

RESPONDING TO SUICIDE

A SHARED APPROACH FOR TRAVELLER ORGANISATIONS
AND HEALTH SERVICES

— HSE TRAVELLER HEALTH UNIT CORK/KERRY



“ Reducing suicide rates requires a collective, concerted effort from all groups in society: health, social services, other professionals, communities and community leaders, voluntary and statutory agencies and organisations, parents, friends, neighbours and individuals. It also requires the careful nurturing of a culture in which people in psychological distress don't hesitate to seek help.

*President Mary McAleese
World Congress of Suicide Prevention, Killarney
August 2007*



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The prevalence of relentless racism, individual and institutional, experienced by our community has been hugely damaging. One problem has been the internalisation of oppression which has led to psychological problems that are revealed in the chronic mental health and suicide statistics in our community.

Thirty years ago, I had never heard of a suicide in our community — today, hardly a month goes by without hearing of someone in our community who has taken his or her own life.

Health services need to respond to Travellers by listening to us, and by acknowledging and respecting our unique culture and identity. Service providers should participate in regular Traveller Cultural Awareness Training to learn about our way of life, our values and the things we hold dear and especially how the forced assimilation policies have impacted on our mental health. Without looking at root causes of the mental health problems, we continue to only treat symptoms.

*Anne Burke
Traveller Activist and Coordinator of the
Southern Traveller Health Network
May 2020*

FOREWORD

These guidelines are a joint initiative between the HSE Traveller Health Unit, Cork/Kerry Community Healthcare and Traveller organisations across the Cork and Kerry region including: Cork Traveller Women's Network, East Cork Travellers, Kerry Travellers Health Development Project, Travellers of North Cork, Traveller Visibility Group (Cork), West Cork Traveller Project, and the Healthy Minds Suicide and Mental Health Project for Travellers (Cork City).

The guidelines were initially put together in May 2013 following the stark health findings of the All-Ireland Traveller Health Study (*Our Geels 2010*); the on-going difficulties around suicide within the Traveller community; and the need to assist Traveller organisations in responding to suicide within the Traveller community. They were re-edited and published in this document in late 2019 in collaboration with *Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020 (DoH, 2015)*. This strategy recognises Travellers as a priority group which require specific interventions and supports that are culturally appropriate to their needs.

The *National Traveller and Roma Integration Strategy (2017-2021)*, from the Department of Justice and Equality, also form the backdrop behind this document. The strategy recognises that Travellers are among the most disadvantaged and marginalised people in Irish Society, and it sets out a cross-departmental initiative to improve the lives of the Traveller and Roma communities in Ireland.

Ciara Ridge

Mental Health Services Coordinator for Travellers
on behalf of the HSE Traveller Health Unit Cork/Kerry



SECTION 1

BACKGROUND AND CONTEXT: SUICIDE AND IRISH TRAVELLERS

Suicide in a community is tremendously sad, often unexpected, and can leave a community with many uncertainties about what to do next.

Faced with family members or friends struggling to cope, and a community struggling to respond, organisations need reliable information, practical tools and guidance.

In the aftermath of a suicide death, Traveller organisations are frequently required to respond. The following guidelines and procedures have been developed to support Traveller organisations to respond effectively and to provide adequate support following a death by suicide.

SUICIDE IN THE TRAVELLER COMMUNITY

The Traveller community is a community that has been particularly affected by suicide in recent years. The suicide rate within the Traveller community is much higher than that of the wider population. According to *Our Geels: All Ireland Traveller Health Study (2010)*, a Traveller man is nearly 7 times more likely to die by suicide than a settled Irish man, and a Traveller woman is 5 times more likely to die by suicide than a settled Irish woman.

There is a general acknowledgement that, in common with the settled community, it is mainly young Traveller men who take their lives by suicide. This is a growing phenomenon within the Traveller community. There continues to be a stigma in Ireland around suicide, and this stigma resonates also for Travellers.

It is also acknowledged that suicide is multi-faceted and that many of the issues outlined above are at play simultaneously and there is no clear sequential development. Pavee Point argues that the contributing factors to Traveller suicide are many and complex and could best be described as a “web of causation”.

See Appendix 1 (page 33) for further information on Irish Traveller ethnicity, culture and health demographics.



a Traveller man is nearly
7 times
more likely
to die by suicide than
a settled, Irish man



a Traveller woman is
5 times
more likely
to die by suicide than
a settled, Irish woman

SOURCE: *Our Geels: All Ireland Traveller Health Study (2010)*

Uncontrolled crises, if left to simmer may weaken the community's ability to act.

Community development for the Traveller community is therefore crucial and requires a holistic response to all the difficulties that Travellers experience in order to fully appreciate their needs and to work on suicide prevention methods in their community. Traveller organisations are essential in this process. They provide an opportunity for Travellers to access information in a culturally supported way. They also encourage the community to get involved in activities locally, to personally and professionally develop, to access services, and to work together to evolve the Traveller movement in Ireland.

DEVELOPMENT OF “RESPONDING TO SUICIDE”

This is a resource to support Traveller organisations in responding to suicide in accordance with best practice.

Following the on-going difficulties around suicide within the Traveller community, the HSE Health Promotion Department, Traveller Visibility Group Cork and the Healthy Minds Traveller Mental Health Project in Cork City collaborated as members of the Cork/Kerry Traveller Health Unit to produce these guidelines and procedures to assist Traveller organisations in responding to suicide within the Traveller community.

Suicide in a family or community can cause traumatic reactions, which significantly affect not only the individual concerned but also his/her community. The correctly executed actions can support both the individuals' family and the community in their return to everyday life. A plan drawn up in advance helps people to act in a controlled way in a crisis. When a suicide occurs, there is not much time to think. Therefore, Traveller organisations can be subject to the same reactions as the community and, without a plan, the control of the situation can be lost at a critical stage.

CONTRIBUTORY FACTORS LEADING TO TRAVELLER SUICIDE

- racism and discrimination
- low self-esteem
- identity crisis
- poverty/indebtedness
- “copy-cat” dimension
- mental health issues/depression
- confusion/stigma in relation to sexual orientation
- addiction issues – alcohol and drugs
- marital breakdown

SOURCE: Submission by Pavee Point, 2005, for National Strategy for Action on Suicide

Travellers are “high-risk”, a “vulnerable group”. They fare poorly on every indicator used to measure socioeconomic status, health, accommodation, education and employment.

Connecting for Life, Ireland’s National Strategy to Reduce Suicide, recognises that **Travellers are a priority group which require specific interventions and supports that are culturally appropriate to their needs.** Goal 2 of *Connecting for Life* is to support local communities’ capacity to prevent and respond to suicidal behaviour. Action 2.2.1 is to provide community-based organisations with guidelines, protocols on effective suicide prevention.

By following these guidelines, the organisation can deal with difficult situations.

Co-operative efforts will encourage an ability to cope.

Locally in Cork and Kerry, actions include identifying and developing guidance on suicide prevention and appropriate responses to all community-based organisations. These guidelines build on the work achieved by Traveller organisations in Cork and Kerry around suicide prevention and responses to date. It also brings their guidelines in line with the current national suicide strategy and ensures the organisation is working in conjunction with local responses.

This document aims to help the Traveller community to act in the stressful situation of suicide with the knowledge that at least something can be done. It also aims to inform and support healthcare professionals involved in suicide response.

In the best case, co-operative efforts will significantly alleviate the adverse effects of the crisis, and support the recovery of both the family and community. The following three sections cover the main strands of suicide that are relevant to understand in order to equip Traveller organisations in responding to suicide.

Section 2 Responding to Suicidal Ideation

Section 3: Responding to a Suicide

Section 4: Building Capacity for Suicide Prevention

The appendices contain resources, worksheets and lists of literature for organisations to use in developing their response to suicide for the Traveller community.



SECTION 2

RESPONDING TO SUICIDAL IDEATION

It is important that all suicide ideation is taken seriously.

It is essential that all threats of suicide are followed up with a call to the individual's GP (or, if out of hours, call South Doc).

A person may have fleeting thoughts and vague ideas of suicide. This is known as **passive suicidal ideation**. Suicide is viewed as a possible way to end their pain, but usually, no action is taken.

The majority of people who experience suicidal ideation do not carry it through. Some may, however, make suicide attempts. Some suicidal ideations can be deliberately planned to fail or be discovered, while others might be carefully planned to succeed.

Active suicidal ideation is when a person has persistent thoughts of suicide and continues to feel hopeless in their life. They have planned a specific way or ways that they might be able to successfully die by suicide.

It is essential that all threats of suicide are followed up with a call to the individual's GP, other health-care professional (i.e. if the person is already attending a mental health service), calling 911/999 or attending the nearest Accident and Emergency Department. It is only there that an evaluation by a medical professional can be performed.

It is not the job of organisation staff, a concerned friend or family member, colleague or a non-medical worker to evaluate the intent of the person with suicidal ideation.

Your job is to get the person medical assistance as soon as possible.

WHAT SHOULD I LOOK FOR?

The more warning signs there are, the higher the risk. Some of these signs can be associated with everyday behaviour. Some people might show none of these signs or only show them in very subtle ways, but still feel suicidal. On the other hand, others might show some of these signs but are coping alright.

Everyone is different, so it is important to treat each person and their circumstances as individual and unique.

See Appendix 3 (page 36) for warning signs that indicate someone may be thinking about suicide.

Everyone is different.

Treat each person and their circumstances as individual and unique.

According to the HSE, there are recognised factors that put individuals more at risk of dying by suicide. It is important to note that not everyone within these risk factor groups will end their lives by suicide. However, the more exposure someone has with these high-risk factors, the higher their risk of suicide.

PEOPLE CONSIDERED AS HIGH-RISK AND VULNERABLE TO SUICIDAL IDEATION

- **the Traveller community**
- people who self-harm
- mental health service users
- marginalised groups, for example, lesbian, gay, bisexual and transgender people
- asylum seekers
- homeless people
- young men
- those who are unemployed
- those who are in prison

It also needs to be noted that while the aforementioned are at high risk of suicidal ideation, anyone can have thoughts of suicide.

See Appendix 2 (page 35) for lists of recognised factors that contribute to a higher risk of dying by suicide. See Appendix 4 (page 37) for myths and facts about suicide.

IF STAFF MEMBERS IN AN ORGANISATION ARE WORRIED ABOUT SOMEONE:

- tell the person you are concerned for their welfare, stating the reasons why you are concerned
- ask the person if they are thinking about suicide. This is the only way to know for sure if they are thinking about it. Asking will not put the idea into their head
- seek professional help if needed:
 - the individual's GP or South Doc after 5 p.m.
 - hospital's crisis nurse team in the emergency department (ED) at Cork University Hospital, the Mercy Hospital or University Hospital Kerry

STAFF TRAINING AND SUPPORT

Given the high-risk nature of suicide in the Traveller community, it is necessary for all staff in Traveller organisations to be trained in safeTALK and ASIST to support them in carrying out work around the topic.

Project coordinators can arrange ASIST refreshers for staff every 2 years. The Healthy Minds Traveller Suicide and Mental Health Project in Cork City can also facilitate safeTALK through consultation with the HSE.

Suicide prevention training is also covered in mental health first aid training delivered by Mental Health First Aid Ireland. See www.mhfaireland.ie for details. For information on HSE suicide prevention training programmes, send an email to SP.enquires@hse.ie.

For more information, see Section 4 (page 28).

Anyone can have thoughts of suicide.



SECTION 3

RESPONDING TO A SUICIDE

Cork and Kerry have a network of independent, Traveller-led, community-development organisations working for Traveller human rights, promoting health and responding to the needs of the community.

These organisations employ both Traveller and settled workers in a range of roles. When a suicide occurs in the Traveller community, Traveller organisations are part of the network of responses and support for the community.

IMMEDIATE RESPONSE

Traveller workers both live and work in their community and as a result can find themselves in a situation whereby, they may have to respond in person or indirectly to a suicide or suicide attempt.

SUPPORTING A PERSON IMPACTED BY THE SUICIDE

For staff members who come in contact with family members or members of the community impacted by suicide, it is important to create a safe atmosphere in which the person can express his/her feelings in peaceful surroundings.

A person in shock needs someone to listen to him/her. He/she will often have an enormous need to talk about the incident. It is important to try to get him/her to open up and share the experience at every opportunity, while always respecting the bereaved person's pace and level of readiness. During the stage of shock, listening is all that is required. Advice is not helpful at this time as that might prevent him/her from expressing his/her reactions, thoughts and emotions. From the individual's point of view, nobody can ever imagine how he/she is feeling.

See Appendix 5 (page 38) for crisis reaction phases.

A person in shock will often have an enormous need to talk about the incident.

RESPONDING IN PERSON TO A SUICIDE

The following steps should be taken:

- 1 Ensure that appropriate services are been contacted by dialling 112 or 999, i.e., ambulance services and Gardaí.
- 2 If possible, speak directly to the emergency services, inform them of the situation and seek their advice for appropriate action.
- 3 Stay at the location until the emergency services arrive and provide them with any information that they require.
- 4 Provide your contact details to the emergency services if requested.
- 5 Inform your line manager/project coordinator of what has taken place. The project coordinator will set up the Crisis Response Team (where possible).
- 6 **Provide only factual information** to staff and other community members to avoid causing a sensation or unnecessary rumours.
- 7 **Confidentiality guidelines of the organisation must be adhered to at all times.**
- 8 When dealing with media inquiries, it is important to seek guidance from supervisor/management. HSE workers' questions should be redirected to HSE communications department.

RESPONDING INDIRECTLY TO A REPORTED SUICIDE

Traveller workers may receive information that a death by suicide has taken place in the community. This information may be received directly from a family member or indirectly from another member of the community. The following steps should be taken:

- 1 Before taking action, ensure that the information is verified (by a family member).
- 2 The staff member should inform his or her line manager/project coordinator. The line manager/project coordinator will then contact or set up the Crisis Response Team where possible.
- 3 **Provide only factual information** to staff and other community members to avoid causing a sensation or unnecessary rumours.
- 4 **Confidentiality guidelines of the organisation must be adhered to at all times.**

SUPPORT FOR TRAVELLER ORGANISATIONS FROM EXTERNAL AGENCIES

Each Traveller organisation should hold a list of relevant and local mental health professional services who are willing to be part of the Crisis Response Team. It is important for Traveller organisations to have a nominated mental health professional contact that can provide details of services and supports available.

Once a suicide death has been confirmed, the organisation should immediately implement a coordinated crisis response.

CRISIS RESPONSE TEAM

Death by suicide in the Traveller community frequently requires the implementation of a coordinated crisis response to assist staff, families and the community who are impacted by the death. Once a suicide death has been confirmed, the Traveller organisation should immediately implement a co-ordinated crisis response in order to effectively manage the situation, provide opportunities for grief support, maintain an environment focused on normal activities, help staff and members of the community cope with their feelings, and minimize the risk of suicide contagion.

A Crisis Response Team is responsible for implementing the various elements of the crisis response and is made up of:

- a crisis response leader
- a liaison person
- a mental health professional

The **crisis response leader** is appointed within each organisation to lead out the Crisis Response Team. The Crisis Response Team leader has overall responsibility for the duration of the response to the crisis. The Crisis Response Team leader should hold a senior or management position within the organisation and at a minimum should be trained in safeTALK and ASSIST.



The **liaison person** is a member of staff within the organisation who will be required to link directly with the family of the deceased. This member of staff should, at a minimum, be trained in safeTALK and ASIST. Ideally, the liaison person should be a member of staff who has a working link with the family. The project coordinator can assess who is appropriate for this responsibility, taking into account that some staff may need bereavement support.



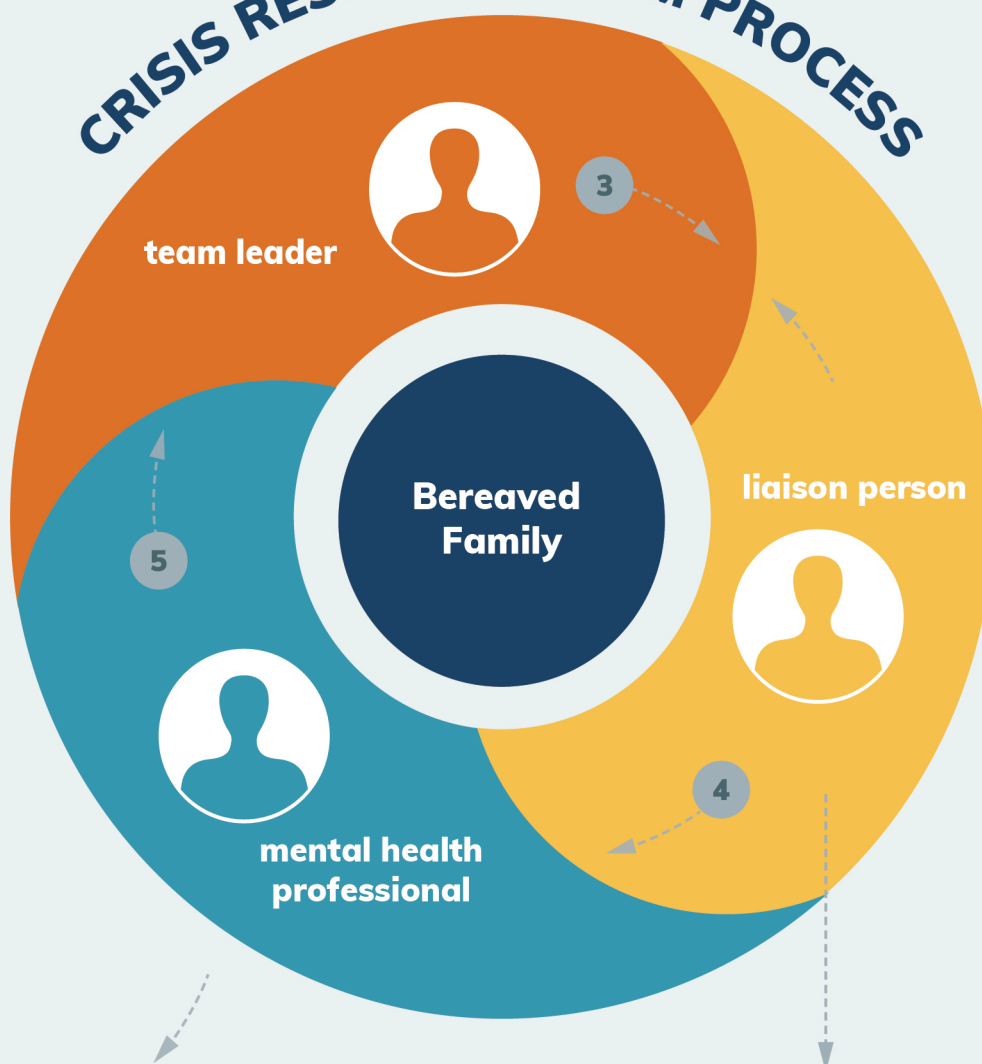
The **mental health professional** is ideally a psychologist, counsellor or psychiatric nurse.



1 NOTIFICATION OF INCIDENT

2  project manager/
line manager

CRISIS RESPONSE TEAM PROCESS



6 GROUP DEBRIEFING


independent suicide
bereavement
liason officer (SBLO)

If necessary, hold a group debriefing session for the team and staff to support, boost and guide the process of dealing with the incident and with the reactions, feelings and thoughts caused by it.

7 POSTVENTION INFORMATION


HSE Cork/Kerry
Community
Healthcare

If requested by the liaison officer, this two-hour presentation provides the community with an understanding of the grieving process, and the range of emotions people may experience following bereavement through suicide, and how to access available supports. SBLO, in partnership with the Traveller organisations, should facilitate the session.

CRISIS RESPONSE TEAM CHECKLISTS



team leader

- Upon confirmation of a death by suicide, immediately assemble the Crisis Response Team
- Contact the deceased's family to offer condolences. Offer assistance and support when the family are ready.
- Call an immediate meeting of the Crisis Response Team to assign responsibilities.
- Establish a plan to immediately notify staff of the death via the organisation's crisis alert system (usually phone or email).
- Continuously monitor the emerging needs of the family, the organisation and the community. Make sure that community, staff, and Crisis Response Team members have adequate support and resources.
- Assign a suitable member of staff as the liaison person to link with family and community.
- Continually check-in with the team to coordinate responsibilities and communication with the community. It is important to create a safe and respectful atmosphere in which people can express his/her feelings in peaceful surroundings.



liaison person

- Continuously check-in with the family members/ community members and staff impacted by the suicide death. Offer crisis counselling – available when they are ready – and make necessary arrangements. See Appendices 6 and 7 for contact details of resources.
- Advise the family of the availability of the Suicide Bereavement Liaison Officer (SBLO) Service available through Pieta House.
- Work with the mental health professional and relevant community workers to identify individuals who may be having particular difficulty during the crisis such as family members, close friends and those who may have witnessed the death.
- If requested by the family of the deceased, act as an advocacy worker to link in with the Gardaí, coroner office, etc. to support the family.
- Continually check-in with the team to coordinate responsibilities and communication with the community.
- If necessary, request a postvention information session from Cork/Kerry Community Health office.



mental health professional

- Link with relevant mental health services to ensure that correct support will be provided to the family, community and staff members.
- Continually check-in with the team to coordinate responsibilities and communication with the community.

During the stage of shock, listening is all that is required.

Always respect the bereaved person's pace and level of readiness.

The emerging needs of the family and the community should continuously be monitored by the team.

AFTER A CRISIS SITUATION

After the event, it is important for the liaison person to continue to link with the family and remind them that support and help are available whenever they need it.

See page 44 for information on available services and resources that are helpful when responding to suicide.

GROUP DEBRIEFING

In some cases, it may be necessary to offer a debriefing and postvention information session to a community. It can also be offered to staff members of the organisation.

Debriefing is a group method intended to be used for dealing with a traumatic event. The purpose of debriefing is to support, boost and guide the process of dealing with the incident and with the reactions, feelings and thoughts caused by it.

A person professionally trained in suicide bereavement (i.e., SBLO at Pieta House) should act as a leader in the debriefing session. This person should ideally be independent of the organisation.

See Appendix 6 (page 40) for steps in the debriefing process.

POSTVENTION INFORMATION SESSION

HSE Cork/Kerry Community Healthcare offers guidance for communities on supporting people bereaved through suicide. This two-hour presentation is part of an initiative from the HSE National Office for Suicide Prevention, to enhance communication and support for communities bereaved through suicide. This presentation will be provided in response to an invitation from a community.

The liaison person should establish if this postvention session for the Traveller community is required, and if so, make the arrangements. The SBLO, in partnership with the Traveller organisations, should facilitate the session.





SECTION 4

BUILDING CAPACITY FOR SUICIDE PREVENTION

The previous section outlined the immediate and initial responses required for the community following a suicide.

On-going work is necessary by Traveller organisations when addressing the topic of suicide within the community during their day-to-day project work.

Suicide can be a very difficult concept for people to comprehend.

BUILDING EDUCATION AND AWARENESS AROUND POSITIVE MENTAL HEALTH AND SUICIDE PREVENTION

Building education and awareness is mainly conducted by working with the community in identifying their needs, networking with relevant services, bringing information back to individuals, referring them to support services and creating workshop opportunities and group discussions around these topics.

To be an effective project of building education and awareness around suicide prevention, it is important to work with as many service providers as possible and to ensure programmes are developed in consultation and through the participation of Travellers.

WORK REQUIRED NEEDS TO CONSIDER AND INCLUDE:

- cultural identity when promoting well-being
- nurturing of strong family connections that exist within the Traveller community
- low levels of literacy of many Travellers
- “cultural norms” of the community around death and bereavement
- peer support work – essential in ensuring that information reaches those in the community and that it is meaningful
- destigmatising risk factors that may contribute to suicide such as drug use, issues and hidden sexual orientation
- roles of counselling, support groups and GP services in order to create positive images of contact points and to ensure that they are culturally appropriate, are group and individually orientated, non-threatening, non-oppressive and address the social and cultural needs as well as the mental and emotional needs of Travellers

Mental health as a key area for attention in Traveller health.

MENTAL HEALTH PROMOTION ACROSS ALL AGE GROUPS

Mental health promotion takes place on many levels within the work of Traveller organisations. This focuses on all age groups within the Traveller community in order to support its overall well-being. *Our Geels: All Ireland Traveller Health Study (2010)*, has named mental health as one of the key areas for attention in Traveller health. Target groups within the community include:

- young Travellers through school and youth work programmes
- Traveller women
- Traveller men
- older Travellers

Furthermore, at-risk groups of people in the community need attention and need to be supported. Those at risk may include:

- Travellers in prison
- drug users who may have underlying mental health issues
- Traveller women who are experiencing high levels of stress
- Traveller men who are unemployed
- young Travellers leaving school early or who are not involved in youth intervention programmes

All these at-risk groups of people may be at an increased risk of mental health issues and suicide given their particular circumstances. However, it is important to have an understanding of protective factors and factors that may put people at risk of suicide. For example, an unemployed Traveller man may have a good social network, family support, be involved in horse care and sport and may also have positive mental health.

INNOVATION

It is necessary to consider creativity and innovation when engaging with the Traveller community around the topic of suicide. Suicide can be a very difficult concept for people to comprehend. Everyone has been affected by it to some extent and has individual feelings and thoughts on it. Therefore, it is necessary to remember that different approaches may be needed when raising awareness and supporting people around suicide. Being innovative can encourage the process of supporting the community to access information around suicide and to reach more people. This in turn may have a greater positive impact on the community as a whole.

EXAMPLES OF HOW ORGANISATIONS ARE CREATIVE IN RESPONDING TO SUICIDE

- Use the **peer-support models** of the Traveller community health workers can support initiatives at a local level in a meaningful way.
- **Enhance links with the clergy.** Religion is very important for the Traveller community and religious rituals need to be sensitively supported. Organise an annual mass for the Traveller community to remember those in the community who have died from suicide
- **Enhance links with the regional drug and alcohol task force** around educational initiatives and drug and alcohol dependency.
- Explore practical ways with groups in the community that they can express themselves, i.e. through **drama, song and creative projects.**
- **Organise annual events** to coincide with suicide and mental health awareness week, e.g. (National Traveller Suicide and Mental Health Project's) Exchange House has a Suicide Awareness Day event for Travellers and Darkness into Light with Pieta House is another opportunity to acknowledge.
- **Organise on-going promotion** of health initiatives to encourage the community around their day-to-day lifestyles and routines as this can have a huge impact on mental health.
- Provide opportunities for each Traveller organisation to identify **staff to be trained** on how to respond to suicide through safeTALK and ASIST.
- Utilise online communications through **social networking websites.** Large groups of people can access information and can have private interactions such as one-to-one instant messaging.

**Avoid
glamorising
deaths in
any way.**

**Avoid
providing
details of
particular
suicide
methods.**

Facebook, the single largest social networking website in Ireland, can be an outlet for the bereaved to remember and mourn friends and family. More information can be obtained from www.facebook.com/help/contact.php?showform=deceased on how to manage a Facebook profile when someone dies and how to memorialize a Facebook account.

Please also see *Lighting the Way* resource at www.hse.ie/eng/services/publications/mentalhealth/lightingtheway.pdf for information on supporting people who are bereaved by suicide.

See Appendix 7 (page 41) for positive steps to good mental health.

Given the high-rate of suicide in the Traveller community, it is necessary for all staff in Traveller organisations to be trained in safeTALK and ASIST to support them in carrying out work around the topic.

STAFF TRAINING AND SUPPORT

Project coordinators can arrange ASIST refreshers for staff every 2 years. The Healthy Minds Traveller Suicide and Mental Health Project in Cork City can also facilitate safeTALK through consultation with the HSE.

Suicide prevention training is also covered in mental health first aid training delivered by Mental Health First Aid Ireland. See www.mhfaireland.ie for details. For information on HSE suicide prevention training programmes, send an email to SP.enquires@hse.ie.

Responding to suicide in the community as a staff member in a Traveller project can be difficult as it may bring up personal emotions and experiences. It is important for Traveller organisations to keep staff safe, to know their limitations as an organisation, to be aware of other services that specialise in the area of suicide and to organise appropriate supervision for staff.

Responding to a suicide in the community may be more difficult for Traveller staff members, as it may be likely that a suicide may have happened within their extended family. In this instance, it is necessary for workers and project coordinators to differentiate appropriately between their working role and that of a family member. In the event of a suicide, the project coordinator should assess who is appropriate for the responsibility of liaison person to best support all parties affected.

Appendix 7 (page 44) lists the contact details of services and resources that are helpful when responding to a suicide.



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APPENDIX 1

IRISH TRAVELLERS' ETHNICITY, CULTURE AND HEALTH

THE TRAVELLER COMMUNITY AND CULTURE

Travellers are an indigenous, ethnic minority group with a unique heritage and culture. Traditions can vary from area to area and family to family. It is strongly recommended that organisations and services access Traveller Culture Awareness Training from their nearest Traveller organisation as this will be more comprehensive and reflective of the local Traveller community.

Traveller organisations also support the development of more culturally sensitive services. **The National Traveller and Roma Integration Strategy 2017-2021** promotes that relevant public services staff should be trained in anti-racism and cultural awareness and understand their obligations under the section 42 (positive duty) in the Irish Human Rights and Equality Commission Act 2014.

For further information on Traveller Culture Awareness Training in Cork and Kerry, contact:

tel 087 114 6585
email corktcat@gmail.com

IMPORTANT ASPECTS OF TRAVELLER CULTURE

ETHNICITY

Travellers are an indigenous minority in Ireland with a unique heritage, culture and identity. This was acknowledged by the Irish Government on 1st March 2017, with the formal recognition of Travellers as a distinct ethnic minority.

NOMADISM

Nomadism is an important concept and expression of the Traveller community and is part of their core belief and value system. Travellers often prefer and wish to be close to their family. This protects and supports individuals within the community and provides a social network.

FAMILY

Family and the extended family are central to Traveller life. Families are interconnected. The immediate family can include grandparents, parents, siblings, partners, cousins and extended family members. Strong family bonds are indicative of Traveller life. The strong emphasis on the importance of families means that there are often large gatherings of family members at times of crisis and need. In times of crisis, younger families may be heavily supported by the extended family.

MARRIAGE

Marriage is a strong cultural tradition within the Traveller community and there is a high tendency for Travellers to marry young and start a family.

RELIGION AND FAITH

Religion and faith are strong within the Traveller community. For many Travellers, religion is a core component of their cultural identity. The majority of Travellers are practising Roman Catholics. Travellers can view rituals and ceremonies as a social mechanism that unites their community and provides an avenue of support in times of crisis.

HORSE OWNERSHIP

Horse ownership and horse care is a vital part of culture for many Traveller families, particularly for men and boys. It is also associated with positive mental health.

ILLNESS AND DEATH

When a Traveller is seriously ill, it is the custom for extended family and friends to visit and spend time supporting the individual and the immediate family. They may gather in great numbers to show this support, and depending on the circumstances, they may stay for long periods of time. After a death the period of bereavement can be lengthy and customs and traditions can vary from family to family and area to area.

TRAVELLER HEALTH DEMOGRAPHICS

SOURCE: *Our Geels: All Ireland Traveller Health Study (2010)*

TRAVELLER POPULATION

- the Traveller population is 40,129 on island of Ireland
- 42% of Travellers under 15 years compared to 21% of wider population
- 63% of Travellers under 25 years compared to 35% of wider population
- 3% of Travellers are aged 65 years and over compared with 13% of wider population

MORTALITY

- Traveller men can expect to live to 62 years; 15 years less than a settled Irish man
- Traveller women can expect to live to 70 years; 12 years less than a settled Irish woman
- a Traveller baby born in Ireland is 3.6 times more likely to die than that of a settled Irish family

MENTAL HEALTH

- 62.7% of Traveller women exp. Frequent Mental Distress (FMD); compared to 19.9% of females from majority population
- 59.4% of Traveller men exp. FMD; compared to 21.8% of males from majority population
- 2 in every 5 (40%) of adult Travellers say their mental health was never good in the past 30 days; 1 in 4 (25%) of Travellers strongly disagree that “most people can be trusted”

SUICIDE

- the suicide rate among Travellers is 6 times higher than the majority population; 7 times higher for Traveller men; 5 times higher for Traveller women
- suicide accounts for 11% of Traveller deaths.

DISCRIMINATION

- the Traveller community report experiencing discrimination as a major problem for all and felt this directly influenced their mental health.

APPENDIX 2

RECOGNISED FACTORS CONTRIBUTING TO HIGHER RISK OF SUICIDE

SOURCE: *Suicide Prevention; A resource handbook for youth organisations. 2003; Irish Youthwork Press.*

SOCIOLOGICAL

CHANGING FAMILY STRUCTURES

- marriage breakdown
- divorce
- more people living in cities or big urban areas
- less people living in rural areas with fewer supports

OTHER FACTORS

- changing cultural values and religious practices
- issues around unemployment or employment
- debt
- discrimination
- cultural denial
- alcohol and substance abuse
- availability of ways to die by suicide

PSYCHOLOGICAL

MENTAL HEALTH

Depression is very often associated with suicide. Many of those who die by suicide are mentally unwell. How people think can affect their risk for suicide. They may be more at risk if they:

- have poor coping skills
- think too much in black and white or an all-or-nothing way
- have low self-esteem
- feel everything is hopeless
- are impulsive
- suffer from stress
- have poor social supports

BIOLOGICAL

PHYSICAL ILLNESS

- diagnosed with a terminal illness
- suffering long-term pain

APPENDIX 3

WARNING SIGNS OF SUICIDAL IDEATION

SOURCE: *Suicide Prevention in the Community; a Practical Guide*, HSE

SUICIDE WARNING SIGNS

BEHAVIOUR THAT SHOWS SOMEONE MAY BE AT RISK OF SUICIDE

- becoming isolated
- sudden changes in mood or behaviour
- abusing drugs or alcohol
- a suicide attempt or act of self-harm
- difficulties in school or at work
- dropping out of activities
- disinterest in usual activities
- sleeping or eating difficulties
- high-risk behaviours such as driving a car at high speed

PHYSICAL SIGNS THAT SOMEONE MAY BE AT RISK OF SUICIDE

- neglecting their appearance
- neglecting personal hygiene, clothing or both
- persistent physical complaints i.e. chronic pain
- weight loss or weight gain due to appetite loss or gain
- tired or finding it difficult to concentrate due to changes in sleeping pattern

FEELINGS THAT SOMEONE MAY HAVE IF THEY ARE AT RISK OF SUICIDE

- depression
- helplessness
- hopelessness
- failure
- feeling life is meaningless

THOUGHTS SOMEONE MAY HAVE IF THEY ARE AT RISK OF SUICIDE

- gloomy, negative thoughts
- unable to find solutions to problems
- very self-critical

VERY SPECIFIC WARNING SIGNS THAT SOMEONE IS AT RISK OF SUICIDE

CONSTANTLY THINKING ABOUT DEATH

- listening to songs with a suicidal theme
- drawing or writing about suicide

Talking about:

- dying
- talking about disappearing or going away
- funerals
- suicide methods
- other types of self-harm

The more detailed a person's plan for suicide is, the more at risk they may be.

RECENT LOSS OR OTHER TRIGGERS

A person may be particularly vulnerable at a specific time or event such as:

- anniversaries
- life changes
- change in financial circumstances
- a trauma or a loss

PUTTING THINGS IN ORDER

- tidying up affairs like arranging wills, childcare, care of pets and so on
- giving away prized possessions

8 KEY STEPS TO HELP PREVENT SUICIDE

SOURCE: *Reaching Out: Awareness Training on Suicide Prevention in Ireland (2010)*

1. Take all threats seriously.
2. Ask the person to tell you what is wrong.
3. Listen and offer support.
4. Remove anything that could be dangerous.
5. Don't leave the suicidal person alone.
6. Be positive and point out choices.
7. Don't promise confidentiality.
8. Get professional help.

APPENDIX 4

MYTHS AND FACTS ABOUT SUICIDE

SOURCES: *Suicide Prevention in the community; a practical Guide* HSE, 2011; *UCC Suicide Prevention; Myths or Facts*. University of Notre Dame; Online resource; *Preventing Suicide; A global imperative: Myths*; World Health Organisations; Online Resource

MYTH: You have to be mentally ill to think about suicide.

FACT: Most people have thoughts of suicide from time to time and not all people who die by suicide have mental health problems at the time of death. However, many people who kill themselves do suffer with their mental health, typically to a serious degree. Sometimes it's known about before the person's death and sometimes not.

MYTH: People who talk about suicide aren't serious and won't go through with it.

FACT: People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. It is possible that someone might talk about suicide as a way of getting the attention they need. It is vitally important to take anybody who talks about feeling suicidal seriously.

MYTH: Once a person has made a serious suicide attempt, that person is unlikely to make another.

FACT: People who have tried to end their lives before are significantly more likely to eventually die by suicide than the rest of the population. However, with support and professional assistance, people can recover and live a healthy life.

MYTH: If a person is serious about killing themselves then there is nothing you can do.

FACT: Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

MYTH: Talking about suicide is a bad idea as it may give someone the idea to try it.

FACT: Suicide can be a taboo topic in society. Often, people feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it. By asking directly about suicide you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it is to be able to talk about what they're experiencing. Once someone starts talking, they've got a better chance of discovering other options to suicide.

MYTH: Most suicides happen in the winter months.

FACT: Suicide is more common in the spring and summer months.

MYTH: People who threaten suicide are just attention seeking and shouldn't be taken seriously.

FACT: People who threaten suicide should always be taken seriously. It may well be that they want attention in the sense of calling out for help, and giving them this attention may save their life.

MYTH: People who are suicidal want to die.

FACT: The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is in fact very important and is why talking through other options at the right time is so vital.

APPENDIX 5

THE FOUR STAGES OF REACTION TO CRISIS

SOURCE: Cullberg, *The Psychic Trauma: About Crisis Theory and Crisis Psychotherapy*, Stockholm, 1971

People respond differently to traumatic experiences, but there may be similarities. People have a natural ability to cope even with a situation that seems unbearable, and they try to get on with their lives. However, not all of our reaction models help or improve the handling of a traumatic experience. Therefore, it is important to be aware of how a person may deal with a traumatic event. Understanding this is essential so that the project can respond appropriately and consider the individual's needs.

1 STAGE OF SHOCK “IT CAN'T BE TRUE!”

This stage of shock may last from several hours to a day. Shock gives the mind extra time; time protects the mind from information and experiences it is not yet ready to deal with. The person is unable to process what has happened, so he/she may even deny it. He/she may behave in an unusual way or inappropriately. He/she may either forget what has happened or remember it exceptionally well.

Most people maintain their ability to act during the stage of shock, although they may be unable to make decisions. About 20% of people can panic, become hysterical or depressed.

You can help someone in shock by:

- remaining calm – this will create an atmosphere of safety
- listening – the victim will need to analyse the events again and again
- encouraging him/her to talk about even the most difficult feelings
- taking care of the needs of the individual; handkerchiefs, glass of water
- ensuring that the individual is not left alone

It is not easy to be calm next to someone in shock. Encountering him/her will arouse feelings of helplessness and anxiety in the family liaison worker. This is important to understand, so that the helper will not attempt to make him/herself feel better by trying to console the individual or by turning his/her attention away from a situation of anxiety.

2 REACTION STAGE “WHAT HAPPENED?”

The reaction stage comes when the danger and the threat are over. This stage lasts 2–4 days, and may be extended when the person needs to maintain working capacity. At this time, a person will try to establish why and how everything happened. He/she no longer denies the incident, but its significance changes to be a true part of his/her life. In the reaction stage, emotions start churning. A person will feel sorrow at the loss. He or she may feel desperate, anxious and either feel guilty or try to seek out a guilty party.

During this stage, physical symptoms may appear such as shivering, nausea, heart trouble, muscle pains, dizziness, lack of appetite, thirst, fatigue and sleeping disorders. In the reaction stage, people often want to talk about what has happened. The mind is open to deal with the loss. At this stage, it is important to offer a chance for this.

3 PROCESSING STAGE “HOW DO I GET THROUGH THIS?”

This stage can last several weeks, even months. The mind begins to close, and there is no longer a desire to discuss the incident. The process of dealing with the crisis slows down. Mulling over the experience turns inwards and continues

only in the mind of the person. The loss is still mourned, but the mind gradually begins to make space for other things too. Feelings vary. There are good and bad days.

Emotional and physical symptoms of the processing stage include difficulties with memory and concentration, lack of flexibility, increased irritability and rage, a desire to be alone, a feeling of absence in the company of others and depression including difficulty in thinking about the future.

The most important way of helping during this stage is to listen. A grieving person needs to be surrounded by people who can tolerate his/her weeping and desperation, and not demand him/her to cheer up. If the person gets so trapped in grief that he/she cannot see any light at the end of the tunnel, it is advisable to enlist professional help, i.e. their GP.

4 RE-ORIENTATION STAGE “TO LIFE!”

The memories of the loss gradually fade and can be controlled. The person concerned starts to plan the future. He/she is able to talk about the event and accept it as a part of his/her life without feeling powerful fear or anxiety in life. The hoped-for result is that the loss becomes a conscious and peaceful part of him/her. After a crisis, nobody can be exactly as they were, but in the best case, the person is stronger and better prepared for life ahead.

APPENDIX 6

DEBRIEFING MEETING PROCESS

This process is an option open to Traveller organisations whereby the management has determined that a suicide within the community significantly impacted on the organisation's staff team. It must be facilitated by an appropriately qualified mental health professional independent of the organisation.

Plenty of time should be reserved for the meeting – 2-3 hours depending upon the size of the group. The incident is analysed stage-by-stage. The psychological reactions to it are looked at under the guidance of the leader. Everyone is given the chance to talk and to share his/her feelings. The task of the leader is also to give information concerning how we normally react in traumatic events and thereafter, how we normally respond to these reactions. The aim of providing this information is to make the participants' own reactions, thoughts and feelings seem normal and tolerable, so that they can live with them.

INITIAL STAGE

- the leader explains the purpose of the session
- the leader motivates the participants

FACT STAGE

- the incident is analysed in detail and chronologically, and an overall picture of what happened is created
- everyone takes turns telling who they are what they have to do with events

THOUGHT STAGE

- everyone recounts in turns what he/she was thinking at the different stages of the event, and which thoughts were most troubling

REACTION OR FEELINGS STAGE

- the most important stage of the session which aims to reduce anxiety and avoidance behaviour
- the leader helps the participants face their difficult feelings, such as anger, loss, shame, fear, etc.

NORMALISATION STAGE

- the leader tells about normal reactions and gives information about possible future reactions
- the leader explains how to cope

CONCLUDING STAGE

- the leader briefly summarises the session
- An agreement is made on how to follow-up

APPENDIX 7

POSITIVE STEPS TO GOOD MENTAL HEALTH

STRESSED, ANXIOUS, WORRIED OR AFRAID?

Most of us feel like this from time to time. We may also have experiences that are very difficult to cope with: losing someone you love or a relationship breaking up; being bullied; losing your job; sexual or racial harassment; or experiencing discrimination. Not having a voice because you're too young, too old or simply too different. Doing something positive can make all the difference – for you and others.

ACCEPTING WHO YOU ARE

Our beliefs, background, religion, race, gender and sexuality make us who we are. Everyone is entitled to respect, including you. We all have something to offer.

KEEPING ACTIVE

Regular exercise can really help if you're feeling depressed, stressed or anxious. It can give you more energy too. Find something you enjoy – sport, swimming, walking, dancing or cycling and then just do it.

DOING SOMETHING CREATIVE

All kinds of creative things can help if you are anxious or low. They can also increase your confidence. Music, writing, painting, poetry, cooking, gardening are examples of things to do. Experiment with lots of activities to find something that suits you.

LEARNING NEW SKILLS

Learning a new skill can increase your confidence – whether it's for pleasure, to make new friends or to improve your chances of a job. Trying new things can make you feel good about yourself too.

GETTING INVOLVED

Meeting new people and getting involved in things can make all the difference – for you and for others. You can support others and feel supported too.

RELAXING

Try and make time for yourself. Fit things into your day that help you unwind – listening to music, reading, praying or meditating. Find something you will enjoy and that works for you.

EATING WELL

Having a balanced diet will not only help the way that you feel but also the way that you think. Try to eat regularly and remember your five daily portions of fresh fruit and vegetables.

ASKING FOR HELP

Everyone needs help from time to time. It's ok to ask for help, even though it feels difficult sometimes – whether it's from friends and family, or from your doctor, local support group or a helpline.

TALKING ABOUT IT

Most people feel isolated and overwhelmed by their problems sometimes. It can help to share your feelings. If you feel there is no one to talk to, you could try a helpline.

DRINK SENSIBLY

Drinking alcohol to deal with problems will only make things worse. It's best to drink in moderation and to avoid binges too.

SURVIVING

Try not to be too hard on yourself. We can all have difficult days from time to time, and we all cope with things differently. There is no right or wrong way of dealing with life and what it may throw at you. Every day we cope with something different.

STAYING IN TOUCH WITH FRIENDS

You don't have to be strong and struggle on alone. Friends are especially important at difficult times. Keep in touch.

GLOSSARY OF TERMS

ASIST (Applied Suicide Intervention Skills Training) — a two-day, interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers – health workers, teachers, community workers, Gardai, youth workers, volunteers, people responding to family, friends and co-workers. (National Office for Suicide Prevention)

Crisis Response Team — group responsible for implementing the various elements of the crisis response and is made up of:

- a crisis response team leader
- a mental health professional
- a liaison person

crisis response team leader — the person appointed within each Traveller organisation to lead out the Crisis Response Team. The crisis response team leader has overall responsibility for the duration of the crisis. They should hold a senior or management position within the Traveller organisation and at a minimum should be trained in safeTALK and ASSIST.

familicide — the murder of a number of family members by a family member followed by suicide.

health — a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organisation)

liaison person — a member of staff within the Traveller organisation who links directly with the family of the deceased. This member of staff should, at a minimum, be trained in safeTALK and ASSIST and have the skills, credentials, and ability to work compassionately and effectively under pressures. If more appropriate, the liaison person links in with a community leader or extended family member to cite the supports available for the bereaved family.

line manager — the supervisor in the direct chain of command within the Traveller organisation, as opposed to a staff assistant who operates in an advisory or functional control capacity.

mental health — a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (Centre for Disease Control)

mental illness — health conditions that are characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with distress and/or impaired functioning. (Centre for Disease Control)

safeTALK — an internationally recognised, 3.5-hour suicide-alertness program that prepares participants to be suicide alert helpers. (www.youthhealth.ie)

self-harm — self-poisoning or self-injury, irrespective of the apparent purpose of the act. (National Institute for Health and Clinical Excellence)

suicide bereavement liaison officer (SBLO) — the person who provides proactive and timely community-based support to individuals, families, groups, or communities who have experienced a suicide loss. The Suicide Bereavement Liaison Service is a collaborative venture between Pieta House and the HSE.

suicide — death caused by self-directed injurious behaviour with any attempt to die as a result of the behaviour. (Centre for Disease Control)

suicide attempt — non-fatal, self-directed and potentially injurious behaviour with any intent to die as a result of the behaviour. A suicide attempt may or may not result in injury. (Centre for Disease Control)

suicidal ideation — thinking about, considering, or planning for suicide. (Centre for Disease Control)

REFERENCES

1. Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group (2011), ***Responding to High Levels of Suicide in Communities***, Australian Department of Health.
2. All-Ireland Traveller Health Study Team (2010), ***Our Geels: All Ireland Traveller Health Study***, School of Public Health, Physiotherapy and Population Science, UCD.
3. Black, S. and Guard, A. (2016), ***After Rural Suicide: A Guide for Coordinated Community Postvention Response***, California Mental Health Services Authority.
4. Brock, S.E., Lazarus, P.J. and Jimerson, S.R. (2002), ***Best Practices in School Crisis Prevention and Intervention***, Bethesda, MD: National Association of School Psychologists.
5. Cullberg, J. (1971), ***The Psychic Trauma: About Crisis Theory and Crisis Psychotherapy***, Stockholm: Natur och Kultur.
6. Department for Health and HSE (2015), ***Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020***. Available at: http://health.gov.ie/wp-content/uploads/2015/06/Connecting-for-Life_LR.pdf.
7. Department of Justice and Equality (2017), ***National Traveller and Roma Integration Strategy 2017-2021***, Ireland.
8. Forbes, T., Sibbett, C., Miller, S. and Emerson, L., ***Exploring a Community Response to Multiple Deaths of Young People by Suicide***, Centre for Effective Education, Queen's University Belfast.
9. HSE West and National Office for Suicide Prevention (2011), ***Suicide Prevention in the Community; a Practical Guide***, Ireland.
10. National Office for Suicide Prevention (2010), ***Reaching Out: Awareness Training on Suicide Prevention in Ireland***, Ireland.
11. Offaly Traveller Movement (2018), ***A Guide to Developing a Local Co-ordinated Crisis Response Plan for the Traveller Community***, Ireland.

HELPFUL SERVICES AND RESOURCES

TRAVELLER SPECIFIC SERVICES



HSE TRAVELLER HEALTH UNIT COORDINATOR CORK/KERRY

The service coordinates access to and uptake of health services by members of the Traveller community with a view to addressing low health status and health inequalities. The Traveller Health Unit is a partnership between the Traveller organisations and the HSE in Cork and Kerry.

tel 087 9919792
email DeirdreMary.OReilly@hse.ie

HSE MENTAL HEALTH SERVICES COORDINATOR FOR TRAVELLERS CORK/KERRY

The service supports improved access, consistency and integration of mental health services to meet the needs of Travellers. They coordinate implementation of agreed improvement projects in collaboration with mental health services and voluntary providers to reduce the high rate of suicide and mental distress within the Traveller community.

tel 021 4928724
021 4928581
087 9573384
email mhscorkkerry@hse.ie



THE TRAVELLER COUNSELLING SERVICE

The national service offers free confidential and culturally appropriate counselling to members of the Travelling community over 18.

tel 01 868 5761
086 3081476
email info@travellercounselling.ie
web www.travellercounselling.ie/online-counselling



HEALTHY MINDS TRAVELLER SUICIDE AND MENTAL HEALTH PROJECT

The project is a joint initiative between the two Traveller organisations in Cork City, the Traveller Visibility Group (TVG) and Cork Traveller Women's Network (CTWN); and the HSE Traveller Health Unit. It is funded by the HSE and is accommodated in the Community Work Department (North Lee) of Social Inclusion in the HSE. It is a Cork City based project and the work includes one to one support, crisis support, outreach, group work and delivery of awareness raising programmes.

tel 021 4928381
087 7590050
email John.walsh2@hse.ie



TRAVELLER CULTURAL AWARENESS TRAINING

TCAT is an initiative that offers quality client-based training in Traveller culture. It is delivered by Travellers who are experienced trainers and have completed a special course in TCAT training delivery. It is coordinated by a steering group comprising of all Traveller led organisations in Cork city and county as well as representatives from the HSE. The training is part of an overall Interagency strategy to support better service provision for Travellers.

tel 087 1146585
email corktcat@gmail.com

TRAVELLER COMMUNITY DEVELOPMENT ORGANISATIONS

Counties Cork and Kerry have a network of independent, Traveller-led, community-development organisations working for Traveller human rights, promoting health and responding to the needs of the community. These organisations employ both Traveller and settled workers in a range of roles.



CORK TRAVELLER WOMEN'S NETWORK

tel 086 7777651
086 3850136
email corktravellerwomen@hotmail.com



TRAVELLERS OF NORTH CORK

tel 022 71030
email travellersnorthcork@live.com



EAST CORK TRAVELLERS (CUMANN NA DAOINE)

tel 024 91900
085 2853446
087 1196234
email tjeastcorktrav@gmail.com
amyeastcorktrav@gmail.com



TRAVELLER VISIBILITY GROUP, CORK

tel 021 4503786
email tvgcork@gmail.com



KERRY TRAVELLERS HEALTH AND COMMUNITY DEVELOPMENT PROJECT

tel 066 7120054
email projectmanagerkthcdp@gmail.com



WEST CORK TRAVELLERS

tel 023 8835039
email wctcmail@gmail.com

LISTENING SERVICES / HELPLINES



The Samaritans helpline is available 24 hours a day, 7 days a week for anyone struggling to cope. Call for confidential, non-judgemental support.

tel 116 123
email jo@samaritans.org or visit www.samaritans.ie



Pieta House offers specialised treatment to clients who self-harm, suffer from suicidal ideation or have made multiple suicide attempts. Clients receive an intensive programme of one-to-one counselling lasting about four to six weeks. Pieta House is a non-profit organisation and the service is free of charge.

tel 1800 247 247
email info@pieta.ie



Childline provides a free and confidential listening service to children and young people up to the age of 18. The Childline helpline is open every day, 24 hours a day and Childline Online Chat is open every day 10a.m. – 10p.m.

free helpline 1800 666666
online chat www.childline.ie
free text text the word "Talk" to 50101

EMERGENCY SERVICES

EMERGENCY SERVICES	112 and 999
SOUTH DOC	1850 335999
CORK UNIVERSITY HOSPITAL	021 4921372
MERCY UNIVERSITY HOSPITAL	021 4935241
UNIVERSITY HOSPITAL KERRY	066 7184000
SAMARITANS FREEPHONE HELPLINE	116 123

FURTHER RESOURCES



Health Service Executive (HSE) Online Service provides information on mental health and on a broad range of supports and services across the country.

web www.yourmentalhealth.ie

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RESPONDING TO SUICIDE

A SHARED APPROACH FOR TRAVELLER ORGANISATIONS
AND HEALTH SERVICES

PRODUCED BY THE HSE TRAVELLER HEALTH UNIT CORK/KERRY
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