



Traveller Counselling Service

SUBMISSION TO THE MENTAL HEALTH ACT REVIEW

09th of April 2021

THE TRAVELLER COUNSELLING SERVICE

The Traveller Counselling Service is a community-based counselling service for members of the Traveller community that works from a culturally inclusive framework that respects Traveller culture, identity, values and norms and works from a perspective of culturally centred counselling and psychotherapy. We provide counselling to Traveller individuals, couples, families and those in relationships with Travellers. We offer counselling on a variety of issues which provides a crucial role by granting a space whereby Travellers can explore issues in a supportive, confidential, non-judgemental and safe environment that respects their cultural identity.

Apart from the provision of counselling to the Traveller community, the TCS provides training and guidance to mainstream service providers and advice and guidance to government agencies with regard to culturally inclusive service provision.

The different types of counselling available include:

- *Family Therapy*
Working with all of the family or members of the family.
- *Addiction Counselling*
Provided to individuals who are preparing to go on a detox programme, and who have shown a commitment to wanting to stay off drugs or drink. The service will not work with individuals who arrive for appointments under the influence of alcohol or drugs.
- *Couple Counselling*
Provided to couples who are experiencing difficulties in their relationship and feel they need help in order to deal with them.
- *Individual Counselling*
Provided to people who feel they can no longer manage their situation or are feeling depressed, anxious, or might be experiencing other problems they feel they need help with.

Since our inception to-date, we have provided a total of 2188 counselling hours to members of the Traveller community.

THE TRAVELLER COMMUNITY

The Irish Traveller community is an ethnic minority who account for approximately 0.5% of the Irish population, the most recent census estimate at 30,987. One third of all Travellers are estimated to live in the greater Dublin area. The community has a long history, with its own traditions, language, practical skills, culture, arts and music, with distinctive patterns of living (e.g. nomadism, keeping of horses) and strong values built around families, care and extended families.

The current situation of Travellers is a very difficult one, with the Traveller community's traditional way of life, nomadism and distinctive economy affected by rapid economic and social change.

As a community, Travellers have experienced extreme levels of racism, discrimination and social exclusion, as a survey commissioned by the Citizen Traveller Campaign in 2000 demonstrates:

“36% of Irish people would avoid Travellers; 97% would not accept Travellers as members of their family; 80% would not accept a Traveller as a friend; and 44% would not want Travellers to be members of their community” (NACD)

The National Traveller Community Survey (Behaviour & Attitudes, 2017) showed prevailing high levels of discrimination.

Travellers are amongst the most disadvantaged and marginalised groups in Irish society today, if not the most. As a community, Travellers have fared badly on every indicator used to measure disadvantage; unemployment, poverty, social exclusion, health status, infant mortality, life expectancy, illiteracy, formal education and training levels. Travellers have experienced discrimination at personal, intrapersonal and institutional levels. Where uneven social encounters combined with complex relations with state institutions pit Travellers against the settled community at every level of social interaction.

TRAVELLER MENTAL HEALTH

Travellers are experiencing significant mental health issues, which are impacted on by a range of contexts, issues and experiences. These include issues that affect the Traveller community in general including; racism and exclusion, issues around identity, sexuality, addiction, and socio-economic issues such as employment, accommodation and education status. It also includes issues such as stigma, wider understanding of mental health issues in general, and services and resources. Therefore, mental health issues for Travellers have to be responded to within the context of both Traveller specific issues, mental health issues and the interaction of the two areas, making it a complex issue to address and tackle.

Maintaining good mental health can be a challenge for all members of Irish society, particularly in the present context of Covid19 pandemic. However, when this is combined with the experience of racism, exclusion and discrimination that the Traveller community experience, the challenge is even greater, as was highlighted in a national survey carried out on behalf of the Community Foundation of Ireland where it found that,

- *90% of Travellers agree that mental health problems are common among the community.*
- *Travellers are a 'high-risk' group for suicide as suicide is six times higher for Travellers than the general population*
- *82% of the community have been affected by suicide*
- *56% of Travellers reported that poor physical and mental health restricted normal daily activities.*
- *62.7% of Traveller women and 59.4% of Traveller men, disclosed that their mental health was not good enough for one or more days in the last 30 days.*

(Traveller Community National Survey, July 2017)

While the rate of suicide amongst Traveller women is higher than their settled counterparts and increasing annually, the rate of male Traveller suicide is an alarming 6.5 times higher than that of the settled male population (Walker, 2008). These levels of suicide and self-harm among Travellers are a cause of much grief, loss and emotional pain for the immediate family, the extended family and the wider Traveller community

Alongside these factors has been the lack of an ethnic identifier which is an obstacle to ascertaining proper statistics that capture the numbers of Travellers using mental health services, the issues Travellers present with and the outcomes for Travellers when they do engage with services. Lack of an ethnic identifier also hampers the planning of appropriate mental health services for the Traveller community. As things currently stand, the Traveller community are virtually invisible in the mental health services, which makes it almost impossible to plan for the mental health needs of this marginalised ethnic group.

Likewise, the discrimination and stigma that Travellers experience mean that Travellers do not feel valued and create a strongly negative self-image as was highlighted in the AITHS 2010, which indicated that Travellers do not feel their culture is valued or respected.

Lack of cultural competency in mental health services that provide satisfactorily for the majority population, often leave Travellers feeling disillusioned and misunderstood, particularly where shame and fear of both judgement and exposure are further inhibitors to service engagement.

This background has important implications for Traveller mental health and for the development of mental health services for the Traveller community in Ireland, where the uptake of mainstream services by the Traveller community is historically low.

Recommendations:

ETHNIC IDENTIFIER

There, is a need for an ethnic identifier as recommended by the HSE National Intercultural Health Strategy (Health Service Executive 2008). The lack of an ethnic identifier is an obstacle to ascertaining proper statistics that capture the numbers of Travellers using mental health services, the issues Travellers present with and the outcomes for Travellers when they do engage with services. Lack of an ethnic identifier also hampers the planning of appropriate mental health services for the Traveller community. As things currently stand, the Traveller community are virtually invisible in the mental health services, which makes it almost impossible to plan for the mental health needs of this marginalised ethnic group. This would see the implementation of recommendation 67 of the National Traveller and Roma Strategy.

CULTURALLY APPROPRIATE SERVICE PROVISION

Lack of cultural competency in mental health services that provide satisfactorily for the majority population, often leave Travellers feeling disillusioned and misunderstood, particularly where shame and fear of both judgement and exposure are further inhibitors to service engagement.

40 % of Travellers had experienced discrimination in accessing health services whilst some service providers agreed there is discrimination and Travellers receive substandard services. (All Ireland Traveller Health Study 2010)

Mandatory Traveller cultural competency training should be part of the training of all mental health professionals. It should be developed and delivered in collaboration with Traveller organisations, using already established models from international settings adapted to an Irish Traveller context.

The need for culturally appropriate and inclusive service provision for Travellers has been highlighted amongst the recommendations of A Vision for Change recommendation 4.8.1) and the National Traveller and Roma Strategy (recommendation 87).

DUAL DIAGNOSIS

There is a need for the provision of dual diagnosis service for Travellers dealing with co-morbid mental health and substance misuse problems as set out in recommendation 63 of the National Traveller and Roma Strategy.

TRAVELLER EMPLOYMENT IN MENTAL HEALTH SERVICES

There is a need for the employment of Travellers in mental health services within primary and specialist community mental health services, as trainers, service providers as recommended in the A Vision for Change action 4.8.1. This would be an important step in addressing stigma, providing role models and ambassadors for the Traveller population in Ireland, sharing innate knowledge and insight into the community and Traveller culture and would correspondingly serve as a source of much needed employment in the Traveller Community where unemployment rates currently stand at 84%.

Traveller Mental Health Advocacy

Due to exclusion, discrimination and educational disadvantage and a lack of cultural inclusive mental health services available to members of the Traveller community, there is an urgent need to ensure that Travellers have culturally appropriate advocacy available to them. As has been recommended both by the Expert Group and by Mental Health Reform Ireland.

1. All patients should be supported to make informed decisions regarding their treatment, and 'consent' as defined in Section 56 relating to consent to treatment should include consent given by a patient with the support of a family member, friend or an appointed 'carer', 'advocate' or a support decision maker appointed under the proposed capacity legislation
2. Discharge planning meetings must take place with family members, carers or chosen advocate (with the consent of the patient)
3. Where it is deemed appropriate, there should be proactive encouragement for the patient at all stages to involve his/her family/carer and/or chosen advocate in the admission process and in the development of the care and treatment plan with the patient's consent
4. legislation to provide for the right to advocacy support and, alongside the legislation, for adequate funding for a range of advocacy services to be available.

Recognising the Role of Family Members

Due to the role that immediate and extend family play in the Traveller Community in supporting individuals within the family. it is Important to address the support needs of the family to care and support a family member with mental health difficulties, it is particularly important given that many Traveller families are living in very poor impoverished conditions while trying to support a family member with a mental health difficulty as has been recommended by both by Mental Health Reform Ireland and by the Expert Group.

1. The legislation should place a duty on the health service to assess the support needs of family members of a person receiving treatment for a mental health condition upon request of the family member and with the permission of the service user.
2. Where it is deemed appropriate, there should be proactive encouragement for the patient at all stages to involve his/her family/carer and/or chosen advocate in the admission process and in the development of the care and treatment plan with the patient's consent

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3. The legislation should place a duty on the health service to assess the support needs of family members of a person receiving treatment for a mental health condition upon request of the family member and with the permission of the service user.