



PAVEE POINT
TRAVELLER AND ROMA CENTRE

Submission to the Joint Oireachtas Committee on the Future of Mental Health Care

January 2018

Pavee Point Traveller and Roma Centre

Pavee Point Traveller and Roma Centre ('Pavee Point') have been working to challenge racism and promote Traveller and Roma inclusion in Ireland since 1985. The organisation works from a community development perspective and promotes the realisation of human rights and equality for Travellers and Roma in Ireland. The organisation is comprised of Travellers, Roma and members of the majority population, who work together in partnership to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, marginalisation and racism. Working for social justice, solidarity and human rights, the central aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers and Roma, this includes targeted resources and recruitment to ensure access to effective, equitable and respectful quality mental health care and services.

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Summary of Key Recommendations

It is clear from existing evidence that Travellers experience a higher burden of ill mental health and suicide than non-Travellers and frequently experience difficulties in obtaining access to mental health services. This submission therefore considers equity in the provision of mental health service delivery through both mainstream Primary Care and targeted supports through Traveller Primary Health Care Projects. This requires an acceptance that equity is based not just on equality of access but on equality of participation and outcome and that the particular needs of Travellers require an innovative approach to planning in terms of access, recruitment and funding.

Access

- Prioritise the implementation of a standardised ethnic identifier (consistent with national census) across all primary mental health services for Travellers and Roma, to monitor equality of access, participation and outcomes to suicide prevention and mental health services for Travellers, Roma and other priority groups. It is essential that the application of an ethnic identifier take place within a human rights framework.
- 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.
- CPD/in-service anti-racism and discrimination amongst frontline Primary Care staff should be resourced and prioritised.
- Prioritise the implementation of the recommendations in the National Roma Needs Assessment, in particular a review of legislative and policy restrictions that impact on the provision of medical cards for Roma with no income. (A working group that includes representatives from the HSE Social Inclusion Unit, Roma and Roma advocates, and the HSE Medical Card application processing unit must be established to develop a pathway for medical applications).

Recruitment

- The performance management system for staff in the public sector should include wider criteria in their measurement of performance to include outcomes in terms of progressing equality for Travellers and Roma in Ireland as per Section 42 of the Irish Human Rights and Equality Act, 2014¹ ('positive duty.')
- 32. Given the importance of adopting principles of inter-culturalism and equality, we would urge the Department of Health and agencies within its remit to target the employment of Travellers and Roma in any future recruitment processes. This would enhance the capacity of the agency and include the expertise of these communities.
- 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.
- As part of the recruitment process of staff, criteria for employment and job descriptions should include provisions for a commitment to anti-racist and equality perspective. Job descriptions of staff should also reflect this perspective in terms of essential skills. Ongoing anti-racism and discrimination training for all staff should be prioritised.

Funding

- The work of the Traveller Health Units (THUs) should continue to be resourced and their role and influence enhanced. Senior management at Community Healthcare Organisation level with responsibility for primary care, mental health and other key health services should be mandated to become part of the THU structures in all regions.
- Increased funding for the delivery of peer led Traveller-specific mental supports through Traveller Primary Health Care Projects with a view to the supporting the development of Traveller Mental Health Rapid Response Teams in local areas which would respond to crises as they arise and provide appropriate interventions in the event of attempted suicide and in providing supports to the family members in terms of bereavement following a suicide.

¹ Section 42 of the Irish Human Rights and Equality Commission Act 2014 mandates all public bodies to take proactive steps to assess and promote equality, protect human rights and eliminate discrimination, see here: <http://www.irishstatutebook.ie/eli/2014/act/25/enacted/en/html>

Introduction

We welcome the opportunity to make this submission and urge the Committee to ensure that Travellers and Roma are included in any mental health initiatives, policies, programmes or services being developed. Travellers and Roma remain largely invisible in mental health policy and service delivery, despite robust evidence indicating disproportionate levels of poorer mental health and suicide, particularly for Travellers,² who have the highest rate of suicide than any other group in the country. Findings from the *All Ireland Traveller Health Study (AITHS)* are well-established both nationally and internationally as they quantify the extent of the Traveller mental health crisis, identifying Travellers as a 'high-risk' group in relation to suicide and poor mental health (including frequent mental distress). Experiencing a higher burden of mental illness and suicide, when compared to the non-Traveller population:

- Travellers experience a 6 times higher suicide rate, accounting for approximately 11% of all Traveller deaths; when disaggregated by gender and age, this rate was:
 - 7 times higher for men and most common in young Traveller men aged 15-25; and
 - 5 times higher for Traveller women.

It is important to note that these figures are reflective of confirmed suicide cases by the General Register Office and do 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. In the absence of a standardised ethnic identifier across all Primary Care administrative systems, it is impossible to monitor equality of access, participation and outcomes to suicide prevention and mental health services for Travellers and other priority groups. While we acknowledge that some Primary Care services have been proactive in their efforts to collect equality data (including ethnicity and disability), ethnic data collection across Primary Care data systems remains largely fragmented, resulting in "major gaps and silos of information which prevent the safe, effective, transfer of information."³

These statistics have largely been met with inaction by the State despite pressure from various UN treaty-monitoring bodies, European institutions⁴ and national equality and human rights bodies. Instead, Traveller organisations have been left to develop local level responses within their existing budgets which are already under resourced⁵ and will not receive any new monies under the Cross-Departmental National Traveller and Roma Inclusion Strategy⁶ (2017-2021), despite a commitment by the HSE to work with Traveller organisations to reduce Traveller suicide and mental health problems through the development of positive mental health initiatives. This is also in the broader context of Traveller health inequalities which are not prioritised and/or supported at senior management level in the Department of Health and in the absence of a dedicated individual with exclusive responsibility for Traveller health within the department. This is an unsustainable solution to a protracted crisis. A well-resourced and coordinated strategic national response with all key stakeholders is urgently required.

Traveller organisations, Primary Health Care Projects and Traveller Health Units are willing to play our part in identifying the issues and developing appropriate responses. This submission sets out some of the key issues for Travellers and Roma in relation to the Committee's three high-level themes: (1) Primary Care (2) Recruitment and (3) Funding. The submission will provide context to the current challenges and realities in these areas for Travellers and Roma and provides effective solutions and opportunities for improvement. Actions proposed in this submission could, if implemented,

² See page 7 of this submission for further information on Roma

³ <https://www.hiqa.ie/system/files/International-review-National-Health-Social-Care-Data-Collections.pdf>

⁴ Insert note here

⁵ For a comprehensive analysis see here: <http://www.paveepoint.ie/document/travelling-with-austerity-2013/>

⁶ For further information see: [http://www.justice.ie/en/JELR/National Traveller and Roma Inclusion Strategy, 2017-2021.pdf/Files/National Traveller and Roma Inclusion Strategy, 2017-2021.pdf](http://www.justice.ie/en/JELR/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf/Files/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf)

demonstrate how the Department of Health and Primary Care (mental health) are meeting their positive duty, and should be adopted in order to demonstrate this legal obligation. All recommendations complement existing national policies, HSE priority areas, and in particular, actions contained in the National Traveller and Roma Inclusion Strategy (2017-2021).

Irish Travellers

Travellers are a minority ethnic group, indigenous to the island of Ireland. Travellers maintain a shared history, language, traditions and culture. While nomadism is a fundamental part of Traveller culture many Travellers are no longer nomadic, either by choice or due to the lack of support for and criminalisation of nomadism by the Irish state. According to the 2016 Census, there are 30,987 Travellers in Ireland, accounting for approximately 0.7% of the total population. These figures reflect a count of ascertained Travellers only and is considered a conservative estimate, as the *All Ireland Traveller Health Study (AITHS)* (2010) establishes the Traveller population at 36,224.

Demographic profile of Travellers

Research unveils stark health inequalities for Travellers due to structural inequalities and failure to address the social determinants of health, including poor accommodation conditions, poverty, illiteracy and discrimination. Mortality rates are higher than the general population at all ages and for all causes of death due to the impact of discrimination. This is reflected in Travellers' overall demographic profile which is similar to that in developing countries, with a high birth rate and a young population.

Furthermore, the current state of Traveller health is comparable with the levels found in the non-Traveller population of the 1940's:

- Life expectancy for Traveller men is 15.1 years and for Traveller women 11.5 years less than men/women in the general population
- Traveller men have 4 times the mortality rate of the general population and Traveller women have 3 times the mortality rate of the general population
- Infant mortality rate is 3.6 times higher than the national rate

Both Travellers and health service providers interviewed during the AITHS acknowledged that social determinants were the main cause of the poor health status of Travellers, this includes accommodation, education, employment, poverty, discrimination, lifestyle and access and utilisation of services. In terms of understanding some of the key issues in relation to Travellers and poor mental health status/suicide, it is important to note the key social determinants statistics detailed below:

Health ⁷	Education ⁸	Accommodation ⁹
<ul style="list-style-type: none"> • 97% of Travellers die before their 65th birthday • 42% of Travellers under 15 years of age compared with 21% of the general population • 63% of Travellers under 25 years of age compared with 35% of the general population • Only 8 Travellers found over 85 years of age 	<ul style="list-style-type: none"> • 13% of Travellers complete secondary education in comparison with 92% of the general population. • 57.2% of Traveller males were educated to primary level at most, compared with just 13.6% of the general population • Less than 1% of Travellers go on to third level education 	<ul style="list-style-type: none"> • Nearly 40% Traveller households had more persons than rooms compared with less than 6% of non-Traveller households • Traveller overcrowding 7 times the national rate • 12.2% of all Travellers are living in 'temporary accommodation' (NB: Pavee Point understands this as an undercount and estimate that 5,500 or 18.6% of Travellers fulfil this criterion¹⁰)

⁷ https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

⁸ <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

⁹ <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

¹⁰ http://www.paveepoint.ie/wp-content/uploads/2015/04/PP-Final-Traveller-Accommodation-Presentation-to-Oireachtas_RF-4.pdf

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. Key data on Travellers and mental health is derived primarily from the AITHS.

AITHS Key Findings: Mental Health and Suicide	
<ul style="list-style-type: none">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-Travellers56% of Travellers said that poor physical and mental health restricted their normal daily activities, compared to 24% of the non-Travellers	<ul style="list-style-type: none">Overall Traveller rate suicide is 6 times higher than gen pop.Suicide is 7 times higher for Traveller men and most common in young Traveller men aged 15-25Suicide accounts for approx. 11% of all Traveller deathsSuicide is 5 times higher for Traveller women

While the AITHS confirmed that mental health services were available to Travellers, services were perceived as inadequate and substandard, resulting in Travellers' low engagement. Findings from AITHS indicate various institutional, cultural, social and structural barriers that restrict Travellers from accessing and engaging with mental health services. These include:

- 1. Discrimination and racism (both at individual and institutional levels)**
- 2. Lack of trust with healthcare providers and inappropriate service provision**
- 3. Lack of engagement from service providers with Travellers and Traveller organisations**

1. Discrimination and Racism

Traveller ethnicity has only been recently acknowledged by the State¹¹ and Travellers are explicitly named as a group protected from discrimination under Ireland's equality legislation. Nevertheless, Travellers are widely recognised as one of the most marginalised and disadvantaged groups in Ireland, experiencing structural and systematic discrimination, state neglect and active prejudice. This has been observed both nationally and internationally by human rights organisations and monitoring bodies. In an urgent site visit to Ireland last year,¹² Nils Muižnieks, Council of Europe Commissioner for Human Rights, was, "deeply concerned at the persisting social exclusion and discrimination Travellers are confronted with in Ireland" and recommended¹³ that targeted policy measures and more effective involvement of Travellers is required to address the "serious inequalities that continue to affect the members of this [Traveller] community in accommodation, health, education and, in fact, all fields of life."

Research to date on discrimination in Ireland is consistent in measuring the prevalence of anti-Traveller racism and discrimination, it also complements existing international research more widely on discrimination experienced by Roma¹⁴ throughout Europe. In a national survey¹⁵ commissioned by the Economic and Social Research Institute (ERSI):

- 40% of respondents reported that they would be unwilling to employ a Traveller;
- 79.6% would be reluctant to purchase a house next to a Traveller; and

¹¹ March 1st, 2017 marked the State's formal acknowledgement of Traveller ethnicity with former Taoiseach Enda Kenny giving a statement in Dáil Éireann <http://oireachtasdebates.oireachtas.ie/debates/authoring/debateswebpack.nsf/takes/dail2017030100059>

¹² <http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/committeetakes/JUJ2016102600002?opendocument>

¹³ Muižnieks' statement available here: <https://www.coe.int/en/web/commissioner/-/ireland-advance-equality-of-travellers-and-women?desktop=true>

¹⁴ The term 'Roma' used at the Council of Europe refers to Roma, Sinti, Kale and related groups in Europe, including Irish Travellers and the Eastern groups (Dom and Lom), and covers the wide diversity of the groups concerned, including persons who identify themselves as 'Gypsies'.

¹⁵ Mac Gréil, M. (2010) *Emancipation of the Travelling People, A Report on the Attitudes and Prejudices of the Irish People towards the Travellers Based on a National Social Survey 2007-2008*. Maynooth: NUI Maynooth Publications.

- 18.2% would deny Irish citizenship to Travellers.

This was followed by the most recent analysis on discrimination,¹⁶ which found that Travellers are almost **10 times more** likely than their settled peers to experience discrimination in seeking work, this is clearly demonstrated in recent Census statistics¹⁷ which reports Traveller unemployment at 80.2%. The report also found that Travellers are over **22 times more** likely to experience discrimination in Ireland in private services (shops, pubs, restaurants, banks and housing) and this is more pronounced in relation to all private services, but particularly shops, pubs and restaurants, where Travellers are **38 times more** likely to experience discrimination. This supports findings in the AITHS which reported 61% of Travellers reported ever having experienced discrimination being served in a pub, restaurant or shop; 56% reported discrimination getting accommodation and 55% reported discrimination in seeking work. Each report presents a stark picture of the levels of discrimination that Travellers experience in their daily and there is extensive evidence from international research¹⁸ that establishes a clear link between self-reported racism, discrimination and poor health outcomes, particularly mental health as evidenced in Travellers' alarming rates of suicide.

There is a strong recognition that Irish health services are not equitable and/or operating in a culturally competent manner, thus making it more difficult for Travellers to access the services they require. Racism and discrimination underpins Travellers' lack of engagement and access to mainstream mental health services and supports, this was clearly highlighted in the AITHS, which reported that: According to the AITHS:

- 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.¹⁹

This was confirmed by 66.7% of service providers who agreed that discrimination against Travellers occurs sometimes in their use of health services. Mental health service providers also admitted that anti-Traveller discrimination and racism were evident within the services, 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." - Health Service Provider, AITHS

"Racism is one of the factors but won't be said officially as they (institution) will be in trouble." - Health Service Provider, AITHS

A hostile context of racist discrimination has a health impact and has relevance for health provision. The constant erosion of one's self-esteem, might also go far to explain Travellers reluctance to know about, use, or questions service provision. The AITHS identified Travellers' discouragement from engaging in mainstream mental health services and supports, particularly at a prevention stage, as Travellers

¹⁶ McGinnity, F. Grotti, R. Kenny, O and Russell, H. (2017) *Who experiences discrimination in Ireland? Evidence from the QNHS Equality Modules*. Dublin: ERSI. Available at: <https://www.ihrec.ie/app/uploads/2017/11/Who-experiences-discrimination-in-Ireland-Report.pdf>

¹⁷ See here: <http://www.cso.ie/en/csolatestnews/presreleases/2017presreleases/presstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

¹⁸ Paradies, Y (2006) *A Systematic Review of Empirical Research on Self-Reported Racism and Health*. *International Journal Of Epidemiology*, 35, 888–90. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/16585055>

¹⁹ For further information see: https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

anticipate inadequate care and discrimination. It is only as a last resort when Travellers are in emergency crisis and in need of intervention supports that those services may be accessed, namely through A&E departments.

Underlying the above issues identified is the need for all Primary Care staff and to be fully aware of the context in which Travellers and Roma live in Ireland. Anti-racism and cultural awareness training should be provided and participation should be mandatory, and repeated at regular intervals for all staff. Such training should include provisions on the experience, situation and identity of Travellers and Roma in Ireland, as well as the policy dimension and how these affect Travellers and Roma. The Department of Health should enforce this provision. Pavee Point has extensive expertise in the design and delivery of training in these areas.

2. Lack of trust with healthcare providers and inappropriate service provision

Lack of trust in health care professionals and persistent experiences of discrimination has resulted in tangible health disparities for Travellers, particularly in relation to mental health. According to the AITHS, 83% of Travellers reported receiving health information and advice from Primary Health Care for Traveller Projects (PHCTPs). The work of PHCTPs was highlighted in the AITHS as:

- Significant sources of information trusted by Travellers (particularly for those with literacy problems) were PHCTPs. Travellers indicated that in addition to information, the PHCTP crucially provided informal support and a network for information exchange and were more tuned-in to the specific health issues that Travellers faced.
- Traveller women reported outreach services like the PHCTP facilitated Traveller trust, enhancing uptake and use of screening services

PHCTPs are the most effective mechanism for Traveller engagement with mainstream mental health services as they provide a vital link between a community experiencing high health inequalities and a health service unable to reach and engage that community effectively in health service provision. As noted in the introductory section, PHCTPs are working within under resourced budgets and despite efforts to secure resources through the estimates process, Traveller health has not received any new monies from the Department since 2010, reflecting a lack of prioritisation of Traveller health and an apparent disregard for Traveller health inequities. This is in the context of €1.8m of the €2m allocated for new Traveller health developments in 2007 and 2008 being used to balance HSE books.

Familiarity with Traveller culture and understanding of Travellers' specific needs makes PHCTPs the first point of contact for Travellers attempting to access mental health and support services as they have an established rapport with Traveller families on the ground and will respond at a time they know is most appropriate, whilst mental health services and support services often only consider the office hours their service operates. Moreover, Primary Care services are office based and do not have the capacity to conduct outreach with Travellers on the ground and even when this occurs, there is often reluctance to do so. As a result, PHCTPs are tasked with responding to mental health crises within the community.

Pavee Point reiterates the Committee's call on the Government to commit to significant investment in mental health services and understand that 'real assistance must be provided in the form of investment and service provision.' PHCTPs are a valuable asset to our health services, however, they must be adequately resourced to meaningfully address Traveller mental health inequalities.

3. Lack of engagement from service providers with Travellers and Traveller organisations

In 2016 Pavee Point welcomed the establishment of the Youth Mental Health Task Force. However, we note that the Task Force report published in 2017²⁰ excludes Travellers completely, which is ironic, given the high levels of young Travellers affected by poor mental health and suicide. Travellers were not represented on the Committee, despite numerous attempts by Pavee Point to ensure active Traveller participation. This lack of engagement and unwillingness to include Travellers is also reflected in service provision, with services providers unwilling to engage with Travellers and/or Traveller organisations. Indeed, it is only when a crisis emerges or an emergency occurs, that Traveller organisations are requested to intervene or assist service providers. A proactive and collaborative approach between Traveller organisations and mainstream mental health services is required. One practical recommendation for the Committee is to ensure representation of Senior management at Community Healthcare Organisation level with responsibility for primary care, mental health and other key health services on Traveller Health Unit²¹ (THU) structures in all regions.

Roma

Trying to establish accurate numbers of Roma in Ireland is difficult as most Government services do not collect data on ethnicity, and even where they do, Roma is generally not included as a named category. This includes the absence of a 'Roma' category in the Census under 'ethnic/cultural background'. Furthermore, there is no single, uniform human rights based approach to ethnic data collection²² in those Government services that do collect data. Again, as noted in the previous section, where ethnic data collection exists, it is not used constructively, primarily resulting in very poor statistical information. In addition to the lack of systematic and consistent data, ethnic identification is often ascribed to minority groups including Travellers and Roma, rather than the application of a universal question on ethnicity through voluntary self-identification. Information is not disaggregated, analysed or provided to relevant stakeholders within an appropriate timeframe. The lack of uniform, disaggregated data based on ethnicity, means there is a significant gap in reliable and comprehensive data in relation to the socio-economic situation of Roma in Ireland. This State has been asked repeatedly to remedy this issue by various national and international institutions.²³

Despite the lack of national data on Roma, a report by the European Commission,²⁴ indicates that the Roma community experiences similar issues to Travellers in terms of poor mental health status and

²⁰ <http://health.gov.ie/wp-content/uploads/2017/12/YMHTF-Final-Report.pdf>

²¹ Traveller Health Units are a result of the 1995 report of the Task Force on the Travelling Community. The report recommended that that each Health Board should establish a Traveller Health Unit. It set out a mandate for the Traveller Health Units of:

- Monitoring the delivery of services to Travellers and setting regional targets against which performance can be measured;
- Ensuring that Traveller health is given prominence on the agenda of the Health Board;
- Ensuring coordination and liaison within the Health Board and between the Health Board and other statutory and voluntary bodies in relation to the health situation of Travellers;
- Collection of data on Traveller health and utilization of health services;
- Ensuring appropriate training of health service providers in terms of their understanding of and relationship with Travellers;
- Supporting the development of Traveller specific services, directly by the Health Board or indirectly through funding appropriate voluntary organisations.

²² Fundamentally a Human Rights approach to ethnic data includes the following:

- Voluntary self-identification (data collectors cannot ascribe ethnicity)
- A universal question; everyone is asked the question, not just minority ethnic groups
- Data is only used for the purpose for which it is collected
- Data is analysed in consultation with organisations representing minority ethnic groups.
- Data is available to stakeholders in a timely manner
- Active community participation and consultation with key stakeholder groups throughout the process in relation to: (1) definition of data collection purposes; (2) categories; (3) Questions to be asked; (4) Actual collection of data (diverse enumerators/data collectors trained to deal with the sensitive issues relating ethnic data collection); (5) Analysis and evaluation of the data collected; (6) Dissemination of the data.

For further information, see UN briefing on a human rights approach to data collection here:

<http://www.ohchr.org/Documents/Issues/HRIndicators/GuidanceNoteonApproachtoData.pdf>

²³ This includes recommendations by IHREC, the Advisory Committee to the Framework Convention for the Protection of National Minorities (FCPNM), the European Commission against Racism and Intolerance (ECRI), the UN Committee on the Elimination of Racial Discrimination (CERD), the UN Committee on the Rights of the Child and the UN Committee on Economic, Social and Cultural Rights.

²⁴ Access to the full report can be found here: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/2014_roma_health_report_es_en.pdf

barriers in accessing mental health supports, including racism, discrimination and lack of trust in service providers. The lack of trust amongst Roma in Ireland is further exacerbated by events in Dublin and Athlone in October 2013 where Roma children were removed from families by An Garda Síochána (under Section 12 of the Childcare Act) without any sound basis. This ultimately led to the Logan Report²⁵ which acknowledged the mistreatment of Roma based on ethnicity and concluded that the actions of An Garda Síochána in this case conformed to the definition of ethnic profiling. The report provided an impetus to take action in the political and policy spheres, recommending that, “an up to date assessment of need regarding support provided by the State to the Roma community should be undertaken by a nominated Government Department to establish how best to improve State agencies’ interaction with the Roma community” (Recommendation 4.2.3).

The forthcoming Roma Needs Assessment²⁶ provides a distressing picture of the current reality for Roma living in Ireland with over half (51.3%) of Roma respondents reporting frequent mental distress.²⁷ Discrimination, unemployment and lack of social protection were identified as key sources of stress. In terms of accessing mental health services, the report found that a disproportionate number of Roma without access to a GP. The key reason that emerged for this was a lack of income to pay for a GP and a lack of access to a medical card, with 50% of respondents reporting that they did not have a medical card. The fact that Roma are denied basic health services, including access to mental health services, on the basis of not having a medical card or access to a GP is of critical importance, and must be reviewed as a matter of urgency by the Committee.

Roma Mental Health

- 38.9% of respondents reported that they do not have a GP.
- 51.3% of respondents reported more than 14 days of the previous month when their mental health was not good.
- 34% of respondents reported having poor mental health all of the time (every day in the preceding month).
- 33.3% of respondents said that their daily activities had been interrupted by mental health difficulties in all of the preceding 30 days.
- Discrimination, unemployment and lack of social protection were identified as sources of stress.

Conclusion

Delivering services based on equality does not mean treating people the same, but designing and implementing programmes that are inclusive, culturally appropriate and appropriate to the needs of groups in society, including Travellers and Roma. Fundamentally Pavee Point believes that Travellers and Roma should be afforded rights to their cultural identity, without experiencing marginalisation and discrimination in the process. An urgent response and positive action is required in order to meaningfully address the lack of engagement of Travellers and Roma with Primary Care mental health services. This includes addressing funding and recruitment deficits as outlined above. Travellers and Roma should be considered as important stakeholders in the development of health services, policies and practice.

²⁵ <http://www.justice.ie/en/JELR/Emily%20Logan%20report.pdf/Files/Emily%20Logan%20report.pdf>

²⁶ Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) Roma in Ireland – A National Needs Assessment.

²⁷ Frequent mental distress (FMD) is defined as having fourteen or more days of poor mental health in the past thirty days. This two-week cut-off matches diagnostic tools used by clinicians to diagnose mental health problems such as anxiety and depression.