Irish College of General Practitioners

ICGP Submission to the Oireachtas Joint Committee on Key Issues Affecting the Traveller Community

24 October 2019

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Joint Committee on Key Issues affecting the Traveller Community

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1.0 Opening Statement

The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. ICGP is the representative organisation on education, training and standards in general practice.

The College is the recognised body for the accreditation of specialist training in general practice in Ireland and is recognised by the Medical Council as the representative academic body for the specialty of general practice. By arrangement with the Medical Council, ICGP is the recognised body for the provision of the Professional Competence Scheme for General Practitioners.

There are over 3,800 members and associates in the College and are over 700 GP trainees.

The ICGP would like to thank the chair and members of the Joint Committee on Key Issues Affecting the Traveller Community for the invitation to discuss "issues relating to Traveller health and its impact on their Community".

The ICGP representatives include:

Dr Mary Favier, President, ICGP

Dr Tony Cox, Medical Director, ICGP

2.0 Introduction

Travellers represent a small indigenous group, formally recognised as an ethnic minority in Ireland in 2017.

The first systematic study of Travellers' health was reported in the 2010 study Our Geels: The All Ireland Traveller Health Study (AITHS). This report, complemented by updated 2016 statistics from the Central Statistics Office, the 2017 Traveller Community National Survey and the 2017 ESRI report provide a comprehensive summary of the health status of Travellers in Ireland.

In terms of the 2016 statistics, there are 30,987 Travellers usually resident in the Republic of Ireland representing 0.7% of the population. 3% of Irish Travellers were aged over 65 compared with 13.3% for the general population; 39.7% of Irish Travellers were aged under 14 compared with 21.4% for the general population (CSO 2016).

The majority of members of the Traveller Community (89 – 91%) obtain their health information from GPs (AITHS, 2010).

The Traveller Community has a higher burden of ill-health than does the general population. Whilst Travellers would appear to access hospital services more frequently than do others, their experience of services is not as positive (AITHS, 2010).

3.0 Social determinants that affect the general health of the Traveller Community

Published studies (AITHS, 2010; Kelleher et al, 2012) indicate the following key social determinants that affect the general health of the Traveller Community:

- Accommodation and living arrangements
- Education and literacy
- Employment opportunities
- Lifestyle and health choices
- Alcohol, smoking, addiction
- Trust in service provision
- Discrimination
- Health issues specific to women
- Ethnicity, social mores

This submission will describe the issues for Travellers related to their health in line with ICGP's remit.

4.0 Access to health services and health inequalities within the Traveller Community

The life expectancy statistics show a stark inequity in health among the Traveller population compared to the general population. Studies on areas such as maternal health, communicable diseases, addiction and mental health serve as clear indicators of the extent of this health inequity.

4.1 Maternal health

Women of Irish Traveller ethnicity are overrepresented in those experiencing severe maternal morbidity when compared to the percentage of females of Traveller ethnicity in the Irish population. In a report by the National Perinatal Epidemiology Centre in 2016 (see Table 7 in the report) 1.5% of women who experienced severe maternal morbidity identified as Irish Traveller compared to 0.7% of the population of women aged 15-49 years identifying as Irish Traveller.

Irish Traveller women are also overrepresented in the mothers who experienced perinatal deaths in 2016. Of the 374 perinatal deaths in 2016, eight (2.1%) of the mothers identified as Irish Traveller compared to 0.7% of the population of women aged 15-49 years identifying as Irish Traveller (see Table 1.7 in the report).

4.2 Communicable diseases

In Ireland an apparent increase in invasive meningococcal disease (IMD) notifications linked to the Irish Traveller Community since 2007 was observed (Cotter et al 2014). And in 2015 a prolonged outbreak of IMD in an extended Irish Traveller family was reported (O'Connor et al. 2015).

4.3 Addiction

Between 2007 and 2010 there was an increase of 163% in the number of Traveller cases accessing addiction treatment services. The most common problem substances reported were alcohol and opiates. Contrary to the perception that problem substance use is a predominantly male issue, Traveller women reported high rates of problem opiate use and risky injecting behaviours (Carew et al 2013).

4.4 Mental health

In the 2017 National Traveller Health Survey, it was found that 90% of Travellers agreed that mental health problems were common in their Community and 82% of the Community were affected by suicide. Of those affected by suicide in their immediate family, 44% also experienced it in their wider family (2017 National Traveller Health Survey).

A large proportion of service providers (67%) believe that Travellers experience discrimination in accessing health services. Over 40% of Travellers stated that they were not always treated with dignity and respect (Watson et al 2017 ESRI).

Barriers to accessing health services were identified in the 2017 ESRI study. These included waiting lists, embarrassment, lack of information, cost, difficulty in getting to services, health settings and refused services. This 2017 study indicated that Traveller access to health services is at least as good as for the general population however, Travellers are less likely to attend outpatient appointments or to engage with preventative services.

5.0 Willingness of Traveller Community to engage with health services

In a study into Travellers' beliefs on healthcare, McGinnity et al (2009) found that Travellers' own beliefs about health may have a substantial impact on uptake of health service provision. This study found that while Travellers tend to worry intensely about their health, paradoxically they tend not to seek help from a health professional and the reasons for this are complex. One main reason relates to a sense of fatalism about serious health problems and a related sense of lack of control over one's health.

GPs treat appointments as the start of a process in treating their patients whereas Travellers view the consultation as a single issue that should be dealt with in one visit. In some cases, if symptoms don't improve, this can lead to a visit to the hospital Emergency Department rather than going back to the GP.

In addition to cultural differences, there can be practical reasons why a Traveller can miss appointments – they may not have access to letters by post, particularly important for baby vaccinations.

Fear of cancer is common in the general population and is a particularly powerful cause of worry among Travellers. There is a view that everyone has cancer in them and it's just waiting to come out, for example a fall could bring it on. This worry can mean that Traveller patients worry excessively about minor symptoms in case it leads to cancer.

Travellers also rely on cures for a range of illnesses including asthma, whooping cough and heart murmur. Significantly, there is a concern that conventional medicine could "break" a cure leading to poor uptake of conventional medicine.

Travellers have a very strong sense of family and community and this can blur the boundaries for individuals and their need for privacy in consultations. Generally, this can mean that health problems are perceived as an embarrassment and this is particularly the case for mental health concerns, which are viewed as a source of great shame. This can make it very difficult for a Traveller to confide in a health professional even when they are reassured of the confidential nature of the consultation.

In cases of addiction problems, there can be a strong sense of judgement within the Traveller Community and a lack of awareness that the GP is an appropriate professional to confide in.

The sense of others in their community knowing their business can act as a strong deterrent to engage in healthcare and this is particularly true among the men in the Traveller Community.

6.0 Higher levels of mortality and morbidity among Travellers

Travellers, both male and female, experience considerably higher mortality at all ages compared to the general population. Overall Traveller mortality is 3.5 times higher than the general population. Traveller women live on average 11.5 years less than women in the general population and a male Traveller can expect to die 15.1 years before his general population counterpart (ref All-Ireland Health Study). The same study showed death from respiratory and cardiovascular diseases increased in Travellers compared to the general population.

The leading cause of death in the Traveller population is from respiratory conditions which is related to a high prevalence of smoking and to living conditions. The next greatest causes of death are from accidents, poisonings and suicide. The suicide rate in male Travellers is 6.6 times higher than in the general population. Suicide accounts for 1 in 10 of all Traveller deaths.

While female Traveller health has improved in recent years, male Traveller health has not.

Compared to the general population, health decline with age is steeper among Travellers and this is particularly observed in the 34 to 64-year age group. Contributory factors for these stark differences include the decline of traditional family structures, religious certainty, lack of employment and peer pressure to engage in health damaging activities such as heavy drinking. These factors added to a sense of exclusion and experiences of very strong prejudice can lead to low self-esteem and reduction in coping behaviours which are associated with depression and related mental health problems. Combined these factors are related to a higher prevalence of suicide (Watson et al 2017).

6.1 Infant mortality rates and the impact on life expectancy

The infant mortality rate for Traveller children is 3.6 times the rate for the general population. Per 1000 live births, infant mortality rate in the general Population is 3.9 whereas in the Traveller population it is 14.1. While the infant mortality rate is decreasing, it has reduced by approximately 50% in the general population since 1987 (from 7.4 to 3.9 per 1000 births) and only reduced by 22% (from 18.1 to 14.1 per 1000 births) among Travellers (Barry & Herity, 1987; Favier and Boland 1995).

In a study in collaboration with Traveller mothers, Kelleher et al (2012) showed that despite improvements in aspects of maternity care, Traveller infant mortality is still high at four times

that of the general population. Traveller mothers are generally younger when they have their first child, have their children closer together and have both high numbers of pregnancies and higher rates of stillbirths compared to the general population.

Increasing numbers of Traveller mothers present for their first booking visit to antenatal services in hospital than previously and the rates are comparable with the general population. A slightly increased percentage of Traveller mothers had shared antenatal care between maternity hospitals and GPs compared with the general population (81.5% versus 76.6%). However, a larger percentage of Traveller mothers had no antenatal care (2.1% versus 0.2%).

As with the general population, Traveller mothers and their infants access Public Health Nursing, community-based health services and Primary Health Care (GPs) services for their needs. As in the general population, respiratory health conditions represent the most common presentations to health services.

7.0 Health initiatives to support the Traveller Community both at local and national levels

Health initiatives for the Traveller Community should be informed by the principles of equality, human rights, social inclusion and respect for Traveller values, beliefs, culture and perceptions. Related education of both Travellers and health service providers should be culturally appropriate and sensitive.

As for the general population, Travellers should have improved access, opportunities, participation rates and outcomes in the health care system. The very high prevalence of suicide among Travellers is of particular concern and measures should be put in place to address this and related mental health issues for Travellers. Examples of measures that would help include onsite sessional counselling in General Practice, culturally appropriate awareness campaigns and outreach services signposted to primary care.

Targeted health initiatives and associated information materials for both Travellers and healthcare providers should be culturally appropriate. Any identified interventions should be designed to help improve self-esteem among Travellers, reduce stigma and remove barriers to care.

In line with the national inclusion strategy (2017) a counselling service specifically for Travellers operated by people trained in cultural awareness and Traveller culture would be a beneficial step in addressing the more immediate issues of Traveller health, particularly mental health and suicide.

7.1 Primary Health Care for Travellers

Regardless of the type of health policy initiatives for Travellers, it is imperative to include the views of Travellers themselves when designing the interventions in order to obtain buy-in from their Community. Traveller participation and cooperation in previous studies, research and information design have been key to their success.

While Travellers experience issues with access to GPs, the same is true for large sections of the population. Clearly, access to GP services needs to be improved and there are some basic improvements that could make large differences.

- Practices that offer a combination of booked appointments and some “same day” appointments would improve Travellers’ access to GP services.
- It is essential that Travellers are treated with respect by all members of staff in a practice and not discriminated against.
- The examination and giving of time are symbolic of a good consultation to a Traveller for whom the giving of time is valued and respected (Favier & Boland, 1995). Concepts of time influence attitudes to examination of a patient therefore a GP who spends times examining a person, particularly a child, is highly valued by Travellers.
- The process for obtaining and retaining a valid Medical Card needs to be streamlined and simplified.
- It would be helpful if the specific benefits and entitlements that accrue from having Medical Card cover were clearly explained.

ICGP is supportive of The National Women’s Council of Ireland (NWCI) recommendation that Traveller women be included as a priority group within the Traveller health action plan (July 2018).

The ICGP education delivery programme includes webinars, workshops and podcasts and Traveller health is included in our education agenda for this year. In addition, it is part of the curriculum for GP trainees.

The recruitment of additional GPs, the retention of GPs in Ireland and the replacement of GPs due to retire or who move abroad are all essential elements in ensuring continuing safe patient-centred practice. Any new developments, need to be properly resourced and funded. As such General Practice should be empowered to continue to provide safe and effective patient care.

The health differences between Travellers and the general population are avoidable and with appropriate resourcing and planning these issues can and should be addressed urgently.

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Footnote

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