



Co-funded by  
the European Union

# WHEN SCARS (!) BECOME ART

*RESEARCH REPORT ON THE EFFECTS OF  
DISCRIMINATION ON THE WELLBEING OF  
MARGINALIZED YOUNG PEOPLE*

NORTH  
MACEDONIA

ZDRUZENJE REGIONALNA ROMSKA OBRAZOVNA  
MLADINSKA ASOCIJACIJA KRATOVO

2025

This document is created within the frameworks of “When Scars (!) Become Art” project implemented by Amaro Foro e.V, West University of Timisoara, Kargenc Cevre Spor Kulubu, Asociatia Nevo Parudimos, United Societies of Balkans, Regional Roma Educational Youth Association, and EDIT Centar. The project is supported by the Erasmus+ programme of the European Union, with the project number 2023-1-DE04-KA220-YOU-000166967.

**Views and opinions expressed are those of the author(s) only and do not necessarily reflect those of the European Union, and Jugend für Europa.**

Neither the European Union nor Jugend für Europa can be held responsible for them.

## **Wellbeing and discrimination of marginalized young people in North Macedonia.**

### **Authors:**

Muhamed Ajvaz

Sibel Bajram

The report is detailed and combines quantitative and qualitative data. It clearly shows Roma face higher discrimination, depression, and anxiety compared to immigrants. That is valuable evidence. Still, it often presents Roma mainly in deficit terms: lowest income, most discriminated, most distressed. Antigypsyism is rarely named explicitly. Instead, the word discrimination is used generically, which weakens the structural analysis. The constant comparison of Roma with immigrants also risks creating a hierarchy of disadvantage, where Roma are shown as “the worst off group.” Without careful framing, this can reinforce old antigypsyist narratives that Roma are inherently less successful. To avoid that, the report should explicitly name antigypsyism as the root cause, stress systemic exclusion, and balance trauma findings with Roma resilience and agency.

## *0. Executive Summary*

The project „When Scars (!) Become Art“ aims to analyze the relationship between social inclusion and mental wellbeing in young Roma, migrants and refugees in 6 European countries: Germany, Greece, The Republic of North Macedonia, Turkey, Serbia and Romania.

Our motivation with this project is to improve the knowledge on the effects of discrimination and exclusion on the mental health of youth with disadvantaged backgrounds: Roma, migrants and refugees. To achieve this, quantitative and qualitative research was conducted. The main variables included in the quantitative research are as follows: Discrimination: Forms of discrimination encountered, Self-reported ethnicity, Perceived Ethnic Discrimination; Image of the World: Benevolence of the world, Benevolence of people, Justice, Controllability; Place in the world: Social connectedness, Internalization of Discrimination, Self-worth, Self-controllability; Wellbeing: General (Satisfaction with life, Mental health), Specific (Depression, Anxiety, Trauma Symptoms of Discrimination).

The main themes of the interviews: Impact of discrimination on youngsters wellbeing; Barriers in disadvantaged youngsters access to adequate support ; Support measures needed by youngsters to overcome the negative effects of discrimination; Support measures needed by youth workers to provide adequate services to disadvantaged youngsters.

The quantitative research included 121 respondents – Roma and Immigrants, and the qualitative research included 21 Roma and youth workers.

The following findings were obtained:

- Immigrants are perceived as more similar to the general population compared to Roma in terms of skin color and appearance
- Immigrants believe that their monthly income is similar to that of the general population, unlike Roma
- Roma reported facing higher levels of discrimination, which reflects the persistence of structural antigypsyism in North Macedonia. Unlike immigrants, who are sometimes perceived

as more similar to the majority, Roma continue to be targeted because antigypsyism positions them as permanently outside society.

- Immigrants also received a higher score in the area of social inclusion through the variable Place in the world, as well as for the variable Satisfaction with life.
- A positive correlation was obtained between anxiety, depression and discrimination, which means that those who are victims of discrimination have a greater chance of also facing anxiety and depression.

In the interviews, responses were received that most Roma had personal experience with discrimination and that it affected their mental health. Meanwhile, youth workers believe that the state should work more actively in the area of social inclusion through direct programs, tools and institutionalization of certain measures in order to strengthen social inclusion.

## *1. Introduction*

### Background and context

For the general health and cohesiveness of European cultures, young people's mental health and social inclusion—especially those from underprivileged communities—are critical. Many young people who are marginalized—immigrants, Roma, refugees, LGBTQ+ people, people with disabilities, and economically disadvantaged youth—face particular difficulties that can have a big effect on their mental health and capacity to fit in with society.

Discrimination, social marginalization, hard times financially, and trauma are among the causes of this. Youth refugees and immigrants, for instance, may have challenges with language, cultural integration, and the stress of relocation—all of which can exacerbate mental health issues. In North Macedonia, Roma youth face antigypsyism, a specific and deeply rooted form of racism that predates recent migration and continues to structure access to education, employment, and housing.

General health depends critically on mental wellness. Among the many unfavorable effects of poor mental health are substance misuse, lower academic and professional performance, and a higher suicide risk. These dangers are frequently increased for young people on the margins by their social situations. Effective mental health policies can assist to reduce these risks, improving health outcomes and allowing young people to realize their greatest potential.

Mental well-being and social inclusion are intimately related. Positive outcomes for their mental health are more likely for young people who feel included and supported by their communities. On the other hand, people that face prejudice and social marginalization run a greater chance of developing mental health problems. All young people can feel valued and accepted in supportive settings when social inclusion policies are in place.

All around Europe, a number of laws and programmes are designed to promote young people's social inclusion and mental health. The reach and efficacy of these laws do, however, differ greatly. By analyzing current policies, gaps, best practices, and areas for development can be

found. This is essential to guarantee that every young person, from any background, has access to the help they require.

Creating just and encouraging environments in Europe requires an analysis of the policies that cater to the social inclusion and mental health requirements of underprivileged young people. All young people may be guaranteed the chance to succeed if we recognize the particular difficulties these groups confront and assess how well current programs work. Not only is the social and economic health of Europe as a whole dependent on this understanding, but so is the health and welfare of underprivileged youth. Everybody gains from more inclusive, cohesive, and resilient societies brought about by effective policy.

Roma persons, migrants, and refugees are among the most disadvantaged youth groups in Europe due to a confluence of socioeconomic hardship, educational barriers, social exclusion, health inequities, and legal challenges. A complex interplay of social, economic, and political factors substantially impedes their access to essential resources and opportunities, resulting in their marginalization.

The most common challenges they confront on a daily basis are:

- Socioeconomic disadvantage (higher levels of economic hardship, unemployment and underemployment);
- Educational barriers (low access to quality education, higher levels of early school leaving);
- Social exclusion and discrimination (racism and xenophobia, high levels of social isolation);
- Legal and institutional challenges (issues related to the recognition of legal status and citizenship, restrictions in exercising their citizenship rights and accessing the needed services, institutional and systemic discrimination);
- Health inequities (difficulties in accessing health care, lack of health insurance, discrimination from healthcare providers, poorer health outcomes);
- Poor mental health outcomes, coupled with limited access to mental health services (the stress and trauma associated with migration, displacement, and living in marginalized communities, high levels of anxiety, depression, and post-traumatic stress disorder, lack of access to adequate mental health care).

It is imperative to address the disadvantages that these groups encounter in order to promote inclusive societies and guarantee that all young people have the chance to flourish.

The project „*When Scars (!) Become Art*” aims to analyze the relationship between social inclusion and mental wellbeing in young Roma, migrants and refugees in 6 European countries: Germany, Greece, The Republic of North Macedonia, Turkey, Serbia and Romania.

Our motivation with this project is to improve the knowledge on the effects of discrimination and exclusion on the mental health of youth with disadvantaged backgrounds: Roma, migrants and refugees.

Addressing these disadvantages requires comprehensive and inclusive policies that promote equal access to resources, opportunities, and support systems. By tackling the root causes of their marginalization, we can create more equitable and cohesive societies where all young people have the chance to succeed.

Therefore, the first step in our analysis consisted in a document analysis of the policies and legislation addressed to the social inclusion and mental health protection of these target groups, in each of the six partner countries involved in the project, as well as at EU level.

The objective of this phase was to assess the current state of knowledge, interest and preoccupation of the national authorities with the above topic and to identify the gaps between the policy ambitions and their performance in answering the needs of young Roma, refugees and migrants. Based on the findings of this phase, we will build the further investigations that will take place within the project.

Examining the impact of discrimination on mental health is important for several reasons. Discrimination, whether it occurs based on race, gender, sexual orientation, or other characteristics, can lead to serious mental health challenges such as anxiety, depression, and low self-esteem (Williams & Mohammed, 2009). Studies have indicated that individuals who experience discrimination are at an increased likelihood of developing mental health disorders, as the stress of being part of a marginalized or discriminated group can be chronic and lead to many harmful mental health outcomes (Pascoe & Smart Richman, 2009). Additionally, understanding these impacts will allow mental health professionals to more aptly modify interventions and support services in ways that are responsive to the unique needs of these populations to improve health outcomes and quality of life.

In the second phase of the project, a research was conducted that had a quantitative and qualitative part. In the quantitative part, a questionnaire related to the main variables was distributed, and additional information and data were collected through direct interviews.

Moreover, understanding the connections between discrimination and social inclusion is important to improve the creation of just and fair societies. Discrimination can build barriers to someone's ability to fully engage in social, economic, and political life, which can result in social exclusion (Burchardt, Le Grand, & Piachaud, 2002). Social inclusion has been found to be an important element of overall well-being and can counteract the negative influence of discrimination on mental well-being (Warr, 2007). Understanding these dynamics can assist policymakers to build strategies to promote social inclusion, provide supportive environments, and lessen the stigma faced by often marginalized groups. At the same time, addressing discrimination benefits not only the individuals affected, but it can also build community and social capital that supports healthier societies (Putnam, 2000).

## *2. Analysis strategy and Methodology*

Document analysis is a type of qualitative research in which the researcher interprets materials to provide context for a subject of assessment (Bowen, 2009). Document analysis is a highly efficient and successful method for collecting data due to the fact that documents are easily managed and practical resources (Bowen, 2009). Documents are ubiquitous and exist in several formats, rendering them highly accessible and dependable sources of information. Acquiring and examining papers is frequently more economical and time-effective than doing one's own study

or trials (Karppinen and Moe, 2019). Furthermore, documents are considered to be stable and "non-reactive" data sources. This implies that they can be examined and analyzed several times without being altered by the researcher's impact or the study process (Bowen, 2009).

Firstly, we used as primary type of documentation (O'Leary, 2014) various written public „records”, such as: policies, legislation, official statistics, published studies addressing the main topics and target groups of our investigation, namely the social inclusion and mental health of young Roma, migrants and refugees. Because Roma have often been subjected to extractive and stigmatizing research, this study partnered with Roma organizations to ensure trust, ethical participation, and a focus on structural causes rather than cultural blame.

### *2.1. Purpose and design*

The purpose of the study was to explore the impact of discrimination on the wellbeing of disadvantaged youth.

We used a mix-methods design, involving:

- A quantitative cross-sectional study of the effects of discrimination on the wellbeing of youngsters. This component involved the application of a questionnaire on a sample of youngsters from disadvantaged groups (Roma, migrants, and refugees/asylum seekers); The quantitative method utilized a questionnaire with a structured design to obtain quantitative data that would be able to engage in statistical analysis. The quantitative questionnaire used a range of close-ended questions using Likert scales and multiple-choice options to quantify (in numerical format) participant attitudes, behaviors, and demographic information. This method expanded data collection to a larger sample and increased reliability and generalizability. The quantitative questionnaire underwent a pilot testing phase to ensure validity and this involved both developing and refining the collection of data methods using a small group of respondents by discussing feedback about the clarity and relevance of questions.

- A qualitative investigation regarding the type of support needed by the youngsters from disadvantaged groups and the youth workers to improve the quality and efficacy of the support services. This component involved conducting a series of in-depth interviews with youth workers and youngsters from disadvantaged groups. Qualitative data were collected through one-on-one interviews, which deepened understandings of participants' experiences and perspectives. 20 participants participated in semi-structured interviews that allowed participants to answer open-ended questions and explain their answers. The qualitative method allowed the exploration of complex themes and richer perspectives than the questionnaire could reveal. The interviews were transcribed and analyzed using thematic analysis to reveal important themes and insights. By combining quantitative and qualitative methodologies, this study sought to provide a richer, more comprehensive picture of the research topic.

The main and secondary variables included in the questionnaire:

1. Discrimination: Forms of discrimination encountered, Self-reported ethnicity, Perceived Ethnic Discrimination
2. Image of the World: Benevolence of the world, Benevolence of people, Justice, Controllability
3. Place in the world: Social connectedness, Internalization of Discrimination, Self-worth, Self-controllability
4. Wellbeing: General (Satisfaction with life, Mental health), Specific (Depression, Anxiety, Trauma Symptoms of Discrimination)

The main themes of the interviews:

- a. Impact of discrimination on youngsters wellbeing
- b. Barriers in disadvantaged youngsters access to adequate support
- c. Support measures needed by youngsters to overcome the negative effects of discrimination
- d. Support measures needed by youth workers to provide adequate services to disadvantaged youngsters.

## *2.2. Participants:*

### **Quantitative research**

To ensure the sample was diverse and representative, a multi-faceted approach was used to recruit participants for the quantitative research. First, field activities were conducted in different community settings and potential participants were engaged in informal discussions of the study purpose and importance. This face-to-face interaction helped establish rapport and encouraged potential participants to volunteer to participate in the study. After having conversations with potential participants, a secure online platform was provided for participants to submit their responses anonymously and at a comfortable level, allowing them to complete the survey in their own setting. This two-step recruitment process helped achieve a wide range of perspectives while managing participant confidentiality to strengthen the reliability of the data collected. With this approach we have ensured that we have representatives from different groups within the Roma community as well and the Immigrants, in total 121 respondents between 18 and 30 years old, with different educational background, different employment status and other relevant demographic characteristic that are important for the research.

### ***Qualitative research***

10 youth Roma between 20 and 30 years old were interviewed as part of the qualitative research. All of them live in North Macedonia, and almost all of them have faced direct discrimination during their life.

Within the qualitative research were interviewed 11 youth workers between 25 and 35 years old. Most of them are working in the local NGO's, but some of them are also part of the Institutions and they directly work with the Roma community, especially the youngsters.

### 2.3. Tools and measures

The questionnaire comprised 139 items, as follows: *(you can add more details about them based on the references provided)*

- Social and demographic profile of the participants - 11 items;
- Forms of discrimination encountered - 6 items;
- Self-reported ethnicity - 1 item;
- Ethnicity-related stress scale (ERS) (Contrada et al., 2001), Perceived Ethnic Discrimination subscale - 17 items;
- Structure of the World Assumption Scale (WAS) (Bulman, 1989), subscales Benevolence of the world, Benevolence of people, Justice, Controllability, Self-worth, Self-controllability - 32 items;
- Social Connectedness Scale-Revised (SCS-R) (Lee, 2001) - 20 items;
- Internalization of Discrimination Scale (Rodriguez, 2024) - 7 items;
- The Satisfaction With Life Scale (SWLS-5) (Diener et al., 1985) - 5 items;
- The Mental Health Inventory (MHI-5) (Ware & Sherbourne, 1992 apud. Have et al, 2024) - 5 items;
- Depression Anxiety Stress Scale-21 (DASS21) (Antony et al., 1998) - subscales Depression and Anxiety - 14 items;
- Trauma Symptoms of Discrimination Scale (TSDS) (Williams, 2018) - 21 items.

The interview with the disadvantaged youngsters comprised 7 close-ended questions (regarding their social and demographic profile) and 11 open-ended questions about their experiences with discrimination, the effects felt and the support they accessed or needed to overcome the situation.

The interview with the youth workers comprised 9 close-ended questions (regarding their social and demographic profile) and 11 open-ended questions about their clients experiences with discrimination, the effects felt and the support they accessed or needed to overcome the situation, as well as the resources needed by the youth workers themselves to provide adequate support to their clients.

#### *Quantitative method*

All of the questionnaires were collected on the Google Forms platform. After that, the responses were downloaded in a Microsoft Excel format. Within Excel, all of the alphabetic answers were transformed into numerical symbols (encoded) to be compatible with the PSPP platform. Within the statistical platform PSPP, the main statistical operations were conducted.

As part of the **qualitative method**, all the one-on-one interviews were recorded. After the interviews, there was a phase during which the transcription of all the recorded audio was completed. The responses and statements from these transcriptions were then included in the main research.

### 3. Results

#### 3.1. Quantitative component

*Present an overview of the sample demographics and key variables.*

In the research were included a total number of 121 respondents (55 female 66 male) between 18 and 30 years old.

In the following tables will be presented other relevant demographic characteristics of the respondents:

*Table 1. Level of education of the respondents*

| Level of education | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------------|-----------|---------|---------------|--------------------|
| Without education  | 13        | 10.70%  | 10.70%        | 10.70%             |
| Primary school     | 16        | 13.20%  | 13.20%        | 24.00%             |
| High school        | 74        | 61.20%  | 61.20%        | 85.10%             |
| University degree  | 17        | 14.00%  | 14.00%        | 99.20%             |
| Master degree      | 1         | 0.80%   | 0.80%         | 100.00%            |
| Total              | 121       | 100.00% |               |                    |

These differences are not due to Roma identity itself but to antigypsyism that drives systemic exclusion from education, employment, and equal participation.

Regarding the education, 13 of the respondents are without education, 16 of them have finished the Primary school, 74 High School, 17 of them have University degree and 1 of them has Master Degree.

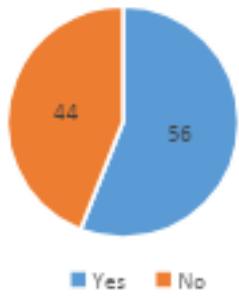
*Table 2. Employment status*

| Employment status                       | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Employed                                | 38        | 31.40%  | 31.40%        | 31.40%             |
| Unemployed, but in search of employment | 57        | 47.10%  | 47.10%        | 78.50%             |
| Unemployed                              | 26        | 21.50%  | 21.50%        | 100.00%            |
| Total                                   | 121       | 100.00% |               |                    |

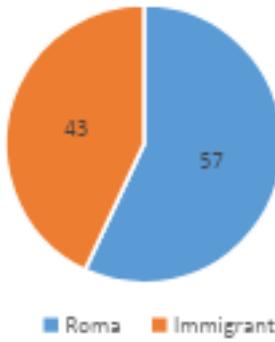
These differences are not due to Roma identity itself but to antigypsyism that drives systemic exclusion from education, employment, and equal participation.

Regarding the Employment status, 38 of the respondents are employed, 57 are unemployed but in search of employment and 26 are unemployed.

Are you a citizen of the country in which you reside?



In which group do you belong?



According to the question “Are you a citizen of the country in which you reside?”, 56% (68 people) of the respondents have answered “Yes”, 44% (53 people) of them have answered “No”.

57% (69 people) of the respondents are Roma, 43% (52 people) are Immigrants (mainly people from Türkiye origin that live in the City Shtip in North Macedonia)

Table 3. Which of these needs are met for you?

| Which of these needs are met for you? | Yes | No |
|---------------------------------------|-----|----|
| Food and water                        | 98% | 2% |
| Warm home and shelter                 | 96% | 4% |
| Financial security                    | 95% | 5% |
| You feel part of the group            | 95% | 5% |
| Skills and education                  | 94% | 6% |
| Culture and religion                  | 98% | 2% |
| You feel respected in the community   | 97% | 3% |
| You feel useful in the community      | 97% | 3% |

As we can see from the table above, most of the participants (above 95%) have answered that their basic needs are fulfilled.

Table 3. Monthly income of the respondents

|  | N   | Mean | Std Dev | Minimum | Maximum |
|--|-----|------|---------|---------|---------|
| How would you rate your monthly income if you compare it with the general population in the country? | 121 | 2.91 | 1.44    | 1       | 5       |

A score of 2.91 out of a maximum of 5 suggests that the monthly income is moderately low, indicating potential financial constraints or limited economic stability.

But if we compare the answers from the Immigrant and Roma there is statistically significant difference.

Table 4. Monthly income – comparation between Roma and the Immigrants

|  | Group     | M   | SD  | t-test | df | Sig. 2 tailed |
|--|-----------|-----|-----|--------|----|---------------|
| How would you rate your monthly income if you compare them with the general population in the country? | Roma      | 1.9 | 1   |        |    |               |
|  |           | 3   |     | -13.38 | 11 | 0.05          |
|  |           |     |     |        | 9  |               |
|  | Immigrant | 4.1 | 0.7 |        |    |               |
|  | t         | 9   | 9   |        |    |               |

Through t-test it was found that there is a statistically significant difference ( $t (119) = -13.38$ ,  $p < 0.05$ ) between Roma and Immigrants in terms of their monthly income compared to the average. The average of Immigrants is significantly higher than Roma, which may lead to the conclusion that Roma believe that they have a much lower monthly income than the average in the Republic of North Macedonia.

These differences are not due to Roma identity itself but to antigypsyism that drives systemic exclusion from education, employment, and equal participation.

Table 5. How would you describe the color of your skin if you compare with the general population in the country that you live in?

| Group | M | SD | t-test | df | Sig. |
|-------|---|----|--------|----|------|
|-------|---|----|--------|----|------|

How would you describe the color of your skin if you compare with the general population in the country that you live in?

|      |     |     |       |    |     |  |
|------|-----|-----|-------|----|-----|--|
| Roma | 1.8 | 0.9 |       |    |     |  |
|      | 0   | 6   | -5.80 | 11 | 0.0 |  |
|      |     |     | 9     | 1  |     |  |

|          |     |     |  |  |  |  |
|----------|-----|-----|--|--|--|--|
| Immigran | 2.7 | 0.7 |  |  |  |  |
| t        | 1   | 0   |  |  |  |  |

These differences are not due to Roma identity itself but to antigypsyism that drives systemic exclusion from education, employment, and equal participation.

According to the data obtained, it can be seen that immigrants responded that they consider their skin color to be much more similar to the general population ( $t (119) = -5.80, p < 0.01$ ).

*Table 6. How similar is your appearance to that of the general population?*

| Group   | M   | SD  | t-test | df | Sig. 2 tailed |
|---|-----|-----|--------|----|---------------|
| Roma  | 1.4 | 0.6 |        |    |               |
| How similar is your appearance to that of the general population? | 3   | 7   | -8.16  | 11 | 0.05          |
|   |     |     | 9      |    |               |
| Immigran  | 2.4 | 0.6 |        |    |               |
| t   | 4   | 7   |        |    |               |

These differences are not due to Roma identity itself but to antigypsyism that drives systemic exclusion from education, employment, and equal participation.

According to the data obtained, it can be seen that immigrants responded that they consider their appearance to be much more similar to the general population ( $t (119) = -8.16, p < 0.05$ ).

The significant differences observed between Roma and immigrants in monthly income, skin color, and appearance point to different contexts in social and economic situations for each group. Immigrants tend to see themselves as more similar to the general population, which may result from their efforts to become integrated and accepted in society. In contrast, Roma are often marginalized and discriminated against. These variations of self-identification and perceived similarity to the general population are indicative of the differences in social identity and economic realities of both groups.

*Where the case, present relevant statistics (e.g., means, medians, frequencies) and tests (e.g., t-tests, ANOVAs, regression analysis).*

*Table 7. Types of discrimination*

|   | N   | Mean | Std Dev | Minimum | Maximum |
|---|-----|------|---------|---------|---------|
| Racial and ethnic discrimination                | 121 | 1.69 | 0.74    | 1       | 3       |
| Gender discrimination                           | 121 | 1.59 | 0.76    | 1       | 3       |
| Discrimination regarding the sexual orientation | 121 | 1.56 | 0.74    | 1       | 3       |
| Discrimination regarding the religion           | 121 | 1.64 | 0.74    | 1       | 3       |
| Discrimination regarding the Age                | 121 | 1.57 | 0.76    | 1       | 3       |

As can be seen, the most common basis of discrimination experienced by respondents is in relation to their ethnic and/or racial affiliation, followed by religion, other (other reasons not listed) and gender discrimination.

Additional analyses and comparisons were also made between two groups: immigrants and Roma, and statistically significant differences were obtained in relation to all grounds of discrimination.

*Table 8. Comparation between Immigrants and Roma regarding the types of the discrimination*

|   | Group      | Mean | Std. Deviation | t test | Df  | Sig |
|---|------------|------|----------------|--------|-----|-----|
| Racial and ethnic discrimination                | Immigrants | 1.25 | 0.52           | -6.51  | 119 | 0.0 |
|   | Roma       | 2.01 | 0.72           |        |     |     |
| Discrimination regarding the Gender             | Immigrants | 1.08 | 0.39           | -7.86  | 119 | 0.0 |
|   | Roma       | 1.97 | 0.75           |        |     |     |
| Discrimination regarding the sexual orientation | Immigrants | 1.08 | 0.39           | -7.59  | 119 | 0.0 |
|   | Roma       | 1.93 | 0.73           |        |     |     |
| Discrimination regarding the religion           | Immigrants | 1.23 | 0.51           |        |     |     |

|                                  |            |      |      |       |     |     |
|----------------------------------|------------|------|------|-------|-----|-----|
|                                  | Roma       | 1.96 | 0.74 | -6.09 | 119 | 0.0 |
| Discrimination regarding the Age | Immigrants | 1.08 | 0.39 |       |     |     |
|                                  | Roma       | 1.94 | 0.76 | -7.46 | 119 | 0.0 |
| Other                            | Immigrants | 1.08 | 0.39 |       |     |     |
|                                  | Roma       | 1.97 | 0.77 | -7.70 | 119 | 0.0 |

From the results shown, it can be seen that Roma report significantly higher levels of discrimination compared to Immigrants because Roma face antigypsyism across multiple dimensions, from education and employment to housing and public services. This form of racism is specific, systemic, and historically rooted. In terms of racial and ethnic discrimination ( $t(119) = -6.51, p < 0.01$ ), in terms of gender discrimination ( $t(119) = -7.86, p < 0.01$ ), sexual orientation ( $t(119) = -7.59, p < 0.01$ ), religion ( $t(119) = -6.09, p < 0.01$ ), age ( $t(119) = -7.46, p < 0.01$ ) and other ( $t(119) = -7.70, p < 0.01$ ).

These findings are consistent with the previous findings that were mentioned above.

*Table 9. Image of the World*

|                    | N   | Mean  | Std Dev | Minimum | Maximum |
|--------------------|-----|-------|---------|---------|---------|
| Image Of The World | 121 | 40.19 | 11.24   | 26      | 86      |

Regarding the Image of the world scale, which includes Benevolence of the world, Benevolence of people, Justice, Controllability, given the highest achieved score: 86, the obtained results Mean: 40.19, although not an excessively low score, opens up the opportunity to analyze the reasons why respondents have a slightly lower level of perception regarding what the world is like in terms of topics that include empathy, well-being and charity between people, mutual support, etc.

*Table 10. Image of the world - subscales*

|                          | N   | Mean  | Std Dev | Minimum | Maximum |
|--------------------------|-----|-------|---------|---------|---------|
| Benevolence of people    | 121 | 12.44 | 2.39    | 7       | 16      |
| Benevolence of the world | 121 | 9.00  | 3.78    | 4       | 24      |
| Justice                  | 121 | 9.88  | 3.85    | 4       | 24      |
| Controllability          | 121 | 8.88  | 3.77    | 4       | 24      |

Individually, the scales that are part of Image of the world indicate that the lowest Mean is obtained in relation to the Controllability scale, followed by Benevolence of the world, Justice, and the highest Mean is obtained for Benevolence of people.

*Table 11. Descriptive results for the variable : Place in the world*

|                    | N   | Mean   | Std Dev | Minimum | Maximum |
|--------------------|-----|--------|---------|---------|---------|
| Place in the world | 121 | 123.68 | 11.72   | 103     | 148     |

A mean score of 123.68 represents the average rating of respondents' sense of importance, belongingness or rootedness in relation to their surrounding/world. This suggests that, on average, individuals experience a fairly high level of connectedness or sense of place within the world, representing moderate to strong identification with their surrounding world. This mean score also may imply that the most of the respondents perceive themselves as an important and valued member of the world with the possibility of a separation or positive relationship of belongingness (or rooted).

*Table 12. T-test – Place in the world*

|                    | Group      | Mean   | Std. Deviation | t test | df  | Sig (2 tailed) |
|--------------------|------------|--------|----------------|--------|-----|----------------|
| Place in the world | Immigrants | 130.98 | 7.03           |        |     |                |
|                    | Roma       | 118.17 | 11.57          | -7.06  | 119 | 0.0            |

The higher mean for immigrants could imply greater geographical dispersion, mobility, or access to different regions, highlighting distinct migratory or settlement behaviors between the two groups. Understanding these differences can offer insights into their social dynamics, integration challenges, and the varying contexts in which these populations exist globally.

*Table 13. Place in the world*

|                                   | N   | Mean  | Std Dev | Minimum | Maximum |
|-----------------------------------|-----|-------|---------|---------|---------|
| Social connectedness              | 121 | 85.88 | 13.53   | 69      | 111     |
| Internalization of discrimination | 121 | 19.07 | 9.59    | 7       | 49      |
| Self-worth                        | 121 | 12.79 | 4.82    | 5       | 19      |
| Self-controlability               | 121 | 5.93  | 2.92    | 3       | 18      |

Table 14. Mental Health and Satisfaction with life

|                           | N   | Mean  | Std Dev | Minimum | Maximum |
|---------------------------|-----|-------|---------|---------|---------|
| Mental Health (Inventory) | 121 | 19.7  | 3.56    | 14      | 28      |
| Satisfaction with life    | 121 | 18.99 | 9.43    | 5       | 35      |

For Mental Health, the mean was 19.7, while for Satisfaction with life, it was 18.99.

Table 15. Comparation between Roma and Immigrants – Satisfaction with life

|                        | Group     | M         | SD       | t-test | df      | Sig |
|------------------------|-----------|-----------|----------|--------|---------|-----|
| Satisfaction with life | Roma      | 13.6<br>2 | 8.8<br>8 |        |         |     |
|                        | Immigrant | 26.1<br>2 | 3.6<br>4 | -9.55  | 11<br>9 | 0.0 |

The Mean of the respondents regarding Satisfaction with life is 18.99, while the maximum score for this variable is 35. The comparison between the two groups: Immigrants and Roma showed us that in general, Immigrants have a higher level of Satisfaction with life than Roma ( $t(119) = -9.55, p < 0.01$ ).

The difference in the Satisfaction with Life Scale scores between the Roma and immigrant populations may be indicative of the separate socio-economic, cultural, and historical realities that influence their life experiences. As previously explained, The Roma experiences systemic marginalization, discrimination, and socio-economic hardship, which could lower their overall life satisfaction. In contrast, immigrants may also experience challenges with adaptation and integration; however, they may have access to different support networks, resources, and opportunities that could improve their life satisfaction. Immigrants may come from diverse backgrounds and have different aspirations, which could inform their perceptions of life satisfaction, with immigrants possibly being more hopeful about their opportunities. The findings

of this research speak to the value of taking the unique challenges and resilience of different groups into account when considering assessments of subjective well-being.

*Table 16. Descriptives statistic for : Depression, Anxiety and Discrimination*

|                | N   | Mean  | Std Dev | Minimum | Maximum |
|----------------|-----|-------|---------|---------|---------|
| Depression     | 121 | 12.52 | 5.63    | 7       | 28      |
| Anxiety        | 121 | 12.82 | 5.52    | 7       | 28      |
| Discrimination | 121 | 9.64  | 4.33    | 6       | 18      |

As can be seen, the following results were obtained for all respondents: Depression ( $M=12.52$ ), Anxiety ( $M=12.82$ ) and Discrimination ( $M=9.64$ ). Higher score means higher depression, anxiety and discrimination, so it can be concluded that the general sample which includes both Roma and Immigrants has relatively low results.

*Table 17. The corelation between Anxiety, Depression and Discrimination*

|                |                     | Anxiety | Depression | Discrimination |
|----------------|---------------------|---------|------------|----------------|
| Anxiety        | Pearson Correlation | 1       | 0.98*      | 0.75*          |
| Depression     | Pearson Correlation | 0.98*   | 1          | 0.78*          |
| Discrimination | Pearson Correlation | 0.75*   | 0.78*      | 1              |

Additional analyses also showed us that there is a statistically significant correlation between anxiety and depression ( $r=0.98$ ,  $p<0.01$ ), between anxiety and discrimination ( $r=0.75$ ,  $p<0.01$ ), and between depression and discrimination ( $r=0.78$ ,  $p<0.01$ ). This basically indicates that the respondents that are victims of discrimination, they have also a higher level of depression and anxiety and that is the reason why these data are worrying and one of the indicators of the harmful effect of discrimination on the victims' psychophysical state.

*Table 18. Comparation between Roma and Immigrants*

|            | Group | M     | SD   | t-test | df   | Sig.    |
|------------|-------|-------|------|--------|------|---------|
| Depression | Roma  | 14.58 | 6.11 |        | 5.10 | 119 0.0 |

|                |      |       |      |     |  |
|----------------|------|-------|------|-----|--|
|                | 9.79 | 3.39  |      |     |  |
| Immigrants     |      |       |      |     |  |
|                | Roma | 14.58 | 6.22 |     |  |
| Anxiety        |      |       |      |     |  |
|                |      | 4.34  | 119  | 0.0 |  |
| Immigrants     |      |       |      |     |  |
|                | Roma | 10.48 | 3.21 |     |  |
| Discrimination |      |       |      |     |  |
|                |      | 11.78 | 4.25 |     |  |
| Immigrants     |      |       |      |     |  |
|                |      | 7.62  | 119  | 0.0 |  |
| Immigrants     |      |       |      |     |  |
|                |      | 6.79  | 2.37 |     |  |

In additional data processing, important findings were obtained, such as that there is a statistically significant difference between Roma and Immigrants in relation to these three variables, i.e. Roma have a higher level of Depression ( $t (119) = 5.10, p < 0.01$ ), a higher level of Anxiety ( $t (119) = 4.34, p < 0.01$ ), but also face more discrimination than Immigrants ( $t (119) = 7.62, p < 0.01$ ).

The results suggest a statistically significant difference in levels of discrimination, anxiety, and depression among the Roma sample as compared to the other groups in the study; in fact, the Roma sample reported higher scores in all three variables. This implies that the Roma experience different challenges and stressors likely due to institutional discrimination and social exclusion, which may have a negative impact on mental health. The higher anxiety and depression scores are likely associated with the effects of chronic discrimination and social exclusion, which further supports the need for intervention targeting mental health issues and social determinants of health among vulnerable populations.

*Table 19. General results of the Trauma Symptoms of Discrimination Scale (TSDS)*

| N | Mean | Std Dev | Minimu m | Maximum |
|---|------|---------|----------|---------|
|   |      |         |          |         |

|  |     |       |       |    |    |
|--|-----|-------|-------|----|----|
| Trauma Symptoms of Discrimination Scale (TSDS) | 121 | 42.95 | 15.34 | 21 | 84 |
|--|-----|-------|-------|----|----|

The Trauma Symptoms of Discrimination Scale (TSDS) demonstrates the emotional and psychological impact of discrimination on individuals. With a mean score of 42.95, this represents a moderate degree of trauma symptoms associated with discrimination. Symptoms include uncontrollable distress and hyperarousal, alienation from others, safety and future worries, and being on guard. These symptoms represent an all-encompassing experience of vulnerability and anxiety that may undermine one's emotional functioning or affect interactions with others socially. The mean score indicates a concerning trend, demonstrating the profound ramifications of discrimination on mental health. The increased higher rates of distress and hyperarousal indicate that people are not only impacted by an experience of the past but are also on continuous alert for possible threats to their safety in their world. In addition, feelings of alienation may lead to social avoidance, compounding negative effects. That these individuals face everyday occurrences of trauma symptoms warrants an intervention plan that includes individual support and changing systems to promote resilience and improve mental health for individuals facing discrimination.

*Table 20. Results regarding the components of the Trauma Symptoms of Discrimination Scale (TSDS)*

|  | N   | Mean  | Std Dev | Minimum | Maximum |
|--|-----|-------|---------|---------|---------|
| Uncontrollable Distress and Hyperarousal | 121 | 16.86 | 5.76    | 8       | 32      |
| Alienation from Others                   | 121 | 11.79 | 4.65    | 6       | 24      |
| Worry about Safety and the Future        | 121 | 9.89  | 4       | 5       | 20      |
| Keyed Up and On Guard:                   | 121 | 4.40  | 1.58    | 2       | 8       |

Uncontrollable Distress and Hyperarousal (Mean: 16.86): This mean is relatively high and suggests that the respondents might be experiencing distress and hyperarousal, which means they may be experiencing heightened anxiety or stress. Individuals may feel they are in a place emotionally which leads to an inability to manage how they respond.

Alienation from Others (Mean: 11.79): This mean reflects a moderate level of alienation. The respondents may feel separated or isolated from others, which may imply an inability to establish relationships or a social support system.

Worry about Safety and the Future (Mean: 9.89): The 9.89 mean indicates that there may be some worry regarding safety and what the future holds. This may mean the respondents may be

worried about their own personal safety, what life may look like in the future, and what may happen to them.

Keyed Up and On Guard (Mean: 4.40): This mean indicates that respondents may have a very low level of being "keyed up" or vigilant to their surroundings, while they feel that at some level, there is a very low intensity compared to the other measured areas. This might suggest hypervigilance, but not to the level of distress and hyperarousal.

*Table 21. Mental health*

|               | N   | Mean  | Std Dev | Minimum | Maximum |
|---------------|-----|-------|---------|---------|---------|
| Mental health | 121 | 19.70 | 3.56    | 14      | 28      |

The 19.70 rating on the Mental Health Inventory (MHI-5) indicates moderate mental well-being for the participants. Moderate mental well-being signifies that they may be experiencing some challenges with mental health issues, since the MHI-5 index is intended to provide assessments of psychological distress and overall mental health. A mean score of 19.70 indicates a population with mental well-being that may be experiencing various levels of stress, anxiety, or depressive symptoms, and could impact their daily functioning and quality of life. The importance of mental well-being related to support or interventions with this group becomes imperative to support their overall mental health and wellness, along with assessing for any underlying issues contributing to these scores.

*Table 22. Correlation between two variables: Discrimination and Mental Health*

| Discrimination |                     |          |
|----------------|---------------------|----------|
| Mental health  | Pearson Correlation | -0.572** |

The association between discrimination and mental health is a meaningful finding that emphasizes the negative influence of social injustice on mental health. Research by Ware and Sherbourne (1992) and Have et al. (2024) with mental health inventory (MHI-5) have both shown that people who experience discrimination have higher levels of stress, anxiety, and depressive-like symptoms. This relationship suggests that experiences of discrimination can elevate chronic stress that precipitates mental health issues, compounding the experience of adverse mental health challenges. Addressing discrimination promotes social justice, as well as supports mental health outcomes across diverse populations. Reconsidering discrimination in mental health outcomes invites a multi-faceted approach that employs a mental health approach in collaboration to address discrimination and create a healthier place.

### *3.2. Qualitative component*

*Present the findings for each of the key themes.*

- Impact of discrimination on youngsters wellbeing

During the interviews, all participants unanimously agreed that experiencing discrimination had a profound negative impact on their mental health. Many described feelings of anxiety, depression, and a sense of isolation that stemmed directly from their encounters with discriminatory behavior. They shared how these experiences often left them feeling marginalized and undervalued, leading to a diminished sense of self-worth and confidence. The emotional toll was evident, as participants recounted instances of persistent worry and emotional distress that persisted long after the incidents occurred.

*Yes, experiences of discrimination had an emotional and psychological effect. In some situations, I felt humiliated and even depressed. Some of these experiences made me doubt myself, feel unfulfilled and unworthy. There were times when I didn't want to face the world because I felt like I didn't belong. – Elvira<sup>1</sup>, 26 years old*

Furthermore, the participants highlighted that discrimination not only affected their immediate emotional well-being but also had lasting effects on their overall mental health. Several mentioned developing symptoms of chronic stress, sleep disturbances, and even symptoms akin to post-traumatic stress disorder in some cases. The constant exposure to prejudice and bias created a pervasive sense of fear and insecurity, which hindered their ability to feel safe and comfortable in various social settings. This ongoing psychological strain contributed to a cycle of negative mental health outcomes that were difficult to break.

*“Yes, experiences of discrimination often lead to emotional and psychological distress. This can result in feelings of stress, anxiety, depression, and low self-esteem. A person may feel like they don't belong or deserve to be in certain situations. These emotional effects can last for a long time and affect their overall quality of life. – Ersan, 29 years old.*

Overall, the interviews underscored the harmful consequences of discrimination on mental health, emphasizing the urgent need for supportive interventions and policies to combat such biases. The participants' testimonies serve as a reminder that discrimination is not only a social issue but also a significant mental health concern. Addressing these experiences with empathy and effective mental health support can help mitigate the long-term psychological damage caused by discriminatory practices, fostering a more inclusive and healthier environment for all individuals.

*Of course, experiences with discrimination have a significant emotional impact not only on me but also on others who face discrimination, but they can be profound and long-lasting, especially if the discrimination is frequent or systemic, and this can be prolonged into various*

---

<sup>1</sup> to preserve identity, names have been changed

*consequences such as a feeling of being left out and of lesser value or frustration, depression, and the like.- Dzennet, 30 years old.*

The interviews reinforced the harmful mental health consequences of discrimination and pointed again to a notice both need for policy improvements and direct support interventions to combat discrimination.

- Barriers in disadvantaged youngsters access to adequate support and Support measures needed by youngsters to overcome the negative effects of discrimination

Almost all interviewees responded that after facing discriminatory behavior by others, they most often received direct support from friends, relatives, as well as from NGOs and youth workers. First of all, they believe that the state does very little to talk about what discrimination is, its forms, institutions that work to prevent and report it, as well as what legal mechanisms exist in the state that can be used.

*Yes, I received support from some friends and an organization that advocates for the rights of marginalized groups. They offered me emotional support and helped me feel less alone. The support was very useful, because it helped me deal with my emotions and protect myself from the negative effects of discrimination. - Gulbin, 26 years old*

*The youth workers were very helpful. They not only supported me emotionally, but also offered me practical advice on how to deal with situations of discrimination. Their approach was very effective because they tried to understand me, and not just give me a solution from a book. An example was when they helped me learn how to position myself in situations where I was being discriminated against. - Sarita, 29 years old.*

*Perhaps more information and resources about my rights in case of discrimination, as well as how to deal with legal aspects. I felt that I did not have enough support when it came to specific legal steps. – Orhan, 26 years old.*

*I would need more emotional support from trusted people, as well as educational resources on how to deal with discrimination in the workplace or in social situations. It is important to develop self-confidence and communication skills. – Edison 26 years old*

*I feel that I did not have enough support in terms of training in personal self-confidence and stress management skills. It was difficult to learn methods for dealing with negative comments and situations in which you feel attacked or rejected. – Irfan, 20 years old*

*Well, to be honest, no, because it happened to me when I was very young, we adults cannot understand what moments or incidents are discrimination, so I think that work needs to be done at that time, we did not know where to report discrimination, I think that support should be provided by schools – Elvis, 30 years old.*

- Support measures needed by youth workers to provide adequate services to disadvantaged youngsters

The youth workers who were interviewed provided a wide range of solutions and measures that should be taken as adequate services regarding this topic. Some of them first emphasized the international Erasmus+ exchanges that are already being implemented, but they suggested that they be improved and institutionalized at the national level.

*I believe that attending Erasmus+ exchanges/Training courses in the non-formal education should be mandatory instead of being questioned by the institutions. Those projects are great life-changers for the young people that attend them, especially the ones that are being object of discrimination. As this projects offer valuable skills that teenagers can benefit from in the situations that they are in.- Marko, 28 years old youth worker*

Some of the responses were also in the direction of direct mentoring support and organizing various types of activities for animals and other skills needed for the target group.

*Expanding mental health services tailored to marginalized groups, including trauma therapy. Organizing workshops to educate the public about the rights and struggles of the homeless. Collaborating with schools and community organizations to address prejudice early. – Dragana, 27 years old Youth worker*

*Yes, activities such as mentorship programs, mental health support groups, awareness campaigns, and skills training can empower individuals. Collaborating with other organizations to build a larger support network can also amplify impact. – Tatjana, 26 years old youth worker.*

*There should be more collaboration between other institutions regarding the youngsters' well-being, health care etc. It should be somehow obligatory. – Stefan, 26 years old youth worker*

Also, part of the responses, in addition to direct measures, were also in the direction of legislation and an institutional approach.

*Policies to ensure equitable access to mental health and healthcare services. Stricter enforcement of anti-discrimination laws, particularly in housing and employment. National programs to promote inclusivity and diversity awareness training for public service workers. Expanding mental health services tailored to marginalized groups, including trauma therapy. – Irena, 29 years old youth worker*

*I usually collaborate with several NGO who works on this topics and we've made several workshops, presentations etc. Furthermore, I work with my class every Monday a program for Life Skills with workshops about different topics regarding discrimination, youth activism, sexual education, drugs etc. We've implemented with the students several project in order to send a message against discrimination. The last period as well we motivate students to come up with ideas for such activities and workshops too. – Dragica, 28 years old*

*Yes, several legislative changes would be useful in reducing the level of discrimination faced by Roma youth. First, stricter enforcement of anti-discrimination laws in areas such as education,*

*employment, and housing is crucial to ensure equal opportunities and protection for Roma individuals. Additionally, creating policies that promote inclusive curricula and cultural diversity in schools can help combat the segregation and marginalization of Roma students. A legal framework that mandates equal access to healthcare and social services, free from prejudice, is also necessary. Furthermore, strengthening the representation of Roma individuals in decision-making processes, especially within local and national government structures, would ensure that their voices are heard, and their needs addressed. Lastly, providing incentives for businesses and employers to hire Roma individuals and promoting positive public campaigns about Roma culture could help challenge negative stereotypes and foster a more inclusive society. These legislative changes would contribute significantly to reducing discrimination and supporting Roma youth in achieving their full potential. – Petar, 30 years old youth worker*

At the same time, Roma youth also described strategies of resilience, from relying on family and community support to engaging with NGOs and activism. These show that Roma are not passive victims but active agents resisting discrimination.

#### 4. Discussion and conclusions

The presentation of the conclusions from the results obtained within the framework of the research in the chapter "Discussion" will be presented according to the main topics and variables that were examined.

##### *Conclusions from the introduction questions*

In the area of basic needs, results indicate that Roma and Immigrants have generally met their basic needs, such as food, water, a warm home and other basic needs, however, compared to the high results of over 90% answering "Yes", the smallest percentage of them answered "Yes" to the question related to skills and education. This finding opens up the opportunity to further examine which skills need to be developed and how to establish them through policies and measures.

Respondents also indicated that they have relatively lower incomes than the general population, and in addition, the finding was obtained that Roma, compared to Immigrants, have a perception that they earn less than the general population. This is very likely related to previous findings according to which the employment rate of Roma in North Macedonia is 23%, almost half the national average, while the unemployment rate of Roma is a record high at 67% (MLSP, 2022). It has also been established in previous research that Roma households tend to have markedly lower incomes compared to the general population. New research shows that the median income for Roma families is approximately 40-50% of that of the overall population, reflecting deep-rooted economic inequalities (Milevska et al., 2023).

Our research also found that Roma, unlike immigrants, perceive themselves differently from the general population in terms of their skin color and appearance compared to the general population. This finding raises many questions that experts need to explore, relating to the impact of diversity on the integration and state of the Roma community in the country, which also leads us to the topic of discrimination.

##### *Discrimination*

Previous findings according to which the Roma community is perceived as different in terms of skin color and appearance and other aspects compared to the general population do not lead to the question of whether such a situation affects relations with other communities and whether this is the reason for the occurrence of discrimination against the Roma community. Discrimination was also one of the main variables examined in our research, which found that the most common type of discrimination against the Roma community is due to their ethnicity and race compared to other grounds such as religion, age, gender and other characteristics. "According to the European Union Agency for Fundamental Rights (FRA) report in 2018, 85% of Roma respondents in North Macedonia reported experiencing discrimination or unfair treatment based on their ethnicity." (FRA, 2018, p. 45). Data from the Macedonian Helsinki Committee indicate a rise in hate crimes against Roma, with 15 reported incidents in 2020 alone, many involving verbal abuse and physical violence." (Helsinki Committee, 2020)

These findings are consistent with the research conducted by the Institute for Research and Policy Analysis Romalitiko, which found that compared to other ethnic communities, the Roma community, together with members of the Albanian ethnic community, enjoys the least trust from other communities, they would least accept a friend, spouse, and employ Roma people compared to other communities (Ajvaz, 2021). Interestingly, within the same research, when asked "which community is the most discriminated against?", most of the respondents answered that it was the Roma community, although they themselves presented quite discriminatory attitudes in their answers.

However, although discrimination against the Roma community is evident, a very small percentage of Roma people report it to the appropriate institutions such as the Commission for Protection and Prevention of Discrimination, according to their report for 2024, only 3.1% reported it.

These findings open up the opportunity to examine the reasons for the distrust, but also why the Roma community is the most discriminated against, and then, based on the information obtained, to actively work on creating policies that will bring the communities closer together, but also strengthen the legislation for reporting cases of discrimination, which will then be appropriately sanctioned by the state.

### *Image of the world*

A psychological tool called the World Assumption Scale (WAS) is used to evaluate people's fundamental beliefs about the world, themselves, and other people. Particularly when trauma, stress, or adversity are present, these presumptions affect how people understand their experiences. An individual's worldview and potential vulnerabilities can be revealed by comprehending the WAS's structure and analyzing its findings.

The "Benevolence of the people" at 12.44 suggests that individuals perceive a significant level of kindness, compassion, and good will among fellow humans. This high score indicates a generally optimistic view of human nature, emphasizing trust and positive social interactions within communities. Such a perception can foster social cohesion and encourage cooperative behaviors, which are vital for societal stability and growth.

In comparison, the "Benevolence of the world" at 9 points to a somewhat lower, yet still positive, perception of the world at large. This may reflect a recognition that while there is inherent kindness and goodness globally, it is perhaps less consistent or visible than among individuals. The distinction between personal perceptions of benevolence and the broader worldview underscores the complexity of how people see the interconnectedness and overall goodness in the larger context beyond their immediate social circles.

The score for "Justice" at 9.88 indicates a strong belief in fairness, equity, and the rule of law within society. Justice is a foundational principle for social harmony, and such a high rating suggests that respondents value and perhaps trust the institutions and systems designed to uphold fairness. This perception can influence social stability positively, fostering confidence in societal institutions and promoting adherence to laws and ethical standards.

"Controlability," rated at 8.88, reflects a belief in the capacity to influence or manage various aspects of life or societal circumstances. A high score here suggests a sense of empowerment and agency among individuals or communities, which is essential for motivation, proactive behavior, and resilience. When people believe they can control or impact their environment, it often leads to greater engagement and a proactive approach to challenges, fostering a dynamic and adaptable society.

Overall, these ratings depict an optimistic outlook on human nature, justice, and agency. While there is a slightly lower perception of the benevolence of the world, the high scores in justice and controllability indicate confidence in societal structures and personal efficacy. Together, these perceptions can contribute to a positive societal mindset, encouraging cooperation, trust, and proactive engagement in shaping a better future.

These findings allow policymakers to better understand the positions of our target group and to create policies for this group accordingly.

### *Social Inclusion*

The provided data offers insights into various psychological and social dimensions, highlighting how individuals perceive and experience different aspects of their social and personal identities. The mean score for social connectedness is 86, which suggests that, on average, individuals in this sample feel a relatively strong sense of connection with others. This high level of social connectedness can be indicative of robust social networks, supportive relationships, and a sense of belonging within their community or social groups. Such connectedness is often associated with positive mental health outcomes, including higher self-esteem and resilience against stress.

In contrast, the mean score for internalization of discrimination is 19.07, which may reflect the extent to which individuals have internalized negative societal attitudes or prejudices directed towards them. A lower score in this area could be indicative of resilience and strong self-concept, whereas higher scores might suggest significant internalized stigma, which can adversely affect mental health and self-esteem. The relatively moderate score here suggests that internalization of discrimination varies among individuals but is not overwhelmingly high or low, possibly indicating differing experiences or coping mechanisms within the population.

The self-worth mean score of 13 indicates the average level of self-esteem or self-value among participants. While interpretation depends on the scale's range, this score can suggest moderate self-worth, pointing to a balanced self-perception without extreme highs or lows. The mean self-controlability score of 6, which is relatively low, could imply challenges in regulating impulses or managing behaviors, potentially impacting daily functioning and emotional regulation. Taking together, these measures paint a nuanced picture of individual psychological health, emphasizing areas of strength such as social connectedness and potential vulnerabilities like self-controlability. Understanding these dimensions can guide targeted interventions to enhance well-being and resilience in this population.

The findings from the two scales Place in the world and Image of the world in the Social Inclusion section can contribute to promoting positive beliefs and a positive mindset and fostering cohesion between Roma and non-Roma by breaking down perceptions that the world is unfair, unsafe, and unpredictable. Recognizing such perceptions will enable policymakers to address and solve problems. It will also contribute to developing trust between different communities by getting to know each other, but also the reasons why they have such a worldview.

The findings will also help in developing specific policies and programs that address common fears or misconceptions, making social spaces more welcoming and accessible. Also, Facilitating Social Skills Development: Understanding core assumptions can guide social skills training, helping individuals develop healthier beliefs about social interactions, trust, and safety.

In the area of variables that are indirectly or directly related to mental health, interesting findings were obtained that are also consistent.

### *Mental Health*

The finding that immigrants report higher levels of life satisfaction, as measured by the Satisfaction With Life Scale (SWLS-5), compared to Roma populations can be understood through several socio-economic and psychological lenses. Immigrants often pursue migration with specific goals such as better employment opportunities, improved living conditions, or access to quality education and healthcare. Achieving these goals can lead to a heightened sense of accomplishment and well-being, which is reflected in their higher SWLS-5 scores. Additionally, successful integration into a new society may foster feelings of hope and optimism, further enhancing life satisfaction among immigrants.

In contrast, the Roma community frequently faces systemic challenges, including social exclusion, discrimination, limited access to quality education and healthcare, and economic hardships. These persistent barriers can negatively impact their overall sense of well-being and life satisfaction. The social marginalization and prejudices they encounter can diminish feelings of belonging and self-worth, which are crucial components of life satisfaction. Consequently, despite their cultural richness and resilience, the Roma population may experience lower SWLS-5 scores due to these ongoing adversities.

This disparity underscores the importance of addressing social inequalities and fostering inclusive policies that support marginalized communities like the Roma. While immigrants may experience initial boosts in life satisfaction due to opportunities and new beginnings, sustained well-being depends on reducing barriers and promoting social integration for all groups. Recognizing these differences highlights the need for targeted interventions that improve living conditions, reduce discrimination, and facilitate access to essential services for marginalized populations, thereby enhancing overall life satisfaction across diverse communities.

The correlation between **discrimination, anxiety, and depression** highlights the complex interplay of social and psychological factors impacting mental health. Discrimination, whether based on race, gender, ethnicity, or other characteristics, can serve as a significant source of chronic stress for affected individuals. Experiencing repeated or pervasive discrimination can undermine a person's sense of safety and self-worth, leading to heightened feelings of worry and fear. Over time, these persistent stressors may contribute to the development or exacerbation of anxiety disorders, as individuals constantly anticipate negative treatment or social rejection.

Furthermore, discrimination has been linked to increased risk of depression, as the social exclusion and marginalization associated with discriminatory experiences can lead to feelings of hopelessness, worthlessness, and despair. The psychological toll of facing bias may diminish self-esteem and foster a sense of alienation from society, which are key factors in depressive symptoms. Research indicates that individuals subjected to discrimination often exhibit higher levels of both internalized stigma and emotional distress, which can perpetuate a cycle of negative mental health outcomes.

The relationship between discrimination, anxiety, and depression underscores the importance of addressing societal inequalities to improve mental health outcomes. Interventions aimed at reducing discriminatory practices and promoting inclusive environments may help mitigate these adverse effects. Additionally, mental health support tailored to individuals affected by discrimination can provide coping strategies and resilience-building techniques. Recognizing the interconnectedness of these factors is crucial in developing comprehensive approaches that not only treat mental health issues but also tackle the root social causes contributing to them.

The observed correlation between discrimination and scores on the Mental Health Inventory suggests that discriminatory experiences may act as stressors that contribute to mental health deterioration. Persistent exposure to discrimination can lead to feelings of social exclusion, low self-esteem, and heightened psychological distress, all of which are reflected in lower MHI scores. Recognizing this link is crucial for developing comprehensive mental health strategies that address not only individual symptoms but also the societal factors underpinning mental health disparities. By incorporating assessments of discrimination into mental health evaluations, practitioners can better understand the contextual factors affecting their clients and tailor interventions to promote resilience and recovery in populations exposed to social adversity.

Additionally, a statistically significant difference was found between Roma and Immigrants in terms of anxiety and depression, i.e. Roma were shown in the research to have more pronounced depression and anxiety compared to Immigrants.

This finding further explains the connection between life satisfaction, mental health, anxiety and depression with discrimination and its impact.

This is also consistent with the findings obtained in the qualitative research, according to which almost all Roma respondents who responded that they had ever experienced discrimination had consequences on their mental health afterwards, most often anxiety and depression.

Such findings should serve as a starting point for additional research, but they are also serious findings that policymakers should take into account because discrimination also has an impact on the mental health of the target group.

Most of the findings can have practical application and be used in policy creation, as well as planning activities and measures aimed at improving the conditions of the target group.

The main drawback of the research could be the selected sample of immigrants. In the future, the research could be repeated, but with greater emphasis on the selection of immigrants, because the Republic of North Macedonia is a transit country and immigrants often stay in it for a short period, while our choice was those who study at the University of Shtip or who previously studied and currently live in the city of Shtip, as the most accessible group. Additionally, a statistically significant difference was found between Roma and Immigrants in terms of anxiety and depression, i.e. Roma were shown in the research to have more pronounced depression and anxiety compared to Immigrants.

This finding further explains the connection between life satisfaction, mental health, anxiety and depression with discrimination and its impact.

This is also consistent with the findings obtained in the qualitative research, according to which almost all Roma respondents who responded that they had ever experienced discrimination had consequences on their mental health afterwards, most often anxiety and depression.

Such findings should serve as a starting point for additional research, but they are also serious findings that policymakers should take into account because discrimination also has an impact on the mental health of the target group.

Most of the findings can have practical application and be used in policy creation, as well as planning activities and measures aimed at improving the conditions of the target group.

The main drawback of the research could be the selected sample of immigrants. In the future, the research could be repeated, but with greater emphasis on the selection of immigrants, because the Republic of North Macedonia is a transit country and immigrants often stay in it for a short period, while our choice was those who study at the University of Shtip or who previously studied and currently live in the city of Shtip, as the most accessible group.

## 5. Policy Recommendations

### ANTI-DISCRIMINATION AND GOVERNANCE MEASURES

1. Enforce Anti-Discrimination Laws and Acknowledge Antigypsyism: The Government of North Macedonia must officially acknowledge Antigypsyism as a fundamental cause of

marginalization, and the Commission for Protection and Prevention of Discrimination (CPPD) must be mandated to prioritize and publicly report on the stricter enforcement of anti-discrimination laws, particularly concerning housing and employment. This priority action must be visibly implemented within the next 2 years.

2. Improve Judicial and Reporting Access: The Ministry of Justice (MoJ) and the CPPD must collaboratively launch and sustain persistent, multilingual national campaigns to educate young Roma, migrants, and refugees on their legal rights and available reporting mechanisms. This must launch within 1 year and be sustained for 5 years.

3. Institutional Capacity Building and Sensitization: The Agency for Public Sector Employees (APSE), in cooperation with the Ministry of Internal Affairs (MoIA) and MSPDP, must establish and mandate recurring, specialized sensitization training for all public service workers (police, healthcare, local government) on cultural diversity and implicit bias against vulnerable groups, with full implementation across sectors within 3 years.

### MENTAL HEALTH AND WELL-BEING

1. Establish Free and Tailored Mental Health Services: The Ministry of Health (MoH), in collaboration with the Health Insurance Fund, must secure dedicated funding to expand and make free mental health services accessible, ensuring they are trauma-informed and culturally sensitive for marginalized youth. Service points must be operational in the ten largest municipalities within the next 5 years.
2. Integrate Mental Health Professionals in Schools: The Ministry of Education and Science (MoES) and local municipalities must allocate budget and positions to ensure every primary and secondary school has a dedicated school psychologist or counselor trained in detecting and addressing discrimination-related distress with a focus on antigypsyism and providing psychosocial support. This initiative must achieve 100% coverage in the next 5 years.
3. Fund Resilience and Life Skills Programs: The Ministry of Social Policy, Demography, and Youth (MSPDP) must establish a dedicated and accessible grant line to perpetually support NGOs and youth centers in organizing peer mentorship and life skills training—focused on self-confidence and stress management—tailored for Roma and vulnerable youth. This grant mechanism should be launched within 2 years and sustained for 5 years.

### EDUCATION, YOUTH, AND CULTURE

1. Implement Inclusive Roma History and Culture: The Ministry of Education and Science (MoES) and the Bureau for Development of Education must make it mandatory to integrate Roma history, culture, and traditions into all new school curricula to proactively counter ethnic discrimination. Curricular reform development must be phased into schools over the next 3 years.
2. Strengthen Youth Representation Mechanisms: All Local Municipalities (Mayors and Councils), under the strong oversight of the MSPDP, must be held accountable for

establishing all overdue Local Youth Councils and Youth Offices to fully implement the Law on Youth Participation within 2 years.

3. Institutionalize Experiential Learning: The National Agency for European Educational Programmes and Mobility (NAEEPM), in cooperation with the MoES, must institutionalize the use of Erasmus+ and complementary national funding to remove financial barriers and ensure marginalized youth can access these transformative non-formal education opportunities. Full institutionalization and complementary fund allocation must be achieved within 3 years.

## CROSS SECTOR AND COOPERATION MEASURES

1. Establish Mandatory Multi-Sectoral Cooperation: The Ministry of Social Policy, Demography, and Youth (MSPDP), as the lead coordinator, must formalize and enforce obligatory, written collaboration protocols between state institutions (education, health, employment) and the civil sector for seamless, holistic youth support. These protocols must be signed and mechanisms operational within 1 year.
2. Prioritize Evidence-Based Policy Making: The Government of North Macedonia, through the MSPDP and the State Statistical Office (SSO), must secure and significantly increase a budget allocation for conducting longitudinal, evidence-based research on Roma, migrant, and refugee youth to inform all future policy cycles. The 5-year budget must be secured, and the first major research cycle launched within 1 year.

## 6. Acknowledgment section

This report was elaborated by the research team of the within the frameworks of „When Scars (!) Become Art“ project, implemented by Regional Educational Youth Association (North Macedonia), Amaro Foro e.V (Germany), Kargenc Cevre Spor Kulubu (Turkey), Asociatia Nevo Parudimos (Romania), United Societies of Balkans, West University of Timișoara (Romania), and EDIT Centar (Serbia).

The project is supported by the Erasmus+ programme of the European Union, with the project number 2023-1-DE04-KA220-YOU-000166967.

Views and opinions expressed are those of the author(s) only and do not necessarily reflect those of the authorities of North Macedonia, European Union, and Jugend für Europa. Neither the European Union nor Jugend für Europa can be held responsible for them.

Sections and referring to the synthesis of the qualitative analysis were formulated based on the analysis of the national reports issued by each national partner organisation :

### **Main Authors:**

- *Muhamed Ajvaz - Lacho Dive*
- *Sibel Bajram - Lacho Dive*

### **Co-authors:**

- *Ervin Mamuti - Lacho Dive,*
- *Erol Ademov - "Association of Multiethnic Society for Human Rights".*
- *Urmeta Arifovska - RROMA*
- *Emilija Panovska - RROMA*
- *Edis - Edis Eminoski - RROMA*
- *Deniz Selmani - Institute for Research and Policy Analysis ROMALITICO.*

## 7. References

- Ajvaz (2021). Relations between the ethnic groups in North Macedonia [www.romalitico.org/wp-content/uploads/2024/02/doverba-vo-zaednicite.pdf](http://www.romalitico.org/wp-content/uploads/2024/02/doverba-vo-zaednicite.pdf)
- Burchardt, T., Le Grand, J., & Piachaud, D. (2002). Social Exclusion in the UK 1991-1995. *Social Policy & Administration*, 36(3), 227-244.
- FRA. (2018). *Discrimination and social exclusion of Roma in North Macedonia.* European Union Agency for Fundamental Rights.
- Helsinki Committee. (2020). Hate crimes and violence against Roma in North Macedonia. Annual Report.
- Milevska, T., Dimitrov, V., & Stojanovska, M. (2023). Income Inequality and Economic Integration of Roma Communities in North Macedonia. *Economic Review of Southeast Europe*, 15(1), 45-63.
- Ministry of Labour and Social Policy (2021). Strategy for Inclusion of Roma (<https://www.mtsp.gov.mk/content/pdf/2022/Strategija%20za%20inkluzija%20na%20Rome%202022-2030%2003-02-2022%20finalna%20verzija.pdf>)
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived Discrimination and Health: A Meta-Analytic Review. *Psychological Bulletin*, 135(4), 531-554.
- Putnam, R. D. (2000). *Bowling Alone: The Collapse and Revival of American Community.* Simon & Schuster.
- Warr, P. (2007). *Work, Happiness, and Unhappiness.* Psychology Press.
- Williams, D. R., & Mohammed, M. N. (2009). Discrimination and Health Illnesses: The Role of Social Psychological Processes. *Social Science & Medicine*, 67(3), 353-361.