

EXPLORING THE SOCIO-ECONOMIC DETERMINANTS OF MENTAL WELL-BEING OF MARGINALIZED ROMA COMMUNITIES IN SLOVAKIA¹


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***Abstract:** Health and mental well-being are essential dimensions of social inclusion in labour market and education. Despite the Roma marginalized communities in Slovakia encounter adverse health conditions that negatively affect their work integration and educational prospects, a little attention is paid to exploring the determinants of mental health of this vulnerable group. The aim of the paper is to explore socio-economic determinants of mental well-being of marginalized Roma communities in Slovakia by utilizing regression analysis of the EU-SILC MRC 2018 module survey data about the living conditions of the marginalized Roma communities. The results of the analysis show that there is a significant impact of the poor housing conditions, and dissatisfaction with the financial situation on the self-perceived feelings of anxiety and depression, and nervousness among the inhabitants of the marginalized Roma communities. At the same time, possessing social capital in terms of being satisfied with relationships with the family relatives, friends, and other people around, decreases the probability of feelings of anxiety and nervousness which refers to the benefits of social capital for coping with hardships. Based on the intersectionality theoretical framework and social ecosystem approach to social inclusion of disadvantaged groups, these findings call for an awareness of policy makers of a crucial part of the social inclusion, including the integration of this cohort at the labour market.*

***Keywords:** mental well-being, the Roma, inequality, labour integration, Slovakia*

JEL Classification: I32, J18, D63

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1 Introduction

The Roma, as one of the largest ethnic minorities in Europe and particularly in Slovakia, encounter adverse living conditions, systemic inequality that translates into poor employment outcomes (Kahanec et al, 2021). The Roma in Slovakia experience higher unemployment rates compared to the general population when unemployment among the Roma is 25% higher than among the non-Roma living in the proximity to the Roma settlements (FRA, 2011). The Roma women are specifically vulnerable at the labour market; the unemployment rate for Roma women presents 41% compared to 34% of the unemployment rate of the Roma men (FRA, 2011). According to the contemporary research, the drivers behind the high unemployment rate of the Roma is a lack of skills not meeting demands at the Slovak labour market (Beblavý, Kureková and Haita, 2016), generally low educational attainment caused by discriminatory practices and insufficient engagement of inclusive tools in education (Miškolci, Kubánová and Kováčová, 2017), and discriminatory practices by the providers of employment services and employers (Hidas et al., 2014).

One of the key factors of the high unemployment rate and frequently occurring inactivity of the marginalized Roma is health well-being, especially mental and psychological health. The inhabitants of the marginalized Roma communities (hereinafter MRC) are more at the risk of health issues, including mental health and mental disorders, such as depression and anxiety (Gatti et al., 2016). According to the EU-MIDIS II, about 37 % of Roma woman and 31% of Roma men declared that in the last six months their everyday activities were very severely or mildly severely restricted due to health problems compared to 31.3% of women and 28% of men of the general population in Slovakia (FRA, 2016). Thus, health issues have a significant impact on everyday life of the MRC including at the labour market and schooling system, which implies that the policy-makers and research community should pay attention to this dimension of the social inequality.

Despite the prevalence of the worsened mental health conditions among the MRCs, the determinants of the mental health of the MRC in Slovakia are underexplored. The current knowledge about the determinants of the mental health in MRC appears to be fragmented while the findings are based mainly on a handful of qualitative in-depth studies (see for example Belák, 2021; Kureková, Kováčová and Holičková, 2022). The qualitative-research findings

suggest that the mental health of the MRC is adversely impacted by a range of factors, including socio-economic conditions such as access to healthcare, the level of household overcrowding, existential problems and psychological burden related to the permanent lack of income, and other factors (Belák, 2020).

Utilizing the intersectional theoretical and analytical framework, the aim of the paper is to examine social determinants of mental health of Roma marginalized communities in Slovakia. The research question is as follows: *Which socio-economic determinants impact the mental health of the Roma marginalized communities?*

This research aspires to contribute to the understanding of complexities of social inequality of MRCs in Slovakia. Since the mental health in the impoverished communities has relevant impact on the employment and educational prospects of the Roma, the findings of this research aspire to inform about policy implications with regard to health, employment, and schooling policies. A lack of knowledge restricts the evidence-based policy making and adoption and implementation of the policy measures tailored to the needs of the MRC.

2 Theoretical background

Social inclusion, poverty, and mental health are intricately linked. The health issue and disabilities are multidimensional phenomena that are deeply embedded in the socio-economic and cultural context; socially disadvantaged families and individuals face restricted access to social and financial capital which impedes upward social mobility (Compton and Shim, 2015; Emerson et al., 2009; Saraceno, 2004). The contemporary research shows that people with mental health difficulties and disorders encounter fewer employment opportunities than the general population not only due to their limited capacities to work but also to prevailing prejudices and misconceptions about their needs (Evans and Repper, 2000).

At the same time, the relation between health and socio-economic status seems to be two-way. Recent studies show that the employment and integration at the workplace can improve the quality of life, social inclusion, and social networks (Evans and Repper, 2000). At the same time poor socio-economic conditions increase the likelihood of developing mental problems, while

people with mental health issues are more likely to face unequal treatment and, consequently, poverty (WHO, 2007).

The poor socio-economic conditions affect mental well-being in manifold ways. First, poor housing conditions, such as overcrowding, noisy home environment, insanitary conditions, may result in mental disorders, problems with the concentration, physical fatigue, and feelings of frustration (Ruiz-Tagle and Urria, 2022; Firdaus, 2017). Second, people living in poor environment may encounter barriers in the access to health care; it concerns not merely the spatial access to the medical facilities and financial barriers, but also stigma and discrimination associated with the place of residence (Thornicroft, 2006). Third, a lack of income and financial insecurity also appear to lead to worse mental health (Mangalore et al., 2007) as well as indebtedness which is strongly linked with developing mental disorders and incidence of suicide (Jenkins et al., 2008). Such economic stress may even negatively affect children that are more likely to develop emotional distress (Solantaus, Leinonen & Punamäki, 2004). Additionally, social relationships and interactions are also hindered by poor housing conditions; satisfaction with the housing conditions appears to be closely related to the quality of life and relationships with family members with whom individuals share the same living space (Vera-Toscano & Ateca-Amestoy, 2007).

On the other hand, social capital and well-mannered social interactions may contribute to dealing with daily hardships, including the struggles with housing, poor living conditions, and poverty in general (Sun et al., 2009). Higher social capital is positively associated with improved health conditions (Rose, 2000). Social capital improves health via improving the access to social and health care services, incentivizing positive health-related behaviours, and stimulating psychosocial processes (Kawachi and Berkman, 2000).

Since inequalities are closely associated with the worsened mental health issues, the inhabitants of the MRCs in Slovakia are highly at risk of mental and psychological problems. Contemporary research (e.g., Belák, 2022; Kureková, Kováčová and Holičková, 2022) shows that mental health issues are highly prevalent in the Roma communities, yet not sufficiently examined. The Roma marginalized communities encounter limited access to the health care in Slovakia due to the discriminatory practices at health care facilities, the financial barriers, and spatial segregation of the communities which makes it difficult to access the health care (Hellebrandt et al., 2020; Kureková,

Kováčová and Holičková, 2022). As a result of these systemic barriers, the mental health of the Roma communities remains poor without any remedying policy measures.

In regard to the MRCs, the contemporary evidence shows that socio-economic and physical environment (including households overcrowding, a lack of privacy, restricted access to the sanitation, etc.) and living in poverty substantially shape mental well-being and psychological disorders (e.g., Wahlbeck et al., 2017). Importantly, there is a reverse relationship between poverty and mental well-being; poor socio-economic conditions increase a likelihood of developing mental problems, while people with mental health issues are more likely to face unequal treatment and, consequently, poverty (WHO, 2007).

Intersectionality theory provides a critical framework for understanding and examining how the interconnections and interdependencies between social, economic, political, and other factors contribute to varying modes of discrimination and privilege (Atewologun, 2018). An intersectional analytical approach allows us to view how experiences of disadvantage are shaped by the interaction of different social factors such as gender, ethnicity, class, age, religion, or disability. In other words, connected systems and structures of power create interdependent systemic bases of privilege and oppression (Crenshaw, 2017).

In the context of intersectional theories, the recent work integration models are being under scrutiny for being extensively concentrated on incentivising employers and job seekers and not considering so-called *social ecosystem* in which the inequalities occur within the framework of attitudes, relations with the public and private institutions, structural barriers to the schooling system and labour market, and other factors (Shaw et al., 2022). Nevertheless, the *social ecosystem* is based on the holistic approach in understanding the social exclusion (at the labour market but also in different realms); it underlines the need to address different dimensions of inequalities by engaging multiple stakeholders and various policy tools that respond to multidimensional integration barriers in the schooling system, labour market, health, as well as attitudinal aspects such as perception, social networks affecting opportunities and others (European Commission, 2018; Nevala et al, 2014; Saltkjel et al., 2023). Thus, the social ecosystem approach shed light on multifaceted nature of social exclusion.

In line with the intersectional approach, the recent scholarship put emphasis not only on health disability based on the medical assessment, but also on the self-perceived health disabilities that substantially restrict everyday activities of the affected individuals and the access to the labour market. Such a shift from medically-oriented to socially-oriented definition allows to grasp a broader understanding of a concept of disability that considers environmental and attitudinal barriers and facilitators which shape experiences of people with disabilities with the participation in the society (e.g., Eide and Loeb, 2016; Gray et al. 2008; UN, 2006).

3 Methodology and data

To answer the research question *Which socio-economic determinants impact the mental health of the Roma marginalized communities?*, the investigation will employ a regression analysis using the cross-sectional data of the EU-SILC MRC 2018. The dependent variables will present the mental well-being operationalised as subjective perceptions of mental health and well-being, particularly self-reported feelings of (1) anxiety and depression and (2) nervousness of individuals from the MRC. Thus, in this paper, we will examine two indicators of mental well-being; while the former one presents the more serious form of mental distress, the latter can be considered a mild form. Both of them can present crucial barriers in everyday life and potentially in the access to the labour market and education.

The independent variables cover socio-economic conditions and social capital. More particularly, variables (1) noisy home environment, (2) self-reported feelings of dissatisfaction with the financial situation, and (3) the social capital in terms of access to non-material help provided by family members, friends, and relatives in case of a need, will be used in the regression models. The impact of the variables will be first used individually, and then the impact of all of them together will be analysed, since, as mentioned, above, the level of mental well-being is associated with the manifold factors. As control variables, sex, state of general health, disposable income, and the level of segregation of the settlement will be used as they potentially may have an impact on the studied phenomenon.

To understand the complexities of determinants of mental health, the EU-SILC MRC 2018 database will be used in the analysis. The database includes

a number of variables of socio-economic conditions on the household-level and self-declared perception of mental well-being, and life satisfaction of the inhabitants of the MRC in Slovakia. The database is publicly available and downloadable. In total, 2,657 individuals over 16 years of age are included in the sample. On the household level, 1,034 observations are included in the sample with the socio-economic and other variables; the individuals are linked to the households via the identification number. The EU SILC MRC 2018 database is a database monitoring different dimensions of poverty and social inclusion of the MRC.

4 Empirical findings and discussion

The data of EU-SILC MRC for 2018 shows that 28% of the inhabitants of the MRC in Slovakia often or sometimes feels anxiety or depression (in the last four weeks when surveyed). At the same time, almost one third of the citizens of the MRC experienced very poor mental well-being often or sometimes within the last four weeks, while the worst situation was for the Roma living in segregated settlements outside a municipality where 40% of the inhabitants often or sometimes felt anxiety or depression within the last four weeks compared to about 20% and 15% of the inhabitants of the settlements placed at the outskirts of a municipality and those who live as integrated in the general population respectively.

The problem with noisy housing is present in over 42% of the households; most of the individuals that encounter noisy environment at home are the inhabitants of segregated villages (37%) while the rest of them are those living at the outskirts of a city or village (28%), living in the intravilan of a city or village (18%), living at the outskirts of a city (12%) or are dispersed among the general population (3%). Also, about 88% of households in the MRC encounter overcrowding, and thus, a lack of space and privacy.

Feelings of financial insecurity are also prevalent among the inhabitants of the MRC when about 48% of them feel dissatisfied with their financial situation. This reflects the fact that 85% of the MRC inhabitants live below the poverty level (compared to 12% of the general population).

As can be seen in Table 1, first, the impact of the socio-economic conditions and social capital on the self-reported feelings of anxiety and depression was analysed. The results of the regression analysis show that noisy housing

conditions have a significantly adverse impact on the self-declared feelings of anxiety and depression of the inhabitants of the MRC (Model 1). As mentioned above, the adverse housing conditions cause psychological distress which, in turn, adversely affects the ability to cope with every-day challenges. A lack of personal space and privacy may also lead to other psychological issues, such as the inability to concentrate, sleeping problems, and, in extreme cases, even depression and other severe diagnoses (e.g., Ruiz-Tagle and Urria, 2022).

When exploring the impact of social capital on the feelings of anxiety and depression among the individuals of the MRCs (Model 2), the access to non-material help provided by family members, friends, and other people around seem to have significantly positive impact on the mental well-being. That illustrates that a higher level of satisfaction leads to a smaller likelihood of feelings of anxiety and depression among the MRCs. Hence, social capital might bring opportunities to overcome hardship and cope with the burden of poverty and social exclusion more successfully in terms of providing both material and non-material aid.

At the same time, the low level of satisfaction with the financial situation is positively associated with the feelings of anxieties and depression (Model 3).

Model 4 includes all three main independent variables; as can be seen from the table, their impact on the feelings of anxiety is even stronger and remains significant. Interestingly, Roma women are more likely to report anxiety and depression feelings. Generally worse health condition of the individuals and segregated housing also contribute to the deteriorated mental health.

Table 1: Regression analysis

Dependent variable = Self-reported feelings of anxiety and depression				
	Model (1)	Model (2)	Model (3)	Model (4)
Constant	4.870 [0.834]	4.823 [0.082]	4.481*** [0.87]	3.749
Adverse housing conditions – noise at home	-0.201*** [0.040]	--	--	-0.221*** [0.042]
Access to non-material help (social capital)	--	-0.029*** [0.066]	--	-0.209*** [0.0675]

Dissatisfaction with own financial situation	--	--	0.074*** [0.0076]	0.082*** [0.0085]
Sex	-0.0802** [0.039]	-0.077** [0.039]	-0.077** [0.038]	-0.101** [0.041]
Household disposable income	7.60* [4.04]	7.230* [0.077]	--	--
State of general health	-0.222*** [0.022]	-0.22*** [0.022]	-0.1903*** [0.022]	-0.216*** [0.022]
Type of settlement – segregated housing	-0.09** [0.039]	0.107*** [0.039]	-0.1244*** [0.0384]	-0.988** [0.0416]
No. of observations	2,299	2,299	2,299	2,299
R-squared	0.0706	0.0696	0.0962	0.125

Source: Author's calculations based on the EU_SILC_MRC 2018 data. Robust standard errors are reported in the parentheses. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

In the second regression analysis (Table 2), the exploration was focused on the impact of the same independent variables, noisy households, access to non-material help, and dissatisfaction with financial situation on the self-reported feelings of nervousness of the respondents from the MRC. As can be seen in Table 2, the impact of the selected variables on this type of mental distress was again very significant in case of all three main factors of inquiry. The impact of noisy housing (Model 1) on being regularly nervous is again negative, which implies that individuals living in noisy environment indicate a higher level of nervousness. The access to non-material help provided by family members, friends, and other people around (Model 2) is also negatively associated with the level of nervousness; that indicates that social capital may mitigate the level of emotional distress. Interestingly, the impact of such a form of social capital is substantially larger for the level of nervousness than the level of anxiety and depression. Alike, the dissatisfaction with the individual's financial situation (Model 3) is positively associated with the feelings of nervousness, while the results are very similar as for measuring the impact on the level of anxiety. When including all three independent variables in Model 4, their impact remains significant.

Table 2: Regression analysis

Dependent variable = Self-reported feelings of being nervous				
	Model (1)	Model (2)	Model (3)	Model (4)
Constant	4.17 [0.081]	4.111 [0.0815]	3.659 [0.092]	3.749 [0.092]
Adverse housing conditions – noise at home	-0.250*** [0.043]	--	--	-0.221*** [0.042]
Access to non-material help (social capital)	--	-0.250*** [0.688]	--	-0.209*** [0.067]
Dissatisfaction with own financial situation	--	--	0.085*** [0.0086]	0.082*** [0.008]
Sex	-0.111*** [0.042]	-0.109** [0.042]	-0.107** [0.041]	-0.101** [0.041]
State of general health	-0.259*** [0.022]	-0.259*** [0.022]	-0.224*** [0.022]	-0.216*** [0.022]
Type of settlement – segregated housing	-0.082* [0.0427]	-0.107** [0.042]	-0.132*** [0.041]	-0.0988 [0.041]
No. of observations	2,299	2,299	2,299	2,299
R-squared	0.0812	0.0739	0.109	0.125

Source: Author's calculations based on the EU_SILC_MRC 2018 data. Robust standard errors are reported in the parentheses. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

The results of the analysis go in line with the contemporary findings on exploring the impact of the socio-economic determinants on the mental well-being as previously stated. Mental well-being of the inhabitants of MRC seems to be impacted by housing conditions, the access to social capital, as well as feelings of economic insecurity. Such evidence highlights the need for strengthened public policies and services at the community level that would foster employment prospects and improving living conditions of the MRC. Importantly, regarding this, the mental well-being is multi-factor phenomenon, and thus, holistic approach in mitigating the inequality needs to be undertaken by policy makers.

Additionally, it might be assumed, though, that the relation between mental well-being and the selected socio-economic determinants might be reverse, and the feelings of distress might in return negatively affect the employment prospects, and, eventually, the income and housing conditions. Such a mechanism behind this relation would require further inquiry.

5 Conclusions

The state of mental well-being is not solely an indicator of health and quality of life, but it is also closely intertwined with other realms of life, including the labour integration, performance in the schooling system, as well as active participation in the civic and cultural sphere. Because of this, the result of exploring the mental well-being is pivotal for understanding various dimensions of inequalities, and it yields a key message to policy makers and research community that the problem requires complex solutions in the sphere of housing, employment, education, and others. Therefore, when addressing the structural barriers to the labour market, the whole social ecosystem needs to be considered when designing the public policies. Public policies should respond to various dimensions of inequalities, including the restricted access to health care, poor housing conditions, household overcrowding, economic insecurity, and other factors that contribute to the increased level of stress and result in behavioral responses that prevent impoverished individuals from coping with hardships in everyday life and from increasing their performance level in the job market or in education.

At the same time, more attention should be paid to investigating the mental well-being among the vulnerable cohorts; particularly, various stress factors should be examined together with drivers of feelings of marginalization since these elements need to be addressed by inclusive policies. At the same time, vulnerable groups should be in the spotlight of the discussion as well, such as women, people with severe disabilities, elderly, and others, whose mental well-being is being influenced by additional factors.

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