



Supporting Newcomers with Serious Mental Illness

Guidance for service providers

While severe mental illness is rare, caseworkers should be knowledgeable about working with individuals facing these issues. This guide will provide foundational information about mental illness and how the resettlement sector can provide culturally responsive, trauma-informed services to support recovery.

Please see the companion guide, [Supporting Newcomers with Significant Medical Conditions](#), for more details about working with newcomers with significant medical conditions.

What is Serious Mental Illness?

Mental health refers to a person's emotional and psychological wellbeing. A person's mental health can vary at different points in their life, ranging from emotional and psychological health to feelings of unwellness. Mental illness refers to when people have a diagnosable mental health condition. These conditions can range from mild to severe.

A **serious mental illness (SMI)** is a psychiatric disorder that significantly interferes with a person's life and ability to function day-to-day. Common diagnoses include bipolar disorder, major depressive disorder,



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and schizophrenia. Some of these conditions may be **chronic**—in other words, long-lasting. Someone can develop a SMI for many reasons, including genetics, biological factors, substance use, and significant life stressors or traumas.

Some SMIs include a range of symptoms collectively known as **psychosis**. Psychosis is when a person has difficulty distinguishing what is real from what is not.

Symptoms of psychosis may include:

- **Delusions**—strongly held false beliefs that are not based in reality (e.g., that the individual is a famous historical figure)
- **Hallucinations**—sensory perceptions that aren't real (e.g., hearing voices or seeing things that other people don't hear or see)
- **Disorganized thinking**—thought processes that are illogical, scattered, or otherwise difficult to follow; this may be accompanied by difficulties with concentration, memory, or problem-solving
- **Inability to care for oneself**—not attending to activities necessary for survival, such as eating or drinking, for reasons unrelated to a lack of access
- **Other negative symptoms**—reduced emotional and verbal expression, social withdrawal.

Some newcomers with SMIs may have been diagnosed accordingly before their arrival in the U.S. Others may have SMIs that were not identified overseas, or that did not develop until after arrival in the U.S.

Use **person-centered language** when speaking about clients with SMIs. For example, say “person with schizophrenia” instead of “schizophrenic,” and “person with mental illness” instead of “mentally ill.”

Systems Navigation Throughout Resettlement

Acting swiftly to support newcomers with SMIs is important in preventing crises, reducing harm, and improving overall wellbeing. Individuals with SMIs face heightened risks of homelessness, hospitalization, or

victimization if their needs go unmet. Early intervention can enhance stability and reduce the need for emergency services while promoting long-term recovery.

Resettlement service providers are essential to ensuring that newcomers with SMIs receive the care they need for their recovery. Providers' role includes advocating for clients' wants and needs, navigating the complexities of the behavioral health care system, and educating and supporting clients as they cope with new stressors and potential crises. In addition to standard resettlement and cultural orientation processes, taking the following actions will help ensure the client's successful integration in the U.S.



Pre-Assurance (Before Accepting the Case)

When newcomers are identified as having a pre-existing SMI, resettlement agencies must assess their internal and community resources to determine if adequate support is available before accepting the case.

Anticipate that clients with stable conditions overseas may experience extreme stress from resettlement, including interruption of their ongoing mental health care, potentially destabilizing their condition upon arrival.

Evaluate your community's capacity and resources before accepting the case, and consult with your state refugee health coordinator to determine if adequate resources are available, including:

- Access to Medicaid beyond the first eight months in the U.S.
- Psychiatric prescribers and other mental health professionals trained to work with newcomers

- Wrap-around mental health services such as clinical case management, psychosocial support, and 24/7 crisis services
- Nearby psychiatric hospital beds
- Supportive housing options (structured housing programs, care homes, family, etc.)
- Family and community support
- Resettlement agency capacity to support a client with higher needs

Before Arrival

Once newcomers have been accepted for resettlement, service providers can begin preparing for their arrival to ensure clients have necessary support. To prepare:

- Work with overseas providers to ensure clients arrive with at least eight weeks of medication. If the client arrives with a long-acting injectable, ensure access to a health care provider who will administer the injection.
- Schedule an initial medication evaluation with a psychiatric prescriber as soon as possible so that the client does not experience any lapse in medications. Remember that medication evaluation appointments are often booked far in advance due to provider shortages.
- Plan for supportive housing that meets client needs and level of support.

Upon Arrival

Resettlement providers should work to understand their local behavioral health network and the services available to support newcomers with SMIs. To assist newcomers who recently arrived in the U.S. or have been newly identified with an SMI, take the following actions:

- Build rapport with the client, fostering trust and safety.
- Secure health insurance and apply for additional public benefits such as SSI, Long-Term Care, and SNAP. (*See resource list for more details.*)
- Assess the client's employment potential and seek vocational support if needed.
- Attend initial appointments with psychiatric prescribers and counselors, coordinating care while respecting the client's independence and confidentiality. Ensure interpretation in the client's preferred dialect and assist with cross-

cultural communication. Help with timely lab work for psychiatric prescribers, if needed.

- Assist the client in obtaining medications and understanding the pharmacist's instructions for receiving injections if needed.
- Arrange and schedule transportation for future appointments and provide reminders as necessary.

After Arrival

Newcomers with SMIs often need long-term support to achieve and maintain stability. Planning for ongoing services beyond their initial resettlement is essential. Taking a partnership approach is key, as is providing cultural knowledge while advocating for clients within mainstream systems. Plan for the following actions:

- Connect clients to long-term supportive services and structured activities like psychosocial rehabilitation, peer support groups, adult daycares, and vocational rehabilitation.
- Serve as a liaison between the client and their behavioral health providers, ensuring ongoing communication between resettlement and care providers to keep everyone informed and to adjust plans as needed.
- Help clients identify and address ongoing stressors that exacerbate mental health issues and introduce coping strategies to manage symptoms and stress.
- Co-create a safety plan with the client, considering cultural, linguistic, and spiritual perspectives, and include crisis warning signs, resources, and emergency assistance steps. For more information on creating safety plans, see Switchboard's Guide: [Introduction to Safety Planning](#).
- Enlist family support and educate family members on long-term care coordination, crisis planning, and medication adherence.
- Support the client in adhering to their prescribed medication regimen and avoiding discontinuation without proper guidance.
- Receive ongoing supervision to discuss care provision, safety plans, and other critical issues.

Understanding the Behavioral Health Care System in the U.S.

Developing an understanding of the behavioral health care system in the U.S.—as well as the other resources available to support individuals with SMI—is critical to supporting newcomers with these conditions.

Check out Switchboard’s interactive course [Understanding the Behavioral Health Care System in the U.S.](#) to learn more about appropriate levels of care, types of providers, and common behavioral health services. Additionally, consider linking clients with some of the common resources listed below:

- **Community Mental Health Centers** provide mental health services to communities, typically serving low-income individuals and families.
- **Peer and Family Support Groups** offer connection, education, and advocacy for individuals and families impacted by mental health conditions.
- **Psychosocial Rehabilitation (PSR)** is a type of programming designed to help individuals with SMIs regain life skills and increase their level of functioning in the community to achieve greater independence.
- **Vocational Rehabilitation (VR)** is federally funded programming that helps individuals with disabilities find and keep jobs to live more independent lives.
- **Supplemental Security Income (SSI)** provides monthly income to people with disabilities and older adults with little or no income.
- **Aid to the Needy and Disabled (AND)** may be available for individuals who are waiting for determination of their SSI benefits.
- **Long-Term Care Medicaid (LTC Medicaid)** is available in almost all states, and may provide coverage for assisted living facilities, transportation, adult daycare, and home health services to eligible beneficiaries.
- **Non-Emergent Medical Transportation (NEMT)** is a benefit available to Medicaid participants for transportation to medical appointments, including mental health care.
- **Assisted Living Facilities (ALFs)** are residential facilities that provide housing and support for individuals who need help with their daily living activities which they cannot receive at home.

Tips for Direct Service Providers

While advocacy and navigation are crucial aspects of a caseworker's role, it is equally important to engage directly with clients. This involves offering essential emotional support and education to both clients and their families, ensuring they feel understood, supported, and empowered throughout their journey.

Build Rapport and Safety

Building rapport and ensuring safety is vital when working with newcomers with SMIs. Because SMI symptoms and past traumas can make it especially difficult for clients to trust new people, it is important to use a trauma-informed, non-judgmental approach to avoid triggering or re-traumatizing clients. Clearly explain confidentiality and its limits, and always center the client’s primary concerns and priorities.

Address Stigma and Isolation

Newcomers and their families may have different beliefs about the client's illness, possibly seeing it as a non-medical or even non-existent. Take time to understand their views and be considerate of their beliefs. Carefully choose the language you use and try to match the client’s preferred terminology. Meet clients where they are and, whenever possible, connect them to peers or safe spaces to reduce isolation.

Engage Family

Family acceptance and involvement are advantageous for a client's recovery. If the family feels stigma or shame about the illness, they may struggle to acknowledge the value of treatment. However, when families believe in the benefits of care and see their role as essential, they are more likely to provide consistent emotional and practical support. This includes reinforcing medication adherence, encouraging participation in therapy or support services, and creating a stable home environment that promotes long-term wellbeing.

Provide Psychoeducation and Coping Tools

Psychoeducation can help clients (and families) understand their SMI, its symptoms, and what recovery can look like in the U.S. It can also highlight the importance of treatment and medication adherence. Teaching coping strategies and recognizing early warning signs of crisis are essential for achieving and maintaining stability.

Support Appropriately in Cases of Active Psychosis

Using trauma-informed care principles is advantageous when interacting with clients experiencing active psychosis, such as hallucinations or delusions.

Adopt a curious, non-judgmental stance without arguing or challenging their experiences. Validate clients' feelings with statements like, "I understand this is very real to you," or, "That sounds really scary—I'm here to help." Offer choices and ask open-ended questions like, "How can I help you feel safer right now?" to build trust and reduce fear.

Recognize that their experiences are *real to them* and respond with empathy and compassion.

Finally, remember to check in with your supervisor or mental health team lead to assess the client's safety before they leave the office, and refer to crisis intervention services or policies when necessary.

Help with Medication Adherence

Clients may have different views of and experiences with psychiatric medication, often influenced by their past interactions with mental health systems in their countries of origin. Learn about and acknowledge these viewpoints.

Ask open-ended questions to explore any concerns without pressuring them to take medications. Explore any hesitations to taking medications, such as side effects, forgetfulness, financial barriers, or disbelief in the need for medication.

Then, help find solutions, such as:

- Medication adjustments via the prescriber to decrease or eliminate unwanted side effects
- Practical tools like pill organizers or phone reminders to help clients who forget doses
- Home delivery services to overcome language or transportation barriers at the pharmacy
- Long-acting injectable medications to eliminate the need for daily pills

If clients continue to have reservations, keep the door open for future discussions, focusing on how medication or other services can help them achieve their goals.

Recommended Resources

Switchboard

- E-Learning: [Understanding the Behavioral Health Care System in the U.S.](#) (2024)
- Webinar: [Mental Health and Psychosocial Support \(MHPSS\): Foundations for Resettlement Caseworkers](#) (2024)
- Guide: [Trauma-Informed Care: A Primer for Refugee Service Providers](#) (2023)
- Webinar: [Access To Mental Health Services For Refugees And Other Vulnerable Immigrants In The U.S.: Overcoming Barriers And Strengthening Enabling Factors](#) (2019)

Center for Adjustment, Resilience, and Recovery (CARRE)

- Guide: [Essential Concepts and Best Practices in Delivering MHPSS to People who have Experienced Forced Displacement](#) (2022)
- Guide: [Mental Health and Psychosocial Support Service Mapping](#) (2023)

Substance Abuse and Mental Health Services Administration (SAMHSA) Website: [Managing Life with Serious Mental Illness](#) (2023)

National Institute of Mental Health (NIMH) Fact Sheet: [Understanding Psychosis](#) (2023)

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