



**National Traveller and Roma Mental  
Health Working Group Bi-annual Report**  
*Suicide Reduction Focus*

May 2026

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## Letter from the Chair

The 2026 Spring Bi-Annual Report of the National Traveller and Roma Working Group (NTRMHWG) is complete. This report has a thematic focus on suicide reduction, and I would like to acknowledge the difficult reality of this topic and the many lives impacted by suicide, particularly in the Traveller and Roma communities. There have been recent tragedies in these communities this year, and on behalf of the group I wish to extend sincere condolences to all those affected. I would also urge anyone reading this who is concerned about their own or someone else's mental health to reach out and ask for help. [Supports are available through this link.](#)



TONY MCCUSKER

The HSE National Traveller and Roma Mental Health Working Group was established to connect the dots on ongoing policy work related to Traveller and Roma mental health, and to provide support across policies. The aim of the NTRMHWG Bi-Annual Report is to deliver an insightful overview of mental health initiatives developed in active partnership with Traveller and Roma communities across Ireland and document the work that took place between **October 2025 – March 2026** (Q4 – Q1). The report seeks to identify strengths, highlight barriers, and inform future strategies that promote culturally appropriate mental health care in a responsive health system.

### **This report covers the following:**

- Reviews the progression of policy implementation during the reporting period
- Identifies emerging themes related to suicide reduction, including key challenges and examples of good practice
- Examines the roles and functions of the health service and the community and voluntary sector in supporting suicide reduction
- Analyses the current training landscape in relation to suicide reduction

This report would not have been possible without the many voices that contributed to it, reflecting a shared commitment to improvement. While there remains significant work ahead, the NTRMHWG draws strength and confidence from the dedication of individuals working both within and beyond the health service to improve outcomes for Traveller and Roma communities. Many of those voices are represented in this report, and I would like to extend a special thanks to all who participated in the survey and interview process.

Finally, I would like to extend my thanks to the NTRMHWG for their ongoing engagement. It is with hope and a commitment to a more equitable future that the NTRMHWG presents this publication.

Sincerely,

Tony McCusker

A handwritten signature in black ink that reads "Tony McCusker".

# Introduction to the Thematic Focus of Suicide Reduction

It is well documented that Traveller mental health is at a critical stage, with nearly 10% of Travellers dying by suicide between the years 2019 – 2023 according to the Central Statistics Office.<sup>1</sup> This is in comparison to around 1% of deaths by suicide by those who self-reported as White Irish, and 2% for all other ethnic groups.

While Roma mental health research is currently being developed in Ireland, we know from experience on the ground, and from the 2018 Roma Needs Assessment conducted by Pavee Point and the Department of Justice and Equality that poor mental health rates among Roma are high, with 51.3% of Roma reporting more than 14 days of the previous month when their mental health was not good.<sup>2</sup>

Given this, the NTRMHWG believes there is an imperative to better understand and address the factors that surround deaths by suicide in the Traveller and Roma communities, while recognising that holistic, culturally appropriate, and person-centred care that addresses mental health at any level of acuity is the paramount goal. In recognition of this, the qualitative interviews conducted for this report have a particular focus on Health Service Executive (HSE) staff and the roles they play in providing mental health care. Furthermore, this timely review of suicide reduction, in anticipation of the updated Connecting for Life: Ireland’s Suicide Reduction strategy, is especially relevant.

The NTRMHWG wishes to acknowledge that the Traveller community in particular experiences significant disparities in suicide rates. However, it is important to emphasise that no community should be defined by a single statistic, as experiences and perspectives within any group vary widely.

Throughout the interviews, Roma and Traveller community development workers and HSE staff alike identified the importance of acknowledging the continuum of mental health care providing support through promotion and prevention to crisis response and recovery for families, individuals, and communities alike.

**Figure 1.1 Mental Health and Suicide Prevention Across the Continuum**



<sup>1</sup> Central Statistics Office, [Additional Insights into Deaths using Administrative Data 2023](#). CSO.

<sup>2</sup> Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) [Roma in Ireland – A National Needs Assessment](#).

The aim of this report is to highlight ongoing work across this continuum, recognising the importance of holistic, culturally appropriate, and person-centred care at every stage, with respect and recognition of the lived experiences in the community.

Finally, it is important to note that the content of this report will address difficult topics including acute mental illness and death by suicide. We recognise that discussing suicide can be difficult and encourage the reader to prioritise their own mental health. Please remember that reading this document is completely voluntary, and if you feel you need support, please visit [yourmentalhealth.ie](https://yourmentalhealth.ie).

This document will discuss difficult topics like acute mental illness and suicide. We encourage readers to mind their own mental health, and to visit [yourmentalhealth.ie](https://yourmentalhealth.ie) if you feel you need support.

# Executive Summary

## Data Collection Activities



### 47 Survey Responses

The NTRMHWG conducted a national survey aimed at Traveller and Roma Mental Health project workers across Ireland. It was open from **23 March – 17 April 2026**. HSE Social Inclusion and Traveller Mental Health Coordinators supported community partner completion of the survey.



### 9 Interviews

Nine interviews were conducted in March and April 2026. Of these, **six were with a focus on Traveller Projects**: four were with HSE staff positions, one was with a Traveller peer worker, one was a discussion between a collaborative project team comprised of HSE and Traveller organisation staff. **Three were focused on Roma Projects**: One with HSE Staff, and two with Roma Community Workers.

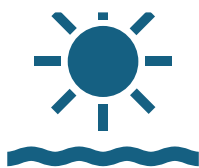


### 6 National Policies

This report is informed by six distinct national policies that include activities aimed at improving Traveller and/or Roma Mental Health. When available, the most recent reports from the data collection period (Q4 2025 - Q1 2026) were reviewed for inclusion in the report. See appendix of tracked actions on Page 37.

## Key Findings

### Emerging themes related to suicide reduction include:



The importance of health promotion and early intervention



Clear need for mental health supports for peer workers



Youth mental health



Lasting impacts of trauma on mental health



Need for culturally appropriate suicide reduction training

### Access to Mental Health Services findings include:



Evaluation of HSE structures and roles is needed



Regional variance Impacts mental health integration



Timely access to GPs is needed



Further exploration of Roma mental health structures are needed



# Part I: Bi-Annual Survey Overview and Policy Updates

## Q4 2025 – Q1 2026 Key Accomplishments:

### Interagency Developments

- The Traveller Specialist Group established under Sharing the Vision National Implementation and Monitoring Committee (NIMC) has been meeting since January 2026 to develop a Traveller Mental Health Action Plan
- Traveller and Roma Forum on NTRIS hosted by Department of Children, Disability, and Equality in March 2026

### Research and Evaluation

- Roma Mental Health research project was launched in Q1 2026
- Primary Health Care Projects Evaluation Completed in Q1 2026
- Traveller Substance Use in Ireland: A National Study Published in Q1 2026

### Community Programmes and Development

- Understanding Mental Health through Positive Therapeutic Copper Arts Facilitation Training won an AONTAS STAR Award in Q1 2026 (NTRMHWG)
- National Traveller Counselling Service saw an increase of 58% in sessions offered in Q1 2026 compared with the same time period last year, and an 84% increase in client numbers
- National Traveller Counselling Service saw an increase of 23% of all sessions offered to adolescents in Q1 2026, and adolescent clients (aged 11-25) represent 21% of total clients

### Service Development

- Progression of Ethnic Identifier within Community Care Record, the HSE programme that will implement a digital system for managing patient information in all community services
- Two Traveller SCAN Nurses recruited into post
- National Traveller Suicide Bereavement Services launched

## Project Highlight: AONTAS STAR Awarded to Copper Arts Programme



### **Understanding Mental Health through Positive Therapeutic Copper Art Facilitation Training won an AONTAS STAR Award in Q1 2026.**

Designed to support the Traveller community, this HSE funded programme combines mental health education with therapeutic copper art facilitation training, drawing on a traditional Traveller craft to engage learners in a culturally meaningful way.

The course empowers participants with the knowledge and skills to better understand and support positive mental health, with graduates now facilitating copper art wellbeing sessions within their own communities. Three further courses are being run this year.

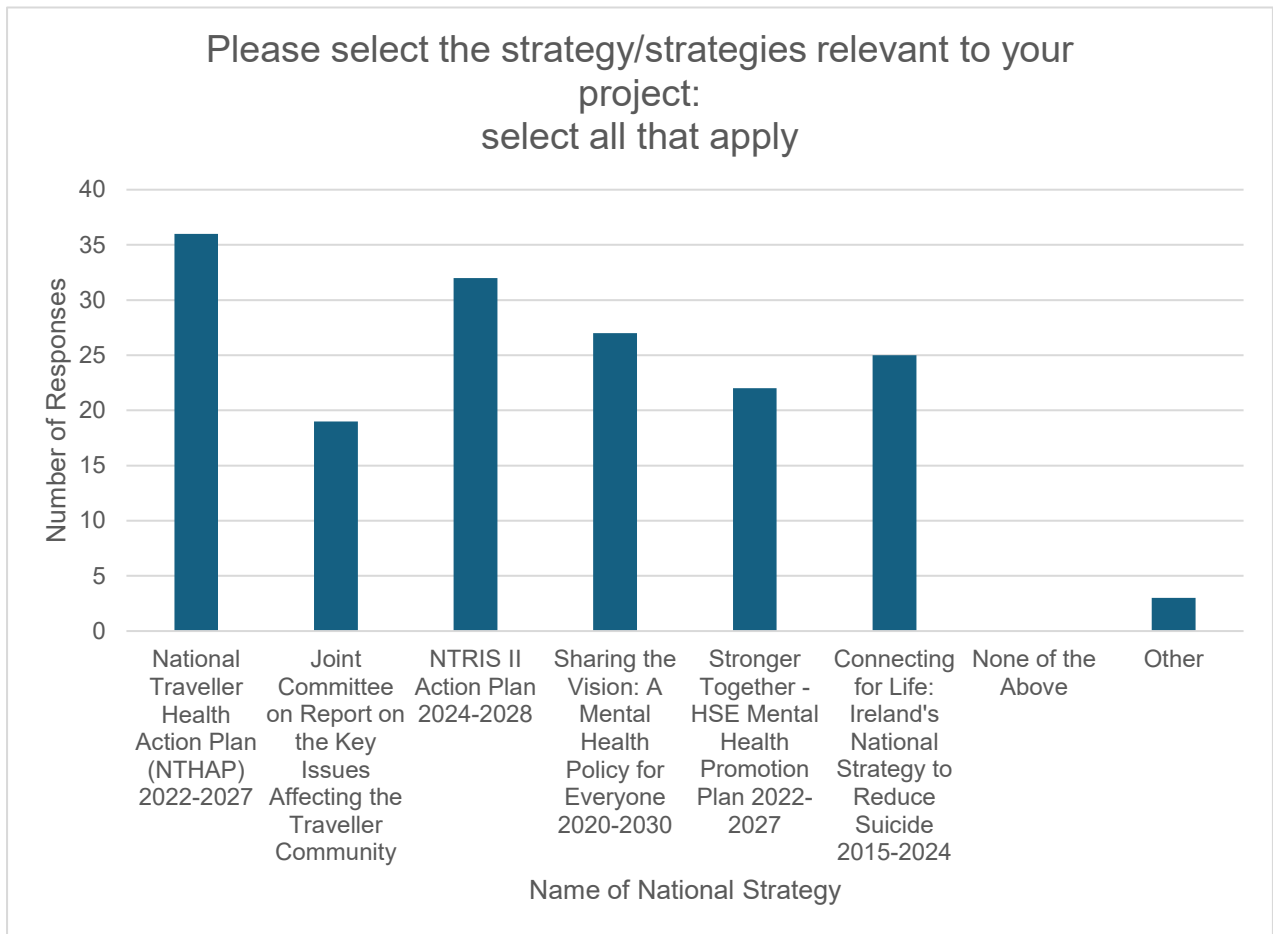
## National Policy Alignment

With the recognition that mental health services across the continuum can be key contributors to suicide reduction, the spring survey continued to track actions across six national policies that impact Traveller and Roma Mental Health.

- National Traveller Health Action Plan (**NTHAP**) 2022-2027
- **Joint Committee Report (JCR)** on the Key Issues Affecting the Traveller Community
- **National Traveller and Roma Inclusion Strategy (NTRIS) II** Action Plan 2024-2028
- **Sharing the Vision (StV):** A Mental Health Policy for Everyone 2020-2030
- **Stronger Together (ST):** HSE Mental Health Promotion Plan 2022-2027
- **Connecting for Life (CfL):** Ireland's National Strategy to Reduce Suicide 2015-2024<sup>3</sup>

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<sup>3</sup> *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024* continues to inform work, with the new implementation plan due for release in Quarter 2 2026. This policy framework continues to inform Traveller and Roma Mental Health work across Ireland and therefore was included in this report.



As shown above, most spring bi-annual survey respondents indicated that their project work is aligned with one or more national strategies, suggesting a strong awareness of policy directives. As identified in the 2025 autumn report, there may be further opportunities to strengthen ties between on-the-ground work and strategic priorities through clear goal-setting and adequate resources associated with action plans.

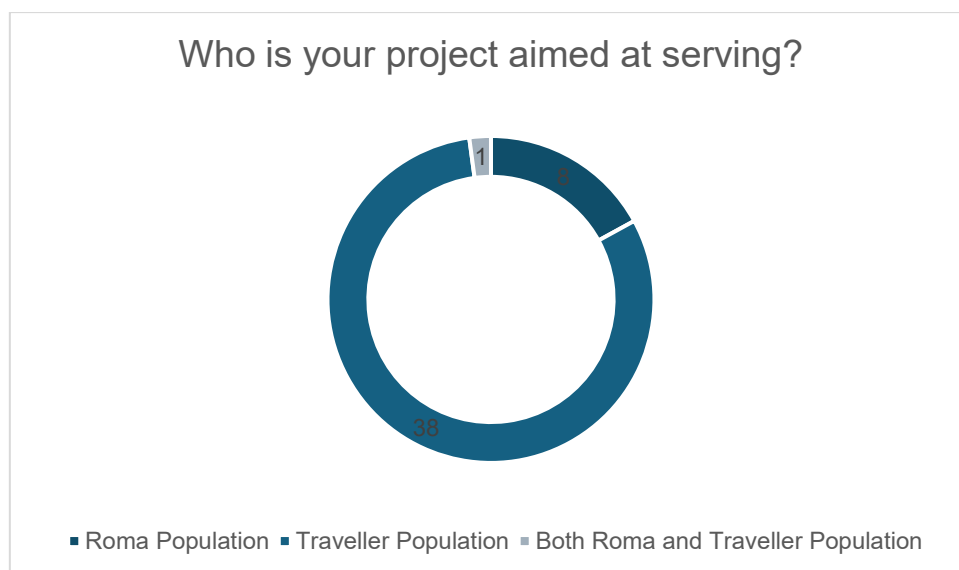
## Traveller and Roma Mental Health: Overview

### A Note on Traveller and Roma Mental Health Survey Data

Traveller and Roma people are distinct cultural and ethnic groups, and it is important to recognise the unique needs of each community. The National Traveller and Roma Mental Health Working Group (NTRMHWG) aims to promote culturally appropriate support for each community, while recognising the value in the combined activism and collaboration under the NTRMHWG structure.

As such, the NTRMHWG conducted one survey that invited participants engaged in Traveller and/or Roma mental health activities to complete.<sup>4</sup> While survey data can be disaggregated to reflect Traveller or Roma specific responses, the sample size of Roma-focused projects is small (N=9). Given this, the survey results in this report will include the combined responses, while qualitative interview data will support insights into the distinct needs and views of the Traveller and Roma projects respectively.

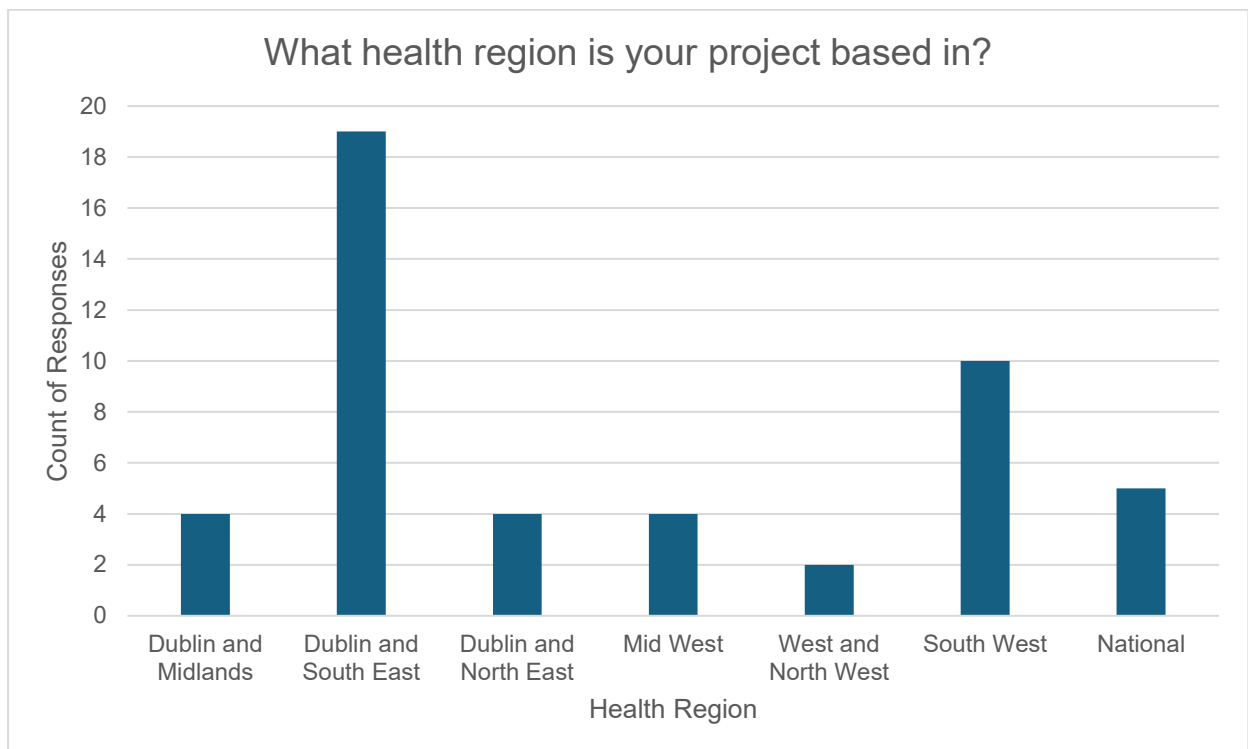
Future versions of this report may disaggregate data to report on Traveller and Roma Mental Health outcomes as mental health projects expand for the Roma Population following the research.



<sup>4</sup> For the purposes of this survey, a project was defined to respondents as the following: *An initiative undertaken with the expressed aim of meeting an objective or providing a new service or body of work to impact Traveller or Roma mental health.*

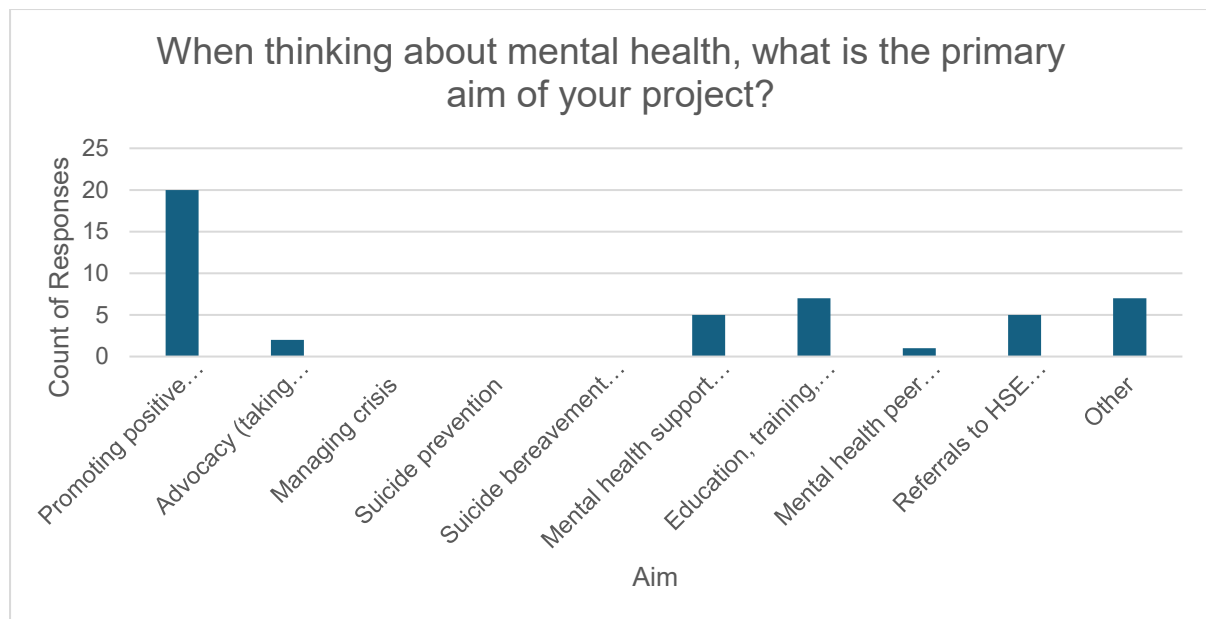
## Regional Impact

As of Q1 2026, all HSE areas have transitioned to the Integrated Healthcare Area structure. While some challenges exist in the transition, all health regions reported ongoing projects related to Traveller and Roma Mental Health through the NTRMHWG survey. This is a positive improvement from the Autumn 2025 Bi-Annual Report. It is worth noting that there seems to be significant variance in delivery of projects related to Traveller and Roma Mental Health within the regions.



## Project Progress and Aims

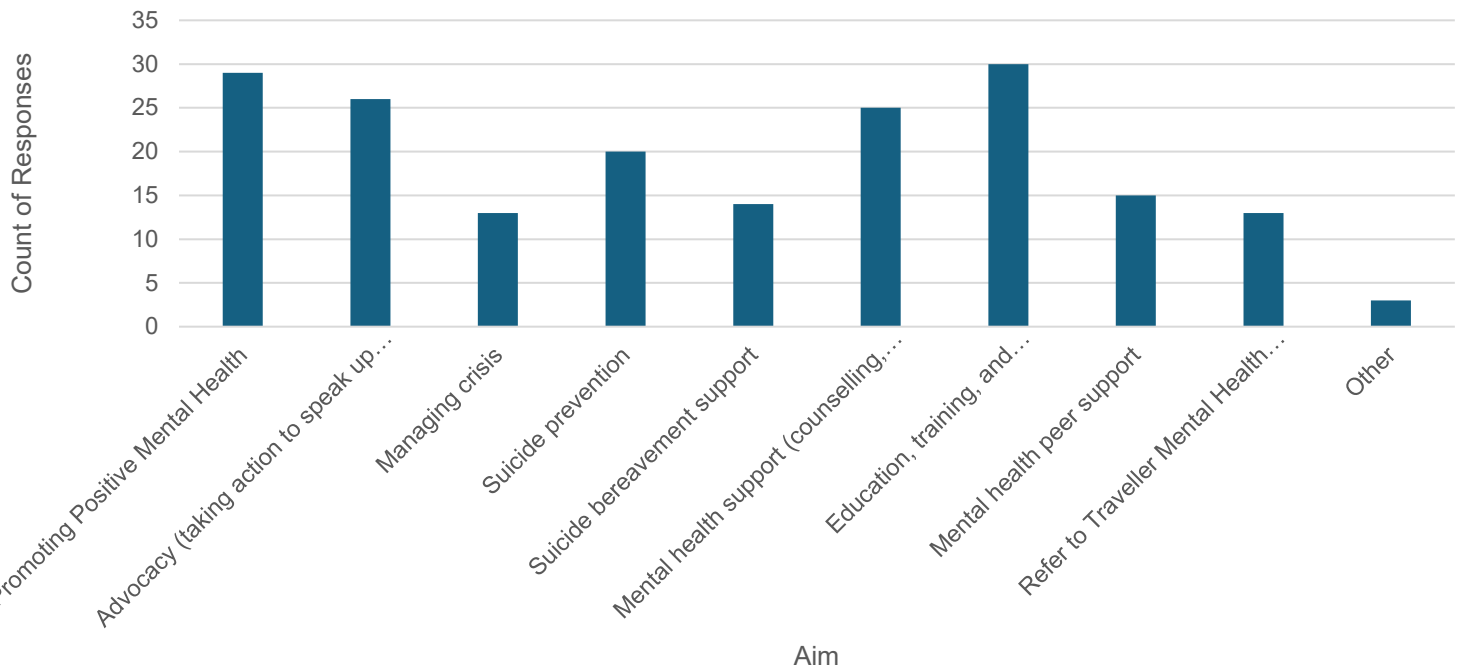
To better understand the primary aim of projects, survey respondents were asked to share their primary aim. For many projects, identifying only one aim was a difficult experience, given how the continuum of mental health can be impacted at any point on an intervention, and the integrated nature of many of the workers on the ground. However, it is notable that most projects selected **Promoting Positive Mental Health** as their primary aim. Survey respondents then had the opportunity to select any additional aims they see their project having. In these, there was more of a distribution of responses than with the primary aim.



On initial response there appears to be little focus on suicide reduction or crisis management. However, when layered together in the table below, it can be seen that many projects have a primary aim of promoting positive mental health, while also providing actions that are seen as explicitly addressing suicide prevention, managing crisis, and supporting suicide bereavement.

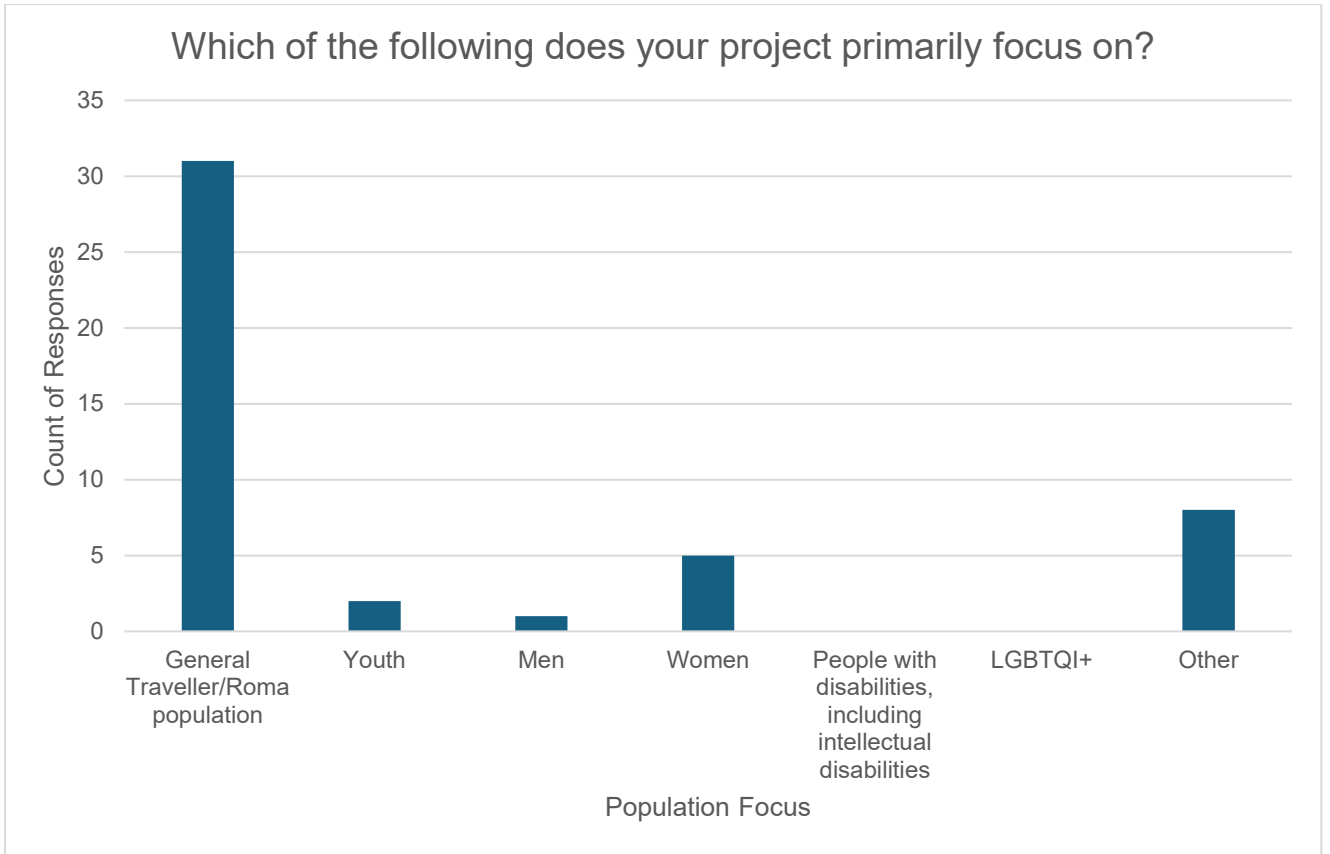
The NTRMHWG will further explore this to understand if there are any gaps that should be addressed in support provided through mental health projects, both at a community-led level as well as within the HSE.

Optional: Please select any other additional aims your project may have  
select all that apply



The 2025 Autumn Bi-Annual Report identified the importance of understanding intersectionality for Traveller and Roma people. Intersectionality is the interaction and cumulative effect of multiple identities that impacts the daily lives of individuals. To better understand projects that are narrowly focused on supporting a subset of either the Traveller or Roma population, we introduced a question asking the primary population a project serves.

65% of survey respondents selected General Traveller/Roma population, indicating that the majority of respondents are focused on providing services to the general population. Some notable gaps in the survey were the low respondents focused on Traveller or Roma men, and no respondents focused on LGBTQI+ or Traveller or Roma people with disabilities. While there may be projects involved in this work that did not respond to the survey, it is worth exploring the establishment and engagement of projects to support a specific subset of the population.





# Part II: Emerging Themes

## Theme 1: Importance of Health Promotion and Early Intervention

Building on findings from the 2025 Autumn Bi-Annual report, it is clear that community development activities are crucial to supporting Traveller and Roma mental health. There continues to be strong evidence through qualitative interviews that community-based support groups offer crucial spaces for connection and mental health promotion. These groups simultaneously provide upstream mental health promotion and provide established support when crises occur.

Regular non-clinical interventions such as walks, coffee mornings, arts, and women or men's specific groups create low-barrier ways for community members to seek social engagement and support.

### Qualitative data finds that these regular engagements:

- Increase openness
- Support awareness of mental health services
- Give pathways into mental health services
- Sustain engagement
- Provide social connection

With existing community-based support groups, there is an opportunity to integrate evidence-based practices to promote mental health and wellbeing. The Act, Belong, Commit pilot with Travellers in County Meath has shown promising results for promoting positive mental health in the Traveller community. Rollout of the pilot will continue throughout 2026 across three IHAs, with an eye for mainstreaming the intervention in years to come.

### Project Highlight: Act Belong Commit Mental Health Promotion



**Act** Do something.

**Belong** Do something with someone.

**Commit** Do something meaningful.

**Meath Primary Care Projects and Meath Traveller Action** have partnered to deliver Act, Belong, Commit to their community in Meath. Act Belong Commit is an evidence-based initiative which offers a practical framework for implementing mental health promotion at community-level while supporting individuals to engage in mentally healthy activities across three behaviour domains: Act, Belong, Commit. Co-Development is core to the programme, ensuring that activities are culturally appropriate and engaging for Travellers in Meath.

Beyond offering day to day support, community groups are especially important during times of crisis or loss in a community. For example, in Carlow and Meath, existing community groups have supported the co-development of their local crisis response plans with HSE Regional Officers for Suicide Prevention. These plans support the community in times of tragedy and ensure responses are culturally appropriate and have the support of the community. Key learnings from this approach are to ensure that strong relationships are in place and the development of plans happens before a tragedy, to ensure that trust is established.

### Project Highlight: Culturally Safe, Relationship-Based Support in times of Crisis



**Traveller Wellbeing Workers in County Carlow** host weekly groups to create structured social connection and a culturally safe space for connection outside of clinical settings. This group focuses on creative activities such as pottery, cooking, or art, and is an open space for connection and conversation. The mixed age of participants fosters intergenerational learning, with older women sharing experiences with young mothers and families.

When tragedies like suicide do impact the community, there is an existing space for people to come together and discuss organically.

Delivering training and information on personal mental health promotion helps build capacity at both individual and community levels. Within the Traveller community in particular, repeated focus on suicide can unintentionally reinforce negative and discouraging narratives. While it remains vital to respond effectively to crises as they arise, there is equal importance in providing upstream, preventative training that promotes positive mental wellbeing. Emphasising confidence, coping strategies, and emotional resilience supports healthier, more empowered communities through a strengths-based approach that enables early intervention and lifelong skills.

### Regional Training Highlight: Decider Skills Training



Decider Skills training is a practical, evidence-based model that is friendly for people of all literacy levels and supports personal resilience building and emotional regulation. In the South East, this training is delivered in partnership with the Traveller community and provides a practical approach for mental health promotion.

The National Traveller Mental Health Working Group will review these successes in the South East and consider scaling this training.

## Roma Mental Health Promotion

In the Roma community, peer workers play an especially important role in developing culturally appropriate spaces to support mental health. Recognising that stigma around mental health can deter participants from engaging in branded mental health events, peer workers strive to create inclusive, mentally healthy spaces that promote wellbeing in a culturally appropriate environment. Supports are embedded into activities such as sports, trips, education, and community events.



**“If you would like to talk about mental health directly, no one would show up. You need to wrap it nicely into something else.”**

**- Roma Health Worker**

As discussed in the 2025 Autumn Bi-Annual Report, the Roma community faces significant day-to-day barriers in life that can make it especially difficult for individuals to prioritise mental health care. Stressors about accommodation, overcrowding, food insecurity, and transportation can dominate daily living, leaving little time to address mental health despite it being a major need. Recommendations to address the social determinants of mental health are especially important for the Roma population. The National Traveller and Roma Mental Health Working Group has commissioned research on Roma Mental Health which is due to be published later this year. These findings will guide a targeted approach to supporting the unique mental health needs of Roma people across Ireland.

### Project Highlight: Roma Youth Boxing Classes



**NEWKA**, a local development company in Kerry, focuses on community development by providing mentally healthy activities. Recently, they've found that their free boxing classes are popular among Roma teenagers, giving them a safe space to learn a new skill, engage in physical activity, and socialise away from their phones.

## Theme 2: Clear Need for Mental Health Supports for Peer Workers

Traveller and Roma peer workers are uniquely positioned to build trust, connect services, and provide early interventions for the populations they serve. Traveller Primary Health Care Workers are a key role within the peer support model, but for the purposes of this report we have included all peer workers in these findings. We encourage readers to familiarise

themselves with the recently published evaluation of Primary Health Care Workers<sup>5</sup>, which explores this topic in depth.

Building on findings from the 2025 Autumn Bi-Annual Report, survey responses and qualitative interviews emphasised both the importance of the role of a peer worker and the additional pressures and burdens on the role. It's important to note that peer workers, HSE staff, and those in the community and voluntary sector share the view that peer workers are both essential to service delivery and in vulnerable roles that face additional pressures that can have negative impacts on their own mental health and wellbeing. There is wide agreement that there need to be better supports for these workers to ensure their own mental health is minded.



**As a Traveller working in my community and managing Traveller team dealing with crisis after crisis - it has become apparent that a budget for self-care, counselling and professional support for all teams is necessary.** Also, while welcome and effective, one regional Traveller Mental Health Coordinator per Traveller [Community] is completely inadequate.

- Survey Respondent

### Research Spotlight: Review of Primary Health Care for Travellers Projects



Under both the HSE Service plan commitment 2025 under the **National Traveller Roma Inclusion Strategy II**, an independent evaluation of the Primary Health Care for Travellers Projects was completed in February 2026. This comprehensive review touches on several topics identified in this report, and the NTRMHWG encourages readers to access the evaluation in the footnotes for further review.

### *Workers are Embedded in their Community*

Peer workers are by definition those who live in their community and provide services and connections on behalf of the health service or a community/voluntary service. The embedded nature of the role is a key strength, the shared culture and norms, trust, and understanding that comes from a peer worker positions them to support their community and help build positive bridges into health services. At the same time, this unique position leaves workers themselves especially vulnerable, particularly when the community experiences distress, tragedy, or challenges. The workers often share that despite what hours their contract says, they 'never clock out' of the work they do in the community and are often a first point of contact. This challenge is especially pressing when it comes to mental health challenges and deaths in the community.

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<sup>5</sup> Donnelly, Susie (2026) [Review of the Primary Health Care for Travellers Projects](#) (PHCTPS). Susie Donnelly Research, Department of Health



Peer workers are absolutely amazing facing suicide and crisis on a regular [basis] being there to help and support families that they them self don't even recognize all their work they have put it to them it's just helping their communities or families go so unrecognized

- Survey Respondent

### *Benefits and Pay Structures for Peer Workers*

Many peer workers are funded through community organisations on short-term structures, meaning their contracts are time-bound, often one year in length due to lack of multi-annual funding. This creates permanent job insecurity for critical roles within the health service and community/voluntary sector and can be a cause significant stress on the peer worker. This structure often excludes key benefits to workers, including retirement or pensions.

Furthermore, there can be additional burdens on staff that can be exposed to trauma, including suicides. As such, research should be commissioned to measure the mental health impacts of working in these spaces for Traveller and non-Traveller staff alike.

In addition to providing secure contracts and investments in these roles, it is worth considering the addition of benefits that support the positive mental health of the peer workers. These considerations could include:

- Access to Employee Assistance Programmes (EAP) and other supports
- 1:1 and group supervision programmes
- Bereavement days and mental health days, in addition to annual leave
- Paid time to attend support groups and wellbeing courses
- Career progression pathways that reduce burnout
- Adequate resourcing that allows for local coverage of positions so that workers can take time away
- Mental health promotion activities and recognition of the role

I feel that the **community health workers in our team are overwhelmed by addressing mental health issues** [and] that they would benefit from regular wellbeing courses and "away" days



- Survey Respondent

### Theme 3: Youth Mental Health

Traveller and Roma youth often face additional challenges when it comes to managing their mental health. Along with the regular difficulties of adolescence, Traveller and Roma youth can face early experiences of discrimination from peers, exposure to grief and loss at a young age, and generational differences from their elders. This can lead to heightened feelings of stress, anxiety, and hopelessness. At the same time, Traveller and Roma youth grow up with strong family bonds, cultural pride, and resilience that is central to wellbeing and recovery.

CSO data from 2016 notes that nearly 6 in 10 (58.1%) Irish Travellers were under 25 years of age (0-24) compared to just over 3 in 10 (33.4%)<sup>6</sup>. in the general population, indicating that a significant amount of Travellers are young. Recognising the importance of Traveller and Roma youth mental health is critical so all young people in Ireland have the opportunity to grow up with dignity, hope, and support for life's challenges.



**“For young Travellers [after a suicide], everything is in close quarters. When a death occurs, the young people in the community hear these talks. There’s concern for them, for their vulnerability,”**

- HSE Resource Officer for Suicide Prevention

### *Mistreatment in Schools*

Bullying came up in interviews across the country as an urgent issue to be addressed, particularly when considering causes of youth suicide. Bullying in schools, within their own communities, and abuse or mistreatment from adults can all impact Traveller and Roma youth mental health. For many Traveller families, there is significant concern that mental health troubles for youth often start at school. This can be from bullying, class segregation from settled students, mistreatment from teachers, or feelings of being targeted or othered in the school setting. Indeed, the University College of Cork (UCC) recently published research that found racialised inequalities in education settings.<sup>7</sup>

Notably, one key finding from the UCC report was that some schools can be hostile places that cause much hurt and pain for Traveller young people. The report states that several pupils disclosed serious mental health struggles, including anxiety and depression, and linked these to a lack of care and empathy at school.

While many interviewees for this report used the words ‘bullying’ to describe mistreatment in the school setting, it is important to recognise the larger societal factors of racism and discrimination in the incidents. Naming the underpinning racialised nature of these incidents as UCC has done in their research brings to light the lived experience of many Traveller students who not only face bullying from fellow students, but inadequate support from school employees when bullying does occur. Furthermore, the research from UCC emphasises another key finding to this point: Relationships between Traveller young people and school staff are crucial, but most Traveller young people in this study reported negative relationships with teachers.

Societal tolerance of mistreatment in schools for Traveller youth, including from adults in charge of their care, has detrimental impacts on Traveller youth mental health and must be urgently addressed.

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<sup>6</sup> Central Statistics Office, 2016. <https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8itd/>

<sup>7</sup> Campion, G., Neary, A., Burke, A., Rogan, A.-M., Coffey, R. and Ingram, N. (2026) [Traveller transitions: Racialised inequalities in education](#). Cork: University College Cork.

## Research Spotlight: Racialised Inequalities in Education



**University College Cork** recently published research that found racialised inequalities in education settings.<sup>3</sup> Notably, one key finding was that some schools can be hostile places that cause much hurt and pain for Traveller young people. The report states that several pupils disclosed serious mental health struggles, including anxiety and depression, and linked these to a lack of care and empathy at school.

### *Tailored Supports for Traveller and Roma Youth*

Special care should be taken to recognise the unique lives of young people in their cultural and generational context. Interviewees highlighted that the context for many young Traveller or Roma people may be very different from older generations, and as such assumptions about language, literacy, technology use, and mental health stigma for an entire culture do not always reflect commonalities found among younger generations.

In the 2026 Spring Bi-Annual Survey, 0% of survey respondents focused specifically on Roma Youth, and only 5% of survey respondents were focused specifically on Traveller Youth. While there may be projects involved in this work that did not respond to the survey, it is worth exploring the establishment and engagement of projects to support Traveller and Roma youth, particularly given the generation variances discussed above and the importance of early intervention in promoting lifelong positive mental health.

**0%**

of Roma projects that responded to the survey indicated a specific focus on Roma Youth

**5%**

of Traveller projects that responded to the survey indicated a specific focus on Traveller Youth

### Project Highlight: Tailored Supports for Traveller Youth



**Mind Your Nuck** is a website that provides mental health support to Traveller youth and their parents and includes information about and advice across a variety of topics, including body image, alcohol use, grief, and problems at school. It was co-developed by Pavee Point with Travellers and includes information both in audio and text format.

Young adults and teenagers in 2026 grew up as digital natives, often with access to internet and social media their whole lives. As such, they may be much more comfortable seeking information about mental health online, including watching videos that discuss mental health. While this can be a positive way for youth to seek support, there is also the risk of exposure to misinformation, and negative mental health impacts from being online, particularly from social media.

For some, they have received mainstream messaging about mental health through media or schools and do not always feel the same shame and stigma of their elders when it comes to recognising the importance of mental health. However, challenges can remain in accessing support for mental health, either through fears of judgement within the community, a lack of culturally appropriate services, or a sense of confusion and overwhelm trying to navigate the health system.

**These findings indicate an opportunity to consider the principles of co-development not just from a cultural perspective but a generational one. There is an opportunity to better engage with Traveller and Roma youth to co-develop mental health supports that feel relevant to their own lived experience.**

Furthermore, tried and true mental health supports resonate with youth. Social groups that give positive outlets and opportunities to mingle with peers support healthy development and provide easy entry points for engagement. Talk therapies that are tailored for youth and developed with cultural awareness of Traveller and Roma cultures are especially valuable.

### Project Highlight: Youth Counselling Service



**Finglas Youth Resource Centre has a youth counselling service, the 'Hear Me Out project' within their service and work closely with Finglas Counselling service which has allowed them to support young Travellers to access counselling for free. They have found there has been an openness to talk about counselling and mental health supports within the community.**

## Theme 4: Lasting Impacts of Trauma on Mental Health

Trauma-informed care grounded in cultural awareness is essential for providing meaningful mental health support for Traveller and Roma people. Such approaches must recognise both intergenerational trauma and the ongoing hardships these communities experience. As highlighted in the 2025 Autumn Bi-Annual Report, there is often a lack of trust in health services among Traveller and Roma communities, rooted in historical trauma as well as recent experiences of discrimination and racism within health services and the wider society.

Contemporary life for Traveller and Roma people continues to be shaped by racism, social exclusion, limited access to services, and broader social determinants of health. Traveller communities also experience a significantly shorter life expectancy and suicide rates up to ten times higher than that of the general Irish population. These present-day harms, alongside intergenerational impacts, are critical factors influencing Traveller and Roma mental health and must be central to the design of effective, culturally safe responses.

In this context, resources that are tailored for the community are especially important. For example, Travellers may not feel as comfortable asking for help through a national texting line, which is why Pavee Point developed a texting line for Traveller Youth. Important, too, is a highly competent staff at the health service, from front desk to consultants, to ensure that services provided are rooted in dignity, respect, and recognition of the lived experience of the service user.

### Project Spotlight: Culturally Appropriate Texting Line for Traveller Youth



**Pavee Point** provides free, confidential, 24/7 support to Traveller youth. By texting PAVEE to 50808, Travellers can get free, culturally responsive confidential support

### *Fear of Child Removal in the Traveller Community*

Interviewees highlighted that intergenerational trauma continues to shape and inform Travellers' engagement with services, particularly for Traveller mothers. There is a fear in the community that seeking mental health support could result in child removal or institutional involvement, which deters Traveller women from seeking support. In peer support groups, participants frequently express fear that seeking help for their own mental health could be used to deem them as unfit parents. It is important to acknowledge the real fear that prevents women and families from asking for help.

One potential solution to this has been other Traveller women sharing their experiences of seeking mental health support without child protection consequences. These personal stories from women in similar situations help address the fear, and could be considered as a future strategy for encouraging Traveller mothers to feel comfortable seeking mental health supports they may need. Co-developed, clear communications from the health service and other public bodies emphasising the importance and safety of seeking mental health care for women and families, and reiterating the confidential nature of mental health visits, could help reduce fear for those who may need to seek support. Provision of family friendly health care services could also reduce the fear surrounding access to mental health services.



## Part III: Access to Mental Health Supports

Like everyone, there will be times that Traveller and Roma people will need extra help managing their mental health. These supports may come from the community and voluntary sector, religious leaders, or close family and friends. It could also come from the health service, managed through a GP, nurse, community-based Mental Health team, counsellor, emergency department or a crisis intervention team.

This report has a special focus on the role that health services play in the lives of Traveller and Roma people. In the next sections, we will explore the lived experience of those seeking care, the role that families play, and the confusion often felt by service users seeking help.

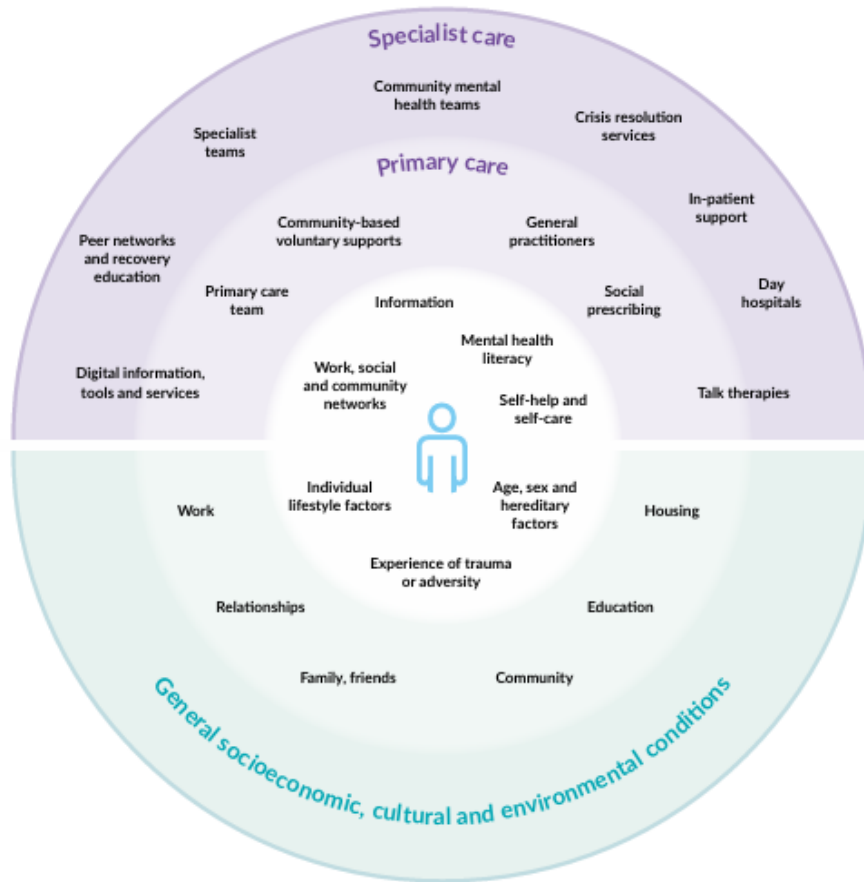
**It is important to recognise that this report is not intended to be comprehensive research on the health structures, and that we did not interview or highlight every role that could impact Traveller or Roma mental health. Rather, these findings should be used as a starting point, with the understanding that greater research and evaluation on the efficacy and clarity of mental health care may for Traveller and Roma people may be needed.**

### Regional Variance of Roles Impacts Integration of Mental Health Care

Every region and indeed every community has different resources available to them to support Traveller and Roma Mental Health. Even in mainstream services available, there are barriers to care at every level. For example, GPs may not be taking new patients, there may be significant waits to see a Community Mental Health Team, and emergency services may have hours-long waits and need to triage care. This can make it difficult for anyone seeking mental health care, and especially so for Traveller and Roma people. Geographical considerations (urban v. rural) and travel distance to services are important factors to consider as well.

Sharing the Vision sets out a model for a person-centred mental health system that recognises the wider social determinants of mental health and the many points of engagement and care for service users across Ireland. Figure 1.2 below gives an overview of these mainstream mental health services.

Figure 1.2: Mainstream Person-Centred Mental Health System<sup>8</sup>



Under Sharing the Vision, the Integrated Crisis Response Pathway for Adults (ICRP) work is mapping crisis response components nationally and by region to support pathway development and recommendations. The mapping and pathway outputs are expected within 2026. This mapping process will recognise and account for the barriers for priority populations like Travellers and Roma to support efforts to develop equitable access to services across the country.

Furthermore, population-based needs assessments should inform provision of mental health services, with awareness of the impacts of Traveller and Roma populations. Equal access to services should be granted to all people in Ireland, regardless of geographic location or ethnicity.

In addition to the above resources, some regions have additional mental health supports, some developed as targeted support for Traveller mental health. Below are some common additional mental health supports, though it is important to note access varies by region.

<sup>8</sup> Source: [Sharing the Vision 2025-2027 Implementation Plan](#), Page 20

## Additional Mental Health Supports Available in Some Regions:

- Traveller Mental Health Liaison Nurses
- SCAN Nurses/Traveller SCAN Nurses
- Primary Health Care Traveller Projects
- Home Based Crisis Response Teams
- Solace Cafés
- Home Based Crisis Resolution Teams (CRTs)
- Community Development Organisations
- National Traveller Counselling Services
- Local NGOs

### Project Highlight: National Traveller Counselling Services



**The National Traveller Counselling Services** offer online, phone, and in-person counselling to Travellers across Ireland. There are five regional hubs in Galway, Mayo, Kildare, Cork, Wicklow, and Dublin. In addition to counselling services, they provide advocacy to clients and support establishing local Traveller mental health steering groups.

This service is an excellent example of integrated mental health supports provided nationally with a consistent, culturally appropriate approach.

Across regions, there are innovative approaches within the HSE to supporting timely access to mental health services for Travellers. We've highlighted some of these roles below:

#### **Community-Based Peer Workers, Including Primary Health Care Project Workers:**

Community-based peer workers that provide health information, sign-posting, and community development work at a local level in partnership with the HSE

**Traveller Mental Health Coordinators:** Regional positions that support local Primary Health Care Projects and Traveller NGOs with local promotion and sign-posting of mental health supports available

**Traveller Mental Health Liaison Nurses:** Support clients on a one-to-one basis, providing clinical insights and system navigation, enabling a clear pathway for service users and dedicated support to families

**SCAN Nurses:** Where currently available, Suicide Crisis Assessment Nurses are senior mental health professionals who provide rapid, specialised assessment in GP settings for patients experiencing suicidal ideation. They work to provide immediate intervention and care, while diverting unnecessary visits to the ED.

In most areas, SCAN nurses are for ages 18+, though there is a Child Adolescent Mental Health Services (CAMHS) SCAN service in North Dublin for youth.

## Role Spotlight: Traveller SCAN Nurses



Two Traveller Suicide Crisis Intervention Nurses (SCAN) have been recruited in March 2026 in Galway. These roles will use the established SCAN model with a special focus on supporting Travellers in the community, as well as supporting other SCAN nurses who may be working with Travellers across the country.

Importantly, SCAN nurses collect ethnicity data, providing insights of usage among Traveller and Roma people. This enables better evidence-based interventions. This data was used to identify where the first Traveller SCAN nurses should be posted.

Continuous learning from these new posts in Galway will help inform future staffing of positions such as Traveller SCAN nurses.

A comprehensive review of health services available in each health region should inform future strategies to provide equitable, integrated mental health services for every person in Ireland, with a particular consideration of the needs of Traveller and Roma communities.

### Roma Mental Health Care in the HSE

There are not Roma specific mental health positions within the HSE. While Roma communities have access to mainstream services, and the Roma Health Network is a close collaborator with the National Traveller and Roma Mental Health Working Group, there is no dedicated position to address Roma mental health within the HSE. Current research on Roma Mental Health will identify any emerging Roma mental health needs.

#### *Regional Interagency Approach for Roma Wellbeing*

The **Tralee International Resource Centre (TIRC)** has worked for many years directly with Roma families in Kerry. TIRC commissioned research in 2018, funded by TUSLA, to establish a sociodemographic profile of Roma families in Kerry. The need for a clear action plan to best support the needs of Roma families was evident, and with HSE funding this research was commissioned. The aim was to identify the health needs of Roma in Cork and Kerry, the obstacles to accessing services and possible solutions and to present a Strategic Plan which outlines specific actions. *Te Rode! Neva Dram 'We are Looking for a New Way'* A Health Strategy for Roma Families in HSE South West was published in 2024.

#### **This Regional Strategy has led to:**

- **A Roma Action Plan for Kerry:** A coordinated interagency committee chaired by Local Development Company NEWKD, bringing together; HSE, TIRC, Education, TUSLA, Local Authority (LAIT), Traveller Development and Health Project and community partners to drive delivery of the Strategy and report on progress.

- **Development and roll-out of a Health Training Programme for Roma peer support workers and Roma support workers;** TIRC are leading on this training for Roma peer support workers who now support families with health navigation, health promotion, and access to services. The Roma peer health support workers are supported by a Roma project co-ordinator in TIRC (roles funded by HSE Section 39 funding). In line with the recommendations from *Te Rode! Neva Dram 'We are Looking for a New Way'* A Health Strategy for Roma Families in HSE South West, a number of HSE departments are involved in the training programme for Roma peer support workers and Roma support workers; HSE Adult Mental Health service, Maternity and family, Sexual Health, Dietitian, Health Promotion, Drug and Alcohol supports, Kerry Community Work and Public Health Nursing from the Migrant Health Services Team.
- **Development of Roma supports in partnership with local organisations** Strengthened collaboration between TIRC, HSE and community partners to expand culturally appropriate supports for Roma families.
- **Increased visibility of Roma health needs across statutory and community services** The Strategy has raised awareness of barriers faced by Roma families and has begun influencing service planning and frontline practice.

This interagency collaborative approach is a positive model that could inform other regions.

### Regional Highlight: Health Training Programme for Roma Peer Workers



In collaboration with HSE Community Work Department, a 10-week training programme has been created and implemented to equip Roma peer support workers in Kerry with knowledge and skills to support community health initiatives, improve health literacy, and act as trusted links between the community and health services. In 2026, Roma Peer Workers from Cork are attending the training, with aim to implement a train-the-trainer model to bring this programme to Cork.

## Timely Access to GP Services

2026 Analysis of GP Shortages through the Irish College of GPs indicates a significant shortage of GPs in Ireland<sup>9</sup>. Additionally, through qualitative interviews both from community workers and HSE staff, access to a GP is a major barrier to Traveller and Roma people having access to mental health care. Oftentimes, a GP is the first line of contact to refer to more acute services, and if someone is unable to be seen by a GP it can be very hard to receive care. It can be especially difficult to source a GP when a person is experiencing a mental health crisis, which may impact on Emergency Departments.

At times, GPs are not accepting new patients or are not enrolling patients with medical cards. While this can occur within mainstream health services, Traveller and Roma people

<sup>9</sup> [Analysis of GP Shortages- GP capacity and areas of GP shortages pressures - Irish College of General Practitioners Website](#)

experience racism and discrimination in their everyday lives, and based on these lived experiences, may understandably perceive being refused by a GP as another instance of discrimination. In some cases, this perception may be accurate. Being turned away from a GP can have devastating consequences for a Traveller and their family, particularly for their mental health, regardless of the original reason for seeking GP care. For this reason, the health service should explore ways to improve transparency and communication from GP practices, ensuring that decisions, especially when not taking new patients, are conveyed clearly, respectfully, and with cultural awareness.

**A significant issue is the extent to which barriers to GP access undermine the effectiveness of existing dedicated mental health roles. For example, both SCAN nurses and Traveller Mental Health Liaison Nurses depend on GP referrals to connect individuals with mainstream mental health services. These roles are designed to act as early intervention points and to divert people away from more acute care settings, but they rely on an accessible GP as a gateway. When GP access is limited, the availability and overall effectiveness of these vital supports is significantly reduced.**

## Dual Diagnosis

While there is a Model of Care for dual diagnosis being rolled out, there is not yet equitable access to this developing service across the Country. This lack of access to appropriate care is increasingly becoming a barrier to those who struggle with both mental health and addiction at the same time. It is crucial to note that the interviewees highlight the emergence of uses of substance in moments of crisis and incidents of suicide among the Traveller community.

A considered response to this reality within the health service could improve outcomes and ensure people are receiving access to all the care they need, rather than being turned away from services. Opportunities to address mental health and substance misuse together reduce risks and relieves pressure on families and frontline workers.

It was also highlighted subjectively in one interview that Child and Adolescent Mental Health Services (CAMHS) redirected a young patient who are using drugs. The lack of clarity on which service to approach could leave vulnerable youths without access to critical care.

While dual diagnosis is a key recommendation (#57) within *Sharing the Vision*, and some interviewees highlighted early optimism at projects aiming to address this, it is still an emerging response. Communities would benefit from greater supports in this area. More than one interviewee called for integrated mental health and substance misuse pathways, with a greater recognition of the impact of this on Traveller communities.

## Acute Care and Crisis Response

While there is a recognition that hospital admissions provide a level of respite and security for service users and their family members, innovative developments in acute care can mean that service users are being seen outside of a hospital setting. For example, Crisis Resolution Teams operate in some areas and provide rapid, time-limited home-based

support as an alternative to admission. Evaluation findings suggest many assessments are completed within 72 hours, but availability and out-of-hours cover vary by site.

While these innovations can be positive for service user and their families, it is important to communicate clearly with service users about services that divert from hospitals. Historically, mental health care was given primarily in a hospital or inpatient setting, so if a service user is referred to a different (community) type of care, it can cause distress or confusion to the service user and their family.

Multiple points of communication and ongoing support to service users and their families could help them understand the support they are receiving and ensure that they understand the type of care they are getting and the reasons behind it.

### Ways to support better service users' understanding of acute care:

- Clear, plain language communication
- 1-1 check-ins with families to understand next steps
- Multiple opportunities to ask questions
- Post discharge plans that are culturally appropriate in language the service user and family understand
- Frequent follow-ups

Traveller Mental Health Liaison Nurses provide client support and are especially helpful to service users and their family during times of crisis. They can help the service user and their family understand the process and provide regular support throughout their care journey. They are there to explain processes, ensure follow-up care, and liaison across health services to ensure service users have dedicated support.

#### Regional Highlight: Integrated Approach to Traveller Mental Health



The South East Region has **two Traveller Mental Health Liaison Nurses** in two communities, Kilkenny and Wexford. Their integration with the Traveller Mental Health Coordinators, local Traveller Wellbeing workers, and longstanding Traveller Primary Health Care Project Workers create an ecosystem that supports Traveller Mental Health through partnership, advocacy, and trust building across the continuum of mental health.

Peer workers provide trust, access, and cultural credibility, while nurses provide clinical insights and system navigation, creating a clear pathway for service users and dedicated support to families to help to demystify the health system along the way.

Further exploration of this role within regions could inform opportunities to enhance mental health care for Travellers across Ireland, and could be adapted to support other priority groups as well

## The Role of Families in Supporting Mental Health

Another key finding from the interviews is the important role of family members of those seeking mental health supports. Family members and those closest to a service user can be key allies for supporting follow-up care, attending appointments, and recognising any signs of behaviour change. However, often family members can face confusion about the care a loved one is receiving, which adds to feelings of concern and distress.

Recognising the role that family members play in supporting a service user's mental health could enhance the experience of care. Special care should be taken to develop communicative, trusting relationships with family members and ensure they understand the care their loved one is receiving. Frameworks and models that recognise the importance of family should be considered for mental health care in Ireland. For example, a family-focused intervention for Parental Mental Illness, as demonstrated in the PRIMERA<sup>10</sup> model, explores a family module in an Irish context.



## Part IV: Suicide Reduction Training

### Suicide Reduction Training Overview

The final section of the 2026 Spring Bi-Annual Survey focused specifically on suicide reduction training to better understand the landscape of training across Ireland for Traveller and Roma projects focused on mental health.

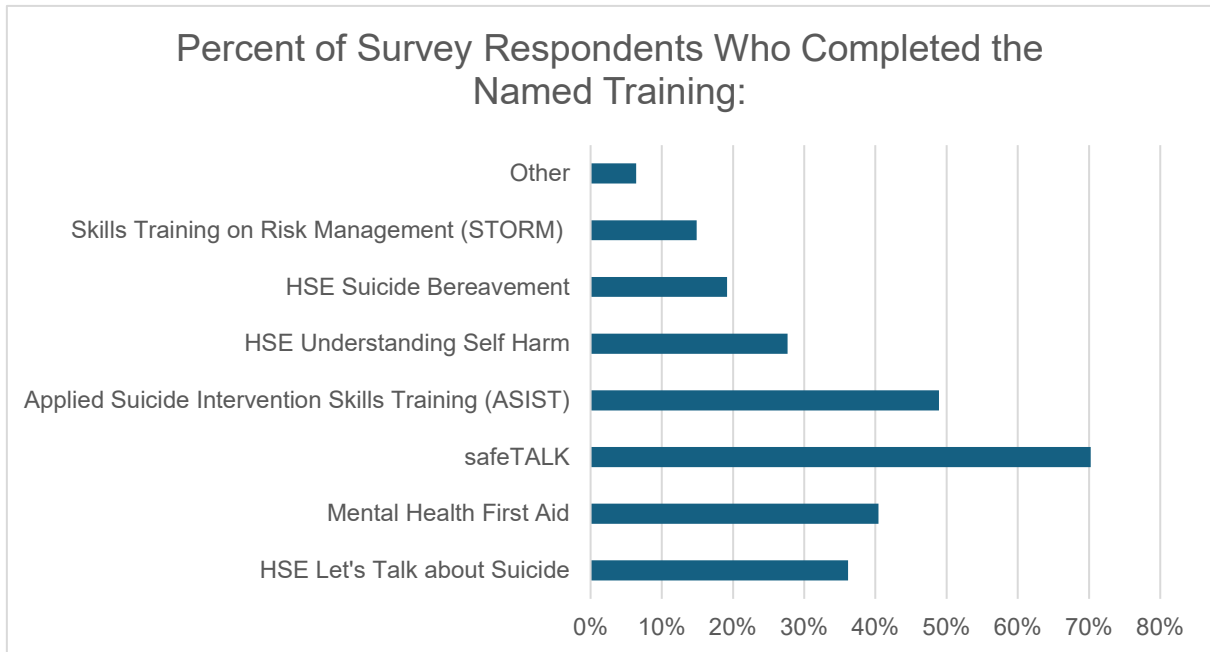
**The HSE resources a suite of training both internally and to community organisations, including:**

- HSE Let's Talk about Suicide
- Mental Health First Aid
- safeTALK
- Applied Suicide Intervention Skills Training (ASIST)
- HSE Understanding Self Harm
- HSE Suicide Bereavement
- Skills Training on Risk Management (STORM)

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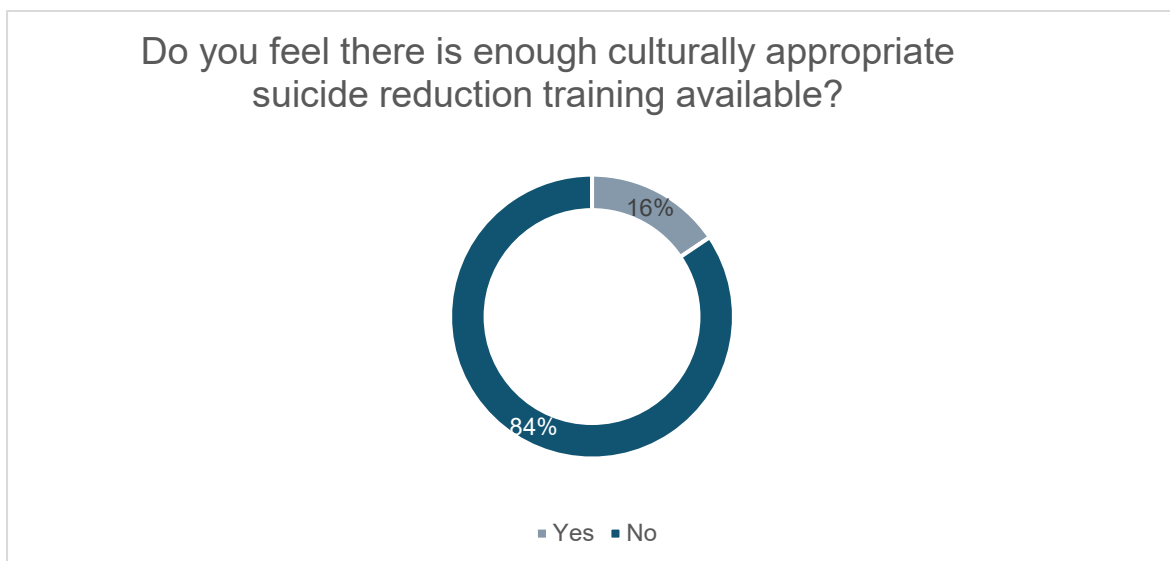
<sup>10</sup> Furlong M, Mulligan C, McGarr S, O'Connor S and McGilloway S (2021) [A Family-Focused Intervention for Parental Mental Illness: A Practitioner Perspective](#). *Front. Psychiatry* 12:783161. doi: 10.3389/fpsy.2021.783161

Of these offerings, safeTALK (70%) and ASIST (49%) are the most attended among survey respondents. When appropriate, the NTRMHWG could support additional uptake of training among Roma and Traveller mental health projects, to ensure that existing resources are used. An additional finding from survey comments is that regularly offering refresher courses for those who have previously taken the training would keep these trainings more relevant and top of mind for staff and volunteers alike.



This recommendation, however, needs to be taken into consideration with other findings, including significant concerns regarding the culturally appropriate nature of some of the trainings. **A key finding of the survey is that a clear majority of all survey respondents indicated that there is not enough culturally appropriate suicide reduction training available.**

84% of all survey respondents do not believe there is enough culturally appropriate suicide reduction training. The following sections will explore this finding for both the Traveller and Roma population.



## Suicide Reduction Training: Traveller Projects

### *Ongoing Co-Development of Training*

The HSE National Office for Suicide Prevention has partnered with Traveller Visibility Group Cork to co-develop a culturally appropriate suicide reduction training for Travellers. While this is an incredible development and anticipated to provide critical support, there continues to be calls for more culturally appropriate training for Travellers when it comes to mental health. Learnings from this co-development process should be closely watched to inform future work in this area.

### **Project Highlight: Traveller Co-Development Suicide Reduction Training**

*Let's Talk About Suicide* has been designed to support the learner to:

- Recognise the signs that someone may be thinking about suicide
- Confidently engage with a person and speak openly about suicide
- Support a person who is thinking about suicide, to get help
- Practice self-care when supporting a person who is having thoughts of suicide



A co-development project is ongoing to shape and develop the material in the context of Traveller lives and their experiences. The aim of this particular project is build the skills and confidence of all Travellers over the age of 18 to have the knowledge and confidence to know what to say and what to do if they are concerned that someone may be thinking of ending their lives.

This training is actively under development and is anticipated to launch early next year.

### *Culturally Appropriate Suicide Reduction Training for Travellers*

# 82%

**Of survey respondents that serve the Traveller population do not believe there is enough culturally appropriate suicide reduction training.**

While some projects (18%) indicated that they felt the general training offering was appropriate and did not need to change, there were others that felt it was especially important to adapt the training to a cultural context. Several projects highlighted that some of the trainings available are licensed from other countries, and do not always translate to an Irish context, let alone a Traveller specific context in Ireland.

### Survey Comments Regarding Available Suicide Reduction Training



*'Let's Talk about Suicide* could be amended to scenarios that would take place in an Irish context'

'...Particularly for the Traveller community, adapting the above courses with a cultural lens could improve uptake and participation.'

'The [training] could be aimed or adjusted at the Traveller community, taking into account the level of Discrimination & Racism that they face.'

'There could be far more Traveller specific and in the case of the courses licenced outside of Ireland they could be far more Irish specific and contextualized. I feel we should be commissioning/developing our own training programmes in Ireland and not licence programmes from other districts which for me adds to the stigma and reduces the relatability to the course content.'

Additional sensitivities in the trainings may be necessary for the Traveller community in Ireland. It is common that peer workers and those taking the training may have themselves been impacted by suicide in their family. This is especially important taken into consideration the feedback about the need to care for the mental health of peer workers.



'My concerns about promoting SafeTALK amongst Travellers are that nearly all have connections to someone who has died by suicide, has their own personal challenges and are left without supports if someone tells them that they are suicidal.'

- Survey Respondent

### Suicide Reduction Training: Roma Projects

89%

**Of survey respondents that serve the Roma population do not believe there is enough culturally appropriate suicide reduction training.**

For projects focused on the Roma population, there is clear agreement among survey respondents and interviewees that culturally appropriate mental health training is needed, from health promotion to suicide reduction training. While there is an ongoing research project to better understand the mental health needs of Roma people, it is clear that further research is needed about how to best deliver culturally appropriate suicide prevention training to a diverse Roma population in Ireland that includes various language speakers.

### Survey Comments Regarding Roma Suicide Reduction Training



**‘There is a limited understanding of suicide of the Roma population, and currently no tailored suicide prevention training exists to address Roma-specific needs.** Further research in the Irish context should be prioritised, alongside improved data collection, to inform culturally appropriate and effective interventions. In addition, the development of targeted suicide prevention training, co-designed in collaboration with Roma community members, should be considered to ensure relevance, accessibility, and impact.’

‘I am not aware of any available suicide reduction training that is culturally appropriate to Roma.’

**‘More culturally appropriate training** that would include the historical background of particular communities, traits and patterns of suicide’

## Conclusion

The aim of the NTRMHWG Bi-Annual Report is to deliver an insightful overview of mental health initiatives developed in active partnership with Traveller and Roma communities across Ireland and document the work that took place between October 2025 – March 2026 (Q4 – Q1). While every attempt was made to capture timely insights within the reporting period, the nature of much of the project work is continuous and will be ongoing into Q2 2026 and beyond. The thematic focus of suicide reduction in the spring report strove to identify emerging themes and areas of focus.

While this report is not national research, we believe this report can help provide insights to the NTRMHWG and other bodies supporting Traveller and Roma Mental Health. The National Traveller and Roma Mental Health Working Group will deliver another report in Autumn 2026. We look forward to continuing conversation about how we can support organisations and increase synergy to improve Traveller and Roma Mental Health across Ireland. Conclusions of this report to inform ongoing work are captured below.

## Key Findings:

### **1. Evaluation of HSE Structures and Roles is Needed**

While each Health Region and Integrated Healthcare Area provide services based on their local population needs, the regional and systemic differences in care delivered across the HSE can have impacts on equitable access to care for Travellers and Roma. While many positions and structures exist, a comprehensive evaluation of roles and integrations could bring clear roles and structures nationally, enabling a consistent regional model that provides integrated, person-centred care.

### **2. Need for Investment in Traveller and Roma Youth Mental Health**

There may be a gap between the perceived need for youth supports in the community and the level of projects explicitly addressing them. Investment in Traveller and Roma youth mental health, including co-development with young people, with particular attention to the school setting, could impact positive change.

### **3. Peer Workers are Essential, But Systemically Overburdened**

It is widely acknowledged that the peer workers play an invaluable role in the provision of services, however peer workers face daily stressors and inadequate workplace supports. Low wages, insecure contracts, and lack of access to benefits impacts financial safety for these roles and can impact the mental health of workers. Addressing the systemic inequality in the model for these roles should be a priority.

### **4. Further Exploration of Roma Mental Health Structures are Needed**

There are limited roles focused on Roma mental health as a priority group. Comprehensive review of service access and population need should be considered, with a particular focus on broader social determinants of health for this group. While it is recognised that research on Roma Mental Health will be published later this year, a parallel review of internal structures and readiness to support Roma Mental Health should be undertaken.

### **5. Timely Access to GPs is Needed**

Limited access to a GP is a major barrier to access to health services. There are a significant shortage of GPs, and not all GPs accept patients with medical cards. This causes additional barriers on Traveller and Roma people. This has consequences on primary care services and additional services such as SCAN or Traveller Mental Health Liaison Nurses that rely on a GP referral.

### **6. Need for Culturally Appropriate Suicide Reduction Training**

Further efforts are needed to ensure suicide reduction training is culturally appropriate, including co-developing tailored programmes and enhancing facilitators' cultural awareness to support meaningful engagement with participants. Developing

culturally appropriate training across the full spectrum of mental health supports is essential for effective suicide reduction.

To support continuous improvement, documentation of lessons learned from the co-development of Let's talk about Suicide should inform future co-development efforts.

## 7. Further Exploration of Primary Aims Mental Health Project

The NTRMHWG will examine the availability of mental health projects across the full continuum of need to identify any gaps in provision, both at the community level and within the HSE.

## 8. Findings from the 2025 Autumn Bi-Annual Report Remain Pressing:

Throughout the data collection process, it was clear that findings from the 2025 autumn report remain highly relevant, particularly within the thematic focus of suicide reduction. Many of these factors were mentioned in brief throughout the report, and we encourage readers to review the full report.

Particularly relevant to the 2026 report are the role of racism and discrimination, the challenges that exist within structures and processes, and the importance of lived experience and trusting relationships. Findings are summarised below:

### Key Enablers identified in the Autumn 2025 Bi-Annual Report:

Lived Experience	Trust and Relationships	Tailored Support	Community Building
<ul style="list-style-type: none"> <li>• <b>True representation and leadership</b> drive improvement and are key to all project work</li> <li>• <b>Self determination</b> allows community members to have a say in their care</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Relationships as a bridge</b> for communities is key to project success</li> <li>• <b>Meeting the community where they are</b> reduces barriers and provides services to the needs presented</li> <li>• <b>Dedicated HSE staff</b> such as Traveller Mental Health Coordinators provide crucial support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Community-developed resources</b> ensure culturally appropriate messages</li> <li>• <b>Trauma-Informed Care</b> supports holistic wellbeing of individuals</li> <li>• <b>Specialist Care</b> acknowledges the distinct experiences of Roma and Traveller communities</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Community groups</b> are an avenue to providing mental health support</li> <li>• <b>Judgement-free, joyful spaces</b> celebrate the lives and culture of Traveller and Roma people and create pathways to trust</li> </ul>

## Key Challenges identified in the Autumn 2025 Bi-Annual Report:

Resource Sustainability	Structure and Processes	Social Factors	Racism and Discrimination
<ul style="list-style-type: none"><li>• <b>Challenges to staffing and people resources</b> impact service delivery</li><li>• <b>Community Worker Wellbeing</b> is suffering from stress of daily work</li><li>• <b>Funding Structures</b> like once-off funding creates instability for project planning</li></ul>	<ul style="list-style-type: none"><li>• <b>Complex governance and oversight structures</b> can burden workers</li><li>• <b>Regional variance</b> in prioritisation for Traveller and Roma mental health</li><li>• <b>Disjointed service delivery</b> can create gaps in care and confusion among service users</li></ul>	<ul style="list-style-type: none"><li>• <b>Stigma in community</b> about mental health</li><li>• <b>Complex and urgent social determinants of health</b> within community</li><li>• <b>Dual diagnosis</b> can be difficult to manage in seeking services</li><li>• <b>Intersectional identities</b> face additional structural challenges and harm</li></ul>	<ul style="list-style-type: none"><li>• <b>Traumatic experiences of racism and discrimination</b> impact daily life</li><li>• <b>Lack of understanding from service providers and trainers</b> can deter service users from seeking help or engaging with services</li></ul>

## Appendix of Policy Actions

This is a supplemental review meant to provide policy context and a singular overview, rather than in-depth reporting on each action within the policy. Further information about actions is available upon request. Please note that every effort was made to provide the most up-to-date information, however some policy data collection periods did not align with the timeline of this report. When more recent updates are not available, this was noted.

Due to sequencing of the report for policy reports, it was not always possible to give action level updates, and it is noted when no available update was received.

### National Traveller Health Action Plan (NTHAP) 2022-2027

Actions 25, 26, 27, 28, 29, 30

Note: strategic alignment with other policies is indicated below NTHAP actions

Action	Q4-Q1 High Level Update
<b>Action 25:</b> Inclusion of Traveller-specific actions in local Connecting for Life plans (NTRIS 90, StV 1,25,26,27,28,39, CfL)	<b>Regional Plans:</b> Regional work to ensure close collaboration with Connecting for Life and implementing Traveller-specific actions and readiness with the development of the new Connecting for Life strategy
<b>Action 26:</b> Traveller Men’s Mental Health Resources (NTRIS 87, 88 CfL 2.3.3, JCR 4)	<b>Community Engagement:</b> Across regions, men’s health and community groups met and engaged throughout 2025. Many regions reported outreach events and educational sessions <b>Training:</b> Many regions report upskilling of peer workers in areas like First Aid Mental Health, WRAP <b>Staffing challenges:</b> Several regions report being short staffed  *Note, due to sequencing the most recent update we have is the same as reflected in previous report
<b>Action 27:</b> Develop Culturally Safe Mental Health Services (NTRIS 87, StV 61)	<ul style="list-style-type: none"> <li>NTRMHWG is reviewing the Mental Health First Aid course materials to ensure that is appropriate for Traveller Youth</li> <li>Co-Development of Let’s Talk about Suicide between NOSP and Traveller Visibility Group Cork</li> </ul>

<b>Action 28:</b> Young Traveller’s Mental Health (NTRIS 42, CfL 3.1.6, JCR 4)	<ul style="list-style-type: none"> <li>• NTRMHWG is reviewing the Mental Health First Aid course materials to ensure that is appropriate for Traveller Youth</li> <li>• Ongoing culturally appropriate texting support for youth through pavee text line</li> </ul>
<b>Action 29:</b> Implementation of NTRIS Mental Health actions (NTRIS 2, 12, 29, 30, 31)	See NTRIS updates below
<b>Action 30:</b> Traveller-focused actions in StV and CfL (StV 1, 25, 26, 27, 28, 39, 61, CfL 2.3.3, 3.1.6)	See StV and CfL updates below

## NTRIS II Action Plan 2024-2028

Actions 2, 26, 27, 28, 29, 30, 31

Action	Q4 -Q1 2026 High Level Update
<b>Action 2:</b> Cultural Awareness Training in Departments	<p><b>Strategy Development:</b> In departments, including DPEIPSRD inclusion of core pillar in ‘Elevate People Strategy’</p> <p><b>Diversity and Inclusion Events:</b> Department report D&amp;I events and trainings, including Traveller and Roma Cultural Awareness</p> <p>*Note, due to sequencing the most recent update we have is the same as reflected in previous report</p>
<b>Action 26:</b> Healthy Communities Programme	<p><b>Funding distributed:</b> The contract has been signed and commenced. Genio is overseeing assessment</p> <p>*Note, due to sequencing the most recent update we have is the same as reflected in previous report</p>
<b>Action 27:</b> Evaluation of Primary Healthcare for Traveller Projects to inform future developments	<p><b>Evaluation:</b> The Evaluation of the Primary Healthcare for Traveller projects was completed in Q1 2026</p>
<b>Action 28:</b> Traveller Women at Risk of Homelessness	<p><b>Pilot project:</b> Pilot ongoing in 2025, with a report anticipated in Q4 2025</p> <p>*Note, due to sequencing the most recent update we have is the same as reflected in previous report</p>

<b>Action 29:</b> Development of Roma Action Plan	<b>Scoping Underway:</b> Ongoing discussions are being explored to support work
<b>Action 30:</b> Deliver a National Traveller Mental Health Implementation Plan	<b>Traveller Specialist Group</b> has been established through Sharing the Vision, and meets monthly to progress the development of the Traveller Mental Health Action Plan
<b>Action 31:</b> Wrap Around Support for Suicide Bereavement, and Education and Training to Reduce Suicide in the Traveller Community	Traveller Suicide Liaison Bereavement Service were made available nationwide by April 2026, offered by Offaly Traveller Movement

## Sharing the Vision: A Mental Health Policy for Everyone 2020-2030

*Recommendations 1, 6, 13, 25, 26, 27, 28, 30, 39, 61, 76, 90, 91*

**Note:** Recommendations in **bold** have been transition to Business as Usual (BAU) and will not be reported on here. Please see StV quarterly reports for more information.

Recommendation	Q1-Q3 2025 High Level Update
<b>Recommendation 25:</b> Strengthen CMHT multi-disciplinary teams	<b>Operational Guidelines:</b> National operational guideline work ongoing for general adult mental health. Working group developed and progressing draft.  This will contain a specific section on working with vulnerable groups and trauma informed practice. Traveller specific supports and services will be highlighted in the guideline, and mental health teams will be advised to utilise these resources.
<b>Recommendation 26:</b> CMHT community partnership outreach	<b>Guidance Development:</b> Guidance development document created and now aligns with recommendations 30 and 97
<b>Recommendation 27:</b> Co-Production of Individualised Recovery Plan	<b>Multi-stakeholder working group:</b> has developed national policy for co-production. Work is ongoing with panel review.
<b>Recommendation 28:</b> Mutually Agreed Key Worker	<b>Operational Guidelines:</b> National operational guideline work ongoing for general adult mental health, which will progress this work. Working group developed and progressing aims with agreement for tailored approach rather than universal.
<b>Recommendation 30:</b> Community Settings for CMHTs	<b>Guidance Development:</b> As mentioned in rec 26, additional objective in development

	document created and now aligns with recommendations 30 and 97
<b>Recommendation 39:</b> Consultation with Priority Groups	<b>Operational Guidelines:</b> National operational guideline work ongoing for general adult mental health, which will progress this work. Working group developed and progressing aims.
<b>Recommendation 61:</b> Culturally Competent MH Supports	This recommendation is aligned with and supports the CHUMS (Cultural Humility in Mental Health Services) research project. CHUMS aims to co-produce a mental health care model in Ireland that better understands and responds to the needs of people from ethnic minority backgrounds, including Travellers. The projects aims to create tailored strategic implementation guidance in support of strengthening cultural humility in mental health. The CHUMS Study draws on the principles of Community-Based Participatory Research (CBPR), a method rooted in a deep respect for diverse knowledge systems, or “multiple ways of knowing”. Traveller groups are represented in the research governance team and two Traveller peer researchers are members of the research team.
<b>Recommendation 76:</b> Re-balancing of Resources	<b>Stakeholder consultation:</b> while this work will be progressed through Health Regions, there have been ongoing meetings with stakeholders to assess requirements for implementation as well as additional fundings ring-fenced Traveller mental health in budget 2026
<b>Recommendation 91:</b> Monitoring Self-harm and Suicidality	<b>Guidance Document Publication:</b> Guidance now live on HSE website, final report for feasibility study was also signed off

## Connecting for Life:

### Ireland's National Strategy to Reduce Suicide 2015-2024

Actions 1.3.1, 2.3.3, 3.1.3, 3.1.4, 3.1.5, 3.1.6, 5.4.2, 7.4.4

The reporting period for *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024* ended in 2024; however, this policy framework still informs Traveller and Roma Mental Health work across Ireland and therefore was included in this report.

**Development of an updated version of *Connecting for Life: Ireland's National Strategy to Reduce Suicide* is due to be published in May 2026.** As the updates are underway, suicide remains a critical public health concern within the Traveller community in Ireland, and work throughout Q4 2025 – Q1 2026 continued.

#### Highlights include:

- HSE NOSP Let's Talk About Suicide programme is being redeveloped with Traveller Visibility Group in Cork
- Two Traveller SCAN nurses hired in Q1 2026, with 1 onboarded by the end of the quarter and the other due to start in Q2 2026
- Ongoing funding of the Traveller Counselling Service to provide a Culturally Inclusive Counselling Service to members of the Traveller community.
- Enhanced community level responses to death by suicide and clusters among Travellers, through culturally appropriate Community Response Plans throughout report period

## Stronger Together: HSE Mental Health Promotion Plan 2022-2027

Actions 14, 18, 22

Action	Q1-Q3 2025 High Level Update
<b>Action 14</b> Strengthen the role of arts and creativity in promotion of mental health and wellbeing	<p><b>Community Development:</b> Many local projects report hosting art and creative events throughout 2026</p> <p><b>Act Belong Commit</b> initiative with Meath Travellers includes creative gatherings</p>
<b>Action 18</b> Access to mainstream mental health promotion programmes for socially excluded groups (including Travellers)	<b>Sign Posting:</b> Many local projects report signposting to mainstream services for mental health programmes
<b>Action 22</b> Scale up and further strengthen existing Traveller mental health promotion initiatives within the existing Traveller health infrastructure.	<p><b>Traveller Mental Health Coordinators:</b> Support mental health promotion within Traveller Health Units and existing infrastructure</p> <p><b>Development of Resources:</b> Co-production of resources to promotion mental health ongoing in 2026</p>

## Joint Committee on Key Issues Affecting the Traveller Community

*Actions 6, 13, 14, 15, 16, 17, 18, 19, 20*

The Committee was established in 2021 to consider policy directions in respect of key issues affecting the Traveller community. The Committee has published its final report and was dissolved by order of Dáil and Seanad Éireann. This report informed NTRIS II and NTHAP policy, and specific actions are tracked in those reports.

The joint committee has met fortnightly throughout 2026, inviting attendees throughout government to discuss issues impacting Travellers. This includes mental health, primary care, and accommodation.

## Concluding Remarks

Conducting this bi-annual report helps the Department of Health, the HSE, and community partners support the mental health needs of Traveller and Roma communities across Ireland.

It is important to note that participation in the survey and interview was entirely optional, and is not designed as comprehensive national research, but rather a means to provide timely insights from ongoing Traveller and Roma Mental Health Projects.

This report aims to foster better understanding of the policy landscape of Traveller and Roma Mental Health, the lived experience of community members and project workers, and the distinct needs of Traveller and Roma populations. It explores best practices and common barriers organisations face in offering meaningful mental health support to communities.

This work is a collaborative, iterative process, and has been developed with the support of the National Traveller and Roma Mental Health Working Group with the aim of offering key insights into the complex environment surrounding Traveller and Roma mental health, including suicide reduction.

# Acknowledgements

## National Traveller and Roma Mental Health Working Group

With many thanks to the members of the National Traveller and Roma Mental Health Working Group (NTRMHWG). The NTRMHWG meets monthly and provides critical insight and direction to Roma and Traveller mental health work. The NTRMHWG members were key in supporting the distribution and engagement of the survey and interview process. The NTRMHWG approved this report for publication on 13 May 2026.

## Survey Distribution and Participation

The survey and interview requests were distributed across many Traveller and Roma health networks, and we would like to thank all that supported the promotion of data gathering and those who took part in the survey. Due to the thematic focus on suicide prevention, some survey questions were not published in this report. If you would like to review the anonymous survey findings in full, please contact the NTRMHWG.

## Quotations

Quotations from interviews and survey responses have been edited for clarity. Additions are indicated in square brackets, and spelling has been standardised where appropriate.

## Interviewees

With special thanks to the interviewees from the following organisations, who freely gave their time and expertise for the Q4 2025 – Q1 2026 Spring Bi-Annual Report.

**HSE National Office for Suicide Prevention**

**Tralee International Resource Centre (TIRC)**

**HSE Primary Care**

**St. Catherine's Community Service Centre**

**HSE Social Inclusion**

**Traveller Visibility Group Cork**

**HSE Kerry Community Development**

**NEWKD Local Development**

## NTRMHWG Bi-Annual Report Developed by Centre for Effective Services

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