

DÁIL ÉIREANN

AN COMHCHOISTE UM SHAINCHEISTEANNA RÍTHÁBHACHTACHA A THÉANN I GCION AR AN LUCHT SIÚIL

JOINT COMMITTEE ON KEY ISSUES AFFECTING THE TRAVELLER COM- MUNITY

Dé Máirt, 24 Meán Fómhair 2019

Tuesday, 24 September 2019

The Joint Committee met at 11 a.m.

Comhaltaí a bhí i láthair / Members present:

Joan Collins,	Lynn Ruane,
Marcella Corcoran Kennedy,	Fintan Warfield.
Gino Kenny,	
Fiona O'Loughlin.	

Seanadóir / Senator Colette Kelleher sa Chathaoir / in the Chair.

Business of Joint Committee

Chairman: As we have a quorum, we are now in public session. The quorum for this joint committee is four because that is the combined quorum of two select committees, minus one, provided at least one of the members present is a Member of Dáil Éireann and at least one of the members present is a Member of Seanad Éireann. Apologies have been received from Deputy Colm Brophy. I now propose that we go into private session to deal with housekeeping matters. Is that agreed? Agreed.

The joint committee went into private session at 11.05 a.m. and resumed in public session at 11.10 a.m.

Traveller Mental Health: Discussion

Chairman: I welcome members and viewers who may be watching proceedings on Oireachtas TV. I am told today's meeting might even go viral. It is great that there is such a level of interest in this serious matter of mental health issues and their effects on the Traveller community. This is the first public session of the Oireachtas Joint Committee on Key Issues affecting the Traveller Community. The joint committee was established at the end of May to consider a number of topics over the next six months. As such, the clock starts ticking for our work as a committee today.

We are starting our deliberations with mental health, on which we will have three sessions. We will then consider health, education, employment and accommodation and how these issues impact on the Traveller community. As we listen to the voices and undertake our deliberations, I am sure we will realise that all of these matters are interconnected. We will, however, consider them in their own right.

The purpose of today's meeting is to meet and listen to representatives of the Traveller Mental Health Network, the Irish Traveller Movement, Kerry Traveller Health Community Development Project, the Wexford Development Group and Pavee Point. Mental health is a critical issue for the committee to consider. Suicide was the cause of 11% of all Traveller deaths in 2010 according to the all-Ireland Traveller study. That report is nearly ten years old and the committee must address the importance of updating that study. The statistics were stark then but we also need to know what the current position is. In 2017, seven years after the 2010 study, the national Traveller behaviour and attitudes study found that suicide affected the lives of 82% of Travellers. It is not only families but the whole community that is affected by suicide, as we will hear in great detail.

While the numbers are shocking, even more shocking is that very little changed between 2010 and 2017. The experiences of racism, exclusion and discrimination that members of the Traveller community face have a profound and deeply troubling impact on mental health. With 90% of Travellers in 2017 agreeing that mental health problems were common in their community, action, not just listening and talking, is urgently required. Over the course of the three sessions we are devoting to mental health, we want to understand the scale and impact of the issue, the causes and drivers of mental ill-health and, crucially, how the State and its agencies respond to the scale of the crisis we have.

The Traveller population is approximately 40,000, which is equivalent to the population

of Swords. If there was such a high rate of suicide or mental ill-health in a town with such a population, we would declare a national emergency. It is very important that we understand this, in that context of mental health. It is grossly misunderstood and under-reported. We, as a committee, need to understand the horrifying effects the mental ill-health epidemic has on Travellers' lives and communities.

Second, we need to address the causes and the pressure points. Mental health cannot be analysed in a vacuum. In the case of the Traveller community, it may be looked at as reaction - a reaction to racism, to unemployment, to persistent discrimination in schools, in workplaces and in the broader society and to poverty.

Third, the committee will recommend responses and solutions to improve the mental health and lives of Travellers.

A greater emphasis needs to be placed on Traveller mental health, without losing sight of the impact of internal factors on a person's mental health, which include the experiences of discrimination, internalised racism, inequality and the lack of cultural respect. Most importantly, however, we must listen to the testimonials we will hear today, to the Traveller community and their voices.

We have with us today the National Traveller Mental Health Network, The Irish Traveller Movement, Pavee Point, the Wexford Traveller Development Group and Kerry Traveller Health Community Development Project. In future sessions we will be hearing more voices, including on 8 October, and from health professionals, Government Departments, the Minister and the HSE.

On behalf of the committee I welcome Mr. Martin Reilly from the National Traveller Metal Health Network; Mr. Bernard Joyce from the Irish Traveller Movement; Ms Brigid Quilligan, Kerry Traveller Health Community Development Project; Ms Minnie Connors and Mr. Anthony Walsh from the Wexford Traveller Development Group; and Mr. Patrick Reilly.

One of the matters we need to be very careful about is privilege. Therefore, in accordance with procedures, I am required to draw attention to the fact that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the committee. They are directed that only evidence connected with the subject matter of these proceedings, which is mental health and Travellers, is to be given. They are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise nor make charges against any person, persons or entity by name or in such a way as to make that person identifiable, all of which is very important. Members are reminded of the long-standing parliamentary practice members to the effect that members should not comment on, criticise or make charges against a person outside of these Houses, or on any official either by name or in such a way as to make him or her identifiable.

I remind members and witnesses to turn off their mobile phones because this interferes with the sound system and the recording. I also wish to advise that any submissions or opening statements that witnesses have made to the joint committee will be published on the committee website's after this meeting.

After the presentations by witnesses, there will be questions from members of the joint committee. We will allow all the submissions to be made and will have questions then afterwards, so that we ensure witnesses' voices can be heard first. Questions will follow.

I call on Mr. Reilly to make the opening statement for the National Traveller Mental Health Network.

Mr. Martin Reilly: I ask the committee to bear with me as this is my first time here. I thank the committee for this opportunity. I am part of, and one of the vice chairpersons of, the National Traveller Mental Health Network. This network was set up to work around mental health issues within the Traveller community. As stated in our statement, we are Travellers led by Travellers for Traveller organisations who deal with the mental health issues of Travellers.

We were established in March 2019 and since then we have seen issues regarding Traveller mental health become bigger and worse. However, I am here to speak about my personal experience of mental health. Almost three years ago, my son-in-law committed suicide and left a young wife and a daughter of three years of age behind. It had a mental effect on me, my wife and my family. The services are not providing enough care for mental health among Travellers nationwide. We had nowhere to turn to and no one to talk to. Where did we go? We basically leaned on each other for support. For me, it is a deep hurt that no services are available for Travellers. That is where I am in my own mental state. I was literally torn to shreds because I had nowhere to go, no one to talk to and no one to look at except to lean on the support of my wife and children.

This does not just affect me; it affects the island of Ireland and the Travellers within it. I would like something to be done by the committee to act on the policies and procedures that will deal with this. It is not just about me personally because everybody in Ireland needs it.

Chairman: On behalf of the committee, I want to extend members' condolences to Martin on the loss he still feels. While it is hard to see any good happening from such a tragic loss, hopefully, what our deliberations are about today is making sure that these terrible losses and tragedies do not happen in the first place, or, when they do, that there is a good or better response than the one he received. I thank Martin for being so candid and open. It was very strong and very powerful.

I call on Mr. Joyce to make his opening statement.

Mr. Bernard Joyce: I thank the Chairman, Deputies and Senators for the invitation. As the director of the Irish Traveller movement, a national membership-based, Traveller-led organisation, I very much welcome the committee's examination on the matter of Traveller mental health and the opportunity to present to the committee.

Traveller experience of mental health is long-established and reflected in Government policy as far back as the Traveller health status study from 1986. Traveller health was a national Traveller strategy from 2000 to 2005 that led to the Traveller health advisory committee being set up and recommendations which delivered the most comprehensive audit of Traveller health, referred to as the all-Ireland health study, in 2010.

Despite the Government strategy of 2002 and the benchmark and pathway all-Ireland study, no dedicated budget was made available to resource the critical actions within it. Since then, there has been no prioritising towards resourcing Travellers' distinct mental health outcomes with a dedicated framework. Since the 2010 study, there has been an ongoing increase in the level of suicide in the community and poor health outcomes broadly. The national Travellers sample survey in 2017 found that 90% of all Travellers said that mental health was a problem in the community. Some 82% of Travellers reported having been affected by suicide, four in ten of

these being affected by suicide in the wider family, 49% among local Travellers or neighbours, and 38% among friends or colleagues, creating a multi-level effect on the family. There are particular concerns regarding the rise of suicide among young women. Suicide represented 11% of all Traveller deaths in 2010, most commonly in Traveller men aged 15 to 26 years. This rate is six times higher than in the settled population. There has been a steep rise in the incidence of suicide in the past five years, with a distinct emergence among Traveller women. The past two years in particular have been a cause of great concern to us, where female deaths have included children as young as 14 years. Reports suggest an increase of suicide among young women in their teens and early 20s. Based on deaths reported to the Irish Traveller Movement by our members and networks, there were at least 30 deaths by suicide in the period January to August 2019 in Dublin, Cork, Tipperary, Limerick, Wexford, Clare and Kerry. From our figures, though, this is an underestimate.

The incidence of suicide in the community is outrunning the very low progress to date of limited strategies such as Connecting for Life, the National Strategy to Reduce Suicide 2015-2020, where Travellers are included in only one of 39 actions. The lack of data by way of a national study or an assessment of need worsens the problem. The Central Statistics Office, CSO, and National Suicide Research Foundation have a role to play 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 national service plan 2019.

Of grave concern to the community is that, in the nine years since the all-island health study, which demonstrated a disproportionate level of suicide and poor mental health outcomes, there has been little intervention. In 2017, seven years after the study, 13 actions towards Traveller and Roma mental health were identified as part of a national Traveller and Roma inclusion strategy. The latest progress shows that one of these has been achieved, namely, the recruitment of nine mental health service co-ordinators to support access to and delivery of mental health services for Travellers in each community area. Progress on other actions has either not been initiated or is at an early stage of development. A budget to deliver on these actions has not been ring-fenced.

The policies and strategies to address Traveller mental health are disconnected and, given the scale of the programme, lack a priority focus. There is no ring-fenced budget to provide resources. There is additional complexity, as the actions are dispersed across Departments. There is no advisory group overseeing the implementation and progress, and supporting data collection is inadequate.

In our submission, we have made a number of key recommendations. I can refer to them later in my reply.

Chairman: I thank Mr. Joyce. He painted a stark picture, particularly of the trends among young women and children. The estimated figure of 30 deaths by suicide to August is grave. He also referred to the scale of the response to that. I am sure that committee members will ask plenty of questions.

I invite Ms Quilligan to make her opening statement.

Ms Brigid Quilligan: My name is Brigid Quilligan and I am a Traveller woman from Killarney. I am the manager of Kerry Travellers Health & Community Development Project. On behalf of our organisation and the Travellers in Kerry, I thank the committee for the opportunity to make a presentation on the topic of mental health issues affecting the Traveller com-

munity. Ours is a county-wide community development project which incorporates a health action zone. We work with Travellers who are static, those who are nomadic and those who have emigrated but who find it difficult to access services abroad. We operate from the principles of community development, equality, participation, empowerment, inclusion and self-determination.

We have been working for 21 years to support the local communities of Travellers in Kerry to respond proactively to the issues facing us. We have developed innovative programmes and initiatives in the areas of health, education, culture, identity, accommodation, leadership, Traveller economy, employment, enterprise, horse ownership, gender-based violence and youth development. Our work has evolved over the years, as has our analysis. We are fortunate to have the benefit of a strong HSE community work department in the region, strong links with mental health services locally and nationally, a strong Traveller health unit in the region and a Traveller community that is proactive and committed to creating change.

Using a social determinants of health model, we see clear implications for health associated with poor living conditions and high levels of exclusion and discrimination faced by Travellers every day. All these issues, experienced to a greater or lesser extent by most Travellers, impact negatively on both mental and physical well-being. While we work on supporting access to mental health services, in order to have an appropriate response to prevention we must look at the root causes of the mental health issues and suicide epidemic among Travellers. We use the word “epidemic” because it is an epidemic. There is no single Traveller in the country or in this room who does not know the heartbreak, pain and hopelessness of seeing somebody one loves spiral into darkness in mental health, thinking that suicide is the only option. Fine young men, women and children are dying before our eyes. Travellers in Kerry are diverse. We have the most beautiful county in the country, and this sometimes is part of the problem. The beauty belies the mental health crisis that the Traveller constituents of Kerry are experiencing. A strong, proud and resilient community, we are at breaking point. There is no person in the community who has not experienced the devastation of losing somebody he or she loves to suicide. We watch our loved ones battle anxiety, depression, severe mental illness and addiction.

In preparing this submission, we consulted 61 individuals from a diverse range of backgrounds and experience within the Traveller community. The findings were that the Traveller community in Kerry feels under siege, externally and internally, and that our mental and physical health is suffering. The key message from the community is that there is a mental health and suicide crisis in the community. All 61 respondents had lost family members or close friends to suicide. Five respondents had attempted suicide and 22 are being treated for depression. Seven respondents were hospitalised in the past five years for psychiatric problems. The abuse of alcohol, prescription drugs, illegal drugs and gambling were named as co-existing problems. We asked them what was the one message they wanted the committee to hear. Overwhelmingly it was that they had been treated badly from a young age because of their Traveller identity, that this had created great trauma and that the mental health crisis in the Traveller community is a result of the denial of, and attack on, Traveller identity, ethnicity, culture, history and ways.

The community feels that the work the Traveller projects the mental health services in the community work department do is very valuable. However, it is viewed as addressing the symptoms, not the causes. A culture of blame is perceived to exist, where Travellers are blamed for their oppression, the marginalisation and discrimination they experience and the poor outcomes they experience in the areas of health, education, employment, integration and equality. The hurt and pain the community feels as a result of its mistreatment over generations by the

State was relayed time and again. There is a sadness that addiction, suicide and intra-Traveller conflict appear to be increasing and an analysis that the community is turning on each other.

The 2016 census showed that there were 998 Travellers in Kerry. Conservatively, we believe the figure to be 50% higher. We have a large nomadic population in Killarney, the second largest in Ireland. The nomadic Traveller community from Kerry travels within Ireland, the UK, the US, Europe, Australia and Canada. There has been a strong history and culture in Kerry of Travellers from all towns travelling frequently for short spells between the UK and Ireland for the past 50 years. We have no concrete research on this, just anecdotal evidence but we believe that nomadic Travellers who self-identify as such fare better in terms of their mental health.

There is a national unconscious bias against Travellers. It is the last acceptable form of racism in Ireland. Being a Traveller and being proud of one's identity feels like an act of resistance. There is no acknowledgement of the pain, hurt, abuse and racism that generations of Irish Travellers in this State have suffered.

I will now give a brief outline of our recommendations which are covered in depth in our written submission. The main recommendation is that Traveller mental health and suicide be approached and named as a national crisis. We need a different approach to dealing with Traveller mental health. It must be taken much more seriously because too many of our people are dying and effective policies are not being implemented. We call for an independent national inquiry into the treatment of Travellers since the formation of the State and for enhanced legal protection of Travellers. We recommend the introduction of targeted mental health programmes specifically for Travellers and a national media campaign to highlight the issues around mental health for Travellers. We call for a review of services to Travellers, the representation of Travellers across all Departments in Ireland and for an ethnic identifier to be implemented across all State services. Anti-racism and discrimination training for all staff must be prioritised by the Department of Health. In order to address inequality, Travellers must be central to the design and delivery of services to their community. The inequality in the political representation of Travellers must be addressed by the State. Community development departments must be reinstated within all CHO areas.

On behalf of Kerry Travellers, I thank the committee for listening to our presentation and welcome the opportunity to elaborate on some of the points made and to answer questions.

Chairman: I thank Dr. Quilligan for her presentation. She paints a very stark picture. The fact that her submission was based on speaking with 61 people who either experienced mental health difficulties, including attempted suicide, or who had loved ones so affected brings a great depth to her contribution. The image of fine young men and women dying before our eyes and a community under siege will stay with people. I am sure we will have a chance to ask more questions on that later. I thank Dr. Quilligan and invite Ms Minnie Connors to make her opening statement.

Ms Minnie Connors: I thank the committee for inviting me back to present a submission on behalf of the Wexford Traveller Development Group. The submission before the committee was difficult and painful to put together but the Wexford group has little confidence that it will make any difference to the lives of Travellers in Ireland. Since speaking in this House in July, many other examples of the worst type of discrimination have occurred around me. A young Traveller family was granted a house after passing Garda vetting but, following objections from local people with the support of local councillors acting on information passed on freely by the

council, the decision was overturned and the house was taken back. Only last Monday, my husband brought my children to school early. He was told by a member of the staff that children could only enter the school at 9 a.m., a rule we had never heard of in decades of connection with the same school. In the school playground about 25 children played freely, including children of the staff member. We have been accustomed to such treatment but our children should not be made to suffer the same level of racism and discrimination.

Almost everywhere Travellers go, there are judgments and assumptions made about us. In Ireland's social pecking order, Travellers are given the lowest status. Travellers are viewed by the vast majority of settled people as engaging in anti-social and criminal activity, particularly stealing whenever they have the opportunity. As long as these blatantly unfair assumptions exist, based on ignorance and prejudice, there is little hope of developing social inclusion within our communities. The stereotyping of Travellers is also the reason so few are employed. This means that Travellers are dependent on the State for social welfare, which reinforces low social status.

Many important questions have to be answered. Why are Traveller mothers encouraged to use Wysoy food supplement for their newborn babies when settled mothers are encouraged to breastfeed? Why, even in death, do people not want to be buried beside members of the Traveller community? Why are Travellers, especially male Travellers, who present for mental health services treated in an off-hand way and asked questions which settled people are never asked, such as whether they are facing any criminal charges? All of these factors contribute to the feelings of hopelessness and isolation which many Travellers experience. As a result of the erosion of Traveller culture due to laws enacted by the Irish State and Travellers being forced to settle, mental health problems, including suicide, have increased greatly. I would not wish to see this horrendous level of pain inflicted on any person, but Travellers live with it every day.

There are positive and negative practices and values in the Traveller community, the settled community, and every other community. Despite this, the Traveller community is blamed for all the ills it experiences to justify the high levels of prejudice heaped upon it. Stigma and myths are taken as fact. When a person is made a scapegoat in a society, many unhealthy social traits are expected of that person. I have been at many Traveller events and I have never experienced any trouble at any of them. Despite this, I have to suffer the consequences of the few instances that have occurred. I do not steal or take what is not mine, yet I am followed around shops and often asked to leave.

One of the recommendations we have presented in our submission, recommendation 1.3, is the vital need to raise awareness of Traveller culture at every level of society. This includes schools, the HSE, mental health services, county councils, any organisation part-funded by the HSE, An Garda Síochána, all Departments and, most important, the Department of Employment Affairs and Social Protection. Training for Travellers with regard to the promotion of positive mental health would be beneficial, particularly if groups were established in which members of the Traveller community could work together with members of the settled community, motivated by a common focus and common goals. A model could be developed that celebrates and challenges positive and negative aspects of both communities with a view to greater understanding and inclusivity.

I dream of the day when Traveller culture is honoured and celebrated. This will greatly boost our self-esteem on a bedrock of good mental health. I represent all the Traveller community today, but I especially represent my children in the hope that they will one day be treated with respect and fairness and seen for the unique, beautiful people they are.

Chairman: I thank Ms Connors for her powerful testimony about the things that create feelings of inadequacy, such as exclusion in shops and schools. This disrespect goes to the heart of how people feel about themselves. She mentioned Traveller awareness training. This committee held such a session. It was attended by many of those present. We found it very useful. A member of the committee, Senator Coffey, suggested that such training be provided to elected representatives in local authorities. It would also be useful for the groups Ms Connors mentioned. Our committee will consider that. I thank Ms Connors for her candour. It cannot be easy to talk so personally.

Deputy Marcella Corcoran Kennedy: I have to leave, but I want to thank the witnesses for their presentations thus far. I will read back over the transcript. I have another meeting. I apologise for that.

Mr. Patrick Reilly: Pavee Point is delighted to have the opportunity to present to the committee. I compliment my colleagues from the other Traveller organisations for highlighting the issues affecting our community. Given the limited time we have and the complexity of the issues we wish to highlight, we will focus specifically on the key issues and the strategic recommendations. All members of the joint committee have received a copy of our submission, which sets out some key issues and recommendations for Travellers with regard to mental health. To date, Travellers have been invisible in mental health policy and service provision. The well-established findings of the all-Ireland Traveller health study reveal the extent of the Traveller mental health crisis and identify the Traveller community as a high-risk group in relation to suicide and poor mental health, including frequent mental distress. The Traveller population experiences a higher burden of mental illness and suicide than the non-Traveller population. The suicide rate among Travellers is six times higher than the rate among the general population. Suicide accounts for approximately 11% of all Traveller deaths. I ask the members of the joint committee to take a moment to reflect on the fact that one in ten Travellers dies by suicide. We have moved beyond crisis point.

As the mental health worker in Pavee Point, I engage on a daily basis with Travellers who are experiencing crises of this nature. As a Traveller man, I see directly the impact that suicide and poor mental health are having on our community. To put this in perspective, suicide is so common in our community that it is part of everyday reality. When I was at a Traveller funeral two years ago, someone said to me that suicide has become so common that we do not make a wonder of it anymore. That is the level we are at. We are tired of the *status quo*. Traveller organisations alone cannot take the burden of addressing these issues. We have done our part in responding to the crisis by developing local responses within existing budgets which are already under-resourced. Traveller health has not received any new dedicated funding since 2008, although we acknowledge the once-off funding from the HSE from the Dormant Accounts Fund 2017-2019 action plan mental health initiative for Travellers. Nine HSE mental health service co-ordinators for Travellers have been appointed, but just eight of them are in their positions at present. If we are serious about having better outcomes, we need a long-term plan that is focused, strategic and resourced.

I ask members of the committee to bear in mind that the Traveller mental health crisis is arising in the broader context of widening Traveller health inequalities. We do not think such inequalities have been prioritised or supported at senior management level in the Department of Health. It is clear from the recent draft of the national Traveller health action plan, which was circulated by the HSE earlier this year, that the Department has absolved itself of any responsibility for Traveller health. This is further evidenced by the Department's refusal to re-establish

the Traveller health advisory committee, which has not met since 2012 despite the support of the Minister, Deputy Harris. This is an unsustainable solution to a protracted crisis. A well-resourced and co-ordinated strategic national response with all key stakeholders, including the Department of Health, is urgently required. Traveller organisations, health units and primary health care projects are ready, willing and able to play a part in identifying the issues and developing appropriate responses.

It is in this context that we are making our recommendations. The national Traveller health action plan should be published as a matter of urgency and an independent implementation body, with ring-fenced budgets to drive delivery and implementation, should be established. Sláintecare recommends that there should be access to universal GP care within five years. We recommend that Travellers should be prioritised and fast-tracked in this process. Furthermore, we recommend that all Travellers employed in primary healthcare projects should be entitled to retain their medical cards with immediate effect. The service that the employees in question have given to the State, when taken with the level of health inequality among the Traveller population, which is similar to disability, means that this entitlement should be extended to community service programmes and community employment schemes. This would involve approximately 300 medical cards across the country.

Traveller-specific health infrastructure, including Traveller health units and primary healthcare projects, should be protected. Increased resources should be allocated for their expansion and development. A clear budget should be allocated and protected to address Traveller health inequalities at national level. Dedicated resources should be provided to support Traveller mental health. A standardised ethnic identifier, consistent with the national census and inclusive of the Roma population, should be implemented as a matter of priority across all routine data and administrative systems, including mental health services, to monitor equality of access, participation and outcomes across suicide prevention and mental health services for Travellers, the Roma population and other priority groups. It is essential for the application of an ethnic identifier to take place within a human rights framework. Finally, the recommendations of the Joint Committee on the Future of Mental Health Care should be implemented without further delay.

Chairman: I thank Mr. Reilly. He has painted a stark picture. He has spoken about the invisibility of Travellers in mental health policy. He has raised many strong questions. We would be willing to take up those questions with the Department of Health when it appears before this committee. We have invited Senator Freeman to make a submission because she chaired the Joint Committee on the Future of Mental Health Care, at which Mr. Reilly made a very strong presentation-----

Mr. Patrick Reilly: That is right.

Chairman: -----just as he did today. I will now give the members of the committee a chance to ask some questions. I will take them in the order in which they have indicated.

Senator Lynn Ruane: I thank the witnesses for their presentations. I am reminded that we are here to try to look at solutions. Having listened to the witnesses, I feel at a loss, yet the State expects Travellers to find solutions to the problems they did not create or have control over in terms of discrimination, accommodation and State oppression over many years. We have been tasked with finding solutions.

It reminds me of putting a lot of people in a working class community who have experienced poverty into a room and asking them to figure out how to get out of poverty. We do not

put people who have experienced massive privilege in a room and ask them how they will find solutions to sort out their privilege. People who have the least amount of resources and control are expected to change policy and services. Sitting here today as a Senator, I know how difficult it will be to make sure that we do something that is strong and representative enough and can actually create change because nobody wants to have to keep telling their stories for the rest of their lives in the hope that the regurgitation of the discrimination, pain and trauma a person feels will result in something coming of it. That has an effect on mental health.

We see the headline stuff that massively impacts on mental health, namely, accommodation, education, discrimination and exclusion. Anybody who wants to contribute to what I am saying is welcome to do so. My comments are not directed at anyone in particular.

Exclusion between settled people and Travellers is something I have always observed in my community and between students in our classrooms. I always wondered if there was a way to create better solidarity at a very basic community level. Growing up, when I felt State discrimination and exclusion due to my background I still had a strong community to identify with and relate to, and I knew it would have my back. We do not support and back many of the Traveller friends and students living in our communities, and the very first instance of exclusion begins in the classroom with peers and students. I want to know how we begin to challenge the very first point of exclusion of communities within communities.

I try to challenge bias within groups of friends and people I love and respect. I find myself backing away from the conversation because I am always very conscious that I am in a room full of people and if there are Travellers in the room I do not want them to all of a sudden hear a heated debate between someone who is advocating for respect for Travellers and someone in the room who has an awful view which I am trying to fight.

How can we be better allies in classrooms, schools and our communities? When walking through my community I always wondered why I could walk through the whole estate, but not the purpose-built estates where Travellers lived. There was no avenue for me to walk from my house to the shop and be able to pass my Traveller friends in my class and say, "Hello. How are you doing?" In the makeup of the estate we always seemed to be separated. How do we create conversation, awareness and be allies in a safe way for Traveller inclusion on that basic level in our local services, communities and schools?

My next question concerns schools. I visit a lot of schools and I hear a lot of conversations which teachers have. Recently, a teacher kept speaking of "dealing with the Traveller children". I wondered what she meant by "dealing with". Every student in the classroom is a student but she used this phrase in this case, instead of "teach" or some other such word. She framed the matter as a problem to be dealt with. How can we begin to change that and get to the stage where schools have Traveller or Roma teachers or board members, with whom young Traveller students can identify? How can we educate people to change this? It is awful to have to talk of training people to be human. We should not have to teach people about unconscious bias. People should treat people with respect and should respect other cultures and diversity. Indeed, we should celebrate these things. How can we begin to address the community aspect of discrimination from primary school through to the final school levels? A young child feels exclusion and discrimination from an early stage in the education system. If we address this only towards the end of a child's time in school, we only put plasters on the problem such as with targeted mental health programmes. What do we need to do to prevent high suicide rates, depression and anxiety in the Traveller community?

Chairman: What are the witnesses' thoughts on solidarity and building allies in the community? As Mr. Reilly said, it is an enormous task for the witnesses to take all this on themselves because the responsibility is not all theirs. Nor does the blame lie with them. How can things change in schools in terms of attitudes and the conversations that are held there? How do they feel we can tackle unconscious bias?

Mr. Bernard Joyce: Mental health and suicide are among the most difficult topics any of us have to discuss. It is very difficult for our community but we want to address it and that is why we are here. We have striven at local level for 30 years to build relationships and to understand the contexts for exclusion. We have tried to build an analysis and find ways to build bridges with communities in local areas and in society, which is now quite diverse. In the context of the values and principles of Traveller organisations, we work towards building solidarity and unity and the issues we have are very much those that affect the wider community at some level. Racism affects our community but it also affects other communities, such as migrant workers who come from different countries.

There is an extent to which people want to integrate Travellers into their way of life, as opposed to accepting our way of life, and this shows an imbalance of power. Nomadism is one of the core parts of Traveller culture, identity and way of life. It is not a lifestyle but a way of being, yet it was robbed from us by the 2000 Act, which criminalises Travellers for moving. Other legislation in recent years curtailed horse ownership while other legislation, made by non-Travellers, restricts every element of Travellers' culture and identity and strips it away. We have only recently come before the political establishment in terms of these forums. We have moved from policy to legislation followed by more legislation seeking to literally eradicate or remove Travellers to then assimilating them, and that has been happening since the foundation of the State. We have no Traveller representatives in the Dáil, no Senators or Deputies, no political representation. Every discussion we have is on the back foot. When we talk about culture people talk about justification and try to convince me about Traveller identity and culture. When we talk about racism people try to justify or explain how Travellers should be better citizens and again we are starting from being on the back foot. Yet when it comes to national level and representing Ireland, we are to the forefront; we carry the flag. Francis Barrett went to the Olympics and he was a frontrunner in carrying the Irish flag. We feel very proud of our nationality, culture and the achievements people have made on our behalf, both nationally and abroad. We watched the rugby over the weekend and all the other sports.

In terms of where we are coming from and where we are going, first, we need to address the legislation and policy. We need to ensure we address the core cause of Travellers' mental health issues. We must put forward some of the recommendations that have been made. It really is about the ethnic identifier, the ring-fencing of resources and having a national Traveller health strategy. Some members of this committee have championed a Private Members' Bill. It is not up to individuals to constantly have to articulate these issues and we cannot expect them to do so. In terms of legislation, it is important society starts to look at Travellers differently post-Traveller ethnicity recognition and examines how we can build a better society that acknowledges and recognises everybody and that the Traveller community have a really important role within that. It is about acceptance. When one accepts that one accepts other cultures and one accepts Travellers as an indigenous group within Ireland who want to play a full and active role. We have been doing that for as long as I - both an activist and member of a local organisation, now the Irish Traveller Movement - can remember.

Chairman: I thank Mr. Joyce for that. I will now bring in Mr. Reilly who indicated.

Mr. Patrick Reilly: To follow on from some of the points Barney made and to respond to the Senator's question, when we consider solidarity, in 2012, the Traveller health tack was completely disbanded. We now have political will. We have the Minister saying that this is what is needed and that this is what will happen but at Department level it was completely blocked. When we talk about solidarity, it needs to be at that level because as Traveller organisations or Traveller representatives, we have done the studies. The All-Ireland Traveller Health Study and the Behaviour & Attitudes study is available. We cannot do any more research. It is available and staring people in the face.

I know Martin, whose son-in-law died, and I have seen the effects of that. I cannot talk for anyone else here. We know what is happening on the ground. We have good politicians. The political will is there but the solidarity is not there at departmental level. We saw that with the Traveller Health Action Plan on which there were good consultations across the country. However, when that plan went back to the Department of Health, it was butchered.

Brigid Quilligan spoke about the social determinants. We cannot look at Traveller health or mental health without taking into consideration the social determinants. I cannot tell a Traveller that he or she needs to go for a walk or join a football team if he or she is having issues with their home in that there is no accommodation. It is a broad issue. We cannot examine Traveller mental health without looking at the social determinants.

Some suggestions have been made regarding the schools. Traveller culture, language and identity needs to be part of the school curriculum without any consideration and that needs to be taught. I learned about Cuchulainn. Why should I not learn about Traveller culture, way of life and language? It needs to be included in the school curriculum. I learned about Cúchulainn. Why should I not learn about Traveller culture, the Traveller way of life and the Traveller language? Those issues need to go into the school curriculum.

Regarding the budget, it needs to be clear that 48% or €2 million of the Traveller budget nationally for 2007 to 2008 was allocated to Traveller health. A total of €1.8 million of it was taken away to balance the HSE's books. It was completely unacceptable for Travellers on the ground suffering from many issues to be told that €1.8 million of their funding was going to balance the books.

Chairman: We will now have responses to the questions about Traveller solidarity from the top, resourcing and the importance of Traveller culture and history? As the witnesses are aware, that is very close to my heart as well. I am doing my best in that regard.

Mr. Patrick Reilly: Yes, of course.

Ms Brigid Quilligan: In response to Senator Ruane's question, I think it is leadership that is needed. Like my colleagues, I have been living and working with Travellers and putting community development into practice for as long as I have been walking. We have been justifying ourselves for as long as we have been walking. Most people say that their first experience of discrimination was when they started school at four years of age. I was very lucky with my school experience. However, while doing this survey, we met people who experienced discrimination in County Kerry until the 1980s and early 1990s. Lines were drawn in the yard; one was for Travellers and one for non-Travellers. People were taken from their homes and bused into school in the morning, which looks like a very supportive act, but then they showered *en masse*. They were practically hosed down. They were humiliated. Girls and boys were showered together with their clothes taken off.

I am rambling a bit. What I want to bring the discussion back to is that our community is in a lot of pain. In Irish history there has been an awful lot of covering up people's experiences. Thankfully, in recent years those people have had their experiences acknowledged. Travellers were part of that as well. There needs to be more exploration and acknowledgement of the deep hurt people face. Every day we encounter parents who tell us about their experience with education, sending their children to school and the retention and attainment of children at school. We meet parents who, even as adults, are still deeply traumatised by their own experiences of the education system.

One of my colleagues said something very profound in our office at a consultation in recent weeks on World Suicide Prevention Day. She asked why someone would turn to the person who has hurt them to heal them. We need representation of our community in the different spectrums of society, but first we will do the work on the ground. People are engaged in community development work, education and access to services. That is what we do and we do it very well, but we need leadership from the top if we are to change anything concerning Traveller mental health. We need the State to say there will be zero tolerance for racism against Travellers, for lack of attainment and lack of outcomes for Travellers and for Travellers being treated differently and less favourably in the State. We must have true acknowledgement of Traveller history and Travellers' contribution to this country.

Alongside all of the work that Mr. Reilly and Mr. Joyce spoke very well about in terms of policy work nationally, there needs to be an acknowledgement of the true, deep pain Travellers have gone through. If that trauma is not addressed, it will continue through the generations. It is intergenerational now. The question is how long people can be resistant and resilient. For how long and for how many generations? We are now seeing that even the most resilient people are falling. If it is not alcohol, they are overeating, taking drugs or they are engaged in violence. We are turning on each other and there is conflict and violence. There are so many issues. Education and solidarity require leadership. Sometimes it only requires one person in the school or other setting to make the change. I always tell people to reach out to other people. Whether it is a Traveller or an immigrant, we are all human beings. A child is a child. What has happened for generations in this country is that Travellers have not been seen as human. People are being dehumanised. We face that now. We see that some of our youth have no hope. When people have no hope and feel as if they do not have opportunities, there is not much left. We are facing a scenario where an entire generation has no hope. We want the members' solidarity but we want it to be meaningful such that it can be transferred into legislation and implemented in policies and action. We do not want to come back here in ten years' time to raise the same issues. If we come back here, we want it to be to report on the success and how all of us together turned around the mental health crisis and suicide epidemic among the Traveller community.

Chairman: I thank Ms Quilligan. I am anxious to hear from other members. Deputy Joan Collins has a number of questions. We need leadership from the top on this issue and to lift the lid on the depth of hurt, humiliation and zero tolerance but we also need action. It is not just about talking and sharing the pain being experienced. Something needs to happen.

Deputy Joan Collins: I thank the witnesses for the insight into their community. From the comment made by Ms Connors I picked up that the contributors have very little confidence that this will make any difference to the lives of Travellers in Ireland. I understand that because at a previous meeting, a group from Cork made the point that very good recommendations were made in the task force report in 1996 to try to assist communities but they were not implemented. There does not seem to be a driving force to have reports on mental health and other

areas implemented and ensure there are checks and balances and accountability. I can see that coming from the top because there is no real drive to try to deal with the issue. That is probably one of the main issues the committee will have to raise in its report. In my experience with local authorities, there was always money available for housing for the Traveller community but it was never used. There was an attitude at that level that was dismissive of the community and its issues, culture and way of life. That has to change.

Chairman: Does the Deputy have specific questions?

Deputy Joan Collins: How can we bring about that change? This has been raised in all the reports published in the 1980s, 1990s, 2000s and in the task force reports. What can we do to ensure there is change at the top level, which is where it is driven? However, nothing has changed in terms of the education of children and so on. I want feedback from the witnesses about what we need to do.

Mr. Patrick Reilly: It is a very good question and one that follows on from the points I made earlier. The focus of today's meeting is on health and mental health. In the Department of Health, for example, there is no one driving the issue of Traveller health. It has been given to others. We have heard back that those who get the issue of Traveller health to deal with are unlucky. That is the way it is viewed. We need a driver waving the Traveller hat, so to speak. We need a Traveller to implement the issues around mental health. If we do not get that, it will fall to someone else and dissolve away. We want people in the Department of Health to drive and implement policy on Traveller health. The only way forward is to have a consistent driver to implement that.

Chairman: Do the witnesses wish to make any other points in response to Deputy Collins's question? We have good reports, and this committee might produce a lovely report, but how do we make sure that it has meaning? Do the witnesses have any thoughts on that?

Ms Brigid Quilligan: We need accountability across all the sectors that affect Traveller life. We have the national Traveller and Roma inclusion strategy, NTRIS. It is about giving a committee like NTRIS more teeth. If I had a magic wand, I would like to see Departments being held accountable for the progress or lack of progress on every issue relating to Travellers. If we are to be frank, we are at a point now where a lack of will and racism are behind the lack of progress for Travellers in Ireland. That is not good enough. Accountability is the key.

Mr. Bernard Joyce: I will not repeat what others have said. With regard to the public service duty, established in section 42 of the Irish Human Rights and Equality Commission Act, there should be compliance. As colleagues have said, the suicide rate in the Traveller community is not at crisis point but beyond it. The recommendations need to be hammered home to the Cabinet. I am not sure what other community Travellers could compare their statistics with. If they do not ring alarm bells and if they are not regarded as indicating a crisis, what value does it put on Traveller life in Ireland? No alarm bells would mean the political establishment giving a very wrong message.

Ms Minnie Connors: I would like to see an apology to all the mummies, daddies, brothers, sisters and grandparents who have lost children to suicide because of the State, schools, Garda and social workers. When Traveller children go to school at four years of age, they feel they are different because of how the teacher regards them. It takes away a child's whole life. Imagine taking away a whole life. At four, a child's life is gone because he or she is a Traveller and because the teacher at the door on the morning chooses to tell him or her that he or she is different

from all his or her little classmates.

An apology would be nice for the generations. Suicide has featured generation after generation in my family. My grandmother lost two children to suicide. My mother has lost one to suicide. Is it going to be my turn? Am I to be next? Will one of my girls take her life, or my 16 year old son? Who is next in my family? This is the way we feel now and how we look at it. It was my grandmother and then my mother, so it is now my turn. Where is it going to stop? Is there any end? I have no confidence whatsoever. I do not believe any other Traveller in Ireland has any confidence in any kind of help or support. We are dragged down and cannot go down any further. We are on our knees at the minute.

Chairman: The witnesses have made strong comments on the depth of hurt and humiliation and the fact that these pass through the generations. Acknowledgement in the form of an apology was called for. Accountability is required and the buck has to stop somewhere. There has to be accountability for the promises and commitments made. Does anybody have a question or comment?

Deputy Gino Kenny: I thank all the delegates who are contributing today. What they are saying is dark and depressing in some ways. Sometimes at meetings of these committees, I have questions but I am not sure what to say today. As Mr. Reilly said, the Traveller community is in pain. The internalisation of racism and discrimination is hard to quantify if one has never experienced it. I have experienced it but not at the level of members of the Traveller community. The institutionalisation of racism against the Travelling community is hard to quantify mentally and physically.

Let me refer to the terrible connotations of the media in this country and certain politicians who stored up horrible stereotypes of the Traveller community. We are all human and there is only so much of this a person can take. This leads to internalisation and mental health difficulties. It can be very difficult to share the hurt, which leads to people taking their own lives. If this involved any other ethnic group in this country, it would be deemed a crisis. There is no political will to challenge these stereotypes and what is happening to the Traveller community. As Mr. Reilly alluded to, there has been an 80% cut in funding to the Traveller community since 2008. The advisory committee has not met since 2012. The landscape is stark. This all feeds down to a negative perception that members of the Traveller community do not have a contribution to make to society. Nothing could be further from the truth. If that is being constantly said to someone, it will have a detrimental effect on their well-being and lead them to taking their own lives.

Chairman: Does the Deputy have a question?

Deputy Gino Kenny: These are my observations. I want a positive message to come out of this meeting. The delegations will always have our solidarity. If there is anything practical members can do, we will do it. This is a good committee from which to start.

People need to change their minds to realise the Traveller community has as much a part to play as anybody else does in Ireland. I see the subtle stuff about Travellers that goes on in society with my own friends who are not bad people. Certain things they say about the Traveller community should not be said. These are the small things that become larger involving the institutionalisation of racism. The media has a part to play, as do politicians, the Traveller community and the settled community. If we do not deal with the smaller issues such as the constant humiliation of individuals and the Traveller community, we will have this conversa-

tion in another five and ten years' time.

It is about resources. Is it correct that 30 people in the Traveller community have died through suicide this year?

Mr. Bernard Joyce: That is the known figure.

Deputy Gino Kenny: It is probably more than that unofficially. The statistics are pretty bad. Starting from now, society needs to do something about this. If we do not, we will be here in five years' time talking about more deaths and the exact same matter.

Mr. Bernard Joyce: That figure does not include the attempts made by people to take their own lives.

Mr. Patrick Reilly: The overall statistics do not take in suicide among Travellers. It is seven times higher than the national average. Accidental deaths such as road accident fatalities and overdoses do not come into it. We could say it is a lot higher.

Mr. Bernard Joyce: In addition to that, the last survey carried out was the all-Ireland health study. When we talk about figures, in some areas it could be higher. It could be up to 12% which is way above the figures thrown out today.

We have always come to the table and been productive in putting key recommendations. Will those recommendations be brought forward, however? If so, how will they be implemented at national level? As Ms Quilligan said, it is about political leadership from the top to address the mental health issues which give rise to suicide.

Mr. Patrick Reilly: Deputy Gino Kenny's first words were stark. We have presented to the committee on mental health care on numerous occasions and made several good recommendations. It is frustrating when we come here and the committee makes recommendations. Then six months has passed and we are on the phone dealing with all this stuff. On primary health-care projects, for example, Martin asked where a person goes for support. Primary care centres are primarily based on office hours and outside those hours, at 6 p.m. or 7 p.m. on a Friday, Saturday or Sunday, someone who is in crisis cannot be told to come back on Monday morning. In the Traveller projects, it is the primary healthcare workers, the men's health workers and the mental health workers who take on that mental health work. It needs to be considered that some of these are on 20 hours or 12 hours. Some of them have issues with medical cards if they go over the threshold. Some of them are not even getting the basic minimum wage. These have been workers for more than 20 years. There are staff within the Departments for 20 years or 30 years who will receive a pension on retirement and our people are working on the ground day in, day out. As Ms Quilligan and Mr. Joyce will be aware, these people are not unemployed. That is the harsh reality. It is stark. We will be repeating the one message until all of those matters are addressed at national or departmental level.

Chairman: Martin indicated he wants to speak. I thank Mr. Patrick Reilly.

Mr. Martin Reilly: What I want the Chairman and the committee to understand is that we can never switch off. The committee members can go home. They can turn their phones off, unplug them from the walls or whatever. We are constantly, even when asleep, worrying about the door knocking where somebody else is in crisis, has attempted suicide or whatever the case may be. We are at it 24-7, 350-odd days of the year. We can never switch off. The members can walk away from here tonight, go home, sit down and have their food. We are always on the

go. Ms Minnie Connors, who is a Traveller, myself and everyone else are worried about that knock on the door or that mobile phone ringing at any hour of the day or night.

The committee needs to do something because, as Traveller representatives, we are fed up giving the members everything and them not acting on it. Enough is enough. As Ms Connors stated, what does it take? How many more lives have to be taken, either by their own hand or anyone else's hand, before the committee states that they need to act on their procedure and policy? That is what the members are elected for. As we discussed outside, every decision the members make in here has an effect on everybody on that street, and they need to make the right ones. They should stop taking from people and instead give back to them because, after all, we have given the members enough. That is what I would like to say on it.

Ms Minnie Connors: Everybody was asked to switch off their mobile phones when they came in but I had to put mine on silent because of the fear in my heart. I have three teenagers. I have five children at home. I have one married who is 18. She suffered severely with anxiety attacks since her aunt died. I have a 16 year old, a 17 year old and two younger ones, aged ten and nine. I cannot switch off my phone. As Mr. Martin Reilly stated, we do not switch off. If I switch off my phone, I have it in mind that my Johnny is trying to ring me to tell me that he is going to do something to himself or Mary is feeling unwell in the bedroom. As Travellers, we do not switch off from our children and from our families and friends. We are always thinking when we are talking to them whether this is the last time we will see them. We kind of make a laugh about it and then we will joke about it. In Wexford, we do that. It is becoming such a normal life event. It is just expected. I go to funerals of young people and look at their children crying at their graves and say, "Lord have mercy, they were too young to die." That is it. We are accepting it.

Mr. Patrick Reilly: I would make one final point. Speaking for Minnie and Martin, in my statement I spoke about the frequent mental distress. That is the frequent mental distress. The study that was carried out showed that 62% of Traveller women and men reported that their mental health was not good for one or more days in the past 30 days compared with 19% of the settled community. Looking at it, when Travellers wake up in the morning it is frequent mental distress all day, every day. There are issues in the school or in the social welfare office, as Mr. Martin Reilly pointed out. Ms Connors spoke about the constant worry. Travellers experience mental distress all the time. Anything that can go wrong will go wrong. That is the frequent mental distress Travellers suffer.

Chairman: I call Deputy Gino Kenny. I wonder if Deputy O'Loughlin or Senator Warfield have any questions.

Deputy Gino Kenny: I should have mentioned access to mental health services for everybody. There has been a significant crisis over the last ten years in terms of anybody, whether working class or whatever, getting access to mental health services. This is compounded for the Traveller community. This issue is not happening in isolation but it is societal one and relates to cutbacks in the health services.

Being a minority and being completely marginalised compounds the issue and these problems can then be internalised. In some ways, this can be counter-intuitive, where people do not go to get help and completely internalise the issue.

Chairman: I thank the Deputy. I am anxious to hear from Senator Warfield and Deputy O'Loughlin. Does Senator Warfield have a particular question?

Senator Fintan Warfield: I have a question, Chairman, but I wish to make a contribution as well.

To return to Mr. Martin Reilly's contribution, nobody should have to share their personal stories in order to advance an issue or sort out a problem but this seems to be the direction of our politics in recent times, be it marriage equality or repeal of the eighth amendment of the Constitution. He said it time and again, we have the data and we know the issues but I thank him for doing this.

Ms Quilligan mentioned unconscious bias, which is probably one of the most generous descriptions of Irish people's attitude to her community. She also mentioned an act of resistance. Sometimes when I am walking down the street holding hands with my boyfriend, I feel that standing in opposition to the norm is a great and beautiful thing and might always be an act of resistance.

Like Ms Connors, I too have been to many Traveller events and have never once experienced trouble. I was the mayor of South Dublin County Council and I have been to Tallaght Library at Traveller community events on many occasions and they have been great and beautiful. In regard to what Mr. Patrick Reilly said, I particularly take on board that Traveller organisations alone cannot tackle the extent of this crisis.

Sitting here has been quite emotional. I heard it said once that emotion is not a good trait for politicians. Not enough people in this place have emotional intelligence. I did not think I would be able to coherently say anything in response to what I have been told. I sit here with a lot of guilt as a member of the LGBT community that has had a struggle which has advanced so far in such a short space of time. We have representation in Leinster House and it baffles me that the Taoiseach has not appointed nominees to the Seanad, which is his right. Political parties also have a responsibility, and we take that on board. One of the Taoiseach's nominees has done great work, which is something.

Deputy Fiona O'Loughlin: It is for me to try.

Senator Fintan Warfield: I do not want to say I understand where our witnesses are coming from on some of the issues but I understand what some people might describe as minority stress that is taken on board not because of personal events but because of society's attitude. I got through my youth with music and the arts. My family is probably better known for music than for politics. When I was growing up and was distressed because of sexuality, I would have taken it out through music - the violin, the fiddle and traditional music. So many of the songs I would have learnt were collected by Travelling people such as John Reilly from Carrick-on-Shannon, who lived in Boyle. There were songs about the Travelling people, like Ewan MacColl's "Go, Move, Shift" and John Spillane's gorgeous song about John Reilly. I would say the scholars and song collectors could scarcely believe their ears when they heard John Reilly chanting ballads they thought had long since disappeared. So many of the songs I would have learnt were collected by John Reilly, and there is this rich culture that the Traveller community has.

My question is related to the arts and mental health because that was my way of dealing with hassle and mental stress. Will the witnesses paint a picture of the state of Travelling culture in terms of music and song? What could the State do to support that, not only as a means of supporting mental health but also of keeping the tradition and culture alive?

Chairman: That is a very specific question. While the witnesses are thinking about their answer to that, I call Deputy O'Loughlin.

Deputy Fiona O'Loughlin: I apologise for being late but I was elsewhere dealing with educational issues. I must also apologise as I am going to have to leave early for the same reason.

When I was in my office getting my papers, I had the opportunity to listen to Mr. Reilly, and I know Mr. Joyce has been before the Committee on Education and Skills a number of times at meetings instigated by Senator Kelleher, who is certainly a champion of Travellers' rights. We have had hearings on the education of vulnerable groups to find where the gaps are. Most certainly, we were including Travellers as one of those vulnerable groups that need to have extra supports. One of the recommendations we made from those committee hearings was that the teachers for Traveller children should be reinstated because children from Traveller families can fall behind. Some do not and I have had the experience of teaching children from Travelling backgrounds in primary school, but in many cases, that extra help and support is needed.

It strikes me, and the witnesses might comment on it, that young children in the education system need to have confidence to be able to blossom, and that may well help to support their mental health and resilience in terms of dealing with the other challenges they have. When I was a young teacher and young local public representative, the late Brian Lenihan was Minister of State with responsibility for children, and he undertook a special project on Cant and launched it at the Riverbank Arts Centre in Newbridge. This ties in with what Senator Warfield said in terms of celebrating culture and heritage. It was one of the most fascinating and interesting events that I ever attended and I still have the book I was given on that day. It was wonderful to see the children there so proud of their uniqueness and of something they could contribute that the rest of us could not. I remember thinking at the time that if we could bottle this and try to bring it out, life would be so much easier.

Senator Warfield mentioned emotional intelligence and he is absolutely right. We need to have public representatives who are in touch and who are emotionally intelligent, but who also have compassion for the different groups of people we come across. We cannot legislate for middle of the road children or people who have access to a middle-class education. However, that is what is happening. I feel for the teachers, too. When they come out of college, they are all too often geared towards a certain type of child from a certain type of background. While much has been done in terms of home-school liaisons, more needs to be done in respect of vulnerable groups.

I worked with the Special Olympics years ago. Ireland hosted the world games in 2003, and we considered ways of having a legacy programme subsequent to the games that would develop new clubs and give support to young people and their families. We tried to reach out to the Traveller community, but there were no Traveller children in our clubs. That was a failing on our part, but we also found a block to getting Traveller children with disabilities to join. Something has to change. Our guests might comment on those points.

Chairman: I thank Senator Warfield, whose question was on mental health, the arts and Travellers. Deputy O'Loughlin's question was on supports for children in schools and outreach. Since we are probably approaching the last round of contributions, would each of our guests like to make a comment? We will start with Mr. Reilly.

Mr. Patrick Reilly: I will work backwards. Regarding Traveller education, the Travelling with Austerity study showed that the most disproportionate cuts during the austerity period

were to Traveller services, including an 85% cut in respect of education. That is baffling in light of how important education is. If people have good qualifications, they can get good jobs and have a good lifestyle. It has physical and mental health impacts. Education is very important. Unfortunately, 85% of Traveller education funding was cut.

A point was mentioned that I had meant to make, but it left my mind. In terms of mental health, we are talking about youth mental health, maternal mental health, women's mental health, men's mental health, LGBT mental health, etc. It is broad. There is a major issue with access to services, with services not meeting Travellers where they are at. There is a cultural lesson to be learned from this. We must be mindful that what works for one community might not work for another.

My message to the Oireachtas is that, while we welcome this opportunity, we are here and doing our part. We want to do it and will continue doing it. We just need the involvement of the top levels and for all Departments to work with us, not block us. I thank the committee.

Ms Minnie Connors: I would like to mention a young man who I took to hospital recently. He was very agitated and threatening to take his life. It took me four hours to get him to the hospital. I had to keep him sitting there waiting for the doctor to come. It was an horrendous day. When we went into a little room to talk to the consultant or whatever he was - he was not human - the very first question he asked the young man was whether he had any criminal court case pending. Why? The young man was a sick person. He was shaking. He had reached such a bad state in his life that he had nowhere else to go, yet this doctor chose to ask that question. That was it, and the young man just stood up and walked out. Maybe the doctors could-----

Chairman: There is a raft of-----

Ms Minnie Connors: It is everybody across the board.

Chairman: A dehumanised response to someone in crisis.

Ms Minnie Connors: Yes. Straight away, he thought that young man was conning or play-acting.

Chairman: I thank Ms Connors for sharing that.

Ms Brigid Quilligan: We had a similar experience as Ms Connors's, only in our case the young man was asked whether he was involved in Traveller conflict. This only happened two weeks ago. There is a perception about Travellers in general, but particularly young ones, that we are liars and thieves and cannot be believed. One internalises that.

Regarding Senator Warfield's comments, I am a great believer in the arts. We want to be able to tell our story and we want our children to know the contribution our ancestors and forefathers made to Ireland and to realise the contribution we make today. Sometimes that is shoved under the carpet or thrown out like dirty water. However, Ireland's music and poetry would not be so rich without our people. I would like to see our language preserved. There is a great move in that regard and it will be of immense value to our young people. It will be a validation, an acknowledgement that we matter and that what we have to say is right. In certain places, when we were children we were slapped if we were speaking our language, and not by our parents. We were slapped and told we did not know what we were saying, but we were speaking our own language that came from our home. I am proud today to be able to hold onto that language, but many of the young people do not.

In terms of the arts, mental health and the culture, with horses we see more horse care and coppersmithing and we would like the committee's support for that. That can go hand-in-hand with the policy implementation. My final words today are that whatever is agreed in any committee must be implemented and monitored. There is no point in making recommendations, policy and legislation for the sake of it. They must be implemented, enforced and monitored. There must be outcomes. If I was in a job tomorrow morning and I was not producing outcomes in that job, I doubt that I would be in that position for long. All we are asking for Travellers is that they get the proper outcomes and are given a chance to get them.

Mr. Bernard Joyce: In response to Senator Warfield, obviously the issue at hand is a serious one. It is a difficult issue for people to articulate. I also strongly feel that where people have been very closely affected by that it is a big thing to ask people who are directly impacted to make a presentation. It is quite an unfair request. However, individuals present because they feel they need to air their living experience. It is their living experience. I should add that Travellers are very resilient. They have overcome many hurdles. At this stage they probably feel they are ready for, and nearly anticipate, how society is going to treat them. They are geared and resilient. Part of it is about preparing their children for that hostile, difficult and challenging environment.

However, cracks tend to happen. One of the big aspects is that our culture has been and continues to be under siege. People pick some nice parts of it, such as the music and poetry, and say it is great but they do not do much to support or enable it. There has been no support for nomadism, which is a core part of it. With regard to Traveller accommodation, there is very little in terms of the budgets being drawn down. In the case of education, we are still playing catch up from a system that was institutionalised. Brigid Quilligan spoke about the segregation but I was one of those, along with many others, who were in a special, segregated class. I would nearly describe it as apartheid, like in South Africa. There was really no difference.

We are resilient and we have a positive outlook on life, despite the negative elements that affect us. We want to achieve and do better. We want to reach out to the community. It is probably in our genes that we want to reach out because we are a community that strives on what a community is and we have much to learn from others.

I saw some positive elements recently, such as the formal State recognition of Traveller ethnicity. Recently Cant and tin-smithing were named as part of the tangible assets of the Traveller community, along with hurling, which is a really positive step. In the areas of sports, music, arts and culture, Travellers are really putting themselves out there. Reference was made to Traveller musicians and the song "Go, Move, Shift". My family lived on the Darndale Road at the time that song was written and it has a personal resonance for me; it is all about people's lived experience. The focus should not just be on the musicians of the past but also on the musicians of today like Sharon Ward, an absolutely fantastic, resilient singer and persona, Thomas McCarthy and Pecker Dunne.

The approach to addressing the underlying issues must be right across the spectrum. People might hinge on music or other areas but we must get back to the real issues in terms of recommendations, political will and resources. It is about putting forward key recommendations that can be delivered and monitored, with clear outcomes. The figures in front of us today are absolutely unacceptable and the State cannot stand over them. The Minister must be asked what his Department is doing to address these issues for the Traveller community.

Chairman: I thank all of our witnesses-----

Senator Lynn Ruane: Can I ask one direct question? In terms of the recommendation on Traveller-specific mental health services, do the witnesses envisage that being integrated within existing mental health services or a stand-alone service? It is important, in terms of developing services, to know that.

Chairman: I ask the witnesses to give a “Yes” or “No” answer to Senator Ruane’s question. Should the response to Traveller mental health issues be integrated within a mainstream service or be standalone?

Mr. Patrick Reilly: It should be integrated, of course. Even though the approach can be targeted specifically, it should be done through mainstream services, without a doubt.

Ms Brigid Quilligan: The Traveller counselling service has been really successful. It is very precious and has saved many lives throughout the community. That service needs to be supported and rolled out around the country. In Kerry, we paid for a counsellor who has been supported to develop her analysis around Travellers and to provide a Traveller counselling service because people told us that when they attend counselling sessions, they had to explain their whole life story and justify their culture. In that particular instance and until a sufficient number of trainers are trained, we would need to have people with a high level of competency around Traveller cultural awareness delivering counselling services.

Chairman: Mr. Thomas McCann from the Traveller Counselling Service is in the Gallery today and will be appearing before this committee at its next meeting. Today is not the last word for any of our witnesses. We can turn our phones off but they cannot. I am really grateful to them all for their contributions. I know that it has been painful for them to share so many stories. As Senator Warfield said, the fact that so many people had to share their stories in order to be heard, is problematic.

Deputy Gino Kenny talked about a stark and grave crisis and the personal cost of sharing one’s experiences of it. Our guests really have shared and we are more informed than ever as a result. It has been difficult to listen to the stories. It should be difficult to hear about these situations, which Mr. Reilly estimates have affected 30 people, although that is an underestimation because it does not include those who may have tried to take their own lives. There is a big mismatch between the scale of the problem on one side and the response and resources provided to tackle the problem on the other. That came across very clearly. We have been given a really good insight but there is more to be explored with regard to the root causes, as Ms Quilligan mentioned.

Our next session be on 8 October, when we will meet with the Traveller Counselling Service, a group from west Limerick, the Offaly Traveller Movement, the Galway Traveller Movement and Exchange House. We had a record number of submissions, which is a powerful indication in its own right. The powers that be will also be coming before the committee. We will be putting to them the questions our guests have asked. We will be meeting the Minister for Health and officials from his Department, HSE officials and Dr. Brian Keogh, an academic from Trinity College Dublin who is interested in these matters. We have also invited Senator Joan Freeman to appear because there were strong recommendations in the report of the Joint Committee on the Future of Mental Health Care about which we do not want to forget. It was hard enough for some of us around the table to get those recommendations included in the report and we want to ensure that they are not forgotten.

If our guests will accept us, we will be their allies. It is up to them to decide but those on the

committee are allies and it is our intent to produce a report to be acted upon rather than another document which will be considered to have been full of broken and unfulfilled promises in ten years' time. I thank the members of the committee for their great attention and for the great questions they have asked.

Senator Lynn Ruane: Before we go back into private session, I want to clarify something. At the start of the meeting, we laid out the plan for future sessions. In private session last week, we agreed that there would be a session after those that have been set out at which we could hear the voices of those who would not normally contribute to policy or academia. The Chair did not mention that session and I wanted to ensure that it is still to be held.

Chairman: Certainly. That was discussed. We will put the proposal to invite a wider selection of people to members and I am sure there will be agreement. Mr. Reilly and Mr. Joyce have paths worn to the Oireachtas but there are other voices we want to hear. Ms Quilligan stated that 61 people are engaged in this process. That is very encouraging. When the committee is finishing its overall deliberations, we will try to invite some of those who, unfortunately, are not regular visitors to Leinster House. We will take that up. If there is agreement, I will make sure to include it in our schedule.

We will now adjourn until 11 a.m. on Tuesday, 8 October, when we will continue our discussions on mental health issues affecting the Traveller community. We would be grateful if our guests could stay around for a quick photograph because it is important to document and record the work of the committee. I again thank them very much for their kindness, candour, and direction. It is very much appreciated. Maya Angelou said that when one knows better, one does better. We are all learning all of the time. We have learned a lot today, although there is more to learn.

The joint committee adjourned at 1 p.m. until 11 a.m. on Tuesday, 8 October 2019.