

## **Opening Statement Director Bernard Joyce Irish Traveller Movement to the Joint Oireachtas Committee on Matters Affecting the Traveller Community**

Chairperson, Deputies and Senators

As Director of the Irish Traveller Movement, the national membership based Traveller led organisation, I welcome the Committee's examination of the matter of Traveller mental health and the opportunity to present to you today.

Traveller's experience of poor mental health is long established and reflected in Government policy, as far back as The Travellers Health Status Study 1986, Traveller Health A National Strategy 2002-2005 which led to the Traveller Health Advisory Committee and a recommendation of which delivered the most comprehensive audit of Traveller health, the *All Ireland Traveller Health Study (AITHS) 2010*.

Despite the Government strategy of 2002 and the benchmark and pathway report of the All Ireland Study, no dedicated budget was made available to resource the critical actions within.

Since then there has been no prioritising, towards resourcing Travellers distinct mental health outcomes within a dedicated framework.

In the time since the 2010 Study there has been an ongoing rise of suicide in the community and poorer health outcomes broadly. The National Traveller sample Survey in 2017 found that 90% of all Travellers said mental health problems are common among the community.

82% of Travellers reported having been affected by suicide, 4 in 10 in their wider family, 49% among local Travellers or neighbors and 38% among

friends or colleagues, creating a catastrophic affect with families impacted with multi-level effect.

**A particular concern is the rise in female suicide.**

Suicide represented 11% of all Traveller deaths in 2010, and most commonly in Traveller men aged 15-25, 6 times higher than the settled population. There has been a steep rise in the incidence of suicide in the last five years with a distinct emergence amongst Traveller women. The last two years in particular is a cause of grave concern, where female deaths have included children as young as 14yrs and reports suggest increases among females in their late teens and early twenties.

Anecdotally based on deaths reported to the Irish Traveller Movement via our network, there has been at least 30 deaths by suicide in the period Jan – August 2019, in Dublin, Cork, Tipperary, Limerick, Wexford, Clare and Kerry. This is thought to be an underestimation.

The incidence of suicide in the community is outrunning the very slow progress to date of limited strategies such as Connecting for Life, where Travellers are included in only 1 of the 69 actions *in the* 2015 to 2020 National Strategy to Reduce suicide.

The lack of data, either by way of a national study or of an assessment of need, worsens the problem. The Central Statistics Office and National Suicide Research Foundation have a role here when recording and monitoring. However, the CSO does not collect statistics on Travellers.

There is no specific inclusion of Travellers as a high risk group in the HSE's National Service Plan 2019 either.

What is a grave cause of concern to the community is that in the 9 years since the All Ireland study, which demonstrated disproportionate levels of suicide and poor mental health outcomes, there has been very little intervention? In 2017, 7 years after the Study as part of the National Traveller and Roma Inclusion Strategy -13 actions towards Traveller and Roma mental health were identified. The latest progress reports show that one of these, the recruitment of 9 mental health service coordinators to support access to and delivery of mental health services for Travellers in each Community Health area, has been achieved. Progress on the other actions has not been initiated or are at early stage development. A budget to deliver on the actions has not been ring fenced.

The policies and strategies to address Traveller mental health are disconnected and lack a priority focus given the context and scale of the problem and there is no ring fenced resourcing.

This is additionally complex as actions are dispersed across departments, there is no advisory group overseeing implementation and progress and supporting data collection is inadequate.

We have, in our submission made a number of recommendations and I can refer to these in my replies.

Thank you.