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**LEAH
ZALLMAN
CENTER**
FOR IMMIGRANT
HEALTH RESEARCH



Immigrant Mental Health Services in Greater Boston

A Landscape Review

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Glossary of Terms

Behavioral health: “a state of mental, emotional, and social well-being or behaviors and actions that affect wellness” ([CDC](#)); “mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms” ([AMA](#))

Crimmigration: “the increasing resort to criminalization or to quasi-criminalization as a way of disciplining, excluding and indeed expelling migrants or those seen as presumptively unentitled” ([ECPS](#)); “the troubling, decades-long merger of criminal and immigration law” ([Prison Policy Initiative](#))

Mental health: “the component of behavioral health that includes our emotional, psychological, and social well-being” ([CDC](#)); “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community” ([WHO](#))

Psychological distress: “a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people” ([APA](#))

Structural vulnerability: “an individual’s or a population groups’ condition of being at risk for negative health outcomes through their interface with socioeconomic, political, and cultural / normative hierarchies” ([Bourgois, Holmes, Sue, & Quesada](#))

Trauma: “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning” ([APA](#)); “an event or circumstance resulting in physical harm, emotional harm, and/or life-threatening harm” ([SAMHSA](#))

Well-being: “how people feel and how they function, both on a personal and social level, and how they evaluate their lives as a whole” ([nef](#)); “a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life” ([APA](#))

Introduction and Background

Report Purpose

The Harvard T.H. Chan School of Public Health, with support from the Hughes Holden Foundation, and the Leah Zallman Center for Immigrant Health Research (LZC) conceived of this landscape review in the fall of 2024 as part of a new initiative called [Partnerships for Community Mental Health and Immigrant Well-being](#). Mental health is a high priority for policy and program development in immigrant communities. Massachusetts has a range of services available to immigrants seeking care, some of which are clinically based and others led by community-based organizations and mutual aid groups. However, despite this foundation of community-led and clinical resources, the landscape remains siloed, under-resourced, and without the durable funding needed to sustain and connect its many strengths.

The purpose of this landscape review is to:

1. Identify ways in which the current policy context and baseline standards of practice (federal, state, and municipal) shape access and inclusion in immigrant mental health (**Introduction and Background**)
2. Compile and categorize the current landscape of programs and services available in the Greater Boston region in clinical and/or community settings that support and advance immigrant mental health, including innovative models (**Greater Boston Mental Health Services Landscape**)
3. Delineate the distinctiveness of and need for immigration-informed care through a holistic, public health approach (**A Necessary Shift Toward Immigration-Informed Care**)
4. Provide recommendations as an invitation for further engagement and dialogue with policymakers, community leaders, health practitioners, funders, and more to strengthen and sustain Greater Boston's landscape for immigrant mental health (**Recommendations and Next Steps**).

While our team worked to compile this landscape review in the spring and summer of 2025, the United States federal government implemented a series of policies that increasingly threatened the stability, well-being, and safety of immigrants. Public datasets, funding opportunities, and government departments and health programs that support immigrants were erased or made unavailable for undetermined amounts of time. Municipal and state leaders responded by blocking some of the most harmful policies at the local level, while many more remain under dispute in the courts.

Against this hostile and uncertain backdrop, our findings show a rich but siloed landscape of programs and services in Greater Boston. Our recommendations focus on addressing the lack of coordination between existing resources in Greater Boston, bridging clinical and community immigrant mental health models through policy, and incorporating the causes and effects of restrictive immigration policy into mental health research and practice. In these challenging times, this landscape review organizes the information available to us in service of the providers and policymakers committed to fostering safety and well-being for immigrants in Greater Boston and beyond.

Against this hostile and uncertain backdrop, our findings show a rich but siloed landscape of programs and services in Greater Boston.



Structural Barriers to Mental Health

Due to its important role in overall well-being, the [growing demand for behavioral healthcare](#) in the United States has been met with overwhelming public support for improved access and treatment. The consensus is clear: Ninety percent of respondents to the 2022 KFF CNN Mental Health Survey believe that [the United States has a mental health crisis](#). Even with federal [mental health parity](#) laws, 75% of respondents to a 2024 Gallup/West Health survey think that [physical health issues are identified and treated better than mental health issues](#).

Ninety percent of respondents to the 2022 KFF CNN Mental Health Survey believe that the United States has a mental health crisis.

However, policy does not always mirror public opinion. Mental health remains a persistently overlooked component of public health in the United States. This crisis is poised to worsen with the [federal cuts to Medicaid passed in July 2025, which are expected to further hinder access to services](#). Massachusetts estimates that [hundreds of thousands of people could lose MassHealth coverage](#) starting in late 2026 as changes are implemented. Although the implementation timeline and details are still being worked out, changes may include mandatory work requirements, reduced coverage, lower provider reimbursement rates, six-month eligibility checks, and more.

Cumulatively, these policies shape a healthcare system that is not adequately structured to meet demand or address the upstream drivers of distress—the social, economic, and political conditions like poverty, discrimination, and policy-induced instability that contribute to poor mental health.

Immigrant-Specific Structural Barriers

Having an insecure immigration status in a high-income country is associated with higher rates of mental illness, including anxiety, depression, and PTSD.

For immigrants, navigating this deficient system is compounded by the specific and often severe stressors of migration and resettlement. While individual experiences vary, common drivers of [distress](#) are endemic to the process: the conditions of forced displacement, the violence and peril of the migration journey itself, the trauma of detainment and family separation by U.S. authorities upon entry, and the sustained hostility of a xenophobic sociopolitical climate.

These experiences create a foundational vulnerability, which is then systematically intensified

by U.S. immigration policy. Precarious legal statuses, stemming from complex and restrictive immigration policies, coupled with the constant threat of deportation, force many immigrants [into a state of perpetual uncertainty about their security in the United States, elevating chronic stress. Research shows](#) that having an insecure immigration status in a high-income country is associated with higher rates of mental illness, including anxiety, depression, and PTSD, compared to immigrants with more secure statuses.

Upon settling in the United States, immigrants face the challenge of [acculturation and acculturative stress](#). Acculturation is the process of adapting to a new culture while maintaining one's heritage culture. Acculturative stress is the resulting negative psychological and physical strain caused by the specific, ongoing challenges of navigating this bicultural existence, distinct from general life stress. This stress can be particularly acute for young people, who are often navigating their own identity formation while balancing the expectations of two cultures, a pressure that often manifests in the specific burden of acting as linguistic and cultural navigators for their families. This creates a distinct psychological toll; [studies](#) have linked acculturative stress in immigrant youth to increased risk of depression, anxiety, somatic complaints, and suicidal ideation.

Importantly, [research](#) shows that government policies can positively impact immigrant youth mental health. For instance, policies like Deferred Action for Childhood Arrivals (DACA) have been shown to reduce distress and improve psychological well-being. This underscores how the mental health of immigrant youth is directly shaped by systemic forces, where hostile policies amplify risk, and protective policies can provide an important buffer.

Government policies can positively impact immigrant youth mental health.

Experiences related to migration and resettlement can also serve as protective factors against mental distress and foster well-being.

Experiences related to migration and resettlement can also serve as [protective factors against mental distress](#) and [foster well-being](#). These include positive connections to cultural and ethnic identity, strong and supportive communal bonds, freedom to practice spirituality or express other aspects of identity, obtaining refuge from violence, improved economic conditions, and hope for the future.

From a population perspective, [first-generation immigrants have historically been believed to be less likely to experience mental illness than the U.S.-born population](#). This is known as the

immigrant health paradox. However, [more recent research into sub-populations](#) shows a

wide variation in physical and mental health outcomes by legal status, race, ethnicity, age, and more. For instance, there is significant variation in outcomes depending on the ethnic makeup of the receiver community. Communities with higher “ethnic density” (i.e., more people of the same race/ethnicity as the immigrant) have been shown to be protective. For example, Latine children from immigrant families [have been found](#) to show fewer internalizing problems and fewer thought problems when they attended schools with higher levels of school ethnic density. For ethnic minorities more generally, ethnic density [has been shown](#) to have protective associations across a range of disorders, including depression, anxiety, suicidality, and psychosis.




Research has found that the anti-immigrant narratives and policies of the first Trump administration worsened mental health in immigrant communities.

Mental health is further shaped by [structural determinants](#) that limit immigrant communities’ access to resources necessary for well-being. For example, [disparities in access and quality of education, jobs, public benefits, and healthcare produce disproportionate levels of poverty](#) and risk of exploitation for immigrants. Research has found that [the anti-immigrant narratives and policies of the first Trump administration](#) worsened mental health in immigrant communities. The increasingly anti-immigrant sociopolitical environment since January 2025 [increased fear, insecurity, and uncertainty](#) in immigrant communities, leading to [serious psychological distress](#) for many, particularly those with limited English proficiency and without U.S. citizenship.

For many immigrant communities, particularly those from countries where mental healthcare is taboo or where concepts of psychological distress and healing are culturally distinct, stigma can complicate service access—leading individuals to rely heavily on family or informal networks for support. However, these social support systems are often disrupted upon relocation to a new country, contributing to a critical gap in coping resources. This disruption is further exacerbated by structural barriers that limit access to resources necessary for well-being.

Barriers such as a lack of insurance or insufficient coverage, lengthy waitlists for behavioral health therapists, and culturally or linguistically discordant care also prevent immigrants from accessing mental health services. In terms of the latter, while the United States is becoming more racially and ethnically diverse, the behavioral healthcare workforce is not representative of the overall



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population demographics—in 2021, [just 19% of psychologists in the country were people of color](#). This points to an underrepresentation of BIPOC (Black, Indigenous, and other people of color) psychologists as [statistics on the United States population](#) show that roughly 75.5% self-identify as “White alone,” about 59% as “White alone, not Hispanic or Latino,” 13.5% as “Black or African American alone,” roughly 19% as “Hispanic or Latino,” and a little over 6% as “Asian alone.”


BIPOC individuals are also [underrepresented in psychiatry](#). About 54% of general psychiatry residents self-identify as “White,” just under 7% as “Black/African American,” 8% as “Hispanic, Latino, or of Spanish Origin,” and roughly 21.5% as “Asian.” These disparities appear to be [less pronounced amongst mental health counselors](#). The U.S. Bureau of Labor Statistics found that in 2022, just over 82% of mental health counselors identified as “White,” roughly 15% as “Black or African American,” roughly 1% as “Asian,” and about 10.5% as “Hispanic or Latino.”

Policy Context in Greater Boston, Massachusetts

In Greater Boston, Massachusetts, immigrant communities have drawn on individual and collective protective factors and are actively building innovative, community-based, and culturally relevant practices and programs that bridge structural gaps. Immigrant advocates, faith-based and spiritual leaders, foreign-trained healthcare workers, and service providers have formed networks and organizational models to support well-being from within their own communities.


Between 2010 and 2021, immigrants accounted for 60% of Greater Boston’s [population growth](#), bringing a rich mix of cultures and languages to the region and [revitalizing cities and neighborhoods](#). Today, [almost 30% of Boston’s population is foreign-born, 34% speak a language other than English at home](#), and the Greater Boston suburbs are seeing [significant growth in immigrant populations](#) as families are increasingly priced out of housing within the urban core.

Between 2010 and 2021, immigrants accounted for 60% of Greater Boston’s population growth.



In 2025, Boston made national headlines for standing firm as a “home for everyone,” with [Boston Mayor Michelle Wu testifying before Congress in March](#). In May, the federal administration [detained nearly 1,500 immigrants during “Operation Patriot,”](#) a major Immigration and Customs Enforcement (ICE) operation. That September, the [federal administration sued the City of Boston over its “Trust Act” policy](#) and launched [Operation Patriot 2.0](#), detaining another 1,406 people in less than one month. [From January to](#)

October 2025, ICE detained at least 3,069 individuals in Massachusetts—only about 15% of whom had been convicted of any crime.



Immigrants are increasingly experiencing fear and uncertainty in response to ICE detentions, deportations, and threats of violence.

Immigrants are increasingly experiencing fear and uncertainty in response to ICE detentions, deportations, and threats of violence. Many Bostonians are having to choose between carrying out their daily activities—work, school, medical appointments, etc.—and staying home to protect their safety. Immigrant families are noticeably pulling away from accessing medical care, with clinics reporting no-shows and families choosing to disenroll from MassHealth—a decision compounded by a December 2025 court ruling permitting Medicaid to share selected personal data of undocumented immigrants with ICE. Mixed status families face the very real possibility of one or more

family members being detained and/or deported. Undocumented immigrants are being asked to preemptively self-deport—all the while knowing that the same political violence and economic upheaval that contributed to displacement persist in their countries of origin. Beneath the surface, among immigrant-serving and allied communities, it is not uncommon to hear people from all backgrounds express feelings of instability, fear, grief, anger, trauma, and confusion, wondering what the federal government’s actions towards immigrants mean for society at large. This contributes to a deepening “chilling effect,” driving avoidance of health-promoting services regardless of one’s immigration status and exacting a significant toll on the health and mental health of families.

Meanwhile, healthcare organizations, social service providers, community-led nonprofits, and government programs have been destabilized and disrupted by threats, funding cuts, and mandates to eliminate entire functions in areas including refugee resettlement; diversity, equity, and inclusion; food and nutrition; gender-based violence; public health; scientific inquiry; climate change; and more. Immigrant leaders and advocates are being asked to do more with less—mobilizing, protecting, and empowering their communities with knowledge and strategies responsive to an increasingly hostile policy environment.

Massachusetts is also home to a network of Community Behavioral Health Centers (CBHCs), a product of important policy changes that increased funding to mental health services in community settings instead of hospitals, created crisis lines, established lower thresholds for access to outpatient care, and expanded treatment for substance use disorders. While CBHCs represent an important improvement and have expanded access, they remain constrained by a medical model that prioritizes billable diagnoses

and psychopathologies, requires health insurance or the ability to pay private practice rates, and struggles with understaffing, limited linguistic and cultural capacity, and health system fragmentation that makes navigation complex. CBHCs and community-based mental health services at health centers are vital components of a spectrum of care, but more work is needed in Greater Boston to develop and sustain evidence-based, community-led, linguistically and culturally responsive, destigmatized, and meaningfully accessible models that move beyond pathology by centering prevention and wellness.

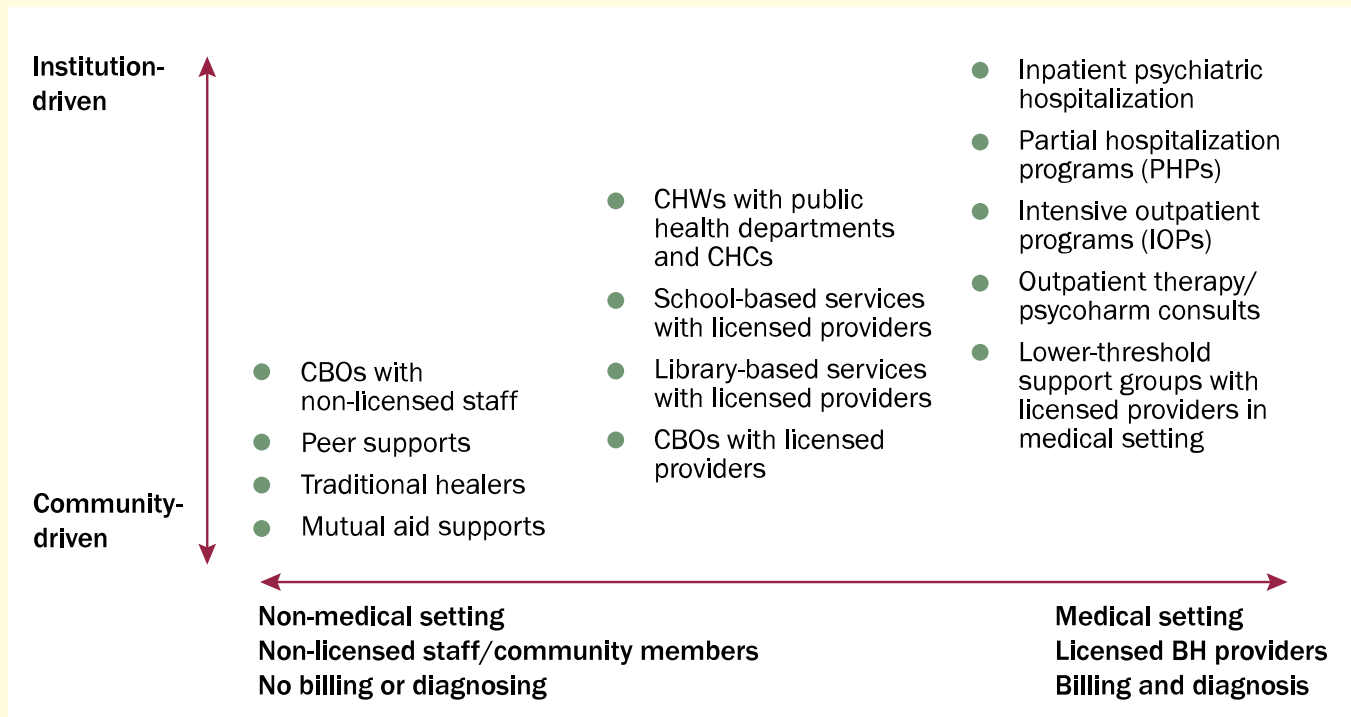
CBHCs and community-based mental health services at health centers are vital components of a spectrum of care.



Greater Boston Mental Health Services Landscape

We conducted a comprehensive analysis of the current landscape of mental health services available to immigrants in Greater Boston. Our approach involved a brief review of federal and state policy, a thorough review of Boston-specific directories, and targeted keyword Google searches to identify providers, clinics, community organizations, and interventions specifically designed to address the unique needs and experiences of immigrant communities in the region. We also examined the membership of local coalitions supporting immigrants, initiatives through local universities, and the programs and services of hospitals and community health centers serving immigrant populations. The following section details our findings, highlighting key trends and major patterns observed across the spectrum of mental health services (see **Figure 1** below) accessible to immigrants.

Figure 1. Spectrum of Mental Health Supports / Services




Spectrum of Mental Health Supports/Services. Sullivan, Margaret M. (2026). FXB Center for Health and Human Rights.

Federal and State Policies

Federal and state policies create the basic framework and funding that shape immigrants' rights to healthcare in Massachusetts, including mental healthcare. Title VI of the Civil Rights Act of 1964 prohibits discrimination based on national origin. For many years, lawyers and immigrant advocates have relied on this statute, as well as [Section 1557 of the 2010 Affordable Care Act \(ACA\)](#), Executive Order 13166 “[Improving Access to Services for Persons with Limited English Proficiency](#)” and Department of Justice guidelines from 2000, to [mandate and enforce language access requirements](#). Organizations receiving federal funding are required to develop a language access plan and provide language access services (interpretation and translation) to people with limited English proficiency (LEP) at no cost. Consequently, both inpatient and outpatient hospital facilities in Massachusetts offer language access services for patients seeking mental health care. However, these services are implemented inconsistently across providing organizations, as neither funding nor resources accompany the mandate, and Boston faces a [shortage of trained medical interpreters](#).

Access to interpreters does not necessarily ensure culturally responsive care or that services are tailored specifically for immigrant communities. Culturally responsive care is [defined](#) as the deliberate and consistent decision-making process that mental healthcare providers engage in to recognize, respect, and celebrate the unique aspects of each individual. For providers and care models, being culturally responsive involves understanding clients and their cultural norms, backgrounds, and the implications of these factors in a clinical setting. [The national standards for culturally and linguistically appropriate services \(CLAS\)](#) offer a blueprint of 15 action steps for healthcare organizations seeking to reduce disparities and improve quality of care.



Culturally responsive care: The deliberate and consistent decision-making process that mental healthcare providers engage in to recognize, respect, and celebrate the unique aspects of each individual.

Since January 2025, the Trump administration has taken several steps to limit or rescind these longstanding regulations. The March 2025 Executive Order 14224 “[Designating English as the Official Language of the United States](#)” rescinded Executive Order 13166. Subsequent [guidance from the Department of Justice \(DOJ\)](#) in July 2025 stated:

The Department of Justice will lead a coordinated effort across federal agencies to minimize non-essential multilingual services, redirect resources toward English-language education and assimilation, and ensure legal compliance with the Executive Order through targeted measures where necessary.

In this federal policy environment focused on reducing immigrants' rights and access to services, Massachusetts state guidance offers an additional layer of protection that reinforces immigrant access to mental healthcare. MA Executive Order 615 "[Promoting Access to Government Services and Information by Identifying and Minimizing Language Access Barriers](#)" required all executive agencies to have a Language Access Coordinator and Language Access Plan, creating standards that could serve as a framework for publicly funded entities across the state.

Massachusetts state guidance offers an additional layer of protection that reinforces immigrant access to mental healthcare.

Another federal policy that targets immigrant communities is the Trump administration's 2025 reconciliation law. While undocumented immigrants have long been excluded from the public benefits their tax dollars help fund, the [reconciliation law significantly erodes the safety net](#) for many lawfully present immigrants. This includes refugees, asylum recipients, certain green card holders, and other lawfully present individuals such as asylum seekers and individuals with Temporary Protected Status, who have lost eligibility for critical programs including Affordable Care Act (ACA) subsidies, the Supplemental Nutrition Assistance Program (SNAP), Medicare, Medicaid and the Children's Health Insurance Program. This deliberate exclusion creates an even greater coverage gap, directly severing access to affordable mental healthcare.

Our scan revealed a sparse policy landscape for immigrant-specific mental healthcare access.

Although state and municipal programs provide specific funding opportunities that can support immigrant mental health services, our scan revealed a sparse policy landscape for immigrant-specific mental healthcare access. This is not to say that immigrant-serving organizations are not broadly supporting immigrant mental health, but rather that they are creatively procuring the funds and resources to do so, weaving mental health programming into other services. Organizations supporting immigrants seek support from a wide

range of funding streams and weave mental health supports into programming directed to specific populations (e.g., youth, seniors, English language learners, etc.) or program areas (e.g., education, workforce, housing, health literacy, etc.).

The Massachusetts Office for Refugees and Immigrants (ORI) supports a wide range of programs for refugees and immigrants throughout the state, including the Refugee Health Promotion Program (RHPP), which assists refugees who are formally resettled in Massachusetts in accessing healthcare by providing information and referrals to health

services. RHPP offers case management for mental health needs, including translation and interpretation services, follow-up on issues identified in the Refugee Health Assessment, referrals to mainstream healthcare providers, continued support through home visits and phone calls, as well as access to health insurance plans and translation services. However, this program only serves a specific subset of the immigrant population, and its scope and reach are limited due to the January 2025 Executive Order “[Realigning the United States Refugee Admissions Program](#),” which indefinitely suspended the U.S. Refugee Admissions Program. While this model remains unique to refugee policy, it could serve as a prototype for expanding mental health services to non-refugee immigrants in Massachusetts.

At the municipal level, the City of Boston has taken a strong lead in supporting immigrant-focused mental health care. In 2022, as part of Boston’s COVID-19 pandemic recovery efforts, the Mayor’s Office for Immigrant Advancement (MOIA) launched the [Weaving Well-being initiative](#). In the pilot round, MOIA allocated a total of \$70,000 in grants to seven nonprofit organizations that serve immigrants, aiming to promote well-being and support culturally sensitive care. The [pilot was highly successful](#),

enhancing the mental health of immigrant community members and strengthening the capabilities of partner organizations in serving Boston’s immigrant residents. [As of the 2024-2025 cohort](#), the program has completed three rounds of funding and awarded 46 organizational grants, serving about 2,177 immigrants. The City of Boston recognizes the need for continued support for immigrant mental health. Consequently, the Weaving Well-being program is now a consistent line item in MOIA’s annual budget and the office is currently deliberating recipients of the next round of funding.

At the municipal level, the City of Boston has taken a strong lead in supporting immigrant-focused mental health care.

Greater Boston Service Providers

Clinic-based care often requires insurance, which poses a barrier for many immigrants, who are more likely to be uninsured than the general population.

We created an inventory of Greater Boston service providers in four categories, detailed in the Appendices (available upon request). In examining the mental health services available to immigrant communities, we find a moderate range of options, including wellness programs, peer-led supports, psychotherapy, and pharmacological support. However, these services are often not readily visible or easily accessible, presenting significant hurdles for individuals seeking help, especially those without pre-existing support networks. Furthermore, many programs lack comprehensive

wraparound services that address common barriers to help seeking, such as childcare or transportation assistance, leaving individuals vulnerable to falling through the cracks. Compounding these issues, assessing the cost and availability of resources is inherently challenging, complicating our understanding of accessibility. Finally, clinic-based care often requires insurance, which poses a significant barrier for many immigrants, who are [more likely to be uninsured](#) than the general population.



Weaving Well-being Programs

One often-overlooked aspect of the immigrant mental health landscape is the informal support structures and mutual aid networks that provide immigrants with support from within their own communities. These non-clinical supports—created by and for immigrants—inherently follow the cultural logic of specific communities but are not always recognized by mainstream healthcare or social service institutions. Research indicates that immigrant populations, particularly those without authorized or regular status, often [avoid formal institutions](#), making these networks a vital source of mental health support and a bridge to community integration. Some involve in-person meetups while others utilize platforms such as WhatsApp or Facebook to connect newcomers with resources and support. These community-based approaches and care models are essential, as they minimize stigma, center cultural perspectives, and reduce barriers to use.

We can observe the impact of these informal structures through programs like the City of Boston's [Weaving Well-being initiative](#). Since 2022, 43 immigrant-led and -serving community organizations—many of which did not provide traditional mental health services—have been funded through this initiative to enhance the well-being of Boston's immigrant residents and to destigmatize mental health issues within immigrant communities. Its success has been linked to the provision of non-clinical, culturally, and linguistically sensitive interventions offered by and for community members.

Weaving Well-being programs offer a [wide range of mental health supports](#), including group yoga, reiki, support circles, art therapy, and aromatherapy, tailored to effectively meet the needs of their immigrant communities. The [Asian American Resource Workshop \(AARW\)](#) in Dorchester facilitated small support groups for Asian immigrants either facing deportation themselves or having family members in deportation proceedings, providing participants with a network of peers who could empathize and offer support. The [Community Healing Center Project](#), a collective of more than 20 individuals and

Community-based approaches and care models are essential, as they minimize stigma, center cultural perspectives, and reduce barriers to use.



A three-year evaluation of Weaving Well-being programs from 2022-2024 demonstrated positive outcomes for participants.

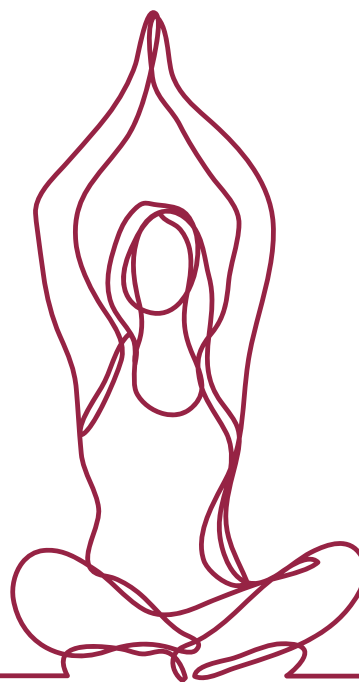
organizations in East Boston, offered reiki and sound therapy to passersby at local farmers' markets. Based in Roxbury, [Sociedad Latina](#) offered Boston Latine youth guided activities such as meditation, creative writing, and yoga.

A three-year evaluation of Weaving Well-being programs from 2022-2024, based on over 550 participant surveys, demonstrated positive outcomes for Weaving Well-being participants across two main areas: 1) social integration and cohesion and 2) resilience and well-being:

90% of respondents said the program helped them contribute to the happiness and well-being of others.

90% said the program helped them identify resources to support them if they are having a difficult time

96% learned a new skill or practice through their program.





Additional Community Programs

Numerous additional community programs exist to support the mental health needs of immigrant populations, with many tailored to specific linguistic and cultural groups. For instance, the [Journey of Hope program](#) at the Cambridge Economic Opportunity Committee offers wellness and stress management classes in English, Haitian Creole, Bangla, and Amharic. Gender-specific initiatives, such as [Saheli Boston](#), provide non-judgmental, culturally sensitive services to survivors of domestic and sexual violence from South Asian and Middle Eastern communities. The [Haitian Mental Health Network](#) offers workshops, trainings, and referral services for direct clinical support that is culturally and linguistically affirming. Some programs specifically serve refugee populations, such as the counseling services offered by the [Refugee and Immigrant Assistance Center](#). Organizations like [Casa Esperanza](#) focus on the unique cultural and social needs of Latines in substance use recovery, promoting positive roles as nurturing parents, supportive partners, and engaged community members. Additionally, some programs provide non-clinical, alternative forms of care. For example, the [Mandela Yoga Project](#) provides evidence-based, trauma-responsive yoga sessions in multiple languages.

Faith-based organizations play a vital role in immigrant communities by providing mental health support and referrals for care. Ranging from religious congregations to programs sponsored by them and faith-driven non-profits, these organizations offer trusted spaces for healing. An example is the [Cory Johnson Program for Post-Traumatic Healing](#), an initiative at the Roxbury Presbyterian Church Social Impact Center, which draws on community, spirituality, and clinical approaches to support post-traumatic healing.

Expressive and other arts-based interventions also offer important culturally centered approaches to mental health support for immigrant populations. Programs like [ResilArt](#), a Shalupe Community Alliance initiative supported by the City of Boston Youth Development Fund, addresses mental health stigmatization within the African immigrant and refugee community through storytelling, movement, music, and visual expression. Activities aim to help participants process trauma, cultivate pride in cultural heritage, combat isolation, and reimagine their future. [Vermilion Theater](#), an AAPI women-led nonprofit organization, supports immigrants' access to culturally responsive mental health support through multilingual theater performance and community mental health programming. A 2025-2026 Weaving Well-Being grant recipient, Vermilion Theater frames mental health as intertwined with cultural identity and the meaning of home; it centers storytelling as both artistic practice

Expressive and other arts-based interventions also offer important culturally centered approaches to mental health support for immigrant populations.





and collective care. Mental health care partners at Cambridge Health Alliance developed the Chat and Art program, in which patients meet regularly to talk and participate in art projects together. Held at the primary care centers, the Chat and Art groups are led by the care partners, who facilitate discussion in languages including Portuguese and Spanish around topics like isolation and acculturation during art activities. These groups provide opportunities for patients to connect with others from similar backgrounds, building social cohesion and integration, while obtaining clinical care as needed.

While a comprehensive review of arts therapists is beyond the scope of this report, individual practitioners are actively delivering community programming and one-on-one support tailored to immigrant and diaspora clients. Pragati Jaiswal of Dear Therapy, for example, offers an online guide and practice invitations centered on [expressive arts therapy for South Asian diaspora grief](#), illustrating how culturally rooted therapeutic tools can be developed and disseminated beyond traditional clinical settings.

The range of services is truly diverse; however, we cannot say whether they are sufficient, as this review did not assess the capacity of these organizations. Many are limited by scarce resources and operate under tight budgets. A 2020 national [survey](#) exploring the capacity of community-based organizations found that more than two-thirds of respondents expressed a strong desire to expand their capabilities, with many citing funding constraints as the primary barrier.



Provider Directories

Massachusetts is home to various online directories that list therapists of specific cultural identities, enabling mental healthcare seekers to find practitioners who match their cultural and linguistic background. The [South Asian Therapist Directory](#) allows users to search for therapists by language, including Bengali, Malayalam, Gujarati, and Urdu. [PureSpark](#) focuses on Black women’s wellness, and its provider directory includes both clinical and nonclinical providers, connecting users with licensed mental health counselors, reiki practitioners, mindfulness coaches, and art therapists. [Dear Therapy](#), a virtual therapy practice led by a diverse team of Asian American and BIPOC clinicians offering therapy in Mandarin, Cantonese, Vietnamese, and English, generated a list of [BIPOC and AAPI Mental Health Clinics serving Massachusetts](#). [Latinx Therapy](#)’s comprehensive filters allow potential patients to search for providers by cultural identity, migration background, immigration evaluations, and modalities, among others. The [Behavioral Health & Wellness Directory](#) connects users to trusted resources compiled by the Haitian Mental Health Network. These are just some of several other directories listed in **Appendix A**.



Medical-Based Mental Healthcare Services for Immigrants

Many Massachusetts healthcare facilities deliver culturally responsive services to some extent, often tailored to the demographics of the communities they serve.

Many Massachusetts healthcare facilities deliver culturally responsive services to some extent, often tailored to the demographics of the communities they serve. For instance, the [Asian Psychiatry Program](#) at Tufts Medical Center—located in Boston’s Chinatown—connects Asian Americans and Asian immigrants with doctors who are trained to provide culturally sensitive care. [South Cove Community Health Center \(SCCHC\)](#), also first established in Chinatown, offers primary care and behavioral healthcare, including psychopharmacology, individual counseling, and family counseling, primarily for the Asian community. SCCHC has since expanded to include locations in Quincy and Malden, cities with large Asian populations.

Cambridge Health Alliance’s (CHA) Psychiatry Specialty Services offers [Multicultural Mental Health Linguistic Clinics](#) for Spanish, Portuguese, and Haitian Creole speakers—the majority of CHA’s immigrant patients—ensuring access to culturally sensitive mental healthcare in their language. [Chelsea Behavioral Health Clinic](#), an outpatient mental health clinic at Mass General’s Chelsea Health Care Center, offers individual, group and

family therapy, trauma treatment, psychological testing, and other services in English and Spanish, with more than 50% of staff fluent in more than one language. The City of Chelsea, which along with the City of Somerville [sued the Trump administration](#) in February 2025 to ensure immigrant and community safety, is heavily Spanish-speaking, with [over two-thirds of residents identifying as Hispanic/Latine](#).

While this landscape review did not consolidate trainings for clinical providers and community leaders on immigration- and trauma-informed care, our team would like to highlight this [Collection of Resources for Supporting the Mental Health of Newcomers and Direct Service Providers](#) compiled by Switchboard.

Innovative or Promising Program Models

Community-based organizations cannot do it all. Although these programs deserve expanded recognition, funding and support, they often lack the resources to develop, integrate, and maintain relationships with clinical care. A key lesson learned from Weaving Well-being is that community-based mental health programs serve a critical function in “bridging” community and clinical care. While we did not identify a consistent model or best practice for bridging community and clinical health, we noticed a variety of community and clinical programs prioritizing these partnerships. The following examples are some of the promising models we identified, outside of Weaving Well-being, that are designed to enhance mental health awareness, well-being, and access to resources across community and clinical care (see **Appendix B** for a more comprehensive list).

Boston Children’s Hospital’s [Trauma Systems Therapy for Refugees](#) (TST-R) integrates mental health services for refugee and immigrant youth in familiar settings, such as community organizations, schools, and integrated pediatric health environments. TST-R is an adaptation of Trauma Systems Therapy (TST) that is specifically designed for refugee and immigrant children and adolescents, along with their families. This model accounts for the complexities of the migration experience, as well as the cultural, social, and logistical barriers, such as stigma, language differences, and distrust, that can obstruct access to mental health care. The TST-R model was intentionally developed to enhance engagement in mental health services and to ensure the delivery of culturally responsive and linguistically appropriate care by pairing clinicians with cultural brokers, creating a supportive environment that resonates with the communities being served and encouraging greater participation in mental health treatment.

A key lesson learned from Weaving Well-being is that community-based mental health programs serve a critical function in “bridging” community and clinical care.

NeighborHealth, the largest community-based primary care health center in Massachusetts, is a member of The Community Healing Center Project in East Boston. As part of this project, NeighborHealth seeks to incorporate and offer holistic healing modalities alongside clinical behavioral health services at its locations. For example, [NeighborHealth patients can access reiki, trauma-informed yoga, and community peace circles](#) as part of NeighborHealth's behavioral health care services.



A Necessary Shift Toward Immigration- Informed Care

Given the compounding stressors of migration, structural disparities, and the acute mental health impacts of a hostile political climate, the innovative models of care identified in this landscape review share a common foundation in adopting a holistic, immigration-informed approach. The Greater Boston region is home to a strong network of immigrant providers, culturally responsive clinical care settings, and community-based programs. Yet, each program or service has emerged out of distinct community needs, the expertise and courage of key leaders or providers, and/or tailored grant funding. Although this landscape review did not cover Massachusetts as a whole, we heard consistently that resources and programs are few and far between outside of the Greater Boston area. With the exception of the Boston-based Weaving Well-being program, we were unable to identify a broader state-level policy framework in Massachusetts, with associated funding, that unites, supports, or is informed by holistic, immigrant-centered programs.

The innovative models of care identified in this landscape review share a common foundation in adopting a holistic, immigration-informed approach.

Supporting immigrant mental health will require investment in the models of mental health support that Boston's immigrant communities are already building.

Effectively supporting immigrant mental health will require strategic investment in, and expansion of, the accessible, culturally rooted, and community-woven models of mental health support that Boston's immigrant communities are already building, both to strengthen the existing web of care and to forge meaningful partnerships with clinical systems. It will require state-level strategies for [diversifying the behavioral health workforce](#), [innovative workforce development programs](#) for aspiring clinicians from immigrant backgrounds, and direct funding from government

and institutions, much like Rep. Ayanna Pressley’s (MA-07) 2024 successful efforts that secured [\\$1.1 million in federal dollars](#) for Massachusetts General Hospital’s efforts to build a statewide pipeline of bilingual, culturally diverse mental health providers.

Perhaps most importantly, it will require a fundamental expansion of how care is defined—moving beyond a purely clinical framework. This landscape review points to an opportunity to develop an ecosystem-wide approach that seamlessly connects clinical care with community-based support. Clinical services can be intertwined with social supports, community-led networks, and culturally rooted modalities through partnership models ranging from informal collaboration to full integration.

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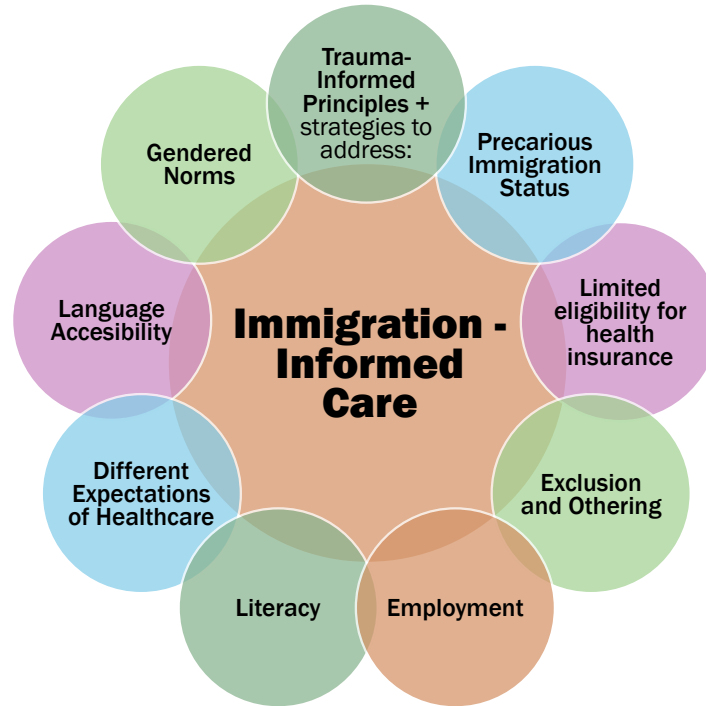
Immigration-informed care recognizes immigration status as a structural determinant of health.

[Immigration-informed care](#) recognizes immigration status as a structural determinant of health and offers individual and systems-level recommendations to improve care for immigrants inside and outside the exam room (see **Figure 2**). Community-based behavioral health programs—whether officially labeled that way or not—are inherently immigration-informed. They often [act as an on-ramp for immigrants to learn about mental health](#) services, destigmatize help-seeking, and feel empowered to support themselves and

their communities. Community-based organizations and informal networks are [key sources of support, resources, and care for many immigrants](#) in the United States, and they frequently [facilitate connections and referrals from and to formal health systems](#). Strengthening the ecosystem of support therefore requires intentional investment in meaningful pathways between these community anchors and the clinical healthcare system.

Any new framework should acknowledge and elevate the role of organizations traditionally considered outside of the mental healthcare system that directly mitigate socio-cultural induced trauma, especially those led directly by immigrant communities. This is critical in the current moment of heightened ICE enforcement. Mutual aid organizations, for instance, are on the front lines, providing immediate, practical interventions that promote safety, facilitate connections to resources, and offer protection from the [“crimmigration” system](#), the increasingly blurred line between immigration and criminal legal systems. An important example is the [LUCÉ Immigrant Justice Network](#) of Massachusetts, a coalition

Figure 2. [Immigration-informed Care](#)



Immigration-Informed Care. Adapted from Sullivan, Margaret M. 2019. Learning How to Support and Improve Healthcare Delivery to Immigrant Patients at Health Centers in Massachusetts. Doctoral dissertation, Harvard T.H. Chan School of Public Health.

of 40+ local immigrant-led groups that hosts the Boston-area [MA ICE Watch Rapid Response Hotline - Resource Hub](#). This work and that of other coalitions and initiatives promoting immigrant justice, such as [MIRA](#), [BIJAN](#), and others, are a vital component of the mental health landscape, directly mitigating the trauma induced by a hostile policy and cultural environment.

At a systems level, the field of public health has an important role to play in supporting immigrant community mental health. A [public health approach focuses on addressing the root causes](#)—the upstream drivers—of mental distress and developing a comprehensive framework for equitable mental healthcare. Public health’s holistic orientation lays the groundwork for public health institutions, healthcare systems, and community-based organizations to work together, grounded in the recognition that existing systems are not adequately meeting the needs of immigrant communities. By championing public health strategies that are trauma-informed, linguistically accessible, culturally tailored, and designed specifically by and for immigrant communities, we can begin to build a more equitable and effective mental health system for all.

At a systems level, the field of public health has an important role to play in supporting immigrant community mental health.

Recommendations & Next Steps

In summary, our review of the Greater Boston landscape shows a variety of programs and services that approach immigrant mental health from multiple angles, albeit in a largely uncoordinated fashion. We expect that we have missed some important players, and this alone argues for enhanced coordination. Some mainstream healthcare institutions are beginning to bridge the gap between clinical and cultural care and approaching immigrant mental health in a more culturally responsive way. The City of Boston is investing in efforts to foster a [sense of belonging for immigrants](#), including community-led approaches to care. While acknowledging the good that is being done, we provide the following recommendations for how our healthcare and larger systems can more comprehensively meet the national CLAS standards and advance immigrant health. Fortunately, several examples of helpful policy and implementation guides for immigrant communities in the U.S. context already exist, including a [state policy agenda](#) from the California Pan-Ethnic Health Network (CPEHN), a [municipal policy agenda](#) from the New York Immigration Coalition, and a [policy guide and primer for refugee advocates](#) from the International Refugee Assistance Project (IRAP) and its partners.

1. [Address the lack of coordination between existing resources in Greater Boston.](#)

To effectively address disparities, break down siloes, and coordinate care more effectively, it is crucial to foster collaborations among service providers, policymakers, and community leaders to enhance inclusivity, accessibility, and cultural responsiveness in mental health services.

- **At the local/municipal level:**

- ◇ Identify a single point of contact in Greater Boston to “house” a directory of resources or otherwise to compile and coordinate institutional and community-based knowledge regarding resources for immigrants seeking support with mental health.
- ◇ Foster [collaboration](#) between mental health professionals and on-the-ground community leaders.

◇ Establish and fund a [community of practice](#) inclusive of leaders from immigrant-led organizations, community health workers, and individuals with lived experience to direct resources, set priorities, and hold institutions accountable—moving beyond advisory roles to actual governance. At its core, the community of practice should rely on sustainable co-learning and sharing of best practices.

- **At the state level**

◇ Create safe referral networks for people with precarious/irregular immigration status, where no immigration enforcement activity or information sharing will occur. Ideally, referrals will include a spectrum of services from prevention and wellness support with non-clinicians to psychological and psychiatric interventions with licensed clinicians.

2. Bridge clinical and community immigrant mental health models through policy.

Local and state policymakers should create and fund opportunities that incentivize the bridging of clinical and community immigrant mental health models, building off existing examples. This can facilitate meaningful integration of clinical with community programming, promote mental health and well-being (rather than narrowly focus on medical treatment of pathology), destigmatize the concept of mental health, and help to a shift to a system of care that includes diverse ways of knowing and being.

- **At the local/municipal level:**

◇ Redirect funding from police-only responses to mental health crises and invest in expanding social work/mental health advocate teams to accompany officers. Expand community-based, culturally grounded mobile crisis teams staffed by trained peers and healers, not armed officers.

- **At the state level:**

◇ Advocate for [state legislation](#) to create sustainable Medicaid billing codes for the work of community health workers, peer support specialists, and traditional healers, ensuring their services are valued and paid for as essential healthcare.

◇ [Require private insurance](#) to cover preventive behavioral health services for children, mirroring existing MassHealth coverage.

◇ Incentivize health systems (hospitals, community based mental health centers, community health centers, etc.) to partner with local community organizations. Advance [strategies](#) for promoting [equal partnership between health systems and CBOs](#).

◇ Center [indigenous and cultural knowledge as valid treatment modalities](#) and incorporate traditional healing practices into mental health care delivery.

- **At all levels:**

- ◊ Develop an expanded and diversified behavioral health workforce

- » At the local/municipal level:

- Fund a set of behavioral health community health workers that can navigate between healthcare facilities and community resources. This could be incorporated within the existing [state certification process for CHWs](#).

- » At the state level:

- Expand and leverage [state funding for loan repayment mechanisms](#) to behavioral health professionals working with medically underserved populations.
- Retain and develop experienced and multilingual behavioral health staff of color by creating targeted incentives such as education subsidies, mentorship and internship-matching.
- Implement the [Physician Pathway Act](#) and consider including incentives such as subsidized test-taking costs and priority for applicants who agree to work in behavioral health.

- » At the federal level:

- Subsidize the cost of professional medical interpretation training and certification for community members to provide culturally and linguistically relevant interpretation. Priority could be given to community members who will interpret in behavioral health settings.
- Support a national pathway for foreign-trained health professionals to become licensed in the United States.

3. Incorporate the causes and effects of restrictive immigration policy into mental health practice and research.

It is nearly impossible to think about immigrant mental health without acknowledging the direct impacts of policies and narratives on everyday wellness. Much of the fear and uncertainty that many immigrant communities are experiencing in this present moment stems from the rapid, restrictive, and often confusing developments in immigration policy and the ongoing vilification of immigrants. We cannot “therapize away” policy-induced harm. Mental health practice must actively confront the political and systemic drivers of distress.

- **At the university level:**
 - ◇ Develop [policies and practices](#) that affirm and support the mental health of undocumented, immigrant, and international college students.
- **At the local/municipal level:**
 - ◇ Conduct narrative change and belonging campaigns and evaluate their effects on immigrant and community mental health. Support immigrant-led media and art initiatives that directly counter xenophobic narratives and name political trauma as a public health crisis. Incentivize academic-community research studies that directly examine political anxiety's effects on mental health, related to immigration, democracy, safety, and other factors.
- **At the state level:**
 - ◇ Incentivize pilots and expansion of medical-legal partnerships for immigrants (MLPI) within behavioral health teams and community based organizations (CBOs). Elevate CBOs that are currently leading this work in Massachusetts.
 - ◇ Shift research funding from studying communities to funding research led by communities to investigate and document the mental health impacts of specific policies and interventions (e.g., ICE enforcement activities, sanctuary city lawsuits, mutual aid for bond relief, pro bono asylum clinics, family preparedness planning, expressive therapies, etc.) and use the findings to advocate for immediate policy change.
 - ◇ Fund/mandate training for all mental health providers on the impact of historical and intergenerational trauma and the mental health consequences of systemic oppression. Examples include incentivizing inclusion of this topic for continuing education by profession, advocating for incorporation of this topic in health professional training curriculums, or mandating this training for all state/municipal employees.
 - ◇ Promote [guidance](#) and tools for conducting culturally informed assessments for mental health clinicians,

This list of policy recommendations is not exhaustive. We recommend readers review The Refugee Advocacy Lab's report on [Improving Access to Mental Healthcare for Refugees and Other Displaced People in the United States](#) as well as the California Pan-Ethnic Health Network's state policy agenda on [Improving Mental Health Care for Immigrant and Refugee Communities](#).

Appendices

A. Greater Boston Landscape



Weaving Well-being Programs



Additional Community Programs



Provider Directories



Medical-Based Mental Health Services for Immigrants

B. Immigrant Mental Healthcare Models and Resources