Joint Committee on Key Issues affecting the Traveller Community

August 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 targeted resources and recruitment to ensure access to effective, equitable and respectful quality mental health care and services.

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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. Pavee Point holds that the social determinants[1] play a crucial role in shaping Travellers' experiences of mental health. Healthcare, employment, education, racism and discrimination all have a significant bearing. In order for Travellers to enjoy equal standards of mental health care and wellbeing the social determinants of health must be recognised and acted upon. It is in this context that we recommend the following:

1. Publish and implement the National Traveller Health Action Plan as a matter of urgency, including the establishment of a Planning Advisory Body for Traveller Health (PATH) with dedicated staff and budgets to drive its' 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 a medical card (similar to Disability/Community Service Programme/CE Schemes). This is circa 300 medical cards.
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.

Introduction

Pavee Point Traveller and Roma Centre welcomes the opportunity to make this submission to the Joint Committee on Key Issues affecting the Traveller Community, 'towards a more equitable Ireland post recognition'. This brief submission identifies the (1) the current context and emerging challenges in relation to policy and service provision for Traveller mental health; (2) and provides strategic recommendations to address these issues.

Travellers remain largely invisible in mental health policy and service delivery, despite robust evidence indicating disproportionate levels of poorer mental health and suicide. Travellers[2] have also been found to 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

[1] Dahlgren and Whitehead, 1991
[2] See page 7 of this submission for further information on Roma

- 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 institutions[4] and national equality and human rights bodies. In 2018, a Joint Committee on the Future of Mental Health Care acknowledged the current mental health crisis for Travellers and made key recommendations in relation to increased funding and investment in Traveller mental health.

Recommendation 3: "The Committee recommends that more resources and funding should be targeted at the areas of highest need with particular attention to the Traveller Community and towards addressing suicide. This would be best achieved in conjunction with outcomes-based reporting which could track the impact of resources on areas of high need" (Joint Committee on the Future of Mental Health Care, 2018)

However, the Committees recommendations have not been implemented and, instead, Traveller organisations are continuing to be left to develop local level responses within existing budgets which are already under resourced[5] and Traveller health has not received any new monies from the Department of Health since 2008, despite efforts secure resources through the estimates process. We believe this reflects a lack of prioritisation of Traveller health and an apparent disregard for Traveller health inequities. This is in the context of the widening gap in Traveller health inequalities as documented in the *All Ireland Traveller Health Study* and 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. This is 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 have played our part in identifying the issues and developing appropriate responses. This submission will provide context to the current challenges and realities in these areas for Travellers and provides effective solutions and opportunities for improvement. Actions proposed in this submission could, if implemented, demonstrate how the Department of 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).

[3] https://www.hiqa.ie/system/files/International-review-National-Health-Social-Care-Data-Collections.pdf
[4] This includes UNCERD; UNCEDAW; UNCRC; UNHRC; UNCESCR; UN Member State recommendations during the Universal Periodic Review (UPR) in 2011 and 2015, ECRI, FCPNM, CoE, the Irish Human Rights and Equality Commission.
[5] For a comprehensive analysis see here: http://www.paveepoint.ie/document/travelling-with-austerity-2013/

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[6]	Education[7]	Accommodation[8]
• Only 3% of Travellers are aged 65 years+ • 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	• 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	• 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 • Travellers account for less than 1% of the national population but make up 9% of the homeless population in Ireland. The Dept. of Housing reports that approximately 15% of Travellers are homeless, this is equivalent to 714, 280 people in the majority population.

[6] https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf
[7] http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/
[8] http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/

Current Challenges:

1. Draft National Traveller Health Action Plan

We welcomed the development of the detailed action Traveller Health Action Plan, as per Action 73 in the *National Traveller Roma Inclusion Strategy (NTRIS*). A comprehensive regional consultation process took place in 2018 which Travellers, Traveller organisations, in addition to statutory and voluntary agencies, participated in. As reflected in the HSE Summary of Regional Consultations document, a clear mandate was identified by all stakeholders, that was:

1. The establishment of an institutional mechanism to work in partnership with the DoH, HSE and Traveller organisations to drive implementation and delivery of the NTHAP;
2. There is a named individual with exclusive responsibility for Traveller health within DoH & within HSE to prioritise Traveller health needs and ensure Traveller health is mainstreamed within all divisions and policies of DoH; within work of RICOs/CHOs and Chief Officers and supporting the work of the Planning Advisory Body for Traveller Health (PATH).
3. Development of a SMART[9] NTHAP, underpinned by community development, inclusive of timelines, ring-fenced resources and a strong monitoring and evaluation framework.

A draft plan was circulated by the HSE National Office for Social Inclusion in March 2019. However, the plan largely disregarded the recommendations from the consultation process. In this draft the plan was absent of dedicated resources, performance indicators, verification measures and an institutional mechanism to drive implementation. Further, the Department of Health has absolved themselves of any responsibility for Traveller health inequalities and it is clear that more leadership and direct engagement from the Department of Health is urgently required to ensure they fulfil their responsibility to address Traveller health inequalities. The HSE has recently committed to redrafting the NTHAP plan with a view to finalising the action plan by quarter 4, 2019. We welcome the publication of the plan and recommend its implementation without delay. This is a priority step towards improving poor mental health outcomes of Travellers. Working from a social determinants approach is necessary in order to address Travellers specific mental health needs.

2. Lack of prioritisation of Traveller health inequalities in DoH

We are concerned at the lack of priority given to addressing Traveller health inequalities in the Department of Health. An 'inclusion health' approach appears to mean a mainstreaming/ 'one cap fits all approach' and the principle of proportionate universalism is either not understood and/or not being applied to our knowledge. We note that an Inclusion Health Strategy is currently being developed by the Department of Health, yet no Traveller group has been consulted. Further, a statement from Minister for Health, Simon Harris T.D. supporting re-establishment of the Traveller Health Advisory Committee (THAC), has been ignored by Departmental officials. Again, the current crisis for Travellers in relation to mental health cannot be de-coupled from the broader inequalities shaping Travellers poor mental health outcomes.

3. Current terms and conditions of Traveller Primary Health Care Workers

The employment of Traveller Community Health Workers (CHWs) to provide primary health care to the Traveller community has been demonstrated to be an effective approach in bridging the gap between a community experiencing high health inequalities and a health service unable to reach and engage that community effectively in health service provision. This approach has also been proven internationally as an effective method of engaging and including minority ethnic groups in health service provision.

[9] Specific, measurable, achievable, relevant and time bound.

Familiarity with Traveller culture and understanding of Travellers' specific needs makes CHWs 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.

It is important to recognise that Traveller CHWs come from the Traveller community and that they and their families experience similar levels of health inequalities to the overall Traveller community. Traveller CHWs are on the minimum wage and are providing a culturally appropriate and culturally competent service to a community that is difficult for the health service to reach and are increasing the appropriate use of health services by Travellers. Therefore, it is important that CHWs are valued and recognised for their ability to undertake this role effectively. There is a clear rationale to provide CHWs with a derogation from engagement in activation programmes (as they are already activated) and also to support them with a range of supports – medical card, rent allowance, maternity leave etc. as recognition for the work they are doing.

SláinteCare recommends access to universal GP care within 5 years. While we recommend that all Travellers are prioritized and fast-tracked in this process given the level of health inequalities, we recommend that with immediate effect all Travellers employed in Primary Health Care Projects, similar to those with disabilities are facilitated to retain their medical card. Circa 300 Traveller Health Workers who are working part time and are on the minimum wage. The positive implications from such an initiative cannot be over-stated. It would be a huge confidence building measure to the Traveller community and would also ensure that the resources that Traveller organisations, and the funding the state, have invested in Traveller PHC workers over many years would not be lost and they could continue to undertake the essential public health initiatives that are so well regarded within the community and by a range of public service providers.

4. Developing an evidence base: ethnic equality monitoring

There remains a significant gap in the availability of reliable and comprehensive ethnic data in relation to Travellers in Ireland, with only a small number of public bodies collecting ethnic data[10]. This results in serious gaps in knowledge about the situation of Travellers and a lack of baseline data to effectively monitor the implementation and impact of the NTRIS and other policies. Furthermore, there is no single, uniform, human rights-based approach to ethnic data collection in Ireland[11].

Concerns at the lack of disaggregated data to monitor and formulate policy and programming have most recently been raised by the European Commission against Racism and Intolerance, (ECRI) 2019, UN Committee on the Rights of the Child (CRC)[12] and the Committee on Economic, Social and Cultural Rights (CESCR)[13]. In 2017, the UN Committee on the Elimination of Discrimination against Women (CEDAW) raised concerns at lack of data disaggregated by ethnicity, sex, gender, disability and age[14].

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[10]Pavee Point Traveller and Roma Centre, *Counting us in – Human rights count! Policy and Practice in Ethnic Data Collection and Monitoring* (Dublin: Pavee Point Traveller and Roma Centre, 2016).

[11]Various international human rights bodies have observed Ireland's data deficit and have urged the State to develop a standardised approach to data collection in accordance with relevant human rights standards. These include, CERD, the Human Rights Committee, CESCR, CRC and CEDAW.

[12] UN Committee on the Rights of the Child, *Concluding Observations on the Combined Third and Fourth Periodic Reports of Ireland*, CRC/C/IRL/CO/3-4 4, 1 March 2016.

[13] UN Committee on Economic, Social and Cultural Rights, *Concluding Observations on the Third Periodic Report of Ireland*, CESCR/E/C.12/IRL/CO/3, 8 July 2015.

[14] UN Committee on the Elimination of All Forms of Discrimination against Women, *Concluding Observations on the Combined Sixth and Seventh Periodic Reports of Ireland*, CEDAW/C/IRL/CO/6-7, 3 March 2017.

Evidence based policy making is essential to good governance and equality of outcomes. Accurate and reliable data, including ethnic data, is needed in order to assess current and future needs and allocate resources appropriately to ensure protection of the most socially excluded in our society, including Travellers. This is in line with national policy[15] and legislative requirements as per public sector duty[16].

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

AITHS Key Findings: Mental Health and Suicide	
• 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-Travellers • 56% of Travellers said that poor physical and mental health restricted their normal daily activities, compared to 24% of the non-Travellers	• 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 15-25 • Suicide accounts for approx. 11% of all Traveller deaths • Suicide 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

5. Discrimination and Racism

Traveller ethnicity has only been recently acknowledged by the State[17] 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,[18] 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 recommended[19] 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."

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[15] National Traveller and Roma Inclusion Strategy (2017-2021); The Migrant Integration Strategy: A Blueprint for the Future; Second National Strategy on Domestic, Sexual and Gender-Based Violence (2016 – 2021); National Strategy for Women and Girls (2017-2020);
Second National Intercultural Health Strategy (2018-2023

[16] (Section 42, Irish Human Rights and Equality Act, 2014)

[17] 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

[18]http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/committeetakes/JUJ2016102600002?opendocument

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

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 Roma[20] throughout Europe. In a national survey[21] commissioned by the Economic and Social Research Institute (ESRI):

- 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
- 18.2% would deny Irish citizenship to Travellers.

This was followed by the most recent analysis on discrimination,[22] 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 statistics[23] 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 research[24] 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 underpin Travellers' lack of engagement and access to mainstream mental health services and supports, this was clearly highlighted in the AITHS, which reported that:

- 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[25].

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.

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[20] 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'.

[21] 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.

[22] 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

[23] See here: http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/

[24] 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

[25] For further information see: https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

> *"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 question service provision. The AITHS identified Travellers' discouragement from engaging in mainstream mental health services and supports, particularly at a prevention stage, as Travellers 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 to be fully aware of the context in which Travellers 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 in Ireland, as well as the policy dimension and how these affect Travellers. The Department of Health should enforce this provision. Pavee Point has extensive expertise in the design and delivery of training in these areas.

6. 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

Pavee Point reiterates the Joint Committee on the Future of Mental Health Care's recommendation to 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.

7. 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 2017[26] 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

[26] http://health.gov.ie/wp-content/uploads/2017/12/YMHTF-Final-Report.pdf

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 Unit[27] (THU) structures in all regions.

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. Fundamentally Pavee Point believes that Travellers 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 with Primary Care mental health services. This includes addressing funding and recruitment deficits as outlined above. Travellers should be considered as important stakeholders in the development of health services, policies and practice.

[27] 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.