National Framework for Suicide Prevention

Submission by

Pavee Point Traveller Roma Centre

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Introduction

Pavee Point welcomes the opportunity to make this submission to the National Framework for Suicide Prevention. We have been involved in raising awareness on the extent, challenges and human consequences of suicide and attempted suicide among the Traveller Community for over the last 10years, but even we were shocked at the findings in the All Ireland Traveller Health Study (AITHS 2010) on the seven times differential in the rate of suicide between Travelles and settled men. Traveller organisations have developed local level responses within their resources but there needs to be an urgent coordinated strategic national response with all key stakeholders involved. This is a crisis that has to be addressed and thanks to (the AITHS 2010, Amnesty International; Mary Rose Walker , Nexus and Linehan et al.) we have now got evidence to paint a picture of the extent, reality and some causal pathways/ potential triggers as well as feedback on barriers and experiences of health services. So now is the time for action to address these determinants urgently, while appreciating that we are still in a time of limited resources, the evidence will help us to target the responses more effectively and the use of an ethnic identifier will allow us to monitor the outcomes, so the development of this Strategy is very timely from a Traveller perspective

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. Since its foundation 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.pavee.ie for further details)

Irish Travellers

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 whist 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.

There are approximately 36,224 Travellers in Republic of Ireland and 3,905 in Northern Ireland. The average family size was 4 and the population has a young age structure with only 3% of Travellers over the age of 65 compared to 11% nationally and 42% of Travellers being under 15 years of age compared with 21% in the general population.

Travellers are described as a 'high risk' and 'vulnerable' group on every indicator used to measure socio-economic conditions, health status, mortality rates, education, unemployment and accommodation.

Section one: Key question to address:

What do you think should be the priority actions for the new framework on suicide prevention in Ireland?

The priorities should be:

> ➢ Setting up data collection systems to effectively capture the numbers of Traveller suicides in Ireland and this information should be disaggregated by age, gender, and region (numbers permitting on an annual basis).
>
> ➢ Urgent development in partnership with Travellers and Traveller organisations of a detailed action plan on Travellers Mental Health and Suicide with clear outcomes, time frames and resources.
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> ➢ Research needs to be conducted on the social determinants of Traveller suicide appropriate policies and strategies need to be developed to address these determinants.
>
> ➢ Recognition and responsiveness to the impact that discrimination and bereavement has had on the levels of Traveller suicide in Ireland
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> ➢ Public policies and strategies should be subject to a Health Equality Impact assessment (HEIA) to ensure they are not going to generate a disproportionate impact on the mental health of vulnerable groups.
>
> ➢ Mental health and suicide strategies and initiatives should be Traveller/equality proofed to ensure they are inclusive and response to the needs of Travellers and other marginalised populations.
>
> ➢ Need to develop culturally appropriate services to respond to the mental health needs of Travellers.
>
> ➢ Traveller Discrimination both at individual and institutional level have to be acknowledged and addressed.

What do you think has worked well in suicide prevention in Ireland? What do you think could be improved?

Firstly it is the existence of the overwhelming evidence on Traveller suicide from the findings of the AITHS who produced the evidence on the starkling inequalities in health, particularly the **7 times differential in suicide between Traveller and settled men**. (AITHS 2010). This is also supported by other small scale research studies in Ireland and the UK with Irish Travellers that raised serious concerns on the differential in levels and lack of appropriate responses. (Bracken; Greeenfields; etc.)

Having an evidence base allows the Primary Health Care for Traveller Projects' (PHCTP) and the Traveller organisations to apply for funding to develop innovative response programmes. The challenge is that other that Electric Aid and some Traveller Health Units (HSE) the resources are

inadequate and have decreased since the 'cut backs', so more resources need to be made available urgently to respond to the needs of local Traveller groups on the ground.

What do you think are the gaps?

Lack of engagement of Travellers and Traveller organisations

Lack of engagement of Travellers and Traveller organisations in the development, delivery, monitoring and evaluation of mental health and suicide prevention services**.**

Lack of an Ethnic identifier and disaggregated data for Travellers within the services which leads to:

➢ Lack of ongoing and up to date evidence on numbers of Travellers attempting and committing suicide.
➢ Lack of information on the access, participation and outcomes to mental health and suicide prevention services for Travellers.

 Lack of culturally appropriate provision:

The services are not culturally appropriate to the needs of Travellers, there is evidence from the AITHS and other research reports (as outlined in our document) that there are barriers to accessing and using the services and there are low levels of trust with health service providers. (See particularly our Case Study of our experience in trying to engage a suicide prevention service in an emergency, appendix 1)

Lack of culturally appropriate anti-bullying support in schools.

We also think not enough work is being done in schools to address discrimination and resulting bullying experienced by Travellers which has led to attempted suicides and serious levels of depression. This also causes Travellers to withdraw their children which also leads to reduced opportunities for further education , socialisation and employment which causes further marginalisation, poverty and exclusion which can become triggers for mental health and suicide in their futures.

How do you think the quality, availability, responsiveness and accessibility of services and programmes aimed at reducing suicide can be improved?

- **Traveller engagement:**

As the report attached has outlined there is overwhelming evidence of the challenges faced by Travellers in relation to quality, availability, responsiveness and accessibility of services for suicide prevention, to address these challenges, there has to be engagement with Travellers and Traveller organisations in terms of the design of services to ensure they are culturally appropriate and address the existing barriers to utilisation.

- **Ethnic identifier for monitoring access, participation and outcome to all mental health and suicide prevention programmes:**

Ethnic identifier to monitor equality of access, participation and outcomes to suicide prevention and mental health services for Travellers.

Ethnic identifiers also have to be added on all mortality, suicide and attempted suicide databases in order to monitor the numbers, distribution/clusters and context etc.

- **Traveller Mental Health Crisis Team:**

As siblings and family members are at very high risk there is a need for a Traveller mental health response team (such as they have in Tallaght). This team would include Travellers (such as Traveller Community Health workers; Community development workers etc. and people with experience working with Travellers, who have established links and trust such as PHC coordinators or local designated Traveller PHN's etc.). This team needs to be available to respond to crisis as they arise, and to provide appropriate interventions in the event of attempted suicide and in providing supports to the family members in terms of bereavement following a suicide. The evidence suggests **that one-third of all Traveller suicides have experienced a significant in the weeks/months prior to the suicide. (Walker)**

- **Culturally appropriate provision of services:**

➢ Mental Health and Suicide prevention policies have to be Traveller proofed to ensure they are providing equal access, participation and outcome to services, this may require additional services and support to generate equal outcomes (affirmative action as is outlined in the Equal Status Act)
➢ Pavee Point is currently working on developing a culturally appropriate approach to bereavement for Travellers, which is being supported by Electric Aid and the THU in the Eastern Region.
➢ Anti-racism and cultural awareness training has to be provided for all staff in the health services.
➢ More opportunities have to be created to facilitate the training and employment of Travellers within the health services.
➢ Culturally competent mental health services need to be developed and promoted,

What do you think can be done to encourage people to seek help for themselves who may be in emotional distress?

➢ Pathways to services need more clarity, within and outside the health service. In some areas, health providers do not know how to refer Travellers to the mental health services; this difficulty is generated by the basic confusion on who is responsible for suicide/mental health. Our experience is we are told if it is attempted suicide it is the responsibility of Primary Care and Primary Care think it is the responsibility of the

Community Mental Health teams (who do not exist in lot of areas), and if you want a response, one is advised that it is better that someone had made a real attempt not threatened as real evidence of attempt is required for admission via A+E with the hope of a referral to inpatient mental health services, which rarely happens.

➢ There are also different services in different areas, some with community mental health teams and some with a large range of voluntary organisations, but it is not consistent across the areas or regions and this adds to the confusion, when you are trying to provide information on access routes to Travellers.

➢ There is a need for flexible and responsive, if someone is very emotionally distressed and vulnerable it is very difficult for them to negotiate a service that they may not have any knowledge, confidence or trust in and are afraid that they may experience discrimination or further rejection (as was evidenced from the range of barriers that Travellers experience)

➢ There are also challenges when you have a 16year old at risk of suicide, because some services won't take them as they are too old for children's services and too young for adult services so they can fall between the two.

So it is very difficult for Travellers to source this information in an appropriate manner taking into account the low levels of trust in service providers; lack of clarity on clear pathways, literacy challenges faced particularly by older Travellers and the reliance of the health services on written or electronic communication and information,

What do you think can be done to encourage people to give help to those that they are concerned about?

• More resources need to be made available to encourage the extension of the Primary Health Care for Traveller project to address mental health and suicide prevention. The resources would include the training and employment of dedicated Traveller mental health and youth workers in each area where you have a significant population of Travellers.

• 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

• 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.

• There is a need to develop more culturally appropriate mental health education materials, such as DVD's / podcasts etc. on recognition of signs and symptoms; appropriate directory of local health services, so they know where and how to access supports and services.

• More information and advice at local health centre, Traveller organisation and Citizen Advice centres where Travellers go to seek information and advice.

What do you think we can do at a community-wide level to reduce suicide and promote positive mental health?

- Take concrete steps and engage in dialogue with Travellers and Traveller representative organisations to work towards formal recognition of Traveller ethnicity, this recognition will by symbolic but will allow Travellers to increase their self-esteem in their own culture and values.

- The general population need to made aware that their ongoing discrimination of Travellers is having a detrimental impact on their mental health and wellbeing and is a contributory factor in the high levels of suicide that they experience.
- There has to be more programmes in schools and in the media to address the myths about Travellers and to promote a society that respects diversity and treats people with respect and not prejudice and discrimination. As Martin Luther King said ' ....I have a dream that one day we will have a society in which my children will be judged by the content of their character and not by the colour of their skin....

Section 2:

Evidence on the Physical and Mental Health Status of Travellers and their determinants:

Key findings on the results of the All Ireland Traveller Health Study 2010

Life Expectancy
➢ In 1987 the gap in life expectancy between Traveller women and settled women was 12 years the gap in 2008 is 11 years
➢ In 1987 the gap in life expectancy between Traveller men and settled men was 10 years the gap in 2008 is 15 years.

Mortality/Deaths
➢ Traveller men have four times the mortality rate of the general population
➢ Traveller women have three times the mortality rate of the general population.
➢ Suicide is 6 times the rate of general population
➢ The infant mortality rate for Travellers is 3.5 times the rate of the general population (4 infant deaths per 1,000 in the national population compared to 14 infant deaths per 1,000 in the Traveller population)

Suicide rates among Travellers
▪ Suicide is 6 times the rate of general population and accounts for approx 11% of all Traveller deaths (12 excess deaths in male Travellers and 3 excess deaths in female Travellers)
▪ Thus 22/50 (44%) of deaths in Travellers due to external causes were classified by the GRO or reported to us as suicides
▪ The very high rate of alcohol/drug overdose among the external causes (14/50 = 28.0%)

Mental Health
▪ 62.7% of Traveller women said their mental health was not good for one or more days in the last 30 days compared to 19.9% of GMS female card holders
▪ 59.4% of Traveller men said that their mental health was not good for one or more days in the last 30 days compared to 21.8% of GMS male card holders
▪ 56% of Travellers said that poor physical and mental health restricted their normal daily activities compared to 24% of the GMS population

Trust, Dignity and Discrimination
➢ Trust emerged as a major issue from the focus groups; lack of trust has a direct impact on the level of engagement of Travellers with health services.
➢ In the AITHS study the level of complete trust by Travellers in health professionals was only 41% this compares with a trust level of 82% by the general population in health professionals.

- ➢ 53% of Travellers "*worried about experiencing unfair treatment*"
- ➢ Over 40% of Travellers had a concern that they were not always treated with respect and dignity.
- ➢ Over 50% of Travellers had concerns of the quality of care they received when they engaged with services.

'*Travellers report greater use of and adequate access to health services, but describe a consistently poorer quality health care experience. This quality gap has implications for Traveller engagement with health care professionals.*'[i]

- ➢ 40% of Travellers have experienced discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans (Krieger et. al.2005)

Attitudes of general population to Travellers
- ➢ 60.1% would not welcome a Traveller as a member of the family
- ➢ 63.7% reject Travellers on the basis of their 'way of life'
- ➢ 18.2% would deny Irish Citizenship to Travellers
- ➢ 72.3% support Travellers 'to live their own way of life decently' – down 20.7% since 1989

Source: 'Emancipation of the Travelling People' 2010 Micheál Mac Gréil, S.J., NUI Maynooth

Social Determinants of Traveller's mental health

- ❖ Traveller men
- ❖ High levels of self-reported discrimination
- ❖ Recent bereavement
- ❖ Long term illness
- ❖ Those reporting drug use as a problem in their community
- ❖ Social exclusion
- ❖ Low levels of trust
- ❖ Inadequate accommodation
- ❖ Low self esteem
- ❖ Lower education level

Concerns on the increase in suicide and mental health problems was also strongly articulated in the focus groups conducted for the AITHS

- ❖ '*…We are all liars at this table, and I will tell you why. An awful lot of the men are hanging themselves, taking over doses, buying the rope the whole lot*' (Men 2).
- ❖ '*…We have serious mental problems and we are not dealing with it, and for starters I have often got, Jesus serious depression in my house. I must say and I have had to go*

> *for a walk, women do the same thing. I am not depressed all the time, but I go for a walk'* (Men 2).

❖ *"We have our young people isolated in apartments, who are suffering from depression and they need help badly"*

❖ *As a young person because you are emotionally embarrassed it's not all your identity but it's just when people are turning you down different types of things and are ashamed to be with you, you kind of feel embarrassed and you just kind of say to yourself why are they ashamed of me I am a person the same as everyone else, I have equal rights…. The way that changes things is the way that people treat you down different and I just don't understand why. There is a lot of common suicides going on in Traveller community* (Young People).

In terms of mental health some providers thought that there was inappropriate delivery, they also indicated there was a lack of basic understanding of Traveller problems.

❖ *… and again if you extend that to people who are already socially excluded, before they get into a mental health problem there is a sort of a double social exclusion. So you are excluded because you are a Traveller or an ethnic minority and then you are excluded further because you have a mental health problem* (SSI: Service Provider).

❖ *… 'It is not as simple as that. It is not all the same. The reason that there are named category… like Travellers, is that there are special requirements and special needs and where you have an attitude like 'we treat everyone the same' then that doesn't recognise that everyone is different…'*

The discriminatory practices from some service providers in care delivery were discussed.

❖ *It does exist… there is that sentiment that Travellers are less deserving, hence give them substandard services* (SSI: Service Provider).

❖ *Racism is one of the factors, but won't be said officially as they (institution) will be in trouble* (SSI: Service Provider).

Barriers to services:

Barriers in access to health services identified in the All Ireland Traveller Health Study 2010 include waiting list (62.7%), embarrassment (47.8%) and lack of information (37.3%). A third of Travellers said they had difficulty reading and 50% reported difficulty reading instructions for medication. The level of complete trust in a health professional was 41% compared to a trust level of 83% by the general population in health professionals. Compared to respondents of a survey in the general population in 2007 (INSIGHT). Travellers were 4 times less likely to access health information over the internet. Furthermore helplines appeared to contribute very little to health information in either group.

Impact of Bereavement
In Ireland, where the rates of suicide amongst Irish Travellers are particularly high (nine per cent of all Traveller deaths in a 10-year sample of burials undertaken by the Parish of the Travelling People in Dublin - Brack & Monaghan, 2007),

Brack and Monaghan (2007) noted that where suicide occurs, the cycle of family tragedy may lead to on-going depression and an inability to recover from one death before others intervene. The following example of patterns of bereavement is not untypical:

I came home from work … checking a few horses, the night was so dark I had a torch. I saw a sort of white sheet or a shirt and I kept the torch on it for a moment and as I got closer to it I knew it was a body and I kept on shouting 'hello, hello' and then I went over and shook the body'. The man who had committed suicide was the respondent's married son. It is believed that his suicide was a response to his grief over the death of his own five-year-old daughter, who had died a month earlier. The young man committed suicide while visiting his parents. 'He took his jacket off, said 'Mammy I'll leave that there and I'll be back in a minute' but he went through the door and I never seen him until his father found him. (2007, pp. 11-13).

Nexus' (2006) research into the experiences of the relatives of Traveller suicide victims, supported the view that depression and the inability to recover from one major loss after another compounds the likelihood of suicide, noting that respondents in their study had experienced the suicides on an average of four or five people in their close extended family (for example, parent, spouse, siblings or first cousins).

Both Brack and Monaghan (2007) and Nexus (2006) were clear that a lack of suitable, culturally-aware counselling services, cultural barriers to accessing existing services, and lack of information in a suitable format, meant that many relatives of suicide victims were left to struggle alone with intense grief, anger and guilt. In some cases, alcohol or drugs were used to assist in numbing the grief, compounding the likelihood of self-harm, accidental injury, domestic violence or illness.

The Irish Penal Reform Trust has also conducted a recent qualitative review of Travellers in the Irish Prison System 2014:

Health status and needs of Travellers in prison
Data from the AITHS suggest, albeit within a small sample (n. 26), high rates of health problems among Travellers in prison. For example, 27% had been treated for chronic disease in the previous 12 months, 39% were being treated for mental health problems at time of interview, 62% had interacted with psychiatric services over the previous 12 months, and 81% were taking prescription medication. These findings are mirrored by data on the health of Irish Travellers in the UK.

Mental health needs of Travellers in prison
Research literature on the Traveller population in general has shown that Travellers face a higher than average risk of depression, self-harm and suicide. In the context of prison, MacGabhann (2011) found that 26.1% of Irish Traveller prisoners were identified as having one or more mental illnesses; the figure was much higher for female Traveller prisoners, at 64.7%.

Prison staff cited two challenges in meeting the health needs of Travellers: a norm of avoidance of health services and a poor health profile among Travellers on admittance. Of particular concern, MacGabhann's study found 'a substantial number of submissions to the project came from prison staff concerned by the high rates of self-harm inflicted by Travellers in custody' (2011, p. 46). Staff also expressed a strong belief that the rate of suicide was also higher among Travellers than the rest of the prison population.

Cited contributory factors to poor mental health among Travellers in prison are: a sense of hopelessness; depression; unemployment; repeated criminalisation; enforced separation from family; prejudice and discrimination; a loss of self-respect resulting from imprisonment; and a deeply pessimistic attitude perceived among Traveller prisoners.
A pessimistic attitude was reflected in 'a casual acceptance regarding imprisonment self-harm, suicide, death at a young age and discrimination'
(MacGabhann, 2011, p. 47).

Research conducted by Mary Rose Walker on Suicide among the Irish Traveller Community 200-2006) highlights suicide is an issue that affects the young:

> *"With almost 34% of all suicides since 2000 being of those under 30 years of age for young Travellers this risk factor is higher with over 65% of Traveller suicides occurring in the under 30s.*

Factors leading to Traveller Self harm and Suicide

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

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

Low uptake of mental health services was also discussed and two interdependent levels of service provision to Travellers were identified which were low uptake of mental health services by Travellers and a lack of skills to deliver culturally appropriate service. Travellers need more knowledge and awareness of services available and services require education in how to provide and deliver a culturally appropriate service to the Traveller Community. The availability of gender specific services was also an area of concern. There are different perspectives and experiences of mental health for men and women. Gender differences in communication, the use of supports and coping methods when dealing with mental health

issues should also be taken into account by services as well as the needs of Travellers who are Lesbian Gay Bisexual and Transgender.

Drug and Alcohol use was identified as a major factor in many instances of suicide. A report from the National Office for the Prevention of Suicide also finds that binge drinking is particularly associated with suicidal acts with the relative risk for suicide increasing 10-fold for men and women relative to those of a similar baseline mood state that were not binge-drinking.

'Alcohol impairs problem solving skills and limits an individual's decision making capacity, particularly in a crisis. It is disinhibiting, allowing people to do things that they might otherwise think about but not do. An opportunity exists of referring those with alcohol or substance misuse issues to treatment programmes from A&E departments following episodes of suicidal behaviour were such programmes to exist' (p47).

Bereavement

A review of Bereavement Supports and Services Following Suicide Bereavement by St Vincent's University Hospital, UCD, NOSP and HSE (2008) notes the challenges faced by Travellers who are described as a 'high risk' and 'vulnerable' group in need of bereavement supports and services. Recommendations to train staff working within bereavement services on the needs of Travellers and other minority groups are also made clear in this report.

The National Office for the Prevention of Suicide has also reported concerns in regards to uptake of services for both those that self-harm and families bereaved by suicide.

'Support of a practical and emotional nature is not always easily accessible to those bereaved by suicide. Individuals bereaved by suicide describe a hiatus in appropriate service provision. (NOSP 2006 p47-48)

Traveller specific initiatives 2006-2014

Two specific initiatives funded to explore the issues and needs of Travellers in the area of Mental Health and Suicide Prevention are The Traveller Counselling Service and National Traveller Suicide Awareness Project. Other available support toward Traveller health includes The Primary Health Care for Travellers Projects which provide information and links to local based services in the community.

The Traveller Counselling Service was established in 2008. The service works from a culturally inclusive framework which respects Traveller culture, identity, values and norms and works from a perspective of culture centered counselling and psychotherapy. This service provides information about counselling, counselling sessions to Travellers and provides training to service providers working with Travellers.

The National Traveller Suicide Awareness Project began in 2006 (of which Pavee Point is a member) as a collaboration of Traveller organizations, the National Office of Suicide

Prevention, Cross Care and service providers. The focus of this project was to develop a response to the issue of suicide in the Traveller community. Much of the work of this project has been awareness campaigns and suicide prevention training.

Over the last 5-10 years much work has been achieved by Primary Health Care Projects in awareness campaigns and training in suicide prevention. This build-up of openness about mental health issues has in affect accelerated the necessity of additional supports in Mental Health and Wellbeing services for Travellers. However, the availability of services for those affected by suicide is limited and in many cases there is significant waiting lists for services, in addition there very few appropriate supports for Travellers in the event of a suicide.

According to the Amnesty International *There is anecdotal concern that health services are ill equipped to fully address the needs of this significant minority group, leading to their poor uptake of these services. Many Travellers only experience of mental health services may be from care situations or institutional settings such as prisons or psychiatric services, and so they may have a negative association with the services.…* There is also a strong stigma attached to having mental health problems within the community, so many Travellers would not normally seek or avail of any form of service because of the perceptions of their community. The extended family and especially older Travellers in the extended family traditionally have provided informal counselling.

Survey of Travellers affected by Suicide and Attempted Suicide

To bring about more knowledge and understanding of the needs of Travellers affected by suicide the Pavee Point PHCTP conducted a survey of 48 Travellers that had experienced suicide or attempted suicide of a family member in the last 6 years in Ireland. Participants were asked to take part in the collection of information about suicide and attempted suicide in order to make a report exploring the needs and issues raised in the Traveller Community.

Areas of work for the prevention of Suicide and Self harm and promotion of Wellbeing were categorised as:

1. Barriers to access
2. Lack of Traveller specific services, poor level of knowledge and experience in working with Travellers
3. Support for Bereaved families
4. Supports used by Travellers

Barriers to access
- Poor access for persons with low levels of literacy
- Lack of Traveller specific information and content
- Leaflets and booklets very wordy and refers readers to use the internet address or phone number
- Requires both literacy and access to the internet for basic information
- Makes the assumption a person has both internet facilities and privacy to look through all the information to find what is relevant to them
- Of limited use and nearly always suggests using the phone service or writing an email

- Phone services often result in being asked to call back as lines are so busy
- The phone help lines are a good thing to have but in a trailer it's not so easy to talk private, Travellers need a place to go where you can have a safe space to talk

Giving something in writing, a leaflet or a booklet, that's no good, you have to have a talk with Travellers, you have to have the chat, with that you get into what they are going through and what they need to do

Lack of Traveller specific services, poor level of knowledge and experience in working with Travellers

- Often no awareness of Traveller needs, values and perceptions of bereavement
- Locations of services are often away from where Travellers live so you need transport
- Long waiting lists
- Embarrassment
- Feeling ashamed
- Fear of not being understood
- Poor knowledge and awareness about services within the community
- Lack of engagement with Travellers community by existing service(s)
- Service hours are often unsuitable and with limited flexibility in days and hours
- Services office based rather than engaging with community i.e. outreach based
- Limitations by services, for example; service restricted to over 18 years of age, one-to-one only, by pre-arranged appointment only
- Services not always covered by medical card

They are good people but don't understand Travellers, they don't know how Travellers feel when there is a suicide. Some cultural things are hard to explain; sometimes it just doesn't translate; only another Traveller would know

Supports for Bereaved families

There are important cultural differences in the way Travellers experience and are affected by the death of a family member. Travellers also have different perceptions of the efficacy of different types of services and supports for bereavement. Travellers experience higher incidences of bereaving at all ages, the impact this grief was highlighted by all. The devastation after bereavement from suicide and the death of a child were considered crucial factor in regards to mental health, depression and suicide.

To give you an example straight off, we don't use the word 'bereavement'; we'd say "grieving" some Travellers wouldn't know what bereavement was and wouldn't take in what a bereavement counsellor could do for them.

Sometimes people won't talk, it takes time then slowly they'll open up if there is somewhere to go, a place where you can make a start, it isn't easy to do, you know it's gonna hurt, you miss them and don't want to talk as if they are gone

Traveller men expressed embarrassment about using services and supports after the death of someone. There is also a strong belief that they will not be understood.

There is a real fear of being made feel worse, I'd be ashamed, I might cry, I know it's daft because you would go to talk about things that make you sad right, but I'd be afraid at the same time

Everyone goes through it, the men have their ways about grieving, when our son was taken, my husband couldn't get to terms with it, at the funeral he couldn't stand at the grave, couldn't talk about it, I knew it was tearing him apart but he couldn't talk, he went about organizing the funeral, but he wouldn't speak of our son not being there

Fasting is something the father might do. The men stop eating when a loved one dies, they will not take food, sometimes for weeks.

Supports used by Travellers

The best known supports and contacts stated were local community services known to Travellers and Traveller organisations. The local priest and Primary Health Care for Travellers were the most frequently used. Reasons offered for this choice were knowledge of Travellers and their needs.

'You have to have someone that knows about us. For some people you can get support for them, but they can't go for it, it's another kind of support they need, a kind Travellers can connect to, it's not always something said, it is often something you can do; a visit someone they respect and will listen to, that's how Travellers deal with it'.

It was also acknowledged however that these services have very limited resources to offer families. One contributor talked about a situation where Traveller Primary Health Care Workers were waiting more than 8 hours for services to come out to a Traveller they identified and referred as at high risk of suicide.

'There is more awareness about suicide in the community but now we know a person is at risk, where are the services?'

Primary Health Care for Traveller Projects and Priests will respond to Traveller families at a time they know is most appropriate whereas mental health services and support services often only consider the office hours their service operates. Services are often office based as well and reluctant to go out to Traveller sites. As a result these services are less available and within the community there is less understanding of, and commitment to the methods these services use.

Priests and well known Nuns, Monks and 'Curing People'

Prayer helps and faith is very important to Travellers

After someone dying there are changes in the home, you may have to move, burning stuff isn't done as much now but many people will not go back in the trailer if someone died in it. You see if I was in that trailer, I'm looking at the person who is dead, it sounds strange to you but a Traveller knows what I am saying.

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