



PAVEE POINT
TRAVELLER AND ROMA CENTRE

**Submission to Review of the Child and Adolescent Mental Health Services (CAMHS)
Standard Operating Procedure
February 2018**

Pavee Point Traveller and Roma Centre

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

For further information contact:

Ronnie Fay, Co-Director

ronnie.fay@pavee.ie

Tel: +353 1 878 0255

Martin Collins, Co-director

martin.collins@pavee.ie

Tel: +353 1 878 0255

Key Recommendations for CAMHS SOP

We welcome the opportunity to contribute to this timely review of the Child and Adolescent Mental Health Services (CAMHS) Standard Operating Procedure and urge the CAMHS to prioritise the explicit inclusion of Travellers and Roma in any mental health initiatives, policies, programmes or services being developed.

Young Travellers and Roma remain largely invisible in mental health policy and service delivery, including the current SOP, despite robust evidence indicating disproportionate levels of poorer mental health and suicide, particularly for Travellers,¹ who have the highest rate of suicide than any other group in the country. Findings from the *All Ireland Traveller Health Study (AITHS)* are well-established both nationally and internationally as they quantify the extent of the Traveller mental health crisis, identifying Travellers as a ‘high-risk’ group in relation to suicide and poor mental health (including frequent mental distress²). The need to tackle the complex issue of mental health amongst Travellers is further compounded by the fact that almost 40% of Travellers are under the age of 15,³ underscoring the urgency of ensuring access to CAMHS services.

This submission considers equity in the provision of CAMHS through both mainstream and targeted measures.⁴ This requires an acceptance that equity is based not just on equality of access but on equality of participation and outcome and that the particular needs of Travellers and Roma require innovative approaches which can be achieved by working in partnership with Travellers, Roma and representative organisations. This compliments the World Health Organisation’s (WHO) recommendations for robust mechanisms for ensuring accountability, participation, and outcomes’ measurement, which is vital if CAMHS is serious about ensuring equitable outcomes for young people engaging with its services.

It is clear from annual reports, that some young Travellers are accessing CAMHS services, however, in areas with a significant Traveller population, engagement is disproportionately low.⁵ In overall service delivery, Travellers represent approximately 3% of CAMHS annual caseload.⁶ Taking into consideration the vital demographic data of Travellers, including lower life expectancy and higher rates of suicide and poor mental health, it would be reasonable to assume that Traveller engagement would be much higher. However, in the absence of targeted measures and dedicated leads on Traveller inclusion within CAMHS, mental health outcomes for young Travellers will remain consistently poor, further widening the gap in terms of Traveller health inequalities. Consequently, we urge CAMHS to prioritise the development of Traveller inclusion leads in each CHO. This is to complement existing Traveller health infrastructure including, Traveller Primary Health Care Projects and Mental Health Service Coordinators for Travellers. CAMHS Traveller Inclusion leads would be responsible for driving, managing and supporting the implementation of agreed improvement programmes and projects for young Travellers within CHOs, in addition to participating within THU structures in each region.

The key recommendations outlined below cross-cut all activities and processes included in the SOP, aligning with HSE National Service Plan, existing policy⁷ and national legislation, namely positive duty as outlined in Section 42 of the Irish Human Rights and Equality Act⁸ (IHREC Act, 2014). By adopting the following recommendations, the SOP will be enhanced, and outcomes for Travellers and Roma (as well as other groups) will be maximised. Recommendations are underpinned by the 10 Common Basic Principles on Roma Inclusion,⁹ which have been adopted the European Commission and endorsed by the Irish State.

¹ See appendix for further information on Roma

² Frequent mental distress (FMD) is defined as having fourteen or more days of poor mental health in the past thirty days. This two-week cut-off matches diagnostic tools used by clinicians to diagnose mental health problems such as anxiety and depression.

³ According to Census 2016, 49.65% of Travellers are under 0-19 years old, for a comprehensive overview of Traveller Population Usually Resident and Present in the State 2016, Sex, Age Group, County of Usual Residence and Census Year, see: <http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/saveselections.asp>

⁴ We understand this as a symbiotic relationship, with targeted measures supporting inclusion in mainstream services, with targeted measures supporting inclusion in mainstream services.

⁵ According to the Fifth Annual Child & Adolescent Mental Health Service Report (2012- 2013), 1.5% of Traveller engagement reported in Dublin Mid Leinster and 0.6% Dublin North East.

⁶ Figures from the Fifth Annual Child & Adolescent Mental Health Service Report (2012- 2013); subsequent annual reports for 2014-2017 are not publicly available on the HSE website.

⁷ This refers to: A Vision for Change (2006), Quality Framework for Mental Health Services (2007), Better Outcomes, Brighter Futures; The National Policy Framework for Children and Young People (2014), the National Traveller and Roma Inclusion Strategy (2017).

⁸ Section 42 of the Irish Human Rights and Equality Act (2014) gives public services funded by government, including CAMHS, a general duty to: (1) eliminate discrimination; (2) promote equality of opportunity; and (3) protect the human rights of its service users and staff. Section 42 sets out three core steps to be taken by public bodies to identify human rights and equality issues in: (1) strategic planning; (2) policies and practices; and (3) reporting.

⁹ See here: http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/108377.pdf

1. Access: Ensure Travellers and Roma access to CAMHS

- The SOP should review (in partnership with Pavee Point) low Traveller and Roma engagement with CAMHS and identify existing barriers.
- Introduce special measures to allow Roma without access to medical cards to avail of CAMHS services.
- Ensure that any revision to the SOP is subject to a Health Equity Impact Assessment (HEIA) to ensure it does not generate a negative impact on the access, participation and outcomes for Travellers and Roma.
- Develop and implement a targeted information programme for Travellers and Roma in pathways of care (in partnership with Traveller organisations).

2. Funding: Invest in Traveller and Roma adolescent mental health

- Allocate and properly utilise resources through targeted measures for Traveller and Roma adolescent mental health.

3. Mainstream Positive Duty in SOP: HR and capacity building measures

- As a matter of urgency, establish a CAMHS Traveller Inclusion Team within each CHO to include participation within THU structures in each region.
- Ensure the SOP complies with positive sector duty as per Section 42 of the Irish Human Rights and Equality Commission Act (2014).
 - Anti-racism and discrimination training should be provided and participation should be mandatory, and repeated at regular intervals for all staff. Such training should include provisions on the experience, situation and identity of Travellers and Roma in Ireland, as well as the policy dimension and how these affect Travellers and Roma. Pavee Point has extensive expertise in the design and delivery of training in these areas.
 - As part of any future recruitment process of staff across the CAMHS as a whole criteria for employment and job descriptions should include provisions for a commitment to anti-racist and equality perspective. Job descriptions of staff should also reflect this perspective in terms of essential skills.
- The SOP should also include wider criteria in their measurement of performance to include outcomes in terms of progressing equality for Travellers and Roma in Ireland.
- Positive action measures with respect to any future employment opportunities for Travellers and Roma should be a key policy CAMHS and actions arising from them. This would enhance the capacity of the agency and include the expertise of these communities.

Appendix

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 ¹⁰	Education ¹¹	Accommodation ¹²
<ul style="list-style-type: none"> • 97% of Travellers die before their 65th birthday • 42% of Travellers under 15 years of age compared with 21% of the general population • 63% of Travellers under 25 years of age compared with 35% of the general population • Only 8 Travellers found over 85 years of age 	<ul style="list-style-type: none"> • 13% of Travellers complete secondary education in comparison with 92% of the general population. • 57.2% of Traveller males were educated to primary level at most, compared with just 13.6% of the general population • Less than 1% of Travellers go on to third level education 	<ul style="list-style-type: none"> • Nearly 40% Traveller households had more persons than rooms compared with less than 6% of non-Traveller households • Traveller overcrowding 7 times the national rate • 12.2% of all Travellers are living in 'temporary accommodation' (NB: Pavee Point understands this as an undercount and estimate that 5,500 or 18.6% of Travellers fulfil this criterion¹³)

Travellers experience a higher burden of mental illness and suicide, when compared to the non-Traveller population. (*see table below).

AITHS Key Findings: Mental Health and Suicide	
<ul style="list-style-type: none"> • 62.7% of female Traveller and 59.4% of male Travellers reported frequent mental distress, compared to 19.9% of non-Travellers • 56% of Travellers reported poor physical and mental health restricted normal daily activities, compared to 24% of the non-Travellers 	<ul style="list-style-type: none"> • Suicide accounts for approx. 11% of all Traveller deaths with the overall Traveller rate suicide 6 times higher than non-Traveller population. When disaggregated by gender: • Suicide is 7 times higher for male Travellers and most common in young Traveller men aged 15-25 • Suicide is 5 times higher for female Traveller

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, Roma and other priority groups. While we

¹⁰ https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

¹¹ <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

¹² <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

¹³ http://www.paveepoint.ie/wp-content/uploads/2015/04/PP-Final-Traveller-Accommodation-Presentation-to-Oireachtas_RF-4.pdf

acknowledge that CAMHS is one of the few statutory agencies collecting and publishing disaggregated data on the basis of ethnicity (with the inclusion of a Roma category) it is not clear how data is being proactively used to benchmark and/or inform the allocation of resources and/or service delivery on the ground. This, despite the CAMHS SOP mission to ensure service users confidence in the delivery of “the best health outcomes and value through optimising our resources.”

Access to mental health services

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

Travellers’ access and experience of services
<ul style="list-style-type: none"> • 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 received from health service • 66.7% of service providers agreed that discrimination against Travellers occurs sometimes in their use of health services • 83% of Travellers reported receiving health information and advice from Primary Health Care for Traveller Projects (PHCTPs)

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, including discrimination and racism (both at individual and institutional levels), lack of trust with healthcare providers, inappropriate service provision and lack of engagement from service providers with Travellers and Traveller organisations.

Roma

According to the National Roma Needs Assessment the Roma community experiences similar issues to Travellers in terms of poor mental health status and barriers in accessing mental health supports, including racism, discrimination and lack of trust in service providers. The lack of trust amongst Roma in Ireland is further exacerbated by the forced removal of Roma children from their families into State care on

Roma Mental Health
<ul style="list-style-type: none"> • 38.9% of respondents reported that they do not have a GP. • 51.3% of respondents reported more than 14 days of the previous month when their mental health was not good. • 34% of respondents reported frequent mental distress. • 33.3% of respondents said that their daily activities had been interrupted by mental health difficulties in all of the preceding 30 days. • Discrimination, unemployment and lack of social protection were identified as sources of stress.

the basis of their appearance in 2013. The National Roma Needs Assessment¹⁴ provides a distressing picture of the current reality for Roma living in Ireland with over half (51.3%) of Roma respondents reporting frequent mental distress.¹⁵ Discrimination, unemployment and lack of social protection were identified as key sources of stress. In terms of accessing mental health services, the report found that a disproportionate number of Roma without access to a GP. The key reason that emerged for this was a lack of income to pay for a GP and a lack of access to a medical card, with 50% of respondents reporting that they did not have a medical card. The fact that Roma are denied basic health services, including access to mental health services, on the basis of not having a medical card or access to a GP is of critical importance given that access to CAMHS is contingent on GP referral. This must be reviewed as a matter of urgency in the SOP.

National Traveller and Roma Inclusion Strategy

¹⁴ Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) Roma in Ireland – A National Needs Assessment. For full report see here: <http://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

¹⁵ Frequent mental distress (FMD) is defined as having fourteen or more days of poor mental health in the past thirty days. This two-week cut-off matches diagnostic tools used by clinicians to diagnose mental health problems such as anxiety and depression.

The Department of Health and HSE (inclusive of agencies under their remit) are committed to working in partnership with Traveller organisations to reduce Traveller suicide and mental health problems through the development of positive mental health initiatives.¹⁶ Actions relevant to CAMHS in the review of the SOP include:

Relevant mental health actions from the National Traveller and Roma Inclusion Strategy¹⁷

42. The Department of Health, in conjunction with the Health Service Executive, will develop programmes to address mental health issues among children and youths in the Traveller and Roma communities.
87. The Health Service Executive will support and further develop culturally appropriate services to respond to the mental health needs of Travellers and Roma in consultation with Traveller and Roma organisations.
88. The Health Service Executive will develop targeted interventions and educational materials to support good mental health, suicide prevention and promote self-esteem and self-acceptance for young Travellers.
89. The Health Service Executive (National Office for Suicide Prevention) will develop communication campaigns to reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority populations including the Traveller and Roma communities.
91. The Health Service Executive (National Office for Suicide Prevention), in consultation with Traveller organisations, will conduct research on suicide and self-harm in the Traveller community, as part of the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 – 2020.
95. The Health Service Executive will review the access and barriers to primary and secondary mental health services for Travellers and Roma, in the context of the implementation of the ethnic identifier, and in partnership with Traveller and Roma service users, carers and families, in order to develop and implement appropriate steps to ensure greater inclusion and continued use of these services by Travellers and Roma.

¹⁶ This is in the context of the National Traveller and Roma Inclusion Strategy 2017-2021, further information see: [http://www.justice.ie/en/JELR/National Traveller and Roma Inclusion Strategy, 2017-2021.pdf/Files/National Traveller and Roma Inclusion Strategy, 2017-2021.pdf](http://www.justice.ie/en/JELR/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf/Files/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf)