

Weaving Well-being

A New Paradigm for Community Mental Health and Wellness

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City of Boston
Immigrant Advancement



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Partner Organizations



The [Asian American Resource Workshop \(AARW\)](#) is a political home for pan-Asian communities in Greater Boston. We are a member-led organization committed to building grassroots power through political education, creative expression, and issue-based and neighborhood organizing.



The [Brazilian Worker Center \(BWC\)](#) is a non-profit organization that capacitates immigrant workers to learn about workplace rights, immigration, and health equity. We empower immigrants with knowledge and skills to promote economic, social, political and racial justice for all.



[chica project](#)'s mission is to close the opportunity divide for Latinas and other Women of Color by empowering them with the skills, confidence, and network necessary to thrive personally and professionally.



[Family Nurturing Center \(FNC\)](#) works with others to build nurturing communities where children are cherished, families are supported, and healthy human development is promoted by all.



[Mutual Aid Eastie \(MAE\)](#) applied for this mini-grant as a member of the **Community Healing Center Project**, which is a collaboration of 20+ community leaders, members, and organizations envisioning an urban oasis for holistic healing and community wellness in the East Boston area.



[Sociedad Latina](#)'s mission is to create the next generation of Latine leaders who are confident, competent, self-sustaining, and proud of their cultural heritage.



The mission of [Somali Parents Advocacy Center for Education \(SPACE\)](#) is to support, educate, empower and inspire parents to be better advocates for their children, more specifically, their children with special needs in schools, in health care, and in the community.

Funding and Research Partners



City of Boston
Immigrant Advancement

The City of Boston Mayor's Office for Immigrant Advancement (MOIA) strives to strengthen the ability of immigrants to fully and equitably participate in economic, civic, social, and cultural life in Boston. MOIA also promotes the recognition and public understanding of the contributions of immigrants to the City.



The Leah Zallman Center for Immigrant Health Research (LZC) is a research center at the Institute for Community Health. We are a team of interdisciplinary social science researchers with expertise at the intersection of immigrant, economic, and health justice. We partner with immigrant communities, advocates, policymakers, and social and health systems on actionable research to improve immigrant health and well-being.

At a Glance:

88% of respondents said that they felt comfortable being themselves in their program

84% said that their program helped them to identify resources to support them in a difficult time

84% said that their program helped them to contribute to the happiness and well-being of others

Introduction

Performing Patchwork in a Shredded System

It has been nearly three years since COVID-19 disrupted life as we knew it. The pandemic stretched many families to their economic and mental limits. Bostonians from all backgrounds learned to acknowledge and cope with new or enhanced degrees of stress, grief, fear, isolation, and uncertainty. In the first eight months of the pandemic, rates of anxiety (37%) and depression (29%) in the United States were over four times higher than they had been the previous year.¹ Nationally, 13% of all adults initiated or increased substance use due to COVID-19-related stress, and domestic violence increased by 8%.²

Immigrant families and communities were particularly hard hit. This report highlights the healing work of seven immigrant-led and/or immigrant-serving organizations, who drew on strong roots and cultural and professional expertise from within their communities to weave a supportive social fabric of holistic well-being during this crisis.

The Effect of COVID-19 on Immigrants in Boston

Immigrant families shouldered a disproportionate share of losses due to the pandemic. Overrepresented in the essential workforce and in jobs more vulnerable to layoffs, immigrants experienced a 10% decline in employment (compared to 5% for U.S.-born workers).³ In Boston, 49% of accommodation and food services workers are foreign-born. This industry lost the most jobs; 55% of workers claimed unemployment at the height of the lockdown in June 2020.⁴

In some immigrant communities, job losses were compounded by higher rates of COVID-19 infection and mortality. By race and ethnicity, Black and Hispanic/Latinx Bostonians had the highest COVID-19 infection and mortality rates, mirroring national trends. While data on the intersections of national origin and race are rare, one state-level study in Minnesota showed dramatic disparities in COVID-19 mortalities across all racial groups by nativity.⁵ In other words, people born outside the United States had higher mortality rates in every racial category compared to their U.S.-born counterparts.

Half of all food service workers in Boston are immigrants, and 55% of workers in this industry claimed unemployment at the height of COVID-19.

These disparities have family- and neighborhood-level effects on health and well-being. For example, 47% of East Boston is foreign-born, and many more U.S.-born residents live in mixed-status families. The neighborhood is 26% Black and 56% Hispanic/Latinx. One quarter of East Boston's workforce

is employed in accommodation and food services, and in June 2020, East Boston had the highest unemployment rate of all Boston neighborhoods at 22% (compared to 16% for Boston as a whole). The community consistently ranked among the highest in Boston for COVID-19 infection rates, which means that in addition to economic crises, an unprecedented share of families directly experienced physical or mental health crises or knew someone who did. This concentrated inequality also placed a large burden of stress and responsibility on community-based organizations and leaders, who set up mutual aid networks and systems of care within their community while simultaneously coping with the same crises themselves.

Our Unequal, Shredded Social Policy System

In a best-case scenario for equity, public and private resources would have been directed to families, neighborhoods, and organizations with the greatest disease burden and worst economic losses. This is the public policy equivalent of triage in medicine. Federal and state policymakers scrambled to provide economic, health, and social supports to communities, but these supports were no match for the underlying patterns of inequality in Boston.

Although some immigrant leaders successfully advocated and organized to generate vital public and private resources during the pandemic, many immigrants still struggled to access help or were left out. An estimated 6.2 million essential workers across the United States were ineligible for relief payments under the CARES Act because they were undocumented or part of a mixed-status family.⁶ This affected the mental health and well-being of entire families and communities. For U.S.-based Latinas, knowing an undocumented immigrant and someone ill with COVID-19 increased their probability of experiencing mental health problems by 52%.⁷

From a policy perspective, it is important to acknowledge that the pandemic heightened—rather than created—these longstanding gaps and inequities in our social policy system. Some Bostonians sought out mental health supports during the pandemic, while many others suffered in silence. Health and social service agencies were overloaded; mental health waitlists were 6-12 months long.⁸ Families who struggled to make ends meet kept the economy functioning for all while bearing the brunt of illness, unemployment, loss of loved ones, social isolation, business and childcare center closures, homeschooling, and much more. Meanwhile, more privileged, well-resourced families faced many of the same losses, but drew on buffers of familial assets and worked from home.

An estimated 6.2 million essential workers across the United States were ineligible for relief payments under the CARES Act because they were undocumented or part of a mixed-status family.

The findings presented below reinforce the well-established fact that health—and mental health—is largely determined by structural and social determinants. We briefly outlined above how the inequitable health impacts of the COVID-19 pandemic were structured and/or exacerbated by related racial and ethnic inequities in labor markets, housing, and public assistance. The remainder of this report focuses on the work of the City of Boston Mayor’s Office for Immigrant Advancement (MOIA) and seven community-based organizations in one area of social policy—mental health. This report provides insight into specific programmatic and policy strategies that Bostonians could pursue together to advance equity and avoid these disparate impacts in a future crisis.

MOIA Mental Health Mini-Grants Initiative

Long before the pandemic, Boston was described as having a “shredded safety net.”⁹ Sociologist Autumn Green points out that low-income women and families survive by performing patchwork—the labor of knitting together disparate healthcare, mental health services, childcare, public assistance, and more. This survival work is second nature for many immigrant families, who weave together fragmented resources, navigate institutional and policy barriers, and create their own sources of community care and support during their migration journeys and upon arrival in the United States.

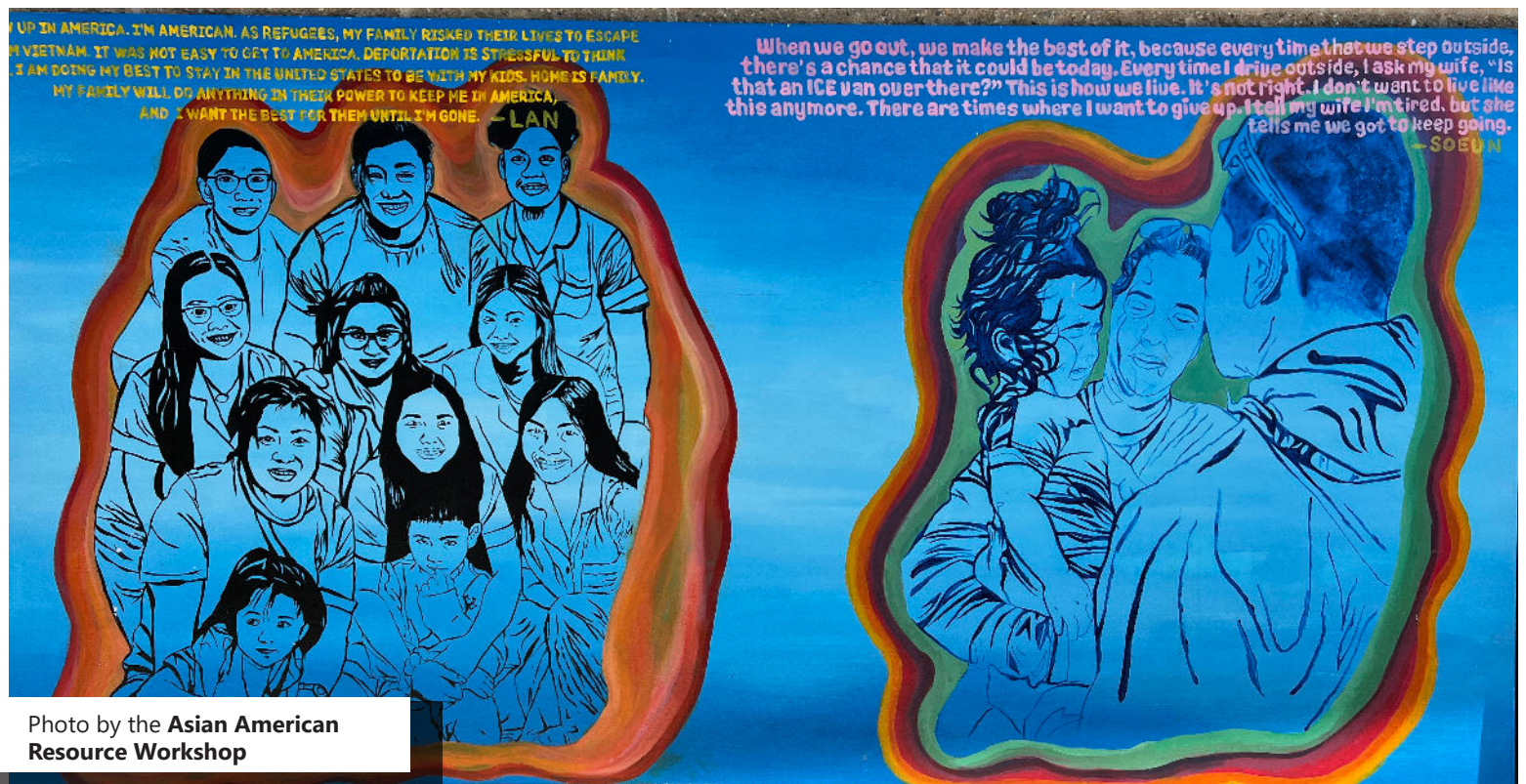
MOIA invested \$70,000 and partnered with seven immigrant-serving organizations to offer peer-led, community-based wellness interventions in their communities.

Governments, funders, non-profit leaders, and policymakers can all play a critical role in mobilizing resources and networks to fill gaps in our shredded safety net and/or support this patchwork. The City of Boston Mayor’s Office for Immigrant Advancement (MOIA) acknowledges the value of this community-driven labor and is committed to finding a longer-term, more systemic solution. In April 2022, MOIA invested a total of \$70,000 in a six-month pilot program to improve immigrant mental health. MOIA awarded grants to seven immigrant-serving nonprofit organizations to offer peer-led, community-based wellness interventions in their communities. The goals were to:

- Promote well-being and enhance the wellness of immigrants in Boston;
- Destigmatize mental health in immigrant communities;
- Support non-clinical, culturally and linguistically sensitive practices;
- Reduce the potential escalation and severity of mental health conditions;
- Fund and support the programmatic or organizational capacity of grassroots, immigrant-led, immigrant-serving nonprofits who are generally not on donors’ radar; and
- Shift power relations in the direction of community through grantmaking and research.

Seven **partner organizations** were chosen because they demonstrated longevity, community-embeddedness, and expertise in organizing resources and power to enhance the well-being of immigrant families. These were the experts that MOIA assembled, acknowledging that immigrant-led, community-based organizations had the inherent tools and knowledge needed to improve well-being from interpersonal, institutional, and systemic perspectives. Each group focused on slightly different populations (e.g., parents, youth, general community members, etc.) and designed their program to align with the needs, cultural orientations, and strengths in their community (see **Program Strategies**, p. 7).

MOIA also partnered with the Leah Zallman Center for Immigrant Health Research (LZC) to design and implement an exploratory assessment. LZC and MOIA worked together to define and implement participatory processes with the seven partner organizations for conceptual design, data collection methods, community engagement, decision-making, and strategic framing for this study (see **Appendix A: Methods**, p. 24). Findings from participant surveys (n=93) and program leader group interviews (14 interviews with 21 leaders) are structured in two sections. The **Program Strategies** section describes the programmatic and relational approaches taken by all seven partner organizations as they designed and implemented activities to enhance mental health and well-being in their communities. The **Outcomes** section describes the main outcomes of this initiative, illustrating how community-led strategies directly generated these outcomes. The final **Lessons Learned and Recommendations** section suggests ways that the City of Boston and its many partners could structure future investments and programming in mental health and well-being to maximize immigrant health and equity.



Program Strategies

Common Design Threads

No singular approach to strengthen immigrant mental health resonated universally for participants across all seven organizations, since each serves a distinct population with specific age groups and cultural orientations. However, we found five common design threads that set these programs apart from traditional mental health offerings in Boston:

1. Framing Mental Health as Skill Building for Holistic Wellness;
2. Trauma-Informed and Culturally Rooted Healing Techniques;
3. Group-Based, Engaging, Age-Appropriate Activities;
4. Community-Embedded, Culturally and Linguistically Responsive, and Interdisciplinary Staff; and
5. Peer-Led, Slow Trust Work that Cultivates Culture.

In this section, we describe these design elements and, where applicable, point out how they differ from mainstream U.S. patterns of mental health identification and treatment. We also contextualize and illustrate the themes with literature, program examples, and qualitative and quantitative survey data.

Strategy 1: Framing Mental Health as Skill Building for Holistic Wellness

Program leaders from the community-based organizations described their mental health and well-being programs to would-be participants in everyday, wellness-oriented language that made people comfortable and curious to participate. This was just one way that the programs centered and respected immigrants' perspectives, since language about "mental health interventions" can be alienating or stigmatizing. Staff at the organizations framed healing and skill building as a holistic process that supported the overall well-being of people and communities. For example, program leaders intentionally framed the opportunities they offered as community building, stress reduction, skill building, and problem solving, rather than explicit mental health support.

At the same time, participants became oriented to mental health concepts and techniques in a safe and supportive space. These programs provided a conceptual on-ramp for participants to destigmatize mental health supports. One participant noted, *"Being able to just talk and be listened to is very beneficial."* Other participants built leadership skills as healers, which in turn creates additional capacity for healing within the community. A participant shared,

This program was the first one that supported me to relax my body, learning new exercises, and benefited me when it came to dealing with stress. Later, after seeing my interest, they offered me reiki training for free, which I have put into practice not only on a personal level, but also on a community level since I am a volunteer.

Mutual Aid Eastie applied for this mini-grant as a member of the **Community Healing Center Project**, which is a collaboration of 20+ community leaders, members, and organizations envisioning an urban oasis for holistic healing and community wellness in the East Boston area. The project is guided by values such as equity, inclusion, solidarity, innovation, environmental sustainability, and community based program design. Since its inception in January 2021, the project has been offering free healing services in community settings and conducting needs assessments in partnership with the East Boston Neighborhood Trauma team and other groups. The project's long-term vision is to create a premier healing center that is accessible to underserved communities, ecologically designed, and climate resilient. The project is also exploring solidarity economy models to provide job opportunities and ensure financial sustainability.



Strategy 2: Trauma-Informed and Culturally Rooted Healing Techniques

The seven organizations used techniques in their programs that aligned with an holistic framing of wellness. Participants identified a range of new creative coping skills (see **Outcomes**, p. 14) as a result of attending their program, with one person noting, *“I learned how to apply these techniques in my day-to-day life.”* Groups utilized culturally rooted healing modalities from all over the world such as meditation, support circles, reiki, and group yoga. These offerings contrast with mainstream U.S. medicinal and psychological approaches to mental health treatment, which are more often oriented around psychiatric medicine and psychological therapy.

Creative arts and movement-based therapies come from global and cultural traditions that have been practiced for generations. Evidence shows benefits to health and well-being in Western, non-Western, and migrant community contexts. Creative therapies that include arts and body movement can also help people begin to access and process trauma, especially for those who have become immobilized, or stuck, in different ways.¹⁰ One national study evaluating the impact of arts programs for patients with common mental health conditions (e.g., anxiety, depression, phobia, eating disorders) found that participants felt more empowered and confident and experienced reduced feelings of social exclusion and isolation after participating in creative therapies.

Program leaders also worked to incorporate mental health strategies into their existing programming. One group-based intervention for Latina immigrants in North Carolina incorporated mindfulness strategies into a longstanding program, and the women reported that after learning the strategies, they used them in their daily lives.¹¹ They also experienced reduced symptoms of depression (19%)

and anxiety (26%). Similar results were evident in this MOIA mental health initiative, with one Boston-based participant explaining, *"I learned how to use breath to calm down, be aware of how I could help my body feel better, and how I could be more at ease with myself."* Another shared, *"I became more aware of my energy, compassion, and mindfulness."*

The **Brazilian Worker Center (BWC)** primarily serves the Brazilian community in the Allston-Brighton area. BWC used the grant to support the *Mulheres Vencedoras* program which aimed to address issues surrounding cultural resistance and lack of cultural sensitivity about the importance of mental health in the Brazilian immigrant community. BWC hosted a number of activities, including a Mindfulness-Based Stress Reduction (MBSR) program, a Q&A program orientation session, guest speaker events, and discussions about self-empowerment and self-care, and conducted outreach to the community, holding talks at churches.



Strategy 3: Group-Based, Engaging, Age-Appropriate Activities

All seven organizations designed their programs around a collective model of support, bringing people together to improve their community's mental health. This aligns with the collective orientation held by many immigrant families and communities, in which struggles or imbalances can be healed through the community. This perspective differs from the U.S. medical system's approach, which is oriented around individuals seeking mental health support in a one-on-one clinical setting.

Program leaders found unique and creative ways to intentionally embed wellness routines into more familiar day to day activities, teaching participants skills that they can carry with them for life. One participant shared, *"I learned how to look information up on YouTube that will help me in difficult times when I am alone."* Some organizations that served youth folded mindfulness and mental health activities into their summer programming, offering participants a repertoire of activities such as martial arts, yoga, art, music, and storytelling. Other organizations with older participants designed their mental health intervention as support circles for community members going through similar life circumstances (e.g., having family members facing deportation, parenting children on the autism spectrum), which felt non-threatening and natural enough to community rhythms. Participants greatly appreciated these dedicated spaces, with one saying, *"The program offers a safe space for me to talk about my thoughts and feelings. It helps to remind me that I am not alone in my struggles."* Another shared, *"I got to meet other members in my community."*

Sociedad Latina works with Latine youth in Mission Hill, Roxbury, Dorchester, Jamaica Plain, and Mattapan. Sociedad Latina aims to promote positive mental health and offer youth tools to heal from trauma and stress through meditation, yoga, expression arts therapy, creative writing, fitness and nutrition, and more. The organization used the funds to support its Summer Wellness Initiative, which incorporated both educational instruction and learning alongside quality, meaningful wellness activities through two programs: 1) STEAM (science, tech, engineering, art, and math) and 2) health, music, and advocacy.



Strategy 4: Community-Embedded, Culturally and Linguistically Responsive, and Interdisciplinary Staff

Every organization spoke about the value of having trusted community members as founders, current leaders, and/or staff. They were all intentional about assembling a team of paid staff and/or volunteers who were either embedded in their respective communities or were graduates of the program, with some joining the organizations full-time after having done previous internships.

Program staff who facilitated these mental health and wellness spaces were bilingual or multilingual and from the same cultural background as participants, enabling them to communicate effectively



The **Family Nurturing Center of Massachusetts** (FNC) serves immigrant families in Allston-Brighton, Dorchester, and Hyde Park. FNC used the grant to facilitate Nurturing Circles for Cape Verdean parents and grandparents raising grandchildren. The biweekly support groups are informed by the Nurturing philosophy and offer a safe and relaxing environment for caregivers to share their feelings and receive support from their peers. Participants in the program were also offered weekly opportunities to access affordable fresh produce.

with participants in both English and/or another preferred language. One participant noted the program leaders' intentionality in crafting a culturally rooted, safe space, saying, *"They explained what happened in the process and connected with me. They gave me trust."* Participants clearly appreciated being able to culturally and linguistically relate to staff, with one person sharing, *"It is gratifying to find someone who understands us and helps us in our language . . . Thanks to everyone who is part of this organization—may God bless all of you."* Another participant shared, *"[The program leaders] explained things in my language and in a way that was culturally sensitive to me. They respected my opinion and privacy."*



chica project serves girls and Women of Color, including many Latinx immigrant youth in resource-restricted communities such as Dorchester, Roxbury, and Mattapan. Core to chica project's mission is to encourage youth to talk about mental health and well-being in a holistic manner through a community-based mentorship model. The organization used the funds to host a wellness fair for community members and build staff capacity to facilitate programs that build character, strengthen resilience, and facilitate professional development in youth.

This community-embedded, culturally and linguistically responsive approach was vital to the programs' successes. Clearly, when organizations choose staff that reflect the populations they serve, participants benefit. One person shared, *"I have generalized anxiety disorder. The people [in the program] make me feel very peaceful and more willing to connect with each other. There is a special warmth and genuine empathy that they give out."* Our analysis found a highly significant relationship between participants valuing program leaders who have shared backgrounds and the extent to which participants then felt they could be themselves in their program, with **88%** (n=92) saying that they felt comfortable being themselves. A participant said, *"Knowing a place in my community for me to heal exists is beneficial and knowing people in my community care and are active in these endeavors is beneficial to me and my well-being."* We also found a highly significant relationship between leaders and participants sharing the same background and participants indicating that that was helpful to them, with **76%** (n=79) of survey respondents noting this aspect. A participant described a program leader in glowing terms, saying, *"In addition to being a professional, she is very connected to community situations and is an asset to our community . . . She's a force and always goes the extra mile for everyone."* Participants pointed out that staff *"encouraged inclusion"* and *"treated them with respect."*

Strategy 5: Peer-Led, Slow Trust Work that Cultivates Culture

Building trust is key to success and every organization was aware of the challenges of destigmatizing mental health and the amount of cultural resistance that such narrative change and programmatic work would elicit. The culturally rooted elements that many organizations adopted in their programs were therefore not only informed by the people who ran them but also by those the programs served, resulting in programs that were community-based, multilingual, and trauma-informed. Retaining and cultivating culture amidst pressure to assimilate after moving to the United States can be empowering; some organizations owned it as an explicit strategy and an acknowledged protective factor for mental health.

The Asian American Resource Workshop (AARW) serves pan-Asian communities in the Greater Boston area. AARW used the grant to create positive wellness and mental health spaces for Asian immigrant communities, facilitating biweekly and monthly group sessions in which participating members of the community were able to develop skills for mental/emotional health and well-being through dialogue. The sessions were divided into two groups: one dedicated to participants who were undocumented and the other primarily to Southeast Asians who were directly impacted by deportation.



The programs provided time for participants to engage with one another in peer-led discussion, creating space to build trust and cultivate culture together. Participants spoke in their native language, giving them greater freedom to express themselves more fully. One participant said, *"I felt comfortable with the people because there was no language barrier. We all understand each other and can relate with each other. Also, there's no cultural barrier because we are all similar."* Another person shared, *"[The program] made me comfortable to open up because I can trust the people there. We all share the same values, making it easier for me to tell my story and be open to getting advice."* Part of participants' increased levels of comfort came from knowing that other participants had similar life experiences and cultural backgrounds. One person said, *"[We're] all together. No one is left behind."* Another shared, *"I can relate to them because they're all mothers with children with disabilities. We share stories and come from similar backgrounds and can relate to each other."*

Someone else shared,

It was so nice to be able to connect with the other moms, wives, and partners that have been through or are going through issues with ICE. It's not like most of my friends can relate to how scary it is.

Leaders reported seeing relationships grow between and among participants and staff. Some participants even had specific requests for the staff member they wanted to work with in the future. Some leaders observed participants becoming less afraid and more willing to disagree with each other—a testament to the level of trust and comfort participants built with one another during their respective programs. One person noted that staff and participants *“listened to questions and were respectful about them.”* Another participant shared, *“[They] allowed me to be myself. They treated me as part of the family and they listened non-judgmentally.”* Someone else highlighted, *“They took me in and made me feel better. They blessed me and we talked about God.”* Ultimately, participants felt more comfortable discussing their issues with supportive peers and leaders in the program than with their family and friends: **70%** (n=64) of participants said they felt comfortable talking about their struggles with other participants compared to the **60%** (n=57) who were able to talk about issues with their family and friends. One participant said, *“[This organization] makes me feel safe and welcome. I feel comfortable speaking what's on my mind.”*



Somali Parents Advocacy Center for Education (SPACE) primarily serves the Somali immigrant community and aims to destigmatize the discrimination around parents of children with intellectual disabilities and autism. Using the grant, SPACE held small group discussions and family conversations in which people were able to voice their innermost issues related to mental health, share their experiences, talk with others, and learn about how the mind and body are connected.

Outcomes

Weaving Well-being

Like all of us, the participants who went through these programs experience life with all of its ups and downs: fussy babies, stressful classes and exams, troublesome traffic on the way to work, demanding colleagues or clients, sleepless nights, difficult relationships with family members, illness or loss, and more. When asked what they needed in their lives to reduce stress and increase joy, participants shared needs like *“more time”*; *“the happiness of a united family”*; *“help with the kids”*; *“more flexibility at work”*; *“more confidence”*; *“exercise”*; *“shoes, money, clothes”*; *“a vacation”*; *“a better self-care routine”*—needs that we can all identify and empathize with.

Although a declining middle class, the fraying of our social safety net, and COVID-19 affect the U.S. population as a whole, immigrants face added stressors like unsafe neighborhoods, tenuous immigration status, language and cultural barriers, racism, sexism, discrimination, trauma, and isolation. Citing Boston’s housing crisis, many participants noted safe or stable housing as a primary need.

In answer to the question “What do you need in your life to reduce stress and increase joy?” one participant shared, *“Places where I can learn skills and volunteer nearby, places where I can be employed in meaningful work, knowledge of how my community is changing and how I can help.”* Participants talked about *“nature walks”* as something that would increase their joy and reduce their stress. Another participant wished for *“a center for healing for the community with water and fresh food and a lot of plants.”* Echoing that need, another participant’s hope was for

a space outdoors (and indoors for winter) for consistent healing to happen that is free and open to the community with healthy plants and lots of different holistic healing practices like reiki, relationship coaching, yoga, meditation, group therapy, and water and sound healing.

Participants and program leaders alike expressed a need for programs like the MOIA mental health mini-grant to continue, sharing that they saw meaningful changes in themselves and one another as a result of these wellness initiatives. Despite carrying this work out during a global public health crisis, the programs these organizations offered were not crisis-oriented. Instead, they focused on building long-term resilience and coping strategies to increase participant well-being. We did not anticipate that we would see dramatic clinical results in six months and did not measure pre-post reductions in anxiety and depression using validated scales like in clinical studies, knowing that mental health takes time to improve. However, we did find promising outcomes from this short-term evaluation in two primary areas, namely 1) increased social integration and cohesion and 2) greater resilience and well-being, which we highlight below. More long-term research is needed to link these outcomes to clinically recognized improvements in personal or community mental health.

Outcome Area 1: Social Integration and Cohesion

One of the most promising outcomes of this pilot initiative, consistent across programs, was that it brought people together in new ways around personal, familial, and community well-being. As described above, people met peer leaders who encouraged them to share more about their lives, and they learned that they were not alone. The programs provided safe spaces for participants to openly discuss problems they otherwise would not have shared with their family and friends. At the end of the implementation period, **88%** (n=78) of participants felt that their program allowed them to listen to or provide support to others. This theme of wanting to support and help other people surfaced repeatedly in participant responses, demonstrating a cultural thread across communities of mutual aid and care for others' mental health and well-being.

Program staff and leaders created interventions in the first place because families felt left behind or locked out of mainstream health and social services. In fact, only **47%** (n=34) of participants found it easy to see a doctor, and just **30%** (n=17) found it easy to seek help from a mental health professional. One participant described a common barrier to care: *"I left a message and never heard back."* The programs began to effectively tighten the social fabric of immigrant communities by connecting people with each other in new ways (social cohesion) and bridging culturally specific and accessible spaces with existing mental health resources and approaches (integration). For many participants, talking about problems or worries with a trusted person was completely new. One participant pointed out, *"I have never worked with a professional before on mental health."* Another participant said, *"The program gave me the freedom to express what was going on with me,"* which was a sentiment shared by others as well.

In addition to institutional barriers to care, program leaders expressed concern that mental health and well-being were not being addressed adequately from within communities. The programs used the design strategies described above to create safe spaces, which participants noted, with one saying, *"I feel good being in this group and I feel safe and happy in the group."* One participant described the experience as *"being interconnected."* For them, they benefited by *"having healthy relationships and people to talk to when challenges arise [and] making new friends or connections and deepening existing connections."*

Research consistently shows the value of high quality, positive social connections as a key contributor to overall health. Although the majority of participants (**93%**; n=80) reported already having social relationships that were supportive and rewarding, our findings suggest that participants developed new and different levels and types of trust with staff, leaders, and peers through these programs. One participant said, *"I have no parents to guide me or help me raise my kids. This program really helped me. I have people to ask for help in how to best take care of my kids."* Another participant said, *"I felt extremely connected with the people—both organizers and participants."* Someone reflected,

"[The program] gave a sense of belonging by connecting me with others who are dealing with similar situations." One of the participants shared,

I never felt uncomfortable during any one of the sessions and there is nothing that I would change about the program. I am very thankful for the program. I enjoyed talking with others and I always look forward to the sessions. I made connections and friends through the program, which helps me with my confidence and self-esteem.

Among survey respondents, only **38%** (n=36) of participants said that they trusted the people in their neighborhood compared to **69%** (n=56) who indicated that they trusted staff or leaders in their program. Those who trusted their neighbors tended to do so at high levels and, interestingly, trusted staff or leaders less, suggesting that building trust takes time, especially with immigrants who come from communities that are more tight-knit or distrustful of outside members. Participants who perceived staff to be from shared cultural backgrounds tended to trust them more. Even so, **29%** (n=27) of participants who did not trust staff still reported feeling comfortable being themselves in the program.

Furthermore, participants described how coming together around positive, fun, and engaging activities generated a sense of collective well-being and reduced stress. One participant said, *"Now I know all the things I need to succeed!"* Another participant shared, *"I felt liberated."* Among respondents, **84%** (n=81) said that their program helped them to identify people in their lives who supported them or form new supportive relationships. One participant said that *"to be able to share what was on my mind without judgment"* was beneficial to their well-being. The connections with other participants were evidently strengthened through the reinforcing cycle of support across programs: **84%** (n=81) of participants said that their program helped them to contribute to the happiness and well-being of others, which includes *"learning how to love each other and take care of each other."*

Outcome Area 2: Resilience and Well-being

With mental health a somewhat taboo and frequently unaddressed topic in immigrant communities, many programs focused on teaching participants skills and tools that they could use as coping strategies during stressful times. Among participants, **84%** (n=78) said that their program helped them to identify resources to support them if they were having a difficult time. Participants learned how to meditate, employ mindfulness, do yoga, *"release stress,"* and practice reiki on themselves and family and community members. Other participants highlighted *"perseverance"* and *"speaking up"* as their takeaways. One participant shared, *"I learned about different resources that are aimed to help me when I am down and not feeling myself. I learned to reach out to people and help them."*

Some programs more openly addressed mental health, with participants reflecting positively on their experiences. One person said, *"I learned what mental health is and understanding my emotions."* This suggests that it is possible to reduce the stigma often attached to mental health issues in a

culturally rooted, safe space in which trust has been built. One participant said, *“I learned about the symptoms of depression/ anxiety and what to do when going through those feelings.”* Another participant shared, *“I learned a lot about mental health. It was eye opening.”*

In addition to being able to verbally articulate difficult life experiences, some participants left equipped with a range of breathing and cognitive techniques that they learned from their wellness instructors, which helped them to pause and remain composed in the face of challenges. One participant shared, *“[The breathing technique] taught me how to control my mind.”* Others talked about how they have *“begun . . . to release all the negative.”* As a result, participants reported feeling *“more relaxed.”* They also indicated having more positive relationships with themselves. *“I take time for myself . . . breathe and respect my own time,”* said one participant.

Many participants talked about reiki as a skill they now had and a way that they could care for others. One participant shared, *“I received reiki healing many times. They also helped me become reiki-certified myself so I can do healing sessions on myself when I need them. Because of them, I have more access to healing tools for myself.”* Another participant said, *“I learned reiki techniques and . . . it helped me help the elderly I work with.”*

Overall, **95%** (n=88) of the survey respondents reported learning a skill or practice that would help them get through a difficult time. Sometimes, this new learning looked like knowing how and when to ask for help and not feeling shame in doing so. One person shared, *“I also learned to seek help and to not always do everything on my own because it is overwhelming.”* Another reflected,

I learned how to take care of myself and not feel guilty for taking some time to myself. I learned that it does not make me weak to ask for help. I also learned the importance of reaching out to friends and family to make sure they are okay.

Ultimately, participants can take the set of tools they acquired during the summer outside their programs and build long-term resilience and well-being.



Lessons Learned and Recommendations

Toward a New Social Fabric

Nearly every culture around the world has a relationship with textiles, which act as functional objects as well as intimate forms of artistic expression. In New England, for example, women have used quilting as a form of storytelling to process, untangle, and document interlocking experiences and systems of marginalization.¹² While conducting this study, we noted that the folks leading the wellness work—experts in their communities—cultivated spaces for others to process and untangle their own experiences. They fostered joy, beauty, and creativity, which operated as antidotes to the hardships facing some immigrant families and communities. We can all learn from this as we work together to envision and build a new social fabric that is centered on equity.

In weaving a new social fabric, each design thread is reflective of the specific and unique cultural strengths that immigrant communities bring to the City of Boston. These soft and malleable threads converge to bind and strengthen our social fabric—a reminder that Boston is only as strong as its capacity to be flexible in the face of crisis and change. Rather than being created from scratch, the new fabric retains the finest and strongest common threads that weave through it. This weaving process represents the best of immigrant integration, an anti-assimilationist process in which longstanding community members and institutions adapt to learn from newcomers, and vice versa, creating new patterns that result in equity and well-being for all.

What could this process look like for improving mental health in Boston? As this study demonstrated, there is no one fixed approach to addressing well-being. Long-lasting sustainable

change will require the conscious involvement of multiple stakeholders who share a common goal of equity and well-being. Outlined in this final section are recommendations and a non-comprehensive list of potential action steps. Although these draw from lessons learned from this pilot, more multi-stakeholder work across different policy levels (City, state, federal, etc.) is needed to generate even more specific community-centered recommendations and assess feasibility across a range of domains.



Photo by Somali Parents Advocacy Center for Education (SPACE)

A Multi-Stakeholder Approach to Well-being in Boston's Immigrant Communities

Priorities for Action	State and Local Government and Policymakers	Healthcare and/or Educational Institutions	Community Leaders and CBOs	Researchers	Funders and Businesses
Identify and pursue funding sources to support small community-led programs to enhance immigrant mental health	X				X
Consider building accessible, healing, joyful spaces in key Boston neighborhoods designed and owned by community leaders	X		X		X
Establish partnerships between larger mental health care institutions and small community-led organizations to identify ways to shift resources		X	X		X
Continue to refine program models and incorporate feedback from evaluations into practice	X		X		X
Expand access to resources and rights for all immigrants in Boston by braiding funding streams to ensure that existing resources are being leveraged	X	X	X		X
Increase access to drivers' licenses for all, regardless of immigration status	X				
Continue to fund and grow economic stability and mobility programs specifically designed for immigrants and expand workforce development programs to undocumented immigrants	X	X	X	X	X
Ensure better protections for workers and provide "Know Your Rights" trainings for worker empowerment	X		X		
Improve and extend workplace benefits, including career mobility opportunities, to all workers, including contingent essential workers		X			X
Create new policy narratives and program/evaluation designs that explicitly link economic security and mental health outcomes	X	X	X	X	X

A Multi-Stakeholder Approach to Well-being (continued)

Priorities for Action	State and Local Government and Policymakers	Healthcare and/or Educational Institutions	Community Leaders and CBOs	Researchers	Funders and Businesses
3. Improve Immigrant Access to Clinical and Crisis Supports					
Require/enforce the implementation of Culturally and Linguistically Appropriate Services (CLAS), including multilingual services and signage, at all healthcare and mental health facilities	X	X	X		
Diversify the behavioral health workforce in Boston, including creating explicit behavioral health career pathways for immigrants	X	X	X		X
Expand outreach and engagement (including placing specialists in specific sites) in immigrant communities to explain services in culturally accessible ways and assist people in navigation	X	X	X		X
4. Advance Equity in Decision-Making for Immigrant Health Program Design, Implementation, and Evaluation					
Build capacity within local organizations to collect and analyze meaningful data	X	X	X	X	X
Collect and analyze data using an equity lens to invest in populations, neighborhoods, and/or organizations with the greatest need and greatest likely impact on equity	X	X	X	X	X
Directly fund small community-based organizations (CBOs) with few or no requirements for the work they do in creating healthier communities	X	X			X

Recommendations

1. Invest in community-led, culturally and linguistically accessible safe spaces.

For many participants, their MOIA-funded program was their first or only opportunity to gather with other community members who shared similar experiences and experience healing in a culturally rooted way. Although talking about mental health is taboo in certain immigrant communities, our data show that participants are open to speaking about difficult life experiences with people they trust under the right set of circumstances. “Safe spaces” look different according to different cultural perspectives. All of the organizations that participated in this MOIA initiative held group-based activities or hosted group dialogues outside of

professional office settings, bringing people together around positive goals or holistic health rather than focusing on a 1:1 therapeutic model or overtly addressing mental health problems.

More investment needs to be channeled towards community-led, long-lasting, holistic programs. Participants enrolled in programs with culturally and linguistically accessible practices showed a willingness to speak with staff who shared similar cultural backgrounds, at times over their family or friends. Participants grew to know and trust the program leaders, opening themselves up to receiving advice from them. Over time, we believe participants might be more willing to speak to a mental health professional in a crisis—particularly a professional recommended by a community leader they trust and one who shares the same culture and language—than they would be if they did not have this bridging experience with trusted leaders. This pilot demonstrated that community-led programs play an important role in reaching immigrants who would be hesitant to seek help in more traditional, clinical settings.

2. Enhance immigrant economic security.

Investing in dismantling the larger structural hurdles to mental health and well-being should continue to take priority as they can aggregate over time and create overwhelming stress. For example, mental health investments could include anything that moves Boston closer to achieving collective abundance and flourishing, rather than a Boston where too many people live on the edge of survival and are one paycheck or one pandemic away from a crisis. Addressing well-being from the standpoint of social determinants is akin to preventative rather than palliative care and will likely yield fruitful outcomes in the long run.

Economic security was by far the most salient structural theme noted by immigrants, a reality that affected their health and mental health on a daily basis. Financial and housing security, along with language barriers in accessing healthcare, were primary drivers of concern. As noted, our respondents pointed to affordable housing, childcare, and quality jobs, among other social determinants, when asked what they needed to reduce stress and improve well-being in their lives.

A multi-stakeholder policy approach to immigrant mental health should explicitly acknowledge the linkages between economic security and mental health. Public narratives, braided funding streams, and/or research and education of other City departments and policymakers about the disproportionately positive impact of specific policies on immigrant mental health are all ways to link economic security and mental health. Some examples are policies that expand workplace benefits to contingent essential workers, extend the timeframe of employment authorizations, and enable people to obtain a driver's license regardless of immigrant status. Each of these actions would reduce the stress that immigrants and their families face while commuting to work and/or while performing physically demanding jobs, in addition to improving community safety and community health.

The City of Boston could expand its Childcare Entrepreneur Fund program and create other similar programs targeted towards immigrant economic security. Knowing that many immigrants are often ineligible for various public benefits, the City of Boston could partner with the state and/or federal government to create programs that address gaps for immigrants who do not qualify for established programs.¹³ Employers could institute workplace policies and programs to recognize, invest in, train, and promote immigrant employees, creating pathways to greater economic security.

3. Improve immigrant access to clinical and crisis supports.

Program staff noted that despite having the best cultural lens and trust to engage community members in non-crisis mental health and wellness activities, there are some more crisis-oriented needs in the community that they cannot and should not be expected to meet. Findings indicate that immigrant community members have difficulty accessing mental health care and that there is a lack of culturally competent care in the overall healthcare system.

The City of Boston could work with government at all levels; higher education institutions; existing health and mental health institutions, providers, and experts; and funders to improve or incentivize adherence to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).¹⁴ With its partners, the City of Boston could strongly prioritize diversifying the behavioral health workforce so that clinicians and mental health professionals at all levels reflect the diversity of Boston's residents.

The City could also collaborate with workforce development offices and postsecondary institutions to encourage the development and expansion of immigrant career pathways in behavioral health. The Commonwealth of Massachusetts could continue to work with professional associations and boards to recognize the foreign degrees and certifications that immigrants bring with them, immediately increasing access to a pool of educated, culturally connected professionals and creating greater economic security for those immigrants and their families.

Healthcare systems and postsecondary institutions could partner with community-based organizations to place behavioral health specialists in their sites, funded by the City of Boston or philanthropy. Insurance companies could expand mental health benefits so that more immigrants are able to see clinical mental health providers at lower costs.

4. Advance equity in decision-making for immigrant health program design, implementation, and evaluation.

MOIA's approach to this pilot offers several promising lessons for future funders and government agencies. The City of Boston prioritized funding community-based organizations, supported leaders who have been doing critical community care work for years, and funded and

co-lead a participatory evaluation. Grantees indicated that this type of collaborative relationship between community leaders, government agencies, and research teams was positive—and somewhat unusual. Although participatory decision-making requires additional time and the investment of resources from all involved, we believe the results of this initiative and the study are stronger because key decisions were made together. More experimentation is needed in this space to advance equity for immigrant health.

In addition, we offer following suggestions regarding the structure of grantmaking for MOIA and other funders as they pursue future programming:

1. Single cohort: MOIA could assess the efficacy of a grant by treating grantees as a single cohort for a given year. This approach primes MOIA to set aside a predetermined number of application slots for both large and small organizations. This way, the City of Boston can guarantee that the grant will benefit a certain population threshold while simultaneously continuing to support commonly overlooked groups that serve smaller, less visible, more difficult-to-reach communities.

2. Tiered grant: MOIA could opt to award a grant in various tiers, allocating resources proportionately to organizations based on their size or the projected number of people they will serve. Such an approach may incentivize smaller organizations to recruit more participants in their initial outreach efforts, but it may also incentivize organizations to overestimate the number of people they will ultimately serve. This approach may potentially disadvantage smaller or newer organizations as well, particularly those who are unable to recruit or retain participants as effectively as their larger, more established counterparts.

3. Rolling grant: Crises can emerge unpredictably, at any time. The COVID-19 pandemic is a prime example. The Afghan crisis and Ukraine war led to a surge in unexpected refugee arrivals in the United States, increasing mental stress, exacerbating affordable housing crises, and further straining direct service providers and healthcare systems. Offering rolling grants is one way that MOIA could be flexible in accommodating the diverse needs of its constituents, understanding that crises are not limited to specific windows of time and that we could anticipate and plan for more crises in the future.

In summary, this section outlined several ways in which different stakeholders in Boston can come together to collectively address immigrant health. Because no single person nor governing entity possesses the unilateral authority to enforce structural change, it is crucial that we employ a collaborative framework when weaving well-being.

We believe that it is possible to weave a social fabric that supports abundance and well-being. In this envisioned Boston, there is more than enough for everyone to thrive, obtain meaningful work, take vacations, live and eat healthily, access healthcare, pursue education, and support one another. However, only when the different threads of well-being and healing are combined and interwoven can we begin to create this new social fabric of flourishing and care for all.

Appendix A: Methods

The Leah Zallman Center for Immigrant Health Research (LZC) team designed this study using participatory praxis, co-developing the conceptual framework with MOIA and program leaders from the seven community-based partner organizations. Decisions regarding data collection strategies and the final report format were also made through a multi-pronged feedback process with MOIA and grantees. The research team met with MOIA weekly or biweekly throughout the course of the evaluation, providing opportunities to discuss general progress, course correct as needed, and inform the LZC team's evaluation instruments, methods, data collections, and findings.

LZC used the following process to arrive at the conceptual framework:

- At an initial grantee meeting convened by MOIA in April 2022, LZC facilitated an initial trust-building conversation about our anti-racist, anti-assimilationist approach to research. We heard from program leaders about their comfort level with research and evaluation, and identified shared values and goals.
- At that same initial meeting, LZC facilitated a generative conversation to gain leaders' insights and ideas about potential themes of focus for the evaluation.
- LZC developed a list of proposed measures and outcomes for the evaluation based directly on what was generated through that first conversation and by triangulating with literature.
- In a second grantee meeting, we reviewed and discussed the potential measures and outcomes, with consensus forming around 1) Culturally Rooted Program Elements, 2) Social Integration and Cohesion, and 3) Resilience and/or Improved Well-being. These core themes informed the two primary evaluation instruments in this study, namely a participant post-program survey and program leader pre- and post-program group interviews.
- LZC remained available to answer questions or concerns throughout the evaluation process as they arose, forming authentic and reciprocal relationships with each leader to the extent possible. We made consistent efforts to center the knowledge of leaders and each partner organization, explicitly noting the harmful norms that are present in many participatory research relationships and practicing more equitable relational processes.

LZC conducted a literature review of existing validated mental health assessments, compiling 13 measures that applied to at least one of the three domains of interest. With input from MOIA and the seven organizational partners, the team designed a participant survey and a partner/leader interview protocol involving multiple choice and open-ended questions that drew on the validated measurements. For example, questions included how comfortable participants felt being themselves

in their programs and to what extent they felt that they learned a new skill or practice to improve their well-being.

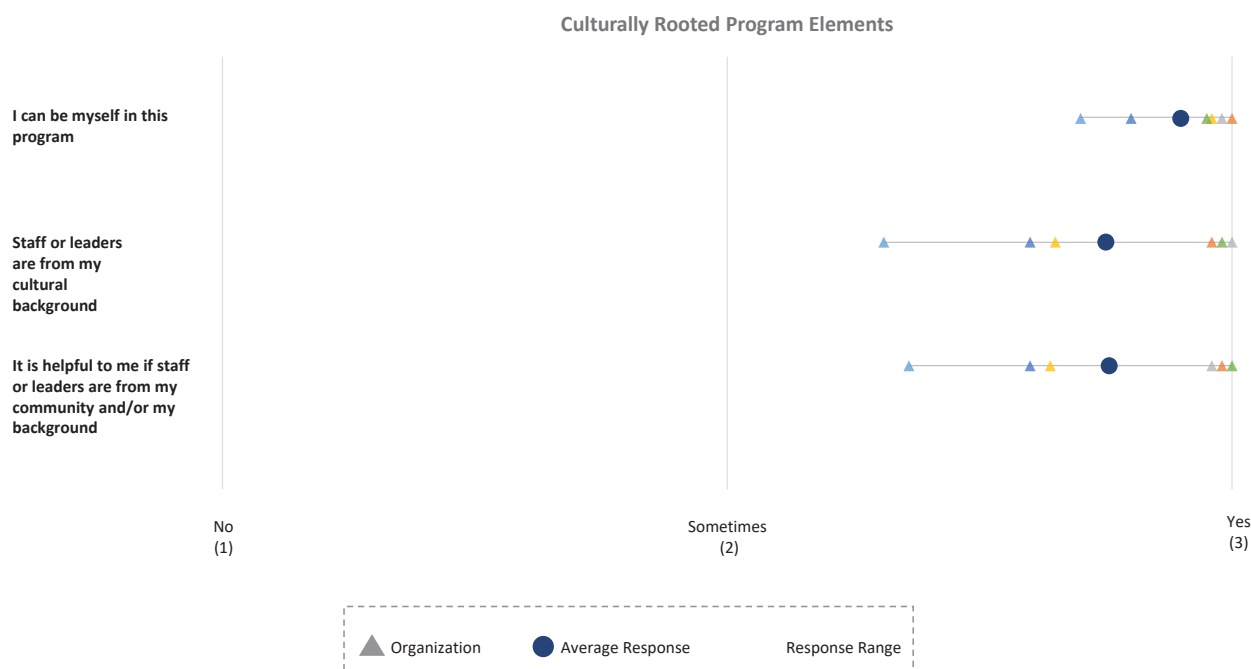
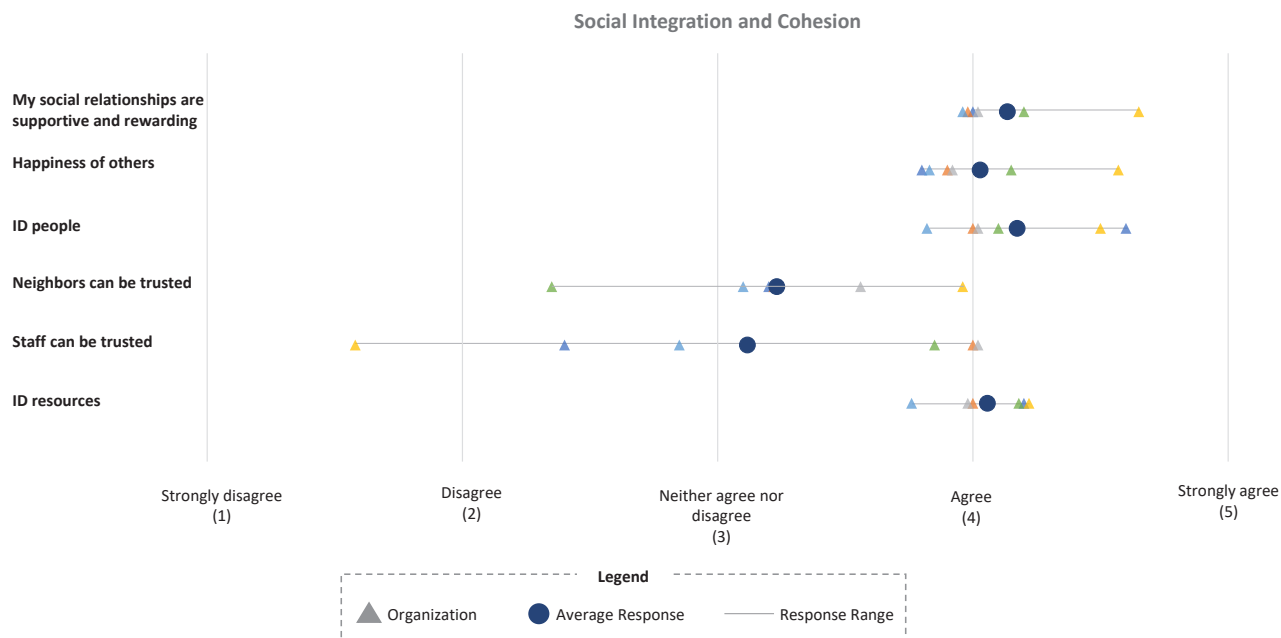
The participant survey was then vetted by each partner organization and customized wherever necessary to ensure questions were worded appropriately and scales were culturally understandable. Questions with scaled responses were accompanied by a graphic scale displaying a range of emoticons. MOIA facilitated the translation of the surveys into Arabic, Chinese, Haitian Creole, Portuguese, Somali, Spanish, and Vietnamese, based on the partner organizations' requests. Program leaders administered the survey in person at the end of their sessions or online via Qualtrics. The survey creation process took three months to complete, starting in May 2022, before the LZC team sent each organization their customized and translated survey in August 2022. A total of 105 surveys were collected, with 93 completed by participants. Surveys conducted in languages other than English were back translated into English prior to analysis.

To understand how the partner organizations designed their programs, the LZC team conducted a total of 14 virtual group interviews with program leaders from each organization, speaking with a total of 21 staff. The interviews lasted between 30-60 minutes and were conducted on Zoom. The pre-program conversations centered around understanding the overall goals and missions of the respective programs, the trends observed in the community, the target populations the programs were aiming to serve, and the desired outcomes of these programs. The interview guide included questions about how staff were selected and if/how the organizations designed the programs to be culturally rooted. The guides were designed with input from MOIA to ensure that the interviews gathered data relevant to MOIA's program monitoring needs. The post-program conversations touched on similar themes but focused on program leaders' key takeaways.

LZC conducted quantitative analysis in Stata, a statistical software, to produce a series of descriptive and bivariate findings, along with chi-squared tests to determine their significance. All the quantitative data presented in this report were significant with p values in the <0.05 to <0.001 range. The research team took a constructivist approach in analyzing the qualitative data, using inductive and deductive codes and engaging in thematic analysis to generate the findings presented in this report.

For copies of the study instruments, please email lzc@icommunityhealth.org.

Appendix B: Descriptive Statistics



Resilience and Well-Being

In this country, how difficult or easy would it be for you to see a doctor?

... a mental health professional?

Very difficult
(1)

Somewhat difficult
(2)

Neither difficult
not easy
(3)

Somewhat easy
(4)

Very easy
(5)

Legend

▲ Organization ● Average Response — Response Range

Resilience and Well-Being

I feel uncomfortable or ashamed to seek help if I cannot handle my problems on my own.

I can talk about my problems with my family and friends

I can talk about my problems at this program

This program allowed me to listen to or provide support to others

Strongly disagree
(1)

Disagree
(2)

Neither agree nor
disagree
(3)

Agree
(4)

Strongly agree
(5)

Legend

▲ Organization ● Average Response — Response Range

Endnotes

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