

Exchange House Ireland National Traveller Service represented by Ms. Allyson Coogan, Head of the Mental Health, Family Support and Crisis Intervention Service
Opening Statement on the Key Issues Affecting the Traveller Community October 8, 2019:

Thank you for the opportunity to speak today.

Exchange House Ireland National Traveller Service is an organization of Travellers and non-Travellers who work together to provide culturally competent frontline services to some of the most marginalized Travellers in Ireland. This year alone, we have had 3399 provisions of service ranging from drop in crisis intervention to social work involvement for accommodation, family support and advocacy, addictions counselling, suicide interventions and trauma related therapy.

Twenty-three percent of first time contacts to Exchange House Ireland in the last 4 months have been from outside Co. Dublin. Referrals come from mainstream services such as Pieta House, medical centres, psychiatric facilities, Traveller Health Units, statutory organizations such as Tusla and Probation, concerned family and friends, and the individual.

Many of the presenters who have addressed the Oireachtas Committee have already highlighted the social determinants of good mental health, including access to safe living conditions, adequate housing, educational opportunities, and meaningful engagement in work and society. We are also well aware that Travellers, being seriously marginalized and facing regular discrimination at an individual and societal level, will, through no fault of their own, experience poorer mental health as a result of lack of opportunities in these key determinants of good mental health.

As part of the service at Exchange House Ireland, we use certain measurement tools, along with the service user's lived experience to co-create culturally meaningful and therapeutically sound plans to address their presenting issues. In working collaboratively we explore the person's current living conditions, social and family relationships, as well as the environment in which they grew up, especially as it relates to exposure to traumatic events.

In developing support plans with the service user, we are always mindful of culturally informed practices and evidence informed interventions. In this regard, the research from The Adverse Childhood Experiences (ACES) study, conducted between 1995 and 1997, which demonstrated an association of adverse childhood experiences or traumas with health and social problems across the lifespan, informs our practice. The traumatic experiences fall into 3 categories: Abuse, Neglect, and Household Dysfunction, which can include mental illness, domestic violence, separation and divorce, incarceration of a family member, and substance abuse. The long-term experience of any of the ACES not only effect brain development, including ones ability to develop empathy and trust, but also impacts physical health, doubling the risk of heart disease and cancer, increasing the likelihood of becoming an alcoholic by 700% and increasing the risk of attempted suicide by 1200%. The greater the number of ACES, the more likely a person is to experience disrupted brain development; social, emotional and cognitive impairment; increased likelihood of engaging in risk taking behaviours; development of diseases; and ultimately, early or untimely death.

Adverse Childhood Experiences cause the production of toxic stress which activates the stress response system also known as the fight/flight/freeze response. With prolonged or repeated exposure to trauma, the child's window of tolerance, or zone of optimal arousal, begins to narrow, causing them to either

- Remain constantly on high alert for danger, responding with anger, violence, impulsivity or defensiveness (hyper-arousal) or,
- Respond by shutting down/disconnecting (hypo-arousal) when emotionally overwhelmed or triggered.

Our goal at Exchange House Ireland is to reduce the number of adverse effects, where possible, or to reduce the impact of adversity, by responding with specialized therapeutic interventions for trauma and suicide such as EMDR and CCT. These interventions are unique to Exchange House Ireland, and offer, what we believe to be the best opportunities for healing when delivered by compassionate and culturally aware team members.

EMDR, developed by Francine Shapiro, is a trauma-informed therapy that enables people to recover from the symptoms and emotional distress caused by a disturbing life event. Ninety percent of individuals seeking services from Exchange House Ireland present with trauma.

The All Ireland Traveller Health Study noted that suicide continues to be a complex and major health problem for Irish Travellers who experience suicide rates 7 times higher than the general population.

Traditional counselling approaches and medications may help the suicidal person in the short term, but these approaches often do not reach the suicidal person deeply enough to end their suffering.

Contextual-Conceptual Therapy (CCT) is a new and innovative approach to suicide therapy, developed by Seattle-based Suicidologist Fredric Matteson. CCT identifies that feeling suicidal is not a mental illness, but an attempt to create a life without the intense emotional pain. Lack of meaningful engagement in society, poor housing conditions, reduced timetables in educational setting, discrimination, incarceration, substance misuse, and violence all contribute to feeling suicidal, and we must tackle all of the factors to make meaningful change in the death rates.

While the multi-disciplinary front line team at Exchange House Ireland offers the optimal means of addressing the complex needs of Travellers, we must recognize that our current capacity to respond and replicate this level of service to the significant numbers of requests from outside the greater Dublin area is not, at this present time, possible. As a result, Irish Travellers are further marginalized and suffer because of their geographic location.

Exchange House Ireland would like to see the development of culturally competent and trauma informed multi-disciplinary service hubs across Ireland and seeks the support of this committee to realise this vision. This should be done in partnership with organisations on a local and national level.

We would like to see quality of service that is the same as that offered in Dublin. It would be important to offer oversight in clinical quality as well as necessary training in therapeutic best practices and cultural awareness.

To live in an Ireland where Travellers are fully valued as a distinct ethnic minority receiving equitable treatment and access to all supports and services without barriers is the vision of Exchange House Ireland and must be realised within the mental health sphere if we are to make a substantive difference in the lives of Travellers.