



Pavee Point Opening Statement to the Special Joint Committee on key issues affecting the Traveller Community

Tuesday 24th September, 2019

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 equality of access to effective, equitable and respectful quality mental health care and services.

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Pavee Point is delighted to have the opportunity to make this presentation to the Committee this afternoon. I want to compliment my colleagues from other Traveller organisations that are present today in highlighting the issues affecting our community.

Given the limited time we have, and the complexities of the issues we wish to highlight, we are going to focus explicitly on key issues and strategic recommendations.

You have all received a copy of our submission which sets out some of the key issues and recommendations for Travellers in relation to mental health. To date, Travellers have been invisible in mental health policy and service provision. Findings from the All Ireland Traveller Health Study are well-established revealing 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. Take a moment to think about that- 1 in every 10 Travellers die by suicide. We are beyond crisis point.

As the mental health worker in Pavee Point I am engaging with Travellers experiencing crisis on a daily basis. As a Traveller man, I see directly the impact that suicide and poor mental health is having on my community. To put this into perspective, suicide is so common in our community that it is part of our everyday reality. Attending Traveller funerals due to suicide has become so common that we don't make no wonder of it anymore.

We're tired of the status quo. Traveller organisations alone cannot take the burden of addressing these issues. We have done our part in responding to this crisis by developing local responses within existing budgets which are already under resourced. Traveller health has not received any new dedicated funding since 2008 and while we acknowledge the once off funding from the HSE in terms of the Dormant Accounts Fund 2017-2019 (Action Plan Mental Health Initiative for Travellers) and the appointment of 9 HSE Mental Health Service Coordinators for Travellers (8 are currently in post), we need a long-term plan- one that is focused, strategic and resourced if we are serious about having better outcomes.

Please bear in mind, the Traveller mental health crisis is in the broader context of widening Traveller health inequalities which we feel have not been prioritised and/or supported at senior management level in the Department of Health. It is clear from the recent draft of the National Traveller Health Action Plan circulated by the HSE earlier this year that the Department of Health have absolved themselves of any responsibility for Traveller health. This is further evidenced in the Department's refusal to re-establish the Traveller Health Advisory Committee which hasn't met since 2012, despite support by Minister for Health, Simon Harris T.D.

This is an unsustainable solution to a protracted crisis. A well-resourced and coordinated strategic national response with all key stakeholders, including the Department of Health, is urgently required. Traveller organisations, Traveller Health Units and Traveller Primary Health Care Projects are ready, willing and able to play our part in identifying the issues and developing appropriate responses

It is in this context we recommend the following:

1. Publish and implement the National Traveller Health Action Plan as a matter of urgency, including the establishment of an independent implementation body with ring-fenced budgets to drive delivery and implementation.
2. Slaintecare recommends access to universal GP care within 5 years. We recommend that Travellers be prioritized and fast tracked in this process. We further recommend that with immediate effect all

Travellers employed in Primary Health Care Projects are entitled to retain their medical card given their service to the State and levels of health inequalities {similar to Disability/Community Service Programmes/CE Schemes}. This is circa 300 medical cards nationally.

3. The Traveller specific health infrastructure, including Traveller Health Units and Traveller Primary Health Care Projects, should be protected and receive increased resources for their expansion and development.
4. A clear budget is allocated and protected to address Traveller health inequalities at national level, including dedicated resources for Traveller mental health.
5. Prioritise the implementation of a standardised ethnic identifier (consistent with national census and inclusive of Roma) across all routine data administrative systems, including mental health services, 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.
6. Implement the recommendations from the Joint Oireachtas Committee on the Future of Mental Health Care without further delay.

