Table 1. Peer reviewed published scientific studies related to Traveller Mental Health (N=19)

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| **Title** | **Author** | **Year** | **Recruitment** | **Quantitative/Qualitative** | **Participants** | **Study Design** | **Key Findings** |
| Health care for Travellers: one year’s experience.  | Streetly A | 1987 | United KingdomClinical Medical Officer; on site | Quantitative | N=204 Travellers | Two health visitors and a medical officer visited every two weeks for one year to provide a mobile health service within the Medway district. Access to a Psychiatrist | Poor environmental conditions; increased health education; suggested holding of medical card for medical history; named healthcare worker to increase trust and participation  |
| [Health status of Gypsy Travellers.](https://www.ncbi.nlm.nih.gov/pubmed/11450929) | Van Cleemput P, Parry G | 2001 | United KingdomSpecialist Health visitorAll travellers approached irrespective of demographic background or accommodation | Quantitative  | N=87 adult Gypsy Travellers matched for age and sex with English or Irish residents, registered with an urban general practice in an area of high social deprivation | Pilot studyCompared the health status of traditional Gypsy Travellers with norms from the UK population, and with a concurrent comparison group using the Euroqol health status measure (EQ-5D), including a measure of anxiety and depression. Interviews | Scored worse on 3 of the 5 components compared to matched counterparts- (mobility, activity, and perception of health) not overallHealth status of Gypsy Travellers was significantly poorer than in the lowest socio-economic UK population group, but was not so markedly different from a concurrent, matched, socially deprived resident group. |
| Irish Travellers and forensic mental health. | Linehan SA *et al* | 2002 | Republic of IrelandCensus | Quantitative | N=40 Travellers  | Irish Travellers admitted to the National Forensic Psychiatry service were identified from a case register. New prison committals were sampled as part of theroutine committal screening to identify ethnicity. | There is over-representation of Travellers in forensic psychiatric admissions. This reflects the excess of Travellers amongst prison committals. |
| [Health status of Gypsies and Travellers in England.](https://www.ncbi.nlm.nih.gov/pubmed/17325395) | Parry G *et al* | 2007 | United KingdomQuota‐sampled Homes or alternative community settings of the participants at five study locations in England. | Quantitative | N= 293 Gypsies and Travellers of UK or Irish origin, and an age-sex-matched comparison sample (n = 260); non-Gypsies or Travellers from rural communities, deprived inner-city white residents and ethnic minority populations. | Epidemiological surveyStructured interview of quota sample and concurrent age-sex-matched comparators.Euroqol health status measure (EQ-5D).  | Significantly more likely to have a long-term illness, health problem or disability, which limits daily activities or work, had more issues with mobility, self-care, usual activities and pain or discomfortx3 more likely for anxiety and x2 more likely for depression |
| Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study | Van Cleemput P *et al* | 2007 | United KingdomPurposive subsample from in-depth interviews using framework analysis.The homes or alternative community settings of the participants in five geographically dispersed study locations in England. | Qualitative | N=27 Gypsies and Travellers with an experience of ill health,  | Illuminated findings of the survey of the health status of Gypsies and Travellers by exploring their health-related beliefs and experiences.Purposively sampled from a larger population participating in an epidemiological survey of health status.Interviews | Four major themes emerged relating to health beliefs: the travelling way; low expectations of health; self‐reliance and staying in control; fatalism and fear of death. Among Gypsies and Travellers, coherent cultural beliefs and attitudes underpin health-related behaviour. Ill health is seen as normal, an inevitable consequence of adverse social experiences, and is stoically and fatalistically accepted. |
| [A feminist exploration of Traveller women's experiences of maternity care in the Republic of Ireland.](https://www.ncbi.nlm.nih.gov/pubmed/17118498) | Reid B, Taylor J | 2007 | Republic of IrelandSnowball samplingCommunity setting | Qualitative | N= 13 Traveller women aged 19-42 yrs. Each had experienced between two and eight pregnancies. | Reflexive Feminist ResearchUnstructured non-directive interviews | Fluid concept of culture affected Traveller women's expectations and negotiation of maternity care. Nature of familyism, socialisation and religious beliefs, and the particular emphasis placed upon peer support. ‘Possessive individualism’ was portrayed as conflicting with contraceptive use, the uptake of preventive care and women's reporting of mental-health problems. |
| Gypsies and Travellers: Cultural influences on health | Dion, X.  | 2008 | United KingdomFemales known to a health worker- 3 extra participants identified as 'focused sampling'. | Qualitative  | N=12 female Traveller participants | Explored gypsy and travellers ideas of good healthGrounded Theory approach | Six key themes emerged from the data. Traveller women had same idea of good health as general population; fatalism; stress and anxiety; children and self-control; story tell to pass on information through generations; travelling related to anxiety and depression |
| [The normalisation of substance abuse among young travellers in Ireland: implications for practice.](https://www.ncbi.nlm.nih.gov/pubmed/19842298) | Van Hout MC, Conor S | 2008 | Republic of IrelandSample methodBoth the interviews and focus groups tookplace in open plan areas and in the presence of an independent colleague. | Qualitative | N= 67 agency staff, focus groups with 35 Travellers (both parents and youngpeople aged 12 to 18 years) and one-to-one interviews with 10 Travellers(aged 12 to 18 years) who were using or had used drugs.  | Explored drug use amongst a group ofyoung Travellers (aged twelve to eighteen years) in the South EasternRegion of Ireland. Thematic Grounded theory  | The young Travellers exhibited similar trends to “settled” adolescents with regard to drug use trends and attitudes but reported poor levels of health awareness and knowledge of drug services. The social exclusion of young Travellers puts them at risk of problematic drug use due to issues of poor literacy levels, family crisis, and discrimination, poor knowledge of service provision relating to drug education and treatment, and the location of halting sites in areas of high drug usage. |
| Crossing boundaries. Identifying and meeting the mental health needs of Gypsies and Travellers | Goward P *et al*  | 2009 | United Kingdom | Mixed Method | N=60 Travellers surveyedN=17 Travellers interviewedN= 5 Traveller focus groups | A health status surveySemi-structured interviews with Gypsies and Travellers to elicit their views about mental health problems and services | Higher levels of anxiety and depression and lower social functioning than a comparison group in a local deprived area concurs with recent calls for “joined-up” working: services need to work across boundaries to address social and economic factors underlying distress and to ensure consistency and communication between primary and secondary care.  |
| [Health and use of health services: a comparison between Gypsies and Travellers and other ethnic groups.](https://www.ncbi.nlm.nih.gov/pubmed/19259880) | Peters J *et al* | 2009 | United KingdomCross Sectional Questionnaire survey | Quantitative | N= 520 recruited age-sex matched sample (260 Gypsies and Travellers matched with 260 Pakistani Muslims, African Caribbean, and White residents), 516 were included in this analysis (173 men, 343 women).  | A cross-sectional questionnaire survey using validated standardised health measures of a sample of Gypsies and Travellers, Pakistani Muslims, African Caribbean, and White adults Health outcomes included general health, health in the past year, limiting long-term illness, anxiety, depression, respiratory symptoms and angina. | Being a Gypsy or Traveller is associated with even poorer health outcomes than those seen in two other ethnic minority group’s resident in England, Pakistani Muslim and African Caribbean, and they in turn have poorer health outcomes than the White residents.  |
| The Irish  Traveller community: social capital and drug use. | Van Hout MC | 2010 | Republic of IrelandPrior to fieldwork, a predevelopment phase of several weekswas conducted to engage with the Traveller communitiesTraveller organizations for introduction- followed by a traveller research assistant for recruitment | Qualitative | N= 12 Gender-based focus groups of Travellers (n = 57)  | Study thematically used social capital framework in terms of Traveller experiences within settled communities, exposure to drugs, and drug using contexts.Conducted as part of a regional needs analysis | Discriminatory experiences, low levels of institutional trust, and an influx of drug activity in the Travelling Communities are contributing to the neutralization of drug taking risk and the development of normative and reciprocal relationships in drug activities.  |
| [Alcohol use and the Traveller community in the west of Ireland.](https://www.ncbi.nlm.nih.gov/pubmed/20078684) | Van Hout MC | 2010 | Republic of Ireland | Qualitative | N=12 peer-accompanied focus groups of Traveller men and women (n = 57) and 45 semi structured interviews with self-selected key agencies | Thematic comparative  | The Travelling Community, and in particular Traveller men, are presenting with increasingly problematic alcohol use, because of dissipation of their culture and their experiences of marginalisation, discrimination, depression, illiteracy and poverty. Difficulties engaging with law enforcement, community health and addiction services compromise their efforts to deal with this problem and home detoxification attempts are common. |
| [The health care experiences of Travellers compared to the general population: the All-Ireland Traveller Health Study.](https://www.ncbi.nlm.nih.gov/pubmed/22761349) | McGorrian C *et al* | 2012 | Republic of IrelandCommunity-based census survey | Quantitative | N=1,947 Travellers (32.5% males).  | Community-based census survey of all Traveller households on the island of Ireland in 2008 and 2009 Comparisons were made with survey data from a nationally representative sample of the Irish general public entitled to means-tested general medical services from the INSIGHT '07 survey. | Increased use of A&E and Mental health services Significantly poorer quality health care experiences and trust in healthcare professionalsAfter multivariable adjustment for the dimensions of service quality, population (Traveller or INSIGHT '07) was not associated with an overall rating of health service quality. |
| [Travellers accessing addiction services in Ireland (2007 to 2010): analysis of routine surveillance data.](https://www.ncbi.nlm.nih.gov/pubmed/24215226) | Carew AM *et al* | 2013 | Republic of IrelandNational epidemiological surveillance database for drugs and alcohol | Quantitative | N=1098- 1.6% of Travellers seeking treatment for addiction as part of the National Drug Treatment Surveillance data | Two parts to the analysis 1) describes the characteristics of Travellers seekingtreatment compared with the larger group who did not identify as Travellers 2) Describes problem substance-use history of Travellers whoavailed of treatment compared with those from the general population. | The number of Traveller cases accessing services increased by 163% between 2007 and2010. Alcohol and opiates were the most common problem substances reported. Traveller women reported high rates of problem opiate use and risky injecting behaviours, contrary to the perceptionthat problem substance use is a predominantly male issue |
| ['Causes of causes': ethnicity and social position as determinants of health inequality in Irish Travellers.](https://www.ncbi.nlm.nih.gov/pubmed/23193193) | Hodgins M, Fox F | 2014 | Republic of IrelandHealth Promotion officer with traveller experienceSnowball sampling | Qualitative | N=34 Traveller menwilling to participate or a Traveller womantrained as a Community Health Worker, interested in discussing Traveller men’s health.3 Focus groups- 2 male, 1 female  | Exploratory interviews4 Focus groups with thematic analysis | Early exit from education as role of provider takes precedenceConcerns about loss of male traveller identity: provider, protector, head of family, respectConcerns about alcohol and drug use |
| ['You likes your way, we got our own way': Gypsies and Travellers' views on infant feeding and health professional support.](https://www.ncbi.nlm.nih.gov/pubmed/24890123) | Condon LJ, Salmon D. | 2015 | United KingdomResearcher introduced by volunteer known to community | Qualitative  | N=22 mothers and grandmothers of English Gypsy, Irish Traveller and Romanian Roma ethnicity  | Semi-structured interviews conducted with a purposively selected sample  | Looked to community for support over health care professionalsRoma Gypsies more likely to breast feed and appropriately wean than Irish Travellers living in England |
| Lived experience of vulnerability from a Gypsy Roma traveller perspective | Heaslip V *et al* | 2016 | United Kingdominterviews in own homeSnowball sampling and gate keepers | Qualitative | N=17 Traveller interviewsIn depth phase: n=13 (2 men 11 women aged 17-78yrs) | Descriptive phenomenological study | Six constituents of the phenomenon of vulnerability were identified as feeling: defined and homogenised as a group; pressurised to conform to live in a particular way; split in one's identity; a loss of one's heritage; discriminated, persecuted and threatened; and powerlessness. |
| The etemic model of Gypsy Roma Traveller community vulnerability: is it time to rethink our understanding of vulnerability.  | Heaslip V *et al* | 2018 | United Kingdom | Qualitative | Drawing upon a qualitative phenomenological research study exploring the lived experience of vulnerability from a Gypsy Roma Travelling communityPresents new model of vulnerability 'etemic model'  | Position Paper describing new 'etemic' model of vulnerability based on previously published qualitative phenomenological study of Roma Gypsy and Traveller community | Etemic perspective of vulnerability provides a unique and novel way of exploring both the lived experience of vulnerability alongside the more biomedical epidemiological approachAssessment must include holistic nurse questions; seek feedbackCultural sensitivity approach |