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Policy Guide: Improving Access to Mental Healthcare for Refugees and Other Displaced People in the United States



Featured Image: A family who arrived as refugees from Liberia are seen at their new home in Delaware during a meeting with a social worker. All refugee families should have access to culturally competent behavioral health care as they work to rebuild their lives in their new communities. Photo by UNHCR/Ashley Le.

Executive Summary

While refugees and other forcibly displaced people experience mental health conditions at the same or greater rates than the general population in the United States,¹ they face significantly more barriers to accessing mental health services.² By definition, refugees are people who must flee their homes due to war, violence, or persecution – traumatic events which can have a lasting impact on mental health. This is further compounded by the long years often spent in poor living conditions in refugee camps or under-served urban areas in displacement. For those who are resettled, life in a new country can present its own mental health challenges, with some research suggesting that post-migration stressors can be more damaging than pre-migration trauma.³ Yet, once refugees arrive in the United States, cultural, language, cost, and other systemic barriers can stand in the way of treatment and support.⁴

In a recent [report](#) surveying forcibly displaced people in the United States, access to mental healthcare ranked in the top five issues highlighted as being a key determinant of successful integration. Although access to mental health services has improved over the past few decades thanks to federal reforms,⁵ inequities remain for underserved communities, including refugees and immigrants. The COVID-19 pandemic brought many of these disparities to the forefront, leading federal, state, and local officials to increasingly recognize the need for greater investments in mental health related services and resources.

The U.S. refugee resettlement program currently lacks a consistent and cohesive mental health strategy to address existing gaps in the provision of mental health services for refugees and other forcibly displaced people. It is primarily left to states and individual resettlement agencies to coordinate mental health screenings and resource support, if they choose to at all. Even in states that have implemented screening and referral processes, a shortage of culturally competent mental healthcare professionals, funding, and other resources often prevents meaningful access to care.

This policy guide provides an overview of the existing mental healthcare infrastructure currently available to refugees and other displaced people and highlights potential opportunities to advance policies at the local, state, and federal levels to improve access to care. While it is challenging to comprehensively capture every policy option, the intent of this guide is to serve as a primer for refugee advocates seeking to familiarize themselves with the refugee mental health landscape and explore opportunities for advocacy.

Based on our research, some potential opportunities for policy advocacy include:

Calling on the federal government to:

- **Lead and implement a nationwide, cross-sectoral strategy to incorporate comprehensive, trauma-informed, and culturally and linguistically responsive mental health service provision** – by qualified providers – within resettlement programs and beyond to address gaps for refugees and other displaced people navigating mainstream behavioral health systems. This should also include long-term and consistent investments of funding by Congress, and in turn, relevant federal agencies (especially the Office of Refugee Resettlement).
- **Identify refugees and other displaced people as priority populations** in Substance Abuse and Mental Health Services Administration (SAMHSA) and other federally funded programs addressing mental health disparities for underserved populations.
- **Ensure that as many refugees and other displaced people as possible are eligible for federal health-related benefits and services** notwithstanding their immigration status.
- **Invest in workforce development programs** to improve the cultural and linguistic diversity of the mental health workforce and work with states to reduce licensing barriers for foreign-trained practitioners.

Calling on state and local governments to:

- **Develop a statewide (or county/citywide) cross-sectoral refugee mental health strategy** that is comprehensive, trauma-informed, and culturally and linguistically responsive to address gaps and needs within the system of care. This includes facilitating collaboration between state behavioral health authorities, Offices for New Americans, state refugee coordinators, community organizations, refugee leaders, service providers, and practitioners to improve coordination and address gaps in needs. This should also include consistent and integrated funding structures, as opposed to periodic grants.
- **Identify refugees and other displaced populations for targeted programming** meant to address disparities in mental health outcomes for underserved populations. Many states identify specific populations for targeted services. Refugees and displaced people have unique needs that call for a similar approach.
- **Address shortages of culturally and linguistically competent practitioners** by investing in training, reducing licensing barriers for foreign-trained practitioners, and relaxing restrictions on interstate/virtual practice.
- **Ensure that refugees and forcibly displaced people have access to trauma-informed mental health screenings and referral processes** that are incorporated into resettlement programs and mainstream behavioral health services throughout the state, including in underserved geographical areas.

- **Ensure access to care extends beyond the initial resettlement phase** (i.e. beyond the first year post-resettlement).
- **Utilize Medicaid dollars and other federal funding to roll out innovative mental wellness programs**, such as funding community health navigators or wellness groups, to help address barriers to mental health access.
- **Invest in high quality interpretation and improved language accessibility**, including developing clearer guidelines on what constitutes “culturally and linguistically responsive” services.
- **Improve representation from refugee and immigrant populations** on state/regional/local mental health planning councils, task forces, and other government-convened entities.

Investment in national and state mental health strategies for refugees and other displaced people can be life-changing for newly arriving families. Incorporating a national strategy into the resettlement program and other humanitarian pathways with partnerships from states, resettlement agencies, refugee communities, behavioral health practitioners, and community-based organizations can help address systemic gaps in the system of care.

States in particular stand to play an outsized role in ensuring refugees are not left behind through investments and common-sense policy reforms within their behavioral health systems. States can assume a leadership role by bringing stakeholders together and advocating for inclusive policies that address issues like workforce and licensing barriers, language access services, training, and other common challenges to mental healthcare access. States are also best positioned to assess geographical gaps in services for those resettled in rural areas or mental healthcare deserts. Cities and counties are also well positioned to facilitate linkages between providers and communities and bring state resources to where there is the greatest need for training and services.

Thoughtful policies and investments that permeate through federal, state, and local systems of care for refugees and other displaced people have the potential not only to be life-saving for newcomers but also to represent a great return on investment by enabling new Americans to realize their full potential and thrive in their new home.

Endnotes

- 1 Rebecca Blackmore et al., “The Prevalence of Mental Illness in Refugees and Asylum Seekers: A Systematic Review and Meta-analysis,” *PLoS medicine*, (September 21, 2021), <https://doi.org/10.1371/journal.pmed.1003337>.
- 2 A.S. Derr, “Mental Health Service Use Among Immigrants in the United States: A Systematic Review,” *Psychiatric Services*, no. 67 (3) (2016): 265-274, <https://doi.org/10.1176/appi.ps.201500004>.
- 3 Susan S. Y. Li, Belinda J. Liddell, & Angela Nickerson, “The relationship between post-migration stress and psychological disorders in refugees and asylum seekers,” *Current Psychiatry Reports*, 18(82), (July 2016): <http://dx.doi.org/10.1007/s11920-016-0723-0>.
- 4 A.S. Derr, “Mental Health Service Use Among Immigrants in the United States: A Systematic Review.”
- 5 For example, passage of the Mental Health Parity Act of 1996 and the Affordable Care Act.