two was also addressed.

> *"It's not to blame anyone because there is no one to blame unless you're over 500 years old. And I wouldn't blame you even then. I'd just love to talk to you." (P4, l. 23-25)*

How all these themes fit the current framework of literature will be discussed below.

Chapter 4: Discussion

The present work aimed at exploring community-led mental health interventions within the Irish Traveller community to identify 'what works' in terms of tackling the current mental health situation. In order to do so, interviews were conducted with members of the community as well as people who have worked with them in the past. By describing the current experiences of Travellers in the mental health domain, best practices/ orientations for culturally sensitive interventions in the field of health promotion could be identified. Our main findings support the existence of a current mental health crisis in the community and identify major challenges in practices directed at the community, anchored on a settled community perspective. Structural oppression of the community was identified as the main influencing factor of this mental health crisis by participants and seen as a starting point to create successful and sustainable interventions. The results also highlight the need for a community-empowering approach in designing future projects. In short, six themes were generated from the data. What must be recognized is that the characteristics of the Traveller community serve as a base for the community member's mental health situation, while the structural oppression of the community works like a top-down factor negatively influencing mental health. Apart from that, Traveller's mental health is being influenced by community resources that are under-utilized or simply not accessible and the cultural differences between Travellers and settled people that exist around mental health interventions. When all these factors are taken into consideration, there are some core pillars or principles that future projects should entail to acknowledge the complexity of this phenomenon.

While we did not plan to write another piece about racism impacts the mental health of Irish Travellers, participants stated that this is exactly what should be done as a lot of people are not aware of this causal relationship. To be able to talk with the participants about what works for community members regarding future projects, we had to first acknowledge our own bias in assuming that racism was not so much part of this research, even though it was. Participants assumed causality between racism towards community members and their mental health, which was supported by several studies done in that field (Gee, 2002; Quirke et al., 2022). Buggle (2020) identified discrimination as the main predictor of the community's ill health. This also highlights the importance to consider racism as a very important social determinant of health

(Braveman et al., 2011; Paradies et al., 2015). From the background of considering racism as a legacy of colonialism (Mac Laughlin, 1996), it makes sense that participants in this study pointed to the colonialist structures that are still in place today. The fact that research oftentimes lacked important ethical considerations in the past also added to stereotypes being perpetuated (Malone et al., 2017). Contrarily, Paradies and colleagues (2015) stressed that having a mental illness could heighten the perception of racism in people, turning these dynamics into a vicious circle. In this study, racism towards members of the community was included in the theme of structural oppression, which was very continuously mentioned by the participants. When looking at structural oppression, it is important to discuss the role of gatekeepers. As demonstrated in this study, we highlighted that gatekeepers are oftentimes crucial to get into contact with people from marginalized groups (Condon et al., 2019; Ponterotto, 2010). In this context, gatekeepers oftentimes abuse their role by infantilizing the community or simply making paternalistic judgments (Bonevski et al., 2014). Dyregrov (2004) stressed that the communities themselves are the best judges of whether their participation in a project is beneficial for them or not. Yet, as demonstrated above, participants reported experiences of infantilization by gatekeepers in all areas of their lives, especially when it comes to receiving funding, running projects, or simply requesting access to information.

All in all, the structural oppression and racism towards the Travellers were described by one participant as “social terrorism”. The theme was considered cross-cutting as participants connected it to all the other themes identified in this report: Structural oppression provokes the mental health crisis within the community (AITHS, 2010; Quirke et al., 2022) and has the power to limit the accessible resources (Linehan et al., 2002; Thompson et al., 2022). Features of the Traveller community are being oppressed, which stems from cultural differences regarding the development of mental health interventions. Lastly, tackling this structural oppression was seen as the main goal to change the mental health situation of Travellers. As Netto and colleagues (2010) already stated, there is a difference between interventions that touch on the symptoms and those that try to tackle the underlying structures of a problem. Mental health interventions in this context need to be part of the latter, otherwise, they will not be successful (Netto et al., 2010). One participant of this study also added that while this dissertation is an important piece of research, at the end of the day it is not our work but the Traveller’s, as them being researched by outsiders contributes to an oppressive cycle which shall be broken.

What can be taken away from this study is the appropriateness of a social determinants of health approach when looking at the mental health situation of the Traveller community. This falls in line with the social ecology approach advocated for by Bronfenbrenner (1977), which is also part of a community psychology framework (Jason et al., 2019). Several studies in the past have expressed the need to use an SDOH approach to acknowledge the complexity of the situation for Irish Travellers (Browne, 2015; Villani & Barry, 2021). Accordingly, participants in this study mentioned several SDOHs when talking about mental health, for example, the unbearable living conditions on the sites, the exclusion of Travellers from education, as well as the role of gender in adequate healthcare. All participants agreed that the mental health situation of the community itself stems from discrimination and racism towards the community, which has also been outlined in previous studies (e.g. Browne, 2015; Villani & Barry, 2021). Primm and colleagues (2010) stressed that this negative impact of the SDOH on the mental health of community members could potentially be counterbalanced by protective factors and interventions. Moreover, knowing about SDOH and how they impact mental health could provide an alternative approach to blaming the victim (Braveman et al., 2011). Thus, applying the social determinants of health to this case study is valid and necessary.

Going deeper into the findings of this study, cultural aspects of the Traveller community were frequently mentioned by the participants, which underlines how crucial it is to consider culture and different understandings of culture when designing successful projects. This finding is in line with prior research, where the acknowledgment of culture was outlined as an important factor for working with different communities (e.g. Trickett, 2009; Van Hout, 2010; Villani & Barry, 2021, WHO, 2004). In this study, participants highlighted for example the role of social structures within their community, the arts, and the value of their origins for the community. Included in these structures is for example the role of women, which is crucial to acknowledge when designing gender-specific projects. Being a mother and being the main role model for family members was described as very stressful in past literature, where self-care is often neglected (Keogh et al., 2020; Van Hout, 2010). Participants described the role of Traveller women as central for a family to function. One participant pointed out the importance of mental health projects for women, as they can pass on that knowledge to the whole family creating something like a chain structure. Future projects should be aware of these gender dynamics and use woman’s function as role models to their advantage.

The arts were identified by participants as a tool to move forward in the ongoing mental health situation. Some interventions already included the arts in the past, for example, the "Lived Lives" project (Malone et al., 2017). This intervention tried to connect arts and science to address suicide in the community. In this context, the arts were used for example to create a lost portrait gallery, showing deceased community members, visualizing suicide unlike past projects (Malone et al., 2017). Another project was the 'Through our Eyes' project displayed in the Photo Museum in Dublin, where several Travellers created an authentic art gallery to highlight the complexity of the Traveller' culture (Warde, 2022). In a way, arts offer a way for Travellers to escape the oppressive structures and embrace their own creative space, as described by one participant in this study. Furthermore, it is a good way of strengthening cultural identity which has been shown to positively impact mental health (Villani & Barry, 2021). The literature also identifies pride in one's culture as a positive coping mechanism for vulnerable groups, including Irish Travellers (NCCA, 2023; McGorrian et al., 2013; O'Shea Brown, 2020). Thus, belonging to the community can serve as a buffering effect (Goward et al., 2006). These findings describe the process of how cultural pride and social connectedness create a certain resilience in community members (Mac Laughlin, 1996; O'Shea Brown, 2020). Yet, it is important to address that in this study, resilience was exclusively mentioned by participants who are not members of the community themselves. Participants from the Traveller community did not explicitly mention resilience resulting from the above-mentioned factors, they rather talked about it as the only way to deal with the current situation. This finding can be seen as another example of how different mental health issues are perceived by the community and outsiders, who, even after working within the community tend to have a different conceptualization of mental health. Even though only some participants mentioned resilience, the fostering of cultural pride and therefore strengthening a cultural identity was highly valued by all participants.

Apart from considering the cultural characteristics of the Traveller community, the results of this study show that acknowledging cultural differences between Travellers and settled people is just as important to move forward in the field of health promotion. Several differences were reported by the participants regarding contrasting the development of mental health interventions. As a first step, the different understandings of mental health must be acknowledged. Participants described mental health as being a highly stigmatized topic that is not talked about among community members. In their study about how Travellers perceive the mental health situation of

their community, Villani and Barry (2021) found similar results with participants describing the concept of mental health itself as something negative, almost as an equivalent to depression. Good mental health was considered an oxymoron by these study participants due to their cultural understanding of the concept (Villani & Barry, 2021). The WHO (no date) defines mental health as more complex than the absence of illness but as an integral part of health through mental, physical and social well-being. Community members using substitutes like "being fed up" or "nerves" for depression and anxiety (McKey et al., 2022) was also pointed out by participants in the current study, with the example of using expressions like "the bad complaints" for cancer. When it comes to designing mental health interventions, these cultural differences account for several non-successful project implementations. While participants in this study have perceived settled people as being fixated on outcomes and normative structures of such projects, past research has shown that settled people had experiences with Travellers being in their opinion "rude and demanding" (Bergin et al., 2017, p.5) and seen as a very private and protective community (Bergin et al., 2017). According to Goward and colleagues (2006), both sides are aware of their cultural differences which makes them convinced they do not fit together. The lack of existing culturally appropriate services leads to Travellers being more engaged in their cultural networks (Baskin et al., 2021). This raises the question of in what way settled people should be involved at all when designing such projects or interventions. As stated by the participants, people who want to be an ally need to be mindful of how to support the community and what personal motives they could bring into the space. Reimer and colleagues (2017) also stressed that the social change that these projects should promote could be dampened by well-meaning interventions "emphasizing harmony at the expense of openly discussing and acknowledging inequality." (p.131). These elaborations show that both settled people and Irish Travellers must command certain skills to be able to work together successfully; one being the acquisition of cultural competence.

A big problem disadvantaged communities are frequently facing is culturally inappropriate services (e.g. Cyril et al., 2015; Shibli et al., 2021). Cultural competence and cultural sensitivity are therefore essential when it comes to mental health promotion within these communities. Culturally sensitive interventions were described as "tailored to increase their appropriateness for minority ethnic communities" (Netto et al., 2010, p.248). Cultural competence training was also identified as good practice for working with minority groups by

Greenfields (2017), which includes being aware of these community's needs. The importance of cultural competence was also mentioned by participants in the current study when it comes to interacting with other cultures, especially in the field of mental health promotion. While cultural competence aims to "address the challenge of cultural diversity in mental health services" (Kirmayer, 2012, p. 149), it was criticized that the concept focuses too much on the competency aspect as knowledge about other cultures, rather than showing empathy or engagement with the other culture. Thus, the author advocates for a change of terms, for example, "cultural safety". Instead of the skills in terms of knowledge, this term focuses on power imbalances and colonial relationships that appear in the healthcare system (Kirmayer, 2012). Given the present study and its findings, the term "cultural safety" appears to be fitting the Traveller community, because while knowledge about the culture is crucial, validating the underlying oppressive structures is even more important. As the dominant culture decides what problems are recognized and which are not (Kirmayer, 2012), one should not look at cultural competence without acknowledging the issues of power that overshadow the dynamics between minorities and the majority group. In the current context, the systematic oppression of the Traveller community through the settled people was mentioned by study participants as an enormous challenge regarding health promotion. For example, people in the role of gatekeepers are in extremely powerful positions (Lee et al., 2009), which was also expressed by participants in the current study. Therefore, it should be prioritized to improve the attitudes of people in social power positions to bring about change (Reimer et al., 2017), which will be described in more detail below.

Participants named several core pillars that future projects should entail to be successful, some of which were already identified in the literature in the past. Bracic (2022) mentioned that institutions need to be connected to tackle the problem of Traveller exclusion. Participants also stressed the high need for collaborations between community and settled organizations. Our research shows that a collaboration between Travellers and settled people is indeed possible if both parties strive to behave in a culturally competent and respectful way One example is the University of Limerick, which has been named by several participants as an institution the community could have fruitful collaborations with. This study represents one of these collaborations. Another example that was mentioned in the interviews was the development of a collaboration between the Traveller community and an organization that offered to run a mental health course with community members. The participant explained in detail how that

collaboration came about, starting with simply offering help and accepting the fact that the community wanted to think it through. Afterward, there were discussions about what support could look like and whether community members would be interested in a mental health project.

The establishment of trust is another core value for future projects, as the lack of trust of Travellers in health services was described by several studies as an obstacle to why some interventions did not work in the past (e.g. AITHS, 2010; Buggle, 2020). Moreover, community empowerment was addressed as crucial to bringing about social change. This has also been identified by several studies in the past, one of them being the WHO which identified individual empowerment as key to addressing the social determinants of health in 2008. In addition, Maton (2008) listed different individual and collective outcomes of empowerment, which include the political, economic, and psychological level. Empowering community members was considered crucial by the participants in this study. Since many studies in the past have stated that projects and interventions should be community-led (Cyril et al., 2015; Tsey et al., 2007), empowerment must be considered as a necessary precondition to achieve this. In this study, the individual empowerment of the women led to the group's collective empowerment. As a result, these women are running their own mental health projects for the community now. Sharing knowledge also helps members of Indigenous communities to be independent of Western healthcare systems (Jones, 2021). Unlike in the present study, the author chose the term "community sovereignty" instead of empowerment, but since Irish Travellers should be considered as an Indigenous community in Ireland, the concept defined by Jones (2021) might pose a more appropriate wording of the phenomenon.

Lastly, it is important to mention that people need to change their way of thinking about improving the mental health situation of the community. According to the participants, this needs to happen through education. Baskin and colleagues (2021) mentioned the need to translate educational materials for Travellers to have access to health services. Furthermore, the provision of health education training was identified as best practice by Buggle (2020). So far, settled people were often coming into the community and educating its members about their conceptualization of mental health and other things. The results of this study show that since settled people are in positions of power, they also need to receive education about the oppressive dynamics that they are a part of. It was shown that racism needs to be tackled when talking about

the mental health situation of this community (Browne, 2015). In his paper about the evolution of anti-Traveller racism in Ireland (1996), Mac Laughlin expressed the urgent need to eliminate the alienation, victimization and discrimination of this community. Given the widespread assumption that Travellers are "failed settled people" (Hayes, 2006), participants attached great importance to the education about Traveller history and origins, for both Travellers and settled people. Thus, in line with the above-mentioned research about the connection between racism and poor mental health, the development of interventions among the settled people to decrease racism should be seen as a starting point to end the current mental health crisis within the Traveller community.

Just how all this best practice advice from participants influences the community's well-being was summarized by Villani and Barry (2021): "Therefore, the extent to which minority groups are enabled to preserve their culture, express their knowledge and participate in the decisions that will affect their life will determine the degree of their individual and community well-being" (p.1459). Yet, this study adds to the literature by shifting the focus from treating the symptoms of the mental health crisis to acknowledging the underlying structures.

4.1. Study Strengths and Limitations

This study comes with a few limitations that need to be considered. First, with only five participants the study sample can be considered rather small. Nevertheless, according to Malterud and colleagues (2016), a small sample size does not automatically mean less valuable data. While we reached out to more people, some of them were unavailable or simply did not respond. The reason why we stopped at five participants is twofold: For one, if people did not respond or said they were not available, it did not seem appropriate to constantly enquire whether they could make it. As already stated above, Irish Travellers are an over-researched population (McFadden et al., 2018), and we did not want to contribute to their research fatigue. Secondly, recruiting participants in this community is rather difficult and depends on making use of existing contacts and networks, as was done in the present study. Despite asking the participants whether they knew more people who would be willing to be interviewed, it turned out to be very hard to find more people to participate. The five interviews in this study were considered very rich and valuable, which is why stopping after these five was not seen as a problem by the researchers. Moreover, the goal is not to generalize the findings to the broader population (Gill, 2020), which is why a small sample was considered appropriate. The use of convenience sampling can also be

considered a limitation because it may have restricted access to a more diverse and representative sample. Yet, we made use of gatekeepers to increase the acceptability of the research project within the community.

Against the recommendation of Adeoye-Olatunde and Olenik (2021), we did not do a pilot testing of the interview guide beforehand. This was due to limited time and the lack of a group to do the pilot testing with. Since participants had no problems answering the interview questions, the manual of this study served its purpose, nonetheless. Despite the advantages of online interviews pointed out above (Jowett et al., 2011), it was a challenging process to develop an interview schedule, sticking to the timeframe that was agreed on beforehand and trying to create a natural flow of conversation. As a possible disadvantage of online interviews identified in the paper by Jowett and colleagues (2011), the interviews were quite time-consuming. In our case, the method of doing online interviews still seemed to be the most appropriate, as the researchers were in different countries during data collection and the participants were scattered all over Ireland.

4.2. Next Steps in Future Research

During the interviews, participants addressed several aspects that future research should focus on. It was expressed that to write a meaningful piece of research, historians should be consulted as their view on the history of Irish Travellers has been neglected up until today. Moreover, participants addressed that to change the above-described dynamics between settled people and Irish Travellers, research needs to consider the settled people and their role in the cultural trauma as well and not only focus on the Traveller community. In order to achieve this, an attribute change from the settled people towards Irish Travellers needs to happen and accordingly, research needs to be done on how to promote this attitude change. A starting point would be educating the settled people about Travellers and their everyday lives, away from misconceptions and romanticized images the former might have of the latter. Furthermore, the need to have more studies done about the role of racism regarding the mental health of Irish Travellers was expressed by participants, as already stated above. In other words, future research needs to acknowledge the co-dependence of racism and mental health in the development of sustainable interventions. The present study aimed to tackle the publication bias pointed out by Baskin and colleagues (2015) by documenting in detail what projects have worked and are currently working

for the community. The next steps in future research should therefore entail documenting more of these community-led initiatives which are invaluable to mental health promotion within the community.

4.3. Conclusion

In conclusion, the present study addressed several important aspects that need to be considered for future mental health projects within the Traveller community. Study participants advocated for an empowerment approach through education and collaborations between Travellers and settled people. Apart from best practices expressed by participants, the role of the oppressive structures, including racism, was highlighted. It became evident that these dynamics have not been sufficiently recognized as the main influencing factor of the community's mental health situation in the past. Since the settled people are part of these structures, it is necessary to listen to the Travellers' voices as they are the ones experiencing the results of these structures on a daily basis. Furthermore, participants and past literature revised in this report consider this as the core way to move forward in promoting mental health to community members. The main message to take away from this study is that while collaborations and successful mental health projects exist, they will not be sustainable unless these underlying structures and racism themselves are acknowledged for what they are: a mental health risk for the Irish Traveller community.

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Annex

A. Volunteer Information Sheet

"An Exploration of community-based interventions for and with Irish Travellers"

Dear Participant/Volunteer,

As part of my Final Year Project in the University of Limerick, I am carrying out a study that aims to explore existing mental health initiatives in the Irish Traveller community in Ireland. This information sheet will tell you what the study is about.

What is the study about?

The study is about documenting existing mental health projects/initiatives led by community members for the Irish Traveller community.

What will I have to do?

You will be interviewed by the principal investigator of this study, Dr. Anca Minescu, and myself. This individual interview will take about 30 minutes to one hour. You will be asked questions about the nature of your project, your role in the project etc.

What are the benefits?

This study is one of the first ones to document in detail what and how community members from the Irish Traveller groups have done to help their community deal with the difficult topic of

mental health. As you are part of the community, you are in a position to give unique insights to the features of the projects. Ideally, we can contribute to a to a scientific toolkit to adequately develop new initiatives.

What are the risks?

Since this study is about mental health, which is considered a very sensitive topic, there might be a chance that you experience feelings of discomfort or other triggered responses in the interview process. If this happens, you can always pause the interview or reconsider your participation in the study if you wish. Anca Minescu and I will be present at all times if you wish to seek a personal conversation and we are also providing additional resources in case you need help.

What if I do not want to take part?

Your participation in this study is completely voluntary and you can withdraw from it at any point before, during or after the interview without having to fear any negative consequences.

What happens to the information?

The information that is collected will be kept private and stored securely and safely on the researchers' computer. The computers are protected with a password. When the interviews are being transcribed into written form, your name will be changed any other personal information that might compromise your confidentiality will be avoided. The information that is gathered in the study will be kept for seven years. After this time, it will be destroyed and deleted from all storage facilities/devices.

Who else is taking part?

Other community activists with different genders above 18 years old who are or were involved in mental health initiatives will be interviewed.

What if something goes wrong?

In the unlikely event that something goes wrong during the interviews, the individual interview with the participant can be stopped at any time and may be resumed at a later point. There is always the possibility to withdraw from participating in the study.

What happens at the end of the study?

At the end of the study the information will be used to present results. The information will be completely anonymous, so no names or personal information will appear in the written report. All data gathered from the research will be stored securely and safely by the researcher (Anca Minescu) in their office for 7 years. Information that is stored on computer will be stored by Lina Scharf on a computer that is password-protected.

What if I have more questions or do not understand something?

If you have any questions about the study, you may contact either of the researchers. It is important that you feel that all your questions have been answered.

What happens if I change my mind during the study?

At any stage should you feel that you want to stop taking part in the study, you are free to stop and take no further part. There are no consequences for changing your mind about being in the study.

<u>Contact name and number of Project Investigators:</u>

Principal Investigator:
Dr. Anca Minescu
Senior Lecturer
Department of Psychology, University of Limerick
anca.minescu@ul.ie

Second investigator:
Lina Scharf
Postgraduate Student
Department of Psychology
Tel (+49)15785515683
21248036@studentmail.ul.ie

Thank you for taking the time to read about this research project. We would be grateful if you would consider participating in this study.

Yours sincerely,

_____ _____

Principal Investigator Student Name

This research study has received Ethics approval from the Education and Health

Sciences Research Ethics Committee (quote approval number).

If you have any concerns about this study and wish to contact someone independent, you may contact:

Chair Education and Health Sciences Research Ethics Committee

EHS Faculty Office

University of Limerick

Tel (061) 234101

B. Recruitment E-Mail for Participants

Dear participants,

Thank you very much for considering taking part in our study "An Exploration of community-based mental health interventions for and with Irish Travellers") Your participation is completely voluntarily, and you can obtain from it any time you want.

What is the study about and why do we want to do it?

With this master thesis project, we hope to raise awareness for the mental health issues in the Irish Traveller community by educating the public about projects or initiatives that are currently run by Irish Traveller activists. While the topic of mental health has been researched a lot in the past and yet no significant changes have emerged, our goal is to document these existing projects to emphasize the need for them. The research aims to develop a guide for best practice when designing mental health interventions for and within the Irish Traveller communities.

What will I have to do?

Taking part in our study involves about one hour of your time, where you will be interviewed by Anca Minescu, the principal investigator of this study, and a master student of the Global MINDS program of psychology, Lina Scharf. We will ask you questions about the projects that you developed and in how far it is considered as a mental health intervention for the community. Your answers to these questions will be recorded by us in order to transcribe them at a later point – after this process, the recordings will be deleted.

When is it going to happen?

As we are still waiting on ethical approval by the ethics committee of the University of Limerick, the interviews can only be scheduled for the second half of march, 2023. Ideally, we will find a date between the 13th and 31st of march to schedule the individual interview so that there is enough time for analysis etc. afterwards. We also wanted to ask whether it would be possible for you to be interviewed via Zoom or Microsoft Teams – the plan is for it to be in person at UL but if the master student cannot make it to Limerick for some reason it would be a big help to conduct the interviews online.

Please let us know if this proposal for a meeting works for you. We are looking forward to the individual interviews and hope to create a meaningful piece of research!

Kind Regards,

Anca Minescu & Lina Scharf

C. Ethical Consent Form

I, the undersigned, declare that I am willing to take part in research for the project entitled "An Exploration of community-based Mental Health Interventions for and with Irish Travellers".

- I declare that I have been fully briefed on the nature of this study and my role in it and have been given the opportunity to ask questions before agreeing to participate.
- The nature of my participation has been explained to me, and I have full knowledge of how the information collected will be used.
- I am aware that my participation in this study will be audio recorded and I agree to this. However, should I feel uncomfortable at any time, I can request that the recording software be switched off.
- I am aware that such information may also be used in future academic presentations and publications about this study.
- I fully understand that there is no obligation on me to participate in this study.
- I fully understand that I am free to withdraw my participation without having to explain or give a reason, up to a period of two weeks after the data collection is completed.
- I acknowledge that the researcher does guarantee that they will not use my name or any other information that would identify me in any outputs of the research.
- I declare that I have read and fully understand the contents of the Research Privacy Notice.

_____ _____

Signature of Participant Date

_____ _____

Signature of Investigator Date

Yes	No
o	o

Consent to Contact about Similar Future Research:

I explicitly consent to the University contacting me as part of current or similar future research and holding my contact details on its database for the purpose of contacting me.

D. Research Privacy Notice

Introduction

This Research Privacy Notice governs the use and storage of your personal data by the University of Limerick (the "University"). The processing of this data is carried out in accordance with the General Data Protection Regulation (GDPR) / Data Protection Acts 1988-2018 ("Data Protection Law") and in accordance with this Research Privacy Notice.

Any personal data which you provide to the University as part of this research project will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection Law. This Notice sets out details of the information that we collect, how we process it and who we share it with. It also explains your rights under data protection law in relation to our processing of your data.

1. Title and Purpose of the research project

1.1"An Exploration of Community-based Mental Health Interventions for and with Irish Travellers" – is a project about existing initiatives which promote mental health in the Irish Traveller community. By interviewing community leaders and activists about their relevant projects we aim to provide a systematic analysis that will raise awareness about the key features of such initiatives. This research aims to develop a guide for best practice when designing mental health interventions for Irish Traveller communities.

2. Research Ethics Committee

2.1 Ethical approval was granted by the EHS Research Committee (EHSREC) on April 13th, 2023. The research ethics approval number is 2023_02_09_EHS.

3. Identity of the Data Controller(s)

3.1 The Data Controller/Joint Controllers/Independent Controller is/are [delete as appropriate]:

- University of Limerick, Plassey, Limerick.

4. Identity and Contact Details of the Data Protection Officer of the Data Controller(s)/

4.1 You can contact the University of Limerick's Data Protection Officer at dataprotection@ul.ie or by writing to Data Protection Officer, Room A1-073, University of Limerick, Limerick.

5. The Identity of the Principal Investigator

5.1 The Principal Investigator for this Research Project is Dr. Anca Minescu, Department of Psychology, University of Limerick.

6. How we will use your personal data

6.1 The University must process your personal data in order to undertake research relating to this project/study. Data will be collected directly from the participants in form of interviews. The data collected in this study is used for documenting community initiatives in the Irish Traveller community and will not involve third parties.

6.2 The personal data collected and used in this research will include: your role in the community project you delivered or led with Irish Travellers. In general, the collection of personal data is kept to a minimum. The focus is on describing the initiatives.

6.3 You provide us with your personal data to enable us to undertake the research project. Participation in this research project is voluntary and participants may withdraw without giving any reason. Should you wish to withdraw, you may do so by contacting the Principal Investigator at anca.minescu@ul.ie .

7. Lawful Basis for University Processing Personal Data

7.1 Data Protection Law requires that the University must have a valid legal reason to process and use your personal data. This is often called a 'lawful basis'. GDPR requires us to be explicit with you about the lawful basis upon which we rely in order to process information about you.

7.2 The University is carrying out this research in the public interest and for scientific, historical or statistical purposes. In doing so, we are relying on Article 6(1)(e) of the GDPR. Where we are processing special category or sensitive personal data, we are relying on Article 9(2)(j) of GDPR. As required under Data Protection Law, we have appropriate safeguards in place in order to protect your personal data; these are set out in the next section.

8. Protecting Your Personal Data

8.1 We have the following measures in place to help ensure we keep your personal data safe:

- All researchers at the University must adhere to university policies and procedures that tell our staff and students how to collect and use your information safely;
- Training is made available to all researchers to ensure our staff and students understand the importance of data protection and how to protect your personal data;
- The University has security arrangements and technical measures in place that ensure your information is stored safely and securely;
- All research projects involving personal data are reviewed and approved by a research ethics committee in line with university policies and procedures;
- Where a research project may involve a high risk, we first carry out a data protection impact assessment to assess risks and ensure adequate safeguards are in place;
- Where your personal data is processed for health research, we will always obtain your explicit consent in advance (in line with the Health Research Regulations 2018).

8.2 Personal data is not collected in this research.

11. How Long Will We Keep Your Data

11.1 All Data collected for this research project will be retained for seven years.

12. Your Rights

12.1 Depending on the lawful basis which we rely on to process your Personal Data, you may have the right to request that we:

- provide you with information as to whether we process your data and details relating to our processing, and with a copy of your personal data;
- rectify any inaccurate data we might have about your without undue delay;
- complete any incomplete information about you;
- under certain circumstances, erase your Personal Data without undue delay;
- under certain circumstances, be restricted from processing your data;
- under certain circumstances, furnish you with the Personal Data which you provided us within a structured, commonly used and machine readable format;

12.2 Requests for any of the above should be addressed by email to the Principal Investigator at anca.minescu@ul.ie AND the Data Protection Officer at dataprotection@ul.ie. Your request will be processed within 30 days of receipt. Please note, however, it may not be possible to facilitate all requests, for example, where the University is required by law to collect and process certain personal data including that personal information that is required of any research participant.

12.3 It is your responsibility to let the Principal Investigator know if your contact details change.

13. Queries, Contacts, Right of Complaint

13.1 Further information on Data Protection at the University of Limerick may be viewed at www.ul.ie/dataprotection. You can contact the Data Protection Officer at

dataprotection@ul.ie or by writing to Data Protection Officer, Room A1-073, University of Limerick, Limerick.

13.2 You have a right to lodge a complaint with the Office of the Data Protection Commissioner (Supervisory Authority). While we recommend that you raise any concerns or queries with us first at the following email address anca.minescu@ul.ie, you may contact that Office at info@dataprotection.ie or by writing to the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28.

E. Interview Guide

Semi-Structured Interview Questions:

1. Can you describe your role in the Mental Health Initiatives with the Irish Traveller Community?

2. Can you describe the Mental Health Initiatives? How did they come about, what activities took place, where and who participated?

3. How is mental health included in the initiatives you developed or deliver?

4. What feedback did the Irish Traveller community give you about the initiative? Did other people from outside the community give any feedback?

5. What inspired you to do this kind of project/initiative?

6. Do you know any other projects inside your community that aim to improve (mental) health?

7.What are the best ways to reach out to people in the Irish Traveller Communities to inform them about mental health?

8.What are the biggest obstacles in reaching out to people in the Irish Traveller Communities when it comes to mental health?

9. Would you like to add anything that was not mentioned before but is crucial when working on the topic of mental health with Irish Travellers?