South Dublin Travellers Report

Nature, Extent and Impact of Suicide Among the Traveller Community in South County Dublin & Ballyfermot.

2021

Supporting Organisations
Enabling Social Change

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Forward

Section 1: Introduction and Context

1.1. Introduction

S3 Solutions was commissioned by the Clondalkin Travellers Development Group in partnership with Tallaght Travellers Development Group and Ballyfermot Traveller Action Project to carry out research to ascertain the nature, extent, and impact of suicide among the Traveller Community in South County Dublin & Ballyfermot.

Through the involvement of and consultation with members of the Traveller community and stakeholders from the community, voluntary and statutory agencies (including those who are working with Travellers directly), the specific aims and objectives of this commission were:

- To assess the prevalence & impact of suicide across South Dublin County & Ballyfermot among the Traveller population.
- To identify how best to support those most impacted to minimise any possible contagion.
- To support the development and delivery of targeted interventions to support the success of all responses.

The research was carried out between July 2021 and October 2021.

1.2. Context

According to CSO figures[1], the Traveller population in South County Dublin and Ballyfermot is increasing. The number of people who identify as Irish Travellers in Dublin South increased by 19.3% between 2011 and 2016. The number of Travellers living in Dublin West and Dublin Southwest increased by 30.2% and 16.8% respectively. The number of Travellers living in the area is 2,824, of whom 54% reside in Dublin West and 36% reside in Dublin Southwest.

South County Dublin has the highest Traveller population in the Dublin Region and the second highest Traveller population in the state after Galway City and County. 8% of the country's total Traveller population is in South Dublin[2]. Members of the Traveller community are 6.6 times more likely to die by suicide than the general population[3]. The context for this research is based on

[1] Central Statistics Office *Census of Population 2016 – Profile 8 Irish Travellers, Ethnicity, and Religion* https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8itd/
[2] HSE (2018) *Connecting for Life, Dublin South*.
[3] Holland (2016) *Suicide Rate Among Traveller Men is Seven Times Higher* https://www.irishtimes.com/news/social-affairs/suicide-rate-among-traveller-men-is-seven-times-higher-1.2879754

these two points: the rising Traveller population in South Dublin, and the higher rates of suicide amongst Travellers than that of the general population.

1.3. Social Determinants of Health

The 2020 HSE Traveller Mental Health Initiatives Evaluation Report[4] sets out the current Irish Government policy for the provision of mental health services for Travellers. The report notes that multiple factors influence a person's mental health; these factors are known as the social determinants of health[5]. Figure 1 below outlines the factors which are considered social determinants on health[6].

The research process considered the Social Determinants of Health and the contributing factors relating to mental health and suicide amongst Travellers as a marginalised community. This underpinned the research methodology.

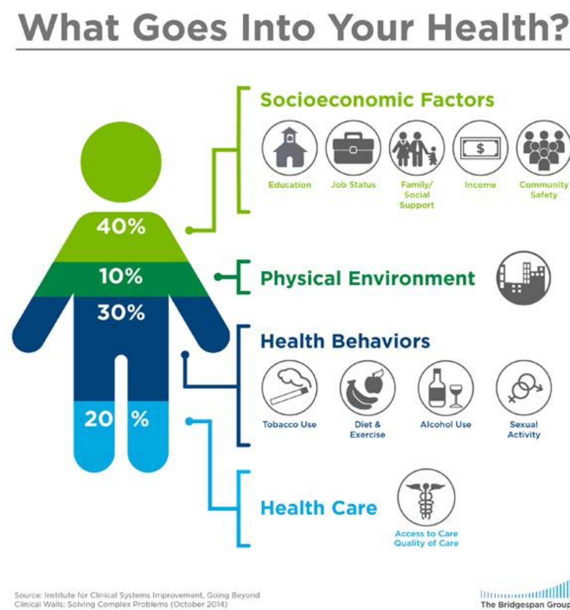


Figure 1 Determinants of Health

[4] HSE (2020) *Traveller Mental Health Initiative Evaluation report published* https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/traveller-mental-health-initiative-evaluation-report-published.html
[5] *Traveller Mental Health Initiatives Evaluation Report July 2020* https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/s3-hse-mhi-evaluation-final-051120.pdf
[6] Government of Ireland (2020) *Sharing the Vision: A Mental Health Policy for All* https://www.drugsandalcohol.ie/32228/1/DOH_Vision_for_change_2020.pdf

1.4. Report Structure

This report is set out as follows:

- **Section 2:** Prevalence and impact of Suicide within the Traveller community
- **Section 3:** Thematic analysis of findings including an understanding of the causes and impact of suicide on the Traveller community and an analysis of survey data.
- **Section 4:** Conclusion and recommendations.

1.5. Methodology

1.5.1. Data Collection

A mixed method approach was used with data collected through semi-structured interviews with stakeholders whilst focus group discussions and an online survey were targeted directly at the Traveller population in the area. The following summarises the data collection activities undertaken between July and October 2021:

- An online survey was circulated amongst members of the Traveller community, receiving 112 responses. The substantive purpose of the survey was to gather information on the prevalence of suicide within the Traveller community and how the issue of suicide impacts within the community. The survey also sought to explore access to and experience of mental health/suicide prevention services, barriers for Travellers in relation to services and how future provision could be improved.

- Thirteen semi-structured interviews were carried out with stakeholders from community, voluntary, and statutory agencies, including those who work directly with the Traveller community. Interviews focused on gathering information on existing service provision and the challenges and barriers that exist in relation to Traveller uptake. The interviews also explored what future support, services and interventions might look like from a stakeholder perspective based on their experience of what has/has not worked well in the past.

- Five focus group discussions were facilitated with 19 members of the Traveller Community towards the end of the process. The purpose of these discussions was to present emerging findings and explore the core aspects of the research in more depth.

- A number of case studies were carried out to provide greater depth to the thematic findings. The purpose of the case studies was to explore how issues such as discrimination

can act as a root cause of mental health issues and impact on Travellers through their daily lives. The rationale for this approach was because of the prevalence of this finding during thematic analysis.

- Six meetings of the Steering Group Committee were carried out to: co-design the consultation process, set the context for the research from a strategic/policy and community perspective, reflect on the emerging findings, and finalise recommendations.

Due to Covid-19 restrictions, most of the interviews were carried out over Zoom. A full list of organisations represented in the consultation process is provided in appendix 1.

1.5.2. Data Analysis

Qualitative data analysis was conducted using a thematic approach[7]. Categories were developed, coded, and reduced. Survey data and thematic data from interviews was cross referenced in order to identify emergent themes and issues and to explore the relationships between issues[8]. The researchers adopted an inductive approach, focused on wide ranging engagements with key stakeholders to build an abstraction and describe the key concepts relating to suicide within the Traveller community. These were converted to recommendations towards the end of the process.

1.6. Limitations

Efforts were made to ensure the validity and reliability of findings through multiple method consultation (surveys, focus groups, case studies and interviews). We also extended the data collection process on a number of occasions to ensure maximum input into the process. We note the following limitations:

- As with any survey data, errors due to question non-responses may exist. The number of respondents who chose to respond to a survey question may be different from those who chose not to respond, thus creating bias.
- On the issue of suicide prevalence, there are no national datasets that provide baseline data on the number of suicides per geographic area specifically relating to the Traveller community. The survey distributed to the Traveller community sought to identify those

[7] Lewis-Beck, M. S., Bryman, A. & Liao, T. F. (Eds.) (2004*). The SAGE encyclopedia of social science research methods (Vols. 1-3).* Thousand Oaks, CA: SAGE Publications

[8] Morgan, D. L. (1997). *Focus groups as qualitative research (2nd ed.).* Thousand Oaks, CA: Sage.

that had been impacted by suicide. This does not provide an overall or conclusive picture of prevalence in this area.

1.7. Steering Committee

We would like to acknowledge the guidance and counsel provided by the Research Steering Committee. Each of the partner organisations were represented on this group. They helped to shape the consultation framework, assisted in the distribution of the survey, with the coordination of the focus groups, supported the development of case studies and helped to shape this report. The group played a key role in scrutinising the methodology and retained a strategic oversight in the approach. We would like to thank the representatives from the various Traveller support groups, Jennifer Clancy, Oein DeBhairuin, Carla Jakes, Emily Smartt, Shay L'Estrange and Patrick Nevin for their ongoing support and direction throughout this assignment.

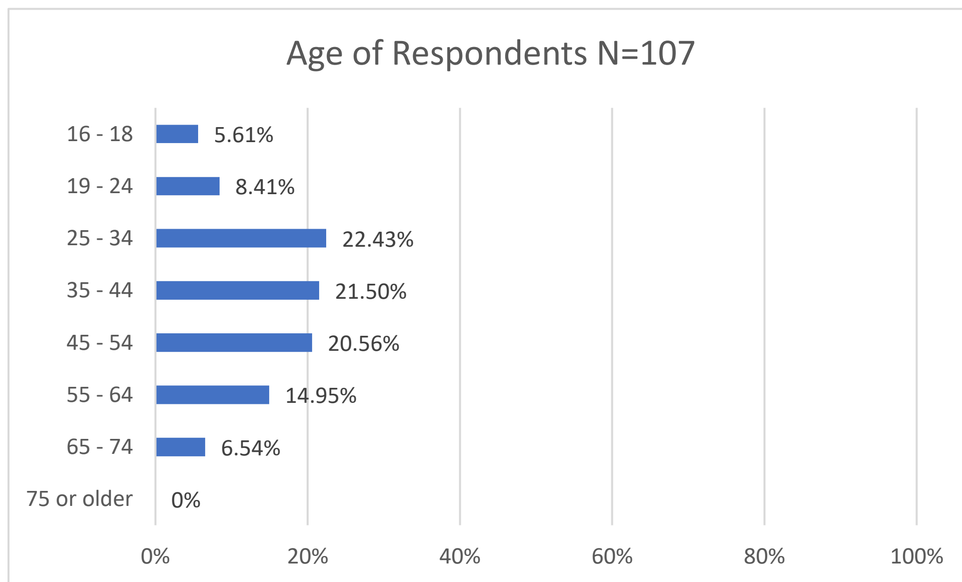
Section 2: Prevalence and Impact of Suicide within the Traveller community

2.1. Online Survey Analysis

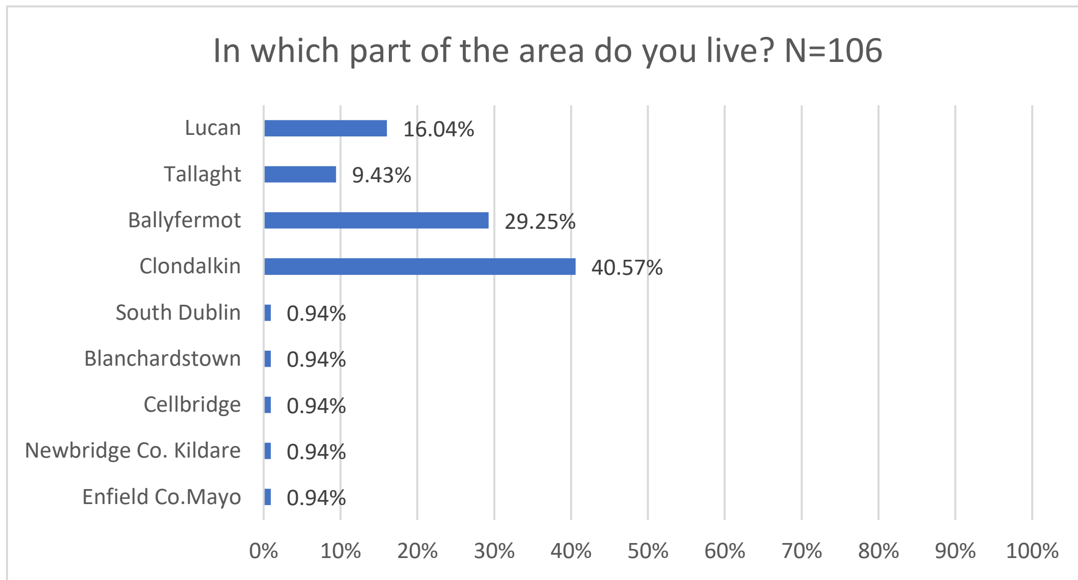
A total of 112 members of the Traveller community responded to the survey. Key findings are presented below.

2.2. Respondent Demographic

76% of respondents were female and 24% were male. The survey attracted respondents from across the age ranges. The most common age of respondents was 25-34 and 35-44 at 22% respectively. High levels of response were also recorded for those aged 45 – 54 (21%). There was limited uptake from over 65's (7%) and under 18's (6%).



41% of respondents live in Clondalkin, 29% live in Ballyfermot, 16% live in Lucan, and 9% live in Tallaght.



2.3. Personal Loss

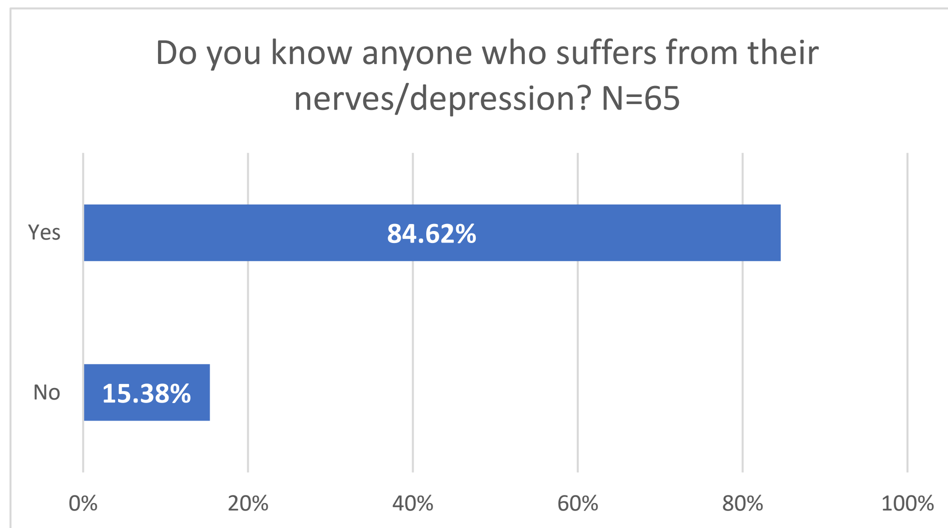
In order to ascertain the prevalence of suicide among the Traveller population, respondents were asked if they had ever lost a family member, friend or a loved one as a result of suicide. Over two thirds of respondents (68%) confirmed that they had.

Some respondents elaborated on the nature of that loss with 13 having lost cousins, 9 losing friends, and 8 losing an uncle. 14 respondents lost multiple loved ones, with 2 respondents having lost multiple children to suicide. Of those respondents who offered information on gender, loved ones lost to suicide were over 8 times more likely to be male.

2.4. Mental Health

Respondents were asked if they knew anyone who 'suffers with their nerves'[9] or with depression. Around 85% of respondents knew someone with depression or who 'suffers with their nerves'. Among the conditions noted were pre- and post-natal depression, drug addictions, suicidal ideation, anxiety, and depression.

[9] *This is a term used by Travellers to describe depression, anxiety or other mental health issues, this was identified at co design stage.*



2.5. Causes of Suicide Among the Traveller Community

Respondents were asked to identify, in their opinion, the main causes of suicide amongst Travellers locally. The issue of cause was considered during subsequent focus group discussions, however the survey question sought to establish perceived attribution or cause amongst the wider Traveller community. The respondents were asked to rank different options in order of priority, resulting in the following:

- Drugs (94%),
- Alcohol (91%)
- Discrimination/racism (91%)
- Depression (88%)
- Poverty (72%)
- Financial Pressures (71%)

2.6. Impact of Suicide Among the Traveller Community

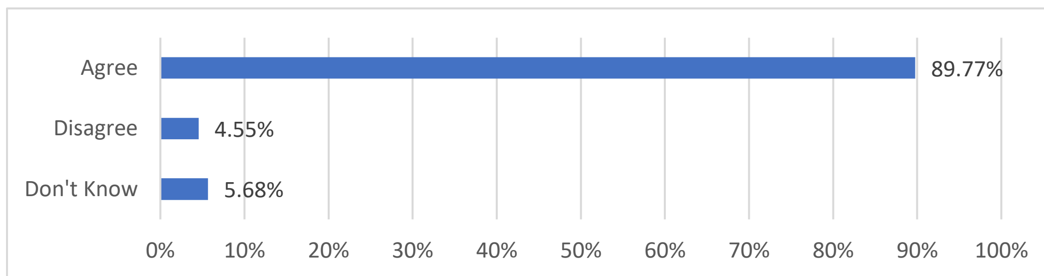
A follow-up question explored the main impacts/effects of suicide in the Traveller community. According to the survey responses, the most common perceived impact/effects were:

- More people turn to drugs and alcohol – leading to addictions (83%)
- It causes more suicide – contagion (73%)
- Creates a sense of hopelessness (72%)

2.7. How Travellers feel about Suicide and the Existing Support Available to them

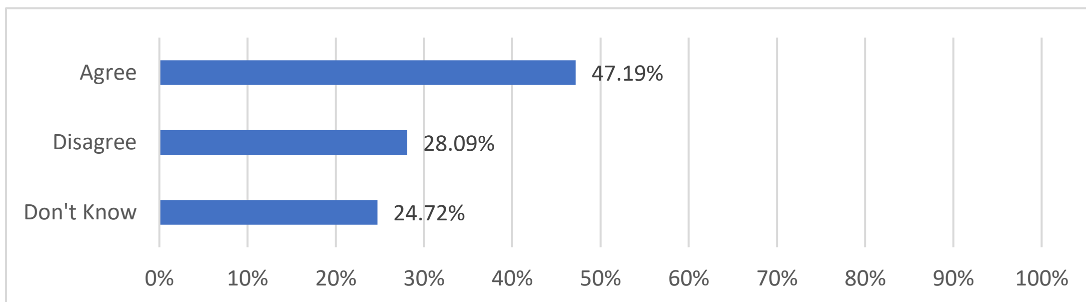
Survey participants were asked to respond to a series of statements with agree, disagree, or don't know. The statements were identified during co-design with the steering committee to ensure that they were as user friendly as possible. We sought to gauge how Travellers felt about the issue of suicide at this time and to gather their thoughts about the existing services available to them.

I am worried about suicide in the Traveller Community in the area



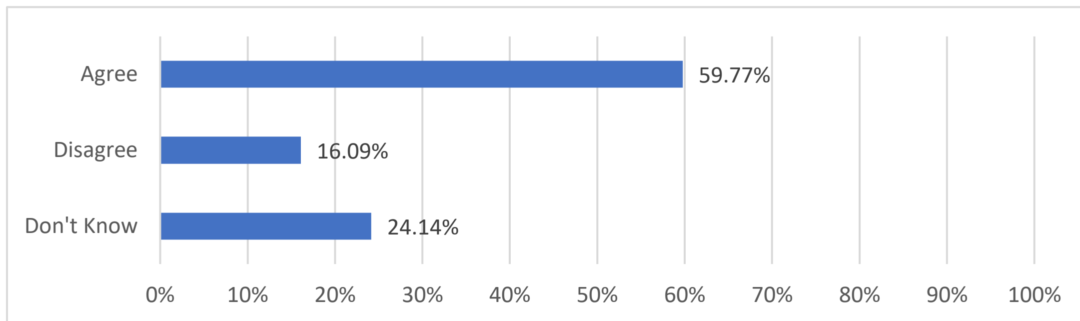
In this case, just under 90% of respondents agreed with this statement suggesting that there is a high level of worry about the issue.

I know what services are there for me if I need them



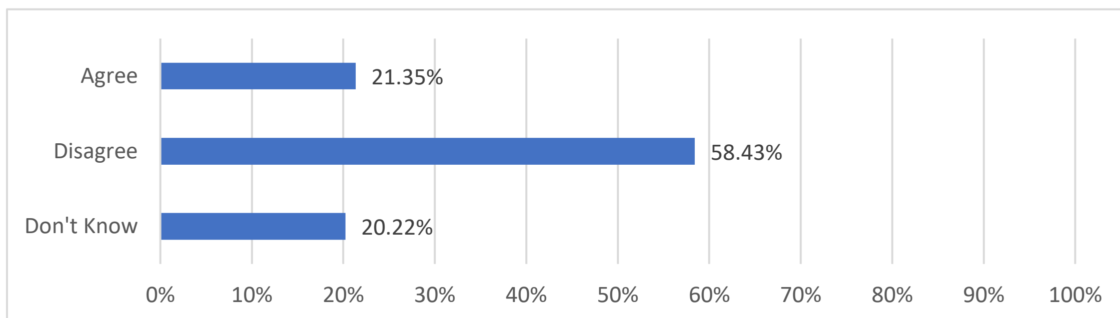
Just under half of respondents agreed with the statement (47%). The other half either disagreed or did not know.

I would go to a service in the area if I needed to



59% of respondents agreed that they would attend services if they needed to. Comparatively, 16% of respondents would not attend and a further 24% were unsure. This suggests that many Travellers would attend a service if they needed to although this question was general and did not specify the nature of services. Subsequent discussions revealed that Travellers may be referring to local Traveller support groups or Primary Healthcare Workers.

Service providers are doing enough to reach Travellers to support them with mental health/suicide prevention services

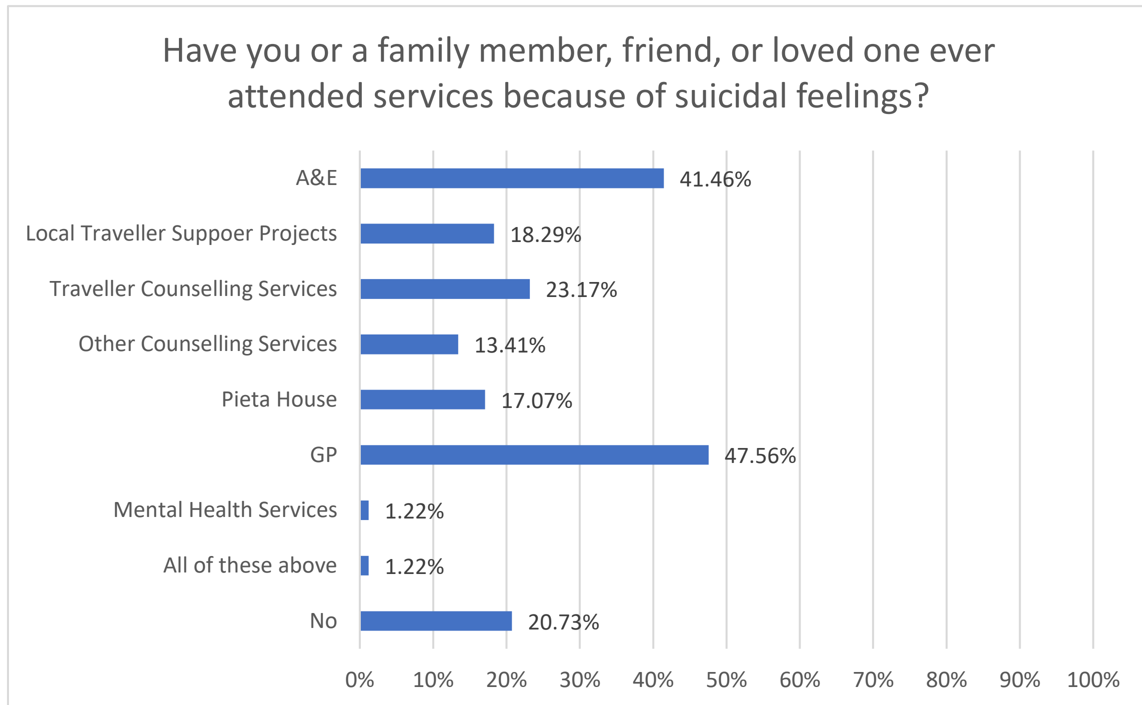


21% of respondents agreed that services providers were doing enough to reach them whilst over a half of respondents disagreed (58%) suggesting a level of dissatisfaction amongst Travellers in relation to how services reach out to them.

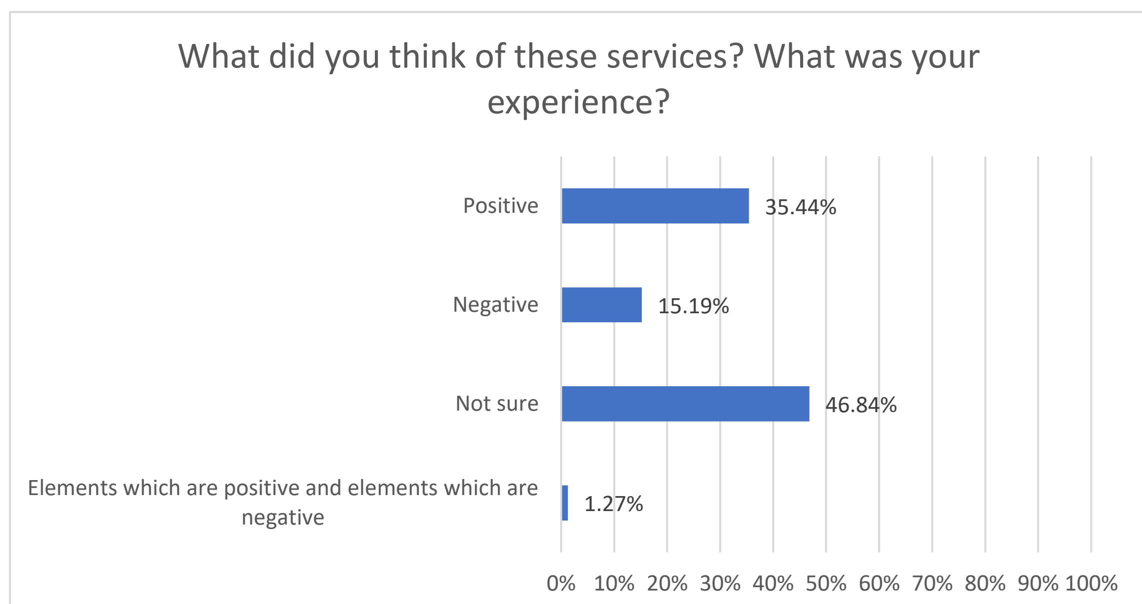
2.8. Access to and Experience of Services

Respondents were asked whether they or a family member, friend, or loved one had ever attended services because of suicidal feelings. 79% of respondents indicated that they or a member of their family, a friend, or loved one had attended services. The most common service

attended by respondents, or their loved ones, was the GP at just under 48%. This was followed by A&E (Emergency Department) at just under 42%.



In follow-up respondents were asked about their experience of these services. 35% of respondents reported a positive experience whilst 15% reported a negative experience and just under 47% were unsure.



2.9. Barriers to Help

Respondents were asked to identify the main barriers preventing Travellers from accessing the help they need in relation to mental health. The main barriers reported were:

- Stigma/Fear of how it would look (88%)
- Shame (87%)
- Discrimination and Racism (79%)
- Perceived lack of understanding amongst services of Traveller Culture (75%)

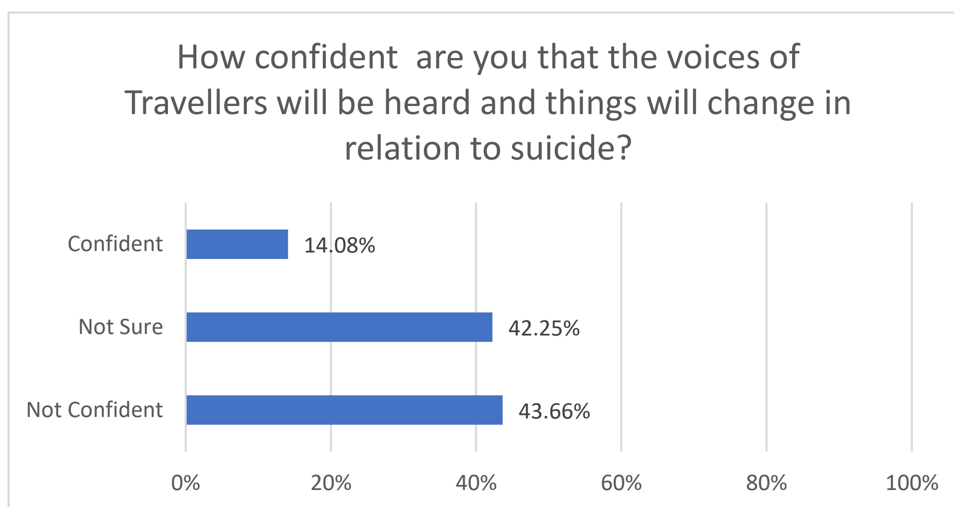
2.10. Improving the Situation

Respondents were asked to identify how services could better support Travellers to deal with mental health issues and suicidal ideation/suicide. The following represent the key findings:

- need to understand Traveller culture (85%)
- address the stigma of mental health within the Traveller community (77%)
- develop appropriate responses in the aftermath of a suicide (71%)
- developing peer support groups (71%) and more Travellers working with services (71%)
- bringing services to Travellers (71%)

2.11. Confidence about Change

Respondents were asked how confident they were that the voices of Travellers would be heard and consequentially, that things would change in relation to suicide. Just 14% of respondents were confident whilst nearly one half of respondents, 43%, were not confident.



Section 3: Analysis of Findings

3.1. Introduction

The survey findings were used to inform the development of a consultation framework. This framework was used during semi structured interviews with service providers and focus groups with Travellers to explore findings in greater depth. These findings are presented thematically under the following headings.

1. **Causes of Suicide amongst Travellers in South Dublin and Ballyfermot**
   a. Root cause
   b. Symptomatic Cause

2. **Impact of Suicide within the Traveller Community**

3. **Barriers for Travellers in Accessing Services**

4. **Current Experience of Suicide Prevention Services**
   a. Barriers
   b. Cultural Competence
   c. Role of Primary Healthcare Workers

5. **Shaping Future Suicide Prevention Interventions**

3.2. Causes of Suicide amongst Travellers in South Dublin and Ballyfermot

Responses to the Traveller survey identified drugs, alcohol, prescription drugs, depression, and racism/discrimination amongst the most common causes of suicide.

Qualitative engagements categorised the causes of suicide amongst Travellers in two distinct ways, a) the underlying or root cause, which was identified as racism and discrimination, with all others being identified as b) symptoms that may expedite suicidal ideation, suicidal behaviour and suicide; thus, symptomatic causes.

3.2.1. Root Cause – Discrimination and Racism

It was consistently the view of focus group participants that the underlying root cause of suicide in the Traveller Community was related to what they described as racism and discrimination across all aspects of life.

> *'Discrimination comes from the top. There is a systemic racism directed at Travellers. Every piece of legislation over the past 40 years has been designed to undermine our way of life. I don't want to be nomadic but the fact that I can't is repressive'.* Traveller Support Group Focus Group

> '*Travellers are depressed because we are treated like dirt everywhere we go. It's not really that complicated, why do you think people turn to drugs and drink? There is nothing else for us.'* Traveller Focus Group

There was consistent reference to daily experiences of discrimination that have an impact on mental health. This discrimination can take many forms including being followed around shops by security guards or being refused entry to bars and restaurants. Not all racism is obvious or blatant and focus group participants commonly reflected on the consistent and subtle form of racism.

> *"It's not what people say at times, they are very careful, it's a feeling that you get when you walk into a shop or a GP's. It's that look that you get that only Travellers would know. The conversation stops, the side looks at each other. Unless you have experienced it you wouldn't know, but it happens everywhere I go."* Traveller Focus Group

The impact of this daily experience of discrimination and racism is damaging to the morale of Travellers as they seek to navigate their daily lives. This was described by focus group participants as having a draining effect on mental health and wellbeing. The experiences outlined by participants reflected a daily struggle.

> *"When I am getting my kids ready for school my heart sinks, they are too young to know what is coming but sure enough it will hit them at some stage. I am hardened to it; I know I will be treated badly in every place I go that day. I can handle it because I am used to it, but my heart breaks for them every day. It sucks the spirit out of you, I go to bed drained and dreading the next day."*

> *"It's no way to live, after a time it just chips away at you, it's like a cloud that follows you about, I'd rather someone called me a Traveller Bastard and threw me out of a place instead of following me assuming I am going to steal something."*

The findings identified a sense of hopelessness. There was a tangible feeling that nothing would change. The anticipation of being badly treated seems to be something that Travellers expect on a daily basis. This would appear to be an intergenerational experience.

> *"Our parents and our grandparents have had to live this (discrimination) and so will our kids. It won't change."* - Focus Group Participant

> *"As a parent you know what is coming at your children. I remember realising that I was being treated differently as a teenager, before that you don't know, it's been like that forever. I want my kids to enjoy being children because it's not nice after that'* - Focus Group Participant

The findings have identified discrimination and racism as a root cause of suicide amongst the Traveller community in South Dublin. The sense of hopelessness that stems from this intergenerational expectation of being treated unfairly appears to have a negative impact on the Traveller community. The experience of discrimination and racism are applicable across most of the socio-economic factors and physical environment factors of the Social Determinants of Health model. This was captured in a focus group by a Traveller woman speaking about her son who had attempted to take his own life on a number of occasions:

> *"What am I supposed to say to him? He has no <u>education</u>, no <u>job</u>, no <u>money</u>. Our <u>home</u> is a state, his <u>father</u> is an alcoholic, all his friends are on drugs, his cousin and best friend committed suicide. What can I tell the boy, who can fix these things for him? I feel helpless for him, and I dread every day because I know he will try it (suicide) again. If these things can't be fixed, then what hope is there for him?"* Focus Group Participant

The contribution above touches on the key aspects of the social determinants model as underlined. This case emphasises that socio-economic factors, physical environment and health behaviours are all issues raised within the context of discrimination against Travellers. In this case it led to numerous suicide attempts for this individual.

The research process further explored the issues of discrimination and racism as a root cause of suicide amongst Travellers through a case study. This provides a deeper insight in relation to what this looks like for Travellers, and is presented below:

Case Study 1 – Ballyfermot and Discrimination and Racism from An Garda Siochana

The focus group in Ballyfermot discussed the discrimination and racism they had experienced from An Garda Siochana.

In terms of the nature of the discrimination and racism experienced and how it manifests, focus group participants perpetuated a view that it is systemic and has existed in An Garda Siochana for many years. One participant stated, *"discrimination and racism towards Travellers is an accepted form of racism in Ireland."*

Two women in the group described similar experiences of discrimination and racism from An Garda Siochana. They felt that the whole community could relate to their experiences to some extent and noted that discrimination from An Garda Siochana contributes to the prevalence of mental health issues and suicide among the Traveller community. They also noted the frequent use of the derogatory term "Knacker" from the Gardai and the suspicion which is attracted when a Traveller walks down the street with a settled person.

"It's constant humiliation from the guards in public. It's hugely embarrassing and puts a bad light on Travellers in public."

"It's embarrassing because when it happens people assume that we've done something because we are Travellers and it's not the case most of the time. We are just targeted for no reason."

"He said why is a Traveller walking down the road with a settled person? The guards see us as less than human. We are constantly treated unfairly. Why should we respect them if they don't respect us?"

"The guards are meant to protect Travellers, but they don't, they bully us and pick on us for no reason. They hate us and they don't even know us."

Several members of the focus group commented upon the effect which this discrimination and racism has on them and their community.

The consensus was that these experiences were negative, removed trust in An Garda Siochana, and created anxiety about being in their presence.

"There's a knock-on effect that it has is when children see families and others on site being treated like that. They grow up hating the guards. They don't have respect for the guards because they see that the guards don't respect us. It's scary for children to witness the treatment we get from guards but it's what they are in for when they grow up. Nothing is going to change and even sometimes children are the targets."

Participants in the focus group also discussed the effects which this discrimination and racism has on mental health. One participant noted that mental health is deeply impacted by this type of treatment because a feeling of anxiousness develops whenever you are in public due to fear of being singled out. It was also noted that Travellers will internalise this constant oppression which creates an internal conflict and Traveller's start to believe there is no hope for change. In the worst cases the end result of this is suicide.

the inclusion of a case study related to An Garda Síochána was chosen because of the consistency of references to this during focus groups, no consultation with An Garda Síochána was carried out

3.2.2. Symptomatic Causes

The findings also identified a number of prominent issues that, during the focus group discussions, were categorised as symptomatic causes of suicide ideation and suicide. The focus group sessions identified that issues such as unemployment, poverty, poor living environments, drug and alcohol misuse, and addictions were ultimately symptomatic outcomes of the discrimination and racism experienced by Travellers.

The survey responses identified the issues of addictions such as illegal drugs, alcohol, or prescription drugs as a primary cause of suicide amongst Travellers. The focus groups suggested that for the most part Travellers are turning to alcohol and drugs because they are being discriminated against. This is difficult to quantify or prove, however this was the prevailing, and consistent view of focus group participants.

> *"My son and all his friends are constantly on the drugs, what else is there for them? I think they are trying to escape; the young ones have no hope in their lives."* Focus Group Participant

> *"My child takes drugs and is depressed because he can't get a job. He has no money and no qualifications. Who would give a Traveller a job?"* Focus Group Participant

The findings suggest that the accessibility of drugs, including prescription drugs, is contributing to high levels of misuse amongst the Traveller community in South Dublin and Ballyfermot. This suggests a locational element in relation to high levels of drug use and the subsequent impact on Traveller suicide at a local level.

> *"Sure, anyone can get drugs easily, they are everywhere and probably cheaper now than the drink (alcohol). A lot of the young fellas see their Da's turning to drink. It's easier for them and cheaper to use drugs." Focus Group Participant*

> *"Prescription drugs are a big issue. People are selling on prescriptions and there is an online market for these things. This is big within the Traveller community and must be having an impact on suicide rates." Service Provider*

The issue of depression, low self-esteem and the term 'living on nerves' featured prominently within the consultation. This was identified as another symptomatic cause of suicide and suicide ideation. The survey of Travellers found that just under 85% of respondents knew a close relative or friend who was depressed or 'living on their nerves'.

The narrative during focus groups consistently linked the high levels of depression to the experience of discrimination and racism.

> *"Of course, Travellers are depressed, it's hard to find reasons not to be depressed. We have no money, we can't socialise, we are treated badly everywhere we go, we are living in awful conditions, and no one wants to help us really."* Focus Group Participant

> *"The state discriminates against Travellers, at all levels. They take away our rights to be Travellers, they accept that our kids don't attend school, they give back money every year in every county for accommodation improvements for Travellers. They (Government) have created this situation and they act shocked that there are high levels of suicide amongst Travellers, they wonder why we are depressed."* Traveller Support Group

Issues such as poverty and living conditions featured within the survey responses and the subsequent focus group discussions. The qualitative findings also considered these issues as symptomatic causes of suicide i.e., that Travellers are experiencing poverty and sub-standard accommodation conditions as a result of discrimination.

> *"When you have no money, you have no choices. This means we are trapped and trapped in accommodation that very bad for most Travellers. You have to know how that feels, most people don't, they think they know but they don't."* Focus Group Participant

The prevailing sense of hopelessness felt by Travellers was a key feature of focus group discussions. The consultation participants reflected a level of consultation fatigue, augmented by a perception that the consultation will not lead to any form of substantive change.

> *"Here we go again, more consultation to tell us what we already know. Then sure it goes nowhere."* Focus Group Participant

> *"Seriously? You are asking why Travellers take their own lives? We should put the money and effort into making things better for us."* Focus Group Participant

> *"Can you get me a nice home? Can you get me a job? Can you get people to stop treating us like dirt on their shoes? If the answer to these things is no, then nothing would change. A counselling session can't solve these problems for Travellers. My brother took his own life, if I had the chance to talk him out of it, what hope could I offer him?"* Focus Group Participant

3.3. Impact of suicide within the Traveller Community

Focus group participants were asked about the impact that suicide has within the community. Over 2/3's of survey respondents had lost someone close to them through suicide and all of the focus group participants expressed that they too had lost people close to them to suicide. All 19 of the focus group participants were therefore contributing from a position of lived experience.

3.3.1. Contagion and Community Response

The research explored contagion[10] resulting from a suicide. This focused on what happens after an instance of suicide within the Traveller community, known as the knock-on effect.

> *"People close to them can't cope with it (suicide). I know of one family who have had 27 suicides over the years. It's like a domino effect, once it (suicide) happens you are waiting to hear of the next one."* Focus Group Participant

> *"There is a big danger of a knock-on effect. There are numerous examples of contagion at a local level here, it's almost inevitable."* Service Provider

There was evidence of a real sense of fear and panic that grips the community at the prospect of more people dying by suicide in the immediate aftermath of a suicide. The quotes below reflect an apparent lack of support and guidance such as a community response plan to suicide.

> *"When a suicide happens, the community is just worried and afraid. They know that there can be a knock-on effect which has happened in the past. Everyone is afraid that it might be their son or daughter next, it's terrible."* Focus Group Participant

> *"It's like everything just stops. People panic, more people are looking for support, mothers are terrified that their children might be next."* Traveller Support Group

> *"One family has had 27 suicides, when it happens you just know it will happen again. It's not spoken about but the fear of it is there all the time."* Focus Group Participant

[10] 'Contagion' refers to effects of suicide triggering more suicide within the Traveller Community. This relates to the Circles of Vulnerability Model which is based on the idea that every suicide is akin to a stone being thrown into a pool of water, with ripples spreading outwards to the edge of the water. For more information see pg. 19 of HSE (2020) *Rapid Assessment and Community Response to suicide and suspected suicide in Dublin South.* https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/rapid-assessment-report.pdf

Several research participants reflected that in the aftermath of suicide, the community comes together to provide support and rally around. This offers short term comfort to the family. This is not unique to the Traveller community.

> *"The community does come together; everyone wants to help but there is not much anyone can do. After a few days everyone is gone and that's when people are vulnerable to suicide." Focus Group Participant*

Another key finding revealed a lack of capacity within the Traveller community to implement a community response to a suicide. This includes Travellers not knowing what to say and dealing with the perceived stigma and shame associated with the suicide and the lack of a coordinated response from service providers when a suicide happens.

> *"The community does come together but there are very few people who know what to say or do, or even signpost. It is such a sensitive issue within the community."* Traveller Support Group

> *"We live in a small cul de sac. Everyone can see everyone else. There is no privacy and no chance to just hide away. Everyone knows your business and when a tragedy happens, you can't even hide away from the world." Focus Group Participant*

> *"Where are the providers when it (suicide) happens? They have known for years about the danger of contagion, there has to be a better response to support the community."* Traveller Support Group

3.3.2. Suicide Leading to Drug and Alcohol Misuse and Addictions

Addictions, drugs and alcohol misuse and dependency featured prominently within survey responses in relation to the causes of suicide amongst Travellers. The qualitative engagement suggests that many Travellers turn to drugs and alcohol (leading to addiction) as an outcome of the discrimination and racism that they face. Again, this highlights the root cause/symptom dynamic from a Traveller perspective. The findings suggest that this issue is compounded in the aftermath of a suicide.

> *"There is a big problem with drugs in the (Traveller) community. I remember after a young fella took his own life, his friend sat outside the place where it happened night after night, drinking and taking drugs."* Focus Group Participant

"Travellers don't know how to cope really. I think the addiction problems are there already, the suicide issue just makes them hit the drink or drugs harder. It's maybe their only way to cope." Focus Group Participant

3.3.3.Depression

Suicide within the Traveller community also compounds and deepens existing levels of depression within the community. The findings suggest that those who are already struggling with their mental health are impacted when a suicide occurs.

"The depression is there, most travellers are depressed in some way, suicide just makes them fall deeper into the hole. It's like a ripple effect in the community, everyone's heads are down a bit more." Focus Group Participant

"Oh, you can see it and feel it. The entire community feels the impact of suicide, you just sense the despair that exists, and you know more people are finding it harder and harder to cope." Traveller Support Group

3.3.4. Financial Stress

The issue of financial stress resulting from suicide (which can be applied to any bereavement) was raised consistently in relation to how suicide impacts on the Traveller community. The sudden nature of tragedy can create real financial worries for Travellers in relation to funeral costs and other expenses as the following feedback highlights.

"Travellers are faced with practical issues such as funeral costs. With the settled community funeral directors come to an arrangement or payment plan. They look for the money up front with Travellers which causes real stress. Another example of discrimination at a time when compassion is needed." Traveller Support Group

3.4. Barriers for Travellers in Accessing Services

The research highlighted the significance of stigma, fear of being discriminated against, and shame as the most common barriers preventing Travellers from accessing mental health services.

> *"Travellers don't like people to know they need help. It can be seen as a weakness, especially the men. People have to be open to help and support as well."* Focus Group Participant

Some of the findings suggest that progress is being made through the work of Primary Health Care workers, particularly with Traveller women and young people.

> *"We know that this stigma exists, the PHC workers are trying to break this down. We are finding that young people are more open to talking about mental health and that Traveller women are more open to accessing services."* Service Provider

Practical barriers such as mobility issues and a lack of expendable income to access public transport were referenced consistently throughout. It was the prevailing view that Travellers will focus on 'bigger' issues such as getting through the day and making sure there is food on the table rather than spending limited resources on transport to access mental health services.

"There is very limited expendable resource available. Travellers can't afford to get buses or taxis to services. There needs to be more outreach into the community." Traveller Support Group

"If you home is leaking, and you are worried about feeding the children, you aren't thinking about your own health." Focus Group Participant

The barriers that exist for Travellers in relation to accessing services are both practical in terms of access and awareness and psychological in terms of stigma, fear, perception, and low self-esteem. There appears to be a physical and psychological journey to be travelled to break down those barriers as the following comment illustrates.

> *"For Travellers, the help just seems too far away, and I don't mean miles, it's a huge journey for a Traveller to be somewhere looking for help. Unless you understand Travellers, you will never get this. I wish more could be done to bring this help to Travellers because they need it."* Traveller Support Group

3.5. Current Experience of Mental Health & Suicide Prevention Services

This section focuses on findings relating to Travellers experiences of existing suicide prevention and mental health services.

3.5.1. Perceived Lack Of Cultural Competence

The findings suggest a perception amongst Travellers that existing service providers have a limited understanding of Travellers, their culture, and the challenges and barriers that exist for them in relation to seeking help and support. The findings reflect an experience that was described as hostile towards Travellers. The following statement describes an experience at a GP surgery involving a lady who was suicidal.

> *"The attitude of the person on the desk when she realised we were Travellers was really bad. My sister was in a bad way, there was no compassion. She threw a form access at me to fill out, I can't write, and she knew that. The whole place was looking at us. We just wanted out of there." Focus Group Participant*

Travellers and service providers alike reflected that a lack of cultural competence, understanding and empathy can contribute to a negative experience for Travellers who seek help and support.

> *"I would never go back (to the GP). It did more harm than good. I was made to feel sub-human. I was depressed and there was just this coldness. I wanted to go back home and lock the door. These people need to know the damage they do when we are treated this way."* Focus Group Participant

> *"Public services are stretched there is no doubt about this, but they have to stop seeing people with complex needs as being a problem just because they are busy. They have to find a way to understand people and be more empathetic to their needs. This will require more resources and training." Service Provider*

The findings suggest that news of negative experiences spreads within the community, compounding existing barriers such as stigma, fear, and low self-esteem.

> *"When Travellers get treated badly the news gets around, people just say what's the point? It makes it very hard to convince others to get help when that need it. It makes the job of Primary Healthcare Workers almost impossible."* Traveller Support Group

> *"There is a huge problem getting Travellers to uptake services. A bad experience for someone in the community can have a big impact on this and others just become more distanced from the services." Service Provider*

Despite the accounts of negative experiences in relation to a lack of cultural competence or awareness, the research did identify a local example which is held up as a model of best practice and could be used as a future template. This is included as a case study to provide a deeper insight into how good practice can make a difference.

Case Study 2 – Cultural Competence Best Practice

Clondalkin Travellers Development Group (CTDG), Clondalkin Tus Nua (CTN) and Clondalkin Addiction Support Programme (CASP), in partnership with the National Traveller Counselling Service and the Clondalkin Drug and Alcohol Task Force have had success with a culturally competent service designed specifically for Travellers.

Clondalkin Travellers Development Group identified that there was a need for substance use support for Travellers in the area as whilst mainstream services were available, access was minimal. It was agreed by Clondalkin Drug and Alcohol Task Force to fund culturally appropriate counselling through the National Traveller Counselling Service with a view to supporting Travellers and Traveller families impacted by substance use to access mainstream services for specialist substance use supports. A working group was established with the stakeholders above to identify a process to support the increased engagement of Travellers in local substance use services. The development of strategies ensured the buy in of organisations, not just individuals. The Clondalkin Travellers Development Group designated a member of staff to carry out brief assessments of client need and to make referrals when necessary to the culturally appropriate counsellor.

This process was made possible by a number of factors:

- A service level agreement put in place between CTDG, CTN, CASP, and the Traveller Counselling Service to agree parameters.
- Creation of a support and supervision group to provide ongoing support to designated staff members within CTDG, CTN, and CASP.
- Trusting relationships built between the staff of each organisation through a focus on developing a deeper understanding of the different contexts within which they operate.
- Staff members within the organisations worked to develop a common understanding and approach to culturally appropriate key working and case management with regard to the provision of counselling and substance misuse interventions.

- Clarification of staff member roles and responsibilities involved in initial pilot phase.
- Agreement that the role of CTDG was not to provide direct services but to develop a programme to address significant gaps with a view to mainstreaming it and ensuring that Travellers have access to non- segregated services.
- Funding from the Clondalkin Drug and Alcohol Task Force to the CTDG for an initial 10-week interagency pilot initiative.
- 2 cultural awareness sessions delivered to staff by the PHC team.
- Staff teams from each service attended team meetings in each service to gain a deeper understanding of the issues.
- Site visits organised for staff teams of DTN and CASP to local Traveller sites.
- Staff days for CTDG inclusive of holistic supports to continue to build relationships organised by substance misuse services.

The service was found to have a positive influence on the Traveller community, with high uptake level indicating that it is being used by the community. The community appears to be more open to accessing counselling and addiction support and users were found to have improved coping skills, self-esteem, mental, and physical health. Additionally, awareness, knowledge, and understanding of Traveller culture and the issue affecting the community increased and improved among the steering group organisations.

The service began with an initial 10-week interagency pilot initiative to provide access to counselling and brief interventions for a small number of individuals and their families affected by substance misuse. Following this, a review and planning session agreed a model of practice for long term funding and in 2015, €11,970 was secured.

Included in delivery in 2015:

- 147 one-hour counselling sessions by September 2015
- 9 assessments
- 7 referrals made from CTDG to the counselling service
- 10 family support and 15 addiction support key working sessions delivered by CTN (25 sessions) to 8 individuals
- 7 individuals attended counselling sessions
- 5 Referrals were made from CTDG to Clondalkin Tus Nua
- A total of 6 - 10 families within the Traveller community benefited from the initiative

€9,110 was secured each year from 2016-2019 through the Treatment & Rehabilitation grants scheme. The service is ongoing and remains funded under CDATF locally through the annual grants system and services still work closely together.

3.5.2. Limitations on Services

The survey findings indicate that despite the barriers that exist for Travellers in relation to accessing services, almost 60% of respondents confirmed that they would access support if they needed it. Interviews with both service providers and focus groups with Travellers explored the existing limitations of services.

> *"I tried to support a Traveller man, he had numerous attempts on his own life over a 2-day period. He was a danger to himself and to others, no one would help him. He was turned away from all services, many because there was alcohol and drugs involved. The family were begging for him to be arrested, there was nothing in place to support this man."* Traveller Support Group

The man in question subsequently died by suicide. Those who are providing services on the ground raised numerous examples similar to this. The findings suggest that there are resource barriers or bureaucratic issues standing in the way of interventions in life-or-death scenarios.

These include waiting lists and internal statutory processes. Traveller support workers have expressed a frustration in relation to this issue. Much of the feedback suggested that there is limited accountability within the system for people in crisis with examples of suicidal people being turned back onto the street.

> *"We are being told that there are 4 week waiting lists for people who need emergency support. I have seen Travellers who are suicidal, who have attempted to take their own life being turned out onto the street and back to their families who cannot cope. I know this might be the same for everyone but it's very hard on the Traveller community."* Traveller Support Group

> *"My sister tried to kill herself, we couldn't get any one to take her in. We didn't know what to do. A place in the area here turned her away because she had been drinking."* Focus Group Participant

There are also some practical issues that impact on Travellers as an outworking of COVID-19. This involves the requirement for GP appointments to be attended by the patient only. Travellers often need someone with them for moral or practical support. This requirement leads to Travellers feeling excluded from that service. It has been the perception of Travellers in this research process that this amounts to exclusion.

"GPs know full well that Travellers won't come alone, this is a get out. They know that we need people with us to help us understand what is going on. It's another way to keep us out."

3.5.3. Overreliance on Traveller Support Groups

The findings indicate that there is an overreliance on the role of the Primary Healthcare Workers and the Traveller Support Groups. Several Travellers consulted during focus groups currently use these services. Of those, the majority indicated a positive experience.

"They are the only people who look out for us. All of us turn to them when we need help, they go over and above. We would be lost without them." Focus Group Participant

"There are times when we have nowhere to turn and the health workers are always here. They live in the community and people are always calling to them for help." Focus Group Participant

The Primary Healthcare teams took part in the consultation process as did all of the local Traveller Support Groups. These organisations and individuals are based within the community and describe their approach as a needs-led community development approach to their work. The workers on the frontline expressed an experience of being overwhelmed:

"I am never really off. We live in the community, so people have access to us all the time. I don't mind in some ways, but I work 9 hours per week and its more than a full-time job." Primary Healthcare Worker

"The things we have to deal with are extreme. We recently sat with a woman through the night as she was suicidal and could get no help. It was left to us. I didn't sleep for days worrying about that woman who ended up attempting suicide." Primary Healthcare Worker

Traveller Support Groups referenced a concern that there may be unrealistic expectations from the HSE and other statutory agencies in terms of what Traveller Support Groups and Primary Healthcare Workers can do in comparison to the resources provided to them.

They do not see themselves as equal partners as they do not have the same resources or job security. Some of those engaged within the research have suggested that the investment is tokenism or box ticking.

> *"The healthcare workers are being used, they are paid 9 hours and work 60. It's a disgrace and nothing more than tokenism. The whole thing needs to be reviewed." Traveller Support Group*

> *"We are overwhelmed. We are not an equal partner to the agencies; in many ways we are left holding the baby on the ground because they know that we will. Our workers are demoralised and depressed themselves because we are part of a system that exploits us."* Traveller Support Group

The Traveller support groups expressed a collective sense of being overwhelmed. These are community development organisations who report operating with limited resources and short-term funding cycles; the Primary Healthcare Workers operate through these organisations. They feel that they are under resourced, on the frontline and vulnerable in terms of scale and nature of the work. A case study on one such organisation has been included to provide more information in this regard.

Case Study 3 – Lack of Adequate Resources within Traveller Support Groups: Clondalkin Travellers Development Group

CTDG was founded in 1989 to meet the identified needs of Travellers in Clondalkin area at the time. CTDG currently has 17 staff, two full-time and 15 part-time including 3 Community Employment staff.

CTDG works from a cross cultural approach using community development principles which are achieved in partnership with the Traveller community. The services provided include:

- Accommodation support
- Youth support
- Health and wellbeing support
- Emerging drug use prevention
- Culturally appropriate counselling
- Advocacy
- Enterprise and employment support

The operations of the CTDG are constrained by the organisations's relatively small budget which is provided to the Primary Healthcare Peer Programme and does not allow or prioritise real work being done with Travellers by Travellers which is the best approach for meaningful outcomes. There are also extensive demands placed on the CTDG and members of the community presenting with exceptionally complex issues or dual diagnosis. The CTDG has found that there is a lack of willingness by providers to acknowledge the need for investment in Traveller Mental Health. There has also been found to be a dismissive attitude towards Travellers in some statutory organisations.

The constrains on the service impact on the organisation's capacity to address the issue of suicide prevention amongst Travellers in the area. Members of the Traveller community are 6.6 times more likely to die by suicide than the general population which has huge impacts on the community and on individual mental health and wellbeing. Additionally, the fear of contagion is a real concern.

As a way to address some of the mental health and suicide concerns within the community a group in partnership with members of the Traveller community, HSE Mental Health, Traveller projects, LGBT Ireland, Traveller Health Unit, HSE National Office for Suicide Prevention, Primary Healthcare Workers, and HUGG (depression support groups) provides Traveller peer bereavement training. Currently a survey is being carried out which seeks to assess need and update this support within the Traveller community. Having Traveller Peer bereavement supports working within their own community should have a direct impact within the community as having a contact with someone who is known and trusted will facilitate stronger links and the sharing of information and supports including all relevant signposting if and when required.

Another intervention CTDG have implemented is a weekly Traveller appropriate counselling service in partnership with the Traveller Counselling Service.

CTDG has found that there can be nothing for Travellers without Travellers; a peer approach is the best way of working to make major inroads with regards to positive outcomes for mental health. However, more investment is required in terms of resources and funding to provide the peer training.

3.5.4. Shaping Future Suicide Prevention Interventions

This section present findings based on what Travellers feel might improve suicide prevention services for the Traveller community in South Dublin and Ballyfermot in the time ahead.

The findings indicate a level of scepticism as to whether anything can change due to the macro issues relating to discrimination, accommodation, and unemployment.

> *"Is it possible to make things better? Unless Travellers are treated as equals then these issues will never be resolved. It's just a cycle. If these bigger issues are not addressed, then we are wasting our time."* Focus Group Participant

> *"I don't know, it's like 'here we go again'. I would like to think we can have an impact, but I am not sure we can, there would have to be serious investment."* Traveller Support Group

The focus groups acknowledged that the wider issues will be difficult to resolve and will require a macro approach to address social determinants such as discrimination, housing conditions, educational attainment, and unemployment. The research explored what could happen that may potentially have a positive impact on the situation at a local level.

The issue of cultural competence was consistently raised as a key issue. This aligned with the survey findings as 85% of respondents expressed the view that services providers need to understand Traveller culture in a better way,

> *"They (service providers) don't understand how much it takes for a Traveller to ask for help. When they are rude or ignorant it doesn't just affect that person, their whole family will hear about it and so will others. If they knew how much courage it takes for us it might help others to look for help too."* Focus Group Participant

> *"This issue of cultural competence has been about for years. It should become a mandatory thing for services, they are doing a lot of damage out there. I know of those who won't attend a Traveller area in case they are attacked. How can they offer services if they believe the community is savage?"* Traveller Support Group

The findings also indicate that the area could benefit from having a Traveller Mental Health worker in post for CHO7. This post is in place in other CHO areas and could be an additional resource to create stronger linkages between the Traveller community, the Primary Healthcare Workers, the Travellers support groups and the suicide prevention services that exist.

> *"The area needs a Traveller mental health worker. Why we don't have one is a mystery given the volume of Travellers at a local level and the prevalence of mental health and suicide within the community. This would be a positive step."* Traveller Support Group

It was consistently the view of those consulted that the role of Primary Healthcare Workers needs to evolve and develop. The research heard strong views that these roles are under resourced, for example some reported workers are being paid for 9 hours per week within limited terms, conditions and job security.

> *"These roles are being taken advantage of. They are paid a pittance and are working day and night. They have no job security and are not seen as part of the HSE. They sit on the outside and are expected to do the work that others won't. This has to change."* Traveller Support Group

The perception is that the evolution of the role is restricted due to what was described in the focus groups as the 'Benefits Trap'. Many of the workers face the dilemma of having to stay on or below 9-hour contracts as it would impact on their access to benefits and their access to the medical card. This is a prohibitive dynamic for the meaningful development of what is seen as a vital role in terms of links between the HSE and the Traveller Community.

> *"I do more than 9 hours a week, sometimes I do 9 hours a day, but I can't be paid for more as I will lose my medical card and other benefits. It wouldn't pay me to do it, so I am stuck. I would want to yes, but the money would not be worth it."* Primary Healthcare Worker

> *"The work that they (PHCWs) do is invaluable, but it is designed to be restrictive. We need to look at how the next generation of PHCWs is developed into mainstream careers."* Traveller Support Group

The locally based Traveller support groups provide trusted bases across the area and are often the initial port of call for Travellers, particularly at a time of crisis. These organisations have also expressed the need for additional resources and support to cope with the increasing demands being placed on them.

> *"It is the PHCW or the groups that people turn to. We are the ones who take responsibility when the agencies wash their hands of people in distress. I have drove people around all night trying to find help for them. I have kids at home as well, but we can't just lock the*

> *door and say, 'see you on Monday', yet we are the ones always scrambling around to keep the lights on."* Traveller Support Group

Suicide prevention services need to do more to reach Travellers according to both the survey findings and the focus groups. This includes structured outreach in partnership with Traveller Support Groups with embedded cultural competence that includes an understanding of the journey undertaken by Travellers to access provision in comparison to members of the settled community.

> *"Travellers will not walk through the door. There is too much stigma, and we don't trust people outside of the community really. They need to come into the community, or it won't work. It's not working now so something has to change. They need to come out to us."* Focus Group Participant

> "*The services are so far away from Travellers, not just distance but just disconnected from them. There has to be a way to bridge that gap. Outreach is the key think."* Traveller Support Group

Section 4: Conclusion & Recommendations

4.1. Summary Findings

The specific aims of this research were:

- To assess the prevalence & impact of suicide across South Dublin County & Ballyfermot among the Traveller population.
- To identify how best to support those most impacted to minimise any possible contagion.
- To support the development and delivery of targeted interventions to support the success of all responses.

4.1.2. Prevalence and Impact

The lack of national datasets or statistical data meant the researchers could not conclusively determine the prevalence of suicide amongst the Traveller community in this area. This research has however identified significant exposure to suicide with more than 2/3rds of survey respondents (n=112) having lost a friend, family member or loved one to suicide. The success of any future approach to suicide prevention interventions for Travellers can only be measured against accurate baseline information; the absence of this will create ambiguity and confusion in the future unless there is an introduction of robust ethnic identifiers and the gathering of data across all services both statutory and community. At some stage in the future there will need to be a way of definitively measuring whether or not an intervention or approach has reduced suicide levels amongst the Traveller community.

The impact of suicide in Traveller communities is profound. There is considerable anxiety at the prospect of contagion, whilst increases in drug and alcohol misuse, leading to and contributing to addictions is commonplace in the aftermath of a suicide. The community does rally around but there is no clear coordinated response to mitigate the impact that suicide has. This is something that must be addressed through the development of a collaborative, wraparound response in the time ahead.

The overarching or root cause of suicide amongst Travellers in the area was identified as discrimination and racism. This is part of daily experiences and invariably impacts on mental health. Travellers expressed examples of disadvantage and discrimination across the socio-economic and physical environment aspects of the Social Determinants of health model featured within this research such as poverty, housing, employment, education, and access to healthcare.

The findings did identify a range of symptomatic causes such as addictions, depression, low self-esteem, and a general sense of hopelessness, all of which derive from the root cause of discrimination and racism according to those consulted. Any future responses or approaches should be developed against the backdrop of this root cause/symptom dynamic, i.e., there should be an understanding that addictive behaviour may be linked to an experience of discrimination.

4.1.3. How to Best Support Travellers & Targeted Interventions

The research identified a range of barriers that exist for Travellers in relation to accessing services, including the lack of cultural awareness amongst service providers, mobility, accessibility, and stigma. These barriers are long standing.

Cultural competence or Traveller cultural awareness training should become mandatory for those providing services to Travellers. This issue has been raised consistently within this research by Travellers. The researchers' experience across similar assignments in recent years has also consistently highlighted the need for those providing service to Travellers to become more culturally aware. There is limited evidence of wholesale change despite the positive case study within this report. In the absence of a more robust approach based on accountability it is difficult to foresee substantial positive change occurring organically or relying on good will.

> *"Do we really need more research for this? Why are Travellers killing themselves? We all know why! There is nothing for Travellers, we are 3rd class citizens in Ireland and that's the truth. Most people don't want us about the place. Are you surprised that a young fella with no job, no money, no education and living in brutal conditions commits suicide? I'm not! We have come to expect it."* Focus Group Participant

In many ways research affirms what we already know. This statement from a local Traveller is worth contemplating as we seek to find a meaningful conclusion. The sense of hopelessness amongst the Travellers who engaged in this research was tangible.

4.2. Recommendations

The researchers propose a total of six recommendations to help address issues of suicide, suicide ideation and suicidal behaviour among the Traveller Community in South Dublin and Ballyfermot. These are outlined below. The strategic alignment of these recommendations with current policy relating to mental health and the Traveller community is available in Appendix 2.

Recommendation 1

That cultural competence training based on existing model such as Traveller Cultural Awareness Training (TCAT) become mandatory for those providing suicide prevention services in South Dublin and Ballyfermot. This must ensure that those delivering public services have a better understanding of Travellers, their culture, and the social determinants of health model relevant to Travellers.

The process should also consider accountability measures and mechanisms for those who are delivering services to Travellers based on equality and rights. This should consider what happens if a Traveller has a bad experience and look at grievance procedures and how they result in positive change.

Recommendation 2

That a Traveller Mental Health Worker be appointed for CHO 7 to support local initiatives relating to suicide prevention amongst Travellers. This has been identified as a key missing link in terms of connecting Travellers to the services and supports that they need.

Recommendation 3

That the role of Primary Healthcare Workers be reviewed and further developed to meet evolving need and demand. This role should be mainstreamed as part of the HSE approach to addressing mental health and suicide amongst Travellers. This development should include relevant training, terms and conditions for the workers, and address many of the issues raised during this research.

To complement this process, a vision should be developed for the next generation of Primary Healthcare Workers, optimising the role and creating viable career pathways for young Travellers as role models within their community

Recommendation 4

That suicide prevention services engage in more outreach with the Traveller community. This should involve regular clinic-based provision in partnership with Traveller support groups across the area.

The practicalities and logistics may differ across the various locations, but the core concept is that service providers can do more to help bridge the gap between their services and the Traveller

community. There is also a requirement for Traveller Support Groups and the community themselves to energetically engage to ensure that this approach is optimised.

Recommendation 5

That a baseline is created from which to measure the impact of future interventions. This will include the gathering of ethnic identifier data at the point of delivery along with ongoing monitoring for statutory and community-based provision.
This is recognised as a national issue but must be addressed if progress is to be measured in a meaningful way, there needs to be a way of definitively measuring whether or not an approach is working.

Recommendation 6

That a coordinated community response plan is developed to support the Traveller community when a suicide occurs. This response should align to the HSE NOSP CRP Guidelines entitled 'A Resource to Guide those Developing an Inter-Agency Community Response Plan in Incidents of Suspected Suicide'.

When suicide occurs within the Traveller community contagion is likely. There needs to be a collaborative, wraparound intervention to support the Traveller community at this time of crisis. it should be timely, culturally competent, professional, and effective.

Appendix 1: Consultees

Consultee Title	Organisation or Location
Head of Services	HSE Mental Health
General Manager	HSE Social Inclusion
Manager	National Traveller Counselling Service
Coordinator	Clondalkin DATF
Coordinator	Ballyfermot DATF
Coordinator	Tallaght DATF
Mental Health Coordinator	South Dublin County Partnership
Consultant Psychiatrist / Clinical Director	Dublin South Central Mental Health Service and Tallaght University Hospital
Assistant Director	Public Health Nursing Dublin South, Kildare & West Wicklow
Senior Mental Health Social Worker	Clondalkin
Previous CTDG Manager and Current Traveller Mental Health Coordinator	Dublin North City & County

Appendix 2: Setting Recommendations in Context

This section sets out the strategic context within which the recommendations were created. Several policies and research reports relating to mental health and the Traveller community were synthesized and reviewed and are presented in this section.

The Healthy Ireland Framework 2013-2025[11] for improved health and wellbeing provides a national framework for action in line with a vision for *"A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility."* This framework is paralleled by a related Healthy South Dublin County strategic action plan[12], with both seeking to reduce health inequalities and protect the public from threats to health and wellbeing. The 6 recommendations made in this report seeks to reduce the health inequalities experienced by the Traveller Community in South County Dublin and Ballyfermot and through provision of better trained, better equipped staff, outreach into the Traveller community, and the creation of a baseline upon which the impact of these recommendations can be measured, and future research and intervention informed.

The Department of Health's Reducing Harm, Supporting Recovery strategy for 2017-2025[13] is a health-led response to the use of alcohol and drugs in Ireland which seeks to promote and protect health and wellbeing, and minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery. Substance abuse has been highlighted as a symptomatic cause of suicidal ideation and suicidal behaviour among the Traveller Community which the recommendations for better trained suicide prevention staff, the introduction of a Traveller Mental Health Worker for CHO 7, and the review and development of the role of Primary Healthcare workers seek to address.

[11] Healthy Ireland (2013) *A Framework for Improved Health and Wellbeing 2013-2025.* https://www.hse.ie/eng/services/publications/corporate/hienglish.pdf
[12] Healthy Ireland (2019) *Healthy South Dublin Strategic Action Plan 2019-2022.* https://www.healthysouthdublin.ie/strategic-actions/
[13] Department of Health (2017) *Reducing Harm, Supporting Recovery Strategy 2017-2025.* http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

The Better Outcomes Brighter Futures National Policy Framework for Children and Youth People 2014-2020[14] was introduced by the Department of Children and Youth Affairs to improve outcomes for children and young people based on 3 key principles: children's rights, family orientation, and equality. The framework strove for prevention and early intervention for young people at the onset of difficulties and for quality health and wellbeing services with a commitment made to *'tackle inequalities in health outcomes for identified vulnerable groups, including Travellers.'* The timeline of this report has now expired and will not be updated until 2022[15], the priorities of this framework were factored into the creation of the recommendations made in this report which seek to create quality health and wellbeing services for the Traveller community through the provision of better trained suicide prevention service staff and increased outreach into the Traveller community through regular clinic-based provision in partnership with Traveller support groups.

The Connecting for Life (Dublin South) local action plan[16] was introduced in 2018 with a vision that fewer lives would be lost through suicide in Dublin South and all communities and individuals would be empowered to improve their mental health and wellbeing. It builds on the Connecting for Life national strategy which originally ran from 2015-2020 but has been extended until 2024[17]. All 6 recommendations made in this report align with the strategic goals of the Connecting for Life (Dublin South) local action plan, particularly goal 3 which is *'to target approaches to reduce suicidal behaviour and improve mental health among priority groups.'* The plan specifically addresses the Traveller Community and recognises the increased vulnerability and risk of suicidal behaviour within his community.

Recommendation 1 made in this report calls for mandatory cultural competence training for those providing suicide prevention services which aligns with the goal of Connecting for Life to 'improve the understanding of, and attitudes to, suicidal behaviour, mental health, and wellbeing within Dublin South' as it will better equip mental health staff to address the specific mental health needs of the Traveller community. Recommendations 1, 2, 3, and 4 endorse mandatory cultural competence training, the introduction of a Traveller Mental Health Worker for CHO 7, a

[14] Department of Children and Youth Affairs (2014) *Better Outcomes Brighter Futures National Policy Framework for Children and Youth People 2014-2020.* https://www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/
[15] Irish Examiner, Moore (2021) *Expired Government Framework for Children Won't Be Updated Until 2022.* https://www.irishexaminer.com/news/arid-40289528.html
[16] HSE (2018) *Connecting for Life – Dublin South.* https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/connecting-for-life-dublin-south.html
[17] Department of Health (2020) *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024.* *https://www.gov.ie/en/publication/7dfe4c-connecting-for-life-irelands-national-strategy-to-reduce-suicide-201/*

review of the role of Primary Healthcare Workers, and an increase in outreach to the Traveller community by existing mental health services so that local initiative relating to suicide prevention can be supported and the need and demand for support can developed to meet increasing demand. The creation of these recommendations will aid in the achievement of the strategic goals of Connecting for Life (Dublin South) which call for the supporting of local community capacity to prevent and respond to suicidal behaviour and enhancing accessibility, consistency, and care pathways of services for people vulnerable to suicidal behaviour. Finally, recommendations 5 and 6 call for a baseline upon which to measure the impact of future interventions and the development of a coordinated response to support the Traveller community when a suicide occurs which answers the strategic goals of ensuring safe and high-quality services for people vulnerable to suicide and improving surveillance, evaluation and high-quality research relating to suicidal behaviour.

All recommendations made in this report were formulated based on the research findings, they find a natural alignment with existing policy in this area and seek to strengthen the delivery of key policy goals in many ways this research and its findings can help to deliver existing policy goals at a local level, this will require resources and the will to make it happen which will see improvements in mental health services for the Traveller community and a reduction in suicidal ideation and behavior.