



Massachusetts Behavioral Health and Wellbeing Taskforce

Forming a Base for Collective Action

Findings from the Fair Mental Health for Immigrants and Refugees Project Evaluation: Year 1

SEPTEMBER 2026



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IN PARTNERSHIP WITH:



Introduction

In 2025, the [Massachusetts Immigrant and Refugee Advocacy Coalition \(MIRA\)](#) and the [Haitian Mental Health Network](#) launched the Massachusetts Behavioral Health and Wellbeing Taskforce as part of the Fair Mental Health for Immigrants and Refugees project. The goal of the project is to improve access and quality to mental health supports for refugees and immigrants across Massachusetts by organizing and mobilizing a diverse network of clinicians, advocates, researchers, and/or service providers who serve as champions of immigrant mental health.

Immigrants seeking support in Massachusetts today face a [rich but fragmented healthcare landscape](#) with long wait times, language and communication access gaps, and varying degrees of culturally responsive care.

Health and social service organizations are rapidly adapting in real time to federal and state policies regarding immigrant patient data, insurance eligibility, and [protection from U.S. Immigration and Customs Enforcement \(ICE\)](#). Families must navigate these structural barriers while also taking calculated risks to access care.

Immigrant communities and culturally responsive practitioners have also built mutual aid networks and internal care systems to support individual and collective wellbeing where formal systems of care fall short. Specialized policies and funding streams support some aspects of this care landscape, but Massachusetts lacks a comprehensive public policy approach to mental health. In 2025, partners agreed it was time to unify across sectors and immigrant communities to change this and create a Behavioral Health & Wellbeing Taskforce. MIRA contracted with the Haitian Mental Health Network to partner on the implementation of the Fair Mental Health for Immigrants and Refugees project and the [Leah Zallman Center for Immigrant Health Research \(LZC\)](#) for evaluation.

Fair Mental Health for Immigrants and Refugees project outcomes:

1. Coalition-building and leadership engagement
2. Public information and stigma-reduction campaign
3. Policy and legislative advocacy and mobilization

This report serves as a shared baseline for the history of the Taskforce to facilitate collaborative planning, implementation, and evaluation moving forward. In this report, we record the challenges and successes of the first year of the Fair Mental Health for Immigrants and Refugees project, focusing primarily on the first project outcome—coalition-building and leadership engagement. We document the [origins of the Taskforce](#), including when, why, and how the Behavioral Health & Wellbeing Taskforce emerged. We explain the nuances of [Taskforce membership and growth](#), and clarify how different partners view participation.

We then summarize current work that has been done in Massachusetts to understand the [root causes of disparities](#) in mental health for immigrant populations, and link these root causes to the Taskforce's [stated purpose and activities](#). We end by [looking toward the future](#), highlighting insights and hopes shared by key informant leaders for the Taskforce.

Evaluation Methods

The original goal of this evaluation was to create and implement an impactful, feasible, and equity-centered evaluation plan to track progress along policy, systems, and environmental (PSE) levels for the three stated project outcomes (coalition-building, policy advocacy, and public information campaigns).

In phase 1 of the evaluation (Fall 2025-Winter 2026), LZC worked closely with MIRA and the leadership and community advisory council of the Haitian Mental Health Network (the Council) to conceptualize and draft an evaluation framework and plan. With feedback from MIRA and the Council, LZC produced four iterations of the evaluation plan (see **Appendices** for slides from LZC's presentation to the Council in October 2025 and the final draft of the evaluation plan).

In Spring 2026, the Taskforce was still in an early stage of formation, and the core partners were actively engaged in policy advocacy and day-to-day protection and care work with immigrant families who were being detained and deported by ICE. We collectively decided that implementing a structured data collection system would be premature.

LZC thus shifted to a more action-oriented evaluation approach. We engaged more directly with leaders, asking hard questions about participation, Taskforce composition, role delineation, and goals. We also directly supported the expansion of the Taskforce, promoting it through our networks as we shared findings from other research studies on immigrant safety, wellbeing, and care. These methodological choices were intentional and are a common practice in [developmental evaluations](#), which are designed to support and enhance social innovations and/or adaptive initiatives as they evolve and grow.

Leadership from MIRA, the Haitian Mental Health Network, and LZC decided to focus our Year 1 evaluation report on the development of the Taskforce. LZC synthesized data from participant observation and notes from meetings and communications. We also conducted four structured key informant interviews to systematically vet the story of the origins, formation, and goals of the Taskforce. This report is informed by data from clinicians, policymakers, advocates, and researchers.

Origins of the Taskforce

The Behavioral Health & Wellbeing Taskforce is an initiative that brings together diverse organizations, entities, and individuals with a wide range of shared goals. Like many coalitions, it emerged out of a non-linear process that included the alignment of parallel initiatives and idea formulation over multiple conversations and years. The Immigrant Family Services Institute's (IFSI) annual Symposium in March 2025 crystalized these processes and catalyzed the formation of the Behavioral Health and Wellbeing Taskforce, turning ideas into action.

For several years, the IFSI Symposium has made mental/behavioral health one of its breakout sessions. In 2025, attendees from MIRA, the Haitian Mental Health Network, IFSI, and other organizations discussed ongoing access barriers in immigrant communities and the need to have a taskforce that could “[advocate for behavioral health to be a priority and not an afterthought everywhere](#).” Attendees agreed to continue the conversation on mental health beyond the doors of the Symposium and create some real movement in Massachusetts.

Also in 2025, MIRA received grant funding to build a policy advocacy campaign centered on immigrant mental health and ensuring the presence of adequate and appropriate services for immigrants. Using a PSE approach, MIRA's three-year goal is to understand the root causes of mental health issues in immigrant communities, the barriers preventing individuals from accessing supports, and the systems needed to effectively meet immigrant community members' mental health needs. Ultimately, MIRA plans to draft legislation to address these issues, build new systems, and conduct a coordinated advocacy campaign.

Recognizing that their expertise is “[advocacy and policy change, not mental health](#),” MIRA approached the leadership of the Haitian Mental Health Network (HMH Network), hoping to collaborate to “[build and convene the taskforce](#).” Together, MIRA and the HMH Network began the challenge of assembling a statewide Behavioral Health and Wellbeing Taskforce comprising people with lived experience along with experts in the field, drawing on HMH Network and MIRA membership and connections.

Haitian Mental Health Network

The Haitian Mental Health Network (HMH Network) was originally comprised of Haitian behavioral health clinicians, nonclinical wellness practitioners, advocates, and allies. The HMH Network formed in response to the devastating 2010 earthquake in Haiti—the natural disaster that led to the U.S. Department of Homeland Security granting Temporary Protected Status (TPS) to Haitians in the United States. Recognizing the need for increased support for those providing care and services following the earthquake, Haitian behavioral health professionals and others working among and serving the Haitian community came together to share resources and provide a culturally and linguistically (Haitian Creole) rooted home for mental health.

As a volunteer-led resource, over the years, the HMH Network hosted biannual conferences on Haitian mental health and convened community conversations and webinars in response to mental health crises impacting the community. The HMH Network also actively participated in activities that celebrate the vibrant culture and resilience of the Haitian community.

In 2024, the HMH Network was awarded funding to support the growing mental health needs of newly arrived immigrants and thus began reorganizing its membership to move towards a sustainable model of existence. The HMH Network subsequently updated its internal structure and formalized a longstanding institutional partnership to become the [Haitian Mental Health Network at William James College](#). Through contracts and generous funding awards, the Network has been able to hire staff, further its impactful leadership in promoting immigrant wellbeing, and support a growing network committed to collective impact.

Current key activities of the HMH Network include organizing community members and leaders, behavioral health providers across the continuum of care, advocates, and allies, and offering psychoeducation and consultation to increase public awareness and cultural humility in serving immigrant communities. The HMH Network also compiles and maintains an online directory of behavioral health and wellbeing services and resources to increase access to culturally/linguistically affirming care.

Under the umbrella of the Haitian Mental Health Network at William James College, the Behavioral Health and Wellbeing Taskforce and its Community Advisory Council formed in 2025. This is a growing coalition focusing on advocacy, collective fundraising and equitable public insurance reimbursement, and access to affirming behavioral health services and resources for immigrants, refugees, and asylum seekers across the Commonwealth and beyond.

For more information on the Haitian Mental Health Network, visit
<http://www.williamjames.edu/hmhnetwork>.

Taskforce Membership and Growth

Leadership

The Behavioral Health and Wellbeing Taskforce is led by the “Taskforce Council,” a group of 5-6 key individuals who have been members since the Taskforce’s inception and are familiar with its origins. The Taskforce Council drives the initiative, informing and deciding the direction of its work and advocacy priorities. Representatives from MIRA and the HMM Network oversee and co-facilitate the Taskforce.

Structure and Membership

The goal of MIRA and the HMM Network was to create a taskforce that would represent the diverse immigrant communities living in Massachusetts—the first of its kind in the Commonwealth. The Council was clear that this meant expanding beyond the Taskforce’s origins in the HMM Network.

Under this compass, the leaders of the Taskforce worked to bring together a “group of experts” with a range of lived and professional expertise and cultural backgrounds. Expansion of the Taskforce was—and continues to be—a key focus in working towards a geographic and culturally diverse composition.

To foster diverse representation among the Taskforce, membership is low-barrier and accessible to all who wish to join the cause. Taskforce members are encouraged to attend when they can and “[bring their] voice and [bring the] voices of people not at the table.” At the moment, the Taskforce has an informal structure, and membership currently involves attending monthly meetings.

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The Taskforce is made up of folks who really understand what is broken and what needs to be fixed.

Key Informant

When asked about what they were most proud of in this work, one key informant highlighted the present composition and diversity of the Taskforce. As of May 2026, the Taskforce comprises 19 members, including university professors, clinicians, doctoral students, advocates, policymakers, and leaders of immigrant-serving organizations. Some members are also guided by their lived expertise as immigrants, saying the Taskforce has “[create\[d\] a safe space for \[them\] to share their stories.](#)” This composition brings experts from all domains into a shared space where, together, they have a deep understanding of the current system and the vision to dream of a better one.

The Taskforce’s Stated Purpose and Activities

Purpose

The Taskforce’s approach to understanding and effecting change in immigrant mental health focuses on answering three key questions:

1. What are the **root causes**?
2. What are the **barriers** to accessing care?
3. Given the root causes and barriers to care, what **systems** should be built to meet the needs of all our immigrant communities?

Through this approach, the Taskforce ultimately aims to create systems-level recommendations that will be used to draft a piece of state-level legislation for an advocacy campaign.

Activities

We observed active work in three areas in the Taskforce’s first year: analyzing **root causes & barriers to care**, creating a **directory of mental health providers**, and being **responsive to the current moment**.

Status of Root Cause and Barriers Analysis

Members are actively working to answer the first two questions of the Taskforce’s focus: **What are the root causes of poor mental health** in Massachusetts’ immigrant communities, and **what are the barriers that exist** to accessing care?

Immigrant mental health is a growing field of practice, research, care, and advocacy. In recent years, different research groups and practitioners have worked to document issues in immigrant mental health, leading to increasingly robust literature on the root causes of immigrant mental health challenges. The [Institute for Health Equity and Social Justice Research](#) at Northeastern University is a key organization in the Massachusetts academic sphere, leading multi-year studies on different facets of immigrant mental health. Organizers of the IFSI Symposium produce comprehensive reports each year capturing highlights of the day, including the [emphasis on immigrant mental health in 2025](#) that led to the development of the Council and the Taskforce.

In Spring 2026, LZC, the FXB Center for Health and Human Rights at Harvard University, and the Harvard T.H. Chan School of Public Health released a [landscape review of immigrant mental health services in Greater Boston](#).

Concurrently, the Boston Public Health Commission [surveyed 105 providers serving immigrant communities](#), gaining direct provider observations on client mental health due to immigration-related stressors. LZC also documented the [actions and impacts of U.S. Immigration and Customs Enforcement \(ICE\) on Massachusetts communities in 2025](#), including worsened mental health.

LZC's previous work included a [Spotlight on Mental Health](#) that synthesized existing research on key factors influencing immigrant mental health. LZC also conducted a multi-year evaluation of the City of Boston Mayor's Office for Immigrant Advancement's (MOIA) [Weaving Well-being](#) program, a nonclinical mental health initiative implemented by immigrant-led and -serving organizations for immigrant residents in Boston.

Four root causes and barriers:

1. Social and structural determinants
2. A lack of diversity and cultural competence among providers
3. Stigma surrounding mental health
4. A lack of sustained, low-barrier access to care

Across these studies, four root causes of immigrant mental health issues—and associated barriers—emerged:

1. Social and structural determinants, including immigration status, policy, and enforcement; housing; economic stability; and employment
2. A lack of diversity and cultural competence among providers
3. Stigma surrounding mental health
4. A lack of sustained, low-barrier access to care, compounded by insurance gaps among immigrant communities.

We note that the majority of Massachusetts research thus far concentrates on Eastern Massachusetts, and more work is needed to actively draw out nuances in immigrant mental health issues in Central and Western Massachusetts. However, we posit that the factors affecting immigrant mental health in all of Massachusetts will be very similar, if not the same.

Key informants highlighted these issues in their interviews as well, reflecting on-the-ground realities that providers and allies encounter in clinical settings and conversations with immigrant community members. The diverse expertise of the Taskforce is advantageous in understanding the root causes and barriers to care. As stated by one key informant, Taskforce members bring key insight into the root causes among different immigrant communities through lived, clinical, and research expertise. A wealth of knowledge in this area already exists, with some Taskforce members contributing to this research. Taskforce members are also able to draw from their

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As a provider, I think we’ve identified the problem . . . The issues and barriers are the same—access, MassHealth coverage for behavioral health, credentialing with Medicaid in an appropriate way . . . The barriers are very much the same across the board. It’s time to start talking about change. The healthcare system is very much a part of the barrier.

Key Informant

personal expertise “navigating very complex systems that were never built with [immigrants] in mind.”

Interestingly, we observed differences in Taskforce members’ opinions regarding the need for more documentation of root causes and barriers based on their positionality. Clinicians and researchers believe that enough has been documented to answer the third guiding question of the Taskforce’s approach (“*What systems should be built to meet the needs of all our immigrant communities?*”). Advocates and policymakers consider more work to be necessary in order to fully understand the problem and be able to advocate for meaningful change.

One key informant shared that the key factors influencing immigrant mental health are structural and systemic, including housing insecurity, the hostile political climate and immigration enforcement, and food insecurity. While addressing these key factors through a systems-change solution may be beyond the scope of the Taskforce, they believe that the Taskforce is well-positioned to increase help-seeking behavior through stigma reduction and by building a strong workforce pipeline to meet current and future needs for culturally responsive care.

Provider Directory

The Haitian Mental Health Network has been compiling a [Behavioral Health & Wellness Directory](#) of community-based organizations and resources across the Commonwealth, particularly those that serve immigrant communities. The directory’s **Community-Based Organizations List** notes different organizations working to “uplift, empower, and serve [their community],” including information such as contact details, services on offer, language capabilities, and accepted insurances and payment methods. The **Community Resources List** is an organized page of not only behavioral and mental health resources, but also legal services and advocacy, housing and homelessness, and food security and basic needs supports. The List provides a breakdown of each resource’s offerings, locations, access, and contact information.

Although the directory was not an initial goal of the Taskforce—the Haitian Mental Health Network developed this resource—having the directory available at this critical moment is a huge boon as it has the potential to increase access to care for families and enhance the coordination of services and supports across providers. The Taskforce’s goal is to make the directory a tool that anyone in Massachusetts can use, with one key informant seeing potential for statewide usage, referrals between agencies and programs, and coordination with state agencies and healthcare providers.

Responsiveness to the Current Moment

While its goal is to inform legislation in the immigrant behavioral and mental health space, the Taskforce is also staying nimble in the face of an increasingly hostile political climate, particularly towards immigration. As documented in LZC's [Iced In report](#), increased immigration enforcement alongside the use of excessive force has destabilized institutions and created a climate of fear among the immigrant community. Immigrant mental health and well-being have, and continue to be, deeply impacted.

To provide a safe space for community dialogue, the Taskforce has hosted **Community Conversations**, a “community forum” where individuals can come together to discuss the impact of rapidly changing immigration policy on their families and behavioral health, receive immigration updates, and have on-site legal consultations. A recent focus of these Community Conversations has been the loss of Temporary Protected Status (TPS) for Haiti and Syria, despite strong advocacy by MIRA, IFSI, the HMH Network, and other advocates on behalf of and with members of the affected communities. The federal government’s decision to terminate TPS for the two nations—continuing an ongoing pattern of ending TPS for designated countries—greatly exacerbated mental health issues in Haitian, Syrian, and other immigrant communities, as longstanding community members lost documented status overnight.

As an emerging leader in the immigrant mental health sphere with Haitian roots, the Taskforce has continued holding space for Haitians and other TPS holders amid the threats to and ultimate termination of TPS. A key informant shared their appreciation for the Taskforce’s ability to quickly adapt and advocate to meet the needs of community members. These adaptations and new advocacy priorities are countering the harm many immigrants are experiencing right now.

Looking Towards the Future

Establishing a new partnership, new ways of working, new goals and objectives, and an entirely new entity is challenging on multiple levels—let alone during a time in which immigrant communities, organizations, and partners face unprecedented threats to a basic right to exist in the United States. Partnership and collaboration *is* work. LZC recognizes and applauds MIRA and the Haitian Mental Health Network for the tremendous amount of commitment, dedication, and focus both organizations demonstrated in coming together to align their goals, assess their capacity, and experiment with ways of collaboration.

In this first year, we collectively established a baseline concept for the Taskforce and collaborative processes for the future. With these in place, the Taskforce is better positioned to enter its second year, building on the intentional outreach and engagement that shaped much of this first year. In looking towards the future, we focus our main recommendations on the three goals of the Fair Mental Health for Immigrants and Refugees project.

Coalition-Building and Leadership Engagement

Coalition-Building and Leadership Engagement Recommendations

1. Further define Taskforce membership, including commitment expectations.
2. Provide members with a clear sense of the cadence and goals of future meetings.
3. Develop two overarching collective strategies that the Taskforce will work on (e.g., addressing stigma at a statewide level and articulating policy objectives).
4. Document and amplify active and new strategies to intentionally recruit members from communities that are not already or adequately represented in the Taskforce.

The first year of the partnership between MIRA and the HMH Network focused on this first goal, building a coalition and engaging immigrant leaders across Massachusetts to accurately represent and champion immigrant mental health realities in the state. The Taskforce has been increasingly successful in expanding its geographic, cultural, and linguistic reach, with an increasingly diverse Taskforce built on the backbone of the HMH Network's reach and influence.

Key informants and other members of the Taskforce with whom the LZC team interacted suggested that the Taskforce would benefit from developing **clear, articulated goals, activities, and membership expectations** for the Taskforce. While the Taskforce is very much still solidifying its identity, key informants and members expressed some concern that the Taskforce and its activities are still “*vague and undefined . . . Without further clarity, people will stop going.*” This is understandable given the existing commitments of the Taskforce members, as many balance multiple jobs and roles. Members would like a clearer understanding of the Taskforce's work and priorities and what membership entails, with one member suggesting that the Taskforce revisit its mission and operations to improve alignment with a rapidly changing immigration landscape.

Key informants and Taskforce members described the need for **strategies for continuous expansive growth** in order to ensure that the Taskforce represents the many immigrant communities in the Commonwealth. Key informants and members suggested that while the Taskforce has grown substantially—both in professional expertise, geography, and cultural background—there is still an opportunity for further expansion. A diverse Taskforce composed of community members, clinical providers, researchers, policy advocates, and others not only ensures accurate representation but can also catalyze meaningful advancements and system transformation.

Taskforce members and key informants also highlighted a desire for **defined legislative priorities** that the Taskforce will coalesce around and communicate with legislators. While legislative priorities might fall under MIRA's third goal—and third phase—of the project, multiple key informants and members believe that the root causes and barriers have already been identified, and, as such, are ready to move to action. A key informant shared, "The Taskforce needs to be more than just resource-sharing. If it's just that, it's not a taskforce. They need to get to the policy recommendations."

Public Information and Stigma-Reduction Campaign

Public Information and Stigma-Reduction Campaign Recommendations

1. Develop a statement that summarizes the root causes and barriers to immigrant mental health in Massachusetts and framing that addresses the real stigma that still exists in many communities regarding mental health.
2. Identify appropriate messengers, champions, and tools to communicate and amplify this shared language to the public.
3. Build a cohesive, structured public information campaign that effectively reduces stigma in Massachusetts immigrant communities.

The second goal and phase of the Taskforce involves a public information and stigma-reduction campaign that would build on the work of the Taskforce in identifying root causes and barriers to immigrant mental health.

Key informants recommended developing a "shared language of the root causes" and barriers. While both existing research and key informants and members of the Taskforce are able to articulate the root causes of mental health issues in immigrant communities, shared language across Massachusetts that succinctly captures these root causes does not exist. Conceptualizing this shared language—and framing the statement in a non-stigmatizing way—will help the Taskforce move forward with identifying culturally appropriate legislative solutions that work for different immigrant communities, rather than a one-size-fits-all approach.

Members also highlighted the potential role of the Taskforce as a "bridge" between the clinical and nonclinical approaches to immigrant mental health. From one key informant's perspective, the "clinical side is adequately represented. The Taskforce needs to build a deeper perspective—to integrate the community view. The Taskforce is currently filled with clinical views." By effectively including more non-clinical community leaders—a recommendation for **Coalition-Building and Leadership Engagement**—the Taskforce will be better positioned to launch a successful public information and stigma-reduction campaign.

Policy and Legislative Advocacy and Mobilization

Policy and Legislative Advocacy and Mobilization Recommendations

1. Develop clarity around the Taskforce's policy advocacy priorities.
2. Ensure that representative voices are heard in the crafting of the campaign and advocacy priorities.
3. Build a strong, cross-sector network of advocates, direct services providers, and legislators who will champion the bill in the Massachusetts legislature.

The third phase of the Fair Mental Health for Immigrants and Refugees project involves the Taskforce mobilizing state policymakers and mental health policy leaders, creating a campaign to make recommendations for an equitable mental healthcare system, and advocating to pass a relevant bill in the Massachusetts legislature. Key informants and Taskforce members were highly enthusiastic about developing recommendations and clear policy advocacy goals. As one key informant and Taskforce member put it, this is the Taskforce's "[main goal, but the other goals are needed to get here.](#)"

At this early stage, key informants and Taskforce members already had suggestions for recommendations to include in a bill, including "[access and insurance coverage.](#)" Providers, in particular, were very clear on the insurance barriers surrounding mental healthcare, especially related to Medicaid, with one sharing, "[Once we can increase access, providers will then be more apt to say, 'I can provide this care—let me provide it.' Many providers avoid Medicaid because of all the barriers they pose for providers and patients.](#)" According to a key informant, the "[Taskforce should focus on advocating for specific legislation and communicating with legislators.](#)"

Before diving into creating a campaign around specific recommendations, however, one key informant advised caution, recommending that the Taskforce first develop "[clarity around advocacy priorities. \[Taskforce members are\] in the weeds of service provision. Policy can be anything—what does 'policy advocacy' mean?](#)" Through careful facilitation, MIRA and the HMH Network can guide the Taskforce to coalesce around key priorities for a formal campaign, guided by MIRA's policy advocacy expertise and the HMH Network's deep community roots.

Conclusion

Improving behavioral health and wellbeing in immigrant communities means greater capacity and more inclusive systems. These changes would benefit everyone in Massachusetts. To date, the Fair Mental Health for Immigrants and Refugees project has harnessed existing energy and moved forward in a successful non-linear fashion, bringing together diverse leaders and experts and responding to the rapidly changing immigration policy landscape.

We recommend maintaining this flexible approach while building on the strengths of Taskforce members in the project's second year. Current members consistently expressed a clear appetite to develop and advocate for articulated campaign and policy priorities. While Taskforce expansion over time remains an important goal, we recommend that MIRA and the HMM Network take time in Year 2 to step back, identify and articulate the big picture together, and present a clear vision for the Taskforce to current and would-be members to strengthen and motivate collective action. Once it is clear to all how the Taskforce fills a key policy advocacy and mobilization gap in Massachusetts, we anticipate leaders and members feeling more engaged and empowered to collaboratively lead, select campaign and policy goals, and take action.

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It's mental health, but it's also finding opportunities in the world we live in for advocacy.

Key Informant

Appendices

1. Appendix A: LZO Slides from the October 2025 Behavioral Health and Wellbeing Taskforce Council Meeting
2. Appendix B: LZO Evaluation Plan for the Fair Mental Health for Immigrants and Refugees Project