



NHS Greater Glasgow and Clyde

Meeting the needs of Gypsy Travellers

“The trust that this man - who would never admit his mental health issues for years - built with me as a Gypsy Traveller community health worker, is now transferred to his Community Psychiatric Nurse. This shows how wonderful the NHS can be. I am still in the background but this man is totally working with the nurse now”

Tommy, Gypsy Traveller Community Health Worker

Background

Historically, NHS Greater Glasgow & Clyde had no tailored approach to reach gypsy travellers on immunisation, screening and other health issues. In 2022, the Scottish Government funded MECCOP, the national gypsy traveller charity, to deliver ‘Community Health Matters’. This involved testing the introduction of community health workers within gypsy traveller communities across a number of Health Board areas.

The community health workers were recruited from gypsy traveller communities as there was extensive evidence that this population group had a wide distrust of any statutory services. The work involved organising events and outreach sessions with communities on a range of health and social topics, including vaccinations and screening. National long term outcomes of this work have been set.

The model aimed to help –

- reduce inequalities in health outcomes
- improve access to health and social services and other services
- reduce stigma and discrimination, and
- improve health literacy.

An external [report](#) published in 2022 revealed that the programme evaluated extremely well and a Scottish Government partnership group was set up to maintain the intervention. However, no gypsy travellers from the NHSGGC area came forward to become community health workers and participate in the national test.

Establishing Community Health Workers in NHSGGC's Gypsy Traveller Community

In 2022, NHSGGC approached MECCOP for advice regarding its commitment to a peer worker model with a focus on immunisations, screening and poverty. This alliance was vital as it was recognised that gypsy travellers were unlikely to engage with any peer workers outwith the community. From 2023-25, NHSGGC funded MECCOP to test the community health worker model in the local area.

One official gypsy traveller site exists in NHSGGC (Dennyston in West Dunbartonshire) along with a number of unofficial sites. MECCOP had connections to the people living on unofficial sites and estimated that NHSGGC had the largest number of gypsy travellers in Scotland (around 800 people).

From 2023-25, Community Health Workers (CHWs) had 782 contacts with gypsy travellers in the NHSGGC area. This included health needs assessments, 6 health fayres, 1-1 support and groupwork. The learning from the health needs assessments informed groupwork and health fayre priorities.

Response from Participants

An evaluation tool was developed to capture the community's response to the CHWs. Participants were asked to score various elements on a scale of 1-10 with 10 being most positive value.

Participants placed a high value (10) on both the community health workers' skills and the service itself. Participants also felt that the CHWs were providing better information on how NHS services work (9-10). Responses to specific questions about vaccination services (8-9) and mental health services (6-9) also rated well.

Addressing barriers to vaccinations rated less (range 4-8) and there was considerable variance in terms of likelihood to go for a vaccination in the future (1-8).

All participants reported that the CHWs discussed money worries, housing issues and other health issues with them.

Women's and men's groups ran once a month, with 12-15 people in attendance. Various services were provided at each group. Poor mental health and other illnesses were key topics at groups and many people found the groupwork useful as an opportunity to voice often hidden issues.

One to one meetings were held with community members around the issue of schools and children with support for learning needs, providing support for mothers who felt they had no one they could trust and talk to.

One to one support over the phone was also available. Young mums struggling with mental health were encouraged to link with the GP as well as continuing to be supported by the service and a number of clients also accessed the mental health team. There were also a large number of housing enquiries raised.

Innovating ways of engaging men included supporting men experiencing mental health crises by facilitating access to appropriate NHS doctors, Community Psychiatric Nurses (CPNs), and other mental health and addiction services. Regular social events were organised as well as exercise activities, arts therapies and music activities centred around shared meals, creating a relaxed environment for open discussions about mental health and fostering peer support.

Men and women talked about being more knowledgeable about health, including mental health conditions and services and coping strategies. Feedback also revealed that the new groups helped reduce feelings of loneliness.

Participant testimonials:

"By working with Bernie who supported me to go the GP, I realised I have depression, anxiety and suicidal thoughts. I still link with Bernie and the GP but I got therapy and would never go back – they just did not understand Gypsy Traveller culture"

"A huge barrier is taking that first step. Bernie really helped me to do that as I didn't see what was causing the stress and the worry in the first place"

"I didn't know what was available and not confident to use it anyway. Working with Bernie helped a lot with that"

"I used to think it was that I was always in a bad mood, but now I know I had anxiety and needed to take time for myself. I would have never known that anxiety can cause you to be irritable. That's why we have these groups, I suppose — to learn us."

"It's always a good crack when a few of the men get together. I think it also helps with loneliness. Men often don't say it's lonely, but the work that MECOPP does brings a bit of life back, especially when you live in a house."

"The Curry Club is Barry! Some nice food, and we bring what we want to cook, and that's good (I don't like waste). It gives us a chance to have a real conversation about mental health and ask questions. I'm really enjoying it."

"I was going through something that is every father's nightmare, and if it had not been for Tommy at MECOPP, I don't know where I would be. Having the chance to call Tommy and him listening to me made all the difference. I don't talk about my feelings, but by sharing the way I was feeling, it helped me deal with it and keep calm when I needed to."

"I have suffered with mental health for a long time. Tommy supported me to get help from the doctors down the road, and now my whole life has changed. I was ashamed to admit I had mental health problems, and now I still keep it to myself, but I feel like a new man"

Response from the Steering Group

A Steering Group was set up to oversee workstreams. This included representatives from the Equality And Human Rights Team, Public Health Consultant for Mental Health, Acute Services and Health and Social Care Partnerships.

Steering Group staff participated in a focus group with an external facilitator. The following key objectives were all rated highly -

- Value of the project
- Increased awareness to community supports
- Increased trust between the NHS and the gypsy traveller community
- Barriers to accessing NHS services addressed
- Influence on community uptake of NHS mental health and general health services

The Steering Group recognised that the CHW role is a supporting role and more work is required to achieve systemic change in NHS services. It was highlighted that NHSGGC has a commitment to systemic change in the forthcoming 'A Fairer NHSGGC 2025-29' equality report in line with Scottish Government guidance.

It was evident from the work to date that many of the Gypsy Traveller community were unaware of the range of services available and / or did not have confidence to access them.

The Steering Group felt there was a wide range of evidence on how the project had provided clear information on the subject of mental health and where to get support and community feedback indicated that this had been invaluable in building trust in NHS services. However, it was also recognised that the pathways into support for mental health are not straight forward for the Gypsy Traveller community.

In terms of addressing barriers, the Steering Group agreed that CHWs supporting Gypsy Travellers to make first visits to GPs, CPNs etc., providing context around Gypsy Traveller culture and aiding with literacy barriers had made a huge difference to ongoing engagement with NHS services.

The Steering Group concurred that the uniqueness of the project was in valuing the role of lived experience via paid roles and not relying on volunteers. In terms of sustainability, it was felt that without CHWs it is likely the Gypsy Traveller community will go backwards in terms of trust and use of NHSGGC mental health and other services. The Group advised that more training for NHS staff and existing trainers and, in the long term, more representation of Gypsy Travellers in NHS roles, would make a positive difference.

Key messages - successes to date

- **Increased Engagement:** Higher community participation in group activities, building trust and fostering mental health awareness.
- **Holistic Health Approach:** Through diverse group activities, created spaces for relaxation, physical health, and social connection, enhancing overall well-being in the community.
- **Advocacy on Gypsy Traveller culture and literacy issues:** Accompanying members of the community to first visits (covering issues such as culture and direct support with literacy) to the GP, CPN etc improving ongoing engagement with these services
- **Informed Community Feedback:** Collected insights through surveys to inform future project directions and tailor activities to community needs.
- **Getting men to engage:** Successfully guiding men in mental health crises to receive the right NHS and, for example, specialist mental health support, contributing to better outcomes and ongoing care; supported a community member's achievement of sobriety, showing positive impacts of addiction support.

Key messages - challenges

- **Cultural Sensitivity:** Continuously tailoring discussions and support activities to ensure relevance to Gypsy Traveller cultural perspectives is essential.
- **Overcoming Stigma:** While engagement has improved, addressing mental health stigma remains a priority and Gypsy Travellers largely remain afraid, of NHS mental health services - particularly women. This fear is related to historical institutional discrimination (e.g. perceptions that a mental health diagnosis will result in Gypsy Traveller children being taken into care)
- **Support Role Limitations:** Role as a supporting worker, rather than the primary, limits the continuity of some direct support efforts
- **Service Engagement Barriers:** Participants voiced concerns about potential involvement from social services and the accessibility of online resources due to literacy challenges.

Key messages - Recommendations

- **Continued Support Groups:** Maintaining and expanding these group sessions to foster ongoing mental health support is required
- **Increased Access to Services:** Helping men connect with NHS doctors and CPNs for timely care

- **Practical Life Skills Support:** Offering workshops on managing finances, navigating tax systems, and improving literacy.
- **Community-Driven Activities:** Further developing culturally relevant initiatives such as the Curry Club and music sessions.
- **Future opportunities cross board working on digital mental health resources from 2025:** Scottish Government support for this as part of wider MECCOP and NHS Boards has been requested.
- **NHS systemic change:** A programme of staff training covering discrimination, culture and language is required as well as long term exploring roles for Gypsy Travellers in the NHS. A Fairer NHSGGC 2025-29 includes a commitment to this for Acute services and further work is scheduled to explore this issue with primary care services.

[NHSGGC Equality & Human Rights Team](#)

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