DÁIL ÉIREANN

AN COMHCHOISTE UM SHAINCHEISTEANNA RÍTHÁBHACHTACHA A THÉANN I GCION AR AN LUCHT SIÚIL

JOINT COMMITTEE ON KEY ISSUES AFFECTING THE TRAVELLER COMMUNITY

Déardaoin, 24 Meán Fómhair 2026

Thursday, 24 September 2026

Tháinig an Comhchoiste le chéile ag 12.30 p.m.

The Joint Committee met at 12.30 p.m.

Comhaltaí a bhí i láthair / Members present:

John Connolly,	Maria Byrne,
Tony McCormack,	Eileen Flynn,
Séamus McGrath,	Malcolm Noonan.
Naoise Ó Muirí,	
Maurice Quinlivan,	
Pádraig Rice.	

Teachta / Deputy George Lawlor sa Chathaoir / in the Chair.

Tháinigancomhchoiste lechéileiseisiúnpríobháideach, cuireadhan suí ar fionraí ar 12.52 p.m. agus cuireadhtúsleis arísi seisiúnpoiblí ar 12.55 p.m.

The joint committee met in private session, suspended at 12.52 p.m. and resumed in public session at 12.55 p.m.

Report on Traveller Health: Discussion

An Cathaoirleach: Apologies have been received from Deputy Ellis and Senator Rabbitte.

This meeting is to discuss the report on Traveller health. We are joined by the Deputy Mary Butler, the Minister of State at the Department of Health with responsibility for mental health, accompanied by her official, Ms Audrey Ní Chaoindealbháin, principal officer; and Deputy Jennifer Murnane O'Connor, Minister of State at the Department of Health with special responsibility for public health and well-being and the national drugs strategy, who is accompanied by her officials, Mr. Jim Walsh, principal officer, and Ms Karen O'Connor, assistant principal officer. Also joining us, from the Health Service Executive, are: Ms Aisling Heffernan, integrated healthcare area manager, Dublin south and Wicklow, and Mr. Tony McCusker, general manager, access and integration mental health services, accompanied by their adviser, Ms Michelle Kearns, Traveller health project manager, national Traveller health unit. You are all very welcome along to this meeting today. I ask anyone attending remotely to mute their microphone when not contributing so that we do not pick up any background noise or feedback. As usual, I remind all those in attendance to ensure that their mobile phones are switched to silent or switched off.

As the witnesses are within the precincts of Leinster House, they are protected by absolute privilege in respect of the presentation they make to the committee. This means that they have an absolute defence against any defamation action for anything they say at the meeting. However, they are expected not to abuse this privilege and it is my duty as Cathaoirleach to ensure that it is not abused. Therefore, if their statements are potentially defamatory in relation to an identifiable person or entity, they will be directed to discontinue their remarks. It is imperative that they comply with any such direction.

Members are also reminded of the long-standing parliamentary practice that they should not comment on, criticise or make charges against a person or entity outside of the Houses, or an official of the Houses, either by name or in such a way as to make him, her or it identifiable.

I wish to make members aware that both Ministers of State need to leave the meeting earlier than scheduled today, at approximately 2.30 p.m., as there is conflicting Government business that requires cover on behalf of the Minister for Health.

I invite the Minister of State, Deputy Butler, to make her opening statement. She will be followed by the Minister of State, Deputy Murnane O'Connor, and by Ms Heffernan on behalf of the Health Service Executive. We will then proceed with a question-and-answer session.

Minister of State at the Department of Health (Deputy Mary Butler): I thank the committee for the opportunity to address it today and to discuss some of the important issues raised in the committee's recently published report on Traveller health.

I acknowledge the valuable work of the committee and Deputy Lawlor as Cathaoirleach, the constructive challenge it has provided to my Department and the HSE, and its commitment

to working in partnership to improve health and well-being outcomes for the Traveller community. At the heart of this work is a simple principle: every member of the Traveller community should have the opportunity to enjoy the same standard of physical and mental health as anyone else in our society.

While progress has been made, we know that significant inequalities remain. Improving health and well-being for Travellers requires sustained action, genuine partnership, and a continued focus on the lived experiences of Traveller individuals, families and communities.

Since becoming the Minister of State with responsibility for mental health, I have consistently increased investment in Traveller mental health and strengthened how that investment is delivered. Our approach is based on partnership, community leadership and cross-government co-operation. We know that mental health cannot be separated from the social, economic and cultural circumstances in which people live. If we want to improve outcomes, we must address those wider factors too. We also need to think differently about how policy is developed. We must work with, not for, the Traveller community.

Over the past number of years, I have engaged extensively with Traveller representatives, particularly Thomas McCann, Patrick Reilly, and Mags Casey and her colleagues in the National Traveller Mental Health Network.

I also acknowledge Pa Reilly and Mary Brigid Collins from Pavee Point. I thank them for being here and for their constant engagement.

The message I heard was clear: Travellers wanted a stronger voice in shaping mental health policy and services, and they wanted practical action to address the issues affecting their communities. In response, I established a specialist group under Sharing the Vision, our national mental health policy. The group is developing a Traveller mental health action plan through a genuinely co-produced process. That is really important; it is co-produced.

Traveller organisations, people with lived and living experience, statutory services and other stakeholders are working together as equal partners. A lived experience reference group supports the work, and members of that group also sit as full members of the specialist group. This approach ensures that Traveller voices are not simply consulted but are directly involved in shaping the decisions.

I am pleased that the committee's report recognises and supports this work. I particularly welcome its focus on culturally appropriate services, the social determinants of mental health, and Traveller-led initiatives informed by lived experience. Ultimately, however, success will not be measured by the publication of a plan. It will be measured by whether Traveller individuals and families experience better mental health, better access to services, and better outcomes in their daily lives.

While this work is important, we are not waiting for the completion of the action plan to take action. Significant measures are already under way across the country. Suicide prevention remains a key priority. New evidence from Exchange House Ireland highlights the scale of the challenge, identifying 83 probable Traveller suicide deaths between 2023 and 2025. Traveller suicide rates remain significantly higher than those of the general population. It is approximately seven times higher than the general population. These figures underline the need for continued, targeted and culturally appropriate supports. A dedicated suicide bereavement

liaison service for Travellers has now been established by Offaly Traveller Movement to support individuals, families and communities affected by suicide. At the same time, Traveller-focused suicide crisis assessment nurse, SCAN, services are being developed. Dedicated Traveller clinical nurse specialists have been recruited in Galway and Roscommon, with additional posts progressing in Limerick. These locations have been selected based on data related to emergency hospital presentations. These SCAN services will provide rapid assessment, intervention and support for people experiencing a suicide crisis.

Community-led initiatives are also playing a vital role. Across the country, Traveller organisations are promoting mental well-being, building resilience, reducing stigma and supporting those at risk. We are seeing growing engagement with initiatives such as youth mental health first aid, Traveller men's well-being programmes, peer support networks, connect cafés, community resilience projects and mental health promotion activities. These programmes strengthen local supports and help people access assistance earlier.

Demand for Traveller-specific mental health services also continues to grow. The Traveller Counselling Service delivered 1,217 counselling sessions in 2024. In 2025, 1,661 sessions were delivered. Already in 2026, it has delivered 1,671 sessions, exceeding the previous year's total by the end of August. We are seeing huge demand for the counselling sessions, but what is really important is that members of the Traveller community are taking up the access to the free counselling. Across all society, we are seeing men availing of free counselling supports.

Exchange House Ireland, led by Kerry Cuskelly, is a significant partner to my Department and the HSE in providing substantial support through the national Traveller mental health service, which provides counselling, outreach, suicide prevention and mental health promotion activities, reaching hundreds of Traveller individuals and families each year. To support this work, I have increased funding for Traveller mental health initiatives to €3 million in 2026, which is recurring funding. The investment is supporting counselling services, suicide prevention programmes, bereavement supports, peer-led projects, community mental health initiatives, training programmes and Traveller mental health co-ordinators across the country.

Importantly, these Traveller-specific supports are additional to the full range of mainstream mental health services available to all citizens. Our responsibility is not only to provide targeted supports where needed but also to ensure that mainstream services are culturally appropriate, trauma-informed, accessible and responsive to Traveller needs. There is still much work to do and we should be honest about the challenges that remain. However, I believe we are building a stronger foundation through targeted investment, evidence-informed policy, community leadership and genuine partnership with Travellers themselves. That is the approach that will deliver lasting improvements in mental health and well-being for Traveller communities across Ireland.

I thank members for the opportunity to speak today and I welcome any questions later on.

Minister of State at the Department of Health (Deputy Jennifer Murnane O'Connor): I thank the Cathaoirleach and committee members for the invitation to discuss the committee's recent report on Traveller health and other related matters. I am joined by my colleague, Deputy Mary Butler, Minister of State with responsibility for mental health. The Minister of State, Deputy Butler, and I have a shared commitment to improving the health and well-being of Travellers, drawing on our individual remits of public health and mental health. We work

closely with officials in the Department of Health who have specific responsibilities for Traveller health.

I acknowledge the work of the committee in producing this comprehensive report and its extensive engagement with stakeholders, including officials from the Department of Health and the HSE, along with Traveller organisations and researchers. The findings of the report on Traveller health inequalities are stark and highlight again the barriers faced by the Traveller community in accessing healthcare services and their poor living conditions.

I have considered the 69 recommendations in the report relating to the health and mental health of Travellers, the majority of which I agree with. I will respond to the recommendations on policy approaches, which are directly related to my remit as Minister of State.

The national Traveller health action plan is the policy framework for improving Traveller health outcomes, jointly published by the Department of Health and the HSE. The policy underpinning the plan is that Travellers have the right to the highest possible standard of health, physical and mental, as is the norm in Irish society. Developed in partnership with Traveller organisations, it provides a roadmap for addressing Traveller health inequalities, improving access to healthcare services and strengthening culturally appropriate care. The action plan is underpinned by the Sláintecare policy of providing universal, accessible and person-centred care together with a population-based approach to addressing health inequalities. It is supported by multilevel governance involving the Department of Health, the HSE national Traveller health implementation group, regional Traveller health units and local primary healthcare for Traveller projects. Since 2022, the Department of Health and the HSE have provided over €10 million in additional funding to support the implementation of the Traveller health action plan, including new measures for Traveller mental health, which has doubled in base funding. This funding complements the investment in health and social care services under the public health system, which also benefits Travellers. The Traveller health action plan is due to come to an end in 2027. It is important to review the achievements of the plan but also to identify any shortcomings so that the successor plan can be both ambitious and evidence-based.

The main instrument for delivering the action plan is the primary healthcare for Travellers projects. The recent review of these projects demonstrated that they are among the most trusted and effective supports available within Traveller communities. They help individuals and families navigate health services, improve access to screening and preventative care, promote health awareness and build confidence and trust between Traveller communities and the health system.

The review represents an important milestone in the journey of these projects in implementing the Traveller health action plan. It provides a valuable opportunity to ensure the sustainability and maximise the effectiveness of the projects. The recommendations in the review provide a strong foundation for future action. I am committed to supporting their implementation. In particular, I am committed to seeking additional funding in budget 2027 to invest in workforce development and to improve the terms and conditions for Traveller healthcare workers.

I strongly support the joint committee's call for a social determinants of health approach in Traveller health policy. Traveller health inequalities reflect the social and economic

disadvantages faced by this population group. Being a minority ethnic group can also be predictor of poor health and that is something we are also monitoring. Therefore, to reduce Traveller ill health, a comprehensive public health response is needed that provides tailored measures to prevent disease, promote health and prolong life for Travellers. To this end, the Department of Health has developed three public health measures to drive health equity for Travellers and to complement the Traveller health action plan.

Our focus now must be firmly on equitable access to mainstream healthcare services for the Traveller community and improvement in living conditions for Travellers. I look forward to engaging with the committee on its report on the policy approach of the Department of Health and the Traveller health committee.

Deputy Mary Butler: If the Chair does not mind, can I correct one inaccurate figure I gave? On the number of counselling sessions that have been taken up this year by Travellers, it is 1,671. I might have said 16,000. In case I did, I want to correct the record. It is 1,671, which is more than for the whole year last year.

An Cathaoirleach: I thank the Minister of State for that clarification. We will now move on to the opening statement on behalf of the Health Service Executive. I call Ms Aisling Heffernan.

Ms Aisling Heffernan: I thank the Chair, committee members, the Ministers of State, Deputies Butler and Murnane O'Connor, and colleagues from the Department of Health for the opportunity to address the committee. My name is Aisling Heffernan and I am the integrated healthcare area manager for HSE Dublin south and Wicklow. I am also chair of the national Traveller health implementation group. I am joined by my colleague Tony McCusker from HSE mental health services.

I will begin by acknowledging the work of the committee in producing this report and by welcoming the report. The recommendations it contains align closely with the priorities being progressed by the HSE through the national Traveller health action plan. The report provides an important opportunity to reflect on the progress that has been made and the work that remains to be done. The HSE remains firmly committed to addressing Traveller health inequalities. We recognise that Travellers continue to experience significant health inequalities and that improving health outcomes requires us to continue to work together in partnership with Traveller representatives. Since we last attended the committee, a major new development has been the establishment of the HSE national Traveller health unit. The unit has been established to drive implementation of Traveller health initiatives and support co-ordination, monitoring and implementation of the national Traveller health action plan.

In line with our commitment to partnership, Pavee Point has been appointed as the national support agency to work alongside the unit. The committee's report rightly highlights the importance of robust data and evidence. In response, the HSE continues to work on implementing an ethnic identifier into our systems. This work includes policy development, staff training and alignment with national data standards. Better data will help us to understand Traveller access to services, participation rates and health outcomes, which will enable more effective planning and better measurement of progress over time.

The report also places significant emphasis on the need to address racism and discrimination. We recognise that culturally safe and inclusive services are fundamental to

building trust in healthcare and improving health outcomes. The Traveller cultural awareness and anti-racism training framework has been completed and implementation is under way.

Improving health literacy and supporting access to services remain critical priorities. Across the country, primary healthcare for Travellers projects continue to play a vital role in helping Traveller families to access services, navigate healthcare systems and engage with health programmes. The Traveller brighter beginnings initiative is an excellent example of this work in practice, with dedicated staff supporting parents, improving health literacy, promoting breastfeeding and helping families to access child health services. We are committed to building on these initiatives and expanding them where resources permit.

We continue to work with Traveller organisations and primary healthcare for Travellers projects to improve participation in national screening programmes and preventative health initiatives. Evidence shows that this approach is highly effective in supporting participation in screening and vaccination programmes. Some of the committee's recommendations focus on the wider determinants of health, and rightly so. Traveller health outcomes are shaped not only by healthcare services but also by accommodation, education, employment, poverty and discrimination. The national Traveller health action plan adopts the social determinants of health approach, and we remain committed to working with Departments, agencies and community organisations to influence those factors that impact health outcomes. Importantly, we are focusing on those determinants that we can influence directly. Employment is one area in this regard. Through the primary healthcare for Travellers projects, approximately 300 Travellers are employed as Traveller community health workers. We are now progressing work to standardise training, strengthen career pathways, improve pay and conditions and support workforce development. This is not only important for service delivery, but also contributes to wider goals around participation, employment and leadership within Traveller communities.

We recognise the significant mental health challenges outlined in the report. Mental health remains a key priority across the national Traveller health action plan and work is progressing through the Traveller mental health specialist group to develop a national Traveller mental health action plan. Alongside this, the HSE continues to support culturally appropriate mental health services, suicide prevention initiatives, counselling services and community-based supports in partnership with Traveller organisations.

I want to reaffirm the commitment of the HSE, our CEO, senior leadership team and our staff to continue our work to address Traveller health inequalities. Above all, we remain committed to working in genuine partnership with Travellers, Traveller organisations and all stakeholders because partnership working remains the cornerstone of achieving better health outcomes.

An Cathaoirleach: I thank everyone for their opening statements. We now move to our question and answer session. I call Deputy Rice.

Deputy Pádraig Rice: I welcome the Ministers of State and the officials. It is great to have them here. It is also great to see a high level of political accountability in respect of these issues. It would be good to have engagement with the senior Minister at some point. I would appreciate it if the Ministers of State could relay that to her.

The report produced by this committee contains damning findings. Those findings highlight extreme levels of health inequality that are the result of systematic discrimination, racism and

neglect by the State. The statistics speak for themselves. Suicide rates that are six times higher, infant mortality is three and a half times higher and life expectancy is shorter by more than a decade, with Traveller men 15 years below the national average and Traveller women 11 years below it.

This report and these statistics should be setting off alarm bells in the Department. This is a crisis. We are talking about a small ethnic minority within our State suffering extreme levels of health inequality because of the policies pursued by successive Governments. It is not just me saying that. Domestic and international human rights bodies have been saying it for a long time. What they have said has not been heard by officials. Professor Michael O'Flaherty, the Commissioner for Human Rights with the Council of Europe has stated that we must confront the injustice experienced by Roma and Travellers and the racism and discrimination that have been allowed to persist on a massive scale. He described this as Europe's greatest human rights scandal. Yet, when we have Ministers and officials before us, they never talk in terms of human rights violations.

The UN special rapporteur for the elimination of racial discrimination has stated that Travellers suffer the worst discrimination and poverty of any ethnic group in Europe. Ten years ago, the European Committee of Social Rights found that the State was in violation of the rights of Travellers under the European Social Charter. It also found that Travellers' human rights were being violated by the Irish Government's failure to provide enough accommodation and to maintain sites to an acceptable standard, which is no doubt having a huge impact on people's health and life outcomes.

The Ombudsman for Children has indicated that the State is in violation of the rights of the child with respect to accommodation. It was good that we officials from the Department of housing before us last week. Those witnesses stated that addressing Traveller accommodation is a priority for the Department and the Government. My first question for the Ministers of State is whether addressing Traveller health is also a priority for the Government and the Department.

Deputy Mary Butler: It absolutely is a priority for me and for the Government. That is the reason why I put in place a Traveller mental health specialist group earlier this year.

Last year, I met representative from the mental health network. They asked for three specific things. The first was to put in place, under the national implementation and monitoring committee, NIMC, for Sharing the Vision, a dedicated specialist group. The second was for €65,000 in funding to put in place a staff member to try to co-ordinate all the supports and services being provided. I did that. The third piece was the action plan. I will have the action plan by the end of this year. I and the Minister of State, Deputy Murnane O'Connor, have just come from a meeting about the budget with the Minister for Health. I have already submitted a funding request to be able to fund the action plan.

The second thing-----

Deputy Pádraig Rice: With respect, it would require a much greater investment than €65,000 to tackle the levels of health inequality. We are talking about a multimillion euro investment on an annual basis to tackle these issues.

Deputy Mary Butler: The Deputy might have misunderstood. That was just one request for €65,000 to put in place a co-ordinator to work with the national mental health network and to try to co-ordinate services across the country.

The current budget for health for Travellers-----

Deputy Pádraig Rice: We have that.

Deputy Mary Butler: -----is €90 million in recurring funding.

Deputy Pádraig Rice: I know. I only have three minutes. I want to-----

Deputy Mary Butler: That includes-----

Deputy Pádraig Rice: There are specific recommendations in the report that I want to ask the Minister of State about.

Deputy Mary Butler: That includes €3 million for mental health specifically. I say to all the members of the committee that-----

Deputy Pádraig Rice: I just want to ask questions.

Deputy Mary Butler: -----there are 16 recommendations-----

Deputy Pádraig Rice: I have two minutes to ask the Minister of State questions.

Deputy Mary Butler: There are 16 recommendations in relation to mental health, and I am taking all of them on board. Some of them are already in train.

Deputy Pádraig Rice: There are ten issues in the report that I want to get through. If I could get quick answers, I would appreciate it. The report states:

> The status quo has already inflicted too much harm.
>
> A radical change of direction from government departments, State agencies and public services is now urgently required.

I have not heard a radical change of approach from the Minister of State this morning.

I want to fly through my questions about some of the recommendations. Recommendation 2.1 of our report calls for an ethnic identifier for Travellers across all State agencies and public services in line with the all-Ireland Traveller health study. Is that going to happen?

Deputy Mary Butler: Ms Heffernan spoke to that issue.

Ms Aisling Heffernan: That work is already under way in the HSE. There are a couple of key strands to it. First-----

Deputy Pádraig Rice: When will it be done? When will we have it by?

Deputy Mary Butler: She is trying to answer.

Ms Aisling Heffernan: It is a work in progress. It is already being rolled out in our maternal health system. It is also due to be rolled out in the new immunisation system. We are going to ensure that it is rolled out on all new digital platforms. It is key to roll out training for staff in

order that they are comfortable in asking questions and understanding why they are asking those questions. It is important that we roll out this training.

Deputy Pádraig Rice: I will run through my other questions, because I only have one minute left. There are other key priorities that have to be dealt with. There is a recommendation for an annual parliamentary accountability mechanism whereby the Minister should report progress to the Dáil on an annual basis. That absolutely has to happen. That is recommendation 8.1.

Another key priority relates to the investment in primary healthcare workers. There is a report, Beyond the Poverty Trap, from Pavee Point. We need to see an uplift of that €1.5 million in investment in workers. Crucial to tackling health inequality is investment in workers to get that uplift. We must also provide funding for pension auto-enrolment. It should happen across the board for all of the section 39 organisations, and not just in this area.

There are also key points about suicide prevention. How many Traveller suicides were there in 2025?

Deputy Mary Butler: I can only go off the data provided by Exchange House. I quoted those data earlier. As the Deputy knows, the Central Statistics Office, CSO, reported suicide numbers in 2023. Exchange House is telling me that for every one suicide in the settled community, there are between seven and eight in-----

Deputy Pádraig Rice: The Department should have more up-to-date statistics. It should be monitoring the issue and putting in place rapid responses in light of the crisis and the fact that the level of suicide is so much higher in that small community. We need that in the action plan.

Deputy Mary Butler: Just so the Deputy knows, that was why a new suicide bereavement liaison service for Travellers was established. It is also the reason we have put in four suicide crisis assessment nurses, SCANs. The report mentions a need to increase the number of SCANs from 16. There are currently 35 SCANs across Ireland. Two of them are located in Portiuncula hospital to specifically support Travellers with suicidal ideation.

Deputy Pádraig Rice: Some organisations have raised concerns about-----

Deputy Mary Butler: Two more are going into Limerick. The reason those particular areas were identified was because they were the regions where we got the most presentations with suicidal ideation among Travellers. We are following the data in that regard. We hope to do more in next year's budget.

Deputy Pádraig Rice: I suggest that the Minister of State engage with the Traveller organisations about SCANs. Concerns are being raised about clinical governance and their effectiveness. That is an issue which the Government needs to-----

Deputy Mary Butler: That governance has all been resolved. The executive clinical director in Galway is now overseeing that governance.

Deputy Jennifer Murnane O'Connor: May I come in there? The Deputy spoke about improvements and pay and conditions. That is something that my Department is working on. We have met all the different organisations. We have 307 primary care Traveller workers around the country. We are going into the budget with a recommendation for improvements in pay and-----

Deputy Pádraig Rice: To what extent?

Deputy Jennifer Murnane O'Connor: -----we are doing that. It is a priority.

Deputy Pádraig Rice: How much will be invested?

Deputy Jennifer Murnane O'Connor: The budget will decide that. We have gone in looking for full improvement for the 307 workers. It is important to say that a lot of work has been done, whether through Brighter Beginnings, determinants of health or communities together. Work has been done in education on, for example, vaccines.

Deputy Pádraig Rice: Unfortunately, the statistics do not reflect the work.

Deputy Jennifer Murnane O'Connor: While we need to do a lot more-----

Deputy Pádraig Rice: The findings are damning.

Deputy Jennifer Murnane O'Connor: -----we are doing work.

An Cathaoirleach: I am conscious of the clock. I ask Mr. Walsh to be brief.

Mr. Jim Walsh: May I come in on the statistics issue?

An Cathaoirleach: Mr. Walsh my come in very briefly.

Mr. Jim Walsh: The Deputy raised important issues about mortality among Travellers. However, his statistics are very dated. The CSO published mortality indicators and cause of death by ethnicity for the period from 2017 to 2022. It measured the statistics per 100,000 for people in the 40 to 64 age group. The death rate for the white Irish population was 260. For white Travellers, it was 300. For all ethnicities, it was 320. The death rate for the most disadvantaged fifth of the population was 370. We can see that the Traveller mortality rate is quite close to the rate for the white population.

More importantly, the trends over time show a decline of 50% in the mortality rate among Travellers between 2019 and 2022. There was a 23% drop in 2021 and 2022. It is important to recognise these significant improvements in the mortality rate for Travellers, as documented by the CSO. The decline has resulted in a major reduction in the difference in mortality rates between the white Traveller population and the white Irish population. The Traveller mortality rate was 124% higher and is now less than 20% higher. There has been an equalisation in the mortality rate and that must be reflected in policy improvements.

Senator Malcolm Noonan: I welcome the Ministers of State and their officials. As has been said, this committee has examined the issues around Traveller health extensively. They are all interrelated and touch on employment, housing, discrimination and all of the issue we have been speaking about. We have spoken to Traveller representative groups and officials. As the Ministers of State are well aware, the issues are all interrelated.

I want to delve into some of the recommendations with the Ministers of State while I have the time. I welcome the SCANs. I am well aware of the work that they do and they are invaluable. The expansion of that programme is important.

The Minister of State, Deputy Butler, mentioned the suicide bereavement initiative in Offaly. Is there an intention to roll that out nationally? We know that postvention is prevention.

Work around suicide bereavement counselling is critical. It can have a very positive outcome within the Traveller community after a suicide event. Perhaps the Minister of State could outline the position.

Deputy Mary Butler: I thank the Senator for his interest. Suicide bereavement liaison officers, SBLOs, are flexible. There was an incident recently. Red flags were raised in an area in the mid-west where there were issues. Two part-time SBLOs were recruited by the suicide bereavement liaison service on 18 March 2026. They are fluid, flexible and can respond to areas in which there are particular challenges. I am not going to speak about a specific area, but when a serious or critical incident has happened and there might be the possibility of more suicidal ideation, we respond very quickly. All the HSE services relating to suicide, whether for the Traveller community or not, went to the area and the halting site. Meals on wheels provided food.

The local priest was hugely relevant at that particular time in trying to support who were in suicide ideation distress. We had that to deal with. Thankfully, it was not something that was in the media. We can respond rapidly when we need to and we did that earlier this year.

Senator Malcolm Noonan: In the event of a crisis within the community, that response time and appropriate intervention are hugely important.

Deputy Mary Butler: There are 307 community workers across the length and breadth of the country, all of whom are members of the Traveller community. They work with their peers and draw on their lived experience the whole time, working with Pavee Point, Exchange House and various Traveller organisations around the country. They support each other in times of crisis, which is important. There is always more to do, however. We need to roll out more of the suicide crisis assessment nurses, SCANs. Culturally appropriate support is so important. I understand that 100%.

One of the other things we are doing is providing counselling for those families bereaved by suicide. Postvention supports are very important. I provided enough funding this year for that to been rolled out nationwide. As regards people bereaved by suicide, the rates are far too high in the Traveller community. We have seen a reduction in suicide across Ireland by 33% since 2000. The suicide rates in Ireland in 2020 was 12.2 per 100,000. It is now 8.6 per 100,000, but the rate of Traveller suicide is not decreasing at all. Unfortunately, in some instances, it could be on the increase. That is why we have put in place specifically the specialist group to develop a Traveller mental health action plan. I received the interim report this week. It has not been published because it was requested that it would not be published. I needed it so that I would be able to identify the areas I needed to fund in next year's budget. Traveller suicide is at the top of my priorities because the numbers are awful.

Senator Malcolm Noonan: I agree. That is borne out in our report around the wider social determinants that are affecting the Traveller community. Particularly among young Travellers, that sense of hopelessness and all of these issues are pertaining to it. From our perspective, the focus of our work over the next number of years has to be on moving the dial on many of these issues. I welcome that. It is also about having consistency in the approach. One thing I have found with the Traveller communities I work with locally is that programmes for Traveller men and boys, for example, horse projects but whatever they may be, start up and there is hope and then they stop again because of funding inconsistencies. That stop-start is an issue that has to

be addressed with both Ministers of State at the helm to ensure there is consistency of approach and a community development-led approach to empowerment of Travellers. We have heard it time and again from Traveller communities that we have to move back to that radical community development-led and human rights-centred approach.

I have a second question. I welcome the commitment in relation to the primary healthcare projects. We heard from the Traveller primary healthcare workers about the terms and conditions of their employment and the inconsistency of funding. I welcome that commitment. I hope the Ministers of State can secure their budget asks from the Minister for Finance in relation to that in order to improve the pay and conditions of the primary healthcare worker team. There is a much higher level of distrust of the general health system among the Traveller community, but there is trust in the primary healthcare programme. We need that to be continuously funded.

Deputy Jennifer Murnane O'Connor: That is a priority for me in the budget. As the Minister of State, Deputy Butler, said, we have just come out of budget meetings and I have again prioritised improvement in pay and conditions. That is important. Again, it is the valuable work that has been done on the ground. It is about everybody working together and engaging, such as if someone needs to go for screening. Sláintecare is part of the programme for Government and it is important we do it. It is about social inclusion, social prescribing and equal access to everyone for all the services. We all know that we are all the same and we all have to have equal access to all the services that are needed.

Senator Malcolm Noonan: I have one more question. Recommendation No. 7 in our report relates to the reinstatement of the Traveller health advisory committee and the appointment of a Department lead on Traveller health. Ms Heffernan's statement mentioned the development of a national Traveller health unit. Will that address that issue?

Ms Aisling Heffernan: The national Traveller health unit I was speaking to will be within the HSE, but we have a close working relationship with the Department of Health. We want to strengthen that even more. We have appointed Pavee Point as the support agency to work with us. All those partnership arrangements will be important.

Senator Malcolm Noonan: I thank Ms Heffernan. I have to leave; I apologise.

Deputy Tony McCormack: I thank the Ministers of State, the Department officials and the representatives of the HSE for coming in today. I appreciate it. I compliment the Minister of State, Deputy Butler. I sat in on a presentation she gave recently with regard to mental health. I compliment her on the work she has done. I realise she has been in her position as Minister of State with responsibility for mental health for seven years. I saw some of the statistics showing that suicides have dropped in the period she has been *in situ* and the work she has done on suicide. Obviously, one suicide is one too many. The Minister of State is very passionate about the numbers of Traveller suicides and wants to work to get those numbers down.

I note that she and I called in to Accessible Counselling Tullamore on a recent visit she made to the town. She has done work to make sure the service received recurring funding of €80,000, while working with the HSE. That service is open for the whole community, including Travellers. I also note the huge work she has done on free counselling for men, with 5,200 men having already availed of that service and received a lot of benefit from it. I differ from

some of the other contributors in saying that while I accept this is a work in progress, an awful lot of work has been done. The Minister of State should be complimented on that and also on having ring-fenced €3 million for Traveller mental health. This is not something that happened overnight. The Minister of State has put in a lot of work.

I am also heartened to hear from the HSE about the work that has been done with the Offaly Traveller Movement with regard to suicide. I am familiar with Travellers in that area and the number of suicides. That is great work. Then, there are the 300 Travellers working within the system. At the end of the day, it is Travellers, not us, who will help Travellers. There is a lot of scepticism among Travellers with regard to dealing with health, especially mental health, which is a sensitive subject. To have 300 people working in this area is a great addition. Will the Minister of State with responsibility for mental health give us an idea of the work being done through Exchange House?

Deputy Mary Butler: Exchange House is an important part of our plan in relation to suicide and mental health. Located in the heart of Dublin, it does phenomenal work. It works closely with Kerry Cuskelly there. In 2023, Exchange House established a surveillance process to record probable suicide deaths among members of the Traveller community. The way suicide deaths are reported in Ireland through the Central Statistics Office means there is always a lag in the figures. The figures I have at the moment, which came through the coroner's office, are from 2023. It works differently here from how it works in the UK.

As part of my delegated function as Chief Whip in the Department of the Taoiseach, the CSO comes under my remit. I have visited the CSO. Professor Philip Dodd is working closely with it to see if we can get figures closer to real time. That piece of work, which we will do, is really important. Deputy Rice asked a question on this as well. Between 2023 and 2025, 83 probable suicide deaths among Travellers were notified. They gave me those figures they are on the ground working with Traveller communities and the Traveller mental health co-ordinators. This crude annual probable suicide rate was approximately seven times higher than that of the general population.

When I went out to Exchange House, I saw it was doing a phenomenal amount of work on youth mental health for Travellers. It had a phone line that was supposed to be funded but it did not have the funding for it, so I allocated €50,000 to it. As part of a new service-level agreement and free counselling service for men, it is also going to extend free counselling. As I told the organisation, I do not mind if it is a male or female Traveller who comes looking for those supports, it should provide free counselling. There was then a further expansion in free counselling hours this year. Many family resource centres, as well as Exchange House, have been brought into this as well. It is about trying to target those who know how to intervene with the people who need the supports most on the ground.

I accept and acknowledge there is still a huge amount of work to do. We know it is hard to get men at all levels to access mental health supports. The provision of free counselling supports is working. So far, 5,200 men have accessed them, of whom about 80% have done so for the first time. It is about making men accept that counselling is the norm and there is no stigma attached to it. I am sure we will hear from Senator Flynn soon, who will talk about the stigma in reaching out for help and that some members of the Traveller community find it hard to ask for that help. The most important thing we can do is target at the Traveller community

supports that are culturally appropriate, which is what Exchange House and Pavee Point are doing for us.

Deputy Tony McCormack: I have a question for Ms Heffernan. On the Offaly Traveller Movement and the work it is doing on suicide, could she paint a picture for the committee as to what is happening there?

Ms Aisling Heffernan: I might hand that over to Mr. McCusker.

Mr. Tony McCusker: The Offaly Traveller Movement got the national tender for the Traveller suicide bereavement liaison scheme. It is relatively new and it is still winding up. It has been administered through the National Office for Suicide Prevention in the HSE. It is considered a pilot that will hopefully be developed further.

As the Minister of State, Deputy Butler, said, it will look nationally at any concerns around Traveller suicide and will link in with the existing local services. There are other suicide bereavement liaison services administered through the National Office for Suicide Prevention around the country. The Offaly Traveller Movement will link in with those services to ensure there is a cultural lens applied and will reach out to families across the country. Obviously, our network goes beyond local areas to try to see if there is any information that needs to be provided across the whole of the island.

At this stage, there are two workers and, again, it is a developing service.

Deputy Mary Butler: I might just say Exchange House Ireland got €360,000 in 2026 in the mental health budget for its mental health services, which it is providing specifically to the Traveller community.

Deputy Tony McCormack: I thank the Minister of State for that.

An Cathaoirleach: I thank Deputy McCormack and the Minister of State. Next up, we have Deputy Ó Muirí. My apologies, Deputy Quinlivan is next.

Deputy Maurice Quinlivan: I was before Deputy McCormack as well, but he has kindly agreed-----

An Cathaoirleach: Apologies, I did not have your name written down, Deputy.

Deputy Maurice Quinlivan: That is no problem. We will survive.

First, I commend everybody who participated in helping us with this report. The witnesses and experts we had come into the committee over many weeks were impressive. Some of the meetings were very distressing. The statistics on outcomes for Travellers and their families were particularly hard to hear.

The report featured a large number of recommendations. The recommendation the national media has not but should have picked up on was No. 11.10, which states that mental health issues in the Traveller community should be treated as a national emergency. For the committee, across all parties and groups represented here, to agree on that is-----

Deputy Mary Butler: Sorry, Deputy, on what page of the report is that recommendation?

Deputy Maurice Quinlivan: It is recommendation No. 11.10, on page 11. That was agreed and put into the report. I mean no disrespect to the Ministers of State, but I do not have any sense that this is being treated as a national emergency or anything close to that.

I would like to talk to Mr. Walsh later about the figures he produced earlier. We were repeatedly told, and the Minister of State referred to it, that the suicide rate in the Irish Traveller community is roughly six or seven times that of the general population. The rate among men is estimated to be seven times higher than men in the settled population. Studies and advocacy groups also told us that over 65% of Traveller suicides occur among individuals under the age of 30. The research also told us that more than two thirds of Traveller families have lost a member or close relative to suicide.

Having heard those kinds of statistics numerous times from witnesses, the committee had to try to come forward with a report that reflected what people were trying to tell us. Where are we at the moment? I am more than disappointed that we are not treating this with the urgency it needs. While there are good projects being done, I do not see any real progress, and that is what Travellers themselves are telling me. We can hear all the statistics in the world, but if Travellers do not see this in their own communities, which is what they tell me, we are on a hiding to nothing.

I welcome the comments from the Minister of State, Deputy Murnane O'Connor, on the issue of terms and conditions of healthcare workers in particular. If possible, before budget day, I would like the Minister of State to tell us what the plans are in that regard because this was a huge issue raised with the committee.

There is also the issue of Travellers not trusting healthcare professionals and other services for historical reasons. There needs to be more trust among Travellers and in their own communities. If we could recruit more into that service, retain the staff we have and pay them as best we can, that would be useful and helpful.

My frustration is that we are not treating this as the emergency it is. While good things have been done for several years, we are still where we are at. While we might tinker around with the bits and bobs we are doing, I still believe the point we tried to make by calling for this issue to be treated as a national emergency is not being addressed. For instance, the national media did not pick up on any of the comments in this report, as far as I remember, unless I am mistaken. I do not believe this would not have been highlighted if, in relation to any other group in the country, an Oireachtas committee had detailed discussions, meetings and deliberations and subsequently called for mental health issues in that group to be treated as a national health emergency.

I would appreciate if the Ministers of State would comment on how we could speed this up or put more resources into this, so that the next time Travellers come into the committee, they can say things are starting to change. We have not heard that yet.

Deputy Mary Butler: I thank the Deputy for his comments and I understand his frustration about recommendation 11.10, which calls for mental health issues in the Traveller community to be treated as a national emergency. Sharing the Vision, our mental health policy, is cross-departmental. I am delighted to hear the committee had officials from the Department of housing before it last week. Mental health and suicide ideation are everyone's business, not just the Department of Health's. As I said, Sharing the Vision, our national mental health policy,

and Connecting for Life, our national suicide reduction strategy, identifies Travellers as a priority group. There are key focuses, with a number of specific actions across Connecting for Life, including actions on suicide prevention training with the community and among front-line staff.

I spoke about this outside the room, and I finally feel we have a little bit of momentum going. This time last year, when I sat down with the Traveller network, it had three key asks, one of which was that under the national implementation and monitoring committee, NIMC, for Sharing the Vision, there would be a dedicated committee formed relating specifically to the development of a Traveller mental health action plan. That action plan is co-produced with Travellers themselves. They asked for this, and the interim report is out this week. I had a press release out on it and I asked for it to be deliberately published this week so that I would have sight of it to look for funding in the budget. That is exactly what I have done.

The Traveller network's three asks are being met. We will have a clear focus by year-end and I am looking for funding to build on some of the work that has already been done. Peer-led and lived-experience supports are being provided by Travellers who are trying to reach out to their neighbours and friends and support them to come forward and take the help being provided. There is a lot of support being provided.

I will say there is probably a little bit of a postcode lottery to it. Some areas are much stronger than others. We see that in Offaly and in Kildare, for example. We see it in Limerick and in Portiuncula where we put the suicide crisis assessment nurses, SCAN, in place. We identify the data that is there and we try to put the supports in. Can we do more? We absolutely can. There is also the co-production and the lived experience. A couple of years ago I went out to Pavee Point and I launched a website called Mind Your Nuck. It was young Traveller people who put that in place so there were appropriate supports. There was no misinformation or disinformation. The more of that we do, the better. I am acutely aware of the high levels of suicide and so is my Department. We are acutely aware of it across all Departments. This is why I am hopeful there will be a lot of recommendations in this Traveller mental health action plan. I have taken on board every single one of the 16 mental health recommendations. I have an answer in relation to each one and we are already progressing them. I have dedicated myself to the 16 that relate to mental health specifically. We are working on each and every one of them and we will continue to do so. I hope there is some little bit of reassurance to the committee there. I understand that the numbers are extremely high. I acknowledge that.

Deputy Maurice Quinlivan: I thank the Minister of State for the response.

Deputy Jennifer Murnane O'Connor: I will just come back to the Deputy on the 307 primary care workers. We really appreciate the work they do, their commitment and their engagement with the different areas. Again, it is all the different services coming together. That is very important. Screening is a huge part of that. With regard to the HSE and the Department, I am really pushing for the pay rise there and the different conditions.

Brighter Beginnings is another really good and positive project. While I know we have a lot more to do, the initiative is in place in four of the CHO regions, or REOs as they are called now. I am looking to roll it into the six regions. It is very much based on Traveller families, and the children in particular. That is really important. The new drugs strategy, which will be launched in the next few weeks, is also very much about the Traveller community and what we

can do there too. That is very important as well. This is another area I am looking at. It is important that all the Departments work together in areas like housing, education or the HSE. This is putting us all together. It is then a question of how we grow from that. It is all about social inclusion. That is what we need to do going forward and it is a priority for me.

Deputy Maurice Quinlivan: I thank the Minister of State. Do we have any firm commitments on what the Minister of State is going to do with the pay, terms and conditions?

Deputy Jennifer Murnane O'Connor: I am pushing hard. I am in the budget talks now. We just left some today and we are going back tomorrow-----

Deputy Maurice Quinlivan: I am chancing my arm, in fairness.

Deputy Jennifer Murnane O'Connor: I think it will be good but I am pushing hard, as is the Minister of State, Deputy Butler, for hers. We are working hard on this.

Deputy Maurice Quinlivan: As a director of the drug and alcohol forum in the mid-west, I look forward to the next strategy coming out shortly.

Deputy Jennifer Murnane O'Connor: Yes.

Deputy Maurice Quinlivan: In his comments, Mr. Walsh spoke about the statistics. Perhaps he will send those on later because I did not quite get all of what he was saying. As we do not have the ethnic identifier, I wonder how he got them.

Mr. Jim Walsh: The census collects information on ethnic identity, for example with regard to white Irish, white Traveller and different ethnic groups. It is captured in the census and it is really good to have that information. It is good to see the improvement that has been made in mortality rates among Travellers. A 50% reduction in mortality rates among Travellers in three years is unprecedented. A narrowing of the gap between mortality rates for the white Irish population and for the white Traveller population is really significant. It is important and it is encouraging. However, it is not as encouraging when we look at the causes of these deaths among the Traveller population. Two things stand out with causes of Traveller deaths. One is to do with diseases of the digestive system. What is going on there? The second one is to do with external causes of injury and poisoning. That obviously captures the point made earlier about suicide. Those two causes of death are still quite specifically linked to Traveller deaths - less so cancer and less so the circulatory system - so if we could zone in on those, we could make further improvements in the mortality rates. This is where having this data really helps us to identify where the priorities should be in the next Traveller health action plan. It is really valuable. The CSO published it and I will send on the link.

Deputy Maurice Quinlivan: I thank Mr. Walsh.

Deputy Pádraig Rice: Might I suggest that we get a copy shared to the committee with a detailed breakdown of those statistics because they challenge very directly the evidence we have received at this committee? A detailed breakdown from the Department would be useful.

Mr. Jim Walsh: These are CSO statistics. The problem with a lot of the other statistics is that they are to do with the all-Ireland survey back in 2010. We need to capture what has been happening. If we have more ethnic data like the Traveller data on the demand for drug treatment, which we know is higher among Travellers, this is really helpful in terms of targeting additional resources. The more we have data capturing particular needs and health needs

among Travellers, which Ms Heffernan talked about, the better we will be able to target our services.

Deputy Naoise Ó Muirí: I thank the witnesses for being with us today. Coming back to data, the Minister of State, Deputy Butler, seems to be relying on Exchange House Ireland at least in part for some of the indicative data and she mentioned the CSO. Will the Minister of State tell us a bit more about that? We really should have our own data as up to date as possible. What is it in terms of the CSO that we are doing, or what can we do there, to get the data up to date?

Deputy Mary Butler: I thank the Deputy for that question. I went down to visit the CSO last year to talk specifically about two things, one of which was the fact that we will have a census next year - in 2027 - that is online for the very first time. I spoke specifically about how the CSO would capture people, for example older people with dementia, and different things like that, who might not be able to fill out a form. The other piece that I wanted to speak to the CSO about was how it reports our data. One of the problems in reporting suicide data is that the data is not ethnically determined. The figures do not give me the information I might need. We need a lot more information in relation to minority groups and ethnic data so we can be more specific on where we target supports. The reason I depend on Exchange House Ireland and Pavee Point for this information is because they are at the coalface. They know their own community and they know that Travellers are dying by suicide. With regard to the way we report suicide in Ireland, I have preliminary figures for 2023 already of 302, which will revise upwards the whole way through from 2023 up into 2025 as the coroners' courts meet and report. They will always revise upwards. Exchange House Ireland at that point told me it believed that in 2023 there were 30 deaths by suicide. This would give me an impression that the rate could be 10:1.

Deputy Naoise Ó Muirí: So, it is about closing that lag. There is a lag there.

Deputy Mary Butler: There is a lag.

Deputy Naoise Ó Muirí: In terms of closing that lag, the Minister of State is probably not going to be able to close it by the CSO. Is it through the Coroner Service? Is it about speeding up the coronial process? How do we get that data?

Deputy Mary Butler: If the Deputy was to log on and look at the suicide numbers in the UK or Northern Ireland, he would get much more up-to-date information. What we are doing, as I said, involves the deputy chief medical officer, Professor Philip Dodd, who worked in the National Office for Suicide Prevention, NOSP, for many years. He is also my clinical adviser in the Department of Health. A nominated person has been put in place to work with Professor Dodd to see how we can get more information. The CSO is independent and it does a really good job. It is factual and it is accurate-----

Deputy Naoise Ó Muirí: But it is five years-----

Deputy Mary Butler: -----but it does not capture everything. It is now 2026 and I am working off data that I have in relation to suicides in 2023. The information I am able to get from the likes of Exchange House Ireland on what it believes to be the number of Traveller suicides in the country has helped us. That lag applies to all suicide numbers for all ethnicities. Where we use data, for example, is in relation to the number of Travellers who presented to the

likes of Portiuncula hospital over several years. This is why we put the suicide crisis assessment nurses in there.

Deputy Naoise Ó Muirí: That is my next question if the Minister of State does not mind. How did the Minister of State decide on Portiuncula?

It is probably early days but does the Minister of State have any sense of whether it will work? Will Travellers be happy to go to Portiuncula hospital to access the service? Is a fixed service in Portiuncula hospital or another facility the way to go? It is an open question. Does the service need to be mobile?

Deputy Mary Butler: Suicide crisis assessment nurses are very effective. We have 35 of them all over the country and they normally work in teams of two. There were 12 additional staff funded for 2026 and they have brought the number to 35. They work in pairs but they are quite fluid so they are able to respond. A suicide crisis assessment nurse works in the community. If someone presents to a GP with suicidal ideation but may not need an inpatient psychiatric service, supports are provided there and then on the ground whereby the GP will reach out to the suicide crisis assessment nurses.

There were about 357 presentations more than the previous year. I work off the data the HSE comes to me with. It felt there was such a demand in the Galway-Roscommon catchment area that it was important there would be suicide crisis assessment nurses who are culturally appropriate, such was the number of presentations. Two are also being recruited in the Limerick area. Of the 35, four of them will be specifically for the Traveller community but there is more to be done.

Deputy Naoise Ó Muirí: Were the 300 presentations the Minister of State mentioned Traveller presentations?

Deputy Mary Butler: Yes, with regard to self-harm and suicide ideation. This is where the data came in with regard to doing this.

Deputy Naoise Ó Muirí: My next question is for Mr. Walsh. Correct me if I am wrong, but is he saying that in terms of mortality the Traveller population is trending towards the settled population at a certain rate?

Mr. Jim Walsh: Yes, the gap is narrowing. It was 125% and now it is only 20%. The figure for white Irish is 264 and for white Travellers it is 300. If we can keep going, we can get equality.

Deputy Naoise Ó Muirí: In terms of the two categories of cause of death which Mr. Walsh mentioned, what percentage of the total do they make up? I am trying to get a sense of it.

Mr. Jim Walsh: Each of those makes up one quarter of the total number of deaths.

Deputy Naoise Ó Muirí: The two together cover half.

Mr. Jim Walsh: Yes, they make up half.

Deputy Naoise Ó Muirí: It really would be useful if the report could be circulated as this data is very important.

Mr. Jim Walsh: Yes.

Deputy Naoise Ó Muirí: My next question is for the HSE and it goes back to what Deputy Rice asked. The HSE continues to work on implementing an ethnic identifier in our system. There is a plan and somebody is working on it. When will it be finished? It is important. Somebody must be working on it and there must be a target end date. I know there will be other systems and other departments but when will the HSE's own system be available?

Ms Aisling Heffernan: We will have a policy developed by the end of the year on the use of the ethnic identifier across all of our services. It will cover the terminology we will use and will be incorporated in our systems and how we train people to use it. This is ongoing with all of our new digital platforms we are rolling out. We are going to make sure that we have the agreed data set included. As I have said, it has already been rolled out in the maternity system. The immunisation system will be updated to include the data.

Deputy Naoise Ó Muirí: When is the HSE aiming to have it done? The committee is interested in having it done.

Ms Aisling Heffernan: The policy will be completed by the end of the year. It will be continuous with all of the new systems we are rolling out. As Deputy Ó Muirí is aware, a lot of the data we are collating throughout the HSE is Excel-based and paper-based. It is in line with all of the new digital platforms.

Deputy Naoise Ó Muirí: It will go on forever.

Ms Aisling Heffernan: No, there is a strong plan across the HSE to roll out electronic healthcare records and community care records. The aim is that this will be an interim measure and it is due to be rolled out in the next year or two.

Deputy Naoise Ó Muirí: Does Ms Heffernan expect that by the end of next year the HSE will have its own systems? Will it have its existing systems done with regard to an ethnic identifier?

Ms Aisling Heffernan: I can come back to this. I can only speak about including it in the new systems.

Deputy Naoise Ó Muirí: I request that Ms Heffernan forms a view on this and then comes back to the Chair with a timeframe. It is important that we draw a line under it.

Ms Aisling Heffernan: I should have said that the ethnic identifier policy was agreed by HSE senior leadership in February 2026 and has the full endorsement of HSE senior leadership. The policy is engaging all of the departments in the HSE, with technology and transformation being a key stakeholder.

Deputy Naoise Ó Muirí: It will make the systems work even faster with everybody is on board. It would be great to get a timeframe.

Senator Eileen Flynn: I welcome the Ministers of State to the committee and thank them for taking the time to come here to have a very important discussion with us about mental health and Traveller mental health. To be fair to them, they have always stood up for Travellers' rights and they have tried their best.

I understand the Minister of State, Deputy Butler, is seven years in her role and I have also been in my role for nearly seven years. I remember that in the programme for Government

seven years ago Fianna Fáil, Fine Gael and the Green Party said they would have a stand-alone Traveller strategy for mental health and a budget for Traveller mental health. It must be tough to be in the role for seven years and for this not to have been achieved for the Traveller community. I imagine this is tough for the Minister of State. My first question is on the commitment for funding for a Traveller mental health action plan. Will we ever get a stand-alone action plan for our community for mental health?

My next question is for Mr. Walsh on the CSO figures. I found it very interesting that we say "white Irish" people and "Traveller" people. In 2017 we were recognised as an ethnic minority group. We like to say we are white Irish Travellers. I think our use of language is important. With regard to CSO figures, I would be interested to hear more about respiratory illnesses in our community. Many Travellers suffer from COPD and asthma. I am interested to know more about these figures. When we look at the Traveller identifier, I understand the CSO asks questions about what ethnic minority group a person is from. Mr. Walsh said the mortality gap is now only 20%. Similar to other committee members, I will be looking at the figures because I find it fascinating that it has dropped this much. Of course, I welcome it but 20% is 20% too much.

With regard to screening for Travellers, I was trying to implement a recommendation on CervicalCheck for Traveller women and lowering the age to 20. Traveller women get married younger. Even for BreastCheck, Traveller women are more likely to get breast cancer than women from the general population, which is unfortunate. This is something I will look at for the next report. Between the jigs and the reels, it was not possible to put it into the report this time around.

My next question is for Ms Heffernan. What difference will having a stand-alone unit make? We need to be very careful when we have stand-alone units. I remember 30 or 32 years ago there was a Traveller doctor and Travellers could go nowhere except to see Traveller doctors and nurses. We do not want to go backwards, if that makes sense. We have had many Travellers working in the HSE in underneath the different areas. What is the difference with having what we have already had with Travellers working in the HSE, say as a CO1 or CO2? A member of the Traveller community might happen to be a member of staff. I know two people who tried it and said they felt it was not for them.

When we talk about training, I think we should be ashamed of ourselves in 2026 to say we have to train health professionals to deal with other human beings. That is kicking the can down the road. There was mention of the identifier. When did that start? While people are looking for an end date, I did not even know there was a start date. What date did that start? Other members have aske when the Ministers of State expect it to finish. There is a crisis within our community with drugs. It is taboo, along with mental health. We need wraparound mental health supports for Traveller women, especially to do with maternity, if that makes any sense. Pavee Point has done an awful lot of work, which is great, and I acknowledge all the work of Exchange House as well. Pavee Point is just back from taking a group of Traveller men away on a mental health walk and we have never seen that before within the community. That kind of work is absolutely vital and we need as much money as possible to carry it out.

I have one last question before I stop. How are we supporting Travellers in prison with their mental health? I mean within the prison services.

In the last few weeks things have got dramatically worse for our community and it is devastating to see it. The things I have heard since I got back to Leinster House in the last few days have been appalling. I once had to go outside the door and roar crying. We still have Deputies calling young people thugs and Deputies saying Travellers should be treated the same as everybody else. We should not be. We are an ethnic minority group whether they like it or not. That kind of pressure is extremely tough on our young people, especially with the social media of today. Imagine being a young Traveller going to sit the leaving certificate and seeing a TD or local representative calling young people thugs. We have to be mindful of our language. It is nothing to do with the Ministers of State who are here or the members of the committee. It is very tough to be a Traveller in today's society and especially in the last few weeks with the amount of nonsense that went out to every young person within our community. It is a mortal sin to see all young people suffering because of a few young people. I would be grateful if the Ministers of State could come back with the answers. I thank them so much.

Deputy Mary Butler: I will answer the first question. I thank the Senator for all the work she does. She is right that language is really important, especially when we are talking about suicide.

I want to clarify something. I am negotiating my seventh budget. The Traveller health action plan was launched in 2022 and it had a number of mental health actions. I am aware the community were not happy with that at the time and I met them on several occasions. They wanted a stand-alone document. I was always of the opinion there was a section in it that dealt with it. We have moved on now. The funding was being provided. It is really important to note what is happening with the specialist group established to develop the Traveller mental health action plan. This is I think the first time everybody in the Traveller organisations has come together. The action plan consultation was codesigned with Pavee Point, Exchange House, the national Traveller health network and the Traveller counselling service. They consulted the national Traveller men's network, the LGBTQI+ Traveller action group, the National Traveller Women's Forum, the national Traveller mental health network, peer support working from the Justice Initiative, the Traveller youth programme, the Irish Traveller Movement and Mountjoy. This is the first time I have ever seen a cohesive number of all Traveller organisations coming together and working together.

It is important to note the lived experience reference group was established to support the codevelopment of the Traveller mental health action plan. It comprises eight Travellers from across Ireland with lived and living experience. Two of its members sit on the Traveller special group and three meetings have taken place as of September 2026. Following a consultation from the lived experience reference group, a coproduction public consultation was developed by the Traveller organisations. The consultation resulted in an online public survey, which has 65 respondents, and eight online consultations also took place. This is the most comprehensive ever. I got the interim report this week. It is going to be funded and please God we will have it ready to go by the end of the year. A phenomenal amount of work has been done and I met Catherine Brogan, chair of the NIMC, yesterday. She is really positive. We finally have momentum going on this and I am looking forward to delivering that.

Senator Eileen Flynn: I am sorry, but what about the prisons?

Deputy Mary Butler: We did a specific consultation session with Travellers in the justice system. Mountjoy Prison is part of developing the mental health action plan and there are

prison in-reach mental health services. PICLS, which is the prison in-reach service, covers all prisoners. I am not aware of a specific culturally appropriate service. That is something I will refer to the committee that is stood up at the moment. I thank the Senator for raising that.

Deputy Jennifer Murnane O'Connor: I thank the Senator for her questions. On the evidence base, research has been commissioned by the national cancer control programme. There is also targeted engagement through our primary healthcare for Travellers project. If we look at BreastCheck, 84% of the Traveller community went, for CervicalCheck it was 88% and for BowelScreen it was 60%, so there has been a huge uptake. This is for people who have got the invitation to go for the screening but this is why, as the Senator said, working on the ground with all the different areas is so important. I cannot help but mention Pavee Point because it is always so good. Its representatives show up and are so much involved in the community. The Senator mentioned what the group was doing in the last few weeks.

On the drugs issue, as members know, the new national drugs strategy will be launched shortly and we are very mindful that drugs are everywhere in every community. That is why we are very much focused on prevention, awareness and education and getting that out to everyone. That is part of what we are going to do on that, with funding of course, which is another priority.

The Senator spoke about incidents that happened lately. We all have to be very careful of our language and how we use it going forward. We have to be mindful of everyone. Language can be very hurtful at times and we all have to be mindful of that. I thank the Senator for her work and commitment in what she does as well.

Ms Aisling Heffernan: I thank the Senator. I will answer her questions on the national Traveller health unit and targeted versus mainstream approaches. I will talk a little about career opportunities and then the ethnic identifier.

On the national Traveller health unit, the core of all our work within the HSE is the primary healthcare for Travellers project. It links in with our Traveller health unit and the idea is it will link in with the national Traveller health unit. Its role is really driving the implementation of the national Traveller health action plan to ensure we standardise best practice around the country, continue to highlight Travellers' needs and work on the next iteration of the plan, which is also really important. Of the two big focus areas for the national Traveller health action plan, the first is the targeted approach where we further support the projects and also Traveller brighter beginnings and other initiatives like that. The second key area is enhancing Travellers' ability to access mainstream services. I know it is terrible that, as the Senator was calling out, it is not easy to do so and we all need to work on that. I will mention two things we are doing. We have agreed a framework for the provision for Traveller cultural awareness and antiracism training. Really importantly, that was co-designed with the Travellers from the projects because they have 30 years of experience of doing this work. We are implementing that work.

We are rolling out the training.

The other thing we have done, again working with Traveller representatives, is to co-design a toolkit for services to ensure they are Traveller-friendly. From a projects perspective, we are really hopeful of funding in budget 2027 to improve the pay and conditions of the workers. That is a big priority for the HSE, but it is also our responsibility. We have recently agreed a nationally standardised job description for the workers. We also want to ensure there is career

progression within the projects and that workers can see they have career opportunities in the wider HSE. We should be leading on that.

From the ethnic identifier perspective, all I can say is that work has been under way for a number of years. I have certainly been leading on it since I took up the chair of the national Traveller health implementation group in 2023. I will come back to the committee with more definite timelines.

Senator Eileen Flynn: This committee will be considering employment. It might be useful to bring in the HSE on the employment of members of the Traveller community.

I spoke earlier about how we have many Travellers employed in the HSE who are doctors, nurses and carers. Unfortunately, some feel they cannot say they are members of the Traveller community. I worked in a nursing home for a few months and felt I could not say I was a member of the Traveller community. That goes back a long time. When I did say it, there was a job going that I would have been grateful for. When I gave my address as Labre Park in Ballyfermot, I was told that the job was no longer going. We are getting a wee bit past those days, but it would be brilliant to have more Travellers within the HSE working in offices as well. That is something the committee could come back to when considering employment within the HSE. I thank the witnesses for their time.

Deputy Mary Butler: Exchange House does provide in-reach into prisons, but we are going to check whether that is only in the Dublin area, because that is mostly where it provides Traveller-specific in-reach. The Senator has put me thinking now, so we are going to check it out.

Senator Eileen Flynn: Exchange House does go beyond Dublin. I know the work it does. Perhaps if it had more people and more counsellors, it would be able to go beyond Dublin and provide more help.

Deputy Mary Butler: It does provide in-reach into the prisons, but I am not sure whether that is only in the greater Dublin area. We will check it out.

Senator Eileen Flynn: Okay. I thank the Minister of State.

Mr. Jim Walsh: I thank the Senator for correcting me. Of course, the term is "White Irish Traveller". As the Senator said, that recognises the ethnicity.

The point I was making is that, on the morbidity and illnesses that Travellers are more likely to experience, we need to find out more. Dying is just the end of a series of ill-health experiences. These can lead to premature death. We need to get the full story. What we are getting here is some of the story. People are living longer, or fewer people are dying in the age group, but we need to find out about the quality of life in terms of illness.

I want to bring two things to the attention of the committee. Deputy Rice mentioned the issue of racism and discrimination. I am not sure whether the committee is aware that the public sector standard for the provision of Traveller and Roma cultural awareness and anti-racism training was published recently by the Department of children. The standard applies to the whole public sector and establishes minimum requirements for the design, delivery and evaluation of cultural awareness and anti-racism training programmes as they relate to Travellers and Roma. It was developed in consultation with Traveller and Roma organisations.

The Department of Health is reviewing that standard and giving careful consideration to how best they could be utilised throughout the Department and in organisations under its aegis, which would include HSE-funded bodies that provide services. This could be a game changer because it provides a mechanism by which all public sector organisations can review their cultural awareness and how they treat the Roma and Traveller populations. There can be discrimination and prejudices of which people are not aware, including unconscious bias. The standard was published only in May 2026. It came out of the NTRIS. Potentially, this is something that every Government agency could apply to its staff as part of its training. I just wanted to highlight that.

The second issue, which Deputy Rice also highlighted, was the commentary by international bodies. I have attended many meetings of those bodies where we are held accountable for the situation of Travellers in Ireland. Many of these meetings are held in Geneva, but there is one process that takes place in Ireland under the Council of Europe's Framework Convention for the Protection of National Minorities, under which Travellers have been identified as a national minority. Representatives were here in Ireland two years ago and will be back again to look at our performance. Perhaps somebody from the committee might attend that meeting. Other stakeholders attend as well, and members could see how we are held to account and the reaction to that.

The last meeting I attended produced a very positive report on the measures we are taking in relation to Traveller health. It would be good if the committee had the opportunity to be part of that scrutiny process and contribute to it. If the committee is interested, it is something we could keep in mind. Perhaps the Chair could nominate one or two people to attend so that the committee would be part of that oversight. That process is convened by the Department of children, so we would need to work with it. Obviously, health is only one of the issues raised, but the committee is interested in all of the issues.

Senator Eileen Flynn: Just really fast, Chair-----

An Cathaoirleach: We are going to lose the Ministers very quickly.

Senator Eileen Flynn: I have just received a text from Exchange House. While it provides in-reach into prisons, it would love to have more workers to extend the support it provides. I know from personal experience, from having relatives go through the prison system, that this work does work. I just wanted to end on that. It would be brilliant if that support could be extended.

Deputy Mary Butler: I thank the Senator for that. I also received information on this. Exchange House was funded in 2026 to roll out in-reach peer support. It received €50,000 for the greater Dublin area and that was match-funded by the Probation Service, giving a total of €100,000. There is momentum, but we will certainly examine this again because that in-reach is really important.

Senator Eileen Flynn: I thank the Minister of State.

An Cathaoirleach: I am conscious that the Ministers are under time pressure. I thank them for their presence here today. A lot of thought and work went into this report. We do not want it to gather dust or be a bookend. I am glad to see that the Minister of State, Deputy Butler,

has already started working on some of the recommendations. It would be very much appreciated if we could move those along.

The ethnic identifier is crucial to everything. I have seen census data in Wexford that totally runs counter to other facts and figures. The identifier is crucial because it would allow us to know the full need and to be armed with the full facts.

I thank everyone very much for their presence here today.

Cuireadh an comhchoiste ar athló ar 2.28 p.m. *sine die*.

The joint committee adjourned at 2.28 p.m. *sine die*.