

# ROMA MENTAL HEALTH AND WELLBEING 2023

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Leeds  
City  
Council

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# FOREWORD

I'm proud to share this report - led by my Public Health team - as part of our Migrant Health Board's work to foster a welcoming and inclusive city for all communities. To do this effectively, we need to understand the unique needs of different communities and this report shines a spotlight on what more we need to do in Leeds to support the mental health and wellbeing of the Roma people who live in the city.

This report, taken from the findings of an health needs assessment, has been a collaborative effort and has brought together the voices of Roma people in Leeds, advocates for this community and health and social care professionals. I would specifically like to give my thanks to members of the Roma community who were part of this work throughout and who have bravely and openly shared their experiences and ideas on what will improve mental health outcomes for them.

The Roma community, with its rich history and vibrant culture, often face additional and complex challenges that impact on their mental health and wellbeing. This report highlights the factors that influence their mental health and identify opportunities to do things differently to make sure that support and initiatives suit their specific needs.

The findings presented in this report are not merely statistics but real-life quotes and stories that demand our attention. They should inspire collective action from us all and I hope this report serves as a catalyst for positive change, based on a greater understanding, empathy and support for the mental health and wellbeing of Roma people in our city.

**Caron Walker**

CONSULTANT IN PUBLIC HEALTH

# SUMMARY

Nationally, the differences in health outcomes between Roma and non-Roma communities are stark. In the UK Roma people live 10 years less on average than non-Roma, and experience more of the risk factors for poor mental health. There are estimated to be over 5000 Roma people in Leeds, but we had little information on their health needs and experiences.

Working with members of the Roma community, we gathered information on the experiences and mental health of this group. Information was gathered in Summer and Autumn 2023, and came from three sources:

- 1) Focus Groups
- 2) GP records and 2021 UK Census Data
- 3) Stakeholder Interviews

We found evidence of poor socio-economic circumstances - a risk factor for poor mental health. 90% of Roma people in Leeds live in the most deprived 10% of England. One in three work 'elementary' jobs, and nearly two in five adults report no educational qualifications at all.

Many told us how they struggle to understand services in the UK. Some had difficulties accessing translators, and had been put under pressure to use family members to interpret. These were extra barriers to the support they needed.

As we address these issues we will continue to work together with the Roma community in Leeds to drive real, sustainable, and meaningful change.

**Dr Alex Thompson**

PUBLIC HEALTH REGISTRAR

# RECOMMENDATIONS

- 1) Roma-specific third-sector organisation(s) should be encouraged, supported and developed with the community.
- 2) The Roma community would benefit from having their own physical premises in which to meet.
- 3) Roma children are likely to face extra challenges in completing their school education. Current levels of support for Roma children in schools should be evaluated, tailored and expanded where required.
- 4) Opportunities for Roma people to build on skills required for professional employment should be increased. Barriers to entry must be addressed and removed.
- 5) Efforts to improve the housing standards in the private rental market should continue. The impact of these efforts on the Roma community should be assessed.
- 6) The Roma community is distinct from Gypsy and Traveller groups, and their needs should be considered separately.
- 7) Data gathered by services should offer 'Roma' ethnicity as a category. Methods of data collection must be culturally sensitive.
- 8) Efforts should be made to continue to build trusted relationships between the Roma community and services in the city.
- 9) The Roma community should be supported to understand, navigate, and access health and care services.

# RECOMMENDATIONS

10) Healthcare professionals must be aware of the cultural differences in how mental distress may be expressed.

11) Patient and service-user representative groups within services should aim to include members of the Roma community.

12) Local healthcare and council services should regularly record and evaluate the availability and usage of interpreters in practice. Any new translation and advocacy services should meet the needs of the Roma community.

13) Avoid using family members or friends as interpreters, and services should record when they are used. Children should not be used as interpreters.

14) Written communication from services should be supported by spoken communication where possible. Where not possible, language should be translated and in clear and simple terms.

15) Opportunities for Roma individuals to learn English should be promoted. Barriers to accessing English language classes should be identified and removed.

16) A task-and-finish group to be established to address these recommendations, reporting to the Leeds Migrant Health Board.

# BACKGROUND

Leeds aims to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

(1)

Different groups have different needs for healthcare. This project was started to better understand the needs of the Roma community within Leeds. The focus of the project was on mental health, but the findings are also relevant for the physical health needs of this group.

The aims of this project were to:

- 1) Give a voice to members of the Roma community, to discuss their experiences of health and healthcare
- 2) Describe the mental health needs of the Roma community
- 3) Agree next steps for improving the health and wellbeing of the Roma community



**“...we don’t get support. When they hear they are from Romania or Roma. We don’t get support.”**



Roma Focus Group Participant

The Roma people are Europe’s largest ethnic minority community. (2)

They are historically from South Asia, but over the last 1000 years they have been dispersed around Europe. (3)

While in the past they moved around often, many of the Roma in Leeds are settled here and see the city as home.

Roma migrants to the UK may arrive from different parts of Europe, with different languages and cultures.

While often considered together with Gypsy and Traveller communities, the Roma community is ethnically and culturally distinct from these groups.

Roma communities are known to face challenges to their health and wellbeing. (4)



# WHY WE DID IT

Roma people have a life-expectancy that is **10-years** less than for non-Roma. (5)

Language barriers, and a lack of familiarity with UK healthcare, can make accessing services challenging.

The Roma community also experiences more of the factors impacting on mental and physical health: (6, 7)

- poor quality housing
- unstable employment
- poverty
- discrimination



But what is it like being Roma in Leeds?

# WHAT WE DID

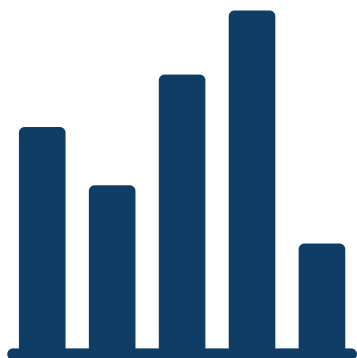
We wanted to gather a wide range of views and information to help us understand the needs of the Roma community in Leeds.

The information we gathered was split into three sections:

**1) Focus groups**

**2) Local GP and census data**

**3) Stakeholder interviews**



We ran two in-person focus groups with members of the Roma community in September 2023. These focus groups were separated according to gender.

Roma individuals speaking either English or Romanian were invited to the groups. A Romanian interpreter was present. Practically, this meant that the views heard were largely from the Romanian Roma community in Leeds.

Five men and nine women joined us to describe their experiences of health and wellbeing in the city.

**“...we came here to listen and to see.”**



**“...so we can hear about health, and how to communicate, and how to get in touch with staff, and how to get support when we need it.”**

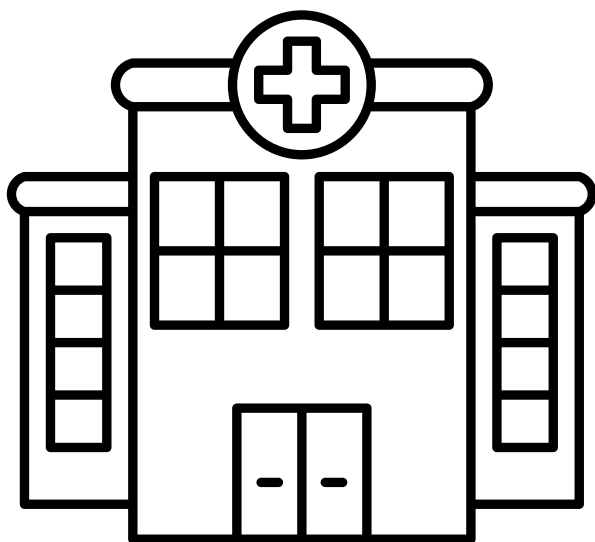


Roma Focus Group Participants

The topics covered in the focus groups were decided together with members of the Roma community. This meant that they set the agenda for the issues discussed.

### Issues included:

- language around health and wellbeing
- access to services
- experiences of stigma and discrimination



In addition to our focus groups, information included in this report was taken from the 2021 UK census and records from GP practices based in Leeds. Data from other sources was difficult to use, as often we do not ask or offer 'Roma' as an ethnicity category to choose from.



Using the records we had we could explore how common mental health conditions were in the Leeds Roma community. We could also explore how common some of the factors which impact on mental health were.

In Leeds there are organisations that support the Roma community as part of their work. We wanted to hear their views on the important challenges facing this group.



We spoke to people working in a GP practice, in an outreach team, and in local charities/community based groups. Hearing their views meant that we could shape our recommendations to have positive change where it is needed most.

# WHAT WE FOUND

Throughout the focus groups many different views were heard. These were grouped together into four overall themes:

## **1) Family Relationships**

## **2) Wellbeing**

## **3) Experience of Services**

## **4) Language around Mental Health**

Findings from the focus groups were used to inform recommendations: 8 - 15.

All quotes included in this section are from the focus group participants.

# 1. FAMILY RELATIONSHIPS



**“This is why we are living. For our family, for our husbands, for our children. That’s why we have family.”**



Focus group participants told us about the importance of family for their wellbeing.

Participants felt happy and thankful when they saw their children thriving at school, and their partner in secure employment.

Many parents shared that this effect on their wellbeing went both ways. When their partner is stressed, or their children picked on, this can be a source of great distress.



**“...what makes me to feel stressed is about my children. If they are unhappy with their health I feel stressed I think someone is going to beat them or do something bad...”**





During the difficult times of life, the family was identified as a vital source of support and care.

**“Most of the time with the depression this is what it feels like. When you have the family around you, caring, supporting.”**

For some participants, caring for their family during difficult times could also mean pressure to hide their own feelings of sadness.

**“I see my children looking at me and I give my sadness to them, and I don't want my children to see this.”**

Finally, participants highlighted the different challenges and needs for the men and women in the community.

Challenges facing Roma women were felt to arise more commonly from childcare, while challenges to men were from their employment.

**“Man can go through sadness as well, but women go through different sadness”**

## 2. WELLBEING



**“I cry. Sometimes when I feel something is getting away from me”**



Focus group participants told us about their experiences of wellbeing.

Some explained that they liked to do an activity to distract themselves from sad feelings.



**“... I try to push myself to do cleaning or something to take myself away from that sadness.”**



**“I play piano. Listen to music. It would bring me back to my happiness.”**

Many of the participants spoke about the importance of their faith in their wellbeing.

**“I pray myself with the Jesus.”**

**“... another thing that brings me much happiness is church.”**

Physical activity and getting outside were identified as being useful ways of boosting mood.

**“I go to the park.”**

**“... I would make her feel better. Take her to the park, or cinema, or for a walk.”**

Participants had mixed opinions on whether seeing a doctor might be helpful for someone feeling persistently unhappy or sad.

**“If it’s sadness I would support but it’s not recommended to go to the doctor.”**

**“If all the time she is unhappy, or she close herself in the bedroom and doesn’t want to socialise ... this is the time I advise her to go to the doctor”**

# 3. EXPERIENCE OF SERVICES

**“I find it hard to explain what I need. How I feel like. Don’t have knowledge to explain what it is like...”**

Focus group participants told us about their experiences of using council and health services.

All of the participants felt that the language barrier was a big issue.

**“...Language barrier is there. Makes me feel sadness.”**

Participants had mixed experiences with accessing interpreters for appointments. Some felt access was good. Others expressed feelings of discomfort when they were asked to use young family members to interpret.

**“... sometimes I have my boy and I don’t feel comfortable to take my boy with me to ask about my health.”**

One participant highlighted the cultural challenge of life in Leeds being different from life in Eastern Europe.

**“We’re talking about a different culture and mentality, so we are from Romania, and we have different rules in school, family, culture ...”**

Differences in expectations extended into healthcare settings. Participants expressed frustration at the waiting times in the NHS, and the need to see a GP for a specialist referral.

Many participants indicated they continued to visit healthcare providers when visiting family in Eastern Europe, with some receiving prescriptions from abroad.

**“I have my diagnosis and investigations back home in Romania. They would not look at this here.”**

**“I all the time ask for someone from Romania to send medication from back home. Even now I don’t have my medication and I wait for them.”**

# 4. LANGUAGE AROUND MENTAL HEALTH

“...sadness, problems, depression, anxiety, some bad news, something that they cannot find a way to go further through.”

Focus group participants told us about the words and language they use to talk about their mental health and wellbeing.

While medical terms such as ‘depression’ and ‘anxiety’ were used, participants spoke more often about their ‘stress’. This seemed to describe a general state of poor mental wellbeing.

“...problems, trauma, upset, depression, problems, issues, anxiety, disappointed, the other man has something he is going through - *stress...*”

“...I think the man is the most *stressed...*”

“They spit at my child. This makes me feel *stressed.*”

There were some differences in how approaches to improving wellbeing was described between the women and men.

Language used by men spoke more often about ‘fighting’ through something.

“...well the man appears down, like he can’t *fight* anymore...”

“

”

“...the other man has something he is going through - stress - he can’t *fight* for it again...”

Female participants spoke more about ‘pushing themselves’ to get through the difficult times.

“Sometimes I cry. I *push myself*”

“

”

“... I wake up. I *push myself* to go further...”

# CENSUS AND GP RECORDS

Information from the 2021 UK census and GP records, as of January 2023, in Leeds were reviewed.

Findings from the Census and GP records were used to inform recommendations: 3, 4, 7, 10, 15.

We found that the Roma population in Leeds was a young population.

More than half of the Roma community were under the age of 35 years, and the largest proportion of people (nearly one third) were children.

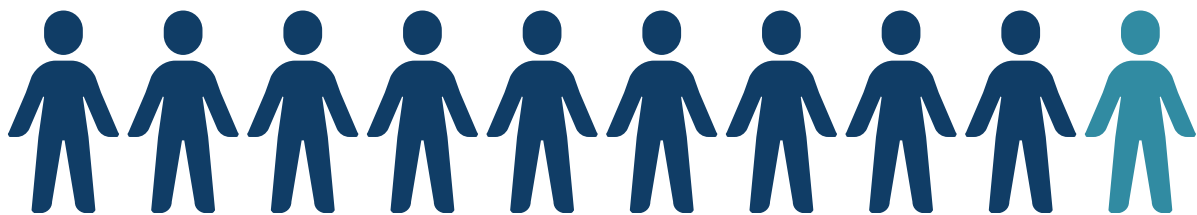




We found that while Roma individuals live throughout the city, there is a large community in Harehills in East Leeds, with smaller groups in the South.

We found that being Roma meant you were more likely to live in the poorer areas of the city.

In Leeds, one in four people live in the 10% most deprived areas; for Roma people this is nine out ten so much higher than the overall Leeds average.



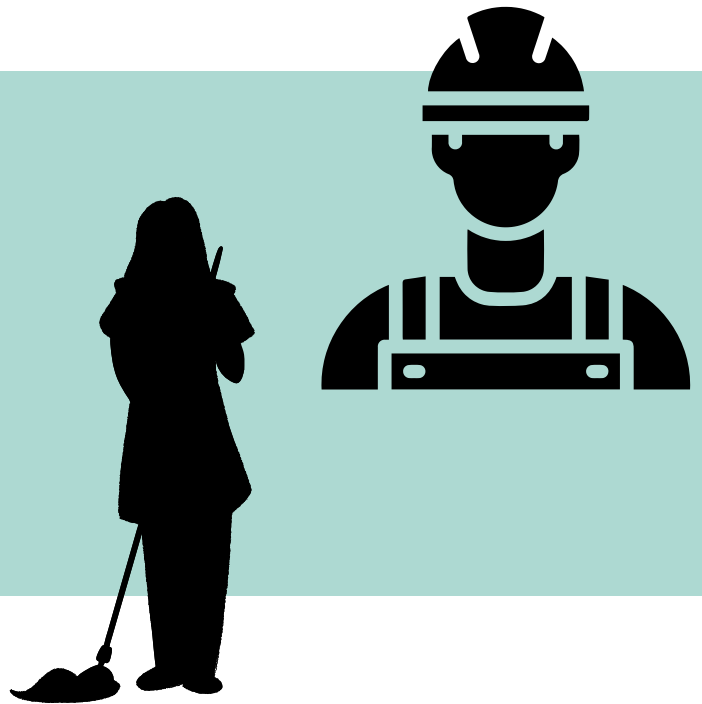


In the census people are asked what their 'main language' is. This is the language they are expected to be able to speak the best.

We found that only one in four members of the Roma community in Leeds had English as their main language.

Around one in every five Roma people indicated that they spoke very little English, or no English at all.

In the census people are asked about their 'economic activity'. This includes questions about jobs and studying.



We found that over one in three Roma workers are employed in what are known as 'elementary occupations'. These jobs involve completing simple and routine tasks, and often require a lot of physical effort.

This is a higher proportion than the Leeds average. Around one in ten of the city's workers are employed in elementary occupations.



Census records include information on educational achievements. These could be qualifications at school, college, or university.

We found that nearly two in five Roma adults reported that they had no educational qualifications at all.

This is more than twice the Leeds overall average, in which just under one in five report no qualifications.

GP practices keep records of the number of patients with different medical conditions. This includes both physical and mental health issues.



We found that only a small number of the Roma community were identified as having a ‘common mental health disorder’. That could mean anxiety, depression, panic attacks, or other conditions.

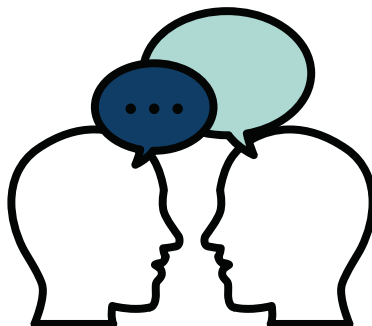
This proportion was much lower than the Leeds average of just under one in five people having a common mental health disorder.

# STAKEHOLDER INTERVIEWS

We spoke to individuals and organisations who work with the Roma community.

This included: charities, schools, faith groups, council services, GPs, and the police. Interviews took place between October and December 2023.

We asked them what they thought the biggest problems facing the Roma community were, and what we should do about it.



What they told us fit broadly into three main categories:

- Poverty
- Distrust of services
- Community pride and strengths

Findings from the stakeholder interviews informed recommendations: 1, 2, 5, 6, 8.

Different individuals and organisations agreed that many of the challenges facing the Roma community were due to poverty.



Concern was expressed for the children in the community. It was felt that they were particularly vulnerable to grooming by criminal gangs, who may try to offer money or gifts in exchange for illegal activity.

This vulnerability extended into housing. It was felt that Roma families were at additional risk of being poorly treated by private rental landlords, and that any complaints could be met with the threat of losing their home.

Finally, food poverty meant that some families were also facing challenges in putting food on the table. One stakeholder commented that Roma families often had to use the foodbank in Harehills. They had found Roma children trying to eat berries they had found by the roadside, because they were so hungry.



Organisations told us that there was more work to be done in building trusting relationships with the Roma community.

The stigma and discrimination that the Roma community have experienced in the past, both here and in Europe, were felt to have led to a lack of trust between this community and health and care services.

This might mean that families have felt less able to raise issues around:

- reporting a crime
- accessing health and care services
- education, or concerns for their children

It was felt that when these issues were eventually reported, they were often at a much more serious level. This could mean the involvement of social workers, where concern for a child's safety was present. It was felt that this contributed to the much higher reported numbers of Roma children being taken into care.



All organisations felt that there were many strengths in the Roma community, and that these should be celebrated and supported.



We were told about the fierce pride the Roma community had for their culture and heritage. This had remained despite the challenges, and the stigma and discrimination, they have faced.

We were told about how community members would show great support for one another. And how a problem for one member of the community, was seen as a problem for all.

Stakeholders also highlighted how the community may benefit from having a place in which to meet and call their own. Unlike for other communities in the city, there is not currently any place that is *just* for the Roma community. Nor is there any Roma-specific third-sector organisations with a primary focus on supporting this community. For organisations that were supporting the Roma community as part of their work, it was important that they recognised them as a culturally distinct group from Gypsy and Traveller communities.

# NEXT STEPS

**“I love everything about the Leeds. My dream was to come to the UK and be educated here. I know my child is getting that opportunity and I’m happy about it.”**

Roma Focus Group Participant

In this section we explain how what we found will make a difference to how we support the health and wellbeing of the Roma community in Leeds.

We recognise that the challenges highlighted in this report are a form of discrimination against this community. Ethnicity and race should not be a barrier to living a happy, healthy, and fulfilled life.

Our recommendations for improving Roma health and wellbeing were decided in discussion with the Roma community and the different stakeholders working with them. They are split broadly into three different areas:

- Poverty
- Culturally competent services
- Language barriers

# POVERTY

We know that the high-levels of deprivation seen in the Roma community is preventing progress in improving their health and wellbeing. Progress towards meeting the basic needs of this community must be made before meaningful improvements in health and wellbeing will be seen.

## Recommendations:

- 1) Roma-specific third-sector organisation(s) should be encouraged, supported and developed with the community.
- 2) The Roma community would benefit from having their own physical premises in which to meet.
- 3) Roma children are likely to face extra challenges in completing their school education. Current levels of support for Roma children in schools should be evaluated, tailored and expanded where required.
- 4) Opportunities for Roma people to build on skills required for professional employment should be increased. Barriers to entry must be addressed and removed.
- 5) Efforts to improve the housing standards in the private rental market should continue. The impact of these efforts on the Roma community should be assessed.

# CULTURALLY COMPETENT SERVICES

We know there are different cultural expectations and norms within the Roma community. This means that a 'one-size-fits-all' approach to service delivery will not serve this community well.

## Recommendations:

- 6) The Roma community is distinct from Gypsy and Traveller groups, and their needs should be considered separately.
- 7) Data gathered by services should offer 'Roma' ethnicity as a category. Methods of data collection must be culturally sensitive.
- 8) Efforts should be made to continue to build trusted relationships between the Roma community and services in the city.
- 9) The Roma community should be supported to understand, navigate, and access health and care services.
- 10) Healthcare professionals must be aware of the cultural differences in how mental distress may be expressed.
- 11) Patient and service-user representative groups within services should aim to include members of the Roma community.

# LANGUAGE BARRIER

We know that members of the Roma community face extra barriers in accessing and using council and healthcare services. Low levels of English language and literacy were raised as particular issues.

## Recommendations:

12) Local healthcare and council services should regularly record and evaluate the availability and usage of interpreters in practice. Any new translation and advocacy services should meet the needs of the Roma community.

13) Avoid using family members or friends as interpreters, and services should record when they are used. Children should not be used as interpreters.

14) Written communication from services should be supported by spoken communication where possible. Where not possible, language should be translated and in clear and simple terms.

15) Opportunities for Roma individuals to learn English should be promoted. Barriers to accessing English language classes should be identified and removed.

# COMMUNITY CHAMPIONS

We believe that solutions for problems facing a community are best produced by working with the people in the community itself.

We want to support grass-roots initiatives from people and organisations working in and with the Roma community, to help address the issues raised in this report.

We will use a community champions approach that makes best use of the community's strengths, to deliver sustainable and meaningful change.

We will be reaching out through third-sector partners to offer small grants in support of projects addressing the recommendations of this report.

A task-and-finish group will oversee the delivery of these recommendations. They will report to the Migrant Health Board in Leeds.

# ACKNOWLEDGEMENTS

Work and time from many different professionals and volunteers went into producing this report.

We are grateful for the contributions from:

- Lidia Perseola (Founder of AME)
- Tina Leslie (Health Improvement Practitioner, LCC)
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- Adam Taylor (Senior Information Analyst, LCC)
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- Parminder Grewal (Advanced Health Improvement Specialist, LCC)
- Lucy Insam (Health Improvement Specialist, LCC)
- Adam Dyson (Administrative Assistant, LCC)

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