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THE MENTAL HEALTH SUPPORT EXPERIENCES OF ROMA MEN, BORN OUTSIDE OF THE UK, IN LEEDS.

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TOUCHSTONE inspiring communities, transforming lives

LEEDS BECKETT UNIVERSITY

Foreward

Touchstone's vision is to inspire communities and to transform lives. Over our 30 plus years of operating across West Yorkshire this aspiration has led us to focus on the hopes, experiences and outcomes of our most diverse communities as experience shows that these communities are most often the most excluded, marginalised and overlooked.

These two research reports will hopefully go some way to ensuring the rights and entitlements of Roma men and Black women born out of the UK across Leeds are recognised and honoured by service providers in the future. More widely than these two groups, we also hope that the different needs and experiences of Black, Asian & Ethnic Minority (BAME) communities and people with complex needs in particular, are distinguished by services and that considered, culturally sensitive responses are put into place, as a consequence.

In doing so, Touchstone intends that the voices of all will be heard and the visibility of our diverse and rich communities will improve, thus supporting all our neighbourhoods and localities to thrive and the people within them - whatever their needs - to be part of the potential of a new day.

Alison Lowe
CEO Touchstone

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Executive summary

Key messages:

1. Roma communities face serious challenges in their daily lives – including being safe from discrimination and abuse, finding shelter, security to stay in one place and country, food needs, social inclusion and interaction, schooling, and income – which present great risks for stress and mental health. Barriers of stigma, language, and expectations and practices concerning primary health care also prevent Roma mental health concerns being recognised and treated.
2. Through tackling life problems systematically, improving communication, and developing more culture-aware services, mental health problems can also be reduced.
3. With a social approach to building a positive future, Roma men's wellbeing can be boosted. This includes strengthening social supports; preventing problems by considering community as well as individual wellbeing; viewing recovery as both a collective and individual journey.
4. It is important to strengthen voluntary-statutory partnerships: to listen to unheard voices; to develop organisational roles for Roma; to build Roma led organisations; and develop safe cultural spaces for Roma to meet. Mental health education and support can be included in this way.

What is this research summary about?

This summary presents the key findings from a project that aimed to find out how voluntary and community organisations (VCOs) can help improve the mental health and wellbeing of Roma men. Factors that can help improve mental health and wellbeing and those that affect it negatively were explored. People were asked what barriers they perceived to accessing mental health services and what support VCOs can give.

The research was conducted in Leeds for Touchstone by Health Together, the Centre for Health Promotion Research at Leeds Beckett University. Similar research was conducted with Black women born outside of the UK. A summary of this is also available.

Risk factors for coping with life stresses

Roma families lack control over many aspects of their lives in Leeds and are socially excluded. Lack of control is a major risk factor for mental health problems. Barriers to social inclusion for Roma include: language; difficulties in engaging with statutory organisations, their economic situation, housing, and work. Lack of work can result in loss of benefits and being unable to pay rent, which can result in homelessness. High stress levels, concerning these basic needs, and traumatic past experiences before migration; combine with stigma around mental health to multiply risk factors for mental health issues. These often go unrecognised. While men's and women's experiences and roles differ, action to improve employment, housing and access to health care would benefit families.

Barriers to engaging with services

The stigma about mental health among men, among wider communities in East European countries, and among Roma, creates a many-leveled barrier to strengthening mental health. Language barriers hinder access to GP surgeries; adapting to the UK appointments system is a challenge; and many men are not able to describe symptoms or understand questions and diagnoses without interpreting support. It was suggested that the language line interpreting service is under-used. Roma men may not easily acknowledge a mental health problem or accept help. Support would more likely come from family and friends. Some Roma remain very isolated. Negative experiences, including systematic discrimination in previous countries, lead to a problem of trust.

> ***"So, there's the side of it of people who are not feeling trustful or safe with outsiders."***
>
> ***"If they request an interpreter GP's should be using telephone interpreting and booking a double appointment… with medical conditions, any complex issues you need a fairly good grasp of English."***
>
> ***"He had interpreter over the phone because his GP knows him and he knows he needs this service."***
>
> ***"Roma people from central Europe…experienced a lot of discrimination. … it's still a huge personal hurdle to overcome that, building up that trust."***

Filling gaps in service provision

There is a gap concerning training and employing people from Roma communities. Roma-led community centre(s) and organisations have been lacking. The need for a Roma voice was recognised with the recent two-year Roma Voice project. This coupled developing Roma workers and advocacy with work towards setting up Roma organisations. The gains of this project need building on.

> ***"It's that dual thing of immediate support through the advocacy and the longer-term support to create Roma led organisations, businesses, all of that so that the community supports itself."***

Trust and social inclusion

Social inclusion would protect Roma men's mental health. Approaches to this need to respect cultural strengths Roma bring. To build trust it is important to start by addressing daily life needs, e.g. language, work and housing, and to build greater community integration. Strengthening family wellbeing strengthens Roma men's wellbeing. It is important to develop capacity for Roma-led initiatives. Owning a special community space is seen as very important.

Building on existing support to develop service engagement and protect mental health

Good practice starts from Roma people's perceived needs, in familiar settings, and focuses on *empowering* Roma people. This can be delivered through joined up work between VCOs and Leeds City Council. An example is the 'Welcome' drop-in service work provided from Hovingham Hub supporting families with children. This was set up by Leeds City Council with partnership with voluntary services. Another example is the POMOC drop in session (BARCA) at Harehills supported by MAP Migrant Access Project (a partnership between LCC and Touchstone) with Roma volunteers. The importance of advocacy is clear: trained, skilled Roma in a 'bridging' role can bridge gaps between communities, helping Roma men to develop better understanding of services, and assisting services towards a better understanding of Roma. This approach can help Roma to access primary health care, and to recover, once emotional support needs are accepted. Advocacy involves cultural understanding, and 'lived experience' of the challenges Roma face, building on best practice elsewhere and, for example, the work of Advonet in Leeds.

> ***"It would be better to have more people from this community to help."***

> ***"so basically people that have gone through a large amount of, lived experience, settled in the UK and are going back to the community to support other people through that similar process."***

Recommendations

1. *Integrated or systems responses.* Develop system-wide approaches towards social inclusion. While VCOs include community resources and wins trust, the statutory sector can influence services, and challenge discrimination. Support and train Roma to use existing skills and learn new skills.
2. *Joined up service responses for health.* VCOs play a vital role in raising awareness, and in advocacy. Some offer mental health support. Include Roma employees or advocates in statutory services as a lever for challenging stigma in services. Develop appropriate language provision and engage with GPs and mental health services to improve culturally-aware communication.
3. *Roma-led voluntary provision.* Develop Voluntary and Community Sector work in a 'Roma'-led' way, employing more Roma, and supporting creation of Roma organisations. Train Roma leadership for community social enterprise. Encourage a critical mass of Roma led organisations.
4. *A social model of recovery and resilience.* Consider some forms of culturally-aware tailored mental health education, in support of, not instead of, meeting basic practical needs and strengthening social networks. This involves a combined social and individual approach for wellbeing, prevention, resilience, and recovery. Men's wellbeing can be strengthened by increasing family and peer support, and community social care; and building both community and individual wellbeing. Roma cultural venues and activities and advocates can offer education, support and signposting for mental wellbeing.
5. *Community spaces.* Support safe spaces for Roma men and women. A positive approach involves Roma meeting place(s), club(s) or café(s) with Roma people delivering services. Cultural locations and events involving food, music, socialising, can link people to counselling, peer support, practical help and/or complementary therapies, and strategies for dealing with life problems (Faulkner, 2014).
   "Roma Café. It's Roma. It's for us. There's going to be all the help. With our food, desserts, cakes."
6. *Gender-aware.* Follow a gender-aware approach, listen to preferences of Roma men and women.

7. *Capacity-building and social integration.* Promote social inclusion and strengthen mental health, build Roma capacity, and Roma-led, partnership-focused community initiatives.

How we did the research

In 2015 we held two focus groups and three individual interviews with Roma men. Recruitment was a challenge. We also interviewed five people, from five organisations, who worked or volunteered with Roma men.

Contact / further information

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1. Introduction

1.1 Background to the research

This report constitutes phase two of the research commissioned by Touchstone to explore the mental health support experiences of two BAME groups both of which might be characterized as 'unheard voices' in the regional context. The research arose out of a desire to understand these specific groups of BAME people's service needs, barriers to access, and experiences with a view to informing future commissioning and service improvement.

It was then agreed between Touchstone, Leeds City Council and the research team to focus on two particular groups; Black women and Roma men, both born outside of the UK; whose views and needs have not been well represented, certainly not in research conducted in Leeds. The research with Black women born outside of the UK was conducted between May and July 2015 (see accompanying report) with the Roma men research following in September to December 2015.

It was always envisaged that accessing Roma men to talk about mental health would be especially challenging. One barrier to participation is the relative lack of Voluntary & Community Organisations (VCOs) that could act as gateways. Another barrier is language – Roma people's English language skills are often limited, instead speaking Roma plus the language of their country of origin (e.g. Czech, Slovakian, Hungarian, Romanian). Finally, gender plays a role with men often, at least initially, less willing to discuss mental health. It was for these reasons that a longer time period for attaining a sufficient number of interviews was necessary – see methodology section.

1.2 Aims and objectives

Research aim:

- To explore the role of VCOs in improving the mental health and wellbeing of two BAME communities in Leeds.

Objectives:

- Identify and explore protective factors for positive mental health and wellbeing
- Identify and explore the risk factors[1] for mental health problems
- Explore perceptions of barriers and enablers to engaging with health services
- Identify what types of support are currently offered by VCOs to prevent / aid recovery from mental health problems
- Explore the reach and acceptability of this support
- Identify any 'gaps' in services that may help prevent mental health problems / aid recovery
- Identify best practice and provide recommendations for improvements in practice within Leeds

1.3 Existing research

Whilst it was outside the remit of this project to conduct a full literature review, some of the most relevant evidence in this area is summarised here.

There is a longstanding and well-documented history of racial disparities in mental health services. A range of initiatives have been introduced in the UK to reduce these inequalities and promote racial equality. A notable initiative was the 'Delivering Race Equality' (DRE) programme launched in 2005 (DH, 2005) with the overall aim to improve the mental health care and treatment for BAME communities in England. This programme achieved some positive outcomes, but there remain concerns that the situation for BAME communities has not been much improved. The latest report of the Care Quality in Commission (2013), for example, shows that inequalities in mental health persist for BAME groups and that there are specific issues for certain BAME groups. Key reported challenges (DH, 2009) include engaging with and understanding the

[1] These could be social, personal, cultural, economic – as raised / perceived by participants

complex and diverse nature of BAME communities; and persistent evidence that social factors affecting mental health include deprivation as well as how services are delivered. A research synthesis for Lankelly Chase Foundation (2014), found that a sense of disengagement often persists between various BAME communities and UK statutory services, and that asset-based and community centred approaches hold the most promise.

The Bradley Commission briefing on BAME mental health (2013) finds that VCOs are key to engaging BAME communities that are disproportionately represented both in mental health care and in the criminal justice system. The Joint Commissioning Panel for Mental Health guidance for commissioners (2014) reported that mental health services need to work better for BAME communities reflecting challenges of changing demography, delivering appropriately tailored care to enhance wellbeing across diverse groups, reducing mortality and morbidity, and tackling inequalities.

Research for the National Institute for Mental Health England (NIMHE) Community Engagement Project (Fountain and Hicks, 2010) emphasised that: fear of mental health services is a persistent deterrent for BAME community members to engage; services' over-reliance on medication is a deterrent; talking therapies were valued but some groups e.g. some Black Africans, some migrants, did not see any value in talking about feelings in isolation from practical life issues. This, compounded with issues of stigma presents challenges for engagement. Communication and language issues also persist in relation to service access, especially for Black African migrants (Ochieng, 2012) and Roma (Craig, 2011). Mental health service providers are not always understanding of, and sensitive to, the intersection of gender and cultural issues when diagnosing and treating BAME patients (Fountain and Hicks, 2010). Racial abuse was reported most by BAME groups and particularly by migrant workers from Eastern Europe, Muslims and asylum seekers. Barriers to recovery included a poor experience of treatment, a lack of support from family and in the community, the stigma of mental illness, an unchanged environment after treatment, and not believing that recovery as possible (Fountain and Hicks, 2010).

Research for the Migration Observatory (Jayaweera, 2014) highlights particularly high rates of depression and anxiety among asylum seekers and refugees compared to other migrants or local nationals. Barriers to access to health services include information, language and transport, and cultural insensitivity of some providers. It is also true that many migrants fall outside existing and particularly statutory health services, especially those many whose situation is precarious in the host society, which adds to the risk that mental health issues arising from past and present trauma and life struggles go unrecognised and untreated (Carta et al., 2005). A significant number of Roma (Craig, 2011) and also Black African migrants (Migrant and Refugees Communities Forum and CVS Consultants, 2002) are or have been seeking asylum. This has often meant they could not work, and social integration is highly problematic, adding to the issues which may have caused them to flee their country of origin, all of which gives rise to a greater risk of serious mental health problems and can contribute to issues of trust with health services (Craig, 2011).

Research concerning BAME communities' experiences of mental health (Robinson and Keating, 2010) has found that engaging with BAME people's understandings of and wishes for their own health and well-being can enable practitioners to support them more effectively. Instead of reinforcing narratives of illness and blocked recovery, this approach helps to put BAME people back in control. Statutory services are not always enabled by their organisational contexts to play a comprehensive trust-building or advocacy role, so well-considered and evidenced use of community resources and services can help BAME people to break the spiral of blocked recovery. On the other hand, BAME mental health service users have expressed a view that supportive social interaction and taking part in purposeful, relevant and/or enjoyable activities maximises the effectiveness of treatments and supports recovery (Fountain and Hicks, 2010).

Mind's report on commissioning mental health services for vulnerable adult migrants (Fassill and Burnett, 2014) stresses the importance of commissioners and providers understanding people's specific migratory experiences; recommends a co-production approach to commissioning services; highlights migrants' needs for additional support in accessing services; emphasises the importance of designing and delivering services in partnership with migrants; calls for links with peer mentoring programmes to build local capacity; and calls for large providers to sub-contract to small community based providers who should be encouraged to bid in partnership to provide services.

The context for the present project is therefore a growing weight of evidence showing that migrants, refugees and asylum seekers face intersecting challenges to their mental health and wellbeing, related to their daily lives and past and present experiences, some of which are common to different BAME groups in the UK, some of which are shared widely by many migrants, while others are very particular and represent further complexities, including those of gender and community. This research addresses a need to take a community focused and asset-based approach, in order to further understand specific experiences of people from two particularly disadvantaged communities, Blac women who were born outside of the UK and Roma men, and to develop context-rich insights for service development.

1.4 Report structure

The research and reporting was done in two phases. This report includes the data relating to Roma men born outside of the UK, the sister report contains the data relating to Black women.

An overall methodology is included, followed by findings. We have first presented what participants said about the problems that exist for the Roma community in Leeds and then reported on the implications of these in relation to mental health and stress. Our reasoning for this is that the Roma community face many complex, and unresolved challenges in their daily lives – including being safe from discrimination and abuse, shelter, security to stay in one place and country, meeting food needs (sustenance), social inclusion and interaction, schooling, and income – which pose great risk factors for stress and mental health. It is only through defining and addressing those life problems systemically that mental health problems can be considered and tackled. In addition, whilst the research focused clearly on mental health, Roma participants were not comfortable talking about this in isolation. The language of 'coping with life problems' and to a lesser extent 'stress' and 'feeling low' proved more effective in discussion.

Finally in section 4 we discuss some proposed approaches to improving service provision. These are drawn from suggestions from a limited number of Roma men and providers, and so we offer them modestly as a first step in what needs to be an ongoing, participatory engagement.

1.5 Timings

Stakeholder interviews took place between 13th September and 28th September. The focus groups and interviews with Roma men took place between 29th September and 18th November. Transcription and analysis was conducted immediately afterwards.

2 Methodology

2.1 Overall methodological approach

The overall approach of conducting qualitative interviews with stakeholders (people who work or volunteer at organisations in touch with the community) and focus groups with Roma men remained as per the Black women research. The only difference was that we were not able to specifically recruit Roma men who 'had lived or direct experience of mental health problems' due to the difficulties of recruiting people at all, and their reluctance to engage with mental health as a topic. Recruiting on the explicit basis of being aware of or having experience of mental health problems therefore was felt to be too off-putting.

Ethical considerations

All participants received an information sheet detailing the following; what the research was about, their contribution, the fact participation was voluntary and they could withdraw at any time; confidentiality and anonymity (see appendix 1). This was explained to them via a translator if they could not read or speak English with consent given verbally and recorded. Ethical approval was applied for and attained via the Leeds Beckett University Local Research Ethics Coordinator. All focus group participants received a £10 high street voucher as a thank you for their time and they were reimbursed any travel expenses.

Interview and focus group schedules

The interviews with individuals working or volunteering at VCOs were conducted using a semi-structured schedule (appendix 2). This asked individuals about their organisation, perceptions of mental health problems in the community of interest, use of / barriers to mental health services and the potential role of the VCS.

The focus group schedule for Roma men was a simplified version of the Black women schedule, in order to allow for a lack of English and the use of a translator (see appendix 3). This was developed following feedback that participants would not be used to discussing mental health and wellbeing and may lack awareness of the language and terminology surrounding this issue. It therefore started by asking participants about the issues their community faced and how these made people feel. The expressions 'coping with life' and 'dealing with stress in daily life' were then used to lead the conversation towards issues of experience that could affect emotional wellbeing and mental health. The term mental health was only used after these conversations had taken place, and in several interviews 'coping with life' and managing stress' proved more effective in engaging with participants around the research issues. Participants were asked to comment on how their community dealt with the issues facing them, interactions with GPs or Mental Health services and the role of voluntary organisations.

Analysis

All interviews and focus groups were recorded. These were then transcribed and analysed thematically by the research team.

2.2 Interviews and focus groups

Stakeholder interviews

Touchstone and the research team identified seven organisations that were likely to have contact with Roma men born outside of the UK. Five of these agreed to take part in an interview - each lasting between 30 and 60 minutes. All participants were working or volunteering in part at least with Roma men. See Table 1.

Table 1: Interviews with VCOs (Roma men)

Number of participants	Organisation	Interview date
1	POMOC	13/09/15
1	Community Links	16/09/15
1	Advonet	16/09/15
1	Romanian Orthodox Church	25/09/15
1	Hovingham Hub	28/09/15

Focus groups

The recruitment of focus group participants was more challenging. Touchstone and the above voluntary organisations worked to recruit Roma men but, as mentioned previously, the general lack of engagement with the community and the reluctance within it to talk about mental health (or indeed identify as Roma), made this very difficult.

After extensive attempts it was possible to recruit two focus groups with a total of 8 participants - see Table 2. A further three Roma men were interviewed in their homes as a result of contacts facilitated by voluntary organisations. Both the groups and two of the three individual interviews were conducted with the use of interpreting.

The research team also attended a drop in centre – however, whilst Roma men were present, they did not wish to be interviewed on this topic.

Table 2: Focus groups and individual interviews Roma men

Number of participants	Organisation supporting	Focus group /individual interview date	Notes
1	Touchstone / Romanian Church	29/09/15	Interview with Roma man from Romanian background on visit to home
4	Touchstone	19/10/15	Focus group with 4 Roma from Czech and Slovakian backgrounds
4	Romanian men recruited by BARCA	17/11/15	Focus group with 4 Roma with Romania backgrounds
1	Hovingham Hub	18/11/15	Interview with Roma man from Slovakian background on family visit
1	Hovingham Hub	18/11/15	Interview with from Slovakia Roma man on family visit

Whilst all the groups contributed greatly to the topic area the research team feel that data saturation was not reached. A variety of cultures and experiences falls under the category of Roma men – there are substantial differences between the experiences of those from the Czech Republic, from Slovakia, and from Romania - and to capture all of these in such a small number of focus groups and interviews is not possible. Common themes did however emerge and these will now be described.

3 Findings

In this section the main themes emerging from the stakeholder interviews and focus groups with male Roma community members are highlighted. We have combined their feedback as the themes emerging were broadly the same – any divergences are highlighted. We have used quotations extensively in order to give participants a direct voice and to illustrate the themes discussed. We present the overall findings, organised into themes, in relation to the study's objectives, as follows:

- Risk factors relating to coping with life stresses and mental health problems
- Barriers to engaging with mental health services
- Enabling Factors protective of mental health in Roma communities and supportive of engaging with mental health services
- Gaps in service provision
- Examples of existing support - good practice and provision
- Recommended approaches
- Conclusions

3.1 Risk factors related to coping with life stresses and mental health problems

The Roma participants spoke about a range of risk factors for mental health including social and service barriers to social inclusion, language, perceptions and experiences of discrimination, issues around trust, social networks, economic factors, working housing, gender roles, all leading to lack of control over life's exigencies and persistent stress. These systemic factors are presented first, before the findings specifically concerning access to health services and treatment, because they are mentioned first by Roma, and because addressing mental wellbeing with Roma men requires joined-up partnership approaches that also engage with these issues.

Barriers to social inclusion

All stakeholders and focus group participants highlighted a range of barriers to social inclusion for Roma which, taken together, made it difficult for Roma to cope with life and were high risk factors for stress, anxiety, depression and mental ill-health. These barriers included language, difficulties in engaging with statutory organisations, their economic situation (income), housing (shelter), and work. The challenges are system-wide, as can be seen from the stakeholders' responses. Poverty, discrimination, traumatic past experiences prior to migration, language barriers, casualised and precarious under-employment, and housing issues all inter-relate to create risks for health and mental health.

> *"So men with mental health…Yeh I'll have to come back to it. There is so much tied into poverty and the need for really basic stuff. So employment opportunities, which goes back to simple things like writing CV's. Until someone has got good English there's almost no support for, for them to get employment. Which leaves them really vulnerable to…essentially its car wash stuff and other things*." (StT3)

> *"Problems.. first of all to find work…Current problems with alcohol…and then financial matters"*. (RT) (Interpreter)

The stakeholders conveyed a sense that Roma people felt that they had a limited or 'cool' welcome in some services. Services gatekeep access: GP practice managers, for example, were felt to be gatekeeping appointments. At the same time, past experiences in different environments e.g. Czech Republic and Slovakia, may have affected expectations, for example concerning appointments systems, wait times, and the nature of consultations. As a result of their struggles with appointments systems, Roma people would often go direct to A&E. There is a broader issue of trust of outsiders that needs bridging.

> *"There are different expectations: there isn't a general practice system in the Czech Republic, so people are used to getting access to things like X-rays and specialists and so on much more quickly."* (StT3)

"I'm not sure about with mental health but it's so hard to get an appointment, and trying to phone up and going through all the system, that you have to push this button for one thing, and something else. Sometimes they go into the doctor, or they'll just go down to A&E." (StT5)

"So, there's the side of it of people who, for one reason or another, are not feeling trustful or safe with outsiders." (StT4)

The systemic interconnection between different barriers was described repeatedly by stakeholders and participants; an overarching theme links social exclusion and financial insecurity; at worst leading to exclusion from meeting basic family needs. Lack of work can result in loss of benefits and inability to pay rent for housing, which can result in evictions and homelessness, all risk factors for mental health.

"Housing. If people don't work, they can lose their benefits". (RT)

Language

Language was a barrier to communicating in the most basic way to obtain access to services, and connected to this was the issue of new migrant Roma not really understanding how systems work through being unable to access information.

"That's a massive barrier area … lack of information about health care…access to information. People who I know, despite having quite serious health problems, would not go to GP or would not think that they can register with a GP and would use A&E service only if they have to." (StT2)

The majority of Roma in Leeds being of Czech, Slovak, and more recently Romanian origin, there has been a shortage of interpreters for them.

"There is still only two or three interpreters in Leeds. None of those interpreters are Roma themselves, and so there was a clear need to support that community with those languages." (StT3)

At GP practices, telephone interpreting is the system widely practiced. It was said that GPs should identify and accept need, and book a double appointment to allow for time issues. Unfortunately, GPs do not always conform to this standard. The problem arises that Roma people with a little English are unable to communicate effectively about any health issues that lie below the surface. Where men have preceded their family to look for work this language issue can be aggravated as there is no family support system. Knowing and speaking a bit of broken English is not enough to negotiate access to services, work, housing, benefits and health care.

"GPs are in theory supposed to, if they request an interpreter GP's should be using telephone interpreting and booking a double appointment for them because it takes quite long. That's often not the case, and it will vary from practice to practice …if there is a bit of English spoken there is an assumption that that is enough. Clearly with medical conditions, any complex issues you need a fairly good grasp of English in order to explain it properly, otherwise you end up really simplifying things." (StT3)

"The children, some learn at school, until they learn quite quickly in here, but generally people come with no language skills." (StT2)

The language barrier, it was said, involves difficulties with filling in forms, and sometimes use of children as interpreters on visits to doctors. The challenge of filling in forms to access job opportunities was a central concern among Roma focus group participants. Roma people were failing to access jobs because of language - a primary concern.

"Language barrier. Because I know too much people looking for a job, not understanding application form. And many people from our community, they don't know how to – they don't even know how to write English. They're glad that they can speak something…Too much page. No understand. OK. No job, nothing." (RT)

"That's the problem.They've been trying to have a job in the agency and they didn't understand anything. You know, papers or talking, there are people in the agency that was like, 'you don't understand, then you can go out.' Actually, no, we are hardworking people. But they don't get the job because of this language barrier." (RT)

"This is the main problem. But I also told you, this is the most barrier and the strong barrier, this is the language." (RT)

Without Roma interpreters, the availability of Czech, Slovak and Romanian interpreters within the system does not meet demand. ESOL classes are available in the community, but for older men in particular who may have little literacy or previous experience of similar formal schooling, attending some ESOL classes has not always proved successful. On the other hand, a smaller proportion of younger Roma, or Roma who already have some English skills, may have been better able to cope. Many Roma men have been attending ESOL classes while in crisis. For example, focus group participants described situations of homelessness, under duress, after losing housing benefit, and then attending classes, pushed by the Job Centre, in a desperate attempt to get to grips with systems which had excluded them. Some participants were unable to understand basic issues such as whether the ESOL teacher, who delivers the class in English, was asking questions or giving information. Further support is needed, focus group participants and stakeholders said, e.g. from bilingual advocates/workers who can support individuals to access and improve English for life skills. It was said by some focus group participants that watching TV or listening to radio in English had been a support: but clearly not enough.

"This problem, job centre sent people to an ESOL class. An ESOL class English teacher, who not understand my language and teaching English. Are you asking me or something, you give me question. I don't ask because I don't understand. I put the OK, OK, I go home and no understand nothing." (RT)

"Even getting doctors and things like that cos you've got so many forms to fill in and you've got a language barrier… I know other services sometimes that we have referred to that are not necessarily mental health are unable to work with them because they haven't got any interpreting services." (StT5)

"Must go to ESOL class because the Job Centre stop my money. I must go there, because I'm homeless. Stop housing benefit money, because no go to ESOL class, Job Centre said. And too much people no understand. The same problem, I go to ESOL class too much and not understanding." (RT)

"He [older man] has been with us on an English ESOL class – and I can see that I can understand it better, probably because I am younger than them." (RT)

Not to be able to communicate in English effectively, orally or in writing, was also a barrier to communicating within the family as children would learn English through school.

"If I don't know how to write, if I don't know how to count, how can I help my children?" (RT)

These communication challenges complement the issues of perceived service inaccessibility, of reluctance of men to admit vulnerability, and of cultural stigma around stress and mental health. The intersection of these makes it highly problematic for Roma men to consult doctors around mental health concerns. There are obvious concerns of confidentiality when using friends or neighbours to interpret, and increased concerns about involving children to interpret on sensitive adult family issues. There is a shortage of trained advocates or champions from the community, reflecting broader issues around community organisation and inclusion. One organisation exemplifies good practice in that they always have interpreters for their welcome sessions, booked through the council.

"…I think the biggest thing is they use their children as a translator or an interpreter when really it's not fair on the children…" (StT5)

"If I tell you something then you'll go tell everybody else. It's a bit like they don't want to speak to somebody within their community. But we haven't had a lot of advocates from the Roma community." (StT5)

A further issue connected with language, it was said, is the intergenerational challenge, which arises as children and young people may learn English while older people cannot. There is a bright prospect, for the future, of Roma children being multilingual, with English, the language of parental origin e.g. Czech, and

Roma. This multilingualism, if combined with literacy and inclusion within the education system, would furnish strong social and community capital for long-term Roma advocacy and social inclusion.

> *"Children seem to pick up the English quite well…And they speak Roma, which is their own language between the communities. And then they'll speak Slovakian, Czech or Romanian, or Poland, Polish and English as well so it's not just a dual language."* (StT5)

So, in the view of stakeholders and Roma, there is a clear need for English-for-life language learning opportunities with resources adapted for people who do not thrive in standard ESOL classes without additional support. These might include women, and older men, who lack English literacy. Classes do not work if they use materials and methods designed for different groups e.g. children. Additional person-to-person support from Roma, Czech or Slovak people to assist those wishing to take ESOL would be a possible asset. The importance of English suited to life needs can hardly be overstated, since on this depends access to resources, e.g. work, benefits, housing and health, as well as safety at work. Without this asset, (English-for-life), stresses are more likely to multiply and economic and social inclusion less likely to develop. A suitable room to learn in and a suitable informal learning and teaching approach would help: Roma adults who are not comfortable with the formality of ESOL approaches need conversational English for life, for jobs, for engaging with services. A conversation club can complement language classes, supported by advocates.

> *"We do language classes, conversation clubs and cultural festivals. There are many things happening but it all depends where the funding is going."* (RT)

> *"Because whenever he went to school basically in lessons they just every single time repeat alphabet and, you know naming animals, which was not sufficient basically to learn…Yeah, and they were sort of tried to teach them how to fill in some basic forms… it should be more, sort of, conversation opportunities during the lessons and work on pronunciation."* (RT)

Discrimination

It was generally stated both by stakeholders and Roma themselves that the push factors underlying migration from previous countries included systematic discrimination, while pull factors included expectations and hope for a better life.

The shape of expectations for a better life in the UK sometimes proved idealistic - for example Roma might find that (indirect) discrimination and racism are also factors in Leeds, that services are run differently and appear inaccessible, and that opportunities are not easy to find, and are insecure and low-paid. Roma focus group participants from the Czech republic and Slovakia were clear that they had experienced extensive racism and discrimination in their own country.

> *"Yes, big discrimination. And racism. Because Roma people in my country have problem, because, 'You Roma?"* (RT)

In Romania also Roma people had experienced both lack of jobs and discrimination, whereas here there may be better opportunities and, for some, especially those in work, less overt discrimination.

> *"In terms of lifestyle, people are very sociable, GPs are very polite, and people give us respect. We don't feel discriminated against in this country. We came here to have a better life for our families and our children, in Romania there are no jobs, there is nothing. We feel good here, we have everything we need."* (RT)

> *"He feels that his skills fitting better in this country. People, treat them better, there's more people wanting to help you. It's better here."* (RT I)

At the same time, given the experiences of discrimination which had led many Roma to leave their previous country, with any disappointment of expectations, there may arise a perception that old patterns of discriminatory practice within services and society have surfaced again. There is therefore potentially a two-way trust deficit which has to be overcome for promoting the social inclusion that sustains community resilience and is protective of good mental health and wellbeing.

> *"I think it is quite obvious, yeah, Roma people from central Europe are coming from somewhere where they experienced a lot of discrimination, with access to education, access to health care, racial*

discrimination which impacts on that massively, and also it leads to poverty, and it's going to impact on people's mental health." (StT2)

The perceptions about discrimination in the UK expressed by Roma included feelings that others perceive them as work-shy, feelings that services are being denied, and feelings that the government is trying to remove Roma people on benefits from the country. Roma participants were keen to challenge negative perceptions. It was said the majority of Roma come to the country to find work, are flexible in the sort of work they will do, and have traditional skills which can be useful

"Don't take us serious because we are Roma, you know, and probably that's because the government trying – I'm going to say that exactly, they're trying to kick us out from this country. Because many people are on the benefits. So when you have a job, then you get back to the government taxes. So that means you are more important for them." (RT)

"First of all, the Roma people come in England not for the stealing. Most of the Roma people from Romania come in England for working. And when we say working, most of the people work in scrap metal, painting-decorating, everything." (RT)

Trust

The challenges around discrimination, housing, work, education, and disappointed expectations that life would be different in UK, all contribute to difficulties for Roma people of building trust with services and institutions. Stakeholders clarified that extensive, traumatic, past cultural memories and family experiences of recurring discrimination create a framework for interpreting events in the UK when things don't go well. Having traumatic memories of children being forcibly put into special needs school, of being relocated forcibly to cities and uprooted from areas where economic self-reliance and distinct cultural values had persisted across generations, all contributes to a residual mistrust of non-Roma authorities. Some Roma participants recalled difficult lives in their country of origin, showing that this still affects their emotional make-up acting as a stressor and inhibitor of trust. Despite community recognition that things are better in the UK, mistrust and insecurity can easily be re-awoken by unfortunate episodes and unpleasant interactions with services.

"This is a community that's faced huge amounts of discrimination from statutory services and still do. So you have families whose children have been put into special needs schools that right now simply because they are Roma. You have families that have been pushed out of cities and given essentially slum housing or having to build their own housing who will be refused help from those services because they are Roma. So to make that jump from, I think the community does it really, there's a strong recognition that service provision in the UK is different but it's still a huge personal hurdle to overcome that, building up that trust." (StT3)

"Well he came to UK because he lost job in Slovakia. He said that his father passed away when he was very little really and he lived with his mum but unfortunately his mum didn't provide him with care anyone would give. Didn't have good education and looked for work." (RT)

Networks

Many Roma may consider from experience that despite work opportunities being low, despite poor finances, housing, and access to health-care, the UK 'offer' can still be compared favourably with a very strong level of discriminatory practice in the country they left behind. An area like Harehills, multi-ethnic, and having absorbed waves of inward migration, may be seen as more promising than the country left behind. Social networks form that are able to assist new arrivals. At the same time experiences of discriminatory practice will be felt very keenly, and abuses by landlords remain a serious problem. The experience of discrimination and displacement in another country weakens resilience and social organisation and can result in challenges for building resilience in Leeds. There were comments from Roma participants in interviews and focus groups that suggested that health-promoting social networks could not always be relied on by some isolated Roma men, there being a lack of community capacity to provide mutual support, in building social capital, searching for jobs and accessing services.

"Yes and when we've spoken to people about how dire it is for them at the moment in England, they've got no food and we're having to get food parcels and they've not got enough money for gas and electric; they're saying its better here than it was." (StT5)

"It is interesting that I think, well, I know, that this particular family feels much better here…because they live in an area which different communities live in, so….they are not singled out, as a community, …they actually, economically at the moment, they'll have much worse life than back home where they could still find some job…So, in that way [less discrimination], in comparison, it can feel better. …" (StT2)

"I think Harehills was always where the new wave of migrants move into. It's the cheap accommodation you find, and there is links between the families…and they will know each other…To find places….but often, they will also find places…where the landlord is abusing…that the families don't have information about what is their rights, and so on so." (StT2)

"This… my [Roma] friend in question, if he was a real friend because he's working himself, he would probably help me to get into the same workplace where he is, but he's not doing this bit… (RT)*…he feels he can't trust Roma people."* (RT I)

Economic situation

The economic situation of many Roma is extremely fragile, it was emphasised. Many Roma may struggle to find work on the most casual contracts, and rely heavily on benefits. Reliance on food parcels is not uncommon. Many Roma men may be under-employed in comparison with their capacities and experiences before they came to the UK. Once the habit of work is systematically broken, this can have detrimental effects on resilience, and self-efficacy. Although it was reiterated by stakeholders that Roma people are traditionally resourceful, it was also pointed out that the longer a person is out of work the greater the risk of de-skilling, and demoralisation. At the same time, for Roma focus group participants life in the UK, despite severe difficulties and threats, was viewed as potentially better than the life they had left behind. This underscores how the present situation of Roma can only be understood in relation to past traumas and discrimination.

"But then if you haven't got any gas or electric you can't cook. And it isn't just about what they're earning. They're trying to get a job but it's employers as well that are taking advantage of people that they know will work for nothing." (StT5)

"People can have a long... a long record of....being out of work, people can have been out of work for a long time, not....in a steady job." (StT4)

"It's a bit stressful but I think, you know, everyone from Czech Republic and Slovak Republic they realise that this life in the UK is much better." (StT7)

Work

As briefly mentioned above, at least one stakeholder identified that disappointed expectations can be a contributory risk factor for mental health issues. If a proportion of Roma men find in Leeds that job prospects, instead of being better as expected, appear as bad as or worse than in their previous country, this is a serious cause of disappointment and dissonance.

"Yeah, when they coming here they think that here it's a wonderful land....but when they coming here]...something else, different." (StT4)

It was said by stakeholders that many Roma are not finding it easy to get sufficiently well-remunerated and secure employment to meet the family basic needs. Roma people were said to be finding work in a range of 'traditional' activities including scrap metal, and casual construction work. It was emphasised that many Roma men, especially those with little English, were only able to get 'safe' jobs such as cleaning, removal work, which do not pose substantial language demands. If application forms were more accessible and less demanding, it might be easier to apply for a wider variety of work. Gendered aspects of employment challenges are discussed below: difficulties faced by males in obtaining adequate income affects whole families. It was apparent that some Roma women (e.g. from the Romanian community) have also been working in the same economy as men, for example in scrap metal work.

*"Cleaning, and packing the house, and moving. Because these jobs, they're safe, and there's a little bit easy, because they no expect too much English. And I looking for cleaning service. I looking online, apply job, and no, because 'your English level 1, you need reading, writing, for cleaning service." (*RT*)*

"My wife she was working scrap metal. And she would try to pick something, wash machine. After two days she had back problems. The doctor told her, 'you have to stop work two months'. Normally, I have to go to tell that to the people, but we didn't know where I had to go. But sometimes it is very hard to know our rights." (RT)

However it was emphasised that Roma are very resourceful and with a history of generating self-employment opportunities. Focus group participants were keen to emphasise that Roma people have many traditional skills, and were used to working flexibly.

"The Roma people are very good in cleaning jobs, painting jobs, bricklayer – my father is a bricklayer. My brother also does painting, decorating. My wife she painted alone this house." (RT)

"He's got quite a few skills to offer, building site he could work or decorating or doing floors…. He's qualified decorator and when he was in prison he did another qualification to be a builder. So he is a qualified builder, and decorator." (RT)

"He was actually fixing planes. He didn't complete his qualifications, yeah, but that was his job." (RT)

Yet support to towards small scale self-employed entrepreneurship may not be forthcoming. There is a high risk therefore for Roma people of being employed in minimum wage, casualised, precarious and exploitative situations. Often Roma have a struggle to demonstrate or convince employers of their qualifications and skills.

"A lot of Romanian families are doing, do scrap metal. A lot of other families it's hard to look for jobs as they've not got no English, or not enough English for what employers want. If you can't put food on the table for your children and make sure that they've got a warm home and roof over their head, that's your priority before you start looking at other things." (StT5)

"A lot work in a car wash, some work in warehouse factories. But you've got to have a reasonable level of English to do that. Others are doing building work on a building site, their landlord saying like come on and do this work for me and I'll give you this which is usually about £10 a day if you're lucky." (StT5)

"Well there are generations of Roma people who have had, who have been denied access to decent education, to reasonable employment opportunities. It's a really resourceful community. Like most communities in that situation if they can get good paid employment, great. They will take that. They won't see that as the only way to provide for the family, it's a community that has been around for a long time and faces a huge amount of discrimination and it still continues. So self-employment is a way, a route that people take, there are employment opportunities within the community which may not be particularly well paid and are incredibly vulnerable to you know, to less than minimum wage exploitative labour." (StT3)

"First of all, I can't speak well English. And I think wherever you go ask for work either they tell you they don't have any work or you don't speak good English. And he says whenever I find work and they are willing to give me work, they just don't want to give me; no paperwork, just cash in hand really….Right, whenever he working here in UK his employer could see he's got the skills he can do the job well but he didn't have the qualification, the paper itself, back in Slovakia." (RT)

Not being able to find work, as a result of language and systemic barriers, leads to an extremely precarious, vulnerable situation for Roma men and their families. Some men are faced with losing all benefits, homelessness, and deportation. The fear of being deported as the end-point of all the other struggles for social inclusion presents a highly stressful, culturally ingrained, overarching threat for many Roma. These system-wide factors are 'stressors' that pose major risks to mental health. For those who struggle to find work, challenges of obtaining benefits are daunting and require support with form-filling. For example, one Roma participant with an enduring health problem whose son has a very severe heart condition took over two years with support of a social worker to be approved for benefit payments.

"But he didn't say the solution, because this is really hard. He said he's got children and a wife, and he's actually working. He's alright now, with being in the UK and living here. But if he is going to lose his job, he's going to lose his benefits, also his wife's benefits, children's benefits. What he has to do?

He is supposed to go home. This is really a big problem, because some people don't know where to go, if they lose every money." (RT)

"I waiting two years and twenty-six days for the benefits to be, be approved and started paying payments." (RT)

"He says what is worrying him now is because obviously they plan to stay here because they feel they need to stay here for their son to have the best care he needs regarding his heart problems but he's seen on London there was some terrorist attacking … and that apparently between the year 2016 and 2017 the plan is to send all people from Slovakia back. It is not just Slovakia, Czech, Roma, Polish, Hungarian everything… yes… Yeah, what's, what really worry him should he need to go back to Slovakia or be asked to really go to Slovakia then, over there for any health care he would have to pay basically and any medication." (RT)

"That's the only thing I need help in my life with, to be able to stay here." (RT)

For men in employment such as scrap dealing there are further risk factors such as the racial prejudice and negative stereotyping they encounter at people's doors.

"Scrap dealing is very hard. In England, in Leeds, some people say, 'oh, the people take the money straight away, and they want to work because there is a very easy to …' – no it is not easy. Because when you go to somebody to knock to the door, somebody sleeping, somebody frustrated, always it is a very hard job." (RT)

Housing

The housing situation of many Roma families, it was emphasised, involves dependence on private landlords who may charge very high rents for poor housing, often very crowded, perhaps multi-occupancy. People have experienced homelessness through loss of housing benefit. Difficult and insecure housing conditions raise the risk of depression. Organisations such as Hovingham Hub seek to support families with children, making sure they obtain moneys they are entitled to and perhaps supporting them with food parcels.

"Yeh, its all private landlords. And they charge astronomical rents for, yeh, not very nice housing. Usually quite damp." (StT5)

"It's more about the children making sure they've got somewhere that, that's warm, they've got a roof over their head, they've got food. And that, I think that is when families are coming over they're looking for work, they're trying to make sure that they've got enough, gas and electric, food and a roof over their head really. We support them in making sure that they've got the right amount of money coming in. We do help with food parcels, for us it's about looking at the whole family and what their needs are. Food parcels every week so that they can survive. And a food parcel is only dried, dried food and tins, not a good healthy diet really. But if you've got no other money to buy anything that's what you've got to survive off." (StT5)

"A lot of people have lost houses…no housing benefit…Housing problem, benefits problem… cannot go to work." (StT2)

"Yeah, it may be that they are crowded in a house. So, people get mental health problems." (StT4)

Education

Stakeholders emphasised that educational inclusion for children is vital for Roma families to build a future. In the short term, Roma face immense difficulties being included and integrated into British society. In the longer term, inter-generationally, prospects may improve through the access to resources and social capital that education provides. The experiences many Roma families have with their own children in their previous country has been very discouraging: including discriminatory practices such as placing children in special needs schools. The value of education was appreciated by Roma participants who wanted to see their children thrive in society. Indeed that was a prime aspiration for many Roma interviewed in this study, to see children have access to better opportunities. This, it can be seen, would help to ensure the sustainability of their family migration and their cultural heritage.

"In Slovakia, about 40% of Roma children are… very quickly, once they start to go to school, put into schools for children with special needs…and like there's been lots of reports [indecipherable] in Slovakia and Czech and Hungary…. has been very bad with segregation within the community, there has been misplacement of communities, from place to place, yeah, so…Roma doesn't access education in the same way as the rest of the population." (StT2)

"If we try to educate them, after that we can expect a lot of benefits for them. Example, I've got twelve years old daughter. When she entered the school in the summer time, the letter told me, 'your daughter can be our example in the classes." (RT)

"He said the reason why Roma people came to this country is to be able to find work here and specially as a priority better life for their children, y'know there are good schools available for them which is not back at home. They don't have this opportunity for their children, but for them to stay here they need the work really." (RT I)

Stress/depression around basic exigencies

The experiences of stakeholders have shown high levels of stress concerning money, employment, and shelter. These issues interact with the residual traumas from the countries of origin, and with stigma around mental health to elevate risk factors for unacknowledged depression. It was perceived that

"Well if you have many problems and you are really stressed, it means, it could be health. If you have really high difficulties with your health, there's also a possibility that you won't get to the job on that day. The job can make you like that, sad or stressed." (RT)

It was said by stakeholders that terms like 'stress' and 'coping with life' can be used with better prospects than mental health, for engaging with Roma. Approaches that focus on basic issues of coping with life, and perhaps stress at work and home, have far greater potential than focusing (initially at least) directly on mental health.

"It's still early there's still a lot of stigma around mental health, erm and so people talk in terms of stress. And I think, so what we've found from the health needs assessment was high levels of stress really around money and employment."(StT3)

Gender roles

It was emphasised clearly by stakeholders that most issues confronting Roma affect whole families and communities. Conversely, action to improve employment, housing and access to health care would benefit whole families. It was also suggested that social roles in the particular Roma communities in Leeds (who have migrated from East European countries, i.e. Slovakia, Czech Republic and Romania) tend to be 'traditional' rather than 'modern' in many senses.

While men are certainly expected to seek work, women occupy the very problematic housing, and have domestic care responsibilities including health and welfare of children (often in large families). Economically, not only are men marginalised by precarious, exploitative employment, or unemployment but many (by no means all) women are not economically active as income generators. This, given Roma men's precarious position, affects opportunities for Roma families to address severe poverty.

"Men, which is work but …bringing money home… woman can have small children at home. She must sort it out: children; houses; shopping." (StT1)

"Roma men…as well as Slovakian…there is very traditional structure….very patriarchal….like man is going to work and women often stay home and look after children and household…so it's going to be women who will have lots of contact with school….and lots of….women, maybe accessing English language… and women will be more likely to socialise with other women, and taking about their stuff." (StT2)

"Rather traditional concept of division of work. So if a man is not succeeding in finding work then that's obviously going to have a bad impact for him but also the rest of the family and the ones you're meeting, with the women are not generating income from work…And some of them do want to go out to work as well but you've got child care and all that." (StT5)

Stakeholders speculated that there are specific but distinct risks to emotional wellbeing for women isolated at home with heavy domestic burdens, and men, also potentially isolated, searching for, or in, precarious work, and with 'masculine' provider expectations in often large families. It was said that whereas women might seek to access the GP for their children's sake, men would not access the GP for their own sake. There is not much likelihood that mental health problems would be recognised as such, by either women or men, but there are strong needs for emotional support for women and men feeling emotionally low (depression and anxiety). Implicit in stakeholders' comments, at least four identified cultural levels affect wellbeing – gendered social and communication patterns in patriarchy, almost universal patterns of stigma concerning mental health, cultural beliefs and practices more widespread in countries of origin, specific cultural practices among Roma communities, and wider social practices affecting Roma as a socially excluded and discriminated-against minority.

> *"Slovakian communities…women tend to have depression, anxiety, problems, which are not necessarily addressed…. men have mental health problems, which they hide, because they are meant to be performing."* (StT2)

> *"I think people access GP's mostly for children. A lot of men in particular said they wouldn't go to a GP they would rather wait until they are ill enough and then go to the emergency services and really had ruled out the GP service."* (StT3)

> *"In every community there are gender splits. I think there as some quite traditional male roles in the Roma community."* (StT3)

> *"But it must, but some do get depressed being in the house all the time. I'm not an expert in mental health anyway."* (StT5)

It was made clear by Roma participants that gender-aware health services are particularly important culturally among Roma people. Both Roma men and women will require choice in gender of practitioner, when health matters are considered sensitive. It is very important for Roma women to have access to female doctors.

> *"For example my wife, she will never speak with a doctor about these things [e.g. female health issues]. If there is a woman doctor, that is OK, that is open."* (RT)

Lack of control

A strong theme from the stakeholder interviews is that for systemic reasons outlined above, Roma families lack control over many aspects of their lives in Leeds. Lack of control is a major risk factor for mental health problems such as depression and anxiety, just as self-efficacy is a strong protective factor for resilience. Among the factors undermining control and social capital, confirmed by stakeholders, are: not knowing if you are going to be able to stay in the country or be deported; financial insecurity and system uncertainties e.g. around benefits and work; anxiety around paying rent or being made homeless; not understanding what is said or written (language and literacy); not being able to demonstrate that you have skills and competencies that could be useful; not being able to access services when needed; not being able to return to a homeland that was repressive and discriminatory, with children now in school in the UK; not having a strong Roma organisation to advocate with and for Roma individuals or communities. The last point (developed later) is very important because with stronger community Roma organisation and advocacy the multiple and system-wide issues that undermine control could begin to be addressed.

> *"Many people have…just depression. Because, nobody knows what they can do… Whether they can stay here…whether they can live here…just coming with basic skills. No have a college or high school in this country. These people are coming here not understanding nothing...so these people have more problems."* (StT1)

> *"A big problem is depression. Not just for the Roma; for all [Romanian] people."* (StT4)

> *"Some of them have worked on building sites and things in their own country that is not transferable in England cos you need CSCS cards and you have to be able to have good English to be able to pass that. It's all different barriers. So once you get all those barriers I would imagine that you're going to becoming depressed."* (StT5)

3.2 Barriers to engaging with mental health services

Stigma around mental health

The stigma around mental health among men, among wider communities in East European countries, and among Roma specifically, creates a layered barrier to raising the topic of mental health. There may be, it was said, a persisting stereotype (within some East European countries) that to talk about mental health means to consider 'dangerous' people. Therefore it is not a topic that can be opened up easily with Roma families who grew up, and were stigmatized, within these wider environments. Mental health is one of a range of health topics where open discussion is considered embarrassing or taboo.

> *"It's a difficult area to work around. When we did our focus groups we had that response, so the group didn't really look at mental health but were happy to talk about stress. So it's how you present the issue."* (StT3)

> *"And I do think that, reception and experience of what mental health is will be quite defined by how it's been, how it is in the country of origin, which might slightly differ, or...substantially differ…so I would think that Slovakian and Czech health care systems, and culture, are fairly similar. So, it's not just about the Roma communities, it's also about where they came from, about how mental health… it's treated and whether it's acknowledged…when I describe my job in Slovakia….usual reaction will be …oh my God…you work with really dangerous people…….they understood only mental health can be in psychiatric wards…. it's not a topic to open up and have a conversation …so I can't…imagine going to Roma community and saying 'let's now talking about well-being and mental health'… because it would go….what are you talking about?"* (StT2)

> *"Let me tell you something, Example, in our people, if you have lung problems, they might think you have TB. Yes, there is a big embarrassment. Because they didn't have an education that lungs problems is a lot."* (RT)

Health and mental health support needs

Stakeholders made clear that lack of social inclusion poses a risk for physical and mental health. Structural barriers around secure employment above minimum wage, around housing, around access to education, and around access to health care, compounded by language issues, by disappointed expectations of work, and by discrimination and prejudice, which travels with them across borders, all pose big risks for mental health. A further intersecting layer of risk is the universal societal stigma around mental health, which takes a strong form among Roma. Additionally, cross-culturally, men in society find it difficult to find contexts for talk about vulnerability. This means stress or depression are not easily recognised among Roma men.

Language barriers deterred Roma people from accessing GP surgeries via the appointment system, and from being able to describe symptoms or understand the questions and diagnoses of doctors. In the opinion of some Roma participants, if the patient appears to speak a little English, that is understood to mean they do not need any interpreting or language line support. Conversely, there were isolated reports of GPs getting to know about Roma patients through repeat appointments, and being prepared to use telephone interpreters. Interpreting services were highly valued by some Roma in health care.

> *"Absolutely. What about interpreters. A doctor can say that you cannot get the interpreter because you can speak English. But I want to know exactly what's wrong with my body, or my illnesses…And not understanding the name for the disease. That's the vocabulary we cannot understand. I don't understand vocabulary of this kind…They don't provide it all the time. If you say, 'hello, my name is X, and I have a problem with my knee.' Or you speak good English – you don't need to interpret it. 'But I'm going to tell you that I really need it and I have the right."* (RT)

> *"He had interpreter over the phone because his GP already knows him and he knows he needs this service so he was prepared."* (RT)

"There is the interpreting service available, it's very helpful and they really, really appreciate it even though they aware it probably cost a lot of money." (RT)

The issue of young children being used as informal family interpreters for obtaining benefits and for health care was perceived as inappropriate and potentially harmful, especially if sensitive issues are being discussed (which might include stress or mental health).

"And too much people have small children. And don't have another people. And bring these children, you explain me. And the children no understand all for doctor tell this problem, maybe housing benefit. Not understand this small children." (RT)

Roma people from Czech Republic and Slovakia were used to accessing GPs quickly, and found adapting to the UK appointments system with delays a challenge. There was a view that GPs were dismissive if Roma people were unable to clearly describe present symptoms. This leads Roma to go direct to A&E, only to get redirected around the system, in many instances. A further deterrent is the belief, not confined to Roma, that visits to GP too often end in prescriptions of panacea e.g. paracetamol. Some participants said that in their previous country it was easier to get a more thorough check-up when visiting a doctor. In the UK, it was felt that Roma might feel their problems had not been investigated sufficiently.

"If they can't get a doctor's appointment they usually go to A&E." (StT5)

"People often found, I think this is shared across many communities, many BAME communities especially, that reception often act as a gatekeeper to the GP so there is that struggle to get appointments. Different expectations that there isn't a general practice system in the Czech Republic so people are used to getting access to things like X-rays and specialists and so on much more quickly. Expectation, that's quite key…And then a lot of the complaints that we got at the focus is that the GP's simply gave us paracetamol and told us to go away, or you know, that kind of thing." (StT3)

"In our country is absolutely normal, when you go to your doctor and you haven't been there for about six months, you are not ill, but you want to have a check-up, you can. In this country this is not a possible to get it, to have a check-up." (RT)

"Back home when a GP sees you they can sort all your problems out there." (RT)

"Well the only help he sought was that he went to see his GP, he give him some medication to help him cope and he told him he was free for him to see some psychiatrist or psychologist – he's not sure about that something, at this point." (RT)

It was said that Roma men would not easily accept the need for help for a mental health problem. Support for people who are struggling to cope would more likely be forthcoming from family and friends. There is a challenge for voluntary organisations to liaise with Roma men's groups as men's groups are scarce. Community and voluntary organisations, it was said, need to see Roma in a different way than in the past, with a more friendly approach, to build trust and bridge the gap between services and community. Roma participants themselves questioned whether they would go to a doctor if suffering from stress at work. Conversely a Roma participant said if drink-related problems and stress developed he would accept a referral to a psychologist or counsellor if an interpreter was there. At the same time, it was said by one participant that 'God' might be the person's only non-professional support, because his family are in Slovakia and friends might reinforce rather than assist with patterns of stress-related destructive drinking. The social isolation of some Roma men interviewed for this study, lacking supportive health-reinforcing networks, is very apparent.

"And er, I wouldn't know where to send anybody apart from the doctor for mental health issues. I mean I think there are some women's groups more than men's." (StT5)

"It's needed, to...be like a friend. To see the people like a friend." (StT4)

"Yes I would go [to counsellor] but interpreter would have to be there." (RT I)

"Why would you go to the doctor?" (RT)

"From his immediate family, from his side, they are all in Slovakia, he said so if I talk to them about my problems they will just say, oh just stop it you've got kids and wife, put yourself in order, stop it …

and he knows that. … and his friends as such, they themselves drink, so they are not best for help." really. (R)

It is clear from the above that the unmet mental health needs of Roma men are embedded in and fed by lack of security around finance, work, housing, and social inclusion. Some men may be so isolated they lack a basic sense that their (lived) environment is comprehensible or manageable to meet these basic needs. For some, culturally-aware tailored psycho-education, in support of, rather than instead of, the overriding tasks of meeting basic practical needs and strengthening positive social networks for mutual support could potentially be of help for prevention and recovery (see also Conclusions).

3.3 Enabling factors - protective of mental health in Roma communities and supportive of engagement with services

Social integration

A core overarching theme is that social inclusion would be protective of Roma people's mental health. It is essential that approaches to promoting social inclusion need to respect positive community and cultural assets Roma bring. To build trust, stakeholders emphasised, it is important to start by addressing daily life needs, such as due benefits, access to work opportunities, and then to build from there holistically towards greater community integration.

> *"It's not just about the benefits, it's about the holistic way, looking at the family and seeing where your starting point is, which normally is a benefit. And then where you can support from that to move them into the wider community but still be able to use your service to be that link as well."* (StT5)

Social capital and self-organisation in different communities

Consistent with this approach promoting social inclusion is developing capacity for Roma-led initiatives. Community self-organisation is important for strengthening social capital, defined by the OECD as "*networks together with shared norms, values and understandings that facilitate co-operation within or among groups*". It was emphasised by stakeholders that although the situation of Roma in Leeds, particularly concerning social networking patterns, work and skills, has many common aspects across families and groups, it would also vary to a certain extent depending on the country they had migrated from. Czech and Slovakian Roma families had started migrating into Leeds several years earlier than the most recent groups of Romanian Roma. On the other hand, Czech and Slovak Roma had come from countries which had discouraged Roma organisation, which weakened their social capital on arrival. Some arrivals from Romania have worked in scrap metal and other self-employed roles and new arrivals may be able to fit with those areas of opportunity.

> *" Metal scrap worker, painter and decorator*." (RT)
>
> *"A lot of Romanian families are doing, do scrap metal. A lot of other families it's hard to look for jobs because they've not got no English, or not enough English for what employers want."* (StT5)
>
> *"At the moment, it is taking a swing [at Welcome centre] of more Romanian than Czech and Slovak, but I don't know if that's because they need more. If Slovak and Czech families are a bit more settled now, or that the people that are coming over know them."* (StT5)
>
> *"There are big Roma organisations I think in Romania, Italy in places like, big national organisations, but organisations in Czech Republic and Slovakia are simply not encouraged so they don't develop as well. And that feeds into why its harder to create, or harder for a Roma organisation to evolve in Leeds."* (StT3)

Some Roma communities have social coping mechanisms that are not shared by others. For example, some Romanian Roma find it very important to go to church. There is more than one denomination, but the Pentecostal church is attended by many Roma. Access to the room in the church is valued, 'ownership' of a space to meet in is seen as a social and community priority.

"There are about 200 people and mostly Roma, mainly 1 or 2 Romanian and 1 or 2 English people because they like the songs and what we say about Jesus." (RT)

"Yes it's our priority number one. It's so much hassle because it's such a small space and we all have to go in and out. We want a space that is ours." (RT)

Coping mechanisms – family and community

Roma participants emphasised that in matters of basic survival, family is the first point of recourse. Roma men described in detail their support for their family, concerns for children's health and schooling, and stress that arose from concerns about family wellbeing. One man for example made it clear that his life was organised around obtaining necessary care for his son who has had a serious health problem.

"It can be family with the food, for example. If you have a family here." (RT)

"With the money, probably. Well that's always first. I think it's all over the world that you have to be relying on your family, because that's the people who's going to help you." (RT)

"They solve all their problems with their family and their friends and they try to get support from them." (RT I)

"Because my son hospital every day, me every day visit every day, long time."(RT)

It was emphasised by different stakeholders that support within extended families is a key coping mechanism for talking about problems with emotional health dimensions. Many Roma would not talk about these problems with outsiders, given those trust issues outlined above. Strong bonds with family and also, on a larger scale, some religious organisations, offer social networks. Roma families were said to be reluctant for their children to be far away from home at school (some perhaps remembering 'special schools').

"Everybody speaks, at home with family, or with friends, everybody speak; face-to-face, together, about which problem, who has it…Nobody would speak outside because for everybody this is confidential. Everybody speaks just at home..." (StT2).

"So there is Community development through family and religious routes so that's how we have to, that's how we've been working to network. It's very much in family routes and ties and those are really strong bonds." (StT3)

"It's more about family support. I think that is the support network. Some families that have come alone, it is hard for them to cope, without an extended family." (StT5)

"I don't want to… use anybody, it's not my style…I don't mean it in a bad way but the world does not need to know about my problems." (RT I)

There was also a view among some focus group participants that some support might come from the wider community of Roma, reflecting place of origin (meaning Romanian, or Czech/Slovak support.)

"If we don't have a chance to solve the problem by yourself, we need to ask someone from our community even if it's not a family…We've been in the same country a long time ago – Czechoslovakia Republic." (RT)

Finally, a view was expressed that Roma know they can visit doctors to get pills for stress. However, from the participants' responses, many such issues were contained within family.

"Now I can talk beyond my community. They know about these things, that they can help with pills or these things. If you are really stressed, they know where to go. They know that they can go to doctor, but they are relying on their family." (RT)

3.4 Gaps in service provision

A substantial range of gaps in service provision were highlighted. It was suggested that Roma people need a location - a building - where different voluntary services and support can be accessed, and where women's groups, men's groups, and children can gather. Having a community venue in a suitable area (i.e. within Harehills, where Roma were said to be most concentrated) might be helpful for alleviating the stress of isolation for women and men, and for building social capital through supportive talk, an enabling factor for mental health. A community location would not provide an exclusive or primary focus on mental health, but on diverse systems-wide activities that are health promoting.

> *"Some buildings for Roma communities...these people can come, and some people working there or voluntary there...who can help them and give good advice. …rooms, big rooms; women's group, men's group, for children where can play, some trips, some groups, I think so, what these people need now… For everything, not just mental health…because there is no building…when you no speak with nobody else, just move your problem in your body, inside, this is more and more problem, you can't cope. With one, two days a week, somewhere where you can speak what you want to speak....think so, this is best for these people, to help them."* (StT1)

> *"For this, Harehills area is best because a lot a lot of people are from Slovak, Czech, Bulgaria, Romania, is here."* (StT1)

Roma participants identified the advantages of having a community building which could also assist signposting to support around health services, housing assistance, and employment. For example there is a plan to open a community interest company called Roma Café. This would provide a social and meeting space and support to the Roma community.

> *"We are trying to open a community interest company. It's Roma Café. It's Roma. It's for us. And there's going to be all the help with benefits, with these things. With our food, desserts, cakes … - this is for us. So we want our community to go to our office as our company to let them know that we are here to help them with anything."* (RT)

> *"They would build, some kind of building, would be to have some kind of help with benefits, or those things that people from our community are struggling with something, there would be someone in that building. Housing and job centre. And doctor, GP."* (RT)

It was also strongly suggested that initiatives such as a Roma community centre should not be set up by external agents but through internal community decision-making. The views of Roma need to be thoroughly understood, and participatory approaches taken.

> *"It's like with any minority groups, it has to be….people from the community have better answers….people from the minority communities understand that they need much better."* (StT2)

In terms of health services gaps, it was said that the language line interpreting service is under-utilised for people who speak a little English. Roma men and women who struggle to cope with life and come to the surgery stressed, depressed or anxious and with a range of symptoms to describe around this, are not going to be able to interact effectively on the basis of very limited English.

Recent initiatives funded by Leeds City Council to develop provision for Roma migrants need be built upon. There is said to be a gap, at mainstream service level, around training and employing people from Roma communities. The need for a Roma organisational voice had been recognised with the recent two-year Roma Voice project, which combined the aims of advocacy support with working towards setting up Roma organisations. The gains of this project need building on. If the priority is setting up Roma-led organisations, as stakeholders stated, the main barrier is funding. The short term priority was said to be training Roma and developing advocacy, the longer term priority to develop Roma led organisations.

> *"Employing people from those communities…employing people who speak the language…to remove the language barrier…have some understanding and insight and doing a lot of outreach around… I know that housing…mental health and housing support services don't necessarily work with eastern European and Roma community."* (StT2)

"We have employed a number of Roma people to either act as an advocate, or to go through the training and become an advocate. So most recently we had funding for a Roma Voice project which was over two years and part of the aim was to begin to create Roma organisations. Because as I said there are no Roma, there's no community voice for the Roma's. There's no one organisation." (StT3)

"It's that dual thing of immediate support through the advocacy and the longer-term support to create Roma led organisations, businesses, all of that so that the community supports itself. Particularly the Czech and Slovak community haven't particularly had access to developing their own organisations. I think it's vital that there is a Roma led organisation supporting that work somewhere, and it would be so much easier." (StT3)

3.5 Examples of existing support - good practice and provision

Provision from the voluntary sector and voluntary–statutory partnerships for Roma support

Examples of good practice reported by stakeholders involve holistic approaches starting from Roma people's perceived needs, in comfortable and familiar settings, focusing on empowering Roma people to take initiatives. It is suggested by stakeholders that signposting Roma people to services supportive of their coping with life stresses can be integrated within joined up community based approaches.

"So you need to look at services that are already in place that you could maybe, you know, integrate into or come and do a drop in." (StT5)

Some stakeholders also described the importance of voluntary sector provision that addresses direct Roma needs for information and support, and linkage to services, and that includes Roma people as interpreters, but is not necessarily Roma-led. A key theme in terms of good practice is partnership/joined up work between VCS and Leeds City Council. An example is the work provided from Hovingham Hub with a 'welcome' drop-in service, and with inclusion workers who support families with children around access to schools. The Hovingham Hub welcome group was set up by Leeds City Council, but with input from voluntary and community services. Among the valued aspects of the service which have helped it to endure for ten years, it was said, are a degree of informality; willingness to respond flexibly to needs of families as they present them, and supporting them to develop an individual family plan. Needs might include access to nursery or school; access to a midwife/health services; access to benefits; housing support issues.

"We're not formal. It is quite open and you can just walk in. There are no gates that you have to press to go through and buzzers you can just walk to the door. So I think you need to have an open service that you can say come and see us and then we'll give you. Even if you say come and see us we'll give you an appointment to come back and see us…we do an individual plan for each family so that it's tailored to what their needs are." (StT5)

Roma participants stated they greatly valued the Hovingham Hub and Advocacy Support [now merged into Advonet]. They valued the presence of staff who they got to know, and of interpreters. However, some considered the amount of time available and the amount of interpreting staff to be insufficient. The Hovingham Hub was particularly focused on families with children, which is vital for the Roma community, but which limits its value for those without children.

"One day a week. Small time. Too much people coming and busy. One day I have problem, I go there. 'Sorry, you don't have children. I don't help you." (RT)

"I go in Advocate Support on Monday, Tuesday. It's just two days a week.
Interpreting one people or maximum two people interpreting my language, Slovak-Czech." (RT)

Another valuable innovation is the POMOC drop in session at Harehills with volunteers from the Roma community, through a one-stop centre that signposts and assists people to link up to the council. The POMOC drop in (BARCA) in Harehills was set up and supported mainly by MAP (Migrant Access Project –a partnership between LCC and Touchstone). For innovations such as these, language skills and sympathy and understanding of community experiences are vital.

"They are great, really good helping out. Sometimes it's very busy. There is not enough staff to help everyone. It would be better to have more people from this community to help." (RT)

Besides informality and flexibility, valued aspects of the statutory-voluntary sector partnership provision, exemplified at the Hovingham Hub, include the collaborative multi-skilled approach, with various team members pulling together. Hovingham Hub was set up and run by Leeds City Council Children's Services. But there is close partnership work with voluntary services (particularly Advocacy Support/Advonet), with Community Development volunteers. One view among Roma participants was that trusted organisations like Advonet and Touchstone could convene meetings about health, and specifically mental health, to provide advice and signposting.

"We have interpreters, four members of staff, an advocacy support worker and the inclusion team to do school support." (StT5)

"I think one solution that would be really helpful, if some of the organisations like Advonet, like Touchstone, would make some meetings about health, for example mental health, and to call many people from our community to let them know where to go if they have a problem with their health - mental health. It is really important, and they don't know." (RT)

Advocacy

The specific role of advocate was discussed. There are evidently training and support needs when considering employing a Roma advocate within a voluntary organisation. People's possible reluctance to disclose sensitive information to a person from within their own community needs careful consideration. Roma volunteers have already played an important part in assisting organisations, e.g. Hovingham Hub, to support Roma families to access schools, for example.

"It's a bit like maybe they don't want to speak to somebody within their community. But we haven't had a lot of advocates that are from the Roma community. We're getting a few now not so much advocates but volunteers… helping families apply for schools and things like that, they can translate." (StT5)

The concept of a 'bridging' role was mentioned by one stakeholder. Bridging involves helping to reduce the gap between Roma needs, aspirations, experiences and culture, and the provision and attitudes of providers. As mistrust between communities can be reciprocal, the bridging role can help to close the gap between different communities, including assisting Roma men to develop better understandings of how services work, and assisting services towards a better understanding of Roma needs and experiences, as first steps towards wider processes of cultural and social engagement and inclusion.

"Voluntary organisations....with a trusted person, can help to close the gap… and to be like a bridge." (StT4)

Within Advocacy Support, more recently restructured to be part of Advonet, the advocacy role has included talking on behalf of individuals, or supporting an individual to be empowered to take steps on their own initiative. Individuals are trained in advocacy skills and provide advocacy for individuals within their community. A lot of advocacy work involves assistance with finance, housing, access to education, health, and understanding how services work and how to deal with them. The advocate helps the Roma people to access economic social and cultural capital in a challenging environment.

"ADVONET has just recently emerged so it's four organisations that came together this April as one organisation. Previously we were working in a consortium. So it's the bilingual advocacy elements, that service that has been working with the Roma community since about 2006. So sometimes an advocate might be talking on behalf of that individual, sometimes we might be providing whatever steps or support that individual needs to speak on their own behalf…The way that model works is to take people from different communities, train them in the advocacy skills and they go back and provide advocacy directly back to the community….So primarily the work with Roma, huge amount around debts. So financial things benefits or debts. Lots around housing, access to education, health." (StT3)

Roma participants discussed their appreciation of the work of Advocacy support, while also expressing a view that there needs to be more of this kind of support. Training Roma people to do advocacy work was

considered vital, building on the start made by Advonet. Roma advocates themselves can exemplify progress towards social inclusion, both in the eyes of other Roma and of wider society.

There is a need for further advocacy to help Roma around access to primary health care, and ensuring rights to obtain appointments and necessary interpretation are understood and adhered to.

> *"On the Roundhay Road is a advocacy support and they're always hiring people as voluntary workers for interpreting or to help people with the benefits … that is not enough."* (RT)

> *"And person maybe for doctor, GP, interpreting, check people, Roma people not understand*." (RT)

Another example of advocacy is the Community Organiser project delivered through Barca Leeds. A Roma advocate is employed through Cabinet office project funding to work with the Roma community in disadvantaged community areas. The advocate supports Roma towards becoming community leaders, and to strengthen networks, so Roma communities become more articulate and effective at identifying needs and linking with organisations. A limitation is that services are not always available to meet Roma needs.

> *"I work with the Roma Eastern European community in Armley and another area in LS12. I speak with the people and find out what their needs are and I try and get them to become community leaders. So I'm trying to build networks and get services in place so they will tell me "I want a book club" or "I need help with this" and if there is not the service there I will try and find an organisation that can make that happen. I work on my own, the problem is that I have nowhere to signpost them to."* (RT)

Besides language support, advocacy was also said to involve cultural understanding and empathy, sensitivity, trust, and 'lived experience' of the challenges communities and individuals face. It was said that advocacy could involve working with someone who has little English, or with someone with quite good English but lacking confidence, knowledge and trust: '*its that essential link between an individual and service provision*' (StT3).

> *"Trying to help people who no good speak English…or not speak English...not understand…cannot read and nothing…help them sort out his problem…can send them where is possible…maybe Citizen's Advice Bureau."* (StT1)

> *"It is using language but not just languages it's also about the cultural understanding and sensitivity and trust. And often that whole lived experience of going through so basically people that have gone through a large amount of, lived experience, settled in the UK and are going back to the community to support other people through that similar process*." (StT3)

As a further example of known existing practice, MAP (Migrant Access Project – a partnership between LCC and Touchstone) and Advocacy Support (now Advonet) have worked to add value to Bilingual Advocacy volunteers with Advocacy training. Roma men have been referred by Bilingual Advocacy to attend MAP training as well as trained Roma being referred to volunteer at Bilingual Advocacy. This has resulted in developing Roma volunteers.

Extending the reach of provision

Roma participants gave some consideration to how advocacy might be improved in Leeds. It was suggested that other cities might provide examples of good practice to follow, and Roma people might network with their fellow citizens elsewhere for good ideas (for example learning from such recent multi-city programmes as Roma MATRIX (Mutual Action Targeting Racism Intolerance and Xenophobia). Migration Yorkshire (MY) was the lead partner organisation on the Roma Matrix project. MY has been actively engaged in promoting knowledge and information on Roma needs and rights in Leeds and Local Authorities across Yorkshire.

> *"Other towns, Rotherham and Manchester have a person working in a school and doctor's. I have also last year for big meeting for Roma Matrix and the community, Manchester town, Sheffield."* (RT)

Roma participants suggested that there are plenty of unemployed or underemployed Roma who would benefit from certain types of volunteering opportunities.

"Yes they don't know, they have chance and volunteer. I know too much people, English, understand English, and sit home. Don't have job. OK, you go my organisation. I give you a chance. You work my volunteer. I pay you maybe bus ticket and food. You go there, then OK." (RT)

"If I was someway integrated to take a part, even voluntary, I am so open to do something." (RT)

Roma participants considered it very important to have practitioners in voluntary organisations with some understanding of the Roma community. It would be important to have advocates integrated with these organisations, who have the interests of the community at heart. This role was understood to be quite distinct from the interpreting role.

"I think for Touchstone office, it needs one person for Slovak, Czech or Roma people, who have new projects for Roma people. Not understand Roma community, no good. And have office, one person, who understands this community, sit together talking about this, and health, and explain, this is good for my community, or this is no good, because I understand my community. I give you advice. So maybe volunteer, or maybe part-time, maybe this Touchstone, Advocate Support. And interpreting, just job. OK, interpreting, OK, bye. No care about nothing." (RT)

Service provision – raising the profile

One important response which stakeholders advocated was to raise the profile of Roma communities in the policies and practices of local services, starting from statutory council services. Efforts have been made over the last nine years to work within the City Council to this end. This has involved Advocacy Support working towards persuading the Council to adopt a joined up framework for education, police, health services, education and DWP. The initiatives taken by the Council need to be built on. At the same time there seems, according to some stakeholders, to be a limitation to progress related to austerity, in that individual services, which may be fragmented, partially privatised, and not entirely accountable to the Council, are then asked to encompass needs of Roma communities. Roma participants were keen to prove their worth and gain a higher profile as direct employees of the council, or being sub-contracted to do work at which they were particularly experienced and skilled.

"Over the last well since 2006 we've been trying to raise the profile of Roma community within the City Council. Over that time a number of different groups have begun a really good engagement. So a few years ago, we put together a framework to present to the local authority that had education that had the police service it had health services, a number of schools and job centre DWP as well. So there was a lot of service providers coming together who were engaging in different ways and recognising this need and then trying to get their coordinated response from the local authority. I think the local authority have taken on the Roma community as a community that is there and that is recognised…It has fed down, so it is individual services that have been asked to encompass the needs of the Roma community themselves. Which makes it harder for us to work with because we have to work with a range of different services who have different understandings." (StT3)

"Something like a cleaning service. You know, we could be employed by government, from Leeds City Council." (RT)

4 Recommended approaches

Integrated or systems response

The stakeholders stated clearly that the barriers to social inclusion of Roma men that threaten their mental health can only be met with a targeted but systemic approach. Such an approach requires partnerships across statutory and voluntary/community sectors. While the voluntary sector draws strength from community assets (e.g. advocates and volunteers) and so builds trust, the statutory sector can apply leverage over a variety of services, while also challenging unfair or discriminatory practices.

This includes regulating private renting, and improved language and advocacy support for access to work opportunities, housing and health. There is a need, it was said, for information about the system in the UK, which is ever-changing, concerning rules, entitlements and access to resources.

"Interpreting. The language barrier. The solution could be, example, in the housing office, in the Job Centre also, in a hospital – that's the main thing in a hospital." (RT)

There is also a need for support to assist Roma to demonstrate and communicate their existing resources, skills and qualifications from their previous life 'abroad', as well as to develop new skills including language. This is particularly important in the first months after arrival, when Roma people lack entitlements and are severely at risk.

"If you, if you've come from your home country and you actually have got a qualification or you've been doing a job that you've got a skill in but you can't use it in England then there should be some way of, some body that can help you translate that into English to be able to use it as a skill when you're here." (StT5)

"There should be a regulatory body for private renting to have a decent standard of living that would be for all and not something that you wouldn't put your cat in." (StT5)

"The rules for when you're coming in to England now are changing so quickly for what the government expects from you, from coming in to England, that you could be destitute within your first week if you don't come with any money, or any resource, or thing that can support you, especially for the first three months because you're not entitled to anything." (StT5)

Roma champion in council

It was argued that to develop a more joined-up approach, and to overcome the challenge of individual services practicing in a fragmented way, a Roma champion should be employed by the council to work with different services. It would be desirable to work with organisations like DWP to encourage uptake of Roma people on placements, work experience and training, to advance Roma people towards becoming employed in services. It is important for services, including health, to have Roma interpreters and advocates available who can support and champion access needs of Roma. This could include support towards employment, e.g. language support towards writing strong CVs and obtaining and retaining work. To develop Roma capacity towards taking on champion, advocacy and interpreter roles, an example of a suggested first step is partnering with the WEA to put together an interpreting course which Roma could take.

"I would apply for five years a Roma, a champion within the local authority who has a reasonable level of authority who could then talk to those services with some weight rather than having to pull together a range of different service providers and then present papers you know and go that way… The community will recognise people from their own community so will begin to trust that service slightly more, and those individuals will be able to bring more language and you know community understanding and sensitivity." (StT3)

"Yes. So there are various initiatives that through DWP where you can get apprenticeships and or placements so getting services, especially statutory services to take those up in terms of Roma people would be really good." (StT3)

"Employment opportunities, which goes back to simple things like writing CV's. Until someone has good English there's almost no support for them to get employment. Which leaves them really vulnerable to, to essentially its car wash stuff and other things. We, we started up the work club that worked in Czech and Slovak which, but it's just really hard to resource it so our next initiative is working with WEA to put together an interpreting level one basic interpreting course aimed at Roma, it won't just be Roma. And then after that to provide some work experience and then the work club after that. The more people we get into employment and the more people we get employed by statutory services the better. It's an old story isn't it?" (StT3)

Roma-led voluntary provision

Finally, and most importantly, it was said to be desirable for community and voluntary sector work to develop in a 'Roma'-led' way. Building Roma organisations is vital to help overcome problems of mistrust of services (particularly statutory) which arise from the histories of discrimination that Roma families experienced from previous lives and which persist.

> *"This is a community that's faced huge amounts of discrimination from statutory services and still do. So you have families whose children have been put into special needs schools simply because they are Roma. … which is why we are trying to encourage Roma organisations to grow. I think it's vital that there is a Roma led organisation supporting that work somewhere. It would be much much easier."* (StT3)

For organisations such as Advocacy Support, it was said, a key challenge is to employ more Roma, and to support creation of Roma organisations. This approach encourages Roma individuals to develop the skill-sets to establish and maintain their own community-focused organisations and small businesses within five years in the way that other BAME communities have previously done in Leeds. This community capital and resilience-building approach aims to impact on access to services and on wider service and social attitudes. An idea undergoing development concerns Roma meeting place(s), club(s) or café(s) with Roma people delivering services. In a close-to-home social setting, Roma can gather for interesting and social activities and engage with resource opportunities in a setting conducive to trust. As a 'pilot' example, a school was tried out for this purpose. Lessons were learned about what makes an appropriate venue.

> *"So we have employed a number of Roma people to either act as an advocate, or to go through the training and become an advocate, or in other roles. So most recently we had funding for a Roma Voice project which was over two years and part of the aim was to begin to create Roma organisations. Because as I said there are no Roma, there's no community voice for the Roma's. There's no one organisation…to build…the longer term support to create Roma led organisations, businesses, all of that so that the community supports itself. …It's about trying to encourage a range of individuals to set up to become self-employed or their own organisations. And see how they come together and support each other…. So, I think there's a short piece of work, or short time needed for the community to essentially to catch up with other BAME communities."* (StT3)

In particular, through developing places for Roma to meet and socialise, encouraging a growth of community cohesion and capacity, trust can be built up with services being engaged with through these hubs. In other words, this is a vehicle for developing social capital.

> *"The community will recognise people from their own community so will begin to trust that service slightly more and those individuals will be able to bring more language and you know community understanding to the service."* (StT3)

The example of a Roma café, in the advanced planning stage, was highlighted by Roma participants from Czech and Slovakian backgrounds. This cafe could provide a social and meeting space, and an opportunity to link Roma people with information and support to access services and to solve problems that cause stress in daily life, such as access to benefits. Such a space would be a place of renewal for community cultural resources, drawing on a rich and diverse heritage of Roma culture which has been threatened in so many ways. Aims include to build good links with other voluntary and statutory organisations, and to draw people together to self-organise and build community capital.

> *"We are trying to open a community interest company. It's Roma Café. It's Roma. It's for us. And there's going to be all the help with benefits, with these things. With our food, desserts, cakes … – this is for us. So we want our community to go to our office as our company to let them know that we are here to help them with anything…Yes, we're trying to already open it. It's probably going to be in January. Yes, we have connections. We'll corporate with some organisations…and we are going to make big meetings, where it could be more people."* (RT)

This kind of community social enterprise requires trained Roma leadership. MAP (Migrant Access Project), as mentioned above, has been identified as an excellent example of a partnership between Leeds City Council and the VCS, supporting and building the capacity of Roma communities. A number of Roma volunteers have been trained and supported to set up social enterprises (including Roma Café).

It is important to respect and support the diversity among Roma communities and individuals. Some Romanian Roma also wanted a building for community activities, but would expect to focus on their community members who meet at church.

> *"They want to lose weight, they want to go swimming, the priority is the language, we need to learn English and after that things will be better. We really want to rent a building for up to 300 people for our church. We could have an old building and renovate it ourselves*." (RT)

In the longer term, it was said, Roma inclusion would be enhanced by young people coming through the school system. Meanwhile, the aim is to encourage a critical mass of Roma led organisations to raise their profile and capacity.

> *"In terms of the next five plus years if we can establish a range of community organisations, so as time goes on we get more and more young people coming through the school systems with really good English."* (StT3)

5 Conclusions

This modest qualitative study has gathered valuable data about the risks to mental health for Roma men. Whilst mental health is generally not talked about directly, the evidence here again shows the pervasiveness of stressors and the precarious, often socially excluded realities that the Roma communities face. The stresses of migration from enduring discrimination and exclusion, of living in a new, not always welcoming host country, of communication and language, and of all-pervasive concerns about work, finance and ongoing social exclusion, all contribute immensely to pressures on mental health.

Unmet challenges

It appears that, in common with other socially excluded migrant and refugee groups, intersecting risk factors for stress affecting Roma men and women include fundamental concerns around: being safe from discrimination and abuse, shelter, security to stay in one place and country, meeting food needs (sustenance), social inclusion and interaction, schooling, and income. A gender-relational understanding of the shared and distinct pressures faced by Roma men and women struggling in their spheres of social, caring and economic activity is also highly relevant. Roma communities have also experienced a shortage of community safe spaces (e.g. thriving venues), to serve as a foundation from which to develop self-organisation, social capital, and renewed cultural voice.

Social and cultural issues, and stigma act as barriers to seeking help for mental health problems, but many Roma men also experienced barriers, not least around communication, in the way their GPs responded to them when they sought help.

Joined-up service responses for mental health

Importantly this study has highlighted the importance of system-wide and a joined-up approach to address the life challenges Roma men and their families face. Such an approach would reduce risk and enhance protective factors, highlighting community resilience. VCOs play a vital role in raising awareness, advocating for Roma around communication and language, finance, work, and family support, often preforming a vital 'bridging' role. In some cases they are able to offer mental health support – vital in supporting at-risk Roma men and women as individuals within communities.Voluntary-statutory sector partnerships are increasingly vital for funding and delivering support. Increasing leverage within the statutory sector, for example through inclusion of Roma employees or advocates, can provide a lever for commissioning and challenging long-term entrenched stigma in services and society. It is very important to develop appropriate language provision and engage with GPs and mental health services to improve culturally-aware communication.

A social model of recovery and resilience

Some forms of culturally-aware tailored psycho-education, in support of, rather than instead of, the overriding tasks of meeting basic practical needs and strengthening positive social networks could potentially help some individuals come to terms with harsh experiences and to provide mutual support for prevention and recovery. This approach might involve a combined social and personal model for resilience building and recovery. This

social model, used more widely with BAME communities, highlights that the causes of mental health distress can include the interconnectedness of socio-cultural, structural, family, and personal situations (Kalathil, 2011).

Emphasising that personal recovery and resilience is closely associated with social wellbeing and inclusion, this approach highlights the central importance of relationships within personal recovery, which includes both peer involvement in recovery services and mutuality in relationships with professionals (Slade, 2013). Transformation in the mental health system puts the service user's perspective at the centre of recovery (Slade, 2013). With this social approach, men's positive personal identities, resilience and wellbeing can be strengthened through engaging with formative and contextual influences on their emotional experiences coping with life, including structural and community, collective influences (Harper, David and Speed, 2012). This involves fully including social and community supports (such as family, peer support, and community social care); considering community as well as individual resilience; and viewing recovery as a potentially collective as well as individual journey.

Therefore, such a recommended social approach takes full account of social contexts and relationships in which personal recovery can be supported. Community assets, for example Roma cultural venues and activities and Roma advocates 'bridging' between community and services can help build community pride and trust. These resources can also be used as a springboard to provide education around mental wellbeing and service provision, and provide information and signposting for support and care.

Community spaces

It is vital to support joined-up approaches, which seek to empower Roma communities by placing Roma at the heart of initiatives to develop community capacity and resilience, and which strengthen trust and links with services to influence service practices. Roma men and women need a safe focus for community activities, where they can connect with other Roma people in a similar situation, find friendship and a feeling of community, build social capacity, support each other to address fundamental concerns, renew their cultural resources and celebrate their heritage, take part in a variety of activities, and in some cases get involved as volunteers themselves. There is potential for cultural and social locations and events involving food, music, socialising, to also link people to counselling, peer support, practical help and/or complementary therapies and shared strategies for dealing with different life problems (Faulkner, 2014).

Gender-aware

A gender-aware approach also takes account of specific preferences of Roma men and women: for example considering, in making plans for a community space, whether Roma men might prefer, at times, to experience support in specific male-friendly activity contexts.

Capacity-building and social integration

In order to promote the resilience and social inclusion of Roma people within wider society and thus strengthen protective factors for mental health, priority should be given to the advancement of Roma capacity (e.g. for advocacy and employment) and the development of Roma-led and partnership-focused community initiatives. Such an approach would benefit physical and mental health whilst also promoting social integration.

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7 Appendices

Appendix 1: Participant Information Sheet

Improving the Mental Health and Wellbeing of Roma men born outside of the UK

You are being invited to take part in a research study. Before you decide whether you would like to talk to us please take the time to read this information carefully.

Leeds Beckett University have been commissioned to explore how community and voluntary organisations can help improve the Mental Health & Wellbeing of Roma men, born outside of the UK, now living in Leeds.

We would like to invite you to take part in an informal group (with about 5 to 8 people) discussion lasting about 1 hour. This will take place at a time and in a place convenient to the group. To thank you for your time you will receive a £10 High Street voucher and refreshments will be provided.

What will we be talking about?

We will be talking about how community / voluntary organisations could help Roma men born outside of the UK be prevented from developing a mental health problem and what may help aid their recovery. You will not be asked to discuss your personal experiences of mental health problems.

Please ensure that you feel able and well enough to take part in a group discussion about mental health problems in this particular community.

Do I have to take part?

No – taking part is entirely voluntary. You have the right to stop taking part in the research at any point and you do not have to give a reason why. If you change your mind about taking part afterwards, you can withdraw what you have said up until the point at which we have started to analyse the findings – after that it becomes difficult to separate everything out.

If you do decide to take part we will ask you to consent either verbally or in writing.

What will happen to the information you give us?

With the group's agreement we would like to tape record the discussion so we can remember everything that is said.

We may use some of the things that you say and write them in reports but your personal details will be kept private – your name will not be used at any point.

All recordings, notes and information that you provide will be stored securely. Paper copies will also be stored in a locked filing cabinet at Leeds Beckett University.

We hope that the research will eventually be published in articles and reports and presented at conferences.

Thank you for taking the time to read this information sheet. We look forward to meeting you very soon.

If you have a concern about any aspect of this research you should ask to speak to the researchers who will do their best to answer your questions. If you remain unhappy and wish to speak to

someone independent from the study, you can do this through Dr Diane Lowcock, Faculty of Health & Social Sciences (email: d.lowcock@leedsbeckett.ac.uk).

Contact us
If you wish to contact one of the research team, please do not hesitate to get in touch with:

Karina Kinsella
Research Assistant
Centre for Health Promotion Research
Tel: 0113 812 7651
email: k.kinsella@leedsbeckett.ac.uk

Appendix 2: Interview Schedule: Staff and Volunteers in Voluntary/Community Organisations

Pre-amble

Hi, my name's *(name).* I'm a researcher from Health Together at Leeds Beckett University and we've been asked by Touchstone to do a study of mental health in two communities in Leeds – ROMA men and Black women born outside of the UK. We are talking to staff and volunteers in organisations working with the two communities as well as members of those communities with experience of mental health problems. We will be writing up the study for Touchstone who will be sharing it with public health commissioners at LCC.

Check:

- *Participants have received an information sheet – that they've read it and understood it and are happy to proceed*
- *Go through the consent form with them*
- *Okay being recorded*

Capture:

- *Name of interviewee and their position in the organisation*

NOTE: the main questions are numbered, the bullets are prompts to be used if needed.

Section A: About the organisation and interviewee's role in it

First I'd like to find out a little bit more about your organisation and your role in it:

A1. *(Keep this brief!)* Could you tell me a little bit about your organisation:

- What are your aims?
- What communities do you work with/ what geographical area do you cover?
- How many people are employed or volunteer with you?
- What activities do you undertake and what groups of people you mainly work with?

A2. What is your role in the organisation?

Section B: *Mental health problems in the ROMA community*

I'd like to ask you about mental health problems in the community.

B1. What are your perceptions of mental health problems in ROMA community and their causes?

- Would you say that there are not many/usual amount /lot of mental health problems?
- What sort of problems?
- Are there any groups who are particularly affected? How does this affect men in particular?
- Would you say mental health problems in the community are greater than (for other groups e.g. other BME groups) across Leeds as a whole?
- Why do you think there are more/less mental health problems in this community? What are the social and personal challenges that these people face in their lives, which can affect their mental health?

B2. How do people perceive mental health problems in their community?

- What is their attitude to those who are having mental health problems?
- Are mental health problems openly recognised and talked about? Does gender affect this?

Section C: *Mental health Services*

C1. Do people in the community with mental health problems seek help from mental health services?

- At what point do they seek help?
- Where are they likely to go for help? (and if not mental health services, where do people from the community look for support?)
- If there is reluctance to seek help – why is that?
- Are mental health services reaching people who need help?

C2. What is your perception about the help people with mental health problems receive if they do seek help?

- How would you describe the support they get?

- Are the services culturally appropriate?
- Do you have any comments on aspects of mental health services which need enhancing? Or improving?
- Are there gaps in service provision?
- Any examples of good practice which need highlighting?
- Is the service your/this community gets the same as other people get?
- If not, in what way is it worse? Why do you think this is?

Section D: *Role for the Voluntary and Community Sector in relation to mental health in the community.*

I'd like to move on now to talk about the role of the Voluntary and Community Sector in relation to mental health in the community.

D1. Does your organisation play a role in relation to mental health problems in the community?

- Do you have a preventative role with people mental health problems – even if this is not a stated aim of your organisation?
- Do you support people with mental health problems for recovery – even if this is not a stated aim of your organisation?
- Do you think you could have more of a role in prevention and support?

D3. What role do you think Voluntary/Community organisations in general play/could play in relation to mental health with minority communities such as these?

- Can you give me any examples of VCOs that are helping to prevent mental health problems or support those with problems?
- Overall what do you think should be the role of VCOs in relation to the prevention of mental health problems in the community?
- And what about in relation to support of those with mental health problems to help them recover?
- How does the role VCOs play, or could play, differ from what statutory organisations do? What about partnerships, for example with other VCOs or statutory sector?
- What would you see as the factors that are preventing VCOs taking a greater role? What can be done about this?

Section E: *General comments*

E1. Do you have any additional comments that you would like to make? Are there one or two priority actions which could make a big difference for mental health in the community you work with?

E2. Any questions?

Many thanks for your help

Appendix 3: Focus Group Schedule

Focus Group Schedule (for singles and pairs/threes)

Hello, my name's *(name).* I'm a researcher from Health Together at Leeds Beckett University and we've been asked by Touchstone to do a study of mental health in two communities in Leeds – ROMA men and Black women born outside of the UK. Thank you very much for coming along today to talk with us.

Check:

- *Go through information sheet verbally*
- *They are aware that we will be writing up the study for Touchstone who will be sharing it with public health commissioners at LCC – but we will not quote them directly or write anything which means they can be identified.*
- *Remind them that their participation is voluntary and that if there is anything we ask about that they do not want to talk about, that's fine. Plus if they want a break, or to leave at any point, that is fine too.*
- *They understand that we all need to treat what is said in the room as confidential.*
- *We are not asking them to talk about their personal experience directly – we will be talking generally about COPING with LIFE in the t community.*
- *Everyone should have opportunity to speak, not just a few; if by any chance conversation strays 'off-track' onto sensitive topic we may pause or steer it back.*
- *Go through the consent form verbally with them*
- *Okay being recorded – if not can take notes.*

Section A: Introductions

First I'd like us to make some introductions so that we know each others names, just first names is fine.

Section B: Issues / challenges in their community

I'd like to ask you about the challenges your community face in their everyday life?

B1: Do you think Roma men face particular difficulties in everyday life in Leeds?
What are the hard things in life? Work? Housing? Supporting family and finance? Health?

B2: How long have you lived here? Where did you live before? Do some of these problems or feelings come from experiences people may have had before they migrated?

- Are there problems that they left behind but have not really gone away?

B3. How do these issues make people feel?

- stressed / confused/fed up?

Section C: Coping with life (stress) and the Community

C1: If people in your community are feeling low or bad for example that they are not not able to work or support their family – who would they talk to or get help from? Is this the same for men and for women?

- What might other people in the family or community do to help them cope?

Section D: GP/*Mental health Services*

D1. If a person from the community is struggling to cope at what point would they look for help?

- Who would they look to for help? Where does help come from?
- Would they talk to a Dr?
- If not - what would stop them asking for help? Is this the same for men and for women?

D2: Could anything be done to help men feel more comfortable talking about how they feel with a Dr (or Mental Health Services)?

Section E: *Role for the Voluntary and Community Sector in relation to mental health in the community*.

E1. Does this organisation (e.g. Hovingham H) help people to cope with life in your community? If so, how?

Ask for examples, but emphasise that people should not use names.

- Do you think community groups generally (groups that include volunteers and are based in the community) can help people improve coping with life and health? If so, how? (probe – prevention / supporting those with problems)
- Could they do more?

E2. Is there anything different about community groups /volunteers giving support to people?

- Can you give me any examples of voluntary/community organisations that are helping people to cope? *Please don't use real names*
- What can be done to make things better, for getting help (training Roma volunteers or paid workers, areas where it would be good to have support)?

Section F: *General comments*

F1 Are there one or two things which would make a big difference to coping with life in your community?

F2. Do you have anything else to say or any questions to ask?

Many thanks for your help

Ensure all participants receive their high street voucher and expenses. Hand out: list of where you can spend your vouchers.