

Improving Mental Health Care for Immigrant and Refugee Communities



STATE POLICY AGENDA

AUGUST 2024



California Pan-Ethnic
HEALTH NETWORK

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INTRODUCTION

Immigrants and refugees are deeply rooted in California and provide significant cultural, familial and economic contributions to the state. California's immigrant and refugee communities face long-standing barriers to educational attainment, economic opportunities, and access to social services and health care. Many have faced egregious violations of their rights, safety, and mental wellbeing. Traumatic and often violent migratory experiences, coupled with the stigma and misconception of receiving mental health services, put the physical and mental wellbeing of immigrants and refugees at particular risk. In addition, many immigrants and refugees from war-torn countries have experienced trauma, which can lead to mental health conditions such as anxiety, depression, and PTSD.

To better understand the mental health care needs and challenges faced by immigrant and refugee communities, CPEHN partnered with eight community-based organizations that work closely with these communities.

In 2023, the California Pan-Ethnic Health Network (CPEHN), with the support of the Mental Health Oversight and Accountability Commission (MHSOAC) and the California Health Care Foundation, convened community-based organizations who serve immigrant and refugee communities. The goal of this engagement was to strengthen the voice of immigrant and refugee communities in mental health policy and program development.

- [Boat People SOS](#)
- [Center for Empowering Refugees and Immigrants](#)
- [Healthy House Within a MATCH Coalition](#)
- [Hmong Cultural Center of Butte County](#)
- [Level Up NorCal](#)
- [Orange County Asian and Pacific Islander Community Alliance](#)
- [The Cambodian Family](#)
- [Visión y Compromiso](#)

CPEHN held one on one meetings with each of these partners to better understand their previous experiences and perspectives on barriers to mental health care and community-defined solutions for the immigrant and refugee communities they serve. From these meetings, CPEHN developed an initial outline of barriers and policy recommendations for improving access to culturally and linguistically appropriate mental health services for immigrants and refugee communities. CPEHN held virtual convenings with the partner organizations to further refine these barriers and recommendations to develop a state policy agenda.

This policy brief reports findings from these convenings and represents the collective work of CPEHN and our eight project partners.



BARRIERS

CPEHN and their project partners identified three major barriers currently preventing immigrants and refugees from receiving high quality mental health services.

- Lack of Cultural and Linguistic Competency in Mental Health Services
- Difficulty Accessing Mental Health Services and Information
- Cultural Stigma around Mental Health

LACK OF CULTURAL AND LINGUISTIC COMPETENCY IN MENTAL HEALTH SERVICES

Immigrants and refugees need culturally and linguistically competent services to effectively communicate their mental health needs to healthcare providers. Too often, these services are lacking, resulting in misunderstandings, misdiagnosis, inappropriate treatment, and difficulty in obtaining a proper diagnosis and receiving effective treatment for their mental health conditions. In extreme cases, immigrants and refugees arrive in these spaces without someone they can trust or communicate with, and with their mental health in critical condition due to trauma.

Specific barriers include:

- **Lack of interpretation and translation.** Immigrants and refugees often wait months to find someone who speaks their language. It is even more difficult to find someone who shares the same cultural background and

“Often, we see secondary translators (family members or children who act as translators for immigrant parents), but the issue is that they are not fully trained to explain or translate more complex issues. This may cause more miscommunication, misunderstanding, or confusion with both mental health and physical health issues. In addition, this dependence on children causes a lot of pressure on the children who themselves have to learn from the ground up. They may not have a touch point or navigator to help guide them on these issues.”

– I&R Project Participant

understands the cultural history and context of their situation. Additionally, there are challenges related to dialects; sometimes interpreters speak a different dialect, which is not understood by the member. Conversations around mental health are difficult, and many seeking care have experienced trauma, therefore there is a critical need for careful interpretation to avoid triggering traumas.

- **Health care and mental health terminology is not commonly used in some languages.** Because there is no direct translation of some words and terms, translation and interpretation becomes a challenging task. In some cases, words related to a mental health diagnosis are translated into native languages as “crazy,” which creates stigmas.

DIFFICULTY ACCESSING MENTAL HEALTH SERVICES AND INFORMATION

Accessing mental health care presents significant challenges for immigrants and refugees, who often work long hours and lack access to childcare services, making it difficult for them to find the time for health care appointments. In addition, the health care system is hard to understand and navigate. Health care clinics and offices can be unwelcoming, especially for those unfamiliar with the language and the standard registration and paperwork processes involved in health care appointments.

“Health insurance is hard to navigate. There’s a lack of information on what kinds of services are available. Many immigrants and refugees do not know what kind of Medi-Cal they have – it’s very complicated. Even providers have a hard time determining what services are covered and what type of health insurance an individual should get based on income.”

– I&R Project Participant

Specific barriers include:

- **Lack of insurance.** Many immigrants and refugees do not know if they are eligible for Medi-Cal and may be wary of applying for Medi-Cal due to lack of knowledge and distrust of the government stemming from their traumatic experiences in their home countries. In addition, the paperwork and administrative work required to apply for insurance may deter some from applying.
- **Difficulty navigating health care system.** For those who have insurance, many do not understand what their insurance covers or how to access covered services. Even for CBOs that specialize in these issues, it can be difficult to navigate mental health services, especially trying to determine if a provider is culturally and linguistically appropriate and is accepting new patients.
- **Concerns about out-of-pocket costs of care.** Many immigrants and refugees do not seek care for mental health concerns due to fears about how much this care might cost, and concerns about how this might impact their credit scores or applications for other services.

BARRIERS TO ACCESSING MENTAL HEALTH SERVICES



Lack of Insurance



Difficulty Navigating Health Care Systems



Concerns about Out-of-Pocket Costs of Care



Lack of Education on Mental Health



Transportation Challenges

- **Lack of education around mental health for both patients and providers.** Community members lack access to education around mental health conditions. Primary care physician (PCP) appointments are often rushed, and PCPs may not recognize mental health symptoms or be competent in recognizing cultural symbols or markers that may be masking mental health symptoms.
- **Transportation challenges.** Transportation to mental health appointments can be a barrier, especially in rural areas of the state. Many of the communities where immigrants and refugees live lack reliable public transportation. MHSOAC Project members shared that they often use their own vehicles to take people to appointments.

CULTURAL STIGMA

Cultural stigma can significantly impede immigrants and refugees from seeking mental health care, as mental health is stigmatized in many cultures. Seeking help for mental health issues may be perceived as a sign of weakness or failure, which can deter individuals from seeking the necessary treatment.

Specific barriers include:

- **Fear or shame associated with seeking mental health care.** Stigma related to mental health is different across different cultures and backgrounds. But for many immigrants and refugees, there may be a stigma of looking weak if you seek care for a mental health concern or a stigma of shame for going against your family. These cultural norms can make it difficult for an individual to say that they need help or to seek mental health care.
- Skepticism of Western mental health beliefs and treatments. Some immigrants and

“Stigma to mental health is different across the board - as a mixed-race individual, a partner’s African American family might say something like “what happens in the house, stays in the house.” For African American men, they are told to man up, that they have to be emotionless, leading them to not be able to express themselves. For those who come from an Asian background, there is a stigma of shame for going against your family, fear of feeling dejected, or mentally abused for doing so. In the Mexican culture, “machismo” culture is real. These are norms among our different cultures, and it’s hard to stand up and say they need help on their level when these norms are being perpetuated.”

– I&R Project Participant

refugees may come from cultures that prioritize traditional healing practices over Western medical treatments. Many of these individuals might prefer a mixture of Eastern and Western medicine.

- Intergenerational differences around mental health. There are persistent intergenerational challenges among refugee and immigrant communities related to mental health. There are different lived experiences across generations – immigrant versus refugees versus first-generation. While some communities are becoming more open about discussing mental health challenges across generations, many younger community members do not feel comfortable discussing their mental health with parents or grandparents.

POLICY RECOMMENDATIONS

Immigrants and refugees are a population with unique and significant mental health needs due to their experiences with trauma, with leaving their homelands and roots, and with challenging and often violent migrations. Yet too many immigrants and refugees are not receiving the mental health care diagnoses and care that they need.

To ensure mental health services for immigrants and refugees, the project partners recommend four key areas for policy and health system investment.

1. Promoting Trauma-Informed Care and Cultural Competency in Mental Health Services
2. Investing in Community-Defined Evidence Practices and Community-Based Organizations and Workers
3. Improving Access to Mental Health Services for Immigrant and Refugee Communities
4. Developing and Retaining a Diverse Mental Health Workforce



PROMOTING TRAUMA-INFORMED CARE AND CULTURAL COMPETENCY IN MENTAL HEALTH SERVICES

Mandating ongoing cultural competency training, requiring the hiring of culturally competent interpreters, and promoting specialized education programs will empower mental health providers to deliver more effective and compassionate care. By acknowledging and addressing the unique trauma histories and cultural contexts of immigrants and refugees, these interventions aim to foster trust, understanding, and positive health outcomes within these communities.

“We have to put ourselves in the community member’s position, it’s important to understand what the community member has been through. It’s important to find out what the problem is from THEM, and then provide solutions or treatment based on that.”

– I&R Project Participant

Recommended policy and workforce interventions include:

- **Promoting Trauma-Informed Care and Cultural Competency in Mental Health Services**
Having cultural and historical knowledge of the languages spoken by immigrants and refugees is crucial for providing

trauma-informed care. Different generations within these communities may respond differently to certain words or phrases due to stigma or past trauma.

- Mandate ongoing cultural competency training for mental health care providers.** Cultural competency training for all members of the mental health care team, including first responders and law enforcement officers, as well as social workers should be a requirement for licensure and accreditation. Educational programs for providers should incorporate cultural competency into their curriculums. Furthermore, one-time cultural competency training is not sufficient to ensure that mental health workers, providers, and first responders are prepared to work effectively with immigrants and refugees. All mental health care providers should be required to have ongoing training to ensure that they are continuously improving their cultural competency skills and knowledge and are staying up to date on the latest research and best practices.
- Create community-based training programs that provide specialized education and training for mental health providers working with immigrant and refugee populations.** Beyond the need for mental health providers to develop stronger cultural competencies, the immigrant and refugee populations have specific needs that require specialized knowledge and training. Policymakers can provide funding for the development of such training programs.
- Advance trauma-informed care through training for mental health providers.** Trauma-informed care is a vital policy solution for improving mental health care for

immigrants and refugees, particularly those from war-torn countries, as it acknowledges and addresses the unique effects of trauma on mental health. Many immigrants and refugees have experienced trauma, such as conflict, displacement, persecution, and violence, which can have lasting impacts on their mental health. Policymakers can support the implementation of trauma-informed care by funding training programs for mental health care providers and promoting the use of community defined evidence-based practices that prioritize patient wellness.



INVESTING IN COMMUNITY-DEFINED EVIDENCE PRACTICES AND COMMUNITY-BASED ORGANIZATIONS AND WORKERS

Community-based services have the potential to improve mental health care for immigrants and refugees by addressing various barriers such as cultural stigma, language barriers, and lack of access to health insurance, yet, too

often, CBOs lack sufficient resources. Community-based organizations can play a critical role in both improving access to mental health services and providing education and outreach about mental health to their communities.



“Promoting use of Community-Defined Evidence Practices that prioritize patient wellness is important. This puts community members first by emphasizing their wellness, care, and cultural competency.”

– I&R Project Participant

Recommended policy interventions include:

- Streamline the Medi-Cal process for credentialing CBO staff to provide mental health care.** Many immigrants and refugees have existing, trusting relationships with CBOs. Creating more opportunities for CBO staff to become credentialed as mental health workers and hiring culturally and linguistically competent providers will make it easier for immigrants and refugees to seek mental health care. Currently, CBOs face many restrictions in providing these services to their members. In addition, CBOs need state funding and resources to offer direct mental health services to their communities.
- Provide funding and resources to CBOs for outreach and education around mental health.** Building on their trusted relationships with immigrants and refugees, CBOs are in a good position to provide needed culturally and linguistically relevant education about mental health. Immigrant communities are tightknit communities, where efforts to build awareness about mental health and wellness may help to normalize conversations within families and the community about mental health care. CBOs should make a special effort to connect with immigrant and refugee youth around mental health.
- Partner with Community Health Workers/Promotores/Representatives (CHW/P/Rs).** CHW/P/Rs are well-positioned to serve as trusted health care representatives for immigrants and refugees. CHW/P/Rs can be leveraged to provide information on mental health care and treatment options available to patients.
- Incorporate traditional healing practices into mental health care delivery.** A blend of Eastern and Western medicine provides an easier entry point to receiving mental health care for many immigrants and refugees. This could also include spiritual guides and remedies, which may be highly valued by some elders. This should include Medi-Cal incorporating traditional healing practices as billable services, allowing immigrants and refugees to receive culturally and linguistically competent mental health care.

IMPROVING ACCESS TO MENTAL HEALTH SERVICES FOR IMMIGRANT AND REFUGEE COMMUNITIES

Improved funding and recognition of the role that community-defined evidence practices and CBOs can play in providing mental health services for immigrant and refugee communities will go a long way towards improving access to mental health services. There are, however, some specific actions that the health care system and state health care agencies need to take to ensure effective access to mental health services.

“There are very limited navigation services. Sometimes these services just check a box or do the bare minimum instead of meeting the need. We must start from the ground up, raising awareness, and providing education about mental health. We must also work to include CHW/P/Rs in outreach, and there should not be a separation of this workforce. Raising awareness of benefits is important especially for people who are less familiar with mental health.”

– I&R Project Participant

Recommended policy and health system interventions include:

- **Integrate mental health more fully into the health care system, especially primary care offices.** Many immigrants and refugees are more likely to seek primary care than mental health care. Primary care providers can play an important role in screening individuals for mental health issues, providing education around mental health, and connecting patients to mental health resources.
- **Provide mental health services in trusted community spaces.** In addition to supporting

CBO staff to become credentialed to provide mental health care, policymakers and mental health providers should leverage existing relationships between CBOs and immigrants and refugees.

Mental health providers should be encouraged to provide outreach around mental health and to host mental health clinic days at trusted CBOs, and they should be reimbursed for these activities.

- **Facilitate partnerships between CBOs and mental health providers.** There is a need for a strong pipeline between agencies and organizations that have first touches with immigrants and refugees, CBOs that work with them, and the health care system, including primary care and mental health care providers.
- **Outreach and education about health insurance and mental health resources.** Government agencies need to develop and provide culturally and linguistically relevant information and resources on the benefits available to immigrants, refugees, and asylum seekers. Specifically, there needs to be dedicated outreach and education around Medi-Cal eligibility, how to apply for Medi-Cal, Medi-Cal benefits, and how to access mental health care in Medi-Cal. This outreach should include information about transportation options and benefits that people may not be aware of, such as insurance-covered rides to appointments and clinic-provided shuttles. In some cases, providers need better information on what benefits are covered in which plans and how best to support their patients in ensuring they received the mental health benefits their insurance covers.



DEVELOPING AND RETAINING A DIVERSE MENTAL HEALTH WORKFORCE

Beyond providing additional training to the existing mental health and health care workforce, there is a deep need for growing and diversifying the mental health workforce to better reflect the diversity of California's population.

“It’s very challenging for a person of color to go into a career for mental health because they have their own trauma. They also have a lack of funding, deterring them from applying for grad school. However, providing opportunities would be incredibly beneficial.”

– I&R Project Participant

Recommended policy and workforce interventions include:

- **Develop a workforce pipeline for young people of color to enter the mental health workforce.** To grow the mental health workforce, more educational opportunities and pathways need to be added at the college level, especially at community colleges and programs that are well-attended by people of color.

- **Waive licensing fees and reduce entry requirements for certification programs.** Making jobs in mental health services more accessible and attainable for local applicants by waiving fees and lowering admission restrictions would increase the number of culturally and linguistically concordant providers.
- **Create incentives for established providers of color to remain in the behavioral health workforce.**

Unfortunately, many established mental health providers of color experience burnout, and many are leaving the workforce. Policymakers and health care systems should provide funding support to these providers to ensure that salaries and workplace benefits are sufficient. Extending government-like benefits and pensions could attract more people of color to behavioral health jobs and incentivize long-term service. Funding should also be provided for mental health support for behavioral health providers and workers. This will also set a good example for community members, who will see that everyone needs help.



Learning from Community-Based Organizations

INVESTING IN YOUTH

Youth programs play a critical role in shaping the future of our communities. By investing in youth, especially within immigrant and refugee communities, we not only nurture the leaders of tomorrow but also address systemic inequities and promote social justice. Community-based organizations are at the forefront of this work, offering culturally relevant programs that empower young people through leadership development, advocacy, education, health and wellness initiatives, and cultural enrichment activities. By providing culturally relevant support, education, and opportunities for civic engagement, these programs empower youth to become advocates for themselves and their peers, creating a ripple effect of positive change.

In this section, we highlight three exemplary youth programs from our partner organizations that are making significant impacts in their communities. Each of these programs is tailored to the specific cultural and community needs of their participants, fostering leadership, advocacy, and a sense of belonging. From substance use prevention and mental health advocacy to cultural enrichment and intergenerational connection, these programs offer valuable insights into how community-based approaches can make a lasting impact on the lives of young people and a generational impact on the community.



CERI's Youth Department

Engages over 70 youth and transitional age youth (TAY) from refugee and immigrant communities each year in leadership development, advocacy, academic, health and wellness, and cultural enrichment programs, including programs around environmental justice, green jobs, youth advocacy around harm reduction, and substance use prevention. For example, the youth-led

Khmer Dance Group performs traditional Cambodian dances, celebrating their heritage and boosting their confidence and pride. CERI organizes intergenerational activities such as field trips, listening sessions, and advocacy events to bring young people and elders together, helping to bridge generational gaps and build community. In the summer of 2024, CERI launched an intensive 4-week summer leadership and advocacy program to uplift Southeast Asian (SEA) youth and youth from other refugee and immigrant communities (ages 12-24). A key component of the program is the youth-led research project, focusing on understanding how generational trauma affects SEA communities and their relationships to substance use and overall wellness; youth will develop and distribute a safety kit focused on raising awareness around substance use and generational trauma through a harm reduction lens.



The Hmong Cultural Center's Koomtes (Joining Hands) Youth Program

Encourages and empowers youth to build self-esteem, confidence, and leadership skills to support themselves and their peers. The program is led by a Youth Core Group who are trained in advocacy, active listening, facilitation, research, and public speaking techniques. Hmong Cultural Center staff

members prepare core members as peer supporters by using real-life scenarios for core members to act out and analyze to learn how to de-escalate or support challenging situations. Core members are given incentives for their leadership in developing and leading program activities such as listening sessions, connecting with stakeholders, advocacy training, and social media campaigns. To date, 43 youths have participated in this program, and 12 have graduated and moved on to find part-time jobs or attend colleges and universities. The youth that have participated have significantly improved their own mental health and their knowledge of mental health systems and have helped peers inside and outside of the program discuss and attend to their own mental health. This program has benefited from an active group of parent volunteers and close collaboration with local government, schools, and community-based organizations.



The Cambodian Family's Empowered Southeast Asian and Latinx Youth Substance Use Disorder Prevention (ESALY) Program

Trains prospective youth leaders in community organizing and civic engagement including introducing them to local community-based organizations, who have collective decades of experience in community

organizing, civic engagement, and capacity building. The ESALY has trained a cohort of dedicated, hard-working, and earnest youth leaders from communities of color who have organized, hosted, and co-hosted major agency events, including a Youth Forum and a Youth Leadership Summit (co-hosted with regional EYC partners). These leaders have also met the Santa Ana City Council, Mayor, Youth Commission(ers), and County Board of Supervisors. During a recent youth panel/community forum, youth leaders directly engaged these stakeholders, as well as other community leaders and policymakers in conversation on SUD policy and prevention at the local level. As of 2024, over Southeast Asian and Latinx 110 students have participated in the program. As part of this project, The Cambodian Family published the report and presented at American Public Health Association and Substance Use Disorder Integrated Care Conferences, In Their Eyes: The Causes of Youth Substance Use Disorder & Solutions, which drew from listening sessions with Santa Ana youth, and details youth input on the impact of substance use in their communities and youth-developed policy recommendations.

CONCLUSION

Making real progress in providing mental health care to immigrants and refugees requires a multi-faceted approach that acknowledges the trauma experienced by this population as well their unique cultural backgrounds. Policymakers have an important role to play in ensuring that California's health care system provides easy access to culturally competent mental health services and in supporting existing community-based organizations that work with these populations. In addition, continuing to develop and invest in a diverse mental health workforce that better reflects California's diversity and is trained in working with immigrants and refugees is critical.

This will require the dedicated work and cooperation of many different individuals and entities including mental health workers and providers, CBOs, first responders, health care systems, and governments. These organizations are encouraged to come together and form working groups where they can share successes, challenges, and needs so each organization can support one another.





California Pan-Ethnic HEALTH NETWORK

ABOUT CPEHN

The California Pan-Ethnic Health Network (CPEHN) is a BIPOC-led, multicultural, state policy organization, which seeks to advance health equity by dismantling structural racism and ensuring opportunity and health for all Californians. For 30 years, CPEHN has worked with a diverse network of community-based organizations across the state to identify and elevate community priorities to state policymakers. CPEHN is dedicated to building power with communities of color through policy advocacy, research, network and leadership building, and storytelling.

CPEHN works closely with a network of 8 community-based and statewide organizations as the lead contractor for the MHSOAC's Diverse Racial and Ethnic Communities Stakeholder Advocacy Contract.

PARTNERS



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