



National Strategy for Action on Suicide Prevention

**Submission by
Pavee Point Travellers Centre**

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Introduction

Pavee Point welcomes the opportunity to make this submission to the National Strategy for Action on Suicide Prevention. Over the past few years we have become increasingly conscious of the increase in suicide among the Traveller community. We are also conscious that there is a dearth of expertise in dealing with this issue among Traveller organisations and likewise that many service providers do not collect data based on ethnicity and therefore accurate statistical information on suicide within the Traveller community is not available. Traveller organisations have recently come together to examine this issue and come up with culturally appropriate response to suicide among Travellers. This does not infer that Travellers are excluded from existing information or services but merely acknowledges that there may be a need for specific targeted approaches in order to address this issue more effectively with the Traveller community. This submission argues for a targeted response in developing the National Strategy for Action on Suicide Prevention.

Pavee Point Traveller's Centre, is known nationally and internationally for its work with Travellers, based on the principles of anti racism, human rights and equality. 2005 marks the 20th anniversary of the establishment of Pavee Point and over the past 20 years Pavee Point has contributed in a significant way to the emergence of key developments that have impacted on Travellers and on the broader equality/anti-racism agenda in Ireland (see www.paveepoint.ie for further details).

Context of the current situation of Travellers in Ireland:

Irish Travellers are an indigenous minority ethnic group in Ireland; a distinct community but with cultural similarities with the Gypsy (now also often called 'Traveller') communities in Britain and Roma communities in other parts of Europe. The language, customs and values have been profoundly shaped by their traditions, history of nomadism and a long history of both being an important part of community life in Ireland whilst also experiencing marginalisation, racism and exclusion. The Equality legislation 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 an affinity to a nomadic way of life on the island of Ireland. Irish Travellers have also emigrated and have gone back and forth to other countries, in particular to Britain and the United States where there are existing Irish Traveller communities that can trace their roots back to the nineteenth century.

Demographic Profile

Census 2002 estimates there are around 24,000 Travellers in Ireland. Traveller Groups, including Pavee Point contend that while the 2002 Census figures are more accurate than drawn from previous Census information and welcomes the Central Statistics Offices' efforts in this area. However, there is still significant under-enumeration of Travellers in Ireland. Pavee Point estimates the actual figure is nearer 30,000. On present Census figures, Travellers constitute about 0.6% of the population in the Republic of Ireland and despite recent increases in immigration to Ireland, they remain the largest ethnic group in Ireland. Key Features of the Demographic Profile of Irish Travellers include:

- There continues to be a very high mortality rates among Travellers. Older Travellers, i.e. those aged over 65, accounted for just 3.3% of the population. The corresponding figure is 11.1% in the general population. This is only a slight improvement since 1996 when the respective figures were 1.3% and 11.4%
- The Traveller population has a very young profile, which is the result of a combination of higher mortality rates and higher birth rates. 42% of Travellers are aged 0-14 years compared with a corresponding figure of 21% for the general population. This has key implications for policy areas impacting on young people, including education, training, youth, information and community policies

Suicide and Travellers

The contributing factors to suicide are many and complex and could best be described as a 'web of causation'. In terms of Travellers, both the Health programme and the Drugs programme in Pavee Point have been coming into contact with the issue of suicide amongst the Traveller community.

There is a general acknowledgement that, in common with the settled community, it is mainly young Traveller men who commit suicide and that it is a growing phenomenon within the Traveller community. There continues to be a stigma in Ireland around suicide and this stigma resonates also for Travellers. Travellers could be described as a 'high risk' or 'vulnerable group' in so far as they fare poorly on every indicator used to measure socio economic status, health, accommodation, education and employment.

Contributory factors leading to Traveller suicide have been identified as:

- Racism and Discrimination
- Low Self Esteem
- Identity Crisis
- Poverty/Indebtedness
- 'Copy-Cat' dimension
- Mental Health issues/depression
- Confusion/stigma in relation to Sexual Orientation
- Addiction issues-alcohol and drugs
- Marital Breakdown

It is also acknowledged that suicide is multi-faceted and that many of the issues outlined above are at play simultaneously and there is no clear sequential development. The issue of dual diagnosis¹ also needs more attention in terms of suicide prevention. In order to engage the Traveller community within any strategy on suicide prevention, an innovative approach needs to be developed.

I. Building Education and Awareness around Positive Mental Health and Suicide Prevention

Some of the following points need to be taken in account when developing educational and awareness raising tools for Travellers;

- The type of information tools to be used in light of the fact that many Travellers have low levels of literacy;
- The “cultural norms” of the community in terms of suicide must be taken into account, when designing an awareness campaign
- Peer to peer approach: this is vital in ensuring that the information reaches those on the ground and is meaningful. Pavee Point’s past experience in the development of primary health care should be taken into account
- Cultural Development and a strong cultural identity has been acknowledged as a key component in other indigenous communities as vital in any education programme that promotes well being. This protective factor along others such as strong family connections exist in the Traveller community and need to be nurtured, resourced and supported
- De-stigmatising risk factors that may contribute to suicide such as drug use, mental health issues, hidden sexual orientation for example need to be a part of any awareness campaign
- The particular risk factors for Travellers may be different in some cases than those of settled people, where these exist there needs to be a separate educational campaign
- Positive images of contact points and help must be created, therefore there needs to be an increase in therapeutic interventions that are culturally appropriate, are group and individually orientated, non threatening, non oppressive and address the social, cultural needs as well as the mental and emotional needs. Counselling, support groups, GP services all need to be part of a suicide prevention education programmes
- Training for service providers in the drug services on suicide prevention is vital, in light of the fact that many drug users have mental health issues that go undiagnosed and can be worsened by drug use.

As can be seen from the above an education programme for the community would need a concerted effort involving a multitude of players and would need to be co-ordinated and developed in conjunction with the community.

II. Mental Health Promotion across all age groups

¹ Dual diagnosis was defined by the World Health Organisation (WHO) in 1995 as the ‘co-occurrence in the same individual of a psychoactive substance use disorder and another psychiatric disorder’

Mental health promotion currently takes place at many levels within communities. Over the last number of years there has been a focus particularly on young people. In terms of the Traveller community it is essential that emotional well being is addressed at all levels of the community. The Traveller Health Strategy has named mental health as one of the key areas for attention in Traveller health. There needs to be a focus on target groups within the community;

- Young Travellers through school and youth work programmes
- Traveller women
- Traveller men
- Older Travellers

The at risk groups named below also need attention as they may have particular needs;

- Travellers in prison: Amnesty Ireland, the Irish Penal Reform Trust and medical practitioners have noted that those in incarceration may be at high risk of mental health issues. Travellers in prison need to be supported.
- Dual diagnosis: drug users who may have underlying mental health issues need to be made aware and screened through awareness programmes of mental health issues. In order for this to happen those in the drug services need training and support.
- Traveller women who are being prescribed anti depressants for depression should be offered counselling supports, peer supports and information on mental health issues through the GP services. Traveller organisations through Primary Health Care programmes could support such initiatives at a local level.
- Young Travellers: interventions with this group may not be happening for those who are leaving school early, therefore Youth Work interventions that support self esteem building initiatives, affirm cultural and sexual identity and encourage young Travellers to support each other and talk about mental health issues with their peers would be considered culturally appropriate

The suicide prevention strategy would have to have a number of specific actions in relation to Travellers and mental health.

III. Reducing the risk amongst High Risk and Vulnerable groups

In order to reduce the risk of suicide, there needs to be an awareness raising campaign for the Traveller community and within this, there needs to be sub sections of the strategy to target and pay particular attention to the at risk groups within the community.

Two main strategies that could address this issue are;

- Community Development responses which would take into account local dynamics, resources and would be developed from within the community, they would ensure direct access to those at risk through the representative organisations;

- Cultural Development: using cultural traditions to explore therapeutic interventions e.g. religion, inter personal skills training, strengthening community concerns on suicide issues

Characteristics of vulnerable groups

The Traveller population is a young population, with 42% of the population under 15years. In terms of drug use the risk factors for suicide are age, gender, drug use history.

Travellers at risk from drug use could in particular be:

- Traveller men under 35
- Travellers in prison
- Travellers who are drug users
- Travellers with a history of mental health issues
- Traveller women who are being subscribed over the long term anti depressants
- Travellers who may be experiencing issues/problems as a result of their sexual orientation and how it is perceived within their community, family etc

Each of the above named groups have been identified in the course of Pavee Point's work as at risk from suicide, however more in depth research and analysis needs to be undertaken to address what the 'risk factors' for some Travellers are and then strategies need to be developed in consultation with communities to raise awareness and combat them. Service providers need to be aware of these risk factors in order to ensure early identification.

IV. Responding when suicide occurs

It is essential that both service providers and communities are equipped to deal with the impact of suicide. For the Traveller community it is essential that service providers are trained in cultural diversity issues in relation to suicide so that they can deal with the particular issues faced by Travellers in a sensitive manner. Communities need to be resourced to access supports within their communities through peer groups within their own community, Travellers within the community being trained in post suicide interventions and access to services that are culturally appropriate

The challenges named below need to be taken into account and addressed when developing a strategy:

Challenges in addressing the issue for the Traveller Community:

- Blame/Guilt
- Family in denial/Lack of acknowledgement as to real cause of death
- 'Invisibility' of the issue among Travellers and lack of awareness on how to deal with the issue among Traveller organisations
- Lack of expertise among service providers and Traveller groups
- Lack of resources among Traveller groups in addressing the issue
- Lack of information on services available or appropriate responses to be taken

- Services being inappropriate to Travellers specific needs
- Index of suicide related deaths disaggregated by ethnicity
- Lack of crisis intervention available
- Many Suicide Resource officers are female and yet it is largely a male phenomenon within the Traveller community and there may be gender issues here
- Acknowledgement that there needs to be a strategic response to the issue by Traveller organisation and that crisis management was not an appropriate response and yet there may be a real need for it in particular situations

Models of good practice with minority ethnic groups in other countries should be identified when assessing postvention needs for a community. Ideally Travellers within their own community should be delivering the necessary supports to Travellers and Traveller families where suicide has occurred.

V. Translating Research into action

Pavee Point would recommend the development of research on the issue of suicide within the Traveller community, as to date there has been none. We currently rely on anecdotal information from local Traveller organisations, primary health care projects and the community itself. However carrying out sensitive research like this requires consideration of the following:

- The participation of Traveller organisations would be paramount in ensuring the inclusion of the community and a 'buy in' to the research
- A steering group would oversee the research and would be made up of the three national organisations in partnership with the relevant agencies
- That any research commissioned would go to the Ethics committee within the Traveller Health Unit to ensure it was culturally appropriate, would not further marginalise Travellers and was in keeping with the ethos of national Traveller health policy
- This action based research should be carried out ideally by a Traveller organisation, who would have the skills and be able to access the community

The action based research should be resourced, supported and developed using a model that is sensitive to the needs of minority ethnic groups. This would ensure that data collection and ethnicity issues would be dealt with sensitively and that the response developed would be evidence based.

Final Recommendations and Conclusions

- Any strategy addressing suicide prevention should and must have a targeted approach naming Travellers with specific actions, timeframe and resources to address the issue within the community. Pavee Point's experience to date is that where Travellers are not named in policy and national strategies they are left out.
- A targeted approach would mean that resources should be made available to local Traveller groups who want to address the issue of suicide in their

community and are in a position to do so through their work on the ground e.g. primary health care, Youth Work, Traveller Men's programmes

- A national programme that specifically works with Traveller organisations on the issue of suicide prevention should be set up with a Traveller specific suicide prevention officer who would work with the Traveller groups to support them to develop a community response to the issue at a local level.
- Research on this issue should be commissioned so that the response developed is evidence based
- Data collection on this issue needs to be collected and disaggregated in terms of age, gender and ethnicity if we are to get a real picture of the impact of suicide and suicide risk. A suicide index should contain this information.
- Service providers working in the area of suicide prevention need be trained in anti racism and on Traveller issues in relation to suicide in order to ensure the response to suicide in the Traveller community is culturally appropriate and workable.

Finally, Pavee Point would assert that it is now time that the Traveller community along with other communities see real action on the ground on this issue through a range of mechanisms and supports, in order to reverse the current trend of suicide. Pavee Point and the other Traveller organisations would support such an initiative.