



PAVEE POINT  
TRAVELLER AND ROMA CENTRE

## Evidence & Recommendations on Mental Health, Suicide and Travellers

*"Frequent mental distress (FMD) was defined as 14 or more days of poor mental health in the preceding one month. FMD was present in 11.9% of Traveller respondents, and prevalence increased with age. After age and sex adjustment, FMD was more prevalent in those whose quality of life was impaired by physical health, by those who were recently bereaved of a friend or family member, and by those who had greater experiences of discrimination ...The analysis show that Travellers experience discrimination and bereavement, which negatively influence their mental health<sup>1</sup>."*



## Travellers: Mental Health and Suicide in Context

Travellers are a minority ethnic group, indigenous to the island of Ireland. Travellers maintain a shared history, language, traditions and culture.<sup>2</sup>

Travellers are recognised as one of the most marginalised groups in Irish society as they experience structural and systematic discrimination, state neglect and active prejudice.<sup>3</sup>



1. McCorrigan C., Hamid N.A., Fitzpatrick, P., Daly L., Malone, K. and Kelleher, C. (2013) *Frequent mental distress (FMD) in Irish Travellers: Discrimination and bereavement negatively influence mental health in the All Ireland Traveller Health Study*. *Transcultural Psychiatry* 50(4) 559-578
2. Dublin Travellers Education and Development Group (1992) *Irish Travellers: New Analysis and New Initiatives*. Dublin: Pavee Point Publications.
3. Houses of the Oireachtas, Seanad Éireann, Seanad Public Consultation Committee (2014) *Report of Ireland's Compliance with the International Covenant on Civil and Political Rights with Observations and Recommendations to the United Nations Human Rights Committee and to the Irish Government*. Dublin: Stationery Office.

### According to 'Our Geels' – The All-Ireland Traveller Health Study (AITHS) (2010):<sup>4,5</sup>

- 56% of Travellers reported that poor physical and mental health restricted normal daily activities; this was compared to 24% of the General Medical Services (GMS) population.
- 62.7% of Traveller women disclosed that their mental health was not good enough for one or more days in the last 30 days; this was compared to 19.9% of GMS female cardholders.
- 59.4% of Traveller men believed that their mental health was not good for one or more days in the last 30 days; this was compared to 21.8% of GMS male cardholders.

### TRUST, DIGNITY AND DISCRIMINATION

- In the AITHS study the level of complete trust by Travellers in health professionals was only 41% this compares with a trust level of 82% by the general population in health professionals.
- 53% of Travellers “*worried about experiencing unfair treatment*”.
- 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.
- Over 50% of Travellers have experienced Discrimination in their daily lives.
- 40% of Travellers have experienced discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans (Krieger et. al. 2005).<sup>6</sup>

### BARRIERS TO MENTAL HEALTH SERVICES

Mental health services lack comprehensive data on Traveller service users, as service providers do not collect information on ethnic or cultural background. This results in significant gaps in knowledge on the access, participation and outcomes to mental health and suicide prevention services for Travellers. While data from AITHS confirmed that mental health services were available to Travellers, services were often perceived as inadequate. Findings from AITHS indicate various institutional, cultural, social and structural barriers that restrict Travellers from accessing and engaging with mental health services. These include:

- Discrimination and racism (both at individual and institutional levels)
- Lack of trust with healthcare providers
- Lack of culturally appropriate service provision
- Lack of engagement from service providers with Travellers and Traveller organisations
- Social and cultural stigma attached to engaging with mental health services

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4. All Ireland Traveller Health Study Team (AITHS) (2010) All Ireland Traveller Health Study: Summary of Findings. Dublin: School of Public Health, Physiotherapy and Population Science, University College Dublin.

5. [www.paveepoint.ie/document-category/all-ireland-traveller-health-study/](http://www.paveepoint.ie/document-category/all-ireland-traveller-health-study/)

6. Quirke, B (2014) Submission to the National Framework for Suicide Prevention, Pavee Point Traveller and Roma Centre, Dublin. [www.paveepoint.ie](http://www.paveepoint.ie)

- Waiting lists (62.7%)
- Embarrassment (47.8%)
- Lack of information (37.3%)
- A third of Travellers said they had difficulty reading and 50% reported difficulty reading instructions for medication.

Mental health service providers confirmed that anti-Traveller discrimination and racism were evident within the services, often resulting in substandard treatment of Traveller service users:

- *“It does exist [...] there is that sentiment that Travellers are less deserving, hence give them substandard services.”*
- *“Racism is one of the factors, but won’t be said officially as they (institution) will be in trouble.”*

## MENTAL HEALTH SUPPORTS UTILISED BY TRAVELLERS

According to AITHS, 83% of Travellers reported receiving health information and advice from Primary Health Care for Traveller Projects (PHCTPs). This was confirmed by research conducted by Pavee Point, Tarafas and Daly (2013), which found that in addition to the local parish priest, Traveller organisations and associated PHCTPs were the most recognised and utilised support services for Travellers experiencing mental health difficulties. Their familiarity with Traveller culture and understanding of their specific needs makes them the first point of contact for Travellers attempting to access mental health and support services.

*“ They are good people but don’t understand Travellers, they don’t know how Travellers feel when there is a suicide. Some cultural things are hard to explain; sometimes it just doesn’t translate; only another Traveller would know <sup>7</sup>”*

## FACTORS LEADING TO TRAVELLER SELF HARM AND SUICIDE

A seminar on Suicide Prevention in the Traveller Community hosted by Pavee Point in 2005 examined existing services and approaches available to address suicide and self-harm. Contributory factors leading to Traveller suicide and self-harm were identified as:

- Racism and Discrimination
- Bereavement
- Knowledge of suicide and knowing someone who has completed suicide
- Identity crisis
- Poverty/indebtedness
- Mental health issues/depression
- Addiction issues – alcohol, drugs and gambling addiction
- Poor access to gender and culturally appropriate mental health services
- Stigma in relation to sexual orientation

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7. Tarafas, L., Daly, M. and the Traveller Community Health Workers Pavee Point PHCTP (2013) *Bereavement in the Traveller Community* Draft Paper; Pavee Point unpublished. Woman 6.

## SUICIDE

Findings from AITHS indicate that Travellers are a 'high-risk' group for suicide as suicide is 6 times higher for Travellers than the general population. This figure is reflective of confirmed suicide cases by the General Register Office (GRO) and **does not** take into account external causes of death such as alcohol or drug overdose, which accounted for almost **50%** of all Traveller male external causes of death. Other findings include:

- The Traveller suicide rate is **6 times** higher when compared to the general population and accounts for approximately **11%** of all Traveller deaths.
- Suicide for Traveller men is **7 times** higher and most common in young Traveller men aged 15-25.
- Suicide for Traveller women is **5 times** higher than the general population.



## 'CONNECTING FOR LIFE:' RECOMMENDATIONS FOR THE LOCAL SUICIDE PREVENTION ACTION PLAN

Travellers are listed as a priority group in the most recent National Suicide Strategy, *Connecting for Life: Ireland's National Strategy to Reduce Suicide (2015-2020)*. The Strategy recognises the need for a targeted approach to reduce suicidal behaviour and improve mental health among priority groups. In developing the Local Suicide Prevention Action Plan, Pavee Point recommends the following actions:

- Ensure that the 10 Common Basic Principles on Roma Inclusion underpin the Local Suicide Prevention Action Plan<sup>8</sup>.
- Engage with Travellers and representative organisations to ensure active consultation, participation and representation of Travellers on all planning and working groups.
- Ensure that the Local Suicide Prevention Action Plan is developed within an equality and intercultural framework and include Travellers in specific actions in relation to suicidal behaviour and improving mental health among priority groups.

## PREVENTION, INTERVENTION AND POSTVENTION (PIP) SPECIFIC ACTIONS:

### Prevention

- Engage and work in partnership with Traveller organisations and PHCTPs to develop and deliver a positive mental health awareness and suicide prevention campaign.
- Develop culturally appropriate mental health education materials in partnership with PHCTPs targeting both service user and family members.

8. [http://www.coe.int/t/dg4/youth/Source/Resources/Documents/2011\\_10\\_Common\\_Basic\\_Principles\\_Roma\\_Inclusion.pdf](http://www.coe.int/t/dg4/youth/Source/Resources/Documents/2011_10_Common_Basic_Principles_Roma_Inclusion.pdf)

- Work with PHCTPs to develop an accessible and Traveller-proofed directory of available mental health supports, services and pathways of care.
- Strategically disseminate Traveller-proofed resources to local health centres, Traveller organisations and Citizen Advice Centres.
- Provide resources to encourage the extension of the PHCTPs to address mental health and suicide prevention. Resources would include the training and employment of dedicated Traveller mental health and youth workers in each area where there is a significant population of Travellers.
- Support Traveller organisations to deliver cultural awareness and anti-racism training to mental health service providers and support workers to increase cultural awareness and competence.
- Support access and participation to sports activities for young Travellers and other priority groups to promote positive mental health.
- Encourage and facilitate Traveller mental health peer support programmes using the PHCTP as a model of good practice.
- Research needs to be conducted on the social determinants of Traveller suicide and appropriate policies and strategies need to be developed to address these determinants.
- Recognition of and responses to the impact that discrimination and bereavement has had on the levels of Traveller suicide in Ireland.
- Public policies and strategies should be subject to a Health Equality Impact assessment (HEIA) to ensure they are not going to generate a disproportionate impact on the mental health of vulnerable groups.
- Mental health and suicide strategies and initiatives should be Traveller/equality proofed to ensure they are inclusive and respond to the needs of Travellers and other marginalised populations.
- Ensure culturally appropriate counselling is available to Travellers and other minority ethnic groups.

### Intervention

- Prioritise the implementation of an ethnic identifier across all routine health administrative systems to monitor equality of access, participation and outcomes to suicide prevention and mental health services for Travellers and other priority groups.
  - Prioritise the implementation of an ethnic identifier on the National Registry of Deliberate Self-Harm to monitor the numbers, distribution/clusters and context of service users.
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- Support the development of Traveller Mental Health Response Teams in local areas. These teams would include Community Health Workers from PHCTPs, community development workers and local designated Traveller PHNs. The teams must be available to respond to crises as they arise, and to provide appropriate interventions in the event of attempted suicide and in providing supports to the family members in terms of bereavement following a suicide.
- Support and promote ongoing cultural awareness and anti-racism training among Gardaí emergency services and frontline hospital staff.

### Postvention

- Work with PHCTPs to develop culturally appropriate protocols and a directory of bereavement and postvention support.
- Prioritise the implementation of an ethnic identifier in data collected by the Coroner's Office to monitor suicide rates by Travellers and other priority groups. This should effectively capture the numbers of Traveller suicides in Ireland and this information should be disaggregated by age, gender, and region (numbers permitting on an annual basis).

### THE EU 10 COMMON BASIC PRINCIPLES ON ROMA INCLUSION:

- 1 Constructive, pragmatic and non-discriminatory policies
- 2 Explicit but not exclusive targeting
- 3 Inter-cultural approach
- 4 Aiming for the mainstream
- 5 Awareness of the gender dimension
- 6 Transfer of evidence-based policies
- 7 Use of European Union instruments
- 8 Involvement of regional and local authorities
- 9 Involvement of civil society
- 10 Active participation of the Roma



*“ The evidence suggests that one-third of all Traveller suicides have experienced a significant loss in the weeks/months prior to the suicide <sup>9</sup> ”*

*“ 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 <sup>10</sup> ’ ”*

9. Walker, M.R. (2008) *Suicide Among The Irish Traveller Community 2000-2006*. Wicklow: Wicklow County Council

10. Paradies Y 2006b, 'A Systematic Review of Empirical Research on Self-Reported Racism and Health', *International Journal Of Epidemiology*, vol. 35, pp. 888-90.



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