
Be Heard: BIPOC Voices about Mental Health and Wellness, Community Listening Project

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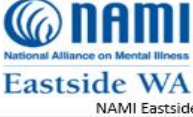








King County, Department of Community and Human Services

Behavioral Health and Recovery Division

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Thank You!

- Your contributions as trusted community members amplifying underrepresented voices are invaluable.
- Each of your organizations provided essential insights and unique perspectives.
- Your voices shaped the project's outcomes.

<p>Be Heard: BIPOC Voices About Mental Health & Wellness Community Listening Project</p> 	 <p>New Americans Alliance for Policy and Research</p>	 <p>Alimentando al Pueblo</p>	 <p>Vietnamese Health Board</p>
	 <p>Association of Zambians</p>	 <p>Congolese Integration Network</p>	 <p>NAMI Eastside</p>
	 <p>Ayan Maternity Healthcare Support</p>	 <p>WA Therapy Fund Foundation</p>	 <p>Ethiopian Community of Seattle</p>
	 <p>CHARMD</p>	 <p>Indian American Community Services</p>	 <p>Filipino Community of Seattle</p>
	 <p>Communities of Rooted Brilliance</p>	 <p>Korean Community Service Center</p>	<p>Thank You!</p>

Thank you Dr. Diem Nguyen!

- Supported with data analysis and development of content.
- Expertise in community-centered behavioral health approaches.
- Instrumental guidance in coding, identifying key learnings and creation of report.
- We are grateful for her unwavering dedication to this project!



Project Purpose

- Identify gaps in behavioral health services for marginalized communities.
- Highlight culturally centered needs for mental health support.
- Support community organizations in conducting listening sessions.
- Elevate voices that have been historically underserved.
- Inform future programming with **actionable** recommendations.



Project Scope

- Focused on culturally specific mental health needs identified by communities.
- Sessions were conducted in multiple languages: Amharic, Arabic, Dari, Farsi, Filipino, French, Korean, Lingala, Portuguese, Somali, Spanish, and Swahili.
- Engaged youth-specific, elder-specific, and gender-specific groups.
- **106** listening sessions were conducted, reaching a total of **543** participants.





Key Learnings

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Culture and Context Matters

Cultural
Values

Historical
Context

Social
Context

Generation
al Gaps

Cultural
Resilience

- Cultural backgrounds significantly influence how mental health and substance use conditions are perceived and addressed.
- Across multiple key findings, is the underlying need to incorporate culture to provide care that is respectful, responsive and effective in marginalized communities.

Opportunity: Understanding and incorporating cultural approaches is critical when addressing mental health and substance use conditions in marginalized communities.

Culture and Context Matters

- “Communities are not static. They are multi-faceted, diverse, and ever-changing, creating complex social and cultural contexts that shape the varying perspectives on mental health and substance use.” (Vietnamese Health Board)
- “We must take a holistic approach, considering mental health as part of overall well-being. This aligns with the idea that mental health is not just about the absence of disorders but also about positive mental states, resilience, and functioning.” (CHARMD)

Spirituality and Mental Health

- Mental health often interpreted through spiritual beliefs.
- Mental health ties to spiritual practices, ancestral displeasures, karma, or other cultural practices.
- Stigma may be reinforced by spiritual or religious shame.
- Spiritual leaders are frequently first responders for mental health concerns.



Opportunity: Opportunity to integrate spirituality into mental health supports and provide training/support to spiritual leaders.

Spirituality and Mental Health

- “There are already people leading (church) groups but how can we partner with (spiritual) leaders in our community in a better way so they have more knowledge and can be helpful? So some type of training program for the church to respond in a supportive and helpful way.” (Korean Community Services)
- “Religious and spiritual leaders often play a crucial role in guiding discussions about mental health. Some communities might prefer seeking help from spiritual or traditional healers rather than mental health professionals.” (CHARMD)
- “I think the community would prefer to go to their religion for solutions. I think the religious leaders need to get trainings on how they can educate people to open up about mental health and how they can (help) people.” (Ethiopian Community in Seattle)

Mental Health Perceptions and Stigma

- Mental health interpreted as negative – being “crazy” or “weak.”
- Stigma prevents many from seeking help.
- Denial and dismissal of mental health concerns are common.
- Cultural silence reinforces isolation and fear.
- Holistic approaches valued: emotional and spiritual well-being.



Mental Health Perceptions and Stigma

- “For me when my doctor sent me to a therapist, I was almost offended because I didn't think I was crazy. I also thought how am I supposed to talk to a complete stranger about my problems at home?” (NAMI Eastside)
- “Especially having grown up in the Philippines, we don't really talk about mental health. So... there's no term for it. At least at home or with my close family....we don't talk about feelings much, let alone mental well-being or mental health.” (Filipino Community of Seattle)

Common Mental Health Concerns

Conditions most frequently discussed:

Anxiety

Loneliness/
Isolation

Depression

- Cultural barriers may hinder recognizing and addressing concerns.
- Isolation/disconnection across generations, especially among elders.
- Anxiety intensified by financial and societal stressors.
- Need for culturally adapted language to describe symptoms.

Common Mental Health Concerns

- *“Anxiety disorders are prevalent, characterized by excessive worry, fear, and nervousness, especially regarding financial security, job stability, and integration into a new culture. Many immigrants may feel anxious about their immigration status or their ability to support their families.” (Congolese Integration Network)*
- *“Isolation is a big problem because our community is a very participatory community. Here (in the US) you don’t really talk to your neighbors and there is a language barrier. This also leads to depression.” (Ethiopian Community of Seattle)*
- *“In many Indian families, the concept of mental health is almost nonexistent. For my South Asian classmates, especially, mental well-being is hard for them to talk about—many don’t seek necessary help.” (Indian American Community Services)*

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Trauma and Stressors

- Trauma linked to war, migration, and displacement.
- Adapting to cultural norms in a new country exacerbates stress.
- Social determinants of health (e.g., housing, finances) create pressure.
- Unresolved grief and loss of family, friends, or previous identities, including home country gender roles.



Opportunity: Trauma and intergenerational trauma requires culturally specific interventions by culturally centered and trusted community providers.

Trauma and Stressors

- “Trauma people experience back home, for example, imprisonment, beating, rape, trauma around civil war or personal experiences. Everybody in our family has been exposed to a tremendous amount of trauma.” (Ethiopian Community of Seattle)
- “Provide more opportunities for community members to train as mental health therapists/professionals and how to handle trauma.” (Association of Zambians in Seattle)
- “Women are burdened with a lot of care responsibilities, which means we have more mental load than men, and this deteriorates our mental health. On the other hand, men are not socially allowed to talk about their emotions because they are the ones in charge of the family; they are the providers. So, I believe that this disparity between genders, which is very accepted in our Latino culture, really does affect all of us in the end.” (NAMI Eastside)

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Generational Differences

- Younger generations are more open to discussing mental health.
- Elders may dismiss or criticize youth for sharing feelings.
- Desire for intergenerational healing and understanding.
- Intergenerational trauma creates tension in family relationships.

Opportunity: Need for culturally-tailored, multi-generational programs and service delivery approaches.



Generational Differences

- “Older generations tell young adults today that we ‘complain’ too much because, back then, they weren't allowed to express their feelings or else it would come off as weak.” (CHARMD)
- “...my younger siblings talk about ... going to counseling and treatments for their depression. But our older siblings don't, even though they experience a lot of stress and pressure in their daily activities...They may say, ‘I feel stressed’ or ‘under a lot of pressure’ but never use the phrase ‘mental health.’” (Vietnamese Health Board)
- “I've noticed that the challenges of displacement, trauma, and the generational differences in how mental health is understood...younger people in my community might be more open to discussing mental health and seeking help, while older generations might still view it as a taboo topic...I navigate these differing perspectives within my community and my personal life.” (New Americans Alliance for Policy and Research)

Concern about Substance Use

- Substance use of youth is a growing concern for many adults/parents.
- Used by some as a coping mechanism/escape.
- Culture of silence about alcohol and substance addiction.
- Stigma prevents many from seeking support for substance use.

Opportunity: Need for culturally responsive education and resources for substance use conditions.



Concern about Substance Use

- Drug use is seen as a solution. They see it as an “out,” but what they need is emotional support.” (Alimentando Al Pueblo)
- “We also have to realize... we normalize drinking. We can’t go to a social event or watch a TV show or movie or attend an event without there being booze or alcohol. Think about that for someone who is struggling or in recovery. I think there are just some things we need to not normalize” (Washington Therapy Fund Foundation)
- “Education on how you know you have a problem and how it actually affects a person is needed. This is because they might not know the full extent of which these topics can affect them.” (Communities Rooted in Brilliance)

Concerns About Youth Well-Being



- Youth face societal and peer pressure challenges.
- Many youth want to talk about mental health within families and in community.
- Generational differences prevent healing and effective communication.
- School and family stressors affect mental health.

Opportunity: Offer youth and family centered programming that destigmatizes/supports open dialogue on mental health and substance use conditions within families and *as a community*.

Concerns About Youth Well-Being

- “I can certainly talk about mental health with some of my closer relatives (mostly, the ones living in America). I definitely would choose to avoid talking to older relatives, however.” (Indian American Community Services)
- “There’s this disconnect because parents are from a very different culture than their first-generation children and they (youth) do not feel part of any community. That can lend itself to substance abuse or mental suffering. We can do better to make first generation youth feel more connected.” (Ethiopian Community of Seattle)
- “We want to create connections across the generations. In the past, ...some people who felt hesitant about interacting with people across the generations, but now they see the senior programs and find joy in talking and interacting with people of all ages. There is a better sense of closeness...now we try to encourage a feeling of family and forgiveness...which can really help to support mental well-being.” (Vietnamese Health Board)

Barriers to Care

- Language barriers and lack of cultural terminology limit access to services and impact care.
- Lack of culturally responsive care/providers. Mistrust of providers due to cultural insensitivity.
- Financial costs and limited insurance restrict access.
- Transportation and location issues hinder care-seeking.

Opportunity: Center cultural and linguistic needs in planning, funding and service delivery. Budgets could include ways to address barriers to access. (i.e., translation of materials, bus passes, etc.)



Barriers to Care

- “In my opinion, language is the first barrier. There are no mental health services in the clinics in our language.” (New Americans Alliance for Policy and Research)
- “Not a lot of culturally competent therapists, therapists who know our backgrounds and know how to connect, (this gap) can make many people turn away. Even though I am a therapist, it took me a while to find a therapist who I connected to.” (Communities Rooted in Brilliance)
- “I need someone I can see myself in. Coming in to see a white person in therapy – it spikes my nervous system.” (Washington Therapy Fund Foundation)
- “People that don’t have a job, this person is responsible to support back home, they have many bills. Losing their job is a huge stressor.” (Ayan Maternity Health Services)
- “Lack of housing and good shelters where we can cook pose as barriers to care. Additionally, no transportation limits access to essential services, including mental health and substance use programs.” (Congolese Integration Network)

Need for Culturally Responsive Programs By and For Communities

- Desire for culturally responsive mental health education, resources and treatment, all in preferred languages.
- Build capacity and increase behavioral health education and support for staff within community organizations to become the embedded community experts.
- Culturally relevant materials developed by and for communities.
- Safe spaces to discuss mental health with peers and ***as a community***.

Opportunity: Increase capacity building, behavioral health training in trusted community organizations, and prioritize program development by and for communities.



Need for Culturally Responsive Programs By and For Communities

- *“Key policy is not to aggregate data, be respectful of the need of each community. Don’t take a mainstream (approach) of mental health to the community. Be respectful of their needs. Targeting the communities and listening to them is crucial. Not just listening but giving the resources. If not giving the resources, then what is the point? We did this kind of thing before, but nothing changed.” (New Americans Alliance for Policy and Research)*
- *“Teach or share ideas on how communities can create Peer Support Groups. Provide more opportunities for community members to train as mental health therapists/professionals...” (Association of Zambians in Seattle)*
- *“More places to meet to be in community with one another. Covid was challenging. But then during Covid we lost the “third place” community that supported them, across generations. We want more community gathering.” (Korean Community Services)*
- *“Communities need a space for gathering and also resources...that’s what we’re missing.. For example, where they can get resources or connect with a consultant who can speak their language?” (Ayan Maternity Health Services)*

Next Steps

- Key learnings from this project will be incorporated in future behavioral health planning.
- Dissemination of project report to Listening Session Partners and DCHS/BHRD Leadership and MIDD Advisory Committee.
- “Levels of interest” interviews will create an inventory of interested organizations for further behavioral health collaboration.
- Listening Session Partners invited to participate in BHRD’s 2025 Community Owned Behavioral Health Collaborative. (More information to follow.)

“All good thoughts and ideas mean nothing without action.” ~Mahatma Gandhi



THANK YOU!

Questions?
Comments on YOUR Experiences?

