



Mental Health & Psychosocial Support Service Mapping

Supporting forcibly displaced people in accessing mental health and psychosocial supports in the United States



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Mental Health & Psychosocial Support Service Mapping was developed by the International Rescue Committee's [Center for Adjustment, Resilience and Recovery](#) (CARRE) and the [National Resource Center for Refugees, Immigrants, and Immigrants](#) (NRC-RIM).

CARRE's goal is to ensure that refugee, asylum-seeking and other forcibly displaced children, youth, and families receive culturally responsive, evidence-based, and trauma-focused treatments and service interventions across a wide array of systems to prevent the long-term, negative impacts of childhood traumatic stress. CARRE is a category II center of the National Traumatic Stress Network, which is funded through the generous support of the Substance Abuse and Mental Health Services Administration.

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Introduction

As of June 2023, over 103 million people around the globe were forced to flee their homes to seek safety¹. More than 32 million of those crossed a border into another country as refugees, of which more than 40% were children². People driven from their home due to factors such as conflict, persecution, oppression, and climate related disasters are often described as “**forcibly displaced**”.

Forcibly displaced individuals, children, and families in the United States have often experienced multiple traumatic events across the arc of crisis³. Being displaced increases the risk of violence and exploitation due to the breakdown of formal and informal protective systems. The average time for someone to be displaced is 10 to 15 years, and this time is often fraught with great uncertainty, difficulty meeting basic needs, and further risks to safety and health^{4 5 6 7}.

After arriving in the U.S., families continue to face numerous risks and often have fewer protective factors than before arrival. They are commonly living in poverty and must simultaneously find a job, learn a new language, and adjust to a new culture. Importantly, they are often separated from family and loved ones who may remain in peril^{8 9 10 11}. This combination of past traumatic events, ongoing stress, pressured adaptation and severed social supports can negatively impact individual, child and family well-being with forcibly displaced people being shown to have a higher prevalence of certain mental health conditions, primarily major Depression, Anxiety disorders, and Post-Traumatic Stress Disorder^{12 13 14}.

Despite this, people who have been forcibly displaced utilize mental health services at a lower rate than the U.S. general population¹⁵. The reasons for this are complex and include factors such as lack of health insurance, linguistic barriers, stigma, lack of transportation, and cultural differences in causality and healing. When people do not receive the support they need and want, it can prolong unnecessary suffering, decrease individual functioning, erode family relationships, and weaken communities.

Using this Resource

This document helps guide you in mapping Mental Health and Psychosocial Supports (MHPSS) that may be available to forcibly displaced people in your community with the goal of improving access to and utilization of these services.

Service mapping is a process of collecting information about the supports that are available to a certain population or for a particular issue. Service mapping helps you develop a comprehensive and durable (accessible and sustainable) referral list that can be an invaluable resource in connecting clients to a wide range of services and resources. The process of service mapping can also foster collaborative relationships with organizations and stakeholders, and help raise awareness of a client’s context, including environmental stressors and access barriers.

You will notice throughout the document that the term MHPSS is used, instead of “mental health” to recognize the dynamic interplay between a person’s mental health and community and societal factors. This is consistent with the Inter-Agency Standing Committee (IASC) [Pyramid](#) and [Guidelines](#) on addressing the diverse mental health needs of individuals affected by crises, which has been used extensively with forcibly displaced people in humanitarian contexts across the globe.

Viewing service and support options through an MHPSS lens, as opposed to just a mental health lens, allows providers to offer a range of referrals, and helps ensure that clients can receive MHPSS assistance that is aligned with their priorities and responsive to their culture, history, and world views.

This document may be used by a wide variety of providers, including but not limited to frontline workers trying to connect people to mental health services, mental health clinicians trying to find additional supports and resources, and public health staff seeking to better understand the MHPSS landscape in their area. For ease, the word “client” is used to represent the individual who may be needing and wanting services.

Mental Health: A state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community.

Psychosocial Wellbeing: Recognizes the close and dynamic connection between mental health and all aspects of a person’s life including circumstances, culture, context, and role. Conflict and displacement can disrupt financial well-being, relationships, sense of opportunity and connection, the ability to meet basic needs, and much more. Sexism, racism, and other forms of oppression and marginalization also degrade numerous areas of a person’s life and are often made worse during conflict and displacement. All these factors can negatively impact individual, community, and societal well-being and therefore interventions at multiple levels are needed to fully address well-being.

Step 1: Better Understand the Population You Serve

The first step in service mapping is to examine the demographics of the forcibly displaced populations you serve or wish to serve. You may already have this information, or some of this information, from current client demographics, or you may need to develop a demographic collection process. In addition to standard demographic data, if you are serving forcibly displaced people, it may also be helpful to know:

Country of origin. Knowing country of origin can help you search for local or regional ethnic community-based organizations or mutual assistance associations that may be able to provide support and assistance. For example, “Ukrainian Community Alliance” or “Vietnamese Friendship Association”.

Preferred language(s). All clients who want interpretation should be asked for their preferred language or languages. Country of origin is not sufficient to determine language as many countries have dozens of languages. It is also important to note that the same language can have many different dialects. For example, Arabic spoken in Iraq differs from Arabic spoken in Sudan. Therefore, when requesting interpretation or translation you should always specify language and country of origin. For example, “Iraqi Arabic.”

Interpretation needs. Knowing if a client would like interpretation helps you search for appropriate referrals, better prepare for appointments, and plan for what resources you may need to have translated.

Ethnicity. Like “country of origin”, knowing ethnicity can help you search for mutual assistance associations or ethnic community-based organization in the area. For example, “Bantu Women’s Center”.

Faith or Religion. Faith or religion is often central to many forcibly displaced people’s lives. Depending on a client’s belief system and preference, faith-based institutions can be an important referral for support and healing.

Health Insurance. Most mental health services in the U.S. are paid for by health insurance. Knowing if a client has health insurance, specifically Medicaid, is important for mental health service mapping as it allows providers to identify resources and programs.

Because collecting certain demographic information can be sensitive, it is important to let clients know why you are asking these questions, how you will keep their information confidential, and that they can decline to answer any, and all, questions. Below is an example script:

We collect information from our clients so that we can see what services and support may be available to them and their families. All information is kept confidential, meaning we do not share it with anyone without your specific permission. You do not have to answer any questions you feel uncomfortable answering or don’t want to answer. Is it OK if I ask you a few of these questions?

Immigration Type or Status

Forcibly displaced people arrive to the U.S. in many ways and have various immigration types and status, such as refugee, humanitarian parolee, and special immigrant visas (SIV) holder, or they may be seeking humanitarian protection through avenues such as pursuing asylum.

Access to benefits and services in the U.S., including mental health, often depends on immigration type or status, and thus, immigration pathways can greatly influence a person's ability to access treatment. Similarly, some humanitarian protections allow people to move towards U.S. citizenship and file for family members to join them in the U.S., while others offer no pathway to permanency or ability to reconstitute family in the U.S. Lack of immigration status puts people at risk of removal from the U.S., which may return them to harm or cause family separation given that many people in the U.S. have families with mixed immigration statuses.

See [Glossary of Terms](#) for more detailed information on specific immigration types or statuses.

Immigration status or type can determine what services and supports may be available to clients, signify potential risks to safety and stability, and suggest additional mental health stressors (see [Table 1: Common Immigration Type or Status and Related Benefits](#)).

While collecting this information can be important, it is also sensitive and can introduce additional risks for clients. Some general rules to follow when considering collecting demographic information on immigration are:

Ask only on a “need to know” basis. Only ask this question if you need the answer for services and support that directly benefit the client.

Ensure confidentiality and privacy. While rare, records can be subpoenaed. For this reason, it is recommended that you do not put immigration status or type in a client's file unless there is a specific reason to do so, and you can ensure privacy and confidentiality.

Make sure to tell clients why you are asking, what you will do with the information, and let them know they can decline to answer. Below is an example script:

In the U.S., people's immigration type can determine the benefits and services that may be available to them. I wanted to ask you a question about your immigration type so I can see what benefits and services might be available to you. I know this is very sensitive information. Please know that whatever you tell me will remain confidential. I will not disclose it to anyone or record this information anywhere. You do not have to answer this question if you do not want to. Is it OK if I ask you about your immigration type? [If yes]: Do you have a particular immigration type or status? (Many people will not know and so you may have to use prompts such as: “Did you come to the U.S. as a refugee?” “Did you come to the U.S. through an agency or on your own?” “Are you seeking asylum?” “Do you have worries about being able to stay in the U.S.?”)

Table 1: Immigration Type or Status and Related Benefits

Immigration Type or Status	Pathway to permanency*	Employment Authorization	Access to Federal Benefits
Refugee	✓ Yes	✓ Yes	✓ Yes
Asylum Seeker	✗ No - must be granted asylum first	May apply for employment authorization 150 days after filing for asylum but it may take a significant amount of time before it is granted	✗ No
Asylee	✓ Yes	✓ Yes	✓ Yes
Iraqi or Afghan Special Immigrant (“SIV”)	✓ Yes	✓ Yes	✓ Yes
Humanitarian Parole	✗ No, unless they qualify under another provision of law, such as the Cuban Adjustment Act or based on a family petition or grant of asylum	Most parolees must apply for employment authorization, however Afghans paroled through Operation Allies Welcome, and Ukrainians paroled through United for Ukraine are considered employment authorized incident to parole	Afghans, Ukrainians and certain Cuban and Haitian parolees may be eligible for benefits
Special Immigrant Juvenile (SIJ)	Upon approval of the SIJ petition, the petitioner may apply for LPR status	✓ Yes, upon grant of LPR status	Upon grant of LPR status, may be eligible for benefits depending on state of residence
T – Non-immigrant Status (“T-Visa”)	May apply for LPR status after 3 years from date of T-Visa grant	✓ Yes	✓ Yes
U Non-immigrant Status (“U-Visa”)	May apply for LPR status after 3 years from date of U-Visa grant	✓ Yes	✓ Yes

* “Pathway to permanency” means that people can pursue Lawful Permanent Residence (LPR). To qualify for U.S. citizenship through naturalization, a person must first have LPR status.

Step 2: Identify Possible Providers & Programs

Identifying possible providers and programs helps you concentrate your research and information gathering efforts. Below is a curated list of common agencies and programs that serve forcibly displaced people, along with summary information, links, and search terms.

Community Based Organizations (CBO). CBOs are nonprofit organizations that operate at the community level and offer a variety of services and targeted assistance, including rent and utility assistance, food assistance, after school tutoring, job readiness, and much more. Some CBOs also offer MHPSS.

- ➔ To find CBOs in your area, you can visit 211.org or call 211. 211 is a 3-digit number designated by the Federal Communications Commission (FCC) providing information and referrals to social services and other forms of assistance. Many City and County governments also keep an online list of community and human resources with links.

Community Colleges. Community colleges often provide free or low-cost English language classes and important job certification programs for older youth and adults. Community colleges may also offer counseling and have other peer learning or peer groups that can be important avenues of support and connection.

- ➔ Call your local community colleges and ask what services and supports are available for “English language learners” or “refugees” or see if they offer this information on their website. You can also try the following search terms: [local community college] + refugee support services.

Ethnic Community Based Organizations (ECBO). ECBOs are community-led organizations that serve specific ethnic or cultural groups. They play a vital role in addressing the unique needs of diverse populations by providing culturally sensitive services, community outreach, and advocacy. ECBOs often have strong and trusted connections to communities making them vital sources of support.

- ➔ To find ECBOs in your area, try the following search terms: [Provider’s city or county] +Ethnic Community Based Organizations or [Provider’s city or county] + [name of population] +community service organization. For example, “Boston + Somali + Community Service Organization”.

Ethnic Community Self Help grants. Grants provided by the Office of Refugee Resettlement (ORR) to ECBOs to help newcomers adjust to life in the U.S. This may include things such as finding a job, learning English, mentoring youth, preparing for citizenship, and understanding U.S. customs and laws.

- ➔ Go [here](#) for a list of all organizations who have received Ethnic Community Self Help Grants

Faith Based Organizations. Churches, synagogues, mosques, and other faith-based groups often play an important role in providing services and supports to forcibly displaced children and families.

- ➔ Try the following search terms: [Provider City or County] + population + type of religious institution (i.e., church, mosque, temple, etc.). For example: King County Ukrainian Churches

Federally Qualified Health Center (FQHC). FQHCs are community-based healthcare organizations that offer primary healthcare services, and often behavioral health services, to medically underserved geographic areas or underserved populations. FQHCs accept Medicaid and Medicare, as well as offer care on a sliding fee scale, making them a crucial resource for individuals with limited financial means. FQHCs in geographic areas with large refugee populations will often have providers who have developed technical expertise in how to effectively serve new arrivals, and some FQHCs may even have dedicated refugee health programs. FQHCs with behavioral health services can be a non-stigmatizing option for new arrivals with mental health concerns.

➔ You can search for a nearby FQHC at [Find A Health Center](#)

Legal Service Providers. Forcibly displaced people often have immigration needs that require the support of legal service providers. In some communities there are legal service nonprofits that specialize in working with refugee, immigrant, and migrant communities at low- or no-cost. Many Resettlement Agencies also have immigration support programs that help people file immigration paperwork through accredited Bureau of Immigration Appeals staff. A limited number of Resettlement Agencies also have immigration attorneys that can provide representation. People without permanent legal protection – like those seeking asylum – may prioritize accessing a legal provider before other services, including mental health services.

➔ You can call a local Resettlement Agency and ask them if they offer legal services and search for legal services providers at the [National Non-Profit Immigration Legal Service Providers Directory](#)

Mutual Assistance Organizations. Mutual Assistance Associations are like ECBOs in that they seek to address the needs of a specific population, but they are not formal nonprofits and may be staffed entirely by volunteers.

➔ To find MAAs, you can try the following search terms: [Provider's city or county] +Mutual Assistance Organizations or [Provider's city or county] + [name of population] +community group. For example, "Seattle + Vietnamese + Community Group"

Preferred Communities Programs. ORR's Preferred Communities program offers support services to refugees, asylees, and other qualified populations that need special support due to a medical or mental health concern, or because they may have a special need (i.e., elderly, pregnant, single parent). RAs receive Preferred Communities funding and services may differ from one RA to another.

➔ Call your local RA(s) and ask about their Preferred Communities programming or ask if they offer Intensive Case Management programming.

Refugee Resettlement Agencies. A Refugee Resettlement Agency (or RA) is a private agency that works with the U.S. Government, specifically the Department of State, to provide for the initial reception and placement of newly arriving refugees. Reception and placement services include initial housing placement, ensuring people have a refugee medical exam and are connected to a primary care doctor, providing basic cultural orientation, employment, helping people sign up for eligible benefits and ensuring children are enrolled in school. These services typically last for 90 to 180 days after arrival. RAs typically also have other grants or contracts to provide additional services like MHPSS, job readiness, financial coaching, English language classes, after school tutoring, and much more. However, services will vary depending on what funding has been secured from a particular RA in a particular geographic area.

- ➔ Go [here](#) for a list of Resettlement Agencies. RAs will have offices in cities throughout the U.S. so you may want to try to following search terms: [your city or county] + [name of RA]

Refugee School Impact grants. ORR provides funding to states to support ORR eligible children (0-18) with educational adjustment and academic attainment. These funds are distributed to schools, school districts and nonprofits in a variety of ways.

- ➔ Contact your local [State Refugee Coordinator](#) for more information.

Schools and School Districts. Schools and school districts in areas with a high number of forcibly displaced people may have specially funded or specially developed programs to serve or engage newcomer students and their families. These programs are often in partnership with local RAs, CBOs and ECBOs. Common types of programs include English language acquisition support, academic tutoring, youth mentoring, and newcomer parent engagement. Schools may also have health clinics or mental health therapists on site, which can be a free, convenient, and non-stigmatizing option for new arrival students with mental health concerns.

- ➔ You can call your local school district and ask what services and supports are available for “English language learners” or “refugees”. You can also try the following search terms: [Provider’s school district] + refugee support services.

Services for Survivors of Torture. ORR issues grants to organizations to provide medical, mental health, legal and social services to foreign nationals in the U.S. and their families who have experienced torture as defined by U.S. law.

- ➔ Go [here](#) to see a list of funded agencies and their locations.

Other Helpful Resources

National Child Traumatic Stress Network (NCTSN). NCTSN works to raise the standard of care and increase access to services for children and families who experience or witness traumatic events.

- ➔ You can search for NCTSN funded centers [here](#).

Office of Refugee Resettlement Resource Map. This map helps you better understand the resources and contacts for ORR-eligible populations in your state.

- ➔ Go [here](#) and select your region or territory.

State Refugee Coordinators. Each U.S. state receiving refugees has a State Refugee Coordinator and a State Refugee Health Coordinator. While these staff do not provide direct services, State Refugee Coordinators and State Refugee Health Coordinators, and their associated departments, often have invaluable information on available services and support in that state.

- ➔ A list of State Refugee Coordinators and State Refugee Health Coordinators can be found [here](#).

National Immigrant Women’s Advocacy Project’s “Benefits Map”. This interactive map provides information and resources about various benefits and services available to immigrants across different U.S. states. It can help you understand and identify additional supports and services that individuals and families may be eligible for, including healthcare, housing, employment, and other essential benefits.

- ➔ Go [here](#) and click on your state or territory.

State Funded Benefits. Some states have designated programs and benefits that provide mental health services to individuals without insurance, who are experiencing a medical or mental health crisis, or who have special needs. Finding state funded programs may require some searching.

- ➔ Consider reaching out to your state department of social services to ask specific questions about what state funded mental health benefits may be available in your state. You can search for their specific state agency [here](#).

Substance Abuse and Mental Health Services Administration. This website helps you locate mental health or substance use disorder treatment in your locale, describes the services, and notes if they accept Medicaid.

- ➔ Go to [FindTreatment.gov](https://www.findtreatment.gov) to search for mental health and substance use treatment providers in your area.

Step 3: Gather More Information

Based on the demographics of the population(s) you serve, and the potential service providers or programs identified, you can begin collecting information to fill out a service map. While you may be able to find some information online, this step will usually require calling agencies to ask more detailed questions.

As you collect information, enter it into a spreadsheet or database that can be easily sorted. This will become your service map. Other options for creating a service map can include creating a saved virtual map of providers using a service like Google Maps or findhelp.org.

Table 2: Information Collection Questions

Basic Demographics	<ul style="list-style-type: none">• Name of Agency?• Address?• Phone?• Email?• Point of Contact for Referrals?• Hours of Operation (Days, Times)?
Payment	<ul style="list-style-type: none">• What sort of payment do they accept (i.e., Medicaid)?• Do they offer a sliding scale fee?• Do they have options for charity care?
Accessibility	<ul style="list-style-type: none">• Are they on a bus line? If so, what bus number(s)?• Do they offer transportation support?• Is there an elevator?• Are the services wheelchair accessible?• Do they provide interpretation?• Do they have bilingual staff? If so, in what languages?
Services	<ul style="list-style-type: none">• What age range(s) do they serve?• Do they focus on a particular population?• What types of services or resources do they provide?• Is there a time limit or time range for services?• Do they have experience working with refugees, immigrants, and migrants?
Referral	<ul style="list-style-type: none">• What is the process for referral?• Is there a wait for services? If so, how long?

Step 4: Create Referral Pathways

Now that you have a service map, you need to create referral pathways to connect individuals and families to the identified services and supports. The referral checklist below can help staff and agencies make sure that their process is durable, trauma informed, and client centered.

Referral Checklist

As the person referring the client, you:

- ☐ Understand the reason for the referral (i.e., need, concern, condition, etc.).
- ☐ Have a private and confidential space in which to make the referral.
- ☐ Have the necessary referral forms and releases of information.
- ☐ Have reserved enough time to explore client's needs and preferences and answer questions or concerns.
- ☐ Speak the client's language or have a professional interpreter available.
- ☐ Have been trained to make a referral in a trauma-informed, strengths-based, and non-stigmatizing way.
- ☐ Have multi-tiered referral sources so you can offer different levels of referrals depending on the client's preference.
- ☐ Can support the client as needed in connecting to the referral including helping them remove access barriers like transportation and language.
- ☐ Understand the referral process for the organization or program to which the client is being referred.
- ☐ Know that the agency/provider being referred to:
 - ☐ Is accepting new clients/participants.
 - ☐ Is financially accessible to the client (i.e., accepts Medicaid, pro bono, sliding scale, etc.)
 - ☐ Provides interpreters.
 - ☐ Is appropriate for the age of the client if the client is a child or adolescent.
 - ☐ Can supportively work with LGBTQIA+ if part of a client's identity.
 - ☐ Has experience working with forcibly displaced people.
 - ☐ Has experience supporting/treating the particular concern or condition of the client (i.e., depression, substance use disorder, etc.), if a mental health referral.

Special Considerations for Mental Health Referrals

Mental health referrals must always be sensitive to the needs and concerns of the client. People who have been forcibly displaced people may have unique considerations, including but not limited to:

Medical History. Due to conflict or crisis, many people forcibly displaced have spent periods of time in locations where food is inadequate, there is little or no clean drinking water, violence is endemic, and conditions bleak. Certain diseases, malnutrition, and the consequences of some injuries can sometimes look like mental health symptoms.

- ➔ **Consider** first referring into a medical health provider to rule out a medical cause, especially if the client is new to the U.S., has non-specific symptoms like body pain or extreme fatigue, or has a history of 1) injuries due to violence or conflict, 2) food deprivation, or 3) significant illness.

Causality and Worldview. Mental health in the U.S. is primarily understood through a bio/psycho/social lens. Other countries and cultures may have a different understanding of mental health that may include things like body humors, spirits, curses, religious tests, and karma. In addition, mental health service provision in the U.S. is based largely on a Western worldview that puts individuals at the center, views time as linear, and prioritizes things like facts, structure, and hierarchy. Other countries and cultures may have different worldviews that put groups or communities at the center, view time as non-linear or cyclical, and prioritize things like spirituality and connectedness.

- ➔ **Consider** referring to community based, non-specialized services when it is safe and appropriate to do so as these are most likely to be culturally congruent and linguistically accessible. If more specialized, clinical services are needed, try to find an agency or provider that is familiar with working with people and communities with various belief systems and can integrate these belief systems into care.

Familiarity. Many countries in the world lack a mental health infrastructure. For example, Afghanistan has one mental health hospital where patients are commonly heavily sedated or chained¹⁶. People new to the U.S. from countries with little or no existing mental health infrastructure may be unfamiliar with more humane and less invasive treatment.

- ➔ **Consider** utilizing a referral script that provides elements of psychoeducation, de-stigmatization, and normalization. For example, *“Based on what you have told me, it sounds like having more support might be helpful. This is common for many people who are new to the U.S. and who have been through the types of things you have been through. In the U.S. people often find mental health counseling helpful. I know in some countries mental health means the same as “crazy”. That is not true in the U.S. In the U.S., mental health has to do with how you are feeling emotionally, how you are thinking and how you are acting. For all of us, how we think, feel and act is influenced by what has happened to us and what is happening in our lives now. A counselor or therapist is a professional that helps support people when they have difficult life challenges or are trying to heal from the past. Is this something you think might be helpful to you?”*

History of Psychiatric Abuse. In some countries, psychiatry has been used as a political tool of oppression on dissidents, those who identify as LGBTQIA+, people with certain religious beliefs, and more.¹⁷ This can make members of certain communities or groups particularly fearful of mental health services.

- ➔ **Consider** doing research on countries who have or continued to use psychiatry as a political tool of oppression. Clients from those countries may need to be approached with particular care. Encouraging these clients to talk to a trusted medical provider can often be a safe entry point.

Language. Language access is critical to appropriate care and support, but even with accurate interpretation and translation, it is important to note that certain words and expressions may have different meanings or simply not exist in other cultures. For example, there is no direct translation for the word “depression” in

Khmer¹⁸ or anxiety in Gujarati¹⁹. Idioms like “feeling blue” or “feeling down” may be completely unknown in other cultures.

- ➔ **Consider** using specific and simple words when talking and avoid idioms of expression. For example, say “I notice that you are crying a lot and often seem sad” instead of “you seem depressed” or “worrying a lot” instead of “anxiety”. Ask people how they might describe something in their language. For example, “Can you describe what that looks like?” and “What is the word or expression for that in your language?”

Confidentiality. In many countries, confidentiality when receiving medical or mental health services is not guaranteed and people may fear that their most sensitive concerns and issues will be spread in the community, especially if an interpreter is present.

- ➔ **Consider** explaining and emphasizing confidentiality in all referrals, especially if an interpreter is present. For example, *“In the U.S., all medical and mental health services are confidential. This means that providers cannot talk about a patient or client without their permission. This includes interpreters. This is a law that is taken very seriously and medical providers, counselors, interpreters, and other people who provide care can get in trouble and even possibly lose their jobs if they disclose things without a client or patient’s permission. The only exceptions to this are if someone is a danger to - themselves or others.”*

Context. Clinical mental health providers may ask people to discuss and process difficult events and feelings. People who have been forcibly displaced may have lived in survival mode for decades. Being vulnerable enough to “feel” can be a liability in an environment in which staying alive requires suppressing one’s emotions and maintaining toughness. In addition, many forcibly displaced people, especially if they are new to the U.S., are facing daily pressures and struggles to find a job, pay their bills, learn English, and much more. They may have family and friends who are in harm’s way and may be receiving frequent bad news about people they know and care about. “Talk therapy” can seem useless and impractical.

- ➔ **Consider** referring clients to services and supports that meet their basic needs, or making a referral to a clinic or provider that will integrate case management into service provision. In addition, make sure that agencies and providers are willing to go at the client’s pace and consider their level of stability and competing demands when delivering services.

Conclusion:

Providing mental health and psychosocial support services to people who have experienced forced displacement is an essential component of improving the overall wellbeing of individuals, families, and communities. It is important that service providers understand the unique context and complex needs that forcibly displaced populations have in the U.S. and develop durable and comprehensive referral pathways.

Service mapping is a valuable tool to identify available resources and address potential barriers to accessing services. By having a foundational understanding of the context of the population(s) they are serving and by following the service mapping steps, providers can create a robust service map that helps them successfully connect forcibly displaced clients with MHPSS services that support their safety, stability, and well-being.

Glossary of Terms

Asylee. Someone who has been granted asylum. Once granted, they have the same rights as someone admitted with refugee status. Asylees can apply for lawful permanent residence after one year of physical presence in the U.S. and pursue naturalization (citizenship) 5 years after the date of their admission to lawful permanent residence.

Asylum Seeker. Individuals who have left their home country and are seeking international protection in another country. People seek asylum in the U.S. through filing an application called a Form [I-589](#) with the U.S. government. People either file affirmatively (with USCIS) or defensively (in immigration court). People seeking asylum must prove that they meet the legal definition of a refugee. The process for seeking asylum is very difficult and may take many years.

Community Based Organization. A publicly, privately, or public-private partnership funded organization that is based in the community and has programs, projects, and initiatives to provide services and resources to people living in the community.

Country of Origin. The country a person originally came from; generally the country of nationality.

Durable Referral. A referral that is likely to be successfully completed because it is accessible to the client, accepts new participants, has available resources, and can be sustained over time.

Ethnic Community Based Organization. A Community Based Organization whose leadership is typically comprised of refugees, immigrants, and migrants, and whose purpose is to serve other refugees, immigrants, and migrants.

Faith-Based Organization. A charitable organization or non-profit whose work is affiliated with a religious group or is centered on the particular faith or tenets of that faith.

Forcibly Displaced People. People who have been forced to leave their home and/or country due to reasons such as conflict, crisis, persecution, oppression, and disaster.

Humanitarian Parole. Individuals who are otherwise inadmissible to the U.S. but who have been granted temporary permission to enter or remain in the U.S. on account of urgent humanitarian reasons or significant public benefit such as humanitarian or medical emergencies or family reunification. Parole may be granted for as little as a few weeks or up to two years. For example, Afghans and Ukrainians granted Humanitarian Parole can stay in the U.S. for two years and are eligible for federal benefits. Cuban, Haitians, Nicaraguans, and Venezuelans may also stay in the U.S. for two years but are not eligible for benefits. Humanitarian parole does not include a pathway to permanent status, but certain parolees may apply for lawful permanent residence under special laws passed by Congress (such as the Cuban Adjustment Act), or based on another provision of immigration law, such as a petition filed by a lawful permanent resident (LPR) or U.S. citizen family member, or a grant of asylum.

Immigrant. From the perspective of the country of arrival, a person who moves into a country other than that of their nationality or usual residence, so that the country of destination effectively becomes their new country of usual residence.

Mental Health and Psychosocial Support (MHPSS). A term that combines “mental health” with “psychosocial support” to acknowledge the close and dynamic connection between mental health and all aspects of a person’s life including circumstances, culture, context, and role.

Mutual Assistance Association. A group of volunteers from a particular community that seek to address the needs of that specific community.

Office of Refugee Resettlement. A government agency that assists in the relocation process and provide needed services to individuals granted asylum within the United States.

Refugee Resettlement Agency. An agency that delivers the basic Reception and Placement services that refugees receive, through a Cooperative Agreement with the U.S. Department of State, Bureau for Population, Refugees and Migration. The agency may offer additional services.

Refugee. A refugee is an individual outside their country of nationality or last habitual residence who has a well-founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group or political opinion, and is unable or unwilling as a result of such fear to avail themselves of the protection of that country. (Convention Relating to the Status of Refugees, 1951).

Refugee Status. A legal term that means admission to the U.S. through the United States Refugee Admission Program (USRAP). To be admitted to the U.S. as a refugee is a long and complicated process. A person must have left their country of origin and crossed a border into another country. In most cases, this means they must register with the United Nations High Commissioner for Refugees (UHCR) who determines if they meet the definition of refugee, which is a person “outside their country of nationality or last habitual residence who has a well-founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group or political opinion, and is unable or unwilling as a result of such fear to avail themselves of the protection of that country¹⁵. People who are deemed “refugees” may be referred for resettlement to another country like the U.S. After extensive background checks, Homeland Security interviews and medical checks (U.S. Department of State)” they may qualify for resettlement. Less than a half percent of the world’s refugees will have the opportunity to resettle¹⁶. A person admitted to the U.S. as a refugee can apply for lawful permanent resident status after one year of physical presence in the U.S. and naturalization (citizenship) 5 years after the date of their admission to lawful permanent residence.

Resettlement. Resettlement involves the selection and transfer of refugees from a State in which they have sought protection to a third State that has agreed to admit them as refugees with permanent residence status. The status provided ensures protection against refoulement and provides a resettled refugee and their family or dependents with access to rights like those enjoyed by nationals. Resettlement also carries with it the opportunity to eventually become a naturalized citizen of the resettlement country.

Service mapping. A descriptive overview of services and supports available to a certain population or for a particular issue. Service mapping helps providers build a more robust continuum of care or connect clients to needed and durable support.

Special Immigrant Juvenile (SIJ). Children who been determined to have been abused, neglected, or abandoned by one or both parents may seek classification as a Special Immigrant Juvenile. This process includes state juvenile court proceedings. Upon approval of the Special Immigrant Juvenile petition, the individual can apply for Lawful Permanent Resident status.

Special Immigrant Visa holder (SIV). Certain individuals are granted Special Immigrant status by the U.S. Department of State or Department of Homeland Security because of past employment by the U.S. government or by a contractor or agency working on behalf of the U.S. military mission in Afghanistan or Iraq. In addition, they must demonstrate that they have experienced an “ongoing and serious threat” because of their association to the U.S. mission in their country. Special Immigrants are considered lawful permanent residents and are entitled to all the same benefits as refugees.

State Refugee Coordinator. The State Refugee Coordinator is responsible for implementing the State Plan for refugee resettlement, overseeing grants for refugee services, and collaborating with national, local and community partners to maximize resources for the resettlement and successful integration of refugees in that state.

State Refugee Health Coordinator. State Refugee Health Directors are responsible for overseeing the health of refugees upon arrival to their state. They work to ensure that refugees receive comprehensive health screenings and are connected to appropriate health care providers in their community. They can also provide information on the specific health needs and challenges faced by refugee communities in their state.

T non-immigrant status. Also referred to as a T-Visa. Allows foreign nationals who have been victims of a severe form of human trafficking and their qualifying spouse and children to lawfully remain in the U.S. for up to four years *if* they have been deemed to have reasonably responded to requests from law enforcement as they seek to detect, investigate, or prosecute human trafficking. A T non-immigrant may apply for lawful permanent residence after being physically present in the U.S. for three years or until the conclusion of the law enforcement trafficking investigation/prosecution, whichever period is shorter.

Temporary Protected Status. A country may be designated by the U.S. government for Temporary Protected Status (TPS) if it determines that conditions exist such as war or natural disaster that prohibit nationals from being able to return safely from the U.S. TPS is authorized for periods of up to 18 months. Individuals must apply for TPS and if granted may remain in the U.S. without fear of deportation and may seek work authorization.

Unaccompanied Children. The term “Unaccompanied Children” or “Unaccompanied Child” does not denote an immigration type or status. Instead, it means that a foreign national who is under the age of 18 has crossed into the U.S. without a parent or legal guardian. Unaccompanied children are placed in the custody of the Office of Refugee Resettlement (ORR) and transferred to one of hundreds of shelters across the U.S. Shelter staff attempt to release unaccompanied children safely and quickly to parents, other family members or sponsors in the U.S. Unaccompanied children are in removal proceedings and to remain in the U.S. must seek to pursue some form of immigration relief. Often this is one of the humanitarian pathways listed above; most commonly, asylum, SIJ or T-Visa.

U non-immigrant status. Also referred to as a U-Visa, is an immigration benefit for foreign nationals and certain qualifying family members spouse and children who have suffered severe mental or physical abuse as victims of certain crimes in the U.S. including sexual assault and domestic abuse. Like the T-Visa, law enforcement officials must deem the U-Visa applicant as having cooperated with law enforcement as they seek to detect, investigate or prosecute the said crime. U non-immigrants may apply for adjustment of status after being physically present in the U.S. for 3 years.

United States Citizenship and Immigration Services (USCIS). U.S. Citizenship and Immigration Services is an agency of the United States Department of Homeland Security that administers the country's naturalization and immigration system.

United States Refugee Admissions Program (USRAP). A consortium of federal agencies and nonprofit organizations collaborating overseas and domestically to identify and admit qualified refugees for resettlement into the United States.

Visa. A government endorsement in a passport giving permission for a person to enter a certain country.

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