Our Lives, Our Voices, Our Future: Traveller Men

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DTP

An Roinn Leanaí, Comhionannais,
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Connecting for Life
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Our Lives, Our Voices, Our Future:

Traveller Men

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Francie Boyle

⚙ Foreword

Traveller men experience worse health outcomes than the majority population and despite the numerous research reports that have been carried out, Traveller men's health and particularly mental health seem to be marginalised as highlighted in numerous reports. This study aimed to address this situation and engage directly with Traveller men in a discussion about their life, health, and causes of poor mental health and to identify interventions that would enhance their mental health, prospects, and outcomes.

The study identifies a number of factors that impact negatively on Traveller men's health, such as early childhood experiences of racism, segregation in the education system, experiences that have been internalised which have a deep-rooted and long-term impact on their mental health.

Similarly, unemployment and poverty have contributed to causing deep psychological distress and feelings of hopelessness, which lead to a sense of powerlessness, low self-esteem, and feelings of low self-worth. Correspondingly, lack of proper accommodation and homelessness is also a cause of and leads to anxiety, worry, stress and depression.

Many of the risk factors that have been identified in this report contribute to and increase mental health suffering, such as complicated grief where Traveller men have experienced multiple loss within their immediate and extended families.

Many of these men have tried to address these issues through self-medicating, using drugs and alcohol to deal with the emotional and psychological stress they experience, due to the gap that exist between these men and mainstream services, also due to a Lack of trust, discrimination and the absence of cultural competence among service providers which further compounds these issues.

Overcoming the stigma and shame within the Traveller community regarding mental health is a further significant challenge where cultural norms alongside internalised stigma and shame due to the projection of negative stereotypes, have become internalised and negatively impact and effect Traveller men's sense of self and contributes to fear of exposure among Traveller men which in turns leads to them hiding psychological or emotional difficulties they might be experiencing until it reaches a point of crisis. All of these factors intersect and contribute to the development of poor mental health for Traveller men.

The finding in this report show that structural inequality and exclusion have been key factors that contribute to and worsen an already dire situation that many Traveller men who suffer with poor mental health find themselves in, where services that provide adequately for the majority community are unfortunately ethnocentric and don't take into account Traveller culture.

This research attempts to address these short comings and puts forward recommendations that would improve the lives of many Traveller men in Donegal and points the way forward for mental services, not just at a local level, but also at a national level.

I would like to congratulate David Friel and the team for producing an excellent piece work that I believe will be very valuable in the development of culturally inclusive mental health services. Which adds a crucial piece to the building of a more inclusive mental health system and a more equal society in which Traveller men feel valued and respected.

Thomas McCann
Director of the Traveller Counselling Service

⚙ Acknowledgements

⚙ About the Author

David Friel is an Irish Traveller, a Training and Development Officer with Think Equality Donegal and a PhD candidate at the Atlantic Technological University Sligo (ATU Sligo). He is also an Academic Tutor at ATU Sligo. David holds a Master of Arts in Social Care and Social Justice and a Bachelor of Science in Health and Social Care. Most recently, he was a research assistant with the Open Doors Initiative examining inclusive employment practices, which developed into a best practice guide for employers. His research interests include Irish Travellers, Human Rights, Social Justice and Participatory Action Research.

Dr Susan McDonnell and Dr Tamsin Cavaliero, esteemed researchers and lecturers at ATU Sligo, acted as David's research supervisors throughout this research project by providing support, guidance and intellect from its initiation to dissemination. Their dynamism, diligence and feedback were integral to completing this research.

⚙ Chapter 1 Introduction

The year 2022 signifies fifty-nine years that have passed since the publication of the Report of the Commission on Itinerancy[1] (COI 1963), and yet, Irish Travellers continue to figuratively and literally live on the margins of Irish society. The Irish Traveller community have endured years of oppression, persecution and assimilation (Moore 2012). Strong correlations have been observed between this oppression and Travellers' experiences of mental health issues which are further impacted by various contexts, issues and experiences. Today, Irish Travellers' have been found to have a higher rate of suicide than any other group on the island of Ireland, with the All Ireland Traveller Health Study [AITHS] (2010) identifying Travellers as a 'high-risk group' in relation to poor mental health. Despite constituting less than 1% of the Irish population, Traveller males account for 10% of national young male suicide statistics (McKey et al. 2020). Traveller Non-Governmental Organisations [NGOs] are calling for action to address this "mental health epidemic" within the community (Holland 2021).

The purpose of this research is (i) to explore the issues, needs and interests of Traveller men who experience mental health challenges between the ages of 18-65 in Donegal (ii) to identify what is working well and identify areas of refinement to increase access to mental health services for Traveller men in the county and (iii) to explore the impact of COVID-19 and the responses to the pandemic on Traveller men's mental health in Donegal.

This study aimed to engage Traveller men in a discussion about their life, health and key determinants of their mental health to identify interventions that would enhance their mental health status, prospects, and outcomes. The research design was qualitative and participatory, consisting of twelve semi-structured interviews, two focus groups and an advisory group comprising Traveller men. The advisory group was involved in this research from conceptualisation to the documentation of findings and recommendations. This design and methodology were chosen to address the following key question:

What are the mental health experiences of Traveller men living in Donegal?

1.1 Why is this research needed?

The need to focus on Travellers' men's health is situated within the context of the increased international acknowledgement of the significance of focusing on men's health in general. Despite advances in science, health care, and public health, males continue to suffer from more severe illnesses and die younger than women (Wilkins and Savoye 2009). The statistics on Traveller men's health are bleak. Traveller males experience worse overall health outcomes than the general population (Hodgins and Fox 2014; AITHS 2010). Therefore, the significance of this research is that it provides the narratives of Traveller men's experiences of mental health rather than solely quantitative data. The collection of these narratives is essential as they are the "most powerful tool we have for increasing understanding and building engagement with complex issues" (Neimand 2018).

Despite the dearth of research available both internationally and nationally on the specificities of mental health and suicide among the Traveller community, and more specifically Traveller men,

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1   The Report of the Commission of Itinerancy was the first systemic attempt by the Irish government in 1963 to settle, assimilate and rehabilitate Irish Travellers.

existing literature suggests that Travellers' experience poorer mental health and higher suicide rates compared to the general population (Peters et al. 2009; AITHS 2010; Villani and Barry 2021). O'Mahony (2017) found that 26% of Travellers have been affected by suicide in their immediate family. A further 45% identified their own mental health as an issue. Therefore, as acknowledged by the Oireachtas Joint Committee, "a mental health crisis [is] facing the Traveller community" (Final report 2021, p.25).

Additionally, qualitative studies have seen little participation from Traveller men regarding their health. This is then compounded by the lack of reference to their needs in national health policy documents (McEvoy 2007; Fox 2009). Irish Traveller men infrequently participate in research studies on Traveller health and health service usage, thus leading lives that are largely hidden from the dominant settled society (Fountain 2006). McKey et al. (2020) state that research is immediately required to "understand the cultural, community and healthcare reverberations" of poor mental health and suicidality in Travellers. Such studies are needed to inform policy locally and internationally. An overview of current governmental policies and strategies is outlined in Appendix 1. This research aims to engage Traveller men to discuss their experiences of mental health difficulties and what they perceive as the main factors impacting them. It also seeks to determine the feasibility of engaging Traveller men in initiatives that improve their health.

This research also derives from the actions cited in the Community Health Organisation [CHO] area 1 Traveller Health Strategic Plan (2018-2022) and Connecting For Life Suicide Prevention Action Plan (2017-2020). This research aims to build knowledge around the mental health experiences, challenges and needs of Traveller men in Donegal, which can contribute to collective learning regarding the provisions needed to improve Travellers' health and well-being. Additionally, given that 83% of Travellers reported receiving advice and health information from Primary Health Care for Traveller Projects (PHCTPs), this research is significant in informing the work of Traveller organisations locally, regionally and nationally (AITHS 2010; Pavee Point et al. 2013).

1.2 Key Findings

An executive summary of the key findings is provided below, mirroring the detailed results in Chapter 4 and the discussion in Chapter 5.

1. **The Social Determinants of Traveller Men's Mental Health**

   - **Accommodation:** Severe accommodation deprivation[2] and homelessness was correlated with Traveller men's experiences of poor mental health with anxiety, worry, stress, low self-esteem and self-worth being self-reported by Traveller men as a result of their insecure or substandard accommodation status.

   - **Education:** The findings from this research indicate that Traveller men's early childhood experiences of racism, segregation and low expectations in the school setting are internalised, having a deep-rooted and long-term impact on their mental health. Traveller men reported that these early experiences in the school setting manifested as "internalised oppression" throughout their lives. This internalised oppression resulted in Traveller men feeling inadequate, powerless, isolated and in some cases denying their identity to prevent hostility or maltreatment. It was depicted as intergenerational as

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2   Accommodation (housing) deprivation is defined by FRA (2020, p.88) as dwellings that are overcrowded and exhibit at least one of the housing deprivation measures, namely a leaking roof, no bath/shower and no indoor toilet, or a dwelling considered too dark.

Traveller men described their children as subject to similar inequitable treatment, which they identified as a chronic daily stressor.

- **Employment and Poverty:** Traveller men identified unemployment and subsequent poverty as significant determinants of their mental health. Unemployment and poverty were associated with psychological distress and feelings of hopelessness, negativity, powerlessness and low self-worth. These conditions, combined with extreme exclusion and discrimination, are proven risk factors for mental health issues and incidences of suicide.

- **Physical Health:** Traveller men self-reported having either fair or poor physical health. They acknowledged that poor physical health increased their experiences of poor mental health and vice versa. The identified factors contributing to Traveller men's poor physical and mental health were accommodation deprivation, poverty, racism and discrimination from health/fitness establishments.

2. **Traveller Men's Increased Experiences of Mental Health Risk Factors**

- **Bereavement and Grief:** Extensive research indicates that Irish Travellers have a higher death rate than the general population in Ireland. Traveller men reported increased incidences of family bereavements (from suicide or sudden death) adversely impacted their mental health. The experience of bereavement overload (one loss after another without time to grieve) was linked with maladaptive coping mechanisms such as drugs or alcohol and experiences of suicidal ideation or attempt.

- **Drugs and Alcohol:** The emotional vulnerability of increased experiences of bereavement coupled with precarious life circumstances and social exclusion led Traveller men to utilise drugs and/or alcohol as a maladaptive coping mechanism. Traveller men identified drugs and/or alcohol as a stimulus to ease distress and were consumed typically in isolation rather than in social settings due to racism and discrimination. Traveller men identified drugs and/or alcohol as a factor in their experiences of suicidal ideation or attempt but not as the sole cause.

- **Suicidal Feelings:** Seven out of twelve Traveller men who participated in the research reported experiencing suicidal ideation or attempting suicide in the past. The factors leading to these psychological states were identified as multidimensional with the interplay of many factors in this report occurring simultaneously. Therefore, no sequential development was identified for Traveller men experiencing suicidal ideation or attempt.

3. **Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support:**

- Most Traveller men reported having negative experiences with their GP and statutory or non-statutory mental health services. These experiences included the lack of cultural competence, empathy and trust, bias and discrimination. As a result, they indicated a general distrust of the GP and mental health services, and uptake of these services is low, even in cases where Traveller men exhibited factors associated with increased risk of suicide.

4. **Internal/External Shame and Hegemonic Masculinity:**

   - This study found that the complex interplay between internal and external shame/ stigma and hegemonic masculinity profoundly affected Traveller men's mental health. External stigma in the form of labelling, stereotyping and discrimination resulted in Traveller men developing internal stigma that evoked feelings of devaluation, shame and isolation when speaking about or seeking support for mental health or their sexual orientation as LGBTQ+. This was intensified by the processes of hegemonic masculinity and the normative notion of the Traveller 'man' as incompatible with feeling or expressing emotions. Traveller men who failed to align with normative hegemonic masculinity were perceived as less 'masculine', resulting in a deep sense of embarrassment and low self-worth.

5. **Racism, Discrimination and Social Exclusion and Traveller Men's Mental Health:**

   - The findings of this study identified that the cumulative and simultaneously occurring experiences of racism, discrimination and social exclusion had a profound impact on Traveller men's mental health. This resulted in Traveller men experiencing feelings of shame, low self-worth and disfranchisement from society, all of which have been connected with poor mental health experiences and outcomes among minority groups.

6. **Racial/Ethnic Policing:**

   - Structural racism in the form of racial/ethnic policing from the Gardaí adversely impacted all Traveller men's mental health. Experiences of being subject to racial slurs, wrongful convictions and involuntary interactions were identified as chronic stressors that led to Traveller men experiencing psychological distress and poor mental health.

7. **COVID-19 and Traveller Men's Mental Health:**

   - All twelve Traveller men directly correlated the COVID-19 pandemic with their experiences of poor mental health and described how the pandemic exacerbated their pre-existing social, cultural, political, systematic and structural exclusion which negatively impacted their mental health.

8. **Identified Protective Factors**

   - Traveller men suggested that an improvement of their Social Determinants of Health [SDOH], culturally competent and accessible mental health services, increased mental health awareness and promotion among men, a Traveller-specific counsellor and an LGBTQ+ support group or worker would be conducive to improving their mental health status, outcomes and prospects. Additionally, many voiced aspirations for the future where they lived without racism, discrimination and social exclusion as these processes were identified as significant determinants in Travellers men's poor mental health status and outcomes.

1.3 Key Recommendations

An executive summary of the key recommendations is provided below, mirroring the detailed discussion located in Chapter 6.

1. **The Social Determinants of Traveller Men's Mental Health**

    - **Traveller Accommodation and Homelessness:** There is a need for an interagency working group to be established between Donegal County Council, DTP and relevant others. From this group, a response should be developed (with clear targets, actions and resources) to address the needs that arise from the intersectional impact of Travellers experiencing homelessness and mental health challenges.

    - **Education, Employment and Poverty:** It is recommended that educators at the primary, secondary and third level develop a more robust anti-oppressive and anti-discriminatory practice. Therefore, in line with Section 42 of the Irish Human Rights and Equality Act (2014), educational settings should uptake anti-racism, anti-discrimination and cultural competence training.

    - **Physical Health:** It is recommended that there is a specific focus on Traveller men's physical health through targeted initiatives that capture their interests (i.e. gym, football, horses, walking). As identified in this study, Traveller men feel they have little opportunity to physically exercise due to racism and discrimination, therefore, it is recommended that the conditions are created for them to improve their physical health. Intersectoral and interagency partnerships should support this to create better health outcomes for Traveller men.

2. **Traveller Men's Increased Experiences of Mental Health Risk Factors:**

    - This study's findings suggest a need for an HSE-funded position of a peer Traveller mental health worker to be located in Donegal. The provisions for such a post would increase the capacity to deliver mental health awareness among Travellers and engage with services at a local level to improve the access and outcomes of Travellers accessing mental health services or supports[3].

3. **Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support:**

    - It is recommended that primary care teams within the region uptake public sector duty training, cultural competency, anti-racism and discrimination training to improve the experiences of Traveller men availing of their support during crises.

    - It is also recommended that primary care teams engage and work collaboratively with DTP to develop and deliver a positive mental health awareness and suicide prevention campaign among Traveller men.

4. **Internal/External Shame and Hegemonic Masculinity:**

    - The stigma of mental health remains prevalent among Traveller men. This is compounded by hegemonic masculinity. There is a need for educational anti-stigma interventions with Traveller men with a specific emphasis on mental health literacy which has been proven

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3   Additionally, this position would be integral in providing grassroots support to Traveller men to ensure early intervention and appropriate support for the intersectionality of issues they are experiencing. Additionally, it would address stigma and offer role models to Travellers across the county. It would also help address the 84% unemployment rate experienced by the community.

to advance knowledge, attitudes, and help-seeking behaviour. This could take the form of workshops, conversations and information sharing with Traveller men and the general public discourse to facilitate an understanding of mental health and the stigma attached to it.

5. **Racism, Discrimination and Social Exclusion and Traveller Men's Mental Health:**

   - It is recommended that in line with Section 42 of the Irish Human Rights and Equality Act (2014) all public services should uptake public sector equality and human rights training.

6. **Racial/Ethnic Policing:**

   - It is recommended that An Garda Síochána should establish a dedicated policing plan in consultation with DTP to improve and develop a better relationship with the Traveller community. A rights-based campaign and associated awareness tools tailored specifically towards Traveller men should be developed with the aim of restorative dialogue, trust and reciprocity.

7. **Future Research:**

   - There are radical possibilities for this research and its methodology to be expanded locally, regionally and nationally to ascertain the mental health challenges experienced by Traveller men, women and children by having a broader sample and using an intersectional lens to understand the multi-dimensional factors impacting their lives. Additionally, this research could be extended to the Roma community.

1.4 The Irish Traveller Community

The Equal Status Act (2000) defines Travellers as:

> **The 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.**

> **(Equal Status Act 2000)**

Irish Travellers' (Pavees or Mincéirí as they refer to themselves) are an ethnic minority group indigenous to Ireland (Gmelch 1985; Helleiner 2003). They have their own culture, value system and shared history deriving from their nomadic tradition, distinct from that of the 'sedentary population' (Ní Shúinéar 1994; Farrell and Watt 2001, p.99). Additionally, the community have a common language called Gammon or Cant by Travellers themselves and Shelta by scholars (Hout and Staniewicz 2011, p.195).

There are 30,987 Travellers in the Republic of Ireland meaning the community constitutes only 0.7 per cent of the total population (Central Statistics Office [CSO] 2016). Like the sedentary population, Travellers are not an homogenous group despite presumed homogeneity by the majority population (All Ireland Traveller Health Study [AITHS] 2010, p. 119). The extended family plays a pivotal role in Traveller culture and for many is a core element in their systems of organisation. Family is of utmost significance as it provides a continuum of support, including but not confined to emotional and financial (Collins 2012; Hegarty 2013; Watson, Kenny and McGinnity 2017).

The exact origin of Irish Travellers has been a source of debate among anthropologists in academia (McCann, Síocháin and Ruane 1994; Helleiner 1995; Norris and Winston 2005). The community's oral tradition, nomadic way of life, and marginalised societal position have been rationales for Travellers' official written history being nebulous and ill-defined (see Moore 2012, p.28). A recent genetic analysis shows that the emergence of Travellers as a separate group occurred long before the famine. This study led by the Royal College of Surgeons (RCSI) and the University of Edinburgh in 2011 documented that Travellers are a distinct ethnic minority group separated from the sedentary population at least a millennium ago (Hough 2011). This vital research and the fact that Travellers migrated during the famine disproves the theory that Travellers are descendants from the Famine era (The Irish Emigration Museum 2021). Additionally, this research and decades of Traveller activism served as powerful propulsion towards Travellers being officially recognised as an ethnic minority group with cultural traditions distinct from the main population.

1.5 Donegal Travellers Project: Organisational Overview and Work

Founded in 1996, Donegal Travellers Project (DTP) is an independent community development organisation working with and for Travellers to eradicate the racism, discrimination and inequalities experienced by the community in Ireland. DTP's commitment to social justice and equality has now extended to working with the Roma community. However, it is essential to note that this research focuses solely on Traveller men. Working at the grassroots level to affect change locally, regionally, and nationally for over two decades, DTP is underpinned by the commitment to community development principles and a human rights framework. These five community development principles are collectivity, community empowerment, social justice and sustainable development, human rights, equality, anti-discrimination, and participation. The employment of this framework is to create the conditions for Travellers to articulate their identity, organise collectively and work towards the realisation of their rights.

In Donegal, the Traveller population fluctuates between 250 and 350 Traveller families. The most recent profile of the population completed by DTP in August 2020 identified 380 Traveller families living in Donegal and north Leitrim. Donegal is the largest county of Ulster and the third-largest county in the Republic of Ireland. DTP works across the entire county and has offices in the Letterkenny and Ballyshannon areas. While 50 per cent of the Traveller population live in the Letterkenny area, their remit includes all families across Donegal to ensure inclusivity.

As one of the largest NGOs in Donegal, DTP comprises 25 staff members working as a community-based partnership between Travellers, the wider community and members of other minority groups. They work across the Social Determinants of Health (SDOH) to address the socially embedded inequalities and exclusion experienced by the Traveller community. This work is wide-ranging and includes community development, health, early years and adult education, youth work, information and advocacy, accommodation, anti-racism work and intercultural training.

1.6 Terminology and Language

Recognition, language and identity carry significant importance for Irish Travellers given the Irish States' denial of their ethnicity for nearly two decades (McVeigh 2008). Despite this, Irish Travellers continue to be included in two umbrella terms that are primarily utilised in the U.K. and E.U political discourse. Gypsy Roma Traveller (GRT) or Gypsy Traveller is the umbrella term most frequently used in the U.K. At the same time, 'Roma' is the overarching term utilised in E.U policy discourse to describe several nomadic groups including Travellers, Sinti, Roma, Ashkali, Manush, Dom and Lom (European Union Agency for Fundamental Rights [FRA] 2012). These terms are problematic as they assume homogeneity, with the single signifier of nomadism being used to create one homogenous category that ignores communities' historical and cultural diversity (Greenfields 2017, p.24: McDonagh 2019, p.40-1). Additionally, it can obscure the impact of policies and strategies for particular communities as their issues, contexts and experiences differ within and between groups. For these reasons, the term Irish Traveller, Travellers or the Irish Traveller community will be referred to throughout this report.

1.7 Outline of the report

Chapter one of this project introduced the research by providing the context. Chapter two provides a thematic analysis of the literature available concerning Traveller men's mental health. This is followed by Chapter 3, which outlines the methodology employed in the research. Chapter 4 encompasses the research findings and Chapter 5 contextualises these findings in a discussion. Finally, Chapter 6 provides recommendations for policy, practice and future research.

☸ Chapter 2 Literature Review

2.1 Introduction

The study of Traveller men's mental health both internationally and nationally has been minimal. This chapter aims to provide a thematic literature review outlining all the pertinent literature concerning this topic to create a context for this particular research project. Given the broad scope of the literature available from various disciplines, this review will provide context into the following areas: Traveller mental health, shame and stigma, barriers to accessing mental health services, Traveller identity and culture, substance misuse and alcohol, the Social Determinants of Health (SDOH), racism, discrimination and social exclusion, and the impact of COVID-19 on Travellers' mental health. A summary of the review will conclude this section.

2.2 Traveller Mental Health: The Current Status

Mental health defies a neat definition and is open to contrasting and conflicting interpretations. However, the conceptualisation of mental health in this project aligns with that of the World Health Organisation (WHO 2010) which defines mental health as:

> **"a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community".**

Today, the suicide rates and mental health statistics for Traveller men make for sombre reading. Traveller men are seven times more likely to complete suicide than the general population, with its prevalence most common in the 15-25 age demographic. Traveller suicide accounts for 11% of all Traveller deaths (AITHS 2010). Additionally, 90% of Travellers agree that mental health problems are common in the community and 82% have been affected by suicide (O'Mahony 2017). Travellers also reported a higher number of days experiencing poor mental health and Frequent Mental Health Disorders (FMDs), including depression and anxiety (McKey et al., 2020). The increased exposure to death and experiences of bereavement primarily due to suicide and Travellers' low life expectancy has also been identified as a factor in the poor mental health of Travellers, given its contribution to grief and its often negative psychological impact (Tobin et al. 2020). A 2013 study by McCorrian et al. on Travellers indicated that increased experiences of bereavement relative to the general population had negative implications for Travellers' mental health and wellbeing.

2.2.1 Shame and Stigma

The concept of stigma covers many interrelated components, such as stereotyping, labelling, loss of status, power exertion and discrimination. The "othering" of ethnic minorities has been cited in international literature as a significant factor in producing health and social inequalities. The position of the 'other' experiences discrimination connected to fear and the perceived link between ethnic minorities and disease. Stigma is a phenomenon that has been extensively researched due

to various aspects of human life such as race, sexuality, employment, ethnicity and health can be stigmatised (Goffman 1959; Link and Phelan 2014). Young et al. (2013) defined stigma as "a socially and culturally embedded process through which individuals experience stereotyping, devaluation and discrimination" (Young et al. 2013 cited in Owuor and Nake 2015, p.2).

Link and Phelan (2014) and Kang (2013) have written about external stigma as a deterrent for individuals accessing health care services and the implications of subsequently internalised stigma on one's overall well-being, mental health and overall health outcomes. External stigma occurs as a result of the actions of external players such as friends, family, community or wider society towards an individual. These actions are interrelated with concepts such as labelling, stereotyping, loss of status, discrimination and exertion of power. Internal stigma occurs when the stigmatised individual accepts these actions directed towards them as true and is presented as subjective beliefs of devaluation, shame, marginalisation and isolation (Owuor and Nake 2015). Internalised stigma has been identified as a key risk factor for poor mental health (Rüsch et al., 2014 as cited in Owuor and Nake 2015). Within the Traveller community, a strong internal stigma is associated with mental health issues, particularly suicide and suicidal ideation, which negatively impacts help-seeking behaviour (AITHS 2010). A lack of general awareness of mental health, combined with shame in discussing mental health issues, continues to persist among some members of the Traveller community (Pavee Point 2015a).

Pavee Point (2015a) also contends that stigma concerning sexual orientation contributes to Traveller suicide and self-harm. A large body of anecdotal evidence would suggest that Traveller men's sexual orientation would contribute to their poor mental health and suicide rates (See Finnegan 2017; Pownwall 2020; Warde 2021). However, there is a dearth of literature and research exploring the same. A study conducted in Dublin by the Eastern Region Traveller Health Network offered startling insights concerning the emotional challenges of LGBT Travellers (Pavee Point 2015a). The following are the principal findings:

- 5 of 11 had self-harmed; they were aged between 15 and 18 when they first self-harmed.

- 6 had seriously thought about ending their life.

- 5/6 stated their thoughts were "very much related" to being LGBT.

- 2 of 3 participants with children had planned and attempted suicide.

- The average age for attempting suicide was 17.4 years.

LGBT Ireland (2020, p.7) asserts that the mental health implications for Travellers who are LGBT will be devastating as "the secrecy of passing as straight, marrying, becoming a parent and fulfilling what's expected of you within the Traveller culture is a timebomb waiting to happen for many in the Traveller community of which 8-10% are LGBT+. That's approximately 5,000 Travellers".

2.2.2 Barriers to Accessing Mental Health Services

It is widely accepted that health services are often structured to meet the requirements of the majority population rather than the distinct needs of ethnic minorities who are marginalised, disfranchised and often ostracised (Villani and Barry 2021). Therefore, coinciding with Travellers' poor mental health status is their recorded dissatisfaction and lack of engagement with mainstream health services (AITHS 2010). Pavee Point (2015a) contend that the lack of procedures to record

ethnic identifiers within mental health services has resulted in a significant knowledge gap on the access, participation and outcomes of mental health provision and suicide prevention for Travellers. Findings from the literature identify the institutional, cultural, social, and structural barriers that prevent Travellers from availing of or participating in mainstream mental health services (Walker 2008; AITHS 2010). The following have been mentioned as the principal barriers to Travellers availing of mental health support or treatment:

- Lack of culturally appropriate services and perceived social/cultural stigma.
- Experiences of unfair treatment and concerns about the quality of care.
- Racism and discrimination from services[4].
- Poor service provision with the lack of information and culturally appropriate engagement.
- Absence of trust, feelings of disempowerment and fear of repercussions of accessing services (e.g. children will be taken into state care).

2.2.3 Traveller Identity and Culture

Close-knit family ties underpin Traveller culture. The extended family plays a pivotal role in Traveller culture and for many is a core element in their systems of organisation. Family is of utmost significance as it provides a continuum of support, including but not confined to emotional and financial help (Watson, Kenny and McGinnity 2017; Collins 2012). Most Travellers are Roman Catholics, whose interpretation and practice of Catholicism differ from that of the settled population. McKey et al. (2020) suggest that the stigma arising from strong religiosity may be a further factor in the underreporting of suicide or mental health difficulties. A signifier of Travellers' distinct culture and lifestyle is nomadism, however, today the vast majority of Travellers are no longer nomadic. Nomadism for Travellers has surpassed its textbook definition as a cyclical movement and is now often described as a state of mind (Liégeois 1994, p.79). McDonagh (1994), a Traveller man, concisely documents the fundamental importance of nomadism in fulfilling principal emotional, social, financial and cultural purposes in Travellers' lives (McDonagh 1994, 97-99). Today, a prevailing majority of Irish Travellers live in houses (73.3%), however, a proportion continue to live in caravans, mobile homes or trailers (12%) (Seanad Public Consultation Committee 2020, p.16).

There is a consensus between Travellers and non-Travellers alike that nomadism serves important cultural, economic and social functions (Ó hAodha 2011; McDonagh 1994). However, nomadism in Ireland and wider Europe has become increasingly polarised in modernity with social, cultural, political and economic transformations rendering nomadic communities as 'uncivilised' societies in need of 'assimilation' into settled society (see Mac Laughlin 1999; Ó hAodha 2011). Multiple other factors have been attributed to the erosion of Traveller culture. One is the suppression of the language which has been historically subject to political turmoil in the decades of state denial of Traveller ethnicity as recognition of language would legitimatise Travellers' right to ethnic status (see Rieder 2018). The lack of provision for Traveller appropriate accommodation has also been identified as a threat to Traveller culture as living among the extended family and preserving cultural practices such as keeping horses is becoming no longer feasible (see Villani and Barry 2021; Friel 2021). Finally, the obliteration of the Traveller economy has significantly impacted Traveller culture and nomadism. Historically, Irish Travellers were conventionally commercial nomads, fulfilling economic niches

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4   This was confirmed by 70% of service providers that participated in the AITHS (2010), stating that Travellers experience racism and discrimination from services on the basis of their ethnicity.

that were not viable from a sedentary base, however, with modernity came the eradication of the traditional Traveller economic base. Urbanisation, industrialisation and legislation have narrowed down the physical and legal space to accommodate Traveller culture and economy (Bhreatnach 2006; Joyce 2018). With traditional forms of employment no longer of value and educational disadvantages widespread throughout the community, many Traveller (men) in urbanised areas began to engage in scrap collecting and hawking. Rural depopulation, the introduction of agricultural machinery and the advent of plastic coinciding with urbanisation resulted in Travellers' skills being no longer of value (Joyce, O'Reilly, O'Brien, Schweppe and Haynes 2022).

Additionally, the Casual Trading Act (traders need a licence for any market or selling) served as a significant barrier for Travellers as most suffer from poor literacy and have difficulties when engaged with external agencies (Cavaliero and McGinley p.321). The Housing (Miscellaneous Provisions) Act 2002, which McVeigh 2007 equated to 'cultural genocide', also significantly impeded Traveller nomadism and economy. The act enables local authorities to evict Travellers without fulfilling their duty to provide culturally appropriate accommodation, often rendering them with nowhere to live (Lentin and McVeigh 2006; McVeigh 2007).

2.2.4 Hegemonic Masculinity

The first act of violence that patriarchy demands of males is not violence toward women. Instead patriarchy demands of all males that they engage in acts of psychic self-mutilation, that they kill off the emotional parts of themselves. If an individual is not successful in emotionally crippling himself, he can count on patriarchal men to enact rituals of power that will assault his self-esteem.

(bell hooks 2004, p.66)

Gender in the form of hegemonic masculinity has been regularly cited in the literature as a significant factor in understanding the elevated levels of poor mental health and suicide among Traveller men. Farrimond (2012, p.3) states that hegemonic masculinity involves being "competitive, aggressive, emotionally contained, self-reliant, heterosexual and a good provider". The embodiment of masculinity encompasses a broad array of practices, behaviours and explicit expressions of preferences and attitudes, many of which increase the risk of illness or injury, resulting in compromised health. This can include the disregard for safety, demonstrations of strength or physical ability, disinterest in pain, and the rejection of guidance or support (Lohan 2009; Farrimond 2012). In enacting gender, Traveller men concurrently risk their health (see Hodgins and Fox 2014). However, it is pertinent to remember that Traveller males, like any other culture, are diverse with multiple identities existing between and within the group. Hegemonic masculinity is interrelated with the idea of emotionally restricted masculine identities as implicated by Richardson et al. (2007), Van Cleemput et al. (2007) and Walker (2008). This notion solidifies the idea of "the man" being antithetical to experiencing a feeling or expressing emotion. This consequently impacts help-seeking behaviours and results in maladaptive coping mechanisms such as alcohol misuse in emotional or uncomfortable situations (Tobin et al., 2020).

2.2.5 Substance Misuse and Addiction

Alcohol and substance misuse are significant risk factors for suicide and have a detrimental impact on Traveller men's health and mental health. Alcohol and drug misuse have been documented to be most prevalent among Traveller men of a young age demographic (Van Hout 2011). The literature indicates that Traveller men present with more severe forms of drug and alcohol use than Traveller women (Fountain 2006). This is also mirrored in the national gender drug usage pattern (McCarthy 2005). The issue of alcohol and substance misuse cannot solely account for the high rates of suicide and mental health issues among the Traveller community as substance misuse is a problem within Irish society in general (Joyce 2002; Fountain 2006). However, the high incidence of suicide is not. It has been widely recognised that alcohol and drug misuse has become a maladaptive coping mechanism within the Traveller community attributed to cultural dissipation, marginalisation, unemployment, and experiences of marginalisation, discrimination, bereavement, depression, illiteracy and poverty (Van Hout 2011; Fountain 2006).

2.3 The Social Determinants of Health (SDOH)

> Good mental health is integral to human health and well-being. A person's mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk.
>
> (WHO 2014, p.9)

In line with DTPS's overall ethos, this research project is guided by the Social Determinants of Health (SDOH) approach underpinned by community development principles. Health providers and Traveller organisation alike have recognised the SDOHs as the cause of health inequities among the Traveller community (Pavee Point 2012 p.9). Furthermore, numerous studies have acknowledged the correlation between the SDOH and Travellers' mental health status (AITHS 2010; Hodgins and Fox 2012; Villani and Barry 2021; Friel 2021). WHO (2004) describes the term to be the social and economic conditions that people live in that strongly affect their likelihood of being in good health issues such as impoverishment, social marginalisation, discrimination, insufficient housing, unemployment and so on are key determinants of 'deaths and health inequalities' (WHO 2004). The following determinants will be outlined briefly below to establish their correlation with Traveller men's mental health: education, employment, accommodation and physical/mental health.

Travellers are a group who fare poorly on every social indicator to measure disadvantage in Irish society and this is reflected in their health outcomes. The AITHS (2010) was the first systematic research into Traveller health. This study documented very little change in health discrepancies between Travellers and the general population since 1989 (AITHS 2010). Travellers experience poorer health, lower life expectancy, and higher mortality and morbidity rates than the general population (AITHS 2010; See Appendix 2).

Travellers' exclusion in the education system and the mainstream labour force has also been well established (see Biggart, O'Hare and Connolly 2013). 2012 statistics show that only 13% of Traveller Children complete second-level education compared to 92% of the general public. Economic and Social Research Institute 2012). Seven out of ten children live in a family where parents have no formal education (Department of Children and Youth Affairs 2014). Additionally, only 1% of the Traveller

community has attained a third-level qualification (Department of Children and Youth Affairs 2020). Today, 80.2% of Travellers' are unemployed despite the national unemployment rate in 2018 being at its lowest since 2007 (5.1%) (St Stephen's Green Trust 2019). Travellers' high unemployment rate is due to factors such as poor health, low educational attainment, discrimination, government policies and programmatic issues (see St Stephen's Green Trust 2019). A recent report documented the high poverty levels among Travellers with 31% of households, 28% with children, living in acute poverty. One in ten Traveller families also reported going to bed hungry (European Agency for Fundamental Rights 2020c). National Traveller MABS (2021) has recently written an extensive submission to the department on the negative implications that poverty has on Travellers' mental health, social inclusion and overall health status. The severity of discrimination against Travellers' when in education and seeking employment is well recorded. A recent E.U. report confirms this, documenting that Irish Travellers have the lowest employment rate and face the highest level of discrimination when seeking employment in a study of six European countries (FRA 2020).

Accommodation is one of the most critical issues impacting the Traveller community as 90% of Irish Travellers live in insufficient and inadequate accommodation (FRA 2020; Long and Friel 2020). Approximately 600 families live in unauthorised sites with chronic overcrowding, no running water, electricity and toilets (Department of Housing, Planning and Local Government 2019). It is also important to note that twenty years have passed with five failed Traveller accommodation strategies and their implementation continues to be weak (See Appendix 3). Overcrowding is also associated with housing as 56% of Travellers currently reside in houses with more persons than rooms in a household (AITHS 2010; Watson et al. 2017).

Watson et al. (2017) found that Travellers represented 9% of the homeless figures despite the community only constituting less than 1% of the total population (Watson et al. 2017). However, recent analysis by Pavee Point (2021) found that 39% of Travellers are experiencing homelessness in comparison to 6% of the general population. Like Pavee Point (2021, p. 5-6), this research adopts the European Typology of Homelessness and Housing Exclusion (ETHOS) definition of homelessness[5]. ETHOS's comprehensive definition captures the complexity of homelessness and includes rooflessness, houselessness, living in insecure accommodation, and living in inadequate accommodation. Additionally, it includes individuals in the following categories who are: sleeping rough, in emergency accommodation, in accommodation for the homeless (e.g. hostels and shelters), in institutions with no housing to which to go subsequently (e.g. release from prisons, medical institutions), forced to live in temporary structures (including mobile homes/trailers) and forced to live with family or friends due to lack of accommodation. Aligned with the SDOH adopted in this research, precarious accommodation status has implications for an individual's ability to access education, acquire employment, sustain health and mental health (Greenfields 2008, p. 9; Berlin 2015).

Physical health problems significantly increase our risk of developing mental health problems and vice versa. WHO (2004) contend that low educational attainment impacts an individual's ability to acquire employment and the type of employment, therefore, being unemployed or in insecure employment influences the ability to secure accommodation, maintain health and mental health which leads to

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5   The Housing Act 1988 provides a classification of a person experiencing homelessness under Section 2 of the legislation and is used for accommodation assessment by housing authorities, however, the current definition fails to reflect the complexity of homelessness and excludes individuals couch-surfing, staying with friends and relatives or living in cars or mobile homes from the homelessness count.

cycles of intergenerational disadvantage and deprivation. Therefore, as cited by Villani and Barry (2021), the cumulative effects of psychosocial and economic factors in conjunction with exposure to social and physical environments have negatively impacted Travellers' mental health. An individual's educational attainment can have a detrimental impact on their mental health. Research indicates that lower education equates to a risk factor for individuals to experience mental health challenges and lower levels of resilience.

Additionally, unemployment, precarious employment or employment insecurity also affect an individual's mental health, self-esteem, sense of control and meaning in life. Accommodation status and mental health are intrinsically linked as accommodation conditions also affect individuals' mental health and increase vulnerability to experiencing Frequent Mental Health Disorders [FMDs] such as stress, anxiety and depression. This has also been substantiated in the literature concerning Irish Travellers (Staniewicz and Hout 2012; Pavee Point 2015b; Greenfields and Brindley 2016; Quinlan 2021) and in international research about ethnic minorities worldwide (Hopton and Hunt 1996; Pevalin et al. 2008; Manners et al. 2016; Pharr et al. 2011).

2.4 Racism, Discrimination and Social Exclusion

> There is extensive evidence from research that there is an association between self-reported racism and ill health after adjustment for a range of commonly measured confounders and the strongest and most reliable association is between racism and poor mental health

> (Paradies 2005, pp.888-90)

Racism and discrimination are open to conflicting interpretations, especially in the case of Irish Travellers as for decades the Irish state denied recognising Travellers as an ethnic minority group (Crowley 2005). Therefore, the non-recognition of Travellers' ethnicity equated to the failure to recognise that Travellers experienced racism and discrimination (McVeigh 2008). A widely accepted definition in Ireland is that of the Irish Network Against Racism (INAR), which delineates racism to be:

> Any action, practice, policy, law, speech, or incident which has the effect (whether intentional or not) of undermining anyone's enjoyment of their human rights, based on their actual or perceived ethnic or national origin or background, where that background is that of a marginalised or historically subordinated group. Racism carries connotations of violence because the dehumanisation of ethnic groups has been historically enforced through violence.

> (INAR 2009, p.2)

INAR (2009) states that racism operates via four overlapping and intersecting dimensions: historical, structural, institutional and individual. These four dimensions are as outlined below by INAR (2009, p.5-6):

- **Historical racism** has to do with the specific histories of domination and subordination of groups (i.e. the racialisation of their relationships) in any given society.

- **Structural racism** refers to the fact that society is structured in a way (including via cultural norms) that excludes substantial numbers of people from ethnic minority backgrounds from participating equally in social institutions or having equal life outcomes.

- **Institutional racism** refers to forms of racism expressed in the practice of social and political institutions, to the way institutions discriminate against certain groups, whether intentionally or not, and to their failure to have policies that prevent discrimination or discriminatory behaviour.

- **Individual racism** is the term which covers the forms of racism that most people commonly understand as racism because they are the most visible forms. It encompasses all interactions or behaviour between individuals that are racist or have racist content.

Fay (2001) states racism is when the dominant individual, group, or institution uses their power to block the minority, Travellers, from recognising their fundamental rights. Fay states that the racism of the sedentary population is the genesis of the economic, political and cultural exclusion of Travellers in mainstream society (Fay cited in Farrell et al. 2001). Thompson (2003) delineates discrimination as the process where individuals are disadvantaged by their social identity, resulting in unequal access and distribution of rights, resources, opportunities, and power (Thompson 2003, p.78). Giddens (2001) suggests that "discrimination can be seen in the actions that disqualify members of one group from the opportunities that are open to others" (Giddens 2001, p. 251).

In examining the literature, it is discernible that Travellers face significant discrimination across all SDOHs (AITHS 2010; Watson et al., 2017). Additionally, the literature has evidenced that Travellers endure racism and discrimination based on ethnicity (McVeigh 2008, Irish Traveller Movement [ITM] 2009). This racism and discrimination have been cited to be exacerbated by the media with historical and contemporary representations portraying Travellers as the 'problematic' ethnic group (Hayes 2006). Recent research has cited discrimination against Travellers in Ireland as the worst in Europe, with 65% of the community facing widespread discrimination in housing, education, employment, health and so on (FRA 2020 p.3). Most recently, Joyce et al. (2022) have conducted a piece of ground-breaking research which has examined the relationship between Travellers and the Irish criminal justice system. This research has evidenced that Travellers' fear of racial profiling, wrongful arrest, use of excessive force, wrongful conviction and disproportionate prison sentences has led to a relationship with the Irish criminal justice system founded on mistrust. As mentioned earlier, Travellers only comprise 0.7% of the population, yet Traveller men account for 7% of all male prisoners (Joyce 2019). AITHS (2010) noted high rates of mental health challenges among Travellers in prison with 62% of their sample of 26 prisoners having engaged with psychiatric services in the past 12 months. As noted by Joyce et al. (2022, p.84), there is a "recognition of the role of mental health in negative outcomes in interactions with criminal justice".

Compromised health, social exclusion, material deprivation and discrimination are widely experienced by the Traveller community (AITHS 2010; FRA 2020). The experience and awareness of racial discrimination are associated with poor mental health, including psychological distress, depression and anxiety disorders, psychosis, substance misuse, low self-esteem and life satisfaction, anger and low sense of control (Paradies et al., 2015). According to the literature, how individuals are perceived and judged by others in society impacts their mental health. Wilkinson and Pickett (2010, p.41) highlight this process as 'social evaluative threats,' which refers to how being adversely judged by others can result in social anxiety and insecurity, subjugation and despair (Wilkinson and Pickett 2010). Thus, the simultaneous experience of being perceived as an underserving and devalued group are elements which elucidates the correlation between racism, discrimination and poor mental health.

Drawing on international literature, American scholars contend that the psychology of ethnic minority groups and those socially oppressed is strongly influenced by a psychosocial phenomenon entitled "internalised oppression" (David 2014). Internalised oppression occurs due to the historical and socio-political process of oppression, in which individuals of minority groups become subordinated to the dominant group's values and culture. The internalisation of negative stereotypes and perceived inadequacy by oppressed groups have extensive detrimental implications on how minority groups perceive themselves in society and their social identity. It has been linked to the high incidence of suicide and depression among Alaska Native people, African Americans, and Native Americans. The concept of Internalised oppression resonates with Travellers' experiences in Ireland.

2.5 The impact of COVID-19 on Traveller Mental Health

Internationally, Coronavirus (COVID-19) has caused widespread consequences surpassing the disease itself; however, the concern is that the impact of the pandemic will exacerbate the existing exclusion and poor health status within the Traveller community compared to the general public (Villani et al., 2021). Armitage and Nellums (2020) cite that the Gypsy Roma and Traveller (GRT) population across the continent will be at greater risk of the physical, psychological, social, and economic effects of the pandemic; thus, attention must be placed on safeguarding the Traveller community from lasting effects COVID-19 and the already experienced inequalities (Armitage and Nellums 2020).

A Government report examining the social impacts of the pandemic highlighted the pre-existing vulnerabilities in the areas of accommodation, education, health and mental health that would result in the community being more severely impacted by COVID-19 (Government of Ireland 2020). Galway Traveller Movement (2021) quantitative analysis found that 63% of Travellers surveyed during COVID-19 said they had experienced racism and discrimination. Additionally, 41% of Traveller families in Galway had the digital equipment and internet required for children and young people to do their schoolwork during lockdown. A qualitative study by Friel (2021) on the impact of COVID-19 on Travellers reported that the curtailment of nomadism, restrictions on family and spatial practices, experiences of loneliness and isolation and prohibition of Traveller men socialising via horses were significant factors impacting Travellers' mental health and wellbeing during the pandemic.

2.6 Conclusion

The literature explored here demonstrates the range of factors contributing to the high levels of suicide and poor mental health than the general population, however, the lack of recent research on the topic needs to be addressed. Poor mental health is related to low educational attainment, unemployment, insecure accommodation, substance misuse, racism, and discrimination, which have all been identified experiences within the Traveller community. This is compounded by low rates of helping-seeking behaviour, culturally inappropriate mental health services, shame, stigma and the recent implications of COVID-19. This literature review illuminates the research that exists about Traveller men's mental health, however, a gap exists in up-to-date empirical research solely with Traveller men addressing their experiences and perspectives on what impacts their mental health and associated supportive factors needed. This study will attempt to gap by uncovering Irish Traveller men's perspectives of mental health and associated challenges to understand their lived reality as well as the intricacies they encounter. The capturing of their marginalised voices can be beneficial in addressing health disparities, the SDOHs and improving mental health service provision (Webber-Ritchey, Simonovich and Spurlar 2021).

⚘ Chapter 3 Methodology

3.1 Introduction

The literature review identified a knowledge gap concerning up-to-date empirical research on Traveller men's experiences of mental health. Therefore, this research aims to engage Traveller men in a qualitative study to discuss their experiences of mental health and what they perceive as the main factors impacting them. It also seeks to determine the feasibility of engaging Traveller men in initiatives that improve their health. This chapter will begin by outlining the research design. Following this, the role of the research advisory group will be explored. The sampling and recruitment strategy utilised will be outlined as well as the methods involved in collecting the data and analysing it. Finally, this chapter will discuss the ethical considerations pertinent to this study.

3.2 Research Design

This research adopted a participatory qualitative research design to ascertain Traveller men's lived experiences relevant to their mental health. This approach prioritises personal perspectives to foster purposeful, respectful and liberating dialogue between people in mutual inquiry (Reason and Bradbury 2008). Qualitative research can be explained as the interest in exploring the "nature, explanation and understanding of a phenomenon" (Ryan, Coughlan and Cronin 2009, p.309). In the sphere of social sciences, qualitative and empirical research endeavours to make sense of the world via the eyes of the individuals we are researching and to clarify the 'social forms that man has created around himself' (Bryman 2012, p.617). Wilkinson and Wilkinson (2018, p. 15) cite the following to be the three main principles underpinning a participatory qualitative research approach (1) empowering community members, (2) instigating changes at the policy level, and (3) generating sustainable solutions that match with local communities' needs (Wilkinson and Wilkinson 2018, p.15). Based on these reasons, the choice of participatory qualitative research presented as the most appropriate for this study.

3.2.1 Interviews

There are many methods for collecting data in qualitative research such as interviews, focus groups, observations, documents, videos and so on (Silverman 2000). This research utilised one-to-one semi-structured interviews as its primary method of data collection. Qualitative research using interviews as a data collection method has been popular in research with Irish Travellers. This is because the community has an oral tradition and engages daily in deep conversation with their extended family as social interaction is prioritised (Kiddle 1999). This method has been utilised in an abundance of research with Traveller men where a deeper understanding of health or social phenomena was required (see AITHS 2010).

The use of semi-structured interviews offers a more flexible approach to interviewing as a guide containing selected themes in the form of open-ended questions can yield unexpected responses and issues to arise (Ryan, Coughlan and Cronin 2009, p.310). The open-ended questions in this research were formulated to ensure they were not biased as the literature cites this as a potential disadvantage of interviewing (Ryan et al. 2009 p.313). The interview guide is a schematic presentation of questions deriving from the study's main topics, which leads the interview to be completed comprehensively

(Jamshed 2014). Additionally, it comprises guiding questions that are followed up by probing questions depending on the participant's responses (Kallio, Pietilä, Johnson 2016). The interview guide in this study was designed to begin with an easy introductory question before transitioning to more in-depth questions (Bryman 2012).

3.3 Advisory Group

The use of advisory groups has become standard practice within participatory qualitative research concerning marginalised groups (see Green 2001; AITHS 2010; Smith et al. 2010; Maiter et al. 2013). Dissimilar to conventional forms of research, the inclusion of an advisory group of marginalised individuals signifies an approach that privileges experiential knowledge. This positions them as experts in producing and interpreting knowledge (Fine and Torre 2021). Put simply, Travellers' have been researched **on** rather than **with** which has led to significant misrepresentations (See Crowley 2005). This research was overseen by an advisory group of six Traveller men employed by DTP and Siobhan McLaughlin, the Project Manager, whose role was project management only. The members of the advisory group were: Hugh Friel (Men's Health and Community Development Worker), Martin Mongan (Involve Youth Worker), Kyle Quill (Youth Worker), Michael Mongan (Community Development Worker) and Eddie Friel (Community Development Worker).

The advisory group guided the whole research process from the inception of the research question to dissemination which was achieved through iterative cycles of planning, action, reflection and evaluation at each key stage (Fine and Torre 2021). This ensured that the advisory group informed the research methodology, reviewed research findings and collaboratively developed research-led recommendations. The advisory group process entailed in-person meetings at the four key stages as outlined below, however, members of the advisory group were available throughout the course of the research which acted as an integral support mechanism for both the researcher and participants. This also ensured that the research was participatory and community-led.

Stage	Activities
Stage 1: Initial Planning	Identified research aims, objectives, questions, roles and geographic focus. Finalised data collection methods, agreed on the interview guide and completed pilot interview. Discussion on ethics and agreed terms of reference.
Stage 2: Research Design	Agreed upon sampling technique. Research advertisement was agreed upon and disseminated on social media. Mapping exercise of potential participants was devised to ensure maximum variation and an intersectionality-informed approach. Traveller men were identified, approached and recruited by members of the advisory group.

Stage	Activities
Stage 3: Data Gathering and Analysis	Data collection methodologies were Implemented with the support of advisory group members. Data was then analysed utilising Braun and Clarke's (2006) thematic analysis framework with advisory group members' involvement. Draft findings was made available to all participants for comment.
Stage 4: Dissemination	Prior to dissemination, a draft report was produced and an internal review process was undertaken by the members of the advisory group. A final report incorporating the review feedback was produced and findings were presented for final review. Finally, the report was presented to DTP board of management.

Figure 1: Research Stages and Activities

3.4 Research Sample

Sampling is generally described as selecting a subset from the population of interest to participate in a research study. A subset is chosen because it is not feasible for an entire population to partake in a study. Therefore, a smaller group is selected for data collection (Bryman 2012). There are many approaches to sampling, such as probability, random, purposeful, snowball and so on (Given 2008). However, this research employed a purposeful sampling technique guided by an intersectionality-informed approach to achieve maximum variation. Purposive sampling is a popular non-random technique in qualitative research to identify potential participants who are knowledgeable or experienced to partake in a research study and is the most effective when working with limited time or resources (Patton 2002: Creswell and Clark 2011). The collective decision by the advisory group and the researcher to use a purposive sampling approach is best elucidated by Patton (2002, p.230):

> The logic and power of purposeful sampling lie in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations.

An intersectionality-informed approach to qualitative research is well established, with participatory qualitative methods particularly compatible with intersectionality. Intersectionality-informed research is focused on examining the multifaceted nature of individuals' lives and how they understand as well as navigate their daily experiences of power and privilege (McCall 2005). Qualitative intersectionality-informed research enables participants to speak about their experiences of power,

discrimination, resistance and resilience, which are all essential to highlighting differences and commonalities within and across groups (Hunting 2014).

Regarding Traveller men's mental health experiences, intersectionality-informed qualitative research can help bring attention to factors beyond ethnicity as a determinant of mental health by unearthing how other aspects of identity, social location and processes can influence the mental health experiences of Traveller men (Hunting 2014). These dynamics are often neglected in research and policy focusing on Traveller men's mental health with gender and ethnicity being primarily used as predictive factors without considering other identities or group memberships (see Crowley 2005). Thus, as Hankivsky (2012) suggested, research should approach ethnicity and gender as inevitably intersected by different social categories and multi-level systems and power processes.

An intersectionality-informed approach was taken in this research to identify and recruit participants to ensure the meaningful participation of the community from across multiple social locations. Intersectionality-informed sampling requires a sample population representative of the community of interest while being heterogeneous to allow for inductive exploration (Hankivsky and Grace 2014). The three interrelated questions posed by Cole (2009, p.171) prompt researchers to think about categories beyond additive or isolated. This aids in conceptualising categories as fluid, differentially experienced and mutually constituted. These questions, as cited below, guided the researcher and the advisory group in developing the research sample of this study :

1. Who is included within this category?" (examining which axes of diversity are included and excluded in this category and how the categories may depend on one another for meaning);

2. What role does inequality play? (conceptualising categories as inextricable from hierarchies of power that structure experience);

3. Where are there similarities? (looking for commonalities across categories often viewed as very different).

Participants were then identified using this approach at an advisory group meeting in Stage 2 (see Figure 1). The only inclusion criteria to participate in the research was that one must be over the age of 18, male, living in Donegal and a member of the Traveller community to participate. The exclusion criteria included anyone under age of 18, not a member of the Traveller community, male or living in Donegal, who could not participate. Participants were approached by members of the advisory group who informed them of the study. They also explained and provided them with a Participant Information Sheet (PIS) and Consent Form (CF). The researcher then contacted those who agreed to participate in the study via a phone call outlining the research project and arranged a mutually agreed interview date, time and location. The researcher also answered any questions about the PIS and CF.

In total, 12 Irish Traveller men consented to partake in the research, with one participating in a pilot interview (See Section 3.5). All interviews took place at a convenient location and time for the participants, and DTP provided support (i.e. travel arrangements) to ensure participation. The final research sample consisted of Traveller men of various ages ranging from 18 to 60, abilities, sexual orientation, incarceration status, geographic location, family status, accommodation, employment and education status.

3.5 Pilot Interview

As agreed at an advisory group meeting during the initial planning stage (see Figure 1), a pilot interview was conducted with a male Irish Traveller prior to commencing the data collection process. Many researchers consider the pilot interview as an integral element of qualitative research given its ability to strengthen interview protocols by allowing adjustments. The principal aim of conducting a pilot study is to improve the overall quality of research with a particular focus on enhancing reliability and validity (Kim 2011; Harding 2013). The pilot interview conducted received good feedback from the interviewee. He emphasised that the open-ended and conversation-like style of the questions made him feel relaxed and enabled him to talk more about the question asked. He did suggest that two questions appeared verbose. Therefore, changes were made to the structure of the questions. The data collected from this interview was included in the final research findings.

3.6 Data Collection

The data collection process was initiated in mid-June 2021 and concluded in July 2021. Twelve Irish Traveller men participated in one-to-one semi-structured interviews conducted on a face-to-face basis primarily in DTPs offices in Letterkenny. Only one interview was conducted with each participant and took approximately 40-60 minutes to complete. An interview guide (See Appendix 4) was developed by drawing on the literature review and from the guidance of the advisory group. Each interviewee was presented with the same questions about their experience as a Traveller man living in Donegal. The questions were open-ended. Open-ended questions were preferred to decrease the likelihood of imposing pre-established answers into questions and enable the interview to develop more naturally and freely (Patton 2002). A flexible approach to interviewing was employed to evoke greater reciprocity from the interviewee. Post interview each participant was informed of supports available if they experienced any issues after the interviews process had ended, this is evidenced in the interview guide located in Appendix 4. Interviews were recorded via a Dictaphone and transcribed verbatim, albeit additional field notes were added when appropriate. At the beginning of the transcription process, all interviewees were assigned numbers and all identifiable information was removed.

3.7 Data Analysis

Thematic analysis is a popular approach to data analysis in qualitative research and can be understood as the process of identifying patterns or themes within qualitative data. Subsequent to the completion of data collection in this study, all interviews were transcribed and analysed using Braun and Clarke's (2006) six-step approach to thematic analysis as a guiding framework. The advisory group members worked collectively with the researcher in steps three, four and five of this process (See Figure 2). The first and second steps entailed the researcher reading through all the verbatim transcripts three times to familiarise himself with the data. The researcher then grouped anonymised excerpts that would be understood as standalone statements from the transcripts into groups with similar themes. The third, fourth and fifth step was conducted with the advisory group members during a meeting (See Figure 1, Stage 3). The third step entailed all advisory group members reading the experts and suggesting initial codes. Thematic coding entails categorising text related to a common theme or idea enabling you to index them into categories (Gibbs 2007). This was followed by a dialectical conversation facilitated by the researcher in collating the suggested codes into initial themes. Themes were identified by bringing components of ideas or experiences together which

would be meaningless if viewed in isolation (Aronson 1994). Following this, the fourth step entailed the advisory group members with the researcher collectively reviewing the themes in relation to the excerpts and the entire data set. A thematic map was drawn on a whiteboard to ensure congruency among the themes. This is followed by the fifth step of finalising the themes and a shared agreement about the names allocated to each theme. Step six was conducted primarily by the researcher who wrote up the findings concerning the research question and theoretical literature, however, verbatim extracts that were included were chosen by the members of the advisory group.

1	**2**	**3**	**4**	**5**	**6**
Familarisation with the data and compilation of excerpts	Grouped the excerpts into similar themes with no codes	Collectively coded and created initial themes	Collectivelty reviewed inital themes	Collectively defined, named and finalised themes	Write up
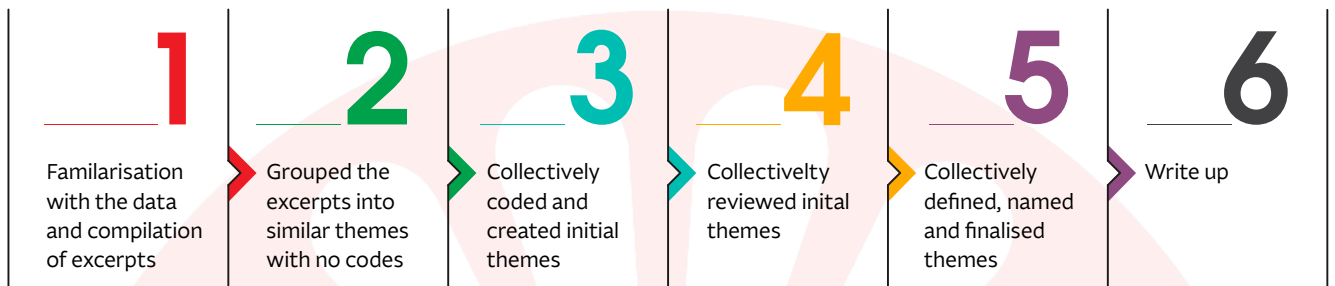
Figure 2: Six Steps of Thematic Analysis

3.8 Ethics

This research has stringently conformed to all ethical guidelines proposed by the Sligo Institute of Technology and the Sociological Association of Ireland. Ethical approval for this research was attained from the Research Ethics Committee of the Department of Social Sciences at IT Sligo (DTP Research Project Ref: 2022015). All research participants were informed of the purpose of the research and were informed that participation was voluntary. Written consent was retrieved from all participants who agreed to partake and they were provided with additional assurance that no negative consequence would arise from not taking part and that they were free to withdraw at any time. Researchers assured the anonymity and confidentiality of all participants, however, participants were reminded of the limits of confidentiality when information shared concerned a risk to the participant or others. Additionally, the researcher was garda vetted before the initiation of the study. Research data and materials, including audio recordings, were securely stored and destroyed post-publication of the research report.

3.9 Conclusion

This chapter outlined the research design used to explore Irish Traveller men's perspectives and experiences of mental health. The next chapter aims to present the findings from the interviews through extracts from the data collated in the interviews.

✺ Chapter 4 Research Findings

4.1 Introduction

This chapter addresses the overarching aim of this research which was to explore the issues, needs and interests of Traveller men with mental health challenges between the ages of 18-65 living in Donegal. The following chapter will present the main findings organised into themes derived from the thematic analysis process (see section 3.7). In reporting the findings, verbatim quotations from the participants will be used to centre their voices in the research outcomes which is an essential aspect of a social justice research agenda. Additionally, using verbatim quotes contributes to the credibility and transparency of the research (Noble and Smith 2015; Corden and Sainsbury 2006). This chapter is divided into eight sections which map out the eight main themes identified in the interviews. The main eight themes and their associated section number are listed below.

- **Section 4.2:** The Social Determinants of Traveller Men's Mental Health
- **Section 4.3:** Traveller Men's Increased Experiences of Mental Health Risk Factors
- **Section 4.4:** Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support
- **Section 4.5:** The Impact of Internal and External Shame & Stigma on Traveller men's Mental Health
- **Section 4.6:** The Cumulative Effect of Racism, Discrimination and Social Exclusion on Traveller Men's Mental Health
- **Section 4.7:** Racial/Ethnic Policing: A Chronic Stressor for Traveller Men
- **Section 4.8:** COVID-19 and The Exacerbation of Poor Mental Health Among Traveller Men
- **Section 4.9:** Protective Factors and Possible Solutions

These central themes are further broken down into subthemes to capture the complexity of issues facing Traveller men experiencing mental health challenges. However, it is pertinent to note that the themes outlined in the above sections are intersecting, inextricably linked and produce findings pertinent to the central research question outlined in Chapter 1 (Section 1.1).

4.2 The Social Determinants of Traveller Men's Mental Health

All Traveller men involved in the study strongly attributed the SDOH as the root cause of the mental health challenges they endured. Traveller men recognised that accommodation instability, homelessness, negative educational experiences, unemployment, poverty and poor physical health adversely affected their mental health and exacerbated pre-existing mental health diagnoses. These findings are illustrated in Figure 3 below.
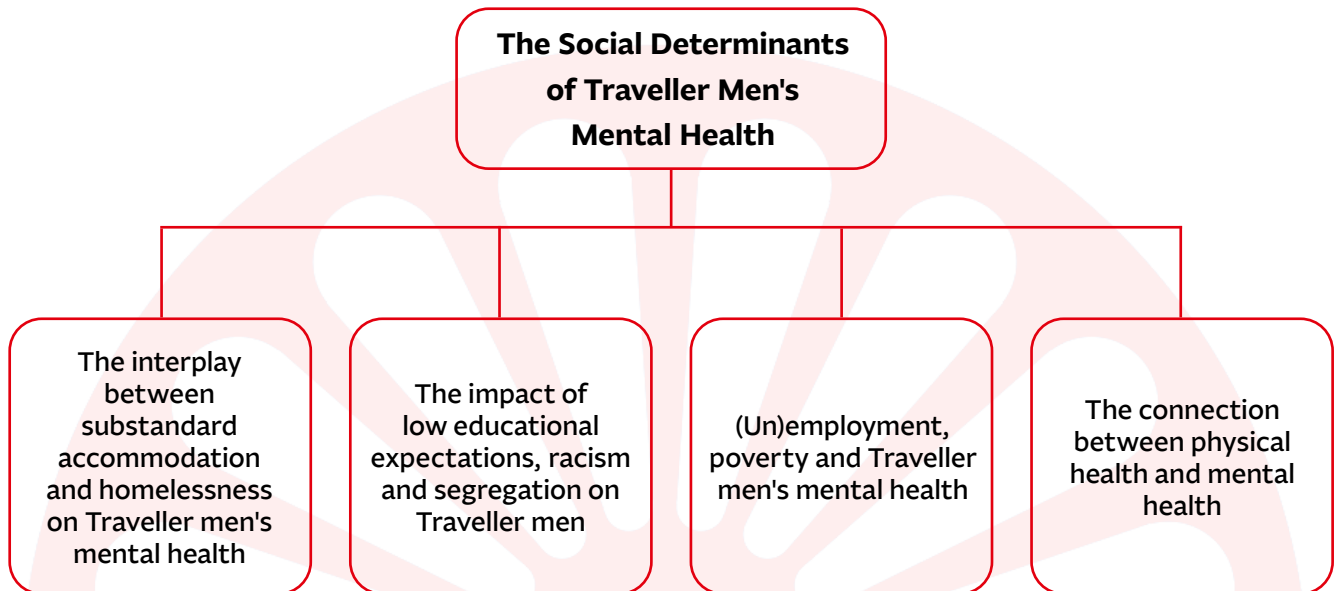
Figure 3: The Social Determinants of Traveller Men's Mental Health

4.2.1 The interplay between substandard accommodation, homelessness and Traveller men's mental health

A common theme from the interview data was the complex connection between substandard accommodation, homelessness and Traveller men's mental health. Regardless of the accommodation type, an overwhelming majority of Traveller men reported living in substandard conditions that negatively impacted their mental health. Participant 3, who has poor physical health and is living in rented housing, describes how his living conditions have caused him undue stress, anxiety and worry:

> **I'm in a house and have been there for the last ten years. There are no flushing toilets or working showers. And only one tap is working in the sink. You have to bring a bucket of water up to flush the toilet. We have to wash in basins the same as we would in a caravan. Now we reported this two years ago to the council. We have no heating or anything. The walls are all black with damp, me and her [wife] are bad with our health. We have chest, lung and heart problems. My wife is also a diabetic. To be honest, it makes me feel angry because I'm ten years out pushing them [council] to help us and nothing is getting done. I have had sleepless nights over the whole thing and am anxiously waiting on things to change...it is one of the things that worries me the most. Participant 3**

A young Traveller man living at home with his older parents with health issues describes similar inadequate housing conditions, which are having a profound effect on his mental health as he describes being in a constant state of worry and stress:

> **We are living in a condemned house. Bulbs shatter for no reason and sockets are coming out from the wall. You are afraid to plug stuff in because if you do it might spark and start a fire. There is mould all over the place. It is thick on the skirting boards and is making them fall off. There are holes in the roof and mushrooms growing from the corners. It's all over the kitchen. It's really bad and my mother has a [lung condition]. It's not good for my family…it's draining the life from me. I can't take the pressure of my parents living like this. It's just not right. Participant 8**

This also extended to Traveller men living in halting sites. A Traveller man aged over 60 years old described how poor living conditions had a detrimental effect on his "nerves" [mental health]:

> **I live on a Traveller site and have been here for over 20 years. Conditions have gotten better but we lived badly for many years…We had no running water or electricity and we had a very bad problem with rats. It was hard to bring up a large family in times like that and it wasn't good for my nerves. Participant 10**

Participant 9 living on a halting site described how his accommodation was a daily stressor for him and negatively impacted his well-being:

> **It's only a temporary site and never meant to be a permanent base. The washer and dryer are outside. The showers are outside; you are choked up for space. If you cough in a bedroom, the kids can hear you. You have no proper privacy; you have no proper comfort. It is just at a basic living standard, that's all. It is no different to the side of the road, just that you have a permanent base. Participant 9**

One Traveller man diagnosed with an SMI described how being homeless was a daily chronic stressor which exacerbated his mental health condition:

> **I don't have any accommodation. I am basically homeless because I live week to week looking for hostels. It makes me anxious and unsettled, like when you're settling in, you don't really settle in because you must be gone by a certain time. It doesn't matter how long you're living there, the rules stay the same. I am always scared, nothing is permanent. The rooms are full of beds… really overcrowded. One small room can have three beds including a double and two bunk beds. Participant 2**

This anxiety was then compounded by the negative attitudes of hostel managers, which this Traveller described was fuelled by anti-Traveller sentiment:

> I have a lot of anxiety about the hostels I am staying in. I make sure it's really clean and tidy so the landlady has no reason to put me out. Sometimes when you're a Traveller they want a reason to put you out. I have had a landlady say to me you're destroying my building, you're making people very uncomfortable, you're making me lose money because people don't want to stay here. Once one said that other people staying will have one look at you and not want to stay here. **Participant 2**

Participant 9, a gay Traveller man, also described the adverse effects of being homeless on his mental health, self-esteem and self-worth:

> After walking away from my marriage because I was gay and experiencing domestic violence, I am homeless. I am only after returning from [location] where I was staying with my [family]…My only option is a hostel which is near impossible to find a room available. Having no place to call home makes my anxiety and panic attacks worse. You are in a constant state of worry because you don't have space of your own. You feel like a burden on your family… everyone really. **Participant 9**

4.2.2 The impact of low educational expectations, racism and segregation on Traveller men

All Traveller men recognised that negative educational experiences impacted their mental health, with many instances of racism and segregation vividly described throughout the interviews. One young Traveller man spoke about the segregation of Travellers into one class, the acrimonious relationship he had with teachers and the harmful impact a hostile school environment had on his mental health:

> The teachers didn't like me, and I didn't like them, so I just left. I didn't finish my leaving cert…I think that being a Traveller made them dislike me. It was the general thing up there in [secondary school], Travellers stayed in groups and were placed in classes as groups. Teachers didn't really care. It was so bad that I couldn't have been happier getting out of it. When the teachers are like that, it makes you feel like not going in, not getting up in the morning and all that there. When you do go, you want to leave during the day and not much is there to stop you. It would just put me in bad form. If I had a bad day at school and I came back home, I would usually just get into bed or take a walk or something…I am not too sure if I would go to anyone if I had a bad day maybe I would talk to a friend…a Traveller friend, they get ya more. **Participant 1**

Another young Traveller man described a similar educational experience and left school at sixteen years old due to ongoing antagonism from teachers and feelings of being unwanted, isolated and unvalued:

> I was kind of forced out of school because when I was going into classes, yeah, I wasn't the best student [academically]. Still, I wanted to learn but then I'm going into class and the teacher would just tell me to 'sit down, shut up and do not disturb the class'. When I went to most classes, I was told to watch a movie on my phone, listen to music or sit with my head on the table. They wouldn't teach me like. It did affect my mental health because I was like, why couldn't they educate me like everybody else. I was like, I know I am a Traveller, but I still wanna be treated like everybody else. In the end, they tried to force me out because when I told them I was leaving, they were not trying to persuade me to stay around or telling me that 'we can help you with stuff'...I left then when I was 16, I got frustrated in math class and they suspended me because they thought I didn't wanna do the work, but it was because I didn't understand the work. I had never been shown how to do algebra. **Participant 8**

Additionally, Traveller men correlated these negative experiences with the inability to access the labour market due to low educational attainment (see Section 4.2.3). Traveller men who were fathers expressed that their children were experiencing the similar low expectations and racism they did in school. This presented as a daily stressor as it reminded them of their own educational exclusion. One Traveller man living on a halting site expressed:

> Where we live affects every part of our lives, especially my children in school. I never complain to the school. My kids are called knackers, gypsies and stuff like that. This is going on since I was at school, you're Chatting 25 years ago. My dad remembers. It will never change. I complained as a child and was told to stop causing trouble. I am not ashamed of who I am. It's not going to change me and I am what I am. I am proud of who I am because you cannot become a Traveller you are a Traveller. But pride doesn't protect you. I will never forget that our children were the first to start a school out beside us. A Guard from [a local Garda station] child was attending the school and shortly after our children started he took his child out of that school. Settled children are brought up to hate Travellers. **Participant 4**

Another Traveller father described similar worries, especially the impact of racism and segregation on his child's identity. He felt it had a significant effect on his mental health as a parent:

> **The biggest one [worry] for me is the children like, my oldest knows he is a Traveller and I talk about stuff with him but he doesn't fully take it on. So there may be an issue with his identity down the line, things like that would worry me. I think I am worried that he would develop an identity issue, but time will tell. Especially in regards to children in school they can be very mean you know. The school has a big influence on it because they are excluded, and he is fairly quiet and calm. I think that if settled people had a greater understanding of Traveller culture it would make it a lot easier for Traveller children. The perceptions that most of them have is negative, which makes it hard. Participant 6**

An older Traveller man described attending school in the 1970s and his experiences of racism and segregation, which he described as **"frightening"** as he would have been placed in **"a stone yard where buffers [non-Travellers]"** physically and verbally abused him. This led him to deny his Traveller identity and experience **"barrels of depression"** because of his **"unhappy childhood"**. **Participant 11**

4.2.3 (Un)employment, poverty and Traveller Men's mental health

Traveller men correlated their low educational attainment (see Section 4.2.2) with unemployment and subsequent poverty, which they described as a contributing factor to their mental health challenges. One Traveller man in prison told the difficulties he had in getting employment and the impact that unemployment had on his mental health:

> **I am never going to get from 9 to 5 or whatever. I haven't got an education. I haven't got the papers to back it up and when I use my accent, especially in England, they simply listen and say no way. When we did maintenance work people thought we were scammers or cold callers because of my accent. What happens then is that a lot of men are pushed into poverty. Travellers can get work in certain places, but most of the time Traveling men haven't got the education... I hated not working... it makes you feel down man, like worthless. Participant 7**

A young Traveller man describes his experiences looking for employment, the transition from employment to unemployment and the impact on his mental health:

> **I downloaded the job application site Indeed last year. Since that, I've applied for 92 jobs and out of the 92 jobs, I've only got two interviews and the rest of the interviews I've got by making phone calls and hearing from other people that places are looking for workers. I have worked in a meat factory, as a kitchen porter and as a labourer. My mental health was all right when I was in the job but when I was leaving the jobs it kind of deteriorated because I was enjoying myself and I was actually doing something. Then I had to go from work to being back home on the dole, which is pretty annoying because it's only 117 euros a week. It's hard to survive... I don't want to be living like this. Participant 8**

Another Traveller man diagnosed with a severe mental illness (SMI) described the triple burden of discrimination as a Traveller, a Traveller with a mental health diagnosis and being homeless when looking for employment:

> **Because I am a Traveller and have mental health problems, I couldn't even get a job cutting grass. They think Travellers are thieves and untrustworthy. Then they think you're a nutter when you have mental health problems.. like you are out of control. If I was to get a job I don't have a permanent address… there's no hope for me really. Participant 2**

A majority of Traveller men that participated in the interviews cited living in poverty as a significant contribution to their experiences of mental health challenges:

> **I worry about money a lot, you can't live on social welfare anymore. It sometimes comes down to a choice of food or a room to rent for the night. I went to the SVP at times, but the food you would get would only be in date that day or be going out of date in a few hours. Participant 2**
>
> **I am homeless and unemployed. I can barely afford to live never mind saving for the deposit for a flat or even a room. I don't know what to do. I have no options. Participant 9**

4.2.4 The connection between physical health and mental health

All Traveller men had an awareness of the connection between physical health and mental health. However, many suffered from poor health or experienced barriers when attempting to engage in physical activity. An older Traveller man how his poor physical health impeded his ability to work with his horses which he felt had a negative impact on his mental health:

> **Me and my wife don't have good physical health, which has a terrible impact on you. I love working with my horses, it keeps me going. It's the first thing I think of in the morning… it keeps the mind going. If I am not doing the horses, I am working with my dogs but sometimes my health does get in the way. Participant 10**

One Traveller man described his inability to get a gym membership which he felt was due to being a Traveller:

> **I can't get a gym or swimming pool membership anywhere. It's nice if you are a member you can go in using the sauna and stuff. All I get is that, 'We're fully booked'. There was one time I rang the hotel and they were not taking on new members, I got a settled friend to ring they got a membership no problem. They cop your last name and know you're a Traveller. Participant 4**

This discrimination and prejudice were also experienced by Participant 6 who played for a local football team:

> When you play football you feel very different in a settled team, but your concentration is on the game. But you know that you're in a group where people think negatively of Travellers, like you have lads that say 'gypsy' and other words like that there. It makes it hard to take them up on it. I go in not expecting them to be my friend or for me to be theirs, but I suppose it would be nice to be comfortable in the team you are playing with like especially if you think of the importance of sport and exercise and the kind of physical and mental health benefits it has. **Participant 6**

Traveller men described other barriers to engaging in physical exercises such as poverty (see section 4.2.3) and lack of motivation due to mental health challenges such as depression. However, most stated that they regularly engaged in walking and football with the men's health team in DTP to improve their mental and physical health. One Traveller described the importance of such initiatives:

> It's brilliant you know. Like it's just a way to get a few hours out of the house and talk with the lads. You're not expecting to be called names or anything. To tell you the truth, it is one of the things that helped my depression. I wasn't really involved with anything before going to the football... I try my best to go every week now. **Participant 12**

4.3 Traveller Men's Increased Experiences of Mental Health Risk Factors
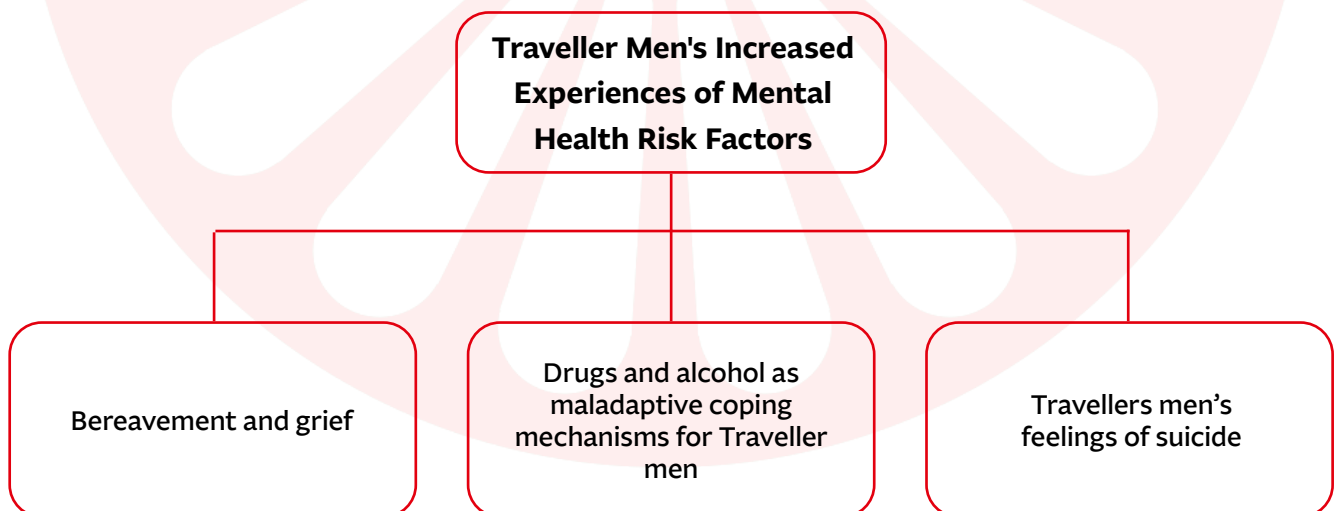
Figure 4: Traveller Men's Increased Experiences of Mental Health Risk Factors

4.3.1 Bereavement and grief

All Traveller men in the interviews described higher numbers of bereavement among their immediate and extended family in comparison to their general population. The reasons for their deaths varied from poor health, premature death or suicide. These experiences of grief led to complicated responses such as using drugs or alcohol as a coping mechanism and experiencing suicidal ideation (see Section 4.3.2; 4.3.3). One Traveller man describes the profound impact of losing his brother in a tragic accident, his parents to terminal illnesses and Traveller friends to suicide:

> **My brother was hit by a car when he was 8 years old by a teacher and died. I will never get over that. My mother died of cancer in her early 50s and my father passed away shortly after in his mid 50's after a major heart attack. Death happens every other week in the community. As a gay Traveller man, I know three Traveller men that were gay that have recently taken their own lives. So so much sadness…. It sometimes takes over my head and kills every thought I have about being happy. Participant 9**

An older Traveller connects the death of his three children with his ongoing depression:

> **I have lost three children. Two in tragic circumstances and one to suicide. It never gets easier. It's hard to think that you have outlived your children. It's not right…the death of my family has led to my depression…I will never forget finding [his child] in the caravan, too young. She was just there. No pulse…nothing. Participant 10**

Another Traveller man described the extensive impact suicide had on his family with many of his cousins completing suicide at a young age:

> **I have cousins that completed suicide due to whatever reasons and its mostly my male cousins. You walk into a graveyard now and you are not seeing Travellers dying at 40,50 or 60. It's 20, 30 and 40. Participant 6**

Many Traveller men identified this increased exposure to bereavement and multiple losses as a significant factor in their experiences of mental health challenges.

4.3.2 Drugs and alcohol as maladaptive coping mechanisms for Traveller men

Some Traveller men expressed that they consumed drugs or alcohol to cope with their mental health challenges. One Traveller man described using prescription drugs to suppress his feelings around his gay identity, which had an impact on his mental health:

> When I was married and knew I was gay, I was addicted to over-the-counter drugs like Solpadine. Anything with codeine really. I was never much into drink and when my father died it put me off it altogether. Drugs lifted me out of a storm and onto a cloud. It helped me deal with the situation I was in and relaxed me... I was taking an awful lot of them. Only for drugs, I don't think I would have gotten through the situation I was in. I couldn't deal with the stress and my depression. To be honest, it was the only other option apart from taking my own life. **Participant 9**

Another Traveller man explained how he didn't admit he had a problem with drugs and alcohol despite being addicted. He described his substance misuse as a mechanism utilised to deal with his mental health diagnosis:

> I had a drug addiction and I took it on myself. I never told anyone I kept myself isolated for years. I smoked cannabis and I would sniff cocaine with a few drinks. It was foolish to think that whenever I was young. I got myself some rehab. I spoke to my mother and said that I had a drug addiction as no one knew that I was addicted to cocaine. So I have been in and out of rehab for the last five years. I was also in the psychiatric unit, mostly to dry out. I would say for self-esteem for myself because I was feeling emotionally low. I [took drugs and alcohol] to make myself feel better. It's a way I accept myself to be with others. **Participant 2**

A Traveller man in prison explained how his life circumstances led him to use drugs from a young age to deal with the emotional pain he was experiencing, however, continued to self-medicate into his adult years:

> For me, man, drugs have been the only stable thing in my life for a long time, especially since 2013. Growing up as a young lad in England, it just wasn't a great environment. I lived in a lot of poverty areas and run-down places. You eventually join groups involved in drugs and different types of antisocial behaviour. At that time, my mother and father were separated. So I took [drugs], and instantly I knew that is what I needed in my life because there was so much going on everywhere else. Once I took drugs, all my worries went away; it give me peace, and I didn't have to feel. It just developed from there. Then the buzz of cannabis wasn't strong enough after a while. So I started dabbling into other drugs. So it was like, this drug is making me numb in the head; what will I get off another drug. Before you know it, you're down a slippery slope; drugs are a gateway because I was so heavy on drugs that I became so heavy on drink. I hated drink because my father was an alcoholic. But when I was doing coke and E tablets, I fell in love with the drink. The drink was just as good as the drugs were, it also left you numb. It just continued like that until l I got locked up. **Participant 7**

It was apparent in the interviews that drugs or alcohol served no social benefit or were consumed in social settings as racism or discrimination, as described in Section 4.6. Rather Traveller men self-medicated in response to their mental health challenges and often did this in isolation.

4.3.3 Traveller men's suicidal feelings

Specifically, seven of the twelve Traveller men stated that they had thought about or had attempted to take their life in the past. Some Traveller men felt drugs and alcohol made their mental health worse and led to increased thoughts of suicidal ideation or attempts:

> **I am off the drink now. But see if I was not off the drink I know I would kill myself. I have thought about it in the past but I don't think that now. Participant 5**
>
> **They [mental health team] told me I was at high risk of suicide, I felt suicidal. At one stage man, I hated even looking at myself in the mirror. I was disgusted at the person that I became because of my addiction. Participant 7**

A Traveller man who is gay felt that suicide was regarded as an "option" for Traveller men struggling with their sexual identity:

> **As a gay Traveller man, I know that Traveller men are killing themselves over their sexuality. Similar to me, they probably think suicide is their only option. I had attempted and thought about suicide in the past, but thankfully, I am in a better place now. Participant 9**

An older Traveller man who arrived in Donegal over twenty years described the complex mixture of bereavement and grief often compounded by hostility from the settled community as significant factors in his reasoning for attempting to take his own life:

> **I was going to take my life a few times, I have lost so many people and have experienced difficult situations since I came to Donegal. Settled people don't know what's going on in your life, they just want you gone. Participant 10**

4.4 Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support

Given the diverse group of Traveller man that participated in the interviews, there was varied experiences and perspectives on mental health support. However, what became evident was that Traveller men rarely availed of mental health support, mainly due to two reasons. The first is negative experiences with their GP's when seeking support regarding mental health challenges. The second is the perceived lack of support and culturally competent mental health services available to

them. The latter findings were mainly voiced by Traveller men who engaged with statutory or non-statutory mental health support services. These findings are illustrated in Figure 5 below:

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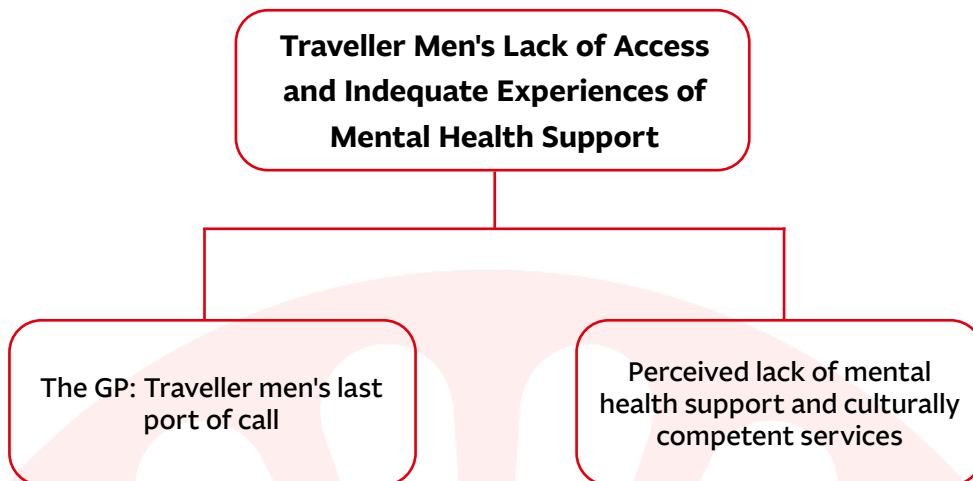
Figure 5: Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support

4.4.1 The GP: Traveller men's last port of call

Traveller men who went to their GPs for mental health support in times of mental distress reported having negative experiences. Many Traveller men described their GP as lacking in empathy and often not actively listening. Participant 1 who is a gay Traveller man describes such an experience where he described the GP didn't understand the intersectional nature of his life as a gay Traveller man or his needs in terms of his mental health:

> **I have had terrible experiences with GPs, I have been diagnosed with depression and anxiety for years now. When I explain to them what's going on in my life and how bad my mental health is they don't listen. They want you out the door. If you say you don't feel more medication is what you need. They say you are being aggressive and that they feel unsafe so you must leave the room. The only person I am a danger to is myself. My frustration wasn't at the GP it was at the lack of support out there for Traveller men, especially gay Traveller men. They don't understand the culture and how hard it is for Traveller men. GP's need to understand what it is like being a Traveller and being gay *together*. They treat them as two separate things when you speak with them.** **Participant 9**

A Traveller man in prison who was experiencing mental health challenges and addiction describes a similar experience:

> **I was having mental health problems since school and was given support inside school. They then started to link me in with other services. So I was going to my GP. I have had a few GP's and some only listen to respond. You need a GP to listen to understand not just give you an answer back. You are just looking for an acknowledgement that they understand. I feel like I give up trying to interact with them because I feel like I am going up against a brick wall. They'realways asking the same questions and as long as they get the few answers, they can close the book for the day.** **Participants 7**

An older Traveller man felt degraded when he went to his GP for support as he refused to touch him when doing basic physical observations which he felt was connected to stereotypes of Travellers being considered "dirty":

> **I remember going to the doctors, I was having awful pains. Feeling in constant panic. He refused to take off my shirt when listening to my heart, I often had doctors taking my shirt off to place the yoke on my skin. This made me not want to go around the doctors no more. I think he was discriminating, doesn't matter how clean you are he didn't think I was clean enough to be seen properly. Participant 3**

Another Traveller man described their GP questioning the legitimacy of his mental health as he assumed that he was attempting to get a disability payment. This Traveller man stated it discouraged him from help-seeking in the future:

> **I changed my doctor recently, but one time I went to him and said I didn't feel right. I was bad with my nerves. He told me that it wouldn't help me if I was looking to get onto the disability. I wasn't on about that at all. I asked him directly did he have a problem with me, was it because I was a Traveller. He wouldn't answer me. Every time I went in, I know he didn't want to see me coming. I didn't want to go to the doctor, things like that would put you off. Participant 5**

It was threaded throughout a majority of interviews that Traveller men had negative experiences with their GP in times of mental distress which is concerning given that many of the Traveller men had divulged that they attempted or experienced suicidal ideation in the past (see Section 4.3.3).

4.4.2 Perceived lack of mental health support and culturally competent services

Despite a majority of Traveller men describing negative experiences with their GP regarding mental health support, some Traveller men availed of other statutory and non-statutory mental health services due to the severity of their mental health challenges. These Traveller men reported being reluctant to engage with services due to internalised normative standards, shame and stigma. However, when they did engage in services reported extremely negative experiences, mainly consisting of negative attitudes, bias or lack of understanding.

One Traveller man described the culturally incompetent[6] service that he attended where there was a fundamental lack of understanding of Traveller culture or experiences. This was then compounded by being referred to multiple other services making it difficult to build rapport or get immediate support when in distress:

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6   Showing lack of understanding or awareness of Traveller culture, traditions and norms.

> But the services don't understand Traveller culture and way of life, they don't understand the worries we experience. They don't understand the stress of maybe getting married because other friends are getting married, or trying to get somewhere to live, or get a job. They don't understand the values and traditions that we have that guide our choices. They say you don't have to do it, but don't understand the impact that would have with other Travellers. It is hard to talk to someone who just doesn't understand it. I also think from my experiences it's like a chain of referrals. You go to one person for help, you are sent to another. That continues until you give up. Sometimes when you need help you just need to go talk to someone, but you don't want to open up about something difficult and then be sent to another person to do it all again. People are not going to keep this up, it's hard to open up once never mind 3 or 4 times. I feel that the problem is never being solved, we are just being passed on. **Participant 6**

One Traveller man described the lack of appointments, follow up and awareness of the shame & stigma Traveller men experience that renders it difficult for them to trust or open up about their situation to professionals:

> Within an hour they think a session is done and dusted, that you have talked about all your problems. Sometimes in an hour you are just gaining enough trust to open up. They are not giving you time to fully go through your problems. It's all about what they can write down on paper and saying come back next week. Then I couldn't even get weekly appointments even though they said I was on the system as high risk. I was only getting appointments every five to six months. **Participant 7**

A young Traveller man described the experience of not getting an appointment with any service in a situation where he was on the "brink of doing harm" to himself, which later led him to not talk about his mental health challenges:

> The mental health system in this town is a joke, there was a time maybe two years ago when my mental health was in a really bad shape, I rang around looking for a therapist. Every time I called I was told that we are a private practice, or we are not taking on new clients or there is a 4-6 months wait. I couldn't get any help from anyone. I was on the brink of doing harm to myself and I couldn't get chatting with anybody like. I just thought to myself is there any wonder Traveller men have bad mental health. When I am depressed, I just don't tell anybody, I just push it down. I don't want to talk about it because no one is going to listen. I couldn't believe that the people who are on the radio or coming into schools saying we can help actually couldn't. **Participant 8**

Some Traveller men said they wouldn't know where to go in times of distress. One Traveller man living in a halting site who experienced suicidal ideation in the past expressed he would not know where to go for support and felt that if he did seek support, his Traveller identity would be used against him:

> **I don't know who I would go to if I was having them thoughts again, who is going to help the Travellers. Nobody. We are left out, nobody wants to know you when they find out who you are. Participant 5**

4.5 The Impact of internal and External Shame, Stigma and Hegemonic Masculinity on Traveller Men's Mental Health

All Traveller men who participated in the study felt they faced internal and external shame, stigma and hegemonic masculinity. Traveller men described how they consistently experienced a "double burden", firstly as Traveller men and secondly as Traveller men with mental health challenges which they felt contributed to the nature of shame and stigma they faced. This double burden was then compounded by hegemonic masculinity and normative expectations of Traveller men both within and outside the community. A Traveller man eloquently describes this process:

> **Traveller men have too much to unpack because we are told to suppress it from day one. Don't let anything get you down; keep your head up and keep walking. I think that is where the high rate of suicide comes from in our community. Don't make a show of me, don't be an innocent boy, don't make a show of yourself telling people you have problems… Yeah, there is a shame when talking about mental health to others outside the community… Whether you believe it or not, for the thousands of years that we have been in Ireland when people hear the word Traveller they consciously or subconsciously hear the word problem, they automatically assume bad, wrong, something to be frightened of and told we are the bad people. Participant 7**

A gay Traveller man with mental health challenges describes the complex mix of shame, stigma and hegemonic masculinity that gay Traveller men face:

> **Traveller boys who are gay live nothing but a life of a dog inside and outside of the community. They have to hide that they are gay, they have to deal with discrimination from country people and deal with the expectation that Traveller men are strong and emotionless. Any wonder mental health is so bad. I feel like I experience constant shame throughout my life… being a Traveller, having mental health and being gay. You get it from every angle, you know like, how are you meant to feel good about yourself. Participant 9**

A young Traveller man felt that internal shame derived from hegemonic masculinity and normative expectations of Traveller men which was instilled in him at a young age:

> When you talk to your family about mental health they are not comfortable with it so it angers them. They take it out in rage and shout because they do not understand what's going on. It's because of the way they were brought up like, they grew up with the understanding that you don't talk about your feelings, you don't have feelings. If you're a man, you don't cry and your never upset. Nothing is ever wrong with you. That's the way you're brought up. **Participant 8**

4.6 The Cumulative Effect of Racism, Discrimination and Social Exclusion on Traveller Men's Mental Health

All Traveller men described how the simultaneous occurrence of racism, discrimination and social exclusion profoundly impacted their mental health, with structural and institutional racism frequently occurring, as evidenced in Section 4.2. However, all twelve Traveller men detailed experiences of individual racism, particularly when engaging with the service industry. One young Traveller man described his experience of being in a shop or a pub:

> If you want to go for a pint or two there's a big chance you will not get served in any pubs for being a Traveller. You go into shops, I just look at the screens. You can see the cameras looking at you, following every step you take like. It's shaming, to be honest. It makes me not want to go out, I just avoid any of these situations. **Participant 1**

One Traveller man stated that he faced social exclusion on many occasions with the most common being financial exclusion where hotels ask for a credit card when booking. Due to his inability to get employment (see Section 4.2.3), he felt this was another way to exclude and discriminate against him:

> I booked a hotel in Dublin a few Christmases ago. We had food and drink every night for 3 nights, not a problem, my wife's family came to stay and they demanded a credit card due to a change in the system. We didn't have one so we had to leave. They wouldn't even let us book a table for dinner. **Participant 4**

The everyday experiences of racism, discrimination and exclusion led to Participant 6 not wanting to leave his home:

> It makes me not want to go out, then if I go out with the boys I am constantly worried that I am going to get asked to leave like. Sometimes it makes you want to stay at home. You don't want to be going out and stuff like that. The other day me, my wife and two other couples went out. We went to three different pubs before we were actually let in to sit down. At that stage we wanted to go home like. **Participant 6**

A Traveller man currently in prison described how racism against Travellers' in Ireland is not recognised by the general population despite their acknowledgement of racism occurring geographically elsewhere as seen in the BLM movement. He correlated this non-recognition of racism towards Travellers' with their poor mental health outcomes:

> I am not being funny, in this country…I have seen them riot over a black man who was killed in America. For a black man who was killed halfway across the world. But before I consider any different race, creed, or anything else. I consider myself a human being… I am a human being but I cannot have the same rights as the man that walks in the door before me. Where did they march for Travellers' rights? Travellers that are dying younger, are killed in fires because of poor facilities and the children leaving school not being able to write their own names. Now don't get me wrong, you get a handful that will support us, but not all. **Participant 7**

He also described anti-Traveller racism as embedded into Irish society resulting in Travellers' consistently advocating for their fundamental rights. He explained this leads to physical and mental exhaustion:

> You're always told they are the bad people. So it's a human thing man. But, it is just annoying that you have to fight for your right, instead of just having the same rights as the next man…. It wears you down in every way possible. **Participant 7**

4.7 Racial/Ethnic Policing: A Chronic Stressor for Traveller men

All twelve Traveller men described negative experiences with the police and referenced racial/ethnic profiling by the Gardai. These incidents were also connected to the mental health challenges Traveller men experienced as they were often subject to racial slurs, wrongful convictions and involuntary interactions with the Gardai. All Traveller men vividly recounted experiences where they were stopped, questioned and searched with no reason or explanation, therefore, many believed that they were stopped due to being a member of the Traveller community.

Two young Traveller men described their negative experiences with the Gardai, which led to both personal and public embarrassment. This subsequently led them to reclusiveness from the public domain due to the risk of being racially profiled:

> There are a couple of things [challenges] if a Guard sees you and he doesn't like you, then you're getting stopped. Probably end up getting searched. When it happens, I just think why? Why are they searching me? I am a Traveller, not a drug dealer. I am working like, what would my employer think if he heard I was being stopped by the Guards all the time? If the Guards stop me now I just take out my phone and record it. At times they drive beside you asking which one are you? Or what's your name? They usually don't stop until they see another young [Traveller] fella. **Participant 1**

> I am harassed by the Guards at this stage like. When I was younger you know I'd be walking down the town and they pulled me over on a roasting hot day in front of [shop] and everyone was in getting stuff for their BBQs and all. They turned on their lights and everyone was staring. I asked why they stopped me and they said under some drug act. They searched me and found nothing. They continued to do this. There was never anything on me. I became paranoid to the point where I didn't want to leave the house and be stopped. **Participant 8**

Two Traveller men described being wrongfully convicted of crimes which were later proved they didn't commit. They felt was because of their Traveller identity:

> My second name puts me in the spotlight, I am tarred with a heavy brush. They will try everything in their power to do [criminalise] you. I was wrongly accused by the Garda for a serious crime I didn't commit, I could give you a number of examples where cases have been dismissed. If your family does something, the Guards will tarr you with the same brush. **Participant 4**
>
> I remember once the pub near us got robbed. I was held in the station for days accused of robbing the alcohol from the back store. It wasn't me at all. It was another group of men living near us. When the Gardai found out they let me go, no sorry, explanation or nothing. Just that I was free to go. **Participant 10**

Another Traveller man who had a mental health diagnosis and was experiencing psychosis explained the hostility he faced from the Gardai when being arrested for having an "episode" in public:

> I have had nothing but harassment from the police. On a very odd day, they will just drive past you on the street without stopping you. You get asked what your name is and then which [surname] are you. I feel they want to get a rise from you, a reason to arrest you or charge you with something. I remember once I got arrested, I was having a [mental health] episode, one of them said to me 'don't try pulling that card you're acting the pri*ck'. The charge was dropped under the mental health act but the experience will stay with me till the grave. **Participant 9**

One Traveller man in prison described both racial slurs he experienced both from Gardai and "screws" [prison officers].

> Gardai and screws seems to find it acceptable to use the word knacker against us. I had an experience where the Gardai called me a 'smelly knacker'. There is nothing said about it. It is a laugh for them, because that is the way they work. **Participant 7**

One Traveller man living in a halting site explained how the Gardai often abused their power when implementing a search warrant. He also described Gardai policing the site at night for no given reason:

> I can recall nights where the Guards drove into the [Traveller halting site] with the blue lights flashing. Many nights I had to ring the station asking them to stop. They are entitled to come out, but not for no reason and not at times like 1 am or 3 am. The Guards have intimidated us for years, that is a fact…So If I live in house number 10, whatever happens, there is the responsibility of house number 10. But if it happens on the site, it is the whole site. So, for example, the Guards have a warrant for house number 10 because something happened. Number 10 will be turned upside down[searched]. But if one caravan in the [Traveller halting site] has a warrant, the whole [Traveller halting site] is turned over. How is that fair? It's not fair. **Participant 4**

4.8 COVID-19 and The Exacerbation of Poor Mental Health Among Traveller Men

All twelve Traveller men directly correlated the COVID-19 pandemic with their experiences of poor mental health and described the many ways how the pandemic exacerbated their pre-existing social, cultural, political, systematic and structural exclusion which negatively impacted their mental health. One Traveller man diagnosed with a SMI and was homeless during the pandemic explained the impact it had on him:

> Covid-19 made my schizophrenia worse. I had to sign myself back into the unit after that. I wasn't around anyone for months because of isolation, I wasn't talking to anyone but my doctor, nurse and team. I was paranoid about mixing with others, I didn't know what to say or how to act. I didn't know how to take them. I was so used to being by myself. I didn't even know how to introduce myself. I had never been admitted to the ward like that before, because my mental health spiralled out of control. The worst part was definitely having no visits because of COVID-19. **Participant 2**

Social Isolation was a common experience among all men due to COVID-19 which impacted their mental health:

> COVID-19 was a terrible time for me. My children are in care so I couldn't see them. I couldn't meet the social workers. Everything stopped for me and I feel during it I was lost without them… I had some of my lowest and loneliest times during COVID-19. **Participant 9**

> COVID-19 caused a lot of anxiety. An uneasiness. I couldn't see my family. I think COVID-19 had a bad impact on Traveller men, especially my dad he got very bored and agitated in the house. We are not used to being like that. **Participant 1**

A Traveller man in prison also experienced social isolation from the pandemic and over the course of the COVID-19 was only permitted two visits and one video call:

> I was in jail during covid. It was harsh. There were no visits from your family. I wasn't even getting video calls like my first visit in the jail was a compassion visit because I went to the chief and said I wanted to speak with a solicitor as I was four months in the jail with not one visit. My family were sending emails all the time, I had to get the emails screenshotted, so the time and date were on them. So after this, he said I will have a visit in a day or two. I booked my parents in and I verified their names on the paper. They spent two days up here away from their family and when they turned up they told my father that he wasn't on the list. I got one normal visit after that. I got 1 video call and another 1 visit. **Participant 7**

Another Traveller man described how COVID-19 led to him being diagnosed with panic attacks and anxiety:

> But with the first lockdown, my anxiety went through the roof. You were hearing so many different stories about how bad COVID-19 was and didn't know what was true or not. Everything became heightened for me. I never really talked about it; I would of started getting anxiety attacks. I told my wife to ring an ambulance I thought something serious was wrong. I went to the hospital and they told me it was just an anxiety attack. But I was no way this was a anxiety attack, how could it make you feel like that. It happened twice during the lockdown, and eventually, I went to a doctor and spoke with him. He said it was anxiety and wanted to give me tablets. But I said no, I am not taking that stuff. So then I started using these apps and stuff like that and going for walks. It was so scary - I found it hard to breathe, numbness, trembling. I had never experienced anything like it. There are times when I am in situations and want to get up to leave, but I know someone will follow me and then ask me what is wrong. That would be worse. I don't want everyone to be looking at me or knowing. **Participant 6**

4.9 Protective Factors and Possible Solutions

Protective factors identified by Traveller men in the interviews and are listed below:

- Family
- Nomadism
- Culture, language and traditions
- Pride and resilience
- Strong community ties

Many possible solutions for the issues faced by Traveller men were offered in the interviews and are also summarised below:

- To end racism in all its forms as some Traveller men felt this is where all social issues stemmed from.

- Increased employment opportunities that aren't solely dependent on academic qualifications. Traveller men mentioned apprenticeships that lead Travellers into secure employment.

- An LGBTQ+ support group or worker to be situated within DTP to raise awareness and provide support to members of the Traveller community struggling with their sexual orientation.

- More physical sports and social gatherings for Traveller men as many identified that they only meet in tragic circumstances such as funerals.

4.10 Summary of Findings

This chapter highlighted the findings on Traveller men's voices and perceptions regarding their mental health experiences and challenges. This research found that Traveller men identified social and structural factors as the root cause of the mental health challenges they experienced with accommodation instability, homelessness, negative educational experiences, unemployment, poverty and poor physical health adversely affected their mental health and exacerbated pre-existing mental health diagnoses. This was then compounded by Traveller men's increased experiences of mental health risk factors such as increased incidences of bereavement and the use of drugs/ alcohol as maladaptive coping mechanisms for mental health issues. A majority of Traveller men that participated in the study had either experienced suicidal ideation or attempted suicide due to the conditions of their lives. Despite this, Traveller men reported experiences of negative attitudes, lack of cultural competency and apathy when seeking mental health support from the GP or statutory and non-statutory mental health services. The internal and external social constructions of hegemonic masculinity, shame and stigma were also identified as a determinant of Traveller men's mental health which impacted help-seeking behaviour.

Additionally, the cumulative effect of historical, structural, institutional and individual racism, discrimination and social exclusion significantly impacted Traveller men's mental health. Structural racism in the form of racial/ethnic policing from the Gardaí adversely impacted Traveller men's mental health as experiences of being subject to racial slurs, wrongful convictions and involuntary interactions were identified as chronic stressors. Finally, Traveller men identified that the COVID-19 pandemic exacerbated their pre-existing social, cultural, political, systematic and structural exclusion which in turn negatively impacted their mental health and created new mental health challenges. However, Traveller men identified the centrality of family, culture, nomadism and internal social cohesion as key protective factors of mental health. These findings indicate that Traveller men's mental health Is multidimensional and requires an approach that addresses all the determinants is needed.

⚙ Chapter 5 Discussion

5.1 Introduction

This qualitative research is the first known study to explore Traveller men's mental health challenges and experiences in Donegal. While it is acknowledged that the sample is small, this research is particularly unique given that Traveller men rarely participate in research and that a large body of existing literature offers only quantitative analysis (AITHS 2010; Hodgins and Fox 2014; McKey et al. 2020). Additionally, the theoretically and culturally sensitive research process that was adopted led to in-depth engagement from participants and produced rich findings that reflected the multifaceted and intersecting nature of Traveller men's mental health experiences.

This chapter interprets the findings relevant to this study's research questions and theoretical literature. However, it is pertinent to note that the findings of this study intersect, interact, overlap and are cumulative in their effects and should not be interpreted in isolation as this was not how the Traveller men who participated described them. The layout of this chapter will mirror that of the previous one. The findings will be discussed under the following principal headings:

- **Section 5.2:** The Social Determinants of Traveller Men's Mental Health
- **Section 5.3:** Traveller Men's Increased Experiences of Mental Health Risk Factors
- **Section 5.4:** Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support
- **Section 5.5:** The Impact of internal and External Shame & Stigma on Traveller men's Mental Health
- **Section 5.6:** The Cumulative Effect of Racism, Discrimination and Social Exclusion on Traveller Men's Mental Health
- **Section 5.7:** Racial/Ethnic Policing: A Chronic Stressor for Traveller Men
- **Section 5.8:** COVID-19 and The Exacerbation of Poor Mental Health Among Traveller Men
- **Section 5.9:** Protective Factors and Possible Solutions

5.2 The Social Determinants of Traveller Men's Mental Health

The findings of this study correlate with several previous studies that made an association between the SDOH and Travellers' experiences of mental health challenges (AITHS 2010; Hodgins and Fox 2014; Villani and Barry 2021; Friel 2021). In line with these studies, Traveller men identified structural determinants of health such as accommodation deprivation[7], homelessness, negative educational experiences, unemployment, poverty and poor physical health as the root cause of their mental health challenges. Traveller men who participated in the study lived in varied types of accommodation such as halting sites, group housing, rented housing and social housing, however, two Traveller men self-identified as homeless at the time of data collection. Despite living in varied accommodation types, Traveller men described living in similar substandard living conditions; with overcrowding, the lack of basic facilities (running water, secure electricity supply) and unsafe conditions (rats, dampness

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7   Accommodation (housing) deprivation is defined by FRA (2020, p.88) as dwellings that are overcrowded and exhibit at least one of the housing deprivation measures, namely a leaking roof, no bath/shower and no indoor toilet, or a dwelling considered too dark.

and mould) being the most prevalent issues. These results reflect those of FRA (2020), who found that 90% of Travellers live in inadequate accommodation. This study indicated that Irish Travellers experienced the second-highest level of severe accommodation (housing) deprivation in comparison to Roma and Travellers in the six European countries studied, (FRA 2020).

In addition, Traveller men who were homeless spoke about the profound impact of accommodation insecurity on their mental health. Watson et al. (2017) found that Travellers represented 9% of the homeless figures despite the community only constituting less than 1% of the total population (Watson et al. 2017). Traveller men correlated their accommodation deprivation or homelessness with increased experiences of anxiety, worry, stress, low self-esteem and self-worth. In line with the findings of Greenfields and Brindley (2016), this research evidences that the conditions in which Traveller men live significantly contribute to their poor mental health experiences, outcomes and prospects. In line with WHO (2004), insecure accommodation and poor environmental conditions can severely impact Travellers' life chances as it affects individuals' ability to access education, acquire employment and sustain physical and mental health. This study further emphasises Greenfields and Brindley's (2016) recommendation that safe, secure, environmentally sustainable and suitable accommodation can significantly improve Traveller men's mental health and life chances.

In addition, Traveller men associated their poor mental health with early experiences of racism, segregation and low expectations in the school setting. These findings correlate with previous research wherein Travellers have had a poor education experience due to systemic racism and discrimination (AITHS 2010; Boyle et al. 2017; Watson et al. 2017). Nevertheless, what emerges strongly from this research is that experiences had a detrimental impact on Traveller mens' mental health as hostile school environments led to subsequent "internalised oppression" that manifested into feelings of inadequacy, powerlessness, low self-esteem, isolation and the suppression of their cultural identity.

Furthermore, Traveller men who were fathers exemplified the intergenerational nature of internalised oppression, which posed a chronic stressor as their children continued to be subject to similar inequitable treatment. They felt this negatively influenced their children's emotional, cognitive and social development. Despite this, Traveller men were happy that their children were in school and would never complain about the racism or segregation they or their children were subject to in the school setting. This mindset is congruent with the pervasiveness of internalised oppression, where subjugated individuals lower their expectations and accept maltreatment to survive a hostile environment (David 2013). These findings indicate that early childhood experiences of racism, segregation and low expectations in the school setting are internalised by Traveller men with the remnants of such experiences having a deep-rooted impact on their mental health (AITHS 2010).

Similar to WHO (2004; 2014), Greenfields and Brindley (2016) and Villani et al. (2021), this research identified employment as a significant determinant of Traveller mens' mental health. Traveller men directly correlated the interplay between accommodation deprivation or homelessness and low educational attainment to their inability to secure employment or access the labour market (WHO 2004). Studies of the levels of Traveller unemployment and the factors such as discrimination and racism are well documented (see St. Stephens Green Trust 2016; Watson et al. 2017; FRA 2020). However, the impact of unemployment or precarious employment on Travellers' mental health has received less attention. The accounts of Traveller men in this study illustrate that with unemployment

came the onset of psychological distress, which produced feelings of negativity, hopelessness, powerlessness and low self-worth.

Additionally, unemployment was directly connected to Travellers' experiences of poverty and financial insecurity, which are risk factors for suicide and other mental health diagnoses such as anxiety and depression. There is a large body of research that correlates unemployment and poverty with poor mental health, however, for Traveller men such factors combined with experiences of extreme exclusion results in a higher risk for poor self-esteem, self-efficacy, depression, and other mental health problems (National Traveller MABS 2021). As evidenced by Watson et al. (2017), these factors and conditions can be linked with higher incidences of suicide.

Traveller men identified that their physical health was also related to their accommodation deprivation or homelessness, poor educational attainment, experiences of unemployment, poverty and social exclusion. Traveller men reported that their mental health challenges often restricted their ability to engage in physical exercise. However, when attempting to engage in physical activity many men were denied access or membership to gyms and swimming pools. This had not only an adverse impact on their physical health but also their mental health. As cited by the WHO (2014), the accumulation of persistent environmental and socio-economic disadvantages negatively influences mental health, which can contribute to high incidences of mental health issues or suicide.

5.3 Traveller Men's Increased Experiences of Mental Health Risk Factors

As evidenced in the literature and the intersecting findings of this research, Irish Traveller men face high levels of discrimination, educational disadvantage and social marginalisation (AITHS 2010; Watson et al 2017; FRA 2020). All of which have been implied as exacerbating factors of poor mental health, psychological distress and suicidal tendencies (McKey et al. 2020). However, Traveller men also identified that increased experiences of bereavement, mainly by suicide or premature death, led to complicated grief responses such as using drugs or alcohol as maladaptive coping mechanisms and feelings of suicidal ideation or attempt (Matthews 2008). Bereavement has been identified as a contributing factor to poor mental health in the general population. However, as cited by Tobin et al. (2020, p.130), Travellers' often experience "higher rates of death by suicide and other sudden causes" leading to "loss that is extensive, profound and enduring" which ultimately leads to increased experiences of complicated grief. Traveller men noted that sudden deaths are experienced frequently due to losing immediate family members to suicide, infant mortality or poor health. This was described as detrimental to their mental health due to the extended family's pivotal role in Traveller men's lives. Additionally, Traveller men's experience of multiple deaths appeared to result in "bereavement overload", where the suffering of a first bereavement is compounded by a subsequent loss which results in each loss not being fully mourned (Kastenbaum 1969 cited in Tobin et al. 2020). McGorrian et al. (2013) analysis of the AITHS (2010) data indicated that bereavement was a predictor of mental ill-health which correlates with the findings of this study.

The emotional vulnerability at these times then leads to maladaptive coping mechanisms such as drug or alcohol consumption (a known risk factor in many completed suicides) which Traveller men identified as a response to increased incidences of bereavement and other factors such as accommodation deprivation, homelessness, poverty, unemployment, sexual identity and social exclusion (Van Hout 2011;2016; Greenfields and Brindley 2016). As evidenced by one Traveller man he turned to prescription drugs due to the mental health challenges that arose from suppressing his gay identity due to internal shame/stigma (See Section 4.3.2). At the same time, other Traveller men

utilised drugs or alcohol to increase their self-esteem or confidence which is often diminished by wider society due to their ethnicity or life circumstances. However, it is essential to note that Traveller men who participated in this study acknowledged that drugs or alcohol served no social benefit as they were not consumed in social settings due to racism, discrimination and social exclusion (See Section 5.6). Rather, Traveller men self-medicated in response to their mental health challenges and often did this in isolation. In line with Walker's (2008) findings, Traveller men identified that drugs and alcohol were aggravating factors in their experiences of suicidal ideation or attempt. However, it is essential to note that substance misuse cannot solely account for such elevated incidences of suicide and poor mental health among Traveller men as asserted by McKey et al. (2020) and Fountain (2006).

Due to the intersecting nature of Traveller men's oppression and experiences of adverse life events, seven out of the twelve Traveller men interviewed divulged that they experienced suicidal ideation or attempted suicide in the past. One Traveller man identified it as his "only option" when experiencing psychological distress due to suppressing his sexual identity. An older Traveller man described the complex interplay between experiences of bereavement and hostility from the settled community that resulted in him attempting to take his own life. These findings are congruent with the AITHS (2010), where Traveller men had a seven times higher suicide rate than the general population. However, it was apparent from this qualitative analysis that the factors leading to suicide are multidimensional and are at play simultaneously. Therefore, no sequential development appears in Traveller men's experiences of suicidal ideation or attempt.

5.4 Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support

It has been well documented that Travellers experience lower access and poorer quality service from healthcare providers than the general population (AITHS 2010). However, the AITHS (2010) indicated that outside of Traveller Primary Health Care Projects, Travellers mainly engaged with mental health services, the hospital and the GP for physical and health needs. Traveller men reported negative experiences with their GPs and mental health services (both statutory and non-statutory) when seeking support in psychological distress, despite their reported higher usage of these healthcare services (AITHS 2010). Most Traveller men reported having negative experiences of poor cultural competency, bias, lack of empathy or understanding and discrimination. Despite Traveller men going to their GP as the first port of call regarding their mental health challenges many described hostile experiences where the GP refused to complete physical observations, questioned the legitimacy of their mental health distress and often viewed their mental health as one-dimensional instead of intersectional. This was evident when Participant 1 described the GP not acknowledging his intersectional location as a gay Traveller man and when Participant 2 spoke about his dual diagnoses of mental health and addiction. All of which have been identified by Walker (2008) and AITHS (2010) as principal barriers to accessing mental health services or support.

Traveller men with severe psychological distress or psychiatric diagnoses recounted similar experiences when engaging in statutory or non-statutory mental health services for support. However, delays in receiving appointments or continuity of support and chains of referral with no immediate intervention was also identified by Traveller men as exacerbating factors of the mental health challenges they were facing. This finding is consistent with the AITHS (2010), where 90% of Travellers reported that they had not availed of mental health services as they perceived them as inadequate. Additionally, some Traveller men stated that they would not avail of any support

if experiencing severe mental health challenges or psychological distress due to the perceived discrimination they would endure based on their ethnicity. This finding also reflects that of the AITHS (2010), as over 50% of Travellers worried about experiencing unfair treatment and expressed concerns about the quality of care they received in the past. This is compounded by 66.7% of service providers concurring with Travellers' experiences of discrimination when using healthcare services (AITHS 2010). Negative experiences, lack of trust, discrimination, culturally incompetency and strained relationships between Traveller men and mental health services or the GP are concerning given that over half of Traveller men had experienced suicidal ideation or attempted suicide in the past (see Section 5.3). These findings are consistent with Walker 2008 (p.109), where there is a general distrust of the psychiatric services and GP among Traveller men, and uptake of these services is low, even in cases where Traveller men exhibited associated factors with increased risk of suicide.

5.5 The Impact of Shame, Stigma and Hegemonic Masculinity on Traveller men's Mental Health

The AITHS (2010) cited social exclusion and stigmatisation as the most severe issues impacting Traveller men. This study found that the complex interplay between internal and external shame/stigma compounded by societal expectations of hegemonic masculinity profoundly affected Traveller men's mental health. Traveller men described experiencing a "double burden" as internal and external shame/stigma occurred simultaneously. Traveller men identified that external stigma emerged from family, friends and the wider society when experiencing or seeking support for mental health challenges. This was then exacerbated by stereotyping, labelling and discrimination from the wider settled community as Traveller men felt they were reinforcing the historical assertation of Travellers as the "problem" who needed "to be fixed" (Participant 7). As a result of external stigma, Traveller men experienced internal stigma where they accepted the asserted external stigma resulting in feelings of devaluation, shame, marginalisation and isolation (Owuor and Nake 2015). This study's findings align with that of Kang (2013) and Link and Phelan (2014), who suggest that stigma can be a significant barrier in the access and use of healthcare settings. Additionally, those who embody the internalised stigma can experience harmful beliefs or actions, resulting in adverse health outcomes.

This external and internal stigma/shame was closely linked with notions of hegemonic masculinity. In line with Van Cleemput et al. (2007), Walker (2008) and Hodgins and Fox (2014), this study found that Traveller men embodied hegemonic masculinity, which had an adverse impact on their mental health. Farrimond (2012, p.3) asserts that hegemonic masculinity involves being "competitive, aggressive, emotionally contained, self-reliant, heterosexual and a good provider". The enactment of hegemonic masculinity was described as instilled in Traveller men from a young age, where they have to "suppress [emotions] from day one" and be "strong and emotionless" (Participant 7). Hegemonic masculinity was also correlated with being the provider (See Section 5.2) and dealing with mental health or addiction alone to be self-reliant (See Section 4.3.2). As Tobin et al. (2020) suggest, the normative notion of the Traveller 'man' was seen as incompatible with feeling or expressing emotions. Traveller men who failed to align with normative or dominant hegemonic masculinity were perceived as less 'masculine', resulting in a deep sense of embarrassment, low self-worth, and risk of disfranchisement from their family or community as seen in Participant 9's account of being shunned by his family due to being gay (See Section 4.5). The impact of the expectations of hegemonic masculinity on Traveller men can be deduced from hooks' (2004) postulation on understanding the impact of patriarchy and hegemonic masculinity on men. Traveller men are expected to engage in

acts of "psychic self-mutilation, that they kill off the emotional parts of themselves", and if "not successful in emotionally crippling himself, he can count on patriarchal men to enact rituals of power that will assault his self-esteem" (hooks 2004, p.66).

5.6 The Cumulative Effect of Racism, Discrimination and Social Exclusion on Traveller Men's Mental Health

The findings of this research are consistent with the findings of Hayes (2006), McVeigh (2008), AITHS (2010) and Watson et al. (2017) who found that Travellers are one of the most ostracised groups in Ireland, experiencing high levels of racism, discrimination and social exclusion. The findings of this study provide a distinct perspective on the impact of racism, discrimination and social exclusion on Traveller men's experiences of mental health. Traveller men vividly described how simultaneous experiences of racism, discrimination and social exclusion profoundly impacted their mental health, with structural and institutional racism frequently occurring (See Sections 5.2, 5.4 and 5.7). These findings match those observed in the AITHS (2010), which reported that structural and institutional racism directly impacts Travellers' mental health.

Additionally, it is important to note that all twelve Traveller men reported pervasive racism, discrimination and social exclusion at the individual level. This was described as occurring daily and connected to Traveller men feeling shame, low self-worth, disfranchisement from society and poor mental health. All Traveller men who participated in the interviews were able to identify the external factors impacting their mental health. This was evidenced in a verbatim quote from Participant 7 about the denial of anti-Traveller racism in Ireland although racism was acknowledged geographically elsewhere during the BLM movement. He described anti-Traveller racism as embedded in society rendering Traveller men consistently advocating for their fundamental human rights. This was then correlated with Traveller men experiencing mental and physical burnout which negatively impacts their mental health and leads to accepting the oppression powerfully placed upon them. The experience and awareness of racial discrimination are correlated with poor mental health, including psychological distress, depression and anxiety disorders, psychosis, substance misuse, low self-esteem and life satisfaction (Paradies et al., 2015), all of which have been self-reported by Traveller men in this study This research shows that the interplay of simultaneous experiences of racism, discrimination and social exclusion has a profound impact on Traveller men's mental health and such experiences diminish Traveller men's ability to enjoy positive mental health (Paradies 2005, pp.888-90).

5.7 Racial/Ethnic Policing: A Chronic Stressor for Traveller Men

Travellers' experiences with the criminal justice and policing system have historically been acrimonious and hostile (Joyce 2019; Joyce 2022). Many scholars attribute this strained relationship to the publication of the 1963 COI and legislation such as The Housing (Miscellaneous Provisions) Act 2002 that effectively criminalises Traveller nomadism (Lentin and McVeigh 2006; McVeigh 2007). As concluded by Joyce (2019, p.14) "after such a long history of oppression and acculturation by the State, it is of no surprise that Travellers' relationship with An Garda Síochána, the state police body, is troublesome".

Most recently, a pioneering report led by Traveller scholars documented that Travellers' mistrust of the police and criminal justice system was due to increased experiences of ethnic profiling, incidents of wrongful arrest or conviction, harassment, threats and racist treatment by criminal justice

personnel (see Joyce et al. 2022). The findings of this research reflect such experiences as all Traveller men vividly recounted being subjected to racial slurs, wrongful convictions and ethnic policing by the Gardaí. Therefore, building on the work of Joyce et al. (2022), this research indicates that racial/ethnic policing is a chronic stressor for Traveller men and has a detrimental impact on their mental health.

Traveller men spoke extensively about being stopped and searched in public spaces by Gardaí with often little or no explanation. Traveller men felt involuntary interactions with the Gardaí led them to avoid being in the public domain as racial policing caused them to feel embarrassed, devalued and criminalised. This was often compounded by overt expressions of racism by the Gardaí towards Traveller men in the form of racial slurs. Participant 7, a Traveller man in prison, stated that racial slurs were also overtly deployed by prison officers in a manner accepted as humorous and commonplace (See Section 4.7). Traveller men also spoke about the random policing of Traveller halting sites which they perceived as a form of 'intimidation'.

Additionally, two Traveller men correlated wrongful arrests or convictions with anti-Traveller racism. Traveller men spoke extensively about the profound effect these experiences of racism and discrimination had on them including feelings of embarrassment, shame, low self-worth or being criminalised on the single entity of their ethnicity. It is plausible to assert that these experiences and subsequent emotions correspond with those elicited by 'social evaluative threats' where Traveller men are adversely judged by the Gardaí and criminal justice system resulting in social anxiety, insecurity, subjugation and poor mental health outcomes (Wilkinson and Pickett 2010, p.41). These findings are congruent with that of Paradies et al. (2015) and Williams et al. (2019), where perceived discrimination or racism negatively affects the mental health of minority groups.

5.8 COVID-19 and The Exacerbation of Poor Mental Health Among Traveller Men

The findings of the current study are consistent with those of Friel (2021), Villani et Barry (2021) and Galway Traveller Movement (2021), who found that the COVID-19 pandemic exacerbated and reflected many of the embedded inequalities facing the Traveller community. However, the findings of this research provide distinct insight into the impact of the COVID-19 pandemic on Traveller men and their experiences of mental health. All twelve Traveller men directly correlated the COVID-19 pandemic with their experiences of poor mental health and described how the pandemic exacerbated their pre-existing social, cultural, political, systematic and structural exclusion, which negatively impacted their mental health.

One Traveller man with a SMI and who was homeless during the pandemic spoke about how COVID-19 resulted in him being admitted to the psychiatric unit and while an inpatient developed an inability to socialise as he experienced extensive periods of isolation due to COVID-19. Isolation was commonplace among all Traveller men as they were not permitted to travel or access extended family networks. It is well established that loneliness and isolation are significant determinants of poor mental health and suicide (WHO 2014). Travellers consider the extended family as their principal support system, however, the curtailment of nomadism throughout the pandemic reduced Traveller men's social interactions, which is deemed a crucial component of Travellers' lives and a protective factor of their mental health (Collins 2012; Friel 2021). All Traveller men spoke about the anxiety that COVID-19 brought upon them. One Traveller man stated that he experienced frequent anxiety attacks, which later led to a diagnosis of generalised anxiety disorder. The findings of this

study would suggest that Traveller men's mental health has been disproportionally impacted during the pandemic as increased experiences of poor mental health, psychological distress, isolation and loneliness were all reported.

5.9 Protective Factors and Possible Solutions

Traveller men voiced several interventions, solutions and aspirations for the future concerning their mental health and lives. In line with the findings of the AITHS (2010) and Villani et al. (2021), Traveller men identified that secure accommodation, more robust educational provision, improved access and opportunities for employment, improved physical health and the eradication of racism and discrimination are fundamental determinants that need to be addressed to improve their mental health status. Additionally, mental health services need to be accessible and culturally competent to deal with the nuanced mental health challenges facing Traveller men. Additionally, Traveller men called for more awareness raising about mental health, particularly around shame, stigma and available support as some felt they were not fully informed on such matters.

A majority of Traveller men stated they would be interested in a social group or gatherings to explore such issues as this would ease isolation, develop awareness and reduce stigma. DTP Traveller men's football team and "community health days" was given as good practice examples. These health promotion interventions are also set out in the Health Ireland Framework 2013-2025 (See Appendix 1). Additionally, Traveller men expressed interest in a Traveller-specific counsellor whom they could avail of in times of mental health distress, however, it was emphasised that this professional needed to be culturally informed, competent and accessible in person. There was also a suggestion an LGBTQ+ support group or worker should be situated within DTP to raise awareness and provide support to members of the Traveller community struggling with their sexual orientation. It must be noted that despite the many challenges Traveller men faced, they had many aspirations for the future and were willing to engage in any initiatives or support that could enhance the quality of their lives and subsequent mental health.

5.10 Conclusion

The principal aim of this study was to explore and identify the mental health experiences of Traveller men living in Donegal. In-depth, qualitative engagements with participants led to significant insights with findings indicating that Traveller men's mental health is multi-faceted with many of the issues outlined above at play simultaneously. As cited by Pavee Point (2015a), the factors leading to Traveller men's poor mental health status, outcomes and prospects are due to many complex factors which are best described as a "web of causation". In response to these identified factors, the following chapter concludes the study by identifying its possible implications for future research, policy and practice.

⚙ Chapter 6 Recommendations

6.1 Recommendations for Policy, Practice and Future Research

Based on the above conclusions, several recommendations can be drawn from this study for research, policy and practice to address the mental health challenges facing Traveller men. The recommendations were formulated utilising the academic literature, the research findings and consultation with the Advisory Group. The recommendations will be set out below thematically mirroring the structure of Chapters 4 and 5.

6.2 The Social Determinants of Traveller Men's Mental Health

The SDOH are the interconnected social, economic, environmental and political conditions in which people are born, age, live, work, play and die. The intersection of these determinants then impacts individuals', groups' and communities' health status. Recommendations will be formulated based on the identified determinants impacting Traveller mens' mental health. These are accommodation deprivation, homelessness, negative educational experiences, unemployment, poverty and poor physical health. However, it is essential to reiterate that these determinants cannot be viewed in isolation as they are intersectional, overlapping and interrelated.

Traveller Accommodation and Homelessness

- Existing Local Authority policies must be reviewed to ensure they take account of the nature of Traveller homelessness and accommodation deprivation to ensure these areas are a central concern for the present and future practice, policies and procedures.

- It is recommended that local authorities complete training and workshops in compliance with Section 42 of the Irish Human Rights and Equality Act (2014) on public sector duty, interculturalism, anti-racism and the specific needs of Travellers experiencing accommodation deprivation and homelessness.

- It is also recommended that a member of the Traveller community is included on the Homeless Action Team (HAT) within the region. This would ensure representation, diversity and expertise pertaining to Travellers' experiences of homelessness within the region.

- There is a need for an interagency working group to be established between Donegal County Council, DTP and relevant others. From this group, a response should be developed (with clear targets, actions and resources) to address the needs that arise from the intersectional impact of Travellers experiencing homelessness and mental health challenges.

- It is also recommended that the Donegal County Council report on and undertake actions to address Traveller homelessness and accommodation deprivation in developing the 2024 Traveller Accommodation Programme.

Education, Employment and Poverty

- The findings of this study reinforce the need to progress the implementation of the Traveller Culture and History in Education Bill 2018 to promote intercultural competence within educational settings and among their students. This would facilitate a safe space

for Traveller students and decrease the risks of racism, educational disfranchisement and social exclusion.

- It is recommended that educators at the primary, secondary and third level develop a more robust anti-oppressive and anti-discriminatory practice. Therefore, in line with Section 42 of the Irish Human Rights and Equality Act (2014), educational settings should uptake anti-racism, anti-discrimination and cultural competence training.

- It is also recommended that the regional ETB and other adult education providers should develop targeted training initiatives for Traveller men which are developed, designed and delivered in consultation with DTP. However, educational provision offered to Traveller men must capture their interests while simultaneously meeting the needs of employers within the region.

- A more widely situated recommendation is that Traveller employment should be a significant focus for Governmental policy to address the high unemployment rate among Traveller men. The findings of this research support the need for all employment policies, strategies and practices to value Travellers' cultural identity and encompass a culturally appropriate response that is individualised to create sustainable employment opportunities.

Physical Health

- It is recommended that there is a specific focus on Traveller men's physical health through targeted initiatives that capture their interests (i.e. gym, football, horses, walking). As identified in this study, Traveller men feel they have little opportunity to physically exercise due to racism and discrimination, therefore, it is recommended that the conditions are created for them to improve their physical health. Intersectoral and interagency partnerships should support this to create better health outcomes for Traveller men.

- A health awareness campaign is also recommended to increase the knowledge of Traveller men on the impact of mental health on physical health and vice versa.

6.3 Traveller Men's Increased Experiences of Mental Health Risk Factors

- This study identified that culturally appropriate counselling services are needed within the county to support Traveller men. This was regarded as vital by Traveller men as there was no Traveller counsellor locally.

- This study's findings suggest a need for an HSE-funded position of a peer Traveller mental health worker located within Donegal. The provisions for such a post would increase the capacity to deliver mental health awareness among Travellers and engage with services at a local level to improve the access and outcomes of Travellers accessing mental health services or supports[8].

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8   Additionally, this position would be integral in providing grassroots support to Traveller men to ensure early intervention and appropriate support for the intersectionality of issues they are experiencing. Additionally, it would address stigma and offer role models to Travellers across the county. It would also help address the 84% unemployment rate experienced by the community.

- This research also points to a lack of service provision for Traveller men experiencing both mental health and addiction issues (dual diagnosis). This is in recommendation 63 of the National Roma and Traveller Inclusion Strategy. Therefore, this research recommends the development of strategic responses from mental health services and associated agencies to ensure a wraparound service for Traveller men experiencing dual diagnosis.

6.4 Traveller Men's Lack of Access and Inadequate Experiences of Mental Health Support

- It is recommended that primary care teams within the region uptake public sector duty training, cultural competency, anti-racism and discrimination training to improve the experiences of Traveller men availing of their support during crises.

- It is also recommended that primary care teams engage and work collaboratively with DTP to develop and deliver a positive mental health awareness and suicide prevention campaign among Traveller men.

- There is a need to include a functioning ethnic identifier across all routine administrative systems to monitor the equality of access, participation and outcomes among Traveller men experiencing mental health challenges.

- The findings of this research also recommend that primary care teams take a social determinant of mental health approach underpinned by human rights standards when considering policies, practices and engagement with Traveller men.

- As Pavee Point (2015) recommended, this research endorses the development of a Traveller Mental Health Response Team within the local area. These teams would include PHC community health workers, community development workers, the local designated Traveller PHN and a member of primary care services. The team would be available to respond to situations of crisis and reports of attempted suicide; in addition, they would support the extended family with any issues that arise.

- The findings of this research also reinforce the need for a National Traveller Mental Health Strategy with key actions, outcomes, time frames, accountability and key delivery indicators.

6.5 The Impact of internal and External Shame & Stigma on Traveller men's Mental Health

- The stigma of mental health remains prevalent among Traveller men. This is compounded by hegemonic masculinity. There is a need for educational anti-stigma interventions with Traveller men with a specific emphasis on mental health literacy which has been proven to advance knowledge, attitudes, and help-seeking behaviour. This could take the form of workshops, conversations and information sharing with Traveller men and the general public discourse to facilitate an understanding of mental health and the stigma attached to it.

- It is also recommended that the piece of work is conducted with Traveller men around sexuality as the findings suggest that LGBTQ+ Traveller men with mental health issues experience the intersectional impact of being a Traveller, LGBTQ+ and an individual with mental health difficulties. This work could extend to initiating and opening dialogue around the internal and external stigma attached to being LGBTQ+ within and towards the community.

6.6 The Cumulative Effect of Racism, Discrimination and Social Exclusion on Traveller Men's Mental Health

- The findings from this research show that Traveller men experience disproportionate levels of racism, discrimination and social exclusion. However, the findings also suggest a need to create consciousness among Traveller men about their human rights and existing legislation that would empower them to enforce their rights in such situations. This would enable Traveller men to understand how to report such incidents via appropriate channels to address some of the individual racism/discrimination they are experiencing.

- It is also recommended that in line with Section 42 of the Irish Human Rights and Equality Act (2014) all public services should uptake public sector equality and human rights training.

6.7 Racial/Ethnic Policing: A Chronic Stressor for Traveller Men

- It is important to note that the findings of this research endorse the evidence-based recommendations made by the Irish Travellers' Access to Justice (Joyce et al. 2022) that are needed for radical change within the criminal justice system.

- It is recommended that An Garda Síochána should establish a dedicated policing plan in consultation with DTP to improve and develop a better relationship with the Traveller community. A rights-based campaign and associated awareness tools tailored specifically towards Traveller men should be developed with the aim of restorative dialogue, trust and reciprocity.

- In line with Section 42 of the Irish Human Rights and Equality Act (2014), diversity, anti-racism and cultural competency training should be extended to all departments of An Garda Síochána within the county to ensure a uniform approach to interacting with members of the Traveller community.

6.8 COVID-19 and The Exacerbation of Poor Mental Health Among Traveller Men

- The findings of this study suggest that the COVID-19 pandemic has exacerbated all determinants associated with the mental health challenges impacting Traveller men. Therefore, there is an imminent need to address all the SDOH, including racism, discrimination and exclusion, to ease the social, cultural, political, systematic and structural exclusion currently impacting Traveller men's mental health.

6.9 Future Research

This research provided significant insights into the Traveller men's lives, health, and key determinants of their mental health. It also has identified interventions that would enhance their mental health status, prospects, and outcomes. The research design employed was qualitative and participatory, consisting of twelve semi-structured interviews, two focus groups and an advisory group comprising of Traveller men. The advisory group was involved in this research from the conceptualisation to the documentation of findings and recommendations. However, there are radical possibilities for this research and its methodology to be expanded locally, regionally and nationally to ascertain the mental health challenges experienced by Traveller men, women and children by having a broader sample and using an intersectional lens to understand the multi-dimensional factors impacting their lives. Additionally, this research could be extended to the Roma community. The completion of this future research could have significant implications at the EU level for the Traveller and Roma community. This future research could also be effective in addressing the community's mental health crises, particularly post-COVID-19.

6.10 Concluding Thoughts

The following quotation from a Traveller man in prison (Participant 7) succinctly encapsulates the hope and aspiration Traveller men have for a future conducive to their mental health and well-being. Therefore, his verbatim quote will serve as the study's concluding thought.

> **I would like our community to turn around and be a way where we do not need other organisations to do this and that on our behalf. Like read, write, spell and complete applications. I would like us to have enough knowledge and understanding of the world around us to be involved in how it is shaped. To be involved in the laws and policies that govern it. I would like us to step into the same role as any other member of society, but at the end of the day, I know that's not going to happen. It would be nice to have a platform for Travellers instead of settled people telling us what is wrong in the community. It would be ideal to have Travellers in the positions to make the changes that mean something to our community...That's what I would like to see happening just instead of us talking about our experiences, we take that experience and use it in a way we can make a change for the next Traveller.**
>
> **Participant 7**

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Appendices

National Governmental Policies and Strategies Concerning Traveller Mental Health (CHO 1 Traveller Health Strategic Plan, p. 57-58).

HEALTHY IRELAND: A FRAMEWORK FOR IMPROVED HEALTH AND WELLBEING 2013–2025

Healthy Ireland, Ireland's national framework for action to improve the health and wellbeing of the people of the country. Its vision is "A healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility" (2014:5). Mental health is an integral theme throughout the framework and is described as a "growing health, social and economic issue". Healthy Ireland acknowledges that more Irish young people die by suicide than in other countries and that alcohol is a contributory factor in half of all suicides. In its identification of indicators for "wellbeing", Healthy Ireland points to decreased levels of self-harm across all life stages and a reduced suicide rate across all population groups.

A VISION FOR CHANGE: REPORT OF THE EXPERT GROUP ON MENTAL HEALTH POLICY

A Vision for Change (AVFC) 2006 is the Irish Government's national mental health policy which sets out the direction for mental health services in Ireland and provides a framework for building positive mental health across the entire community. AVFC provides national policy direction and recommendations on suicide prevention, using both a whole population approach and a targeted approach for those particularly vulnerable to suicide. It AVFC stresses that "effective action to prevent suicidal behaviour requires the cooperation of the whole community, including education, health and social services, business and voluntary organisations, agencies committed to positive health promotion and to reducing stigma surrounding mental health problems, and ordinary people who are often the first to become aware of crises arising in their friends, colleagues and loved ones" (Government of Ireland, 2006:159).
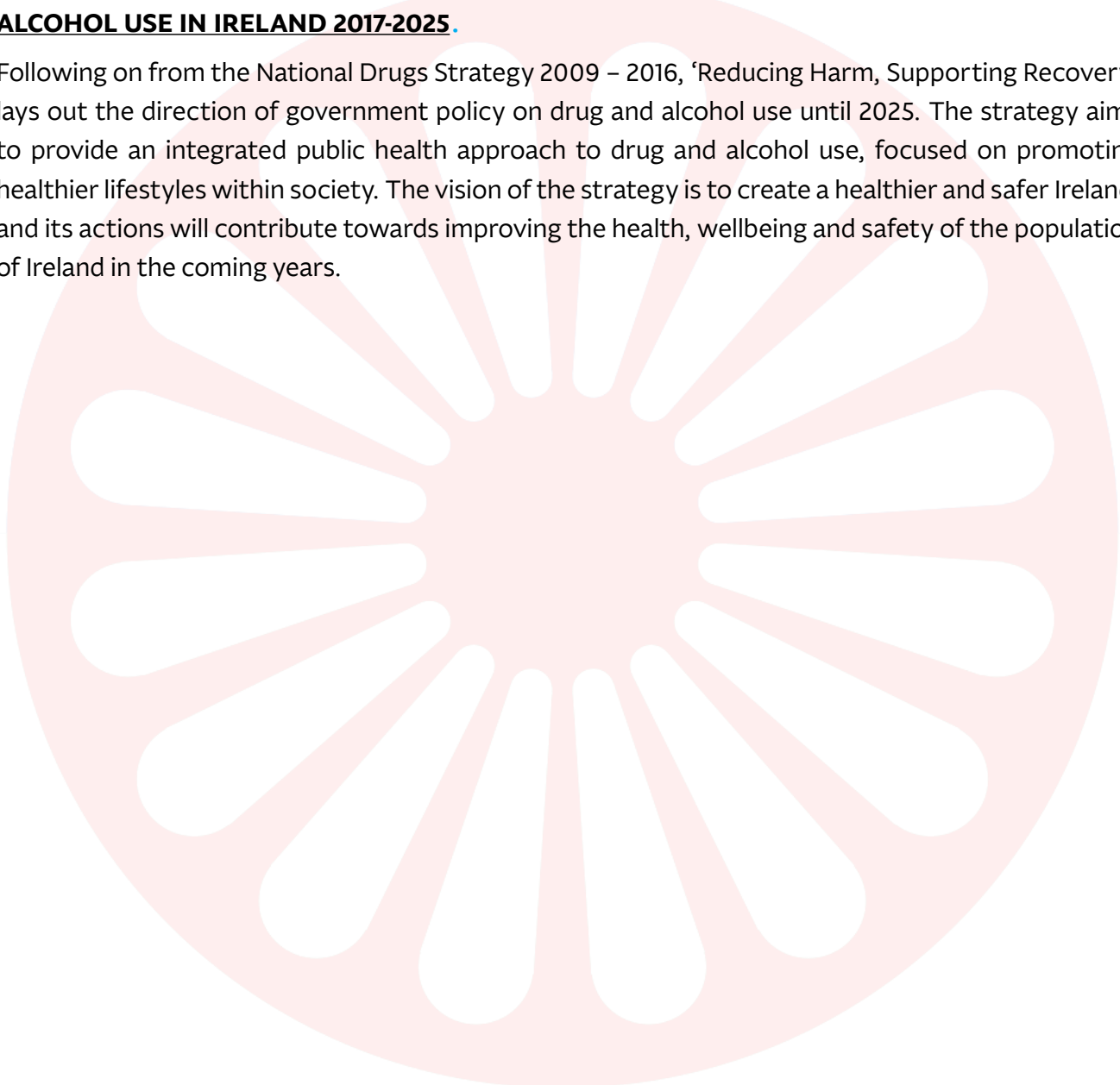
CONNECTING FOR LIFE, IRELAND'S NATIONAL STRATEGY TO REDUCE SUICIDE 2015 - 2020

Connecting for Life is the national strategy to reduce suicide in Ireland over the period 2015 – 2020. It sets out the Irish Government's vision for suicide prevention, the expected outcomes over the next five years and the actions that will be taken to prevent suicide and self-harm in Ireland. The strategy follows on from Reach Out (2004 - 2014), the first Irish national strategy for suicide prevention. The National Office for Suicide Prevention was set up in 2005 within the HSE to oversee the implementation, monitoring and coordination of Reach Out. There has been extensive development of national and international research in relation to suicidal behaviour and suicide prevention interventions, and the services available to people in emotional distress have improved in terms of availability, access and quality.

REDUCING HARM, SUPPORTING RECOVERY – A HEALTH-LED RESPONSE TO DRUG AND ALCOHOL USE IN IRELAND 2017-2025.

Following on from the National Drugs Strategy 2009 – 2016, 'Reducing Harm, Supporting Recovery' lays out the direction of government policy on drug and alcohol use until 2025. The strategy aims to provide an integrated public health approach to drug and alcohol use, focused on promoting healthier lifestyles within society. The vision of the strategy is to create a healthier and safer Ireland, and its actions will contribute towards improving the health, wellbeing and safety of the population of Ireland in the coming years.

Appendix 2

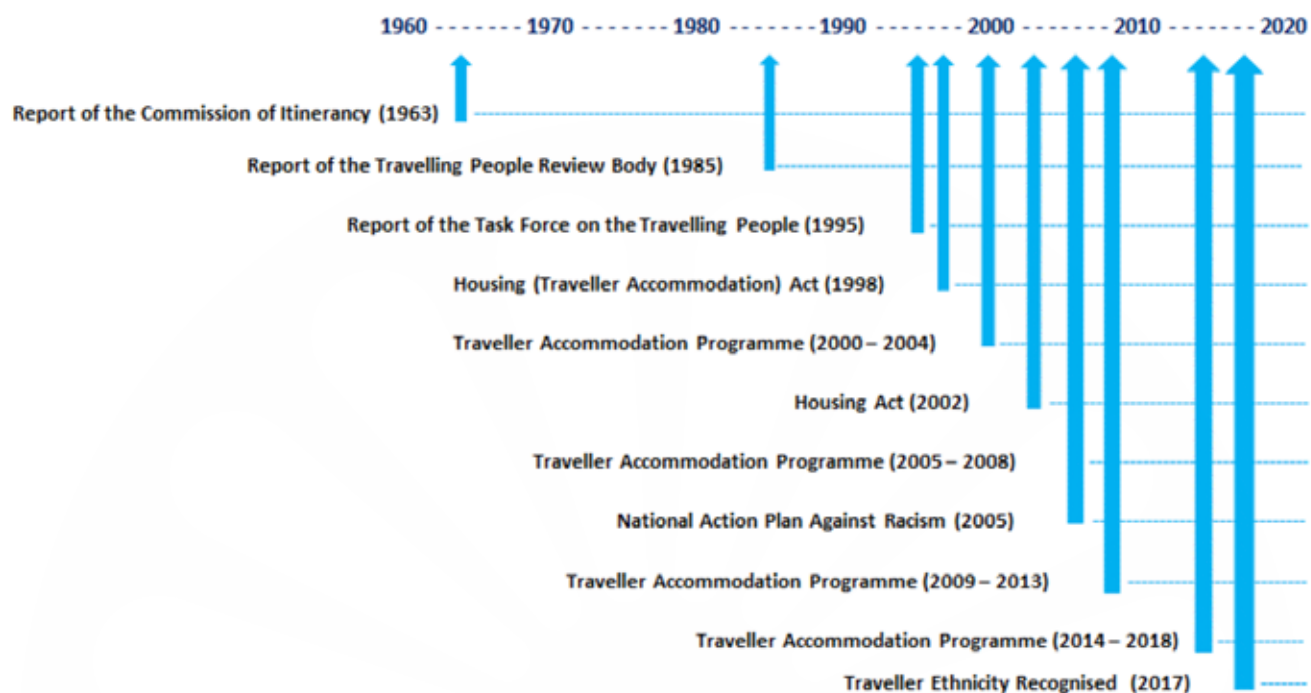## Overview of Traveller Health (adapted from AITHS 2010)

- Life expectancy for Traveller men is 15.1 years and for Traveller women 11.5 years less than men/women in the general population
- Mortality is 3.5 times higher
- Infant mortality rate is 3.7 times higher
- Suicide rate among Travellers is 6.6 times higher than the general population
- Suicide accounts for a staggering 11% of all Traveller deaths
- Only 3% of Travellers found over the age of 65
- 42% of Travellers under 15 years of age compared with 21% of the general population
- Only 8 Travellers found over 85 years of age

- 56% of Travellers said that poor physical and mental health restricted their normal daily activities, compared to 24% of non-Travellers - 62.7% of Traveller women and 59.4% of - Traveller men reported their mental health was not good for one or more days in the last 30 days, compared to 19.9% of the non-Travellers	- Overall Traveller rate suicide is 6 times higher than settled population - Suicide is 7 times higher for Traveller men and most common in young Traveller men aged 15-25 - Suicide accounts for approx. 11% of all Traveller deaths - Suicide is 5 times higher for Traveller women

- 53% of Travellers "worried about experiencing unfair treatment" from health providers
- Over 40% of Travellers had a concern that they were not always treated with respect and dignity
- Over 50% of Travellers had concerns of the quality of care they received when they engaged with services
- 40% of Travellers experienced discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans
- 66.7% of service providers who agreed that discrimination against Travellers occurs sometimes in their use of health services. Service providers also admitted that anti Traveller discrimination and racism were evident within the services, resulting in substandard treatment of Traveller service users

- Traveller organisations and Primary Health Care for Traveller Projects (PHCTPs) were the most recognised and used support services for Travellers, particularly for mental health
- 83% of Travellers reported receiving health information and advice from PHCTPs
- The level of complete trust by Travellers in health professionals was only 41% compared with a trust level of 82% by the general population in health professionals

Appendix 3

Traveller accommodation from the 1960s (The Housing Agency 2017)

1960 - - - - - - - 1970 - - - - - - - 1980 - - - - - - - 1990 - - - - - - - 2000 - - - - - - - 2010 - - - - - - - 2020

Report of the Commission of Itinerancy (1963)

Report of the Travelling People Review Body (1985)

Report of the Task Force on the Travelling People (1995)

Housing (Traveller Accommodation) Act (1998)

Traveller Accommodation Programme (2000 – 2004)

Housing Act (2002)

Traveller Accommodation Programme (2005 – 2008)

National Action Plan Against Racism (2005)

Traveller Accommodation Programme (2009 – 2013)

Traveller Accommodation Programme (2014 – 2018)

Traveller Ethnicity Recognised (2017)

Appendix 4

Interview Guide

Part one: Introductions

- Researcher introduction.

    o **Thank participant for taking part in the research.**

    o Clarify the length of the interview (40mins to 60mins).

    o Explain confidentiality **(unless you or the safety of others is at risk)**, anonymity and the right to withdraw.

- Share information on the title of the study and provide another opportunity to read the participant information sheet.

    o This interview is an opportunity for you to have a say about how you feel about things at present.

    o Explain the importance of the participant highlighting that there are no right or wrong answers or opinions and that everything said is valid and helpful.

    o If at any point you would like to take a break just let me know.

    o Check that the participant is comfortable with the interview format and questions by stating that: **questions can be reworded if needed to be.**

Part two: Interview questions

1. Could you tell me a little about yourself?

    o How do you feel about being a Traveller?

    o What makes you proud to be a Traveller?

2. Can you tell me about your life as a Traveller living in Donegal?

    o Can you describe what daily life is like for you?

    o Are there any memories that you would like to share with me?

3. How do you think Travellers are treated in Donegal?

    o How does that make you feel?

4. Is there any experience or memories that has shaped the way you feel about yourself?

5. Tell me about the worries you have as a Traveller man?

6. Can you describe how you manage these worries?

7. What helps you with your mental health

8. Can you tell me about any experiences you had with services when looking to get support for your mental health?

9. Do you feel there is shame in seeking support for mental health as a Traveller man?

    o   If yes, can you tell me about these experiences?

10. In what ways has the COVID-19 pandemic changed your everyday life?

    o   How do you feel about these changes?

    o   How have they impacted on your mental health or wellbeing?

11. If you had a magic wand…, what is the first thing you would do to make a difference for Traveller men in Donegal?

12. Is there anything else you would like to share with me or add?

Part 3: Conclusions

•   Thank the participant and conclude the interview with reminding them about internal support available within DTP and a list of external services which include:

•   **Traveller Counselling Service**

    o   Landline: 01 868 5761

    o   Mobile: 086 308 1476

    o   Email: info@travellercounselling.ie

•   **Samaritans**

    o   Call 116123 free from any phone 24/7

•   **Pieta House**

    o   Pieta House provides free therapy to those engaging in self-harm, with suicidal thoughts, or bereaved by suicide.

    o   Call Freephone on 1800 247 247

    o   TEXT HELP to 51444 (Standard message rates apply)

•   **SpunOut.ie**

    o   SpunOut.ie is Ireland's youth information website and contains lots of useful information about education, employment, health and wellbeing, mental health, LGBTI+ issues, sex and relationships and news and current events.

    o   Spun Out offers an instant chat and email service for 18–25-year-olds at www. spunout.ie

    o   You can also text SPUNOUT to 50808 – free 24/7 text service

DTP Mens Advisory Group

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