Mental Health and Psychosocial Support for Newcomers

Guidance for service providers

The purpose of this guide is to provide insights and tools for addressing newcomers' mental health and psychosocial support (MHPSS) needs. Implementing these MHPSS tools and best practices can help newcomer service providers—including caseworkers, social workers, qualified mental health professionals, and other community-based service providers—deliver effective MHPSS services and foster resilience among the newcomers they serve.

What Is Mental Health and Psychosocial Support (MHPSS)?

MHPSS encompasses a wide range of activities designed to address and improve the psychological and social well-being of individuals and communities. For newcomer populations, MHPSS begins with recognizing the impacts of forced displacement, trauma, and cultural adjustment—and offering support that aligns with their unique needs and experiences.

Let's start by defining some key MHPSS terms. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), **mental health** "includes our emotional, psychological, and social well-

> "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community."
>
> —World Health Organization

being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices." But, as this expansive

description might suggest, mental health is defined differently across cultures, influencing how we conceptualize and act on MHPSS needs.

Definitions of mental health often include several distinct but interrelated concepts. One key concept is **well-being,** the positive state of being in which a person thrives.

In MHPSS work, well-being is often understood in terms of three domains:

1. **Personal well-being** (positive thoughts and emotions such as hopefulness, calm, self-esteem, and self-confidence)

2. **Interpersonal well-being** (nurturing relationships, a sense of belonging, the ability to be close to others)

3. **Skills and knowledge** (capacities to learn, make informed decisions, effectively respond to life challenges, and express oneself)

Everyone's well-being is subject to individually specific **protective and risk factors**—including but not limited to biology, psychology, physical health, relationships, culture, religion, lifestyle, socio-economic status, and traumatic life events. Keep in mind how newcomers' unique protective and risk factors might affect how they cope after resettling in their new homes.

Still, for all the ways in which mental health is individually specific, our well-being is also inseparable from the world around us. The term **psychosocial** acknowledges how **social determinants**—our opportunities and abilities to form relationships, meet basic needs, participate in society, learn, and so much more—impact our psychology. Conversely, our individual mental health impacts our ability to seize opportunities, form relationships, participate in society, etc. This is a bi-directional relationship (meaning that it goes both ways). It is also a dynamic relationship (meaning that it changes all the time).

Altogether, **MPHSS refers to the state of emotional, behavioral, and cognitive health; all of the factors that impact it; and all of the factors that it impacts.** This broad definition encapsulates services designed to improve the well-being of individuals and communities and to treat mental conditions—including activities that can address the psychosocial impacts of conflict and forced displacement.

MHPSS Interventions

MHPSS interventions, strategies, or actions aim to:

- Promote safety and trust
- Offer connection and belonging
- Promote psychosocial skill development
- Improve coping strategies
- Encourage mind-body awareness
- Facilitate self-care routines
- Educate about/normalize the effects of trauma
- Bolster personal/communal strengths and traditional healing practices
- Nurture help-seeking behaviors/actions

MHPSS interventions may also support the identification, prevention, and treatment of **acute mental health issues**, including psychiatric conditions like depression, anxiety, and post-traumatic stress disorder (PTSD).

> **MPHSS refers to the state of emotional, behavioral, and cognitive health; all of the factors that impact it; and all of the factors that it impacts.**

Perspectives on MHPSS

When considering the use of MHPSS in your work, it's worth acknowledging its foundation in Western conceptual frameworks. This understanding is especially important when working with diverse newcomer populations, as these frameworks may differ significantly from the cultural norms and values of the communities being served. Many cultural perspectives around the world approach wellness through different lenses—with some emphasizing spiritual dimensions, historical contexts, or balance-based systems. In some traditions, there is no distinction between mental and physical well-being, which are considered inseparable aspects of the same whole. For example, Southeast Asian traditions may prioritize harmony and balance in health, while some African practices integrate community and ancestral connections into healing.

For those interested in understanding these perspectives, the Cultural Orientation Resource (COR) Center has developed several refugee backgrounders which discuss cultural expressions of mental health across the globe. Likewise, EthnoMed offers additional

resources to assist professionals delivering mental health care to varied newcomer populations.

Challenges and Barriers in Newcomer Settings

Service providers frequently encounter obstacles when delivering MHPSS to newcomer populations. One common challenge is **accurately recognizing emotional distress** in newcomers, which may present differently across cultures. Many clients experience significant stigma around mental health, leading them to struggle with expressing distress. **Cultural differences** in understanding mental health, healing, and support can also create misalignment between providers and clients. Language barriers further complicate this. Nuanced emotional communication is challenging even with skilled interpreters.

Additionally, **practical access issues**—including transportation difficulties, child care needs, scheduling conflicts, and financial constraints—often prevent clients from consistently engaging MHPSS services.

Most newcomers often have a great wealth of **protective factors**, including community ties, faith and belief systems, family support, access to education and employment, good health, hope, and determination. These contribute to a resilience which can enable newcomers to "power through" challenges. Still, the **risk factors** common to newcomers can be equally powerful and negatively impactful—including traumatic experiences of forced displacement, grief and loss, limited resources, and disrupted social networks.

To address these barriers effectively, providers must develop multi-faceted strategies: establishing flexible service delivery models; building cultural knowledge; working collaboratively with cultural brokers and community leaders; and creating supportive environments where clients feel safe discussing sensitive topics. Systemic approaches—like developing clear referral pathways, training staff in cultural responsiveness, and advocating for policy changes that improve access to services—can help create more sustainable solutions to persistent challenges.

Recognizing Emotional Distress

Emotional distress is not the same thing as having a mental health disorder, and most newcomers will not develop a formally diagnosable condition. Still, as

service providers, it is important to identify and recognize some of the following **signs of emotional distress** in clients: sleep disturbance, extreme fearfulness or anxiety, sadness or tears, body pain, difficulty concentrating, social isolation, feelings of hopelessness or helplessness, nightmares, intrusive thoughts or images, cynicism or a changing world view, irritability or anger, and difficulty carrying out daily functions.

In some cases, emotional distress may escalate into **more severe reactions** that require immediate attention from a qualified mental health professional or medical provider. These may include suicidal thoughts, self-harming behavior, paranoia, delusions, hallucinations, inability to care for oneself (e.g., neglecting eating, drinking, or hygiene), and substance use as a coping mechanism. There are various invisible factors that can contribute to a person's visible distress, including:

- Environmental factors (e.g., housing instability, community safety)
- Family dynamics (e.g., insecure support systems, relationships)
- Life changes
- Past traumas
- Financial instability
- Genetics
- Religious or spiritual beliefs
- Social rejection

Not all distress presents in obvious ways. Service providers should **remain observant, listen actively, and attend to immediate safety concerns** when necessary. If a client expresses severe distress or safety concerns, it is critical to conduct a safety plan and connect them with appropriate support services.

Cultural Differences in Expressing Mental Health Concerns

Culture can be defined in many different ways. It includes knowledge, attitudes, artifacts, beliefs, roles,

language, customs, world views, and historical context shared by a group of people. One person can be part of multiple cultures at one time. For example, a newcomer family might navigate the cultural expectations of their country of origin, their resettlement community or new home, and their workplace or school environment—with each influencing their identities and behaviors on a daily basis. Cultural expressions can vary within groups, between generations, and across contexts.

Communication styles can also vary significantly across cultures. For example, newcomers may describe physical symptoms (such as sleep disturbances, headaches, and body pain) rather than emotional ones, as discussing physical discomfort may be more culturally acceptable or familiar. Other newcomers may use direct, straightforward communication that might seem abrupt. Without service providers' awareness of the client's communication norms, these differences can lead to misunderstandings.

While comprehensive cultural knowledge isn't expected, effective support often requires careful listening and observation to understand what clients are truly communicating. This sometimes requires you to look beyond literal words to grasp their underlying concerns. Here are some **guiding principles** that can be helpful:

- Treat each client as an individual and meet them where they are on their journey

- Study how specific languages and cultures express distress, hopelessness, and other MHPSS-related needs

- Actively acknowledge clients' perspectives, life experiences, historical backgrounds, and personal circumstances

- Approach each client with curiosity—if you are uncertain what an expression means, respectfully ask for clarification to gain a deeper understanding

- Ensure language access through appropriate interpretation and translation (see Switchboard's eLearning modules Introduction to Working with Interpreters and Overcoming Challenges in Interpretation)

- Reinforce confidentiality throughout the service provider and client working relationship

- Be attentive to your own communication style, including body language and word choice

- Meet stigma and shame with compassion, using language that normalizes MHPSS, e.g., *"Thank you for sharing that with me. I'm hearing you say that you feel stressed, upset, and angry. It's completely normal to feel those things. Many people feel this way."*

Providing Psychoeducation

Psychoeducation involves teaching clients about mental health and helping them understand their symptoms while offering approaches that can improve their well-being. Psychoeducation reduces stigma by providing information about others' experiences and coping strategies, allowing providers to listen to and normalize clients' concerns while also informing them about available help.

Effective psychoeducation might sound like:

- *"It's expected you'll have worries in your new life. But excessive worry can affect sleep and relationships. Let's discuss ways to manage this."*

- *"Managing stress is important for well-being. What helps you feel calm?"*

- *"Past experiences can affect our present. Talking about them can promote healing."*

When providing psychoeducation, use language that's easy to understand, and explain mental health concepts in ways that are relatable and tailored to each individual. Remember that many cultures have limited terminology around mental health, requiring thoughtful adaptation of concepts.

Both mental health professionals and caseworkers can also teach coping strategies such as breathing techniques, grounding, visualization, mindfulness, progressive muscle relaxation, and sleep hygiene. Helpful resources on this topic include Switchboard's:

- Managing and Coping with Stress
- Coping with Grief and Loss

Building Trust through Practical Support

Building trust with newcomers is fundamental to effective service provision. While maintaining the client-centered approach, consider these trauma-informed trust-building techniques:

1. **Meet clients where they are.** Focus on establishing rapport through active listening rather than giving advice. Be transparent, consistent, and reliable in all communications. Sometimes this means providing practical assistance with everyday tasks, like reading mail or scheduling appointments, that may cause them anxiety.

2. **Create safe spaces.** As trust develops, work on establishing both physical and emotional safety. Create a welcoming environment that minimizes potential triggers and promotes comfort. Remember that safety needs often precede deeper therapeutic work.

3. **Collaborate and empower.** Engage clients as active decision-makers in their care planning. Prioritize their expressed needs and involve them in setting goals, which enhances their sense of control during a time when many aspects of their lives feel uncertain. Consider what helps you when you are going through a difficult time, such as talking to a safe person, painting, singing, walking, nature, working out, listening to music, playing with a pet, etc.

Making Effective and Thoughtful Referrals

As trust develops and relationships deepen, you may identify MHPSS needs requiring additional support. While the initial "honeymoon phase" of resettlement often brings excitement and optimism about new possibilities, emotional distress and unresolved issues typically emerge as the reality of adjustment sets in. During this transition, **remain attentive to subtle cues that indicate underlying challenges.**

When considering referrals, we sometimes focus on the immediate need without fully examining the "why" and "how" for each particular client. Each newcomer's circumstances, cultural background, and personal history demand a customized approach to referrals. What works for one client may not work for another, even when their presenting issues appear similar. A more careful, thoughtful handoff is essential to ensure successful connections to appropriate resources.

Remember: healing happens through many pathways—not just formal therapy.

Consider matching clients with the appropriate level of support, such as:

If you're uncertain about how to support a client—*ask for help*.

- **Community connections**—faith leaders, workplace relationships, and social groups are a huge balm for many newcomers, allowing them to expand their networks and find support.

- **Psychoeducation groups**—men's or women's groups, arts-based groups, and youth mentoring groups are excellent options for connecting clients with like-minded individuals in a collective setting. These spaces provide opportunities for emotional support, shared experiences, and social connection.

- **Individual therapy**—one-on-one sessions in a private setting can address specific client needs. Therapy is often beneficial for individuals seeking tailored emotional support.

- **Psychiatric support**—psychiatrists, psychiatric nurse practitioners, and primary care providers can prescribe medications for mental health conditions, which may be particularly helpful in combination with counseling. It's important to remember that not all clients require medication; most emotional and mental wellness needs can be addressed through the first two levels of support, including community connections.

Steps for a Successful Referral

Making referrals is a critical skill for service providers, particularly for mental health counseling. To ensure a successful referral process service providers should follow these steps:

1. **Identify the client's need.** Pay attention to cues and conversations where clients express emotional distress. For example, a client might say, *"I'm so tired today. I can't sleep. I'm just up all-night thinking too much."*

2. **Discuss options for a higher level of care.** Explore the types of support available and align them with the client's preferences and readiness.

3. **Provide clear and concise information.** Explain the referral process, what the client can expect, and how the referred service can help.

4. **Conduct a warm handoff.** Whenever possible, it is best practice that service providers facilitate introductions between the client and the referred service provider to ease the transition for the client and address any questions or concerns.

5. **Follow up with the client.** Check in with the client to ensure the referral was successful and address any concerns they might have.

> Normalize the conversation around emotional wellness. Emphasize that seeking support is a sign of strength.

Overcoming Referral Barriers

Many clients face significant obstacles when accessing support services. **Financial barriers** can be addressed by connecting clients to free or low-cost services, sliding-scale options, or assistance programs that match their economic circumstances.

Equally important are **logistical challenges**. Help clients navigate **transportation** options by providing bus passes, information about rideshare services, walking directions, or maps to service locations. When transportation presents a major hurdle, consider remote service options.

For **digital services**, ensure clients have reliable internet access, necessary applications installed on their devices, and step-by-step guidance for accessing and logging into platforms. Always develop contingency plans for technical difficulties, recognizing that digital literacy and access vary widely among newcomer populations.

Conclusion

Supporting newcomers' MHPSS needs is a critical part of service providers' role in fostering resilience and supporting clients along their resettlement journeys. Leverage the context, definitions, best practices, strategies, and tools shared in this guide to address clients' MHPSS needs.

As you continue your work, remember that each newcomer is on their own unique journey. It is imperative that you build trust, promote safety, and advocate for newcomers' needs in a way that is individualized—keeping the client's specific goals,

hopes, and wishes at the forefront. This will help you promote healing and long-term well-being.

Finally, as you navigate your own professional journey, try to seek out new learning opportunities, collaborate with colleagues, and stay open to new approaches to the meaningful work you do. By showing up for newcomers with energy and purpose, we can help ensure that they are not just surviving but thriving!

Resources

- Guide: Mental health and psychosocial support guidelines - UNICEF (2019)
- Evidence Summary: What is the evidence for strengths-based and trauma-informed approaches? - Switchboard (2025)
- Evidence Summary: What is the impact of peer support groups on refugees' mental health? - Switchboard (2024)
- Evidence Summary: What works to improve mental health of refugee children and adults? - Switchboard (2022)
- E-Learning Course: Understanding the Behavioral Health Care System in the U.S. - Switchboard (2024)
- Archived Webinar: Demystifying Strengths-Based Services to Foster Refugees' Resilience - Switchboard (2019)
- Tip Sheet: Mental Health in the U.S. - Switchboard (2024)
- Toolkit: Building Capacity to Support the Mental Health of Immigrants and Refugees: A Toolkit for Settlement, Social, and Health Service Providers - Switchboard (2023)

To learn more about Switchboard, visit www.SwitchboardTA.org.