

Barriers & Opportunities: Accessing Mental Health Services in East New York

Marissa Martin / Young Invincibles / December 2017



Executive Summary

In partnership with Youth Advocacy Corps, Young Invincibles set out to research the current state of young adult immigrant mental health in the neighborhood of East New York, Brooklyn by identifying barriers to accessing mental health services and determining viable solutions to these issues. To do this, we explored current literature on the topic and conducted interviews with subject matter experts and community leaders working directly with immigrant and young adult populations. We also conducted a survey of 62 young adult immigrants between the ages of 16 and 34 years-old in and around East New York, Brooklyn, and asked them about their perceptions, feelings, and personal experiences surrounding mental health. To supplement this quantitative research, we also held a focus group with young people, to understand how our participants think about mental health and wellness, felt about the accessibility of mental health services and their level of understanding of the health benefits related to mental health services. Additionally we held 10 interviews with subject matter experts and community leaders around the perception of mental health and challenges young adult immigrants may face in accessing mental health services.

Through the survey, focus group, and interviews, participants mentioned three main issues most frequently: (1) young adult immigrants have unique struggles with accessing mental health that current policy is not fully addressing, (2) young adult immigrants are not fully aware of which mental health services are available in the community and what is covered by medical insurance providers, and (3) young adult immigrants would benefit from holding more conversations around mental health to help them better understand mental health and to decrease the stigma and normalize the need and opportunity for young adults to seek out and use mental health services.

Our findings show a striking disparity between the community's need for mental health support and current levels of access. Of our survey participants, the vast majority, 81 percent of respondents, stated that they'd accomplished less than they would have liked to at some point in the last four weeks due to emotional stress such as anxiety or feelings of being overwhelmed, yet only 16 percent of our respondents reported that they had considered seeking mental health services or treatment.

Given these findings, it is our recommendation that we increase collaboration between State and City agencies, insurance providers, and community-based organizations in East New York, to foster a system that (1) provides culturally competent and language accessible mental health and wellness resources for all young adults, (2) makes messaging more culturally competent and inclusive, clearly explaining and promoting mental health services and coverage available through a coordinated approach, and (3) starts to shift language around mental health and insurance coverage to normalize discussions of mental health and the system more generally, in order to tackle stigma.

Section one of this report provides an overview of why we focused on Millennial immigrant health in East New York and a review of existing research. Section two provides an overview of our project structure and methodology. Section three describes our findings. Finally section four provides our policy recommendations, calling out the importance of building coordinated, culturally appropriate outreach supports across the city.

Introduction

The immigrant population is rapidly growing in New York City representing nearly 37.2 percent, or about 3.1 million, of all New Yorkers.¹ In the current political environment, examining the mental health challenges young immigrants face is more pressing than ever. Young immigrant populations face a unique set of stressors that can have significant mental health impacts, including adapting to a new cultural environment, immigration status, language barriers, concerns about confidentiality, stigmas and perceptions, and lack of access to key services, amongst a host of other issues.²

Here we examine the state of Millennial immigrant mental health through the lens of one specific neighborhood, East New York, because of its growing immigrant population and because it serves as a representative example of how challenges accessing care play out across a low-income community as a whole. Using our findings, we make concrete, informed recommendations on how both this community and similar New York communities can combat the barriers to access and can reduce stigmas often associated with mental health in immigrant communities.

I. Landscape Analysis

While research has been done on immigrant mental health, historically, findings on disparities for immigrant groups has been limited due to small sample size and limited scope of understanding of acculturation, or the assimilation to another culture.³ Researchers have found that for some immigrant groups, their mental health becomes worse as they become more integrated with American cultures, values, and lifestyles, although researchers have not yet built a conclusive theory as to why this is the case.⁴

Current research highlights two main challenges: systemic underuse of existing services, and a disproportionate number of high-level stressors. This combination of high stress with low support is deeply troubling. With increased national threats to the mental health of young immigrants, understanding the first-hand stories, perspectives and political recommendations of young immigrant populations is particularly urgent.

Underuse of Existing Services

In 2017, sociologists Shawn Bauldry & Magdalena Szaflarski published a study using the National Epidemiological Survey on Alcohol and Related Conditions, in order to explore a nationally representative sample of the state of mental health service utilization by immigrants. The overall findings of this study found that immigrants use mental health care services at lower rates compared to non-immigrants.⁵

¹ The Newest New Yorker", (Department of City Planning, New York City: December, 2013)

https://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/nny2013/nny_2013.pdf.

² Silva, Nicole Da, Frank R Dillon, Toni Rose Verdejo, Mariana Sanchez, and Mario De La Rosa. "Acculturative Stress, Psychological Distress, and Religious Coping Among Latina Young Adult Immigrants." *The Counseling Psychologist* 45, no. 2 (2017): 213-36.

³ Bauldry, Shawn, and Magdalena Szaflarski. 2017. "Immigrant-Based Disparities In Mental Health Care Utilization". *Socius: Sociological Research For A Dynamic World* 3: 237802311668571. doi:10.1177/2378023116685718.

⁴ Takeuchi, David, Margarita Alegria, James Jackson, and David Williams. 2007. "Immigration and Mental Health: Diverse Findings in Asian, Black, and Latino Populations". *Web.B.Ebscohost.Com.Libproxy.Csudh.Edu*. <http://web.b.ebscohost.com.libproxy.csudh.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=9de80a6f-9618-4233-8d6a-9ad68f1b0e37%40sessionmgr101>.

⁵ Bauldry, and Szaflarski. 2017. "Immigrant-Based Disparities In Mental Health Care Utilization". <http://journals.sagepub.com/doi/pdf/10.1177/2378023116685718>

I. Landscape Analysis, cont.

According to Bauldry and Szaflarski, first generation immigrants are 43 percent less likely to use mental health services for mood disorders, and 33 percent less likely to use mental health services for anxiety disorders.⁶ Additionally, immigrants of Black/African-American and Hispanic origin are less likely to use mental health services for mood or anxiety disorders than immigrants of European origin.⁷ These trends can have long-lasting impacts on generations, especially in communities of color that are more likely to be at risk for mental health disorders.⁸

While we know that Millennials are using mental health care services at the highest rates, their immigrant peers are not.⁹ This disparity presents further questions as to why young immigrants are not seeking and using services, how they can be better supported, and what the potential long-term risks are of not addressing this issue.

Exposure to Unique Stressors

Young immigrants face a unique set of stressful circumstances that can lead to significant mental health challenges. NYU Applied Psychologist Selcuk Siran and his research team looked at how acculturative stress on mental health symptoms impact young adult immigrants specifically.¹⁰ Their study found that while mental health symptoms typically decreased between 10th and 12th grades, there was an increase in symptoms around the 12th grade for immigrant youth, which they theorized could be attributed to the unique stressors of post-high school life. Post-high school, most young adults are planning for college, registering to vote, and obtaining legal employment and drivers licenses, activities that could prove difficult for immigrant youth in particular.¹¹

A similar study from researchers Vanessa Rios-Salas and Andrea Larson examined the ways in which interpersonal and group discrimination affect youth immigrant populations. The study found that stress associated with socioeconomic status is directly related to the socioeconomic status of an immigrant's home country.¹² Those living in lower socioeconomic conditions tend to have higher levels of depression, due to the stress of trying to financially support their families.¹³

⁶ *ibid.*

⁷ *ibid.*

⁸ *ibid.*

⁹ *ibid.*

¹⁰ Sirin, Selcuk R., Ryce, Patrice, Gupta, Taveeshi, and Rogers-Sirin, Lauren. "The Role of Acculturative Stress on Mental Health Symptoms for Immigrant Adolescents: A Longitudinal Investigation." *Developmental Psychology* 49, no. 4 (2013): 736-48.

¹¹ *ibid.*

¹² Rios-Salas, and Larson. "Perceived Discrimination, Socioeconomic Status, and Mental Health among Latino Adolescents in US Immigrant Families." *Children and Youth Services Review* 56 (2015): 116-25.

¹³ *ibid.*

I. Landscape Analysis, cont.

Undocumented immigrants in particular face unique challenges surrounding belongingness and community, which contribute to higher levels of depression and isolation. Researchers Gonzales, Orozco, and Sanguinetti examined the relationship between undocumented immigrant status and mental and emotional health.¹⁴ First they looked at how legal barriers contribute to isolation and lowered self-esteem, focusing on the areas of (1) the right to legally work, (2) the right to legally vote, (3) ability to receive financial aid, and (4) ability to obtain a driver's license. These exclusions, coupled with the fear of deportation, often result in high levels of fear, depression, and anxiety.¹⁵ This study's findings correlate with those of Selcuk Siran and his team in determining that young adult immigrants hit peak low levels of self-esteem during the end of high school, when trying to reach these common milestones.¹⁶ These fears also cause young adult immigrants to keep their immigration status a secret, thus increasing their feelings of isolation and not belonging.¹⁷

Now more than ever these stressors are causing a significant burden for young immigrant populations. In an interview with Young Invincibles, Nick Freudenberg, a Distinguished Professor of Public Health at CUNY Graduate School reflected on the impact of immigration status on young adult immigrants:

Since the election of Trump, the perceived status of immigrants is a big issue. People are more reluctant to come out for any service, especially mental health, because of the stigma. No matter their status, in the current climate everyone is afraid that if they seek services they will run into ICE, or they fear that they will be charged for any services they use if they apply for citizenship.¹⁸

Going forward, there is a growing need to examine how these new political challenges will impact young immigrant mental health in the months and years ahead.

II. Our Approach: Project Structure and Methodology

In order to understand the shifting landscape of mental health challenges facing young immigrant populations, Young Invincibles and Youth Advocacy Corps launched an initiative to understand the scope of challenges faced by young adult immigrants in East New York, a low income community with a growing immigrant population¹⁹ that is similar to many neighborhoods throughout New York City. Our research focused on three main approaches: a survey of young adults, interviews with key community stakeholders, and a focus group designed to draw out important themes from our survey.

¹⁴ Gonzales, Roberto G., Carola Suárez-Orozco, and Maria Cecilia Dedios-Sanguinetti. 2013. "No Place To Belong". *American Behavioral Scientist* 57 (8): 1174-1199. doi:10.1177/0002764213487349.

¹⁵ *ibid.*

¹⁶ Sirin, Selcuk R., Ryce, Patrice, Gupta, Taveeshi, and Rogers-Sirin, Lauren. "The Role of Acculturative Stress on Mental Health Symptoms for Immigrant Adolescents: A Longitudinal Investigation." *Developmental Psychology* 49, no. 4 (2013): 736-48.

¹⁷ *ibid.*

¹⁸ Freudenberg, N. (2017, October 31, 2017). Phone Interview.

¹⁹ "The Newest New Yorker", (Department of City Planning, New York City: December, 2013) 2, https://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/nny2013/nny_2013.pdf.

II. Our Approach: Project Structure and Methodology, cont.

Survey: East New York Young Adult Immigrant Mental Health

In collaboration with Young Invincibles, Youth Advocacy Corps, surveyed 62 young adult immigrants between 16 and 34 years-old, residing in East New York, Brooklyn. With this survey, we set out to assess challenges accessing mental health services facing the young adult immigrant population residing in and around East New York. Given the existing research surrounding the status of mental health and young adult immigrants, we focused our research on identifying the barriers to access and opportunities for solutions.

East New York has a population of nearly 92,000²⁰, with a racial breakdown of 63.6 percent Black, 29.6 percent Hispanic, 3.0 percent Asian, 2.5 percent other, and 1.3 percent White.²¹ The average income in East New York is about \$33,000 and the neighborhood saw a 17.1 percent increase in the immigrant population from 2000-2011.²² With these demographics, we anticipated that this area would provide a strong case study for the ways mental health challenges can play out in one specific diverse community. Our sample size of 62 young adults was intended to help us understand the range of challenges faced by young adults in one community, but it, of course, is not statistically representative of the challenges faced by young immigrants nationally.

Survey participants were all first generation immigrants who had immigrated to the United States at different times in their lives. They reflected unique backgrounds varying in ethnicity, education level, and employment status. We used the survey to ask participants to self identify how their mental health had or had not impacted a variety of daily activities as well as their emotional state over the last year. We also asked participants directly about their awareness of available services and resources, and their perceptions about the accessibility of those resources. The survey instrument is included in Appendix I.

Focus Groups

We supplemented our quantitative research with a focus group designed to give young immigrants a chance to share in-depth first-hand perspectives. Our focus group consisted of seven young adults who immigrated from Africa, Canada, China, and Haiti. They were all between the ages of 18-24, and all but one had immigrated to the United States less than a year prior to our meeting.

²⁰Table PL-P5 NTA: Total Population and Persons Per Acre - New York City Neighborhood Tabulation Areas*, 2010, Population Division - New York City Department of City Planning, February 2012. Accessed June 16, 2016.

²¹Table PL-P3A NTA: Total Population by Mutually Exclusive Race and Hispanic Origin - New York City Neighborhood Tabulation Areas*, 2010, Population Division - New York City Department of City Planning, March 29, 2011. Accessed June 14, 2016.

²²“The Newest New Yorker”, (Department of City Planning, New York City: December, 2013) 2, https://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/nny2013/nny_2013.pdf.

II. Our Approach: Project Structure and Methodology, cont.

Expert Interviews

Finally, to supplement our survey and focus group, Young Invincibles, in collaboration with Youth Advocacy Corps, conducted 10 interviews with a variety of subject matter experts and community leaders. These interviews included staff from community based organizations (CBOs) that work with young adult immigrants in East New York and other neighborhoods in New York City, and a group of advocates, educators, and government workers that were familiar with both immigrant young adults and East New York as a whole.

During the interviews, we asked the participants about the greatest mental health challenges faced by young immigrants both in general and in East New York more specifically. We also asked about the impact of culture, religion, immigration status, and family on helping young adult immigrants seek and access mental health services. Lastly, we asked what services existed in East New York and New York City as a whole, and what were, if any, the barriers to young adult immigrants accessing these services.

III. Results and Findings

Through our survey, focus group, and interviews we asked questions about how young immigrants defined mental health, what type of services participants had used, and how mental health impacted daily life for young adult immigrants. Our focus was principally on the different barriers that young adult immigrants faced in accessing mental health services and highlighted the ways that cultural barriers including family, gender and religion, as well as institutional barriers including immigration status, lack of awareness, limited accessibility and challenges with insurance and affordability all impacted young adult immigrants when accessing mental health services. Here we first provide an overview of young immigrant perspectives on mental health services broadly, and then outline the most frequently mentioned barriers to accessing mental health care.

A. Immigrant Perspectives on Mental Health Services

Defining Mental Health

There have long been debates regarding mental illness being considered a ‘real’ illness in the ways that physical illnesses are viewed. Yet most of our participants were very clear on where they stood on this. When asked whether they agreed with the statement “Mental health problems are not real illnesses in the same way that physical illnesses are,” roughly three in five of our survey respondents (or 66 percent), believed that mental illnesses are real illnesses, comparable to physical illnesses. Just 17 percent of participants believed that mental illnesses were not illnesses comparable to physical illnesses, and the remaining respondents were neutral on the question.

While young adults generally believe mental health challenges can count as illnesses, our focus group participants often struggled to define mental health more broadly. The young adult participants had a hard time describing what mental health services were and equated mental health with mental illness, “people with severe disabilities,” or people who had “problems in one’s head.” A few participants shared that they believed that people with mental illness are ostracized and “removed from society.” When discussing anxiety and stress, participants generally...

III. Results and Findings, cont.

A. Immigrant Perspectives on Mental Health Services, cont.

Defining Mental Health, (cont.)

...differentiated those conditions from mental health.

Our interviews with experts highlighted that there may be misunderstandings among immigrant young adults about what mental health is, how mental illness and mental health relate to one another, and what mental health services are. For example, one provider shared that the term “mental health” is not clear to many community members, and that it is often difficult to communicate the need for mental health services with young adults in the community he serves.

Experience with Mental Health Care Services

We also asked participants about their direct relationship with mental health services, whether they thought about seeking services like counseling or therapy, if they had ultimately received services, and in what capacity. When asked “have you thought about seeking mental health services like counseling or therapy?,” only 16 percent of survey participants responded that they had thought of seeking services. Sixty five percent of respondents had not thought of seeking services at all, while 13 percent of respondents hadn’t thought about it previously, but might consider it. Of the survey respondents who had thought of seeking services, four in 10 had actually received services, with two out of 10 of those respondents having used online or virtual mental health or counseling services.

Impacts of Mental Health

Mental health issues, such as emotional and mood disorders, can have severe daily impacts on people’s lives. We found, based on our survey results, that a significant majority of the young adults who took our survey had been negatively impacted by mental health issues in the previous 30 days. To better understand how this could impact the daily lives of young adult immigrants, we first asked participants a series of questions designed to assess if during the previous four weeks they had struggled with their work or other regular daily activities as a result of any emotional problems, such as feelings of depression or anxiety.

When asked about how participants had been feeling during the previous 30 days, survey responses showed that (1) 53 percent had experienced feelings of hopelessness at some point, (2) 69 percent had felt isolated or lonely at some point, (3) 45 percent said they had felt worthless at some point, and (4) 71 percent of respondents had felt downhearted or depressed at some point; however, when asked “During the past 4 weeks, how much of the time have you felt calm and peaceful,” 82 percent responded some of the time or more.

Survey responses also demonstrated that mental well-being had directly impacted the day-to-day lives of our respondents. Responses showed that (1) 81 percent of respondents had accomplished less than they’d have liked to at some point due to mental health challenges, (2) 79 percent did work less carefully than they’d have liked to at some point, and (3) 58 percent of respondents said their emotional problems interfered with their social activities.

III. Results and Findings, cont.

B. Barriers to Seeking Services

While many young immigrants felt that mental health challenges impacted their day-to-day life, only a small percentage directly sought out care. We asked survey and focus group participants, subject matter experts and community leaders a series of questions directly designed to address barriers to seeking care, and found that both cultural barriers, and a range of institutional barriers related to accessibility, affordability, and awareness of services all played a role in preventing young adults from seeking support.

Cultural Barriers

An individual's culture can sometimes create an unsupportive and negative view of mental health challenges and mental health services. Our survey, focus group, and interview participants frequently mentioned cultural challenges connected to family, gender and religion. Our survey asked participants to address if their cultural beliefs would impact their likelihood of seeking mental health services. Of the respondents, 39 percent agreed that their cultural beliefs would make them less likely to seek services. When asked to agree or disagree with the statement, "I would be too embarrassed to tell anyone that I had a mental health problem," 23 percent of respondents agreed that they would be too embarrassed to tell anyone. The focus group participants spoke to a larger cultural adjustment moving to the US, and to the difficulty fitting in, citing language as a particularly large barrier. Specific challenges mentioned included the stress of being in a "lower socioeconomic world," concerns about trying to assimilate without "forgetting where they came from," and a sense that immigrants overexert themselves in order to overcome the changes they face and have a "need to make money and succeed," which causes anxiety.

Within our interviews, two common barriers that subject matter experts and community leaders highlighted were stigma and assessing culturally competent resources. For example, Becca Telzak, Director of Health Programs at Make the Road New York stated, "in general, in the immigrant community there is a huge stigma connected even with using the term 'mental health services.' Additionally, many immigrants don't have access to mental health services, and while we try to connect them to programs, there is a lack of providers who come from a social justice mindset and can help in a trauma-informed way".²³

While culture can be a barrier, for those individuals who want to provide support services, it can be very challenging if mental health services are stigmatized within an individual young adult's cultural background. For example, Max Hadler, Senior Policy Health Manager at the New York Immigration Coalition, highlighted the importance of offering services in a culturally competent manner, stressing that "there is increased receptivity when ...there is culturally competent outreach and education around services."²⁴

²³ Telzak, B. (2017, October 16). Phone Interview.

²⁴ Hadler, M. (2017, October 10). Phone Interview.

III. Results and Findings, cont.

B. Barriers to Seeking Services, cont.

Family

Several of our interview participants specifically mentioned the impact of family on accessing mental health services. In one example, the interviewee saw a young adult who was in need of mental health services, but because the young adult's parents felt this would reflect poorly on them, they didn't help allow the young adult to receive services. In another instance, the interviewee raised concerns about need for parents to sign off on any student receiving assistance from a school social worker or mental health provider, and mentioned that there were many parents who wouldn't sign off. Youth Advocacy Corps participant and first generation immigrant, Janel Richardson-James said,

For many young adult immigrants the divide between culture and family is nearly indistinguishable. Young adult immigrants are sometimes from families that are very close-knit and connected. Many of the elders and authorities within the family are very connected to their beliefs and their culture is carried with them from their home countries. For young adults, having mental health issues makes them feel like weak members of their culture because they feel weak within their family. Even if they were to come forward to their families they will most likely be told to pursue other methods of coping besides talking to a professional. These methods are possibly unhealthy or unhelpful, but in line with cultural values.²⁵

Another one of our interviewees mentioned that students had sometimes told her that they wanted to seek services, but were afraid of how it would impact their parents, or were worried they might get in trouble, and consequently that the school or doctor might call the Administration for Children's Services or the Immigration Customs Enforcement Unit.

Religion

Our survey, focus group, and interviews also asked questions designed to begin to address the impact of religion on seeking mental health services in East New York. When asked to respond to the prompt "My specific religious background would make me less likely to pursue mental health services," 58 percent of survey participants disagreed. Despite this, however, many participants raised religion as a common theme during our focus group, and several of the participants explained that that culturally, their families would turn to their religious institution before they turned to any other services in seeking support. Subject matter experts also mentioned challenges balancing religion and access to care. For example, during our interview with Samiha Huda, former Executive Director of Bangladeshi American Community Development & Youth Services (BACDYS), she spoke of the impact of religion on one group of young adult immigrants. She brought up that many of the Bangladeshi young adults she worked with were Muslim and faced challenges balancing their religion and adjusting to American culture.²⁶

²⁵ Richardson-James. (2017, December 11). Personal Interview.

²⁶ Huda, S. (2017, October 5). Phone Interview

III. Results and Findings, cont.

B. Barriers to Seeking Services, cont.

Institutional Barriers

In addition to cultural barriers, many young immigrants faced institutional barriers to accessing mental health services. The most commonly mentioned barriers included lack of awareness, challenges with affording services or accessing insurance, and limited accessibility of services. Evidence was inconclusive on the extent to which immigration status presented an additional barrier to access.

Awareness

We wanted to know how aware, or unaware, young adult immigrants were of services available to them through their insurance providers and in their communities. We first asked respondents to rate the following statement, “I am familiar with the mental health services available to me in my area,” and found that only 23 percent of respondents agreed, with just eight percent strongly agreeing. Almost half of the respondents, 44 percent, disagreed.

We also asked our focus group and interview participants which mental health services were available to young adults, and more specifically to young adults in East New York. In the focus group, the young adults only referred to school counselors and hospitals as services available to them. To test knowledge of specific high profile services, we asked survey participants about familiarity with NYC Well, a ThriveNYC initiative provided by the City to provide support around mental health services. NYC Well is a 24/7 support that New Yorkers can call, text, or chat if they need support.²⁷

When presented with the statement, “I am familiar with NYC Well Initiative, free confidential mental health support in the City,” in the survey, responses were very closely split with 39 percent agreeing and 42 percent disagreeing. During our focus group, when asked about these programs, none of the young adults admitted to knowing what they were even despite flyers for the programs in the area.

Unsurprisingly, the experts we interviewed were generally able to name many different services available to young immigrants including school-based health clinics, school social workers, nonprofit organizations, NYC Well, hospitals, clinics and private therapists. However when asked about mental health services available in East New York, many of our interviewees stressed that there were a limited number of services in the neighborhood. The most common neighborhood services mentioned were school mental health clinics, H+H Hospitals and the New York Psychotherapy and Counseling Center.

Within our interviews when participants were asked what NYC Well and ThriveNYC were, many had heard of the initiatives, but there was a range of familiarity with how the programs operated and how they were conducting outreach in East New York specifically.

²⁷ See NYC Well's website at: <https://nycwell.cityofnewyork.us/en/>

III. Results and Findings, cont.

B. Barriers to Seeking Services, cont.

Insurance and Affordability

In 2008, Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA), mandating that health insurance providers include mental health coverage comparable to that of medical and surgical benefits.²⁸ Six years later in 2014, the American Psychological Association found that 24 percent of one thousand adults surveyed were not sure if their insurance covered mental health services.²⁹ Our survey found that 63 percent, over double that rate of young adults, weren't aware if their insurance plans covered mental health services at all. When asked whether they agreed with the proposed statement, "My health insurance covers any mental health services I would need," 27 percent said yes, 8 percent said no, 63 percent said they didn't know, and 2 percent reported that they were not covered by insurance.

In the survey, when asked about the role that cost plays in seeking services, 29 percent agreed that cost would be a preventative factor, while 25 percent disagreed, and the rest were neutral. Within our focus groups, when we asked the participants if they were aware that mental health services were covered by insurance plans, only one said yes.

Our interview subjects all reported perspectives in line with these survey findings, consistently explaining that the insurance system is complicated for the young adults they worked with, and that many young adults are not aware of the mental health benefits to which they are entitled under their health plans, often because their parents handle all health care matters.

Accessibility

Even for young adults who have health coverage and an understanding of their benefits, accessing covered mental health services can present significant accessibility barriers. For example, our interviewees raised concerns that even for those who have insurance, transportation is often an issue for many within East New York. For example, Heather Despres Burack, Senior Program Director at Good Shepherd Services, raised concerns that "In East New York, there are not that many clinics that accept Medicaid, which makes it hard to secure an appointment. However, if you have private insurance, there aren't many providers that accept it so you have to travel outside of East New York which is also difficult."³⁰ Relatedly, during several of our interviews, providers shared that while many of the community members have Medicaid, the services they could access might not be accessible in a language they could understand. One interviewee said that even for families that were interested in helping and were given resources, they were often not provided in the parents first language so the parents would not take any action. In another instance, one interviewee brought up how often the young adults serve as a bridge between services and the family as the only person who speaks English in the family. This can create a difficult environment for families and young adults to speak openly about mental health services available. Finally, several interviewees raised concerns related to the quality of services in the community or under individual private plans.

²⁸ Center for Medicare & Medicaid Services, The Center for Consumer Information & Insurance Oversight, "The Mental Health Parity and Addiction Equity Act (MHPAEA)", accessed December 13, 2017, https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html

²⁹ American Psychological Association, "Only 4 percent of Americans know about mental health parity", July/August 2014, <http://www.apa.org/monitor/2014/07-08/upfront-health-parity.aspx>

³⁰ Burack, H. (2017, October 5). Phone Interview.

IV. Policy Recommendations

The major issues for concern that we found through our preliminary and first-hand research are (1) young immigrant populations lack access to culturally competent resources, (2) even when those resources are available, young immigrant populations frequently lack information that could help make the resources more accessible, and (3) young adult immigrants would benefit from stronger supportive communities and increased dialogue surrounding mental health in order to decrease the stigmas and potential for embarrassment that prevent many from seeking and using mental health services. To address these challenges, we recommend three main areas of emphasis for policy change: building culturally competent and accessible resources, streamlining community outreach, and shifting language to normalize access to mental health services.

1. State and City agencies, insurance providers, and community-based organizations should work together to increase the availability of culturally competent and language accessible mental health and wellness resources for young adults.

In order for mental health programs to be successful and to reach young adult immigrants, they must be created with the target audience in mind, offered in the spaces where young adults spend time, and provided in several languages. In practice this means:

- New York City should provide specialized and trained counselors in school districts who are focused specifically on the needs of young immigrant populations. These counselors should partner with schools, CBOs, and the community more generally to provide local, community-based, culturally competent, and language accessible one-on-one and group support.
- The State, City, and community-based organizations should collaborate to launch an online hub or community resource that provides telehealth options and self-care resources in multiple languages.

2. State and City agencies, insurance companies, and community-based organizations should provide information about existing resources through a coordinated approach.

In addition to expanding access to culturally accessible resources, it is also critical to make sure that young adult immigrants are informed about existing resources in their communities. Government agencies, medical insurance providers, and community-based and religious organizations should work together to provide information about existing resources in a culturally competent, inclusive way. This should look like:

- Launch a city-wide campaign to increase awareness of mental health benefits in targeted neighborhoods, like East New York, through social media and marketing efforts, with an emphasis on engaging with young adult immigrant populations within their communities. All outreach materials should be focus grouped with groups of young immigrants on the ground and should be available in multiple languages

IV. Policy Recommendations, cont.

- Medical service providers and community-based organizations should bring joint informational events to communities, offering language appropriate information on mental health and illness, applicable services, the process for accessing care, and support systems available.
- Both school nurses and school guidance counselors, and local CBOs, should be trained on the insurance enrollment process for immigrants and on the availability of mental health supports in the community.
- New York Public Schools should require that a culturally informed and inclusive mental health and wellness discussions are covered in health class for all students.

3. State and City agencies, insurance companies, and community-based organizations should start to shift language around mental health to normalize discussions of mental health and to tackle stigma.

Feelings of isolation, loneliness, and separation were very common throughout our surveys and conversations with young adults, which can leave individuals suffering alone in silence. We need to foster a community that normalizes conversations about mental health in order to help combat negative perceptions and stigmas, as well as to increase in acceptance and support for those dealing with mental health issues. This should look like:

- Insurance providers and governmental agencies should work to increase positive and favorable rhetoric surrounding mental health services in marketing efforts by focus grouping outreach materials with young consumers and elevating materials that consumers report increase their favorable perception of seeking care.
- When creating outreach materials, insurance companies, providers, and government agencies should tailor language in a culturally competent manner to specifically targeted communities, encouraging a variety of services that promote overall wellness.

A holistic and realistic approach to providing services and information about those services can change the dynamics of this issue, and can move the community forward. By streamlining efforts and continuing to engage community members, we will ensure the message is resonating in the neighborhoods and populations that need these services the most.

V. Conclusion

Young immigrant populations are facing large-scale threats at a national level, and this in turn is having direct personal impacts on the mental health of individual young immigrants and of young immigrant communities in New York. This report examines one specific microcosm and a set of targeted strategies that could help address challenges on the ground. Going forward, future research could fill gaps in the limitations of our study. For example, a replication of this survey on a larger scale either in all of New York City or nationally could provide deeper insights into the U.S. immigrant population. Furthermore, a similar study done from the perspective of both native-born citizens as well as immigrants could provide deeper insight into major differences and similarities between the two populations. With growing federal threats to young immigrant populations, it is important that all providers work together in a culturally competent manner to ensure our most vulnerable communities are not being left behind.

Appendix I: Survey Tool

1. Do you live in New York?
 - a. Yes
 - b. No

2. Where in New York do you live?
 - a. Manhattan
 - b. The Bronx
 - c. Queens
 - d. Brooklyn
 - e. Staten Island
 - f. Westchester County
 - g. Nassau County
 - h. Other (please specify)

3. What is your zip code? _____

4. What is your gender?
 - a. Male
 - b. Female
 - c. Non-binary/third gender
 - d. Prefer not to say
 - e. Prefer to self describe:

5. What is your age? _____

6. What best describes your current situation?
 - a. Work full-time
 - b. Go to school full-time
 - c. Mix of working and school
 - d. Unemployed

7. What is your immigration status?
 - a. I am U.S. Citizen because I was born in the United States.
 - b. I am a naturalized U.S. Citizen.
 - c. Lawful Permanent Resident (LPR/green card holder)
 - d. Deferred Action for Childhood Arrivals (DACA) status
 - e. Asylee/Refugee
 - f. I am in the United States on a Work or Student Visa
 - g. I have a U-Visa
 - h. Undocumented
 - i. None of the Above

8. Which of the following best describes you?
 - a. White or Caucasian
 - b. Black or African American
 - c. Hispanic or Latino
 - d. Asian or Pacific Islander
 - e. Other: _____
 - f. Rather not say

9. What is the highest level of education you attained?
 - a. High school or GED
 - b. Some college but no degree
 - c. Associate's degree
 - d. Bachelor's degree
 - e. Graduate or professional degree
 - f. Other:

10. Accomplished less than you would like
 - a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time

11. Did work or other activities less carefully than usual
 - a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time

12. During the past 4 weeks, how much of the time have you felt calm and peaceful?
 - a. All of the time

Appendix I: Survey Tool, cont.

- b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
13. During the past 4 weeks, how much of the time have you felt isolated and lonely?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
14. During the past 4 weeks, how much of the time have any emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
15. How much of the time during the past 4 weeks have you felt downhearted and depressed?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
16. During the past 30 days, how often have you felt hopeless?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
17. During the past 30 days, how often have you felt so sad that nothing could cheer you up?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
18. During the past 30 days, how often have you felt worthless?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
19. During the last 12 months , how often did you have any kind of drink containing alcohol?
- a. Every day
 - b. A few times a week
 - c. Once a week
 - d. 2 to 3 times a month
 - e. once a month
 - f. 1 or 2 times in the past year
 - g. Never
20. During the last 12 months , how often did you “binge drink” as in consume more than five drinks in one sitting?
- a. Every day
 - b. A few times a week
 - c. Once a week
 - d. 2 to 3 times a month
 - e. once a month
 - f. 1 or 2 times in the past year
 - g. Never

Appendix I: Survey Tool, cont.

21. Would you say your alcohol habits are problematic?
- a. Yes
 - b. Maybe but I'm not sure
 - c. No.
 - d. I do not consume alcohol
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
22. Have you thought about or attempted to kill yourself?
- a. No
 - b. It was just a passing thought
 - c. I briefly considered it.
 - d. I had a plan for killing myself but didn't try.
 - e. I attempted to kill myself.
23. Have you thought about seeking mental health services like counseling or therapy?
- a. Yes
 - b. No
 - c. No, but I would consider it
 - d. N/A or Refused
24. Have you received mental health services like counseling or therapy?
- a. Yes
 - b. No
 - c. No, but I would consider it
 - d. N/A or Refused
25. Have you used online or virtual mental health services like a website, hotline, or app service?
- a. Yes
 - b. No
 - c. No, but I would consider it
 - d. N/A or Refused
26. I would be too embarrassed to tell anyone that I had a mental health problem.
- a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
27. My specific cultural background would make me less likely to pursue mental health services.
- a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
28. My specific religious background would make me less likely to pursue mental health services.
- a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
29. Mental health problems are not real illnesses in the same way that physical illnesses are; people with mental health problems should just "pull themselves together".
- a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
30. I am familiar with the mental health services available to me in my area.
- a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
31. I am familiar with NYC Well Initiative, free confidential

Appendix I: Survey Tool, cont.

mental health support in the city.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

32. I'd be hesitant to pursue mental health services because they are too expensive.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

33. My health insurance covers any mental health services I would need.

- a. Yes
- b. No
- c. I don't know
- d. I don't have insurance

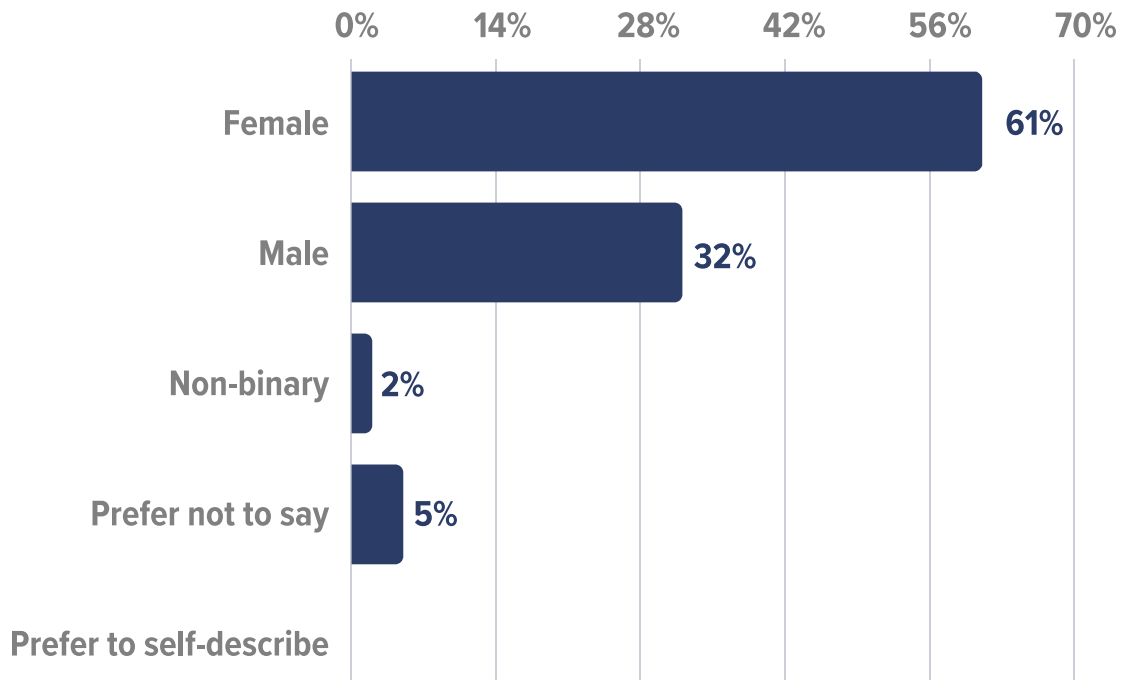
34. I'd be hesitant to pursue mental health services because of my immigration status.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

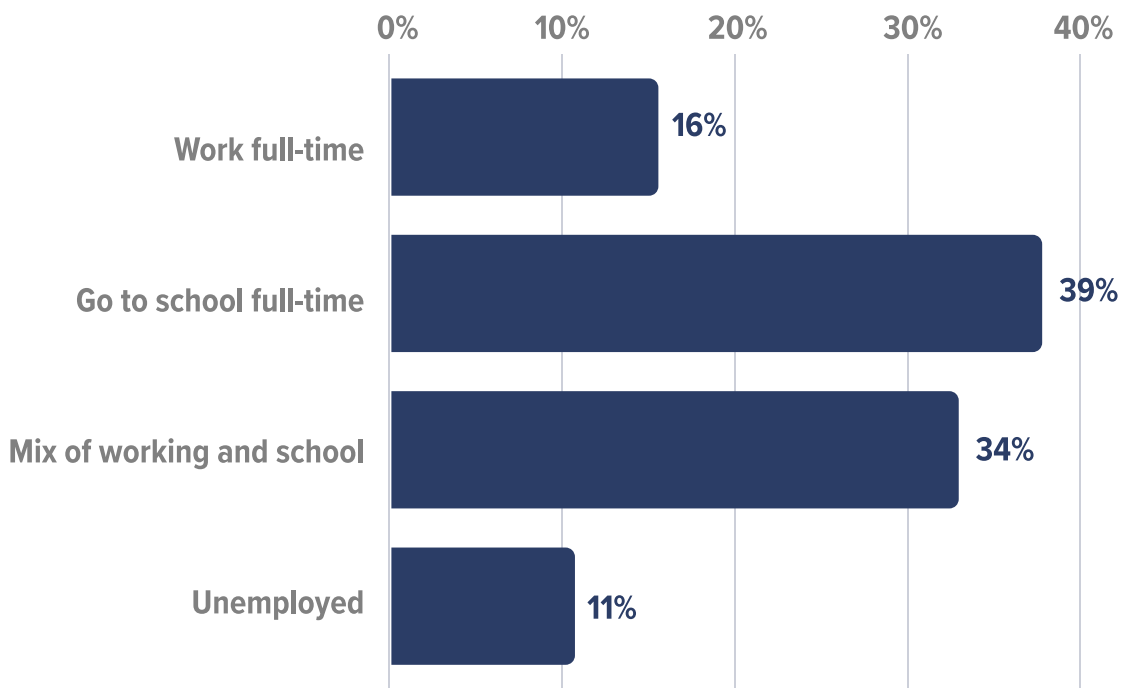


Appendix 2: Survey Demographics

Q4: Gender Identity



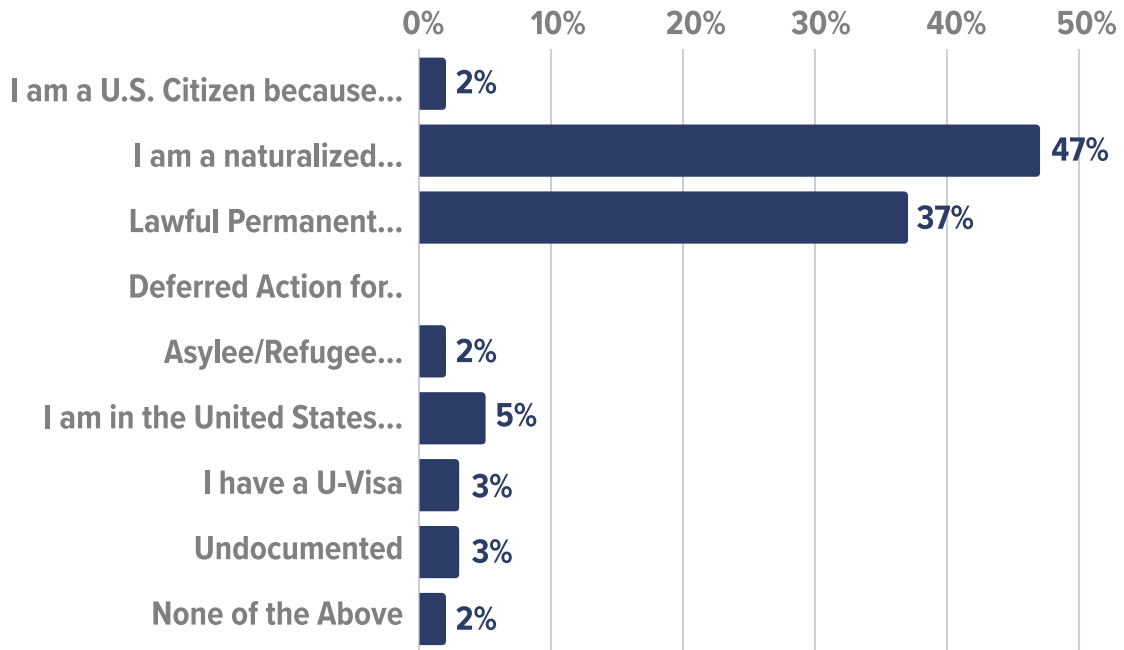
Q6: Work Status



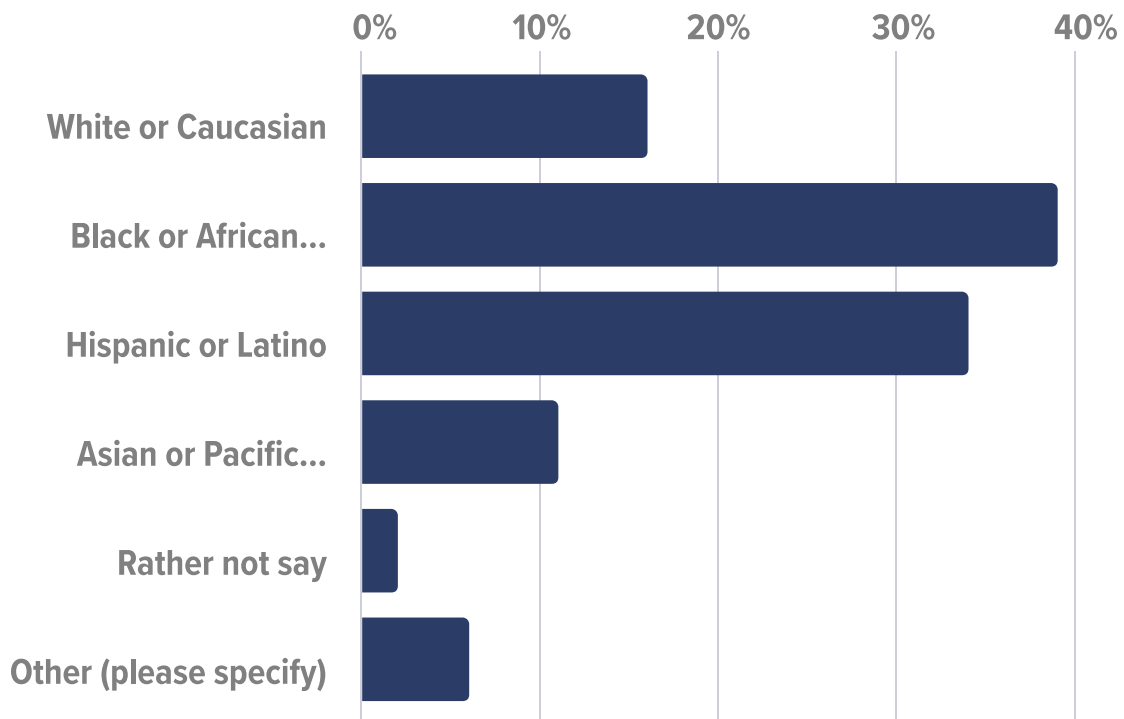


Appendix 2: Survey Demographics, cont.

Q7: Immigration Status



Q8: Racial/Ethnic Identity



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About Young Invincibles

Young Invincibles is a national non-partisan policy and advocacy organization working to elevate the voices of and expand economic opportunities for today's young adult generation. YI focuses on the intersection of higher education, health care, and workforce development and works to ensure the interests of young adults are taken into account and included in policy conversations.

About Youth Advocacy Corp

Youth Advocacy Corps provides social justice service, leadership and development opportunities to youth from communities impacted by poverty. YAC believes that to make both incremental and system-wide change, advocates and activists must work collectively, in partnership with communities, community leaders and locally-run nonprofits, and particularly with youth. YAC's Mental Health Awareness Project was founded by a Youth Advocacy Corps alum to bring attention to mental health in East Brooklyn. MHAP works to train peer advocates to tackle stigma, bring attention to the importance of mental wellness, ensure access to adequate care for all those in need, and stress the need for culturally competent care.

MHAP ENY is: Saddiq Abdul, Asma Abowath, Nia Davis, Smerlene Mata, Janel Richardson-James, Hetheru Shango.