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ARTICLE REVIEW

Psychosocial health of Roma communities experiencing poverty: A systematic review

Saúde psicossocial das comunidades Roma/ciganas em situação de pobreza: Revisão sistemática da literatura

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Abstract

Background and Aim: Psychosocial health inequities among Roma communities experiencing poverty remain poorly synthesized. This systematic review aimed to synthesize and characterize psychosocial health outcomes and needs in these communities. **Methods**: Following PRISMA 2020 guidelines, Scopus and Web of Science Core Collection were searched (2011–2023) for peer-reviewed quantitative and qualitative studies on psychosocial health among Roma individuals living in poverty. Eligibility criteria were defined using a modified PICO framework: Population = Roma communities in contexts of poverty; Intervention/exposure = diagnostic, preventive, or comparative psychosocial health assessments or interventions; Outcomes = indicators of mental health, well-being, stigma, discrimination, and psychosocial functioning. Methodological quality was appraised using Joanna Briggs Institute (JBI) critical appraisal checklists, and the certainty of the evidence was summarized according to the GRADE approach. **Results**: Eleven studies were included (five with exclusively Roma samples and six with mixed samples), comprising 13,222 Roma participants. Most studies used nonrandomized, cross-sectional, diagnostic or descriptive designs; only one was longitudinal with an intervention component. Approximately 90% of studies met ≥ 75% of the JBI criteria, and the overall certainty of the evidence on psychosocial health was predominantly moderate. Across studies, Roma participants consistently reported poorer psychosocial health than the majority-group participants and high levels of internalized and experienced stigma. **Conclusions**: Although limited, the available evidence consistently indicates a substantial burden of psychosocial health problems among Roma communities experiencing poverty, shaped by structural disadvantage and stigma. The scarcity of rigorous psychological research underscores the need for longitudinal, community-engaged studies and interventions informed by equity-oriented public policies. PROSPERO registration: CRD42023476860.

Keywords: Mental health; Poverty; Psychosocial health; Roma communities; Stigma; Systematic review.

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Resumo

Contexto e Objetivo: As iniquidades em saúde psicossocial das comunidades Roma em situação de pobreza permanecem pouco sistematizadas. Esta revisão sistemática visou sintetizar e caracterizar resultados e necessidades em saúde psicossocial destas comunidades. **Métodos**: De acordo com as orientações PRISMA 2020, pesquisaram-se as bases de dados Scopus e Web of Science Core Collection (2011–2023) para identificar estudos quantitativos e qualitativos revistos por pares sobre saúde psicossocial em pessoas Roma em situação de pobreza. Os critérios de elegibilidade seguiram um enquadramento PICO modificado: População = comunidades Roma em contextos de pobreza; Intervenção/exposição = avaliações ou intervenções de saúde psicossocial de natureza diagnóstica, preventiva ou comparativa; Resultados = indicadores de saúde mental, bem-estar, estigma, discriminação e funcionamento psicossocial. A qualidade metodológica foi avaliada com as *checklists* de avaliação crítica do Joanna Briggs Institute (JBI) e a certeza da evidência sintetizada segundo a abordagem GRADE. **Resultados**: Foram incluídos 11 estudos (cinco com amostras exclusivamente Roma; seis com amostras mistas), envolvendo 13 222 participantes Roma. A maioria apresentou delineamentos transversais, não randomizados e de natureza diagnóstica ou descritiva; apenas um foi longitudinal com componente de intervenção. Cerca de 90% dos estudos cumpriram ≥ 75% dos critérios JBI e a certeza da evidência em saúde psicossocial foi predominantemente moderada. De forma consistente, os participantes Roma relataram pior saúde psicossocial do que os participantes de grupos maioritários e níveis elevados de estigma internalizado e experienciado. **Conclusões**: Apesar de limitada, a evidência disponível é convergente ao indicar uma carga substancial de problemas de saúde psicossocial nas comunidades Roma em situação de pobreza, moldada pela desvantagem estrutural e pelo estigma. A escassez de investigação psicológica rigorosa sublinha a necessidade de estudos longitudinais, com envolvimento comunitário, e de intervenções informadas por políticas públicas orientadas para a equidade. Registo PROSPERO: CRD42023476860.

Palavras-Chave: Bem-estar; Comunidade Roma/cigana; Estigma; Pobreza; Saúde Psicossocial; Revisão sistemática.

Introduction

Roma communities, Europe's largest ethnic minority, have experienced centuries of stigmatization and remain subject to pervasive antigypsyism and social exclusion across the continent (Cook et al., 2013; European Union Agency for Fundamental Rights [FRA], 2016; Powell & Lever, 2017). The marginalization they have suffered over the centuries has taken different forms, including forced sedentarization, segregated schooling, and discriminatory housing and welfare policies. Despite these varied forms of exclusion, they have consistently been stigmatized, with stereotypes becoming embedded in societal representations that perpetuate marginalization (Powell & Lever, 2017). These long-standing processes of social and spatial exclusion contribute to durable patterns of disadvantage in education, employment, housing, and health (Creţan & Powell, 2018).

Such stigmatization, which is highly visible in broader society, can be internalized by Roma communities, meaning that stigmatizing attitudes may be reproduced within and between groups. Everyday encounters in urban spaces often mark Roma as *outsiders*, reinforcing boundaries between majority populations and Roma communities and limiting their opportunities for full social participation (Creţan et al., 2020; Powell & Lever, 2017). As long as stigma remains entrenched in the mentalities of majority social groups—grounded in deep-rooted historical and social factors—the integration of Roma communities in urban contexts becomes more difficult to achieve (Creţan et al., 2020).

In Portugal, Roma communities experience significantly poorer health indicators than the than those of the general population, and these disparities can affect multiple domains of social life, including how people cope with unemployment (Pereira et al., 2016). Qualitative work in Portugal similarly suggests that Roma community members perceive health and well-being in holistic terms, intertwining bodily, family, and

spiritual dimensions, while also describing enduring experiences of discrimination and institutional mistrust (Brandão et al., 2025). At the European level, large-scale surveys such as EU-MIDIS II show that Roma face disproportionately high rates of poverty, discrimination in employment, housing, education, and health services, and limited awareness of equality bodies and anti-discrimination legislation (FRA, 2016).

Social stigma—including institutional stigma experienced in support services—significantly undercuts Roma communities' mental health and well-being (Inglis et al., 2023). Prejudice, distrust of public services, and fear of discrimination can deter Roma from seeking health and social care, exacerbating existing inequities (FRA, 2016; Pereira et al., 2016). Evidence from Inglis et al.'s (2023) rapid review on poverty stigma shows consistent associations with negative self-evaluations, diminished social well-being, and elevated psychological distress, which are likely to be intensified when poverty co-occurs with ethnic minority status.

When poverty is compounded by multiple, overlapping forms of structural disadvantage—for example, in housing, health care, financial and welfare systems—stigma and vulnerability are amplified. Intersectionality-informed work shows that these disadvantages are interconnected and mutually reinforcing, producing cumulative disadvantage that constrains participation in the labor market and makes it more difficult to obtain employment and, consequently, to exit poverty (Saatcioglu & Corus, 2014). Moreover, such perspectives emphasize that individuals who are simultaneously marginalized by ethnicity, poverty, gender, and other axes of inequality often face qualitatively different and more intense forms of exclusion than would be predicted by any single factor alone (Pascoe & Richman, 2009). Among Roma communities, epidemiological and qualitative studies converge in documenting elevated rates of anxiety, depression, substance use, and suicidality, alongside high levels of experienced and anticipated discrimination and barriers to care (Brandão et al., 2025; Dagli et al., 2025; Guerrero et al., 2024).

People living in poverty are at increased risk of mental health problems, including depression and anxiety, and often report lower levels of well-being (Inglis et al., 2023; Knifton & Inglis, 2020; Ridley et al., 2020). Consistent with this broader evidence, when they seek help, stigma may be intensified, particularly when poverty co-occurs with other minority identities, leading to what has been termed *intersectional stigma* (Inglis et al., 2023; Knifton & Inglis, 2020). Over the last decade, several reviews have synthesized aspects of Roma health and mental health, including general health and healthcare disparities (Cook et al., 2013; Parekh & Rose, 2011), mental health and access to care (Guerrero et al., 2024), mental illness and suicidality (Dagli et al., 2025), and, more recently, mental health among Roma and related Traveller communities (Brandão et al., 2025; Cook et al., 2019). European monitoring reports have likewise highlighted persistent gaps in employment, education, housing, and access to health services (FRA, 2016). However, these reviews and reports have not specifically focused on psychosocial health—including mental health, well-being, stigma, discrimination, and psychosocial functioning—among Roma communities *experiencing poverty*.

In this context, this systematic review aimed to (a) synthesize and critically appraise existing evidence on the psychosocial health and living conditions of Roma communities experiencing poverty; (b) examine how structural disadvantage, discrimination, and stigma are reflected in psychosocial outcomes; and (c) identify gaps and priorities for future research and practice. By providing a structured overview of the evidence base, this review seeks to counter the invisibility and stigma to which these populations are

subjected and to generate knowledge that can inform the development of effective, equity-oriented public policies and interventions to promote psychosocial well-being and combat discrimination.

Method

This systematic review was conducted and reported in accordance with the PRISMA 2020 statement (Page et al., 2021) and the protocol was prospectively registered in PROSPERO (CRD42023476860).

Data Collection

Data were collected from two electronic databases (Web of Science Core Collection and Scopus), covering publications from January 2011 to October 30, 2023, and limited to articles written in English, Spanish, or Portuguese. The search strategy combined the terms (gipsy OR Roma OR traveller) AND (poor* OR pov*) AND (psycho* OR mental OR well-being) AND (health) in both databases, with the query restricted to the title, abstract, and keywords in Scopus and to Topic in Web of Science.

We acknowledge that the term “gipsy” is considered pejorative in many contexts; it was retained in the search string solely to capture studies indexed using older or non-preferred terminology.

The databases were selected because they index a wide range of high-quality, peer-reviewed journals across multiple disciplines, including psychology, sociology, and nursing, which is particularly relevant given the interdisciplinary nature of research on Roma health.

Regarding the choice of languages, in addition to English, we searched for articles in Portuguese and Spanish because they are widely spoken and because there are substantial Roma communities in Portugal and Spain. However, the search did not turn up any articles written in Portuguese or Spanish, although there were two articles on the final inclusion list that were carried out in Spain but written in English.

Boolean operators (AND, OR) and the truncation symbol (*) were used to build the advanced search strings. The full search strategy for each database is presented in Appendix A.

Eligibility Criteria

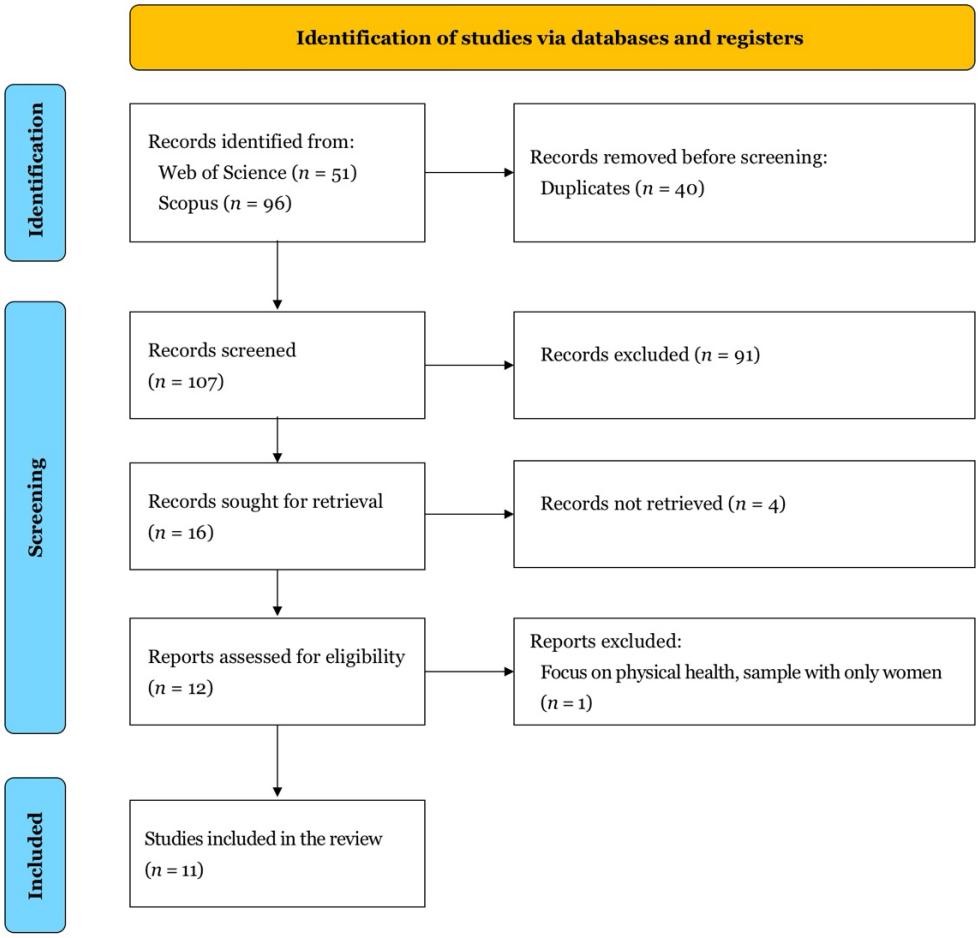
Eligibility criteria were specified using a modified PICO framework, omitting the comparison component because we did not aim to compare groups. Population (P): individuals aged 16 years or older belonging to Roma communities and described as experiencing poverty (e.g., low income, material deprivation, or residence in highly deprived neighborhoods or settlements). Intervention/Exposure (I): diagnostic, preventive, or descriptive assessments, or psychosocial and public health interventions, using quantitative, qualitative, or mixed-method designs. Outcomes (O): indicators of psychosocial health, including mental health symptoms, psychological distress, well-being, quality of life, self-rated health, coping, stigma, discrimination, social support, or broader psychosocial functioning, as well as qualitative descriptions or explicit assessments of psychosocial needs.

Study Selection

Search results from both databases were exported to EndNote Online, and duplicate records were removed. Titles, abstracts, and keywords were then screened against the predefined eligibility criteria, followed by full-text assessment of potentially relevant articles. As shown in Figure 1, the initial search yielded 147 records, of which 40 were excluded as duplicates. After title and abstract screening, 91 records were excluded for reasons including absence of psychosocial health outcomes, ineligible population (e.g., no Roma participants, participants younger than 16–18 years, or samples composed only of Irish Travellers), focus exclusively on physical health, or highly specific topics (e.g., maternity, women's empowerment) that did not address psychosocial health. Of the 16 full-text articles assessed for eligibility, four were excluded (3 literature reviews and 1 study focused solely on professionals supporting Roma communities). One additional study was excluded at the eligibility stage because it examined only physical health in a sample of Roma women. In total, 11 studies met all inclusion criteria and were retained for qualitative synthesis.

Figure 1

PRISMA Flow Diagram for Study Selection



Note. Adapted from Page et al. (2021).

Data Extraction and Coding

After the final selection of articles, data were extracted into a standardized Excel spreadsheet. For each study, the following information was recorded: authors, year of publication, country in which the research was conducted, study design, data collection methods and instruments used, sample characteristics (including size and basic sociodemographic information), and main psychosocial outcomes and findings.

Quality Appraisal

Methodological quality and risk of bias of the included studies were assessed using the Joanna Briggs Institute (JBI) critical appraisal checklists (JBI, 2024). For quantitative analytical cross-sectional studies, the JBI checklist for analytical cross-sectional studies (8 items) was applied; for qualitative and longitudinal qualitative studies, the JBI checklist for qualitative research (10 items) was used. Studies were considered of acceptable quality if they met more than 50% of the checklist items (i.e., ≥ 5 items for analytical cross-sectional studies and ≥ 6 items for qualitative studies). Two reviewers independently completed the JBI appraisals, and discrepancies were resolved through discussion; when consensus could not be reached, a third reviewer with expertise in the field was consulted.

Data Synthesis and Certainty of Evidence

Given the heterogeneity of study designs, populations, and outcome measures, a meta-analysis was not conducted. Instead, a narrative synthesis was undertaken, first summarizing study characteristics and then synthesizing findings separately for Roma-only and mixed Roma/non-Roma samples, with particular attention to major psychosocial domains (e.g., mental health, well-being, self-rated health, stigma and discrimination, social support, and broader psychosocial functioning), and, where applicable, by study design and country. Differences between Roma and non-Roma or majority populations were summarized descriptively when comparative data were available. To evaluate the overall strength of the evidence, the GRADE approach was applied, considering study limitations (risk of bias), inconsistency, indirectness, imprecision, and potential publication bias. Using GRADE, the overall body of evidence on psychosocial health among Roma communities experiencing poverty was rated as having predominantly moderate certainty. GRADE assessments were discussed by two reviewers, and disagreements were resolved through consensus.

Results

Study Characteristics

The 11 included studies (Table 1) were published between 2011 and October 30, 2023, and were conducted in diverse settings: Serbia (n = 2), Sweden (n = 2), Greece (n = 2), Spain (n = 1), the United Kingdom (n = 1), and two transnational studies (one in the United Kingdom and Republic of Ireland and one across several Central and Southeastern European countries). All studies were nonrandomized; ten employed cross-sectional designs and one was longitudinal and exploratory (Belak et al., 2018). Seven studies used quantitative methods and four used qualitative methods. Only one article (Belak et al., 2018) included an intervention component, implemented across four phases, although all studies were primarily diagnostic or descriptive.

Six studies drew exclusively on Roma samples, whereas five included both Roma and non-Roma or majority-group participants; however, only Roma participants were counted when aggregating the total *N*.

Study Participants

A total of 13,222 Roma participants were included across the 11 studies. The large multicountry study conducted in Central and Southeastern Europe (Kamberi et al., 2015) contributed 9,899 Roma participants, substantially shaping the overall sample size and descriptive profile of the evidence base. Although the research protocol specified inclusion of participants aged 16 years or older, one study with participants aged 14 years and above (Hassler & Eklund, 2012) was retained because of its substantive relevance. Of the 13,222 Roma participants, only 90 received any form of intervention; the remaining participants took part in diagnostic or descriptive studies based on interviews or questionnaires, depending on study design. Excluding Kamberi et al. (2015), sample sizes ranged from 4 to 364 in qualitative studies and from 99 to 1,167 in quantitative studies.

Measures and Outcomes

Across the 11 studies, measurement instruments were diverse. In qualitative studies (n = 4), data were collected using semi-structured or structured interviews. In quantitative studies (n = 7), in addition to sociodemographic variables, several standardized measures were used, including the John Henryism Scale for Active Coping (James, 1996), generic Health Survey instruments, the Sense of Coherence Scale (Antonovsky, 1987), Subjective Well-Being (Diener, 2009), self-rated health measures, the Greek version of the SF-36 Health Survey (Anagnostopoulos et al., 2005), the International Personality Disorder Examination (Loranger et al., 1994), and the Derogatis Psychiatric Rating Scale (DPRS, Derogatis, 1992). Statistical analyses in quantitative studies included analysis of covariance (ANCOVA), structural equation modeling, t tests, multiple regression, and correlation analyses. Qualitative studies applied phenomenological–hermeneutic approaches and Giorgi's descriptive phenomenological method to derive themes related to health, well-being, and lived experiences of adversity and discrimination. A concise overview of data collection instruments and analytic procedures for each study is presented in Appendix B.

Quality of the Studies

Methodological quality, as assessed with the JBI checklists, was generally moderate to high. Among the seven quantitative analytical cross-sectional studies, one study (Čvorović & Vojinović, 2019) met five of 8 items, six studies (Čvorović & James, 2018; Hassler & Eklund, 2012; Heaslip et al., 2016; Kamberi et al., 2015; Latorre-Arteaga et al., 2017 and Vorvolakos et al., 2012) met six, and one study (Thompson et al., 2022) met seven items, indicating that only one article scored 62.5%, whereas the majority achieved 75% or more of the quality criteria. In the four qualitative studies, one (Karlsson et al., 2013) met nine of ten items and three (Belak et al., 2018; Heaslip et al., 2016; Thompson et al., 2022) met all ten items, corresponding to 90% and 100% of the criteria, respectively. Item-level JBI ratings for each study are presented in Appendix C.

Table 1

Characteristics of the Included Studies

No.	Reference/Country	Study Design	Study participants	Main Psychosocial findings
1	Belak et al. (2018) Slovakia	Longitudinal, exploratory, nonrandomized; qualitative methods; four phases (2004–2014)	Phase 1: Roma, *n* = 260; Phase 2: Roma, *n* = 90; Phase 3: Roma, *n* = 28 (22 adult women); Phase 4: Roma, *n* = 15	Poor quality of support structures, segregation and poverty lead to social exclusion and discrimination, as well as internalization of prejudice. Nonadherence to public health recommendations is linked to discrimination by non-Roma and long-term segregation.
2	Čvorović & James (2018) Serbia	Cross-sectional; quantitative; nonrandomized; instrument: John Henryism Scale	Roma adults, *n* = 202 (90 men, 112 women); age 21–69 years	Despite poverty and exclusion, Roma participants showed relatively good self-rated health and coping with adversity. For women, better socioeconomic situation, employment, and positive family relationships were associated with better perceived health.
3	Čvorović & Vojinović (2019) Serbia	Cross-sectional; quantitative	Roma adults, *N* = 364 (221 women, 143 men); age 30–69 years	Receiving social support was associated with more negative kinship relations, especially for men. Reduced support from relatives is linked to poorer self-rated health and lower reproductive success.
4	Hassler & Eklund (2012) Sweden	Cross-sectional; nonrandomized; quantitative; instruments: Health Survey and Sense of Coherence scale	Roma, *N* = 99 (53 men, 46 women); age 14–53 years	Compared with the Swedish majority population (from a separate validation study), Roma participants report lower levels of both mental and physical health.
5	Heaslip et al. (2016) United Kingdom	Cross-sectional; qualitative; nonrandomized	Total, *N* = 13 (2 men, 11 women); age 17–78 years; Roma (*n* = 5) and other minority ethnic groups (*n* = 8)	Vulnerability in these minority populations was described as arising from multiple interconnected factors, including discrimination, loss of identity, powerlessness, and perceived threats.
6	Kamberi et al. (2015) Central and Southeastern Europe	Cross-sectional; quantitative; nonrandomized; instruments: Subjective Well-Being (SWB), self-rated health, perceived discrimination	Total *N* = 11,997 (Roma, *n* = 9,899; non-Roma, *n* = 3,598); > 16 years	Roma communities had lower levels of education, income, and quality of life and higher perceived discrimination, all of which contributed to lower levels of subjective well-being.

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Table 1

Characteristics of the Included Studies

No.	Reference/Country	Study Design	Study participants	Main Psychosocial findings
7	Karlsson et al. (2013) Sweden	Cross-sectional; qualitative; phenomenological–hermeneutic interviews	Roma, *N* = 33 (17 men, 16 women); age 18–64 years	Health was perceived mainly as "being well" and was strongly influenced by sociodemographic factors, including education, employment, safety, and social support.
8	Latorre-Arteaga et al. (2017) Spain	Cross-sectional; comparative; quantitative	Roma, *n* = 1,167; non-Roma, *n* = 21,007; > 16 years	Compared with non-Roma, Roma participants showed more mental health problems, less social participation, and poorer physical health, particularly vision problems.
9	Pappa et al. (2015) Greece	Cross-sectional; quantitative; instrument: SF-36 Health Survey (Greek version)	Roma adults, *N* = 1,068; > 18 years	Lower quality of life in Roma communities was associated with lower education, income, and poorer housing conditions. Poorer quality of life was also linked to chronic illnesses with physical and mental impact.
10	Thompson et al. (2022) UR & Republic of Ireland	Cross-sectional; qualitative; thematic analysis of semi-structured interviews; nonrandomized	Roma, *n* = 4; other ethnic minority groups, *n* = 5; > 18 years	Ethnic minority communities reported barriers to integration and help-seeking due to adversity, as well as stigma and discrimination in host societies.
11	(Vorvolakos et al., 2012), Greece	Cross-sectional; quantitative; Structured Clinical Interview	Greek majority, *N* = 132; Roma, *n* = 122; > 18 years	Roma participants had worse psychiatric indicators than the majority population. They were less educated, had less social support, lived in larger households, and were younger. Roma women showed lower scores for bipolar and psychotic disorders than majority-group women.

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Results of Studies with Roma-Only Samples

Of the studies included in this review, seven (Belak et al., 2018; Čvorović & James, 2018; Čvorović & Vojinović, 2019; Hassler & Eklund, 2012; Karlsson et al., 2013; Latorre-Arteaga et al., 2017; Pappa et al., 2015) drew exclusively on samples from Roma communities, although Hassler and Eklund (2012) also compared their Roma sample with majority Swedish population data from a separate validation study.

Studies focusing only on Roma communities indicated that poverty and segregation could lead to social exclusion and internalization of prejudice (Belak et al., 2018). At the same time, social support from family and the wider social environment emerged as fundamental to perceived quality of life, alongside employment, education, participation in society, and the absence of chronic health problems (Čvorović & Vojinović, 2019; Karlsson et al., 2013; Pappa et al., 2015). One study (Čvorović & James, 2018), in contrast to most others, suggested that the poverty and exclusion experienced by Roma communities were, to some extent, mitigated by active coping mechanisms in the face of adversity.

Internalized prejudice also appeared as a central factor shaping health-related behaviors among Roma participants (Belak et al., 2018), contributing to lower adherence to public health recommendations in the context of long-term segregation. As noted above, Hassler and Eklund (2012) included only Roma participants in their sample but drew on majority-population data from a separate study to compare mental and physical health indices; in these comparisons, Roma participants scored significantly lower than the majority population.

Results of Studies with Mixed Roma and Non-Roma Samples

When compared to majority communities or non-Roma communities, Roma communities consistently had lower levels of mental and physical health, greater vulnerability, and a lower quality of life (Heaslip et al., 2016; Kamberi et al., 2015; Latorre-Arteaga et al., 2017; Thompson et al., 2022; Vorvolakos et al., 2012). In addition, Roma participants were more likely to report limiting somatic conditions, particularly vision and other sensory problems, which were linked to poorer mental health outcomes (Belak et al., 2018). In a study of psychiatric morbidity, Roma participants showed higher scores for anxiety, sleep disturbance, "hysterical behavior", psychoticism, and the DPRS symptom dimension "abjection-disinterest"; however, Roma women had lower scores for bipolar and psychotic disorders than women in the majority population (Vorvolakos et al., 2012).

Roma communities also had lower levels of education, greater language barriers, higher poverty, and a greater perception and experience of discrimination, all of which contributed to a lower quality of life (Heaslip et al., 2016; Kamberi et al., 2015; Latorre-Arteaga et al., 2017; Thompson et al., 2022; Vorvolakos et al., 2012). In the large 12-country study conducted by Kamberi et al. (2015), Roma respondents reported worse happiness scores than non-Roma in all participating countries, as well as lower life satisfaction, which was associated with lower household income, lower educational attainment, poorer housing and health status, and greater perceived (ethnic) discrimination. Higher levels of perceived

discrimination were in turn associated with poorer subjective quality of life and reduced pride in Roma ethnic origin.

Discussion

This systematic review aimed to synthesize evidence on the psychosocial health of Roma communities experiencing poverty and to examine how structural disadvantage and stigma are reflected in health and well-being outcomes. Across the included studies, Roma participants generally showed poorer physical and mental health, lower subjective well-being, and greater social vulnerability than majority or non-Roma populations, with one notable exception: Čvorović and James (2018) reported relatively good self-rated health and active coping despite poverty and exclusion. Taken together, the findings highlight the cumulative impact of poverty, discrimination, and limited access to resources on the psychosocial health of Roma communities.

Across both comparative and Roma-only studies, lower education, unstable or low income, and poor housing conditions consistently emerged as key determinants of lower perceived quality of life and poorer psychosocial health among Roma communities (Kamberi et al., 2015; Karlsson et al., 2013; Pappa et al., 2015; Vorvolakos et al., 2012). These findings are consistent with broader evidence on the social determinants of health among Roma populations, which documents entrenched inequalities in education, employment, housing, and access to healthcare across Europe (Cook et al., 2013; FRA, 2016). They also align with intersectionality-informed work showing that poverty, ethnic minority status, and structural stigma interact to produce cumulative disadvantage and constrained life chances (Pascoe & Richman, 2009; Saatcioglu & Corus, 2014). Taken together, the present review reinforces the need for public policies that address not only individual health behaviors but also the structural drivers of discrimination, insecurity, and material deprivation experienced by Roma communities.

In studies with exclusively Roma samples, poverty, discrimination, and precarious living conditions were described not only as external constraints but also as processes that shape identity, self-perceptions, and everyday coping. Qualitative work highlighted internalized prejudice and feelings of exclusion, alongside the importance of family and community support, employment, and participation in society for maintaining a sense of "being well" and preserving dignity (Belak et al., 2018; Karlsson et al., 2013). At the same time, one study suggested that some Roma groups mobilized active coping strategies that partially mitigated the psychosocial impact of poverty and social exclusion (Čvorović & James, 2018), pointing to the coexistence of vulnerability and resilience within the same structural constraints.

In comparative studies, Roma communities consistently showed poorer mental and physical health, lower happiness and life satisfaction, and higher levels of psychiatric symptoms than majority or non-Roma groups (Heaslip et al., 2016; Kamberi et al., 2015; Latorre-Arteaga et al., 2017; Thompson et al., 2022; Vorvolakos et al., 2012). These disadvantages were embedded in broader social patterns, including lower educational attainment, greater language barriers, poorer housing conditions, and more frequent experiences of discrimination, all of which contributed to diminished quality of life and reduced pride in

Roma identity (Kamberi et al., 2015). Such findings echo recent reviews documenting elevated rates of anxiety, depression, substance use, and suicidality, as well as pervasive barriers to care among Roma and related Traveller communities (Brandão et al., 2025; Dagli et al., 2025; Guerrero et al., 2024), and are consistent with the wider literature on poverty stigma and intersectional stigma, which links material hardship and stigmatization to negative self-evaluations, lower well-being, and increased psychological distress (Inglis et al., 2023; Knifton & Inglis, 2020).

Taken together, the reviewed studies show that psychosocial health inequalities among Roma communities are rooted in structural conditions rather than individual shortcomings, reinforcing the need for multi-level interventions that address education, employment, housing, and discriminatory institutional practices (Cook et al., 2013; FRA, 2016). From an applied perspective, these findings support the view that effective public policies must combine poverty reduction with robust anti-discrimination measures and community-engaged approaches that strengthen social support, enhance access to culturally safe services, and promote Roma participation in decision-making processes.

Limitations

This review has several limitations that should be considered when interpreting the findings. First, the terms *Gypsy* and *Romani* should also have been included in the search strategy, which represents a limitation of this study. Second, the number of eligible studies was small, and many of the studies identified in the initial search focused primarily on physical rather than psychosocial or mental health. When the scope was narrowed to mental health and psychology, the evidence base became even more constrained.

Third, most included studies used cross-sectional, diagnostic, or descriptive designs with no intervention component, which limits the ability to draw conclusions about causal pathways or the effects of interventions on psychosocial health.

Fourth, all studies were conducted in Europe, where Roma communities are most prevalent, so the findings may not generalize to Roma or related groups living in other regions.

Fifth, one multicountry study (Kamberi et al., 2015) contributed a disproportionately large share of the total sample, potentially influencing the overall descriptive profile despite its substantive relevance.

Sixth, the search was restricted to articles published in English, Portuguese, and Spanish; although this strategy was chosen to broaden coverage, the final set of included studies consisted only of English-language articles and may have missed relevant research published in other languages.

Finally, heterogeneity in study designs, measures, and operationalizations of poverty and psychosocial outcomes precluded meta-analysis and may have contributed to variability in effect estimates and GRADE certainty ratings.

Contribution and Implications

According to the available evidence, this appears to be the first systematic review to specifically synthesize studies on the psychosocial health of Roma communities experiencing poverty. As such, it contributes to

mapping what is currently known about mental health, well-being, stigma, discrimination, and psychosocial functioning in this population, while also highlighting substantial gaps in the literature. By integrating findings across quantitative and qualitative studies, the review provides a starting point for identifying protective and risk factors for psychosocial health and for specifying priorities for future research, including longitudinal and intervention designs, culturally adapted measures, and community-based participatory approaches. From a policy perspective, the synthesis underscores the importance of developing evidence-informed public policies that address both material deprivation and structural discrimination, with the aim of improving integration, reducing health inequalities, and enhancing quality of life among Roma communities.

Conclusion

This systematic review shows that, although research on the psychosocial health of Roma communities experiencing poverty remains limited, available studies consistently indicate worse physical and mental health indicators among Roma than among majority or non-Roma populations. Even in studies without explicit comparison groups, Roma participants frequently reported internalized prejudice, discrimination, and marginalization, which were linked to compromised health and well-being. One study pointed to relatively good self-rated health and active coping despite poverty and exclusion, suggesting that resilience and protective resources can coexist with structural disadvantage. Overall, the review examined not only psychosocial outcomes but also methodological quality, study designs, participants, and measurement instruments, highlighting strengths and risks of bias in the current evidence base. Continued research—particularly in psychology and related disciplines—is essential, using robust designs and larger, more diverse samples across countries, to deepen understanding of how poverty and stigma influence the psychosocial health of Roma communities and to inform the development of effective, equity-oriented public policies and interventions.

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