CPSYCHI
COLLEGE OF
PSYCHIATRISTS
OF IRELAND

TRAVELLER MENTAL HEALTH

POSITION PAPER

OCTOBER 2025

Registered Charity No. 20204452

Executive Summary

The Irish Traveller community, officially recognised as an ethnic group in Ireland since 2017, faces significant disparities in health, education and employment compared to the general population. They make up a small proportion of the population (0.6% in the 2022 Census), and experience systemic discrimination and social exclusion, which contributes to poor health outcomes and limited engagement with public services, including health services and specialised mental health services.

Traveller health is shaped by a complex interplay of cultural beliefs, socioeconomic disadvantage and systemic barriers. Mental health issues are particularly stigmatised within both the Traveller community and Irish society. Mental health service providers often lack the cultural competence to address Traveller mental health needs effectively.

Collaboratively developed by College members, Traveller representatives, mental health professionals and other interested parties, this document aims to:

- Raise awareness of Travellers as an Irish ethnic group
- Raise awareness of their specific additional and often complex issues around mental health problems
- To offer practical, culturally sensitive solutions to improve mental health services for Travellers.

Key Recommendations

1. Identify gaps in provision of Traveller sensitive and inclusive service provision (both locally and nationally)
2. Improve Traveller cultural competency in services
3. Enhance communication, engagement and trust
4. Ensure Traveller-appropriate and sensitive interventions
5. Collaborative policy development
6. Address socioeconomic barriers to accessing mental health services for Travellers
7. Combat discrimination and stigma
8. Ensure adequate resourcing available to enable Traveller-inclusive services

Workgroup Members

Ms Caroline Cranny, HSE

Ms Zoe Doheny, HSE

Mr John Hoey, RCSI

Dr Níall Lally, CPsychI

Ms Catherine Lynch, Involve

Dr Lorcan Martin, CPsychI

Dr Gary McDonald, CPsychI

Dr Mia McLoughlin, CPsychI

Mr Michael Power, Involve

Ms Brigid Quilligan, KTHCDP

Ms Andrea Ryder, CPsychI

Mr Andy Walker, KTHCDP

Special Acknowledgement for their Input to:

Dr Aoibhinn Lynch (CPsychI), Ms Nell McDonagh (Meath Traveller Workshop), Ms Jessica Ohland (RCSI), Ms Helena Power (Irish Traveller Movement) and Ms Mary B Ward (Bru Bhride, Tuam).

Abbreviations:

CPsychI is the College of Psychiatrists of Ireland

HSE is the Health Services Executive

Involve is the Involve Youth and Community Services

KTHCDP is the Kerry Traveller Health & Community Development Project

RCSI is the Royal College of Surgeons in Ireland

Content

Sections

6 Introduction

10 CPsychI Member Survey

12 Traveller History & Culture

16 Barriers for Travellers to Mental Health Services

22 Language

24 CAMHS

26 Older Travellers' Mental Health

27 Auditing your Service for Traveller Community Engagement, Participation and Retention

28 How to Overcome Barriers

30 Summary and Key Recommendations

32 Quick Guide for More Traveller Friendly Services

33 Useful Resources and Contacts

37 Appendices

43 References

Introduction

The Irish Traveller community is defined as

> *"the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions, including historically, a nomadic way of life on the island of Ireland."* (Equal Status Act 2000)

Six out of 1,000 people in the State were recorded as Irish Travellers in the 2022 census - 32,949 total. The proportion of Irish Travellers in the population varies from county to county. The figure is likely to be higher as some don't identify as Travellers and literacy difficulties in filling out the forms or not receiving them may have contributed to lower rates of Census forms completed.

Children under the age of 15 made up 36% of Irish Travellers compared with 20% of the total population. At a national level, 15% of the total population was aged 65 years and over, while for Irish Travellers the equivalent figure was only 5%.

Irish Travellers were only granted ethnic status in the Republic of Ireland in 2017 (1st March), while this official status has existed in the United Kingdom since 2010 (Equality Act 2010). Ethnic status had existed previously in England since 1976 (Race Relations Act 1976) and Northern Ireland since 1997 (Race Relations Order 1997). Travellers (along with the Roma community) are the most discriminated-against ethnic group in Ireland (Department of Justice and Equality, 2017). Outcomes for Travellers in the areas of health, education and employment are significantly lower than that of the general population.

There is a notably low uptake of health services among Irish Travellers who often don't want to engage with health care. This is due in part to a fatalist attitude towards treatable health conditions, low expectations around good health and a common belief that health care professionals cannot substantially improve health. There is also a common attitude towards close-knit extended families taking care of health problems themselves. When Travellers do want to engage with health services, it is made difficult for them by a system that does not fully understand or cater for their needs, which reinforces and validates this perception. Services are designed for the majority population and can discriminate against people who do not fit that majority.

The Irish Traveller community has many risk factors for developing chronic conditions, such as lower socioeconomic status, discrimination and social exclusion, all of which have been linked to poor health. The range of medical needs that Travellers have is affected by poverty, unemployment, low literacy levels and basic accommodation. Further complicated by addiction and experiences of bereavement, Travellers also have many cultural and psychological factors that impact health.

A particular stigma around mental health is prevalent in the Irish Traveller community and is associated with unique complexities and needs. Service providers may not always understand the complexity of these needs, which can lead to communication difficulties, low expectations and lack of trust.

This document is intended to raise awareness of Travellers as an Irish ethnic group and give a brief introduction and overview of Irish Traveller history, culture and traditions. It provides some insight into

a range of difficulties in relation to Traveller mental health and barriers to accessing services, and offers suggestions about how these might be resolved.

It offers evidence-based practical solutions for practice and services to be more culturally competent and focused. The idea of developing the document was proposed, and welcomed, at a joint seminar day held between the CPsychI and Kerry Traveller Health and Community Development Project (KTHCDP) in October 2024.

While this paper applies to the entire lifespan, it also highlights issues related to children and older age people; it is not the intent of this paper to include a detailed description of psychiatry specialties nor specific secondary and tertiary services.

This paper has been collaboratively produced by a workgroup comprised of CPsychI members, members of the Traveller community, mental health professionals who work with this community and others involved in research and support.

See Table 1 for striking statistics of Health, Economic status, Mortality rates and more for Travellers.

Table 1. Health and Social Statistics for Irish Travellers

Category	Statistic / Finding	Context
Health Limitations	29% of Travellers report severe health limitations vs 17% of general population	Indicates a significantly higher burden of chronic illness or disability among Travellers, especially among men (36%) compared to women (23%)
Mental Illness	Unknown % with severe mental illness	Mental health issues are likely more prevalent than reported due to stigma, mistrust of services, and low engagement with GPs
Discrimination in Healthcare	11% of Travellers experienced discrimination in healthcare in 2018	Reflects systemic bias and unequal treatment, contributing to avoidance of health services and poorer outcomes
General Discrimination	45% of Europeans feel uncomfortable with Roma/Travellers as neighbours	Highlights widespread societal prejudice, which can influence policy, service provision and community integration
Harassment	52% of Travellers experienced hate-motivated harassment; 7% physically attacked	Suggests high exposure to verbal abuse and social hostility, though physical violence is less common
Life Expectancy	Travellers live many years less than the general population - 11 years for women, 15 years for men (AITHS 2010)	A stark indicator of health inequality, influenced by poor living conditions, limited access to care, and social exclusion. Confirms long-standing disparities in health outcomes; likely worsened since 2010
Medical Card Access	88% of Travellers have medical cards	Reflects economic disadvantage, as medical card eligibility is based on income; facilitates access to free healthcare
Youth NEET Rate	70% of young Travellers (16–24) not in employment, education, or training vs 11% of general Irish youth and young adults	Shows severe marginalisation of Traveller youth/young adults, limiting future opportunities and perpetuating cycles of poverty. Ireland highest among 6 European countries
Child Poverty	28% of Traveller children in severe material deprivation; 31% of households can't afford basics	Indicates deep-rooted economic hardship affecting children's development, education and health

Category	Statistic / Finding	Context
Food Insecurity	10% went to bed hungry in past month of survey; 40% struggle to make ends meet	Demonstrates acute poverty and vulnerability, with rates far higher than the general population (8%)
Mortality Rate	Traveller men: 4× higher; women: 3× higher than general population	Reflects elevated risk of death from preventable causes, including poor access to care and mental health issues
Infant Mortality	3.5× higher than general population	Suggests inadequate prenatal and postnatal care, and poor living conditions for young families
Suicide Rate	6× higher than settled population	Points to severe mental health crisis and lack of culturally appropriate support services
Average Age	Travellers: 27 years; General population: 39 years	Indicates a younger population, possibly due to higher birth rates and lower life expectancy
Older Population	Only 5% of Travellers aged 65+ vs 15% of general population	Reflects lower survival rates into older age, linked to health inequalities
Disability Rate	19.2% of Travellers have a disability	Higher than national average, likely due to cumulative effects of poor health, living conditions and limited access to care

CPsychI Member Survey

The first step in producing a document for College members that was relevant and useful involved a snapshot survey of the level of awareness, understanding and knowledge of Traveller mental health issues and access. A total of 116 psychiatrists responded to the survey, representing 9 percent of total members.

In summary, key aspects members noted are as follows:

Use of Ethnic Identifiers

The use of ethnic identifiers within clinical records emerged as an area of significant concern. Only 32 respondents (34%) reported that their service routinely recorded ethnicity in any systematic way, and very few services explicitly recorded Traveller ethnicity. A substantial number of participants reported uncertainty regarding whether ethnicity data was recorded within their organisation at all. Free-text comments reinforced this uncertainty, with several respondents highlighting the absence of formal guidance on when or how to record ethnic status, and others expressing concern about the sensitivity and accuracy of doing so within the current clinical record systems.

Traveller-Specific Barriers

When asked to rate their awareness of the specific barriers that Travellers face in accessing mental health care, the average score was only 2.86 out of 10, based on 96 responses. This suggests a clear distinction between perceived knowledge of clinical need and awareness of the structural or cultural challenges that impact engagement with services. Approximately one-fifth of participants chose not to answer the question, which may reflect discomfort or uncertainty regarding the topic.

Free text comments

Thematic analysis of the free-text responses revealed a number of recurring clinical and systemic observations:

Engagement - Respondents reported that Travellers often presented with significant distress but were frequently difficult to engage over time. Missed appointments and early disengagement from services were commonly noted, with a preference for medical rather than psychological treatments cited by several clinicians.

Stigma - Stigma around mental illness was reported as pervasive within the Traveller community, contributing to delays in help-seeking and reluctance to engage with psychiatric care.

Effect/Influence of Social Determinants - Clinicians commented on the broader social determinants of mental health, including poverty, educational disadvantage and lack of employment opportunities. These were seen as contributing to a sense of hopelessness, particularly among young men.

Influence of Family Dynamics - Several respondents highlighted complex family dynamics, where older members often act as gatekeepers to care, and where the needs of young women may be deprioritised.

Clinical Presentations - Clinically, Travellers were described as presenting with high levels of agitation when acutely unwell, with a high prevalence of comorbid substance use and a pattern of complex bereavement reactions, often in the context of sudden or traumatic deaths within tightly knit communities.

Cultural Competence - Many psychiatrists acknowledged significant gaps in their own cultural competence and training. Several stated that current models of care were not suited to the needs of the Traveller population and emphasised the importance of developing more flexible, culturally informed approaches.

Leveraging and Liaison with Traveller Communities - Some respondents expressed optimism, describing positive experiences with Traveller patients who had been successfully engaged, and highlighting the potential for leveraging strong community networks as therapeutic supports. Others recommended the development of targeted liaison roles and alternative methods of communication that accommodate literacy and cultural preferences, including visual or oral education materials in place of written leaflets.

Traveller History & Culture

History

Traveller history has largely been undocumented in the past. There are many varied accounts and often conflicting scholarly studies of the history of Travellers in Ireland, while the origins of this group are still debated. The first official recording of their presence as a group date back to the 12th century, but there is evidence that Travellers existed in Ireland as early as pre-Celtic times (before 600 BC) as descendants of itinerant tradespeople and/or from Druidic poets and Bards of that era. Others note their presence as Irish nobility from the Early Middle Ages (late 4th century AD).

Varying research records and scholarly articles have focussed on descriptions and references of Travellers being vagabonds, vagrants, itinerants, tinkers (those who worked with metal), gypsies, failed settled people and dropouts, a subculture of poverty and many more.

It is now accepted, with the addition of DNA and Traveller unique gut microbiome evidence, that Travellers are of Irish decent and origin (not from Roma background), are genetically distinct from the Irish non-Traveller (settled) community and are an ethnically distinct group separate from the general Irish population. Following years of advocacy, Irish Travellers were finally given specific ethnic status in the Republic of Ireland in 2017 (Department of Education 2023).

Culture

The Irish Traveller 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 care and extended families. One of the biggest influences on Traveller culture is the nomadic lifestyle, which was possibly the most distinctive feature of Traveller culture that differentiated between Traveller and "settled" lifestyles. Nomadic lifestyles serve three functions within the community: they are social, economic and cultural. Nomadism refers to a mind-set, not just to the act of travelling (Traveller Counselling website).

What do we mean by culture?

Culture, according to the Oxford English Dictionary, is "the ideas, customs, and social behaviour of a particular people of society."

"Culture is a system of shared beliefs, values, customs, behaviours and artefacts that members of a society use to cope with one another and with their world, and that are transmitted from generation to generation" (Spradley & McCurdy 1972).

> *'Identity and culture are a huge part of being a Traveller. The way of life and way of living is a huge part of who they are and where they came from. The culture has been slowly eroded over the past six decades. There is security in being part of the culture and living close together, however, it can also have a negative effect on younger generations whose choices and identity may not be accepted by older generations. You are caught in the middle between remaining a Traveller and being accepted and welcomed in Irish society.' (Villani et. al., 2023)*

Nomadism

Nomadism was widespread in Ireland in early and medieval Irish history and occurred in wide-ranging forms within agricultural and urban settings. However, the main cultural differences between the Irish settled community and Irish Travellers was the practice of nomadism which was engaged in for short or extended periods of time, for both family/personal purposes and economic reasons. The Irish (Gaeilge) term *an lucht siúil*, which means 'the walking people,' referred to the Irish Traveller community. While nomadism remains central to Traveller culture and mindset today, most are not mobile and less than a fifth (18%) live in mobile homes or caravans. Between the Task Force on the Traveller Community (1995) and the Traveller Accommodation Act (1998), Local Authorities are obliged to provide 1,000 transient units for Travellers. At present, none are available. 49 units were put in place but have since been used for emergency or temporary accommodation. Despite Travellers' cultural right to be nomadic, local opposition and institutional racism combined with Trespass Legislation and the Housing Miscellaneous Act have been noted as barriers to progress in enabling Travellers to practice nomadism.

Traveller Economy and Employment

Historically, Travellers were self-employed, self-sufficient, existed in symbiotic relationship with the settled rural community and needed little input from the State. They were craftsmen, horse traders, seasonal labourers, tinsmiths, door-to-door traders as well as entertainers (e.g. musicians, singers, storytellers) and could be considered good recyclers through scrap collecting and copper burning. While they tended to operate outside the dominant economic activity which was based on sedentary modes of production, Travellers were very flexible and relied on nomadism for their way of life. Women and children were very involved in their economic activities. This was not considered exploitative but was done to pass on their way of life through generations.

Marriages

Travellers have tended to marry at a much younger age than their settled counterparts, although this trend is changing. Some Travellers are now marrying later or do not get married at all. The 2017 Irish Census of Population (CSO) recorded 1 in 3 Travellers aged between 15-29 years old were married, which is in stark contrast to their settled peers of 1 in 20 from that age group. Explanations for this include leaving school early with a different life trajectory, including less education and career paths, avoiding out-of-marriage pregnancies and/or the associated shame and scandal, and the fact that Traveller women lived more on the margins and were not afforded opportunities outside marriage. Travellers may practice consanguineous or endogenous marriages. Although marriages with settled people are not uncommon, they are not the norm. Same-sex marriage and relationships and their acceptance among Travellers are a new development mirroring Irish society in general.

Horse Ownership

The horse long has been an essential, emotional, healing and even spiritual part of Traveller communities' culture and identity and remains important today. Horse ownership has always been at the heart of the Traveller family unit and nomadic lifestyle; Traveller economies; heritage and

intergenerational traditions; health; entertainment, recreational and leisure activities; as well as quality of life.

Little recognition of the huge significance and importance of horse ownership to Traveller culture, way of life and health consequences was given when legalisation to control horse ownership and treatment was introduced.

> *"Horses are of huge symbolic importance. There are deep emotional attachments that stem from the historical, social, cultural and economic links with horses."* (Traveller Horse Ownership Research Project, Pavee Point 2018)

Religion and Religious Beliefs

There is a lack of research into Travellers and religion; however, the vast majority of Traveller respondents report being Roman Catholic, and that religion plays an important role in their lives (83%) (AITHS). Like Irish society in general, attitudes and practices of Catholicism changed with the scandals of the Catholic Church. Young Irish Travellers have different views to older Traveller generations with how they express religious beliefs.

Travellers' religious expression differs to that of the Irish settled communities with their own specific rituals and practices. Priests, saints, holy people (including those who can cure ailments) and certain places are integral to their belief in God and their way of life. One notable example is the solving of a dispute, where a priest is called to a halting site so that each party can give their account of the issue in question, knowing honesty in front of God's representative is key. They will not lie in front of a priest, and the issue can sometimes be resolved simply by the dishonest person backing away from the debate or dispute.

Music, Storytelling, Art, Crafts and Design

Travellers have a rich heritage and traditions of musical ability, ranging from singing to mastering musical instruments to composing music. Traditionally, they have provided entertainment in their own community as well as in settled communities at fairs and special events like weddings. Travellers have had a significant influence on traditional Irish music, with well-known singers or bands of note in Irish society. The Fureys are one of the more well-known groups. Similarly, their rich heritage in storytelling and ability to chart historic events and pass on values, culture and traditions through stories is as notable as that of settled Irish storytellers, poets and writers. High value is still placed on the importance of storytelling.

Traveller arts, crafts and designs, too numerous to list and describe, not only tell the stories of Traveller heritage, way of life and traditions but have been a fundamental part of the Traveller economy, communication and survival. Travellers created practical durable pieces used in their homes and sold them at fairs and markets as well as Traveller-specialised, intricate designs on objects and their wagons. Paper flower-making, tinsmith objects and beady pockets are some notable Traveller arts and crafts. There are many well-known and prominent Traveller artists, some of whom focus particularly on depicting Traveller life and difficulties.

Cultural Competency

Cultural competency is, in effect, the ability to interact effectively with individuals of different cultures. It differs from simple cultural awareness, though the latter forms an important part. In a healthcare setting, cultural competency can lead to better patient outcomes and adherence to treatment plans through more effective communication, the fostering of trust and the building of more positive relationships with people of diverse backgrounds or cultures. Two potentially useful definitions are:

> *"A set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations."* (Cross et al., 1989)
>
> or
>
> *"The set of behaviours, attitudes and policies that shape the ability of a system to provide effective responses in cross cultural interactions."* (HSE, 2023)

Key aspects include:

- **Self-awareness:** Recognising one's own cultural values, beliefs, and potential biases.
- **Knowledge of diverse cultures:** Learning about different cultures, including practices, perspectives and communication styles.
- **Skills for effective interaction:** Developing the ability to communicate respectfully, adapting your own behaviour and building rapport with people from diverse cultures.
- **Positive attitudes:** Cultivating an openness to and appreciation for cultural differences.
- **Humility:** Acknowledging that you are not an expert on all cultures or all parts of a culture and being willing to learn from others.

Barriers for Travellers to Mental Health Services

Travellers face numerous barriers to accessing mental health services both in the first instance and in continuous engagement with supports and services. Some barriers to availing of services are similar to those common to the general population such as stigma (public and self), shame and embarrassment, and lack of awareness and knowledge of mental illnesses, related services, and supports available. Geographical challenges of access, waiting lists and non-availability of certain services and financial constraints present other similar barriers.

Travellers face unique and significant additional barriers, such as:

- Deep mistrust of services and providers
- Experiences of racism and discrimination
- Fear of stigma within their own community
- Lack of cultural understanding of the Traveller community from service providers
- Differences in cultural values (e.g. individualism vs collectivism) within services
- The role and importance of faith and spirituality

Communication issues combined with low health literacy due to educational disparities, and concerns about confidentiality, often lead to misunderstandings. Past negative experiences, stereotyping and a perception of a clinicians' emphasis on medication over other treatments further hinder access. Frequent relocation, poverty, unemployment, poor housing and transport issues add to the difficulties. Barriers arise also due to practical challenges such as navigating the health system, limited access to GPs and other services and childcare responsibilities.

See Table 2 which summarises key challenges to access.

Table 2. Key Barriers for Travellers accessing Mental Health Services

Barrier	
Trust & Privacy	Mistrust of services and providers Worries about confidentiality Concerns about not being taken seriously
Education & Awareness	Educational disparities Low health literacy Poor awareness and understanding of psychological therapies
Communication	Misunderstanding due to language and terminology Ineffective communication by professionals Assumptions by professionals regarding Traveller ability to receive and understand appointments and communications
Stigma & Experience	Fear of stigma Previous negative experiences Stereotyping
Discrimination	Experiences of racism and discrimination
Trauma	Impact of trauma, both direct and indirect Prolonged exposure to adverse experiences Collective legacy of intergenerational trauma
Cultural Understanding	Lack of cultural competence in services Belief that there is clinician bias toward medication Differences in values (e.g., individualism vs collectivism) Role of faith/spirituality
Practical Challenges	Frequent relocation Transport and childcare issues Limited access to GPs and other services Inadequate housing Poverty Unemployment
System Navigation	Difficulty understanding how to navigate the health system

Ref Barriers to accessing services (Rathod et al 2019) and National Intercultural Health Strategy (HSE)

Trust

'Trust' is a prevalent sub-theme in the recent publication *Traveller Mental Wellness Continuum: A qualitative peer research study of Travellers' views* (Villani et al 2023). It also features prominently in other feedback and local research. This emphasises the importance of trust for Travellers when talking about mental health. While mistrust may be considered a consequence of discrimination against Travellers, it is multifactorial in its origin.

As highlighted in Villani et al. (2023), Travellers have reported being failed by the mental health services, whose employees *'pass you back and forth with no support',* consider service users a *'tick on a list'* and do not encourage services users to speak about their problems. Both this document and others also highlight concerns related to confidentiality, particularly given the size and close-knit nature of their community. For example, people may be sensitive to being seen while attending appointments, having professionals calling to their homes or receiving posted communication from mental health teams. Some study participants mentioned that reassurances about confidentiality would improve confidence in the services.

A common theme is that building trust with health professionals, and services in general, could be crucial to improve access and enjoy better healthcare provision. This included the importance of meeting with the same trusted person each time.

Education and Awareness

Low educational attainment and health literacy limit Travellers' ability to access and benefit from mental health services. Fewer than 3% of Travellers complete secondary education, as the Irish educational system has historically excluded Traveller youth by restricting access to education which affects understanding of mental health conditions, treatment options and available supports. Standard written communications such as appointment letters and information leaflets are often inaccessible, leading to missed appointments and lower service engagement. As one Traveller man states:

> *"Services are not culturally aware . . . they need training. You go to make an appointment, the first thing you are given is a form and a pen— 'fill this out.' A lot of Traveller men might not be able to read and write and the whole waiting room is full of people, you'd be so embarrassed."* (Richardson et al., 2023)

Awareness of psychological therapies is also limited, and many perceive mental health care as primarily focused on medication.

Communication

The preferred and official term is Traveller (not Travelling community, itinerant, tinker etc). Traveller should always be spelled with a capital T.

Cant and/or Gammon are the accepted Traveller languages, while the terms Mincéirs (pronounced Min- kayrs), Mincéiri and/or Pavees are used to describe Travellers.

Many Travellers would be unfamiliar with language and terminology used in healthcare, probably more than the general population. Healthcare professionals should not assume that what they are saying is clearly understood without clarifying with the person. Additionally, Travellers may use language or phrases in an idiosyncratic manner, which may not be adequately understood by the healthcare

professional. This may be particularly relevant if the healthcare professional is not Irish or is unfamiliar with Travellers.

Most services offer appointments and notify patients of other arrangements by mailed written communication. This presents a number of difficulties. First, there is a higher-than-average rate of illiteracy within the Traveller community, and the person for whom the letter is intended may not feel comfortable asking someone else to read it for them. Second, given that many Travellers may, and often do, live in close proximity to each other, there may be sensitivity about receiving communication from services. Traditionally, many Travellers have similar or identical names while often living close to each other, which may result in the misdirection of mail and fear of breach of confidentiality.

Stigma

Stigma is one of the most significant barriers preventing Irish Travellers from accessing mental health services. Most Travellers fear being judged, labelled or treated differently if they seek support, and many have reported negative experiences with services in the past. Stigma cannot be separated from the broader context of fear and mistrust of institutions. Historically, Travellers have experienced state interventions where children could be removed from families if authorities, often in the company of a priest or health nurse, deemed them unfit parents. The figure of the "Cruelty Man" has become emblematic of an era when reporting a mental health difficulty could trigger scrutiny or even lead to children being taken into care. This history created a culture of fear, where mental health concerns were addressed quietly within the community rather than through engagement with statutory services.

Even today, the residual effects of this mistrust remain. Travellers may still fear that disclosing a mental health issue could invite judgment or intervention from state agencies, contributing to underutilisation of mental health services (Pavee Point, 2024). Addressing these barriers requires culturally safe approaches that acknowledge this history, build trust, and actively work to repair the relationship between Traveller families and health institutions.

Social stigma is deeply entrenched in Irish society: 36% of people report they would avoid Travellers, 97% would not accept a Traveller as a family member and 80% would not accept one as a friend (O'Mahony, 2017). These attitudes foster shame, isolation, and mistrust, which can delay or prevent help-seeking. Systemic stigma is also evident in the overrepresentation of Travellers in psychiatric settings. Linehan et al. (2002) found that Travellers accounted for 3.4% of admissions to the Central Mental Hospital, nearly ten times that of the adult population. Such realities reinforce fears that engaging with mental health services may lead to judgment, unequal treatment or negative consequences. As one man reflects:

> *"So there's the whole stigma that if I show weakness, or I show that I'm not mentally well, would I be treated differently within the community . . . would I be judged, and am I bringing shame on the family?"* (Richardson et al., 2023)

Aside from health settings, everyday instances of stigma and bias towards Travellers are commonplace and well-known, with a prime example being booking a venue for events that Travellers attend. The College experienced this when attempting to book a suitable venue for its 2024 event with KTHCDP.

Discrimination

Discrimination is a pervasive reality for Irish Travellers and has a profound impact on mental health. Participants in the Traveller Mental Health Wellness Continuum study described facing racism and prejudice throughout their lives. One participant said,

> *"Travellers face racism and discrimination in all walks of life from cradle to the grave. It seems to be the only form of accepted racism in Ireland; nobody questions derogatory comments, which feels demeaning and immoral. This has a massive negative impact on all aspects of Travellers' lives. It is fuelling the mental health crisis within the community."*

Another reflected,

> *"You can be as good as the next settled person but as soon as you go for an interview and they hear your surname or your address you ain't getting it."*

Discrimination is evident in multiple areas of life, including healthcare, where 11% of Travellers reported experiencing discrimination in 2018, one of the highest rates in Europe. In the same survey, 52% of Travellers reported hate-motivated harassment, while 45% of Europeans said they would feel uncomfortable having Travellers or Roma as neighbours. These experiences of systemic and interpersonal discrimination foster mistrust of institutions, discourage engagement with mental health services, and contribute to cycles of exclusion and poor mental health outcomes.

Trauma and Intergenerational Trauma

The impact of trauma, both direct and intergenerational, continues to deeply affect the mental health of Irish Travellers. Prolonged exposure to adverse experiences like systemic discrimination, unstable housing, bereavement and marginalisation contributed to a collective legacy of intergenerational trauma. Research into mental health inequalities among Traveller communities reveals that most have "led traumatic lives" and that intergenerational trauma was a recurring theme throughout the study (Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities, 2023). Additionally, the Wounded Healers Project conducted with the Kerry Travellers Health Community Development Project highlights significant exposure to both primary and secondary trauma among Traveller staff, who often carry emotional burdens from witnessing community crises, including high rates of suicide, emphasising the need for tailored, trauma-informed care and support systems that acknowledge this dual legacy (Quilligan, 2024). Addressing trauma and its intergenerational effects is essential in building effective, culturally sensitive mental health interventions that promote healing and resilience within Traveller communities.

Cultural Understanding

A lack of cultural competence in mental health services continues to affect engagement and outcomes for Travellers. Services often reflect the assumptions and values of the settled population, which can lead to misunderstandings. For example, Traveller families are often collectivist, making decisions together, while services typically expect individual decision-making. Some Travellers feel that clinicians rely too heavily on medication rather than holistic or culturally relevant supports. Faith

and spirituality are also central in many Traveller households and may influence how mental illness is interpreted and managed. Improving cultural understanding means recognising Traveller values, involving families in care planning, and providing services that are flexible and culturally responsive. A greater understanding of Traveller history in Ireland may provide additional context and as a start the Department of Education's NCCA research report on Traveller culture and history (February 2023) is worth reading.

Practical Challenges

Socioeconomic and logistical barriers create major obstacles to accessing and maintaining mental health care. Poverty, unemployment and inadequate housing increase stress and contribute to poor health outcomes. Traveller men and women in general live shorter lives than their settled counterparts. Frequent relocation due to evictions, lack of permanent housing or cultural nomadism interrupts continuity of care and makes engagement with services difficult. Limited access to GPs and other relevant services cause barriers to mental health care. Limited access to transport and childcare can also prevent attendance at appointments, particularly for women and young families.

Addressing these practical challenges is essential if mental health interventions are to be effective and sustainable for Traveller communities.

System Navigation

Understanding how health services work, including the geographical (sector/catchment, etc.) structure of mental health services, can be difficult for many people and may be especially so for members of the Traveller community. For example, it can be hard to know what service someone should access for what problem, whether it is best dealt with in a psychiatric service or elsewhere. Travellers may not have frequent contact with their GP or see them as a means to access services. The traditional means of communicating by letter, email or text may be challenging if there are literacy issues or the person has a nomadic lifestyle.

Language

Background and History

The history of Traveller language, like the history of their presence in Ireland, is still debated. The earliest assessment came in the late 19th century (Leland 1874). Shelta is a term used in academia for the Traveller language. However, Travellers more commonly identify and use Cant and/or Gammon as their language. It has been argued at different times in history that Cant and/or Gammon were used as a "secretive" language, but there is no agreement among Travellers on this. Many historical research and other accounts can trace Cant back to ancient Irish periods and even to the Monastic 9th century and Roman times.

The Traveller community suffered the loss of the use of their language(s), along with the settled populations' loss of the Irish language (Gaeilge) when British rule prohibited use of the native languages and forced English on all those living in Ireland. Severe sanctions and prosecutions were enforced if anyone was caught using language other than English.

Today

Similar to other marginalised groups in the world, many Travellers have felt internal stigma and been ashamed about their language, as they have about other aspects of their culture. There is range of views among the Traveller community today as to the importance of conserving and maintaining Cant/Gammon, and a recent resurgence of interest and sense of pride in the language is emerging among some Travellers. Like the general population in Ireland, Travellers speak English, but it may be useful to determine if they also speak Cant/Gammon or Gaeilge.

Acceptable Irish Traveller Descriptors, Terms and Mental Health Expressions

Irish Travellers may use specific expressions to describe their mental health or illness which can be quite different to the general population. Their understanding of language used by health care professionals may be limited and consequently can be misinterpreted or misunderstood. Conversely, expressions and language used by Travellers to describe their mental health difficulties may seem stigmatising or insulting to a non-Traveller or health care professional. However, being aware of what is used within Traveller communities is helpful for meaningful, respectful engagement.

The following is an example of expressions which may or can be used by Irish Travellers when discussing mental health problems and symptoms. These may vary from region to region and from one Traveller community to another within a region.

Away with the fairies	*Gone in the head*
Not all there	*Not right in the head*
Touched	*Cursed*
Troubled	*Have a broken heart*
Breaking their mother's heart	*Haven't been right ever since*
Cracked/Lopey	*That's their way*
Dark thoughts	*They have their own problems*
Dark place	

It is equally important to be aware of key descriptors and words when referring to Travellers and, more specifically, Irish Travellers as distinct from Romani Travellers. Consideration should be given to how information is elicited and provided.

When referring to Travellers please note the following:

Don't Say	**Do Say**
Travelling Community	*Traveller community*
Pikees	*Travellers*
Knackers	*Pavees*
Itinerants	*Mincéirs (pronounced Min- kayrs) or Mincéiri*
Gypsies	*Lucht siúil (as Gaeilge)*
Tinkers	*Tincéir (pronounced Tin-Kayr)*

Working with your local Traveller agencies and the teams' Traveller coordinator will facilitate awareness of specific words and phrases for the local Traveller community, and families within it.

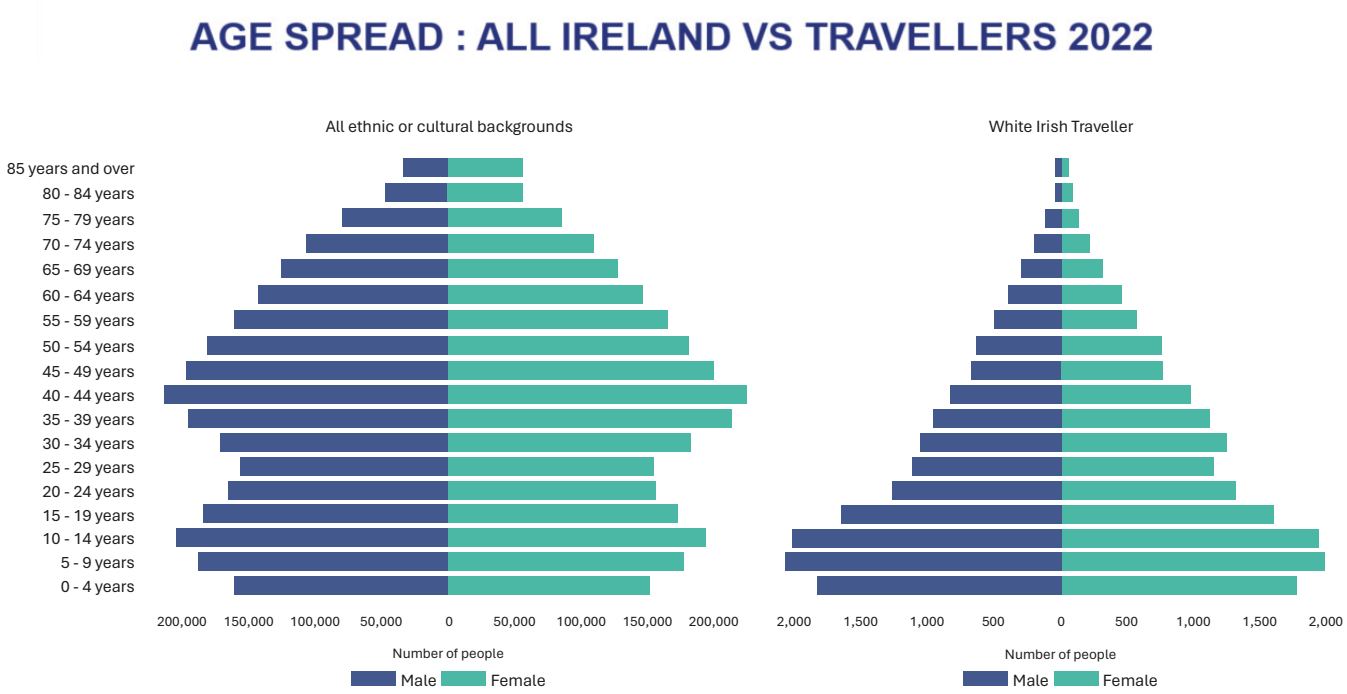
CAMHS

Young Travellers face all of the same challenges as any young person in Ireland, which have been and continue to be extensively researched and documented. Such issues include the impact of social media with social isolation or cyberbullying; the lack of social opportunity, especially in more rural settings, in easily accessing healthy activities; the increase in availability and use of various substances, both legal and illicit; and the increased pressures on education and work opportunities with higher cost of living to allow independent living.

As noted elsewhere in this paper, the Traveller population has a particularly high burden of mental and physical health disorders in comparison to the average rate across the Irish population as a whole. This presents a particular impact on young people from various directions, including:

- Higher genetic loading, leading to increased inherent biological risk for development of major mental illness
- Potential attachment issues / other consequent impacts of parental mental health issues
- Increased risk of loss with lower life expectancy[1] in Traveller adults, contributing to potential trauma, especially where such loss is through suicide or other traumatic events (both the young person's own loss and their parent's higher likelihood of losing their own parents at an earlier age, as well as reduced intergenerational support)
- Lack of opportunity for skills development and learning, including potential modelling of illness-related behaviours where one or both parents are unwell
- Earlier average age to exit the education system, contributing to higher risk of isolation from peer groups

Additionally, the average number of children within a Traveller family compared to the national average is higher. This combined with overall lower life expectancy significantly shifts the age demographic markedly towards lower ages as shown below[2].



A community containing a higher proportion of Travellers will therefore include a significantly higher proportion of young people presenting with mental health issues, alongside a potentially smaller number of accessible adult supports, either through their own illness or actual presence. It is essential that primary and secondary care mental health services servicing the needs of such populations are aware and appropriately resourced to meet these higher needs. Notable areas with proportionally higher Traveller populations in Ireland include Galway City and County (in particular Tuam), Longford Town and Tralee.

The issue of stigma with respect to mental health has generally been improving in the past number of years, with more open discussions of challenges faced by young people occurring in schools, between peers and in the wider community and media. This has been driven in part due to the high needs identified, including increased presentations of acute issues such as eating disorders, self-harming and suicidal thoughts and behaviours. It is noted within the Traveller community that such stigma may remain at a relatively higher level than in the wider community, with the impact on establishing relationships being a significant factor. Such stigma can impact in multiple ways, including:

- Reduced help-seeking behaviours from the individual themselves
- Efforts by parents to manage issues themselves without accessing extended family
- A stronger desire to avoid accessing supports that highlight a young person's struggles and impact on efforts to maintain privacy, e.g. day hospital or inpatient-level inputs and group interventions

Accessing services can also present more of a challenge to the Traveller community for various reasons, including:

- Higher rates of absolute or relative illiteracy in both parents and young people, such that they may be blocked from services due to systemic processes, lack of awareness of available supports or embarrassment
- Transport issues
- Technological access, both due to personally owned IT hardware and the wider infrastructure of WiFi access. This includes the limitations faced by those living on halting sites, as was markedly felt during the COVID pandemic restrictions and requirements for virtual access to services

It is essential that statutory health services, community groups representing Travellers, policy makers and other stakeholders all work together to ensure that the additional challenges faced by this population are matched by appropriate and relevant interventions. These should take into consideration systemic blocks which may require alternate approaches in engagement. Additionally, appreciation must be given to align interventions and goals with cultural relevance where appropriate, informed by individual care planning with families. In services facing ever-increasing pressures on resources, it is even more important to develop efficient, relevant and focused service delivery, including multiagency working.

Older Travellers' Mental Health

A smaller proportion of the Traveller population is aged over 65 years than the general population in Ireland, but the proportion of older Travellers is increasing and is projected to increase further over the coming years. In 2016, 3% of Irish Travellers were over 65 years, increasing to 4.2% in 2022. However, the gap between the survival to later life amongst Travellers and the general population continues to widen as 11% of the general population were aged over 65 in 2016 but 15% in 2022 (Quirke, 2024).

The highest risk of suicide ideation and acts amongst Travellers in Ireland is amongst older males, although the risk amongst females also increases with age (Kavadilou et. Al., 2023). It is therefore incumbent on us to address the risk of treatable mental illness and modifiable risk factors for suicide amongst older Travellers.

There is a well-established, dynamic and bidirectional link between physical and mental ill-health, particularly as we age (Ohrnberger, 2017). This relationship between physical health and mental health also bears out in research amongst older Travellers in Ireland, where mental ill health is reported as increasing with age and associated with potentially modifiable factors such as physical ill health and regular alcohol consumption (McGorrian et. Al., 2011).

There are well-established biological, psychological and social determinants of healthy ageing. It is now estimated that 40-45% of dementia may be preventable by addressing modifiable risk factors such as vascular disease, hearing impairment, smoking, alcohol misuse, obesity and depression (Livingston, Gill Al., 2024). At the same time, we know that the Traveller community has higher risk of cardiovascular disease and other related modifiable risk factors for dementia (McGorrian et. Al., 2012).

In Ireland, over recent decades, there has been considerable focus on improving the health and well-being of our older population, leading to policy, strategy and funding on a national basis (Department of Health, 2013). Many healthcare initiatives aimed at older people have been developed. A National Dementia Office and a National Clinical Programme for Older People have been established. Regional memory clinics and brain health clinics have been developed around the country. Geriatric medicine services have been established in the community and integrated with primary care. Psychiatry services for older people are now widespread throughout the country. There is increasing focus on the concept of 'healthy ageing' and prevention of age-related health conditions in the media and in public health messaging.

It is not clear if interventions aimed at disease prevention and management among older people have had an impact on the health and quality of life of older Travellers. In general, the Traveller community faces many challenges in accessing both physical and mental health care and it is likely that the older Traveller population are not accessing healthcare in the same way as the general older population (Department of Health, 2013).

Similarly, there is increasing investment in social care and supports for older people in Ireland. Age-friendly housing, community day services, home supports and residential care have been developed and improved around the country. However, it is not clear if older Travellers are accessing these equitably or if these developments are culturally sensitive to the needs or wishes of the Traveller community (McGaughey, 2011).

There is a need to focus on older Travellers' physical and mental health with research data and tailored interventions, so that older Travellers may access improved quality of life and longevity, like the general population in Ireland.

Auditing your Service for Traveller Community Engagement, Participation and Retention

Why audit?

Audit is a fundamental of service improvement and audits of various types are carried out regularly on different aspects of service development. Although auditing a service for accessibility to and engagement with the Traveller community may seem different to other audits, the basic principles are the same and it is an excellent way to initiate the process of making a service more Traveller-friendly.

Ways to audit your service:

1. Invite a member of the Traveller community to your services and team for advice and support (e.g. a person from a local Traveller project).
2. Seek advice from a mental health professional who has worked with Travellers in other areas.
3. Self-audit following official Traveller-specific training.
4. Use the *Status Toolkit (see below and in Appendices)*.

The **STATUS Toolkit** is a resource developed by Involve CLG, Youth Work Ireland, YouthAction Northern Ireland, and An Munia Tober/Bryson to promote the inclusion, engagement and retention of young Travellers in youth services across Ireland. It also seeks to address societal inequalities, empower Travellers and foster equity in participation. Providing a Quality Assurance Framework for self-assessment and continuous improvement the toolkit enables youth organisations to identify areas of good practice and growth to better serve the Traveller community.

The Status Toolkit is not limited to youth organisations but can be adapted and applied to mental health services. The toolkit process aims to support services by providing a structured framework to improve inclusivity and engagement for people from the Traveller community, ensuring better outcomes for them through their participation, continued engagement and retention.

The **STATUS Toolkit** helps organisations:

1. **Self-Evaluate**: Offers a step-by-step guide for assessing current practices and identifying areas for improvement.
2. **Develop a Continuous Improvement Plan (CIP)**: Enables organisations to create actionable strategies to enhance engagement, participation and retention of young Travellers.
3. **Promote Inclusivity**: Encourages proactive planning, training in Traveller culture and tailored approaches to meet the diverse needs of the Traveller community.
4. **Provide Evidence-Based Guidance**: Includes examples of evidence and indicators to assess progress across eight priority areas (e.g., governance, service delivery, environment, advocacy).
5. **Foster Advocacy**: Supports organisations in advocating for Traveller equality and addressing societal inequalities.
6. **Celebrate Success**: Encourages organisations to recognise and celebrate achievements along the way.

By using the toolkit services can create welcoming environments, improve outcomes for Travellers' mental health and ensure equitable opportunities for participation and engagement with services when needed.

How to Overcome Barriers

The first step to identifying and addressing barriers is to carry out an audit of your services (see previous section). Following and audit, the second step involves determining the funding required, and potentially available, to support implementation of actions needed.

Cultural competence

Ensure you and your team are culturally competent or are becoming so. This involves ensuring your team members are adequately knowledgeable in Traveller ethnicity, culture and history and the appropriate approaches required to treat and support Travellers. This is particularly relevant to team members who are from a background where knowledge of the Traveller community is lacking.

Improved documentation

- Include and advocate for inclusion of ethnic identifier field(s) on intake forms and other relevant organisational forms (regional and national level for data collection; see the National Traveller Health Policy 2022-2027)
- Include specific identifiers such as name format, nicknames etc.
- Record literacy level
- Ensure all relevant phone numbers are included and check if patient has multiple telephone numbers
- Check the nominated contact name and how they wish to be contacted
- Provide a clear explanation of confidentiality

Appointment systems

- Adapt policies and systems to facilitate Travellers regarding appointments. Consider how reminders for appointments will be provided and what mode of communication will be used. Bear in mind any GDPR issues.
- Ensure all appropriate identifying information is included on all written correspondence, including such identifiers as nicknames.
- Consider relaxing policies regarding duration of living in CMHT area prior to providing services.

Environment

- Display Traveller symbols and art in mental health facilities
- Ensure relevant and up to date waiting room material, (e.g. Travellers' Voice magazine), is clearly displayed

Nominate a specific team member to liaise with Traveller patients

- Contact local Traveller advocacy groups, training groups, etc.
- Coordinate relevant and important information/knowledge with team
- Be involved in the audit of service for Traveller engagement
- Be point of contact for Traveller patient

Liaising with local Traveller community

- Identify local Traveller advocate(s) within your local community
- Arrange advocates or representatives to speak to the Community Mental Health Team
- Attend local Traveller events

- Encourage the team liaison member, plus or minus other team members, to attend Traveller 'spaces' such as youth clubs/centres to raise awareness of mental health issues, e.g. dangers of substance misuse. It is important to ensure information is up to date and relevant (e.g. vapes and other substances)
- Consider arranging a joint Community Mental Health Team and Traveller event

Local & Regional Management

- Ensure local and regional management understand and support the necessity to adapt services to meet Traveller needs
- Inquire about accessing funding to make necessary adaptations, additional service requirements and education/training

Language

- Ensure all team members are familiar with Traveller use of language and phraseology
- Use the Do's and Don'ts list
- Meet with Traveller advocates to further familiarise yourself with Traveller language, especially around mental illness

Trauma-informed care

- Ensure services and team members are aware of and recognise Traveller-specific trauma – direct, indirect and intergenerational.
- Adapt service and support provision to be trauma informed for Traveller patients.

Summary and Key Recommendations

The Irish Traveller community experiences significant health and social inequalities. Societal attitudes towards the community, the lack of cultural understanding and knowledge, discrimination and systemic barriers all contribute to low engagement of Travellers with health services, particularly mental health services. This position paper has attempted to highlight the challenges and barriers Travellers face, both within their own community and in specialised mental health services; it proposes culturally informed practical actions and solutions for College members to improve service delivery and outcomes for this extremely vulnerable Irish ethnic community.

Key Recommendations

1. **Identify gaps in and plan for Traveller-sensitive and inclusive service provision (locally and nationally)**
    a. Audit the service to determine Traveller specific awareness, knowledge and actions required to adapt services to be Traveller inclusive.
    b. Identify Traveller-specific barriers to engagement with a service/team and adapt to reduce and eliminate those barriers.
    c. Develop and implement a plan to address gaps identified.
    d. Improve and introduce an understanding of Travellers as an ethnic group in services and society, including their history, culture, traditions and attitudes to health and health services.
2. **Improve cultural competency in services**
    a. Implement Community Mental Health Team policy, processes and other aspects of services that are culturally appropriate, inclusive, and responsive to Traveller-specific needs.
    b. Train mental health services and team members in Traveller culture and values with a view to meaningful engagement.
    c. Identify and support educational/training opportunities online and in person, both within your organisation and externally.
3. **Enhance communication, engagement and trust**
    a. Evaluate and adapt communication processes to suit Traveller-specific needs. Services need to adopt proactive and culturally appropriate communication methods. This includes the use of plain language, oral explanations, visual resources and involvement and consultation of trusted Traveller advocates.
    b. Build relationships with Traveller communities through outreach and collaboration.
    c. Liaise with local and regional Traveller health workers and advocates.

4. **Ensure Traveller-appropriate and sensitive interventions**
    a. Adapt mental health interventions to respect Traveller cultural and ethnic sensitivities.
    b. Provide Traveller trauma-informed care and support.
    c. Address Travel-specific barriers to acceptance and adherence to interventions.

5. **Collaborative policy development**
    a. Involve Traveller voices in relevant service policies and evaluation to ensure Traveller sensitive and inclusive Community Mental Health Team approaches.
    b. Initiate joint initiatives, such as the CPsychI and KTHCDP annual event which initiated this paper, to inform practice and service policy.

6. **Address socioeconomic barriers to accessing mental health services**
    a. Raise competency and knowledge levels of the Community Mental Health Team specific to Travellers.
    b. Ensure accessible and equitable service delivery regardless of home address and literacy or knowledge levels.

7. **Combat discrimination and stigma**
    a. Devise and implement Traveller anti-discrimination policies.
    b. Promote positive representation and awareness of Traveller identity.

8. **Ensure adequate resourcing available to enable Traveller-inclusive services**
    a. Policy implementation, resourcing and funding is required at a national level. Ensure mental health services are adequately resourced to make necessary adaptions and appoint staff to provide barrier-free and inclusive services; make training freely available and possible regarding Traveller culture and needs.
    b. Increase awareness of Traveller needs in the mental health arena and in community mental health services and teams.
    c. Assist stakeholders with lobbying for national funding and implementation of the National Traveller Health Policy both to Government and Health Service providers.
    d. Mental Health Team members to support and collaborate with local and regional Traveller organisations and agencies in advocating for necessary resourcing and funding.

Make your Service More Traveller Friendly and Inclusive

Quick Guide

- Audit your service (see STATUS Toolkit)
- Include an ethnic identifier on your intake and other relevant documentation
- Make sure to include specific identifiers (e.g. preferred names, nicknames) on patient records
- Check if patients would prefer a nominated person to be contacted regarding appointments, etc.
- Ensure all up-to-date mobile phone numbers are included on the patient record
- Remember to reinforce confidentiality (and exceptions thereto)
- Check literacy of patients
- Be mindful of language and vocabulary (refer to list of 'Do's and Don'ts')
- Nominate a specific team member to liaise with local Traveller community
- Identify local Traveller advocate/representative and arrange for them to speak to team
- Arrange training for team regarding Traveller culture
- Make use of available relevant online, in-house and external training (such as HSeLand eModules)
- Display Traveller symbols and art in your facility
- Subscribe to and display Travellers' Voice magazine
- Consider use of 'No Shame Game'
- Attend local Traveller events
- Consider arranging joint CMHT/Traveller event
- Check funding streams for Traveller-related initiatives and education
- Be aware of Ireland's Public Sector duty regarding Travellers as an ethnic group and data collection on same (*Public Sector Equality and Human Rights Duty*)

Useful Resources and Contacts

Please note: The following are not exhaustive lists of resources and contacts but a sample of what is available at the time of writing.

Resources

HSE HSeLanD emodules. (The Irish Health Service's national online learning and development portal)

- Ethnicity data collection module
- Equality & Ethnicity
- Traveller Health

Involve: involve.ie

Irish Traveller Movement: itmtrav.ie

Minceirs Whiden: minceirswhiden.ie

Mind your Nuck: youngpavees.ie (Pavee Point)

National Traveller Community Survey 2017:
exchangehouse.ie/publications_nationaltravellersurvey2017.php

National Traveller Health Action Plan (2022-2027):
hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027.pdf

National Traveller MABS: ntmabs.org

National Traveller Women's Forum ntwf.net

Pavee Point: paveepoint.ie

Short film on Traveller History and Culture: ncca.ie/en/updates-and-events/latest-news/2025/july/short-film-traveller-culture-and-history/

Traveller Culture and History Report:
ncca.ie/media/5959/traveller-culture-and-history-research-report_en.pdf

Traveller Counselling Service Traveller Counselling Service: travellercounselling.ie/

HSE National Traveller Mental Health Services
hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/the-national-traveller-mental-health-service/the-national-traveller-mental-health-service.html

Contacts

Exchange House Ireland: National Travellers Service

(Includes National Traveller Mental Health Service, National Traveller Youth Mental Health Service, Family Support and Crisis Intervention Service)
61 Great Strand Street
Dublin D01 WC97

01-8721094

www.exchangehouse.ie

info@exchangehouse.ie

Involve Youth and Community Services

Monksland Business Park
Monksland
Athlone
Co. Roscommon N37 VX52

www.involve.ie

info@involve.ie

Irish Traveller Movement

4/5 Eustace Street
Dublin D2

01-6796577

www.itmtrav.ie

info@itmtrav.ie

National Traveller Womens' Forum

4/5 Eustace Street
Dublin D2

01-7383874

www.ntwf.net

info@ntwf.net

Parish of the Travelling People

St. Laurence House
6 New Cabra Road
Phibsborough
Dublin D07 AE82

01-8388874 / 087-2573857

www.ptrav.ie

Pavee Point Traveller and Roma Centre

46 Charles Street
Dublin D01 XC63
01-8780255

www.paveepoint.ie

info@pavee.ie

PAVEE 50808 Text based service for Young Travellers (with Crisis Volunteers)

Traveller Counselling and Psychotherapy Service

St. Laurence House
6 New Cabra Road
Phibsborough
Dublin D07 AE82

01-8685761

086-3081476

www.travellercounselling.ie

info@travellercounselling.ie

Add your own local contacts and agencies:

Appendices

Appendix 1

CPsychI Short Survey to Members

Knowledge and Awareness of Irish Travellers amongst Psychiatrists Working in Ireland: A brief national survey

Background

Irish Travellers are Ireland's largest indigenous ethnic minority, representing approximately 30,000 people (0.7% of the population) according to the Central Statistics Office (2017). Officially recognised as an ethnic group in 2017, the Traveller community continues to experience significant health inequalities, including substantial barriers to accessing mental health services. A culturally competent psychiatric workforce is essential to addressing these disparities. Traveller health outcomes are markedly poorer than those of the settled population. Life expectancy is significantly reduced; Traveller men live 15 years less and Traveller women 11 years less than their settled counterparts (All Ireland Traveller Health Study, 2010). Mental health outcomes are particularly concerning, with suicide rates six times higher than the national average. Young Traveller men are disproportionately affected (McGorrian et al., 2013; Van Hout & Staniewicz, 2021). These outcomes stem from complex, interrelated factors including systemic discrimination, social exclusion, poverty, substandard accommodation, and limited access to appropriate healthcare. Cultural factors, such as strong family structures, oral traditions, and distinctive social norms, also influence how Travellers engage with mental health services. Service mistrust, literacy challenges, and nomadism further complicate access and continuity of care.

Studies show that healthcare providers often lack the knowledge, training, or cultural awareness to appropriately support Traveller patients (Burke et al., 2020; Quirke et al., 2019). This can lead to miscommunication, misdiagnosis, and suboptimal care. A recent review found only 19 studies addressing Traveller mental health over the past two decades (Van Hout & Staniewicz, 2020), highlighting an urgent need for improved research and professional education. While national policy frameworks such as the National Traveller Health Action Plan advocate for culturally appropriate services, implementation has been limited, especially within specialist services like psychiatry. Understanding the current knowledge and awareness of psychiatrists is a necessary first step in designing effective training, improving service delivery, and reducing inequalities in mental health outcomes for the Traveller population.

This brief national survey seeks to assess the level of knowledge and awareness among psychiatrists in Ireland regarding Traveller culture, mental health needs, and service barriers. The findings aim to inform policy recommendations, educational priorities, and service development to ensure equitable, culturally sensitive psychiatric care for Irish Travellers.

Methods

A brief cross-sectional survey was conducted to assess psychiatrists' knowledge and awareness of Irish Travellers' cultural needs and mental health challenges. The survey aimed to identify current levels of engagement, familiarity with Traveller-specific issues, and the extent to which ethnicity is

recorded or considered in service provision. The survey consisted of 15 short multiple-choice and free-text questions, designed to take approximately 2–3 minutes to complete. Topics included professional background, exposure to Traveller service users, recording of ethnic identifiers, perceived cultural competence, and awareness of mental health disparities affecting the Traveller community. The survey was disseminated on April 10th, 2025, via email to all members of the College of Psychiatrists of Ireland using the College's official mailing list. A single reminder email was issued five days later. The survey remained open for two weeks. Participation was voluntary and anonymous, and no compensation was provided. Ethical review was deemed unnecessary for this exploratory quality improvement project involving anonymised professional feedback; however, the principles of confidentiality and voluntary participation were upheld throughout.

Results

A total of 116 psychiatrists responded to the survey. This represents an estimated participation rate of approximately 9 % of the membership of the College of Psychiatrists of Ireland. While most participants completed the majority of the questions, there was variation in response rates across individual items. The majority of respondents reported working within General Adult Psychiatry, accounting for 43 % (n=50) of the sample. Child and Adolescent Mental Health Services represented the second largest group, with 24 respondents (21 %), followed by Psychiatry of Later Life with 12 respondents (10 %) and Liaison Psychiatry with 11 respondents (9 %). Other psychiatric subspecialties, including rehabilitation, addiction, forensic, intellectual disability, and perinatal psychiatry, were represented by smaller numbers of participants.

In terms of professional grade, consultant psychiatrists made up the majority of respondents, with 65 individuals (56 %) identifying as such. Psychiatric trainees constituted the next largest group, with 39 respondents (34 %), while the remainder included clinical directors and non-consultant specialists. Regarding the clinical setting, 58 psychiatrists (51 %) reported working across both community and inpatient environments. A further 41 participants (36 %) were based exclusively in community services, while 15 respondents (13 %) worked solely in inpatient settings. Geographical distribution reflected the broader pattern of psychiatric service provision across Ireland. The highest proportion of respondents was based in the Dublin region, accounting for 53 participants (46 %). Smaller numbers were drawn from Galway, with 9 respondents (8 %), and Cork, with 6 respondents (5 %). The remaining participants were distributed across other regions, including rural and regional centres.

When asked about Traveller representation within their caseload, 51 respondents (53 %) estimated that Travellers comprised between one and five % of their total case mix. A further 32 participants (33 %) reported that fewer than one % or no Travellers were currently on their caseload, while 14 respondents (14 %) indicated that they were unsure. These findings suggest that psychiatrists across a range of settings and subspecialties have regular professional contact with Traveller service users, though a notable minority remain unaware of their presence within the caseload.

The use of ethnic identifiers within clinical records emerged as an area of significant concern. Only 32 respondents (34 %) reported that their service routinely recorded ethnicity in any systematic way, and very few services explicitly recorded Traveller ethnicity in particular. A substantial number of participants reported uncertainty regarding whether ethnicity data was recorded at all within their organisation. Free-text comments reinforced this uncertainty, with several respondents highlighting the absence of formal guidance on when or how to record ethnic status, and others expressing concern about the sensitivity and accuracy of doing so within the current clinical record systems.

Engagement with Traveller culture and community health groups was reported by 41 % of participants. Despite this relatively high level of engagement, most respondents indicated that such contact did not lead to meaningful changes in how services were delivered. The findings suggest that while clinicians may have some level of outreach or collaboration with Traveller representatives, these initiatives have not yet been embedded into routine practice or formalised within service design.

Participants were asked to rate their knowledge of mental health prevalence among the Traveller community using a ten-point scale. Among the 95 respondents who answered this question, the average score was 7.39, indicating moderate self-rated familiarity with the issue. However, when asked to rate their awareness of the specific barriers that Travellers face in accessing mental health care, the average score dropped substantially to 2.86 out of 10, based on 96 responses. This discrepancy suggests a clear distinction between perceived knowledge of clinical need and awareness of the structural or cultural challenges that impact engagement with services. In both cases, approximately one-fifth of participants chose not to answer the question, which may reflect discomfort or uncertainty regarding the topic.

Thematic analysis of the free-text responses revealed a number of recurring clinical and systemic observations. Respondents reported that Travellers often presented with significant distress but were frequently difficult to engage over time. Missed appointments and early disengagement from services were commonly noted, with a preference for medical rather than psychological treatments cited by several clinicians. Stigma around mental illness was reported as pervasive within the Traveller community, contributing to delays in help-seeking and reluctance to engage with psychiatric care. Clinicians also commented on the broader social determinants of mental health, including poverty, educational disadvantage, and lack of employment opportunities. These were seen as contributing to a sense of hopelessness, particularly among young men. Several respondents highlighted complex family dynamics, where older members often act as gatekeepers to care, and where the needs of young women may be deprioritised. Clinically, Travellers were described as presenting with high levels of agitation when acutely unwell, with a high prevalence of comorbid substance use and a pattern of complex bereavement reactions, often in the context of sudden or traumatic deaths within tightly knit communities.

Many psychiatrists acknowledged significant gaps in their own cultural competence and training. Several stated that current models of care were not suited to the needs of the Traveller population and emphasised the importance of developing more flexible, culturally informed approaches. Some respondents expressed optimism, describing positive experiences with Traveller patients who had been successfully engaged, and highlighting the potential for leveraging strong community networks as therapeutic supports. Others recommended the development of targeted liaison roles and alternative methods of communication that accommodate literacy and cultural preferences, including visual or oral education materials in place of written leaflets.

Discussion

This survey provides an initial national snapshot of psychiatrists' awareness and understanding of the mental health needs of Irish Travellers, a population that continues to face significant health disparities and structural marginalisation. The findings offer both encouraging signs of engagement and stark reminders of persistent gaps in cultural competence, service accessibility, and data infrastructure within psychiatric services across Ireland.

The results indicate that a majority of psychiatrists report having some regular professional contact with Traveller patients, with over half estimating that Travellers constitute between one and five percent of their clinical caseload. However, despite this frequency of contact, only a minority of services systematically record ethnic status in clinical records, and even fewer specifically identify individuals as members of the Traveller community. This lack of data infrastructure significantly hinders efforts to track service access, outcomes, or equity for ethnic minority groups and represents a critical structural limitation in current service delivery.

Self-rated knowledge of Traveller mental health needs varied among respondents. While psychiatrists generally felt moderately informed about the high prevalence of mental illness within the Traveller community, their awareness of specific barriers to engagement and care was considerably lower. This distinction highlights a potential over-reliance on epidemiological data without sufficient attention to the lived experiences of Travellers or the cultural and systemic barriers they face when accessing care. Moreover, thematic analysis of free-text responses revealed a shared perception among clinicians that current service models are not well-equipped to meet the needs of the Traveller population. Difficulties in engagement, frequent missed appointments, and a preference for medication over psychological interventions were commonly cited. Clinicians also reported that stigmatisation of mental illness within the Traveller community, complex family dynamics, and broader socioeconomic disadvantage contribute to high distress and limited help-seeking.

Despite these challenges, many respondents identified opportunities for improvement. Positive experiences with engaged Traveller patients, recognition of the strength of community networks, and interest in culturally adapted liaison services suggest a strong foundation upon which more culturally competent and responsive mental health services could be developed. These findings support the broader literature advocating for flexible, community-informed care models that account for cultural preferences, literacy needs, and the value of oral over written communication in this population.

Several limitations must be acknowledged. The survey response rate, while adequate overall, may not be fully representative of the broader psychiatry workforce. Consultant psychiatrists were overrepresented in the sample, while non-consultant hospital doctors (NCHDs), particularly those in standalone posts or in training below the specialist registrar level, may not have received the survey directly or were less likely to respond. As a result, the findings likely reflect the perspectives of more senior clinicians and may underrepresent the views of junior doctors, who are often the first point of contact for patients in acute or emergency settings. The brevity of the survey was intentional, designed to maximise engagement, but necessarily limited the depth of exploration. Responses relied heavily on self-assessment, which introduces the potential for social desirability bias and may not accurately reflect actual knowledge or behaviours. Furthermore, while qualitative responses provided rich contextual insight, they were voluntary and not subjected to formal qualitative analysis techniques such as coding or thematic saturation.

The results of this survey highlight several key areas for future research, policy, and service development. First, there is an urgent need for more detailed, methodologically rigorous research exploring both clinician attitudes and Traveller experiences of psychiatric care. Qualitative research involving members of the Traveller community is particularly important in order to understand their perspectives, preferences, and the systemic and interpersonal barriers they face. Second, the routine collection of ethnicity data must be prioritised. The absence of a consistent approach to recording Traveller ethnicity undermines efforts to monitor access, tailor interventions, or evaluate outcomes. The implementation of an ethnicity identifier across all mental health services, aligned with appropriate consent and data protection safeguards, is critical to informing equitable policy and practice. Third, the development of training programmes to enhance cultural competence among

psychiatrists is essential. Such training should extend beyond awareness-raising to include practical guidance on engagement, culturally appropriate communication, and flexible service adaptation. Embedding cultural liaison roles or peer support workers from Traveller backgrounds within services may also enhance accessibility and trust. Finally, service evaluation and development should include specific indicators relating to ethnic minority engagement and equity. The design of such indicators Improve and introduce an understanding of Travellers, as an ethnic group, in services including their history, culture, traditions and attitudes to health and health services.

must involve both clinicians and Traveller representatives, ensuring that service improvements are not only evidence-based but also community-informed and culturally respectful.

This national survey offers a preliminary yet important insight into psychiatrists' awareness of Traveller mental health needs in Ireland. In summary, these findings reflect both the challenges and opportunities faced by psychiatric services in Ireland in responding to the mental health needs of the Traveller community. While there is evidence of regular clinical contact with Traveller patients, there is also a clear indication of a systemic lack of preparedness in terms of cultural awareness, documentation practices, and service adaptation. The responses point to an urgent need for structured training, policy reform, and culturally competent service models to address the enduring inequalities faced by this marginalised population

Appendix 2

Status Toolkit: Supporting Travellers Advance through Universal Servicers

The Status Tool (cover image below) is available on the involve.ie website available at involve.ie/status-toolkit and also on the CPsychI website alongside this paper.



References

Department of Health and Children (2010). *All Ireland Traveller Health Study (AITHS): Summary of findings (Our Geels)*. https://assets.gov.ie/18859/d5237d61196463189ecc1f9ea83279d.pdf

Burke, N., Van Hout, M. C., McHugh, R., & Billings, J. (2020). Experience of discrimination and engagement with mental health and other services by Travellers in Ireland: findings from the All-Ireland Traveller Health Study (AITHS). *Irish Journal of Psychological Medicine*, 38(4), 283-294.

Central Statistics Office (2017). *Census 2016 Summary Results: Part 1*. Stationery Office. https://www.cso.ie/en/media/csoie/newsevents/documents/census2016summaryresultspart1/census2016summarypart1.pdf

Cross, T.L., Bazron, B.J., Dennis, K.W., & Isaacs, M.R, (1989). *Toward a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. Georgetown University Child Development Center.

Department of Children, Equality, Disability, Integration and Youth (2024). *National Traveller and Roma Inclusion Strategy II 2024-2028*. Government of Ireland. https://www.gov.ie/en/department-of-children-disability-and-equality/publications/national-traveller-and-roma-inclusion-strategy-ii-2024-2028

Department of Health & Health Service Executive (2022). *National Traveller Health Action Plan (2022-2027): Working together to improve the health experiences and outcomes for Travellers*. https://www.hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027

Department of Justice and Equality (2017). *Annual report 2017*. https://www.gov.ie/en/department-of-justice-home-affaris-amd-migration/publications/department-of-justice-and-equality-annual-report-2017

Health Service Executive. (2019). *Second National Intercultural Health Strategy 2018-2023*.

Ireland (2000). *Equal Status Act 2000 (*p. 7). https://www.irishstatutebook.ie/eli/2000/act/8/enacted/en/html

Ireland. Department of Health. (2013). *The National Positive Ageing Strategy*. https://www.gov.ie/en/department-of-health/publications/national-positive-ageing-strategy

Ireland (1998). *Traveller Accommodation Act 1998*. https://www.irishstatutebook.ie/eli/act/33/enacted/en/html

Kavalidou, K., Daly, c., McTernan, N., & Corcoran, P. (2023). Presentations of self-harm and suicide-related ideation among the Irish Traveller indigenous population to hospital emergency departments: evidence from the National Clinical Programme for self-harm. *Social Psychiatry and Psychiatric Epidemiology, 58(6), 883-891*. https://doi.org.10.1007/s00127-023-02439-7

Linehan, S.A., Duffy, D.M., O'Neill, H., & Kennedy, H.G. (2002). Irish Travellers and forensic mental health: Over-representation in forensic psychiatric admissions. *Irish Journal of Psychological Medicine,* 19(3), 76-79.

Livingston, G., Huntley, J., Lui, K.Y. (2024). Dementia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission. *The Lancet*, Volume 404, Issue 10452, 572 – 628.

McGaughey, F. (2011). *Position Paper on Travellers and Positive Ageing*. Pavee Point Traveller Centre.

McGorrian, C., Daly, L., Fitzpatrick, P., Moore, R. G., Turner, J., & Kelleher, C. C. (2012). Cardiovascular disease and risk factors in an indigenous minority population: The All-Ireland Traveller Health Study. *European Journal of Preventive Cardiology,* 19(6), 1444-1453. https://doi.org.10.1177/1741826711421683

McGorrian, C., Hamid, N. A., Fitzpatrick, P., Daly, L., Malone, K. M., & Kelleher, C. (2013). Frequent mental distress (FMD) in Irish Travellers: discrimination and bereavement negatively influence mental health in the All-Ireland Traveller Health Study. *Transcultural Psychiatry*, 50(5), 559-579.

McGorrian, C., Quirke, B., & Kelleher, C.C. (2011). Experience of discrimination is a significant associate of mental ill-health in Irish Travellers: Findings from the All-Ireland Traveller Health Study. *Journal of Epidemiology and Community Health*.

National Council for Curriculum and Assessment (2023). *Traveller Culture and History Research Report.* https://nca.ie/media/5959/traveller-culture-and-history-research-report_en.pdf

Ohrnberger, J., Fichera, E., & Sutton, M. (2017). The dynamics of physical and mental health in the older population. *The Journal of the Economics of ageing, 9,* 52-62. https://doi.org/10.1016/j.jeoa.2016.07.002

O'Mahony, J. (2017). *Traveller Community National Survey* (J.6098). The Community Foundation for Ireland. https://www.exchangehouse.ie/userfiles/file/reports/research/National_Traveller_Community_Survey_2017_07.pdf

Quirke, B. (2024). *Traveller and general population CSO Census 2022 data and comparison table of national Traveller population estimates from the CSO Census 2022 & the DHLGH annual Traveller family count 2022 by THU/CHO and local authority areas.* HSE National Social Inclusion Office. https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/traveller-pop-pyramids-and-census-dhlgh-data-2022.pdf

Quirke, E., Klonin, H., & Fitzpatrick, C. (2019). Irish Travellers and forensic mental health. *Irish Journal of Psychological Medicine*, 31(2), 99-105.

Pavee Point Traveller and Roma Centre (2018). *Traveller Horse Ownership: Research Project (*p. 12). https://www.paveepoint.ie/wp-content/uploads/2015/03/Paveepoint_TravellerHorseOwnership.pdf

Richardson et al (2023). Using an intersectional approach to explore the lived mental health experiences of Traveller men affected by suicide. American Journal of Men's Health. DOI: 10.1177/15579883231189063

Spradley, J.P., & McCurdy, D.W. (1972). *Conformity and conflict: Readings in cultural anthropology* (p. 3). Little, Brown and Company.

Taskforce on the Traveller Community (1995). *Report of the Task Force on the Traveller Community.* Stationery Office.

Traveller Counseller Service Website (n.d.). *Traveller Counselling Service* [Website]. https://travellercounselling.ie/

Turner, J., NicCarthaigh, R., Quirke, B., Kilroe, J., Hamid, N., Kelly, C., Kelleher, C.C., & Moore, R. G. R. (2010). "Pushing against the hill": A qualitative study of Irish Traveller health in the 21st century. *Journal of Epidemiology and Community Health,* 64(Suppl 1), A53.

Van Hout, M. C., & Staniewicz, T. (2020). A rapid review of Irish Traveller mental health and suicide: A psychosocial and anthropological perspective. *Irish Journal of Psychological Medicine*, 38(4), 271-282.

Van Hout, M. C., & Staniewicz, T. (2021). A qualitative study of the perceptions of mental health among the Traveller community in Ireland. *Health Promotion International*, 36(5), 1450-1460.

Villani, J., Kuosmanen, T., McDonagh, M., & Barry, M. M. (2024). Implementing culturally appropriate recovery approaches in mental health services: Perspectives from the Irish Traveller community. *Irish Journal of Psychological Medicine* 1–9. https://doi.org/10.1017/ipm.2024.51

Villani, J., Kuosmanen, T., McDonagh, M., & Barry, M. M. (2023). Traveller Mental Wellness Continuum: A qualitative peer research study of Travellers' views. *Health Promotion Research Centre, University of Galway.* https://www.hse.eng/services/publications/mentalhealth/traveller-mental-wellness-continuum-a-qualitative-peer-research-study-of-travellers-views.pdf

NOTES

CPsychI
COLLEGE OF
PSYCHIATRISTS
OF IRELAND