

Frederick County Immigrant Youth Behavioral Health Report

May 2024

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May 2024

Executive Summary

In the winter of 2022, the Association of Nigerians in Frederick (NIF) partnered with three Frederick-based organizations, including Centro Hispano de Frederick, the Asian American Center of Frederick, and the Evangelical Reformed United Church of Christ. Together, these organizations planned and implemented a series of listening sessions to explore: the distinct mental and behavioral health needs of diverse immigrant communities in Frederick; the extent to which residents had access to mental and behavioral health resources; and how well the available resources were meeting their needs, including from a culturally appropriate perspective.

In January 2024, NIF engaged an external evaluation partner, Sharp Insight, LLC (Sharp Insight), to support evaluation activities, primarily including the analysis and reporting of project data from youth immigrant listening sessions (N=7), including one held August 2023 and six held between January and March 2024.

Evaluation Overview

To assess findings from this initiative, NIF used a mixed-methods evaluation approach which included:

- **Participant registration forms** were completed by participants' parents or caregivers, giving consent for program participation and participation in the evaluation activities. This form also collected participant characteristics.
- **Pre-session questions** included three items designed to assess participants' initial thoughts about mental health. These were administered to each participant at the start of each listening session.
- **Listening sessions** were conducted using a structured moderator's guide to create a consistent framework for participants. The two-hour sessions were conducted to gain a deeper understanding of how different immigrant youth groups in Frederick perceive mental health concerns and support.
- **Exit surveys** were completed by participants immediately following the listening sessions. The tool included the three pre-session questions, items to evaluate their understanding of mental health concerns and supports, and feedback on their experience during the session.

Quantitative analysis was used to evaluate participants' characteristics, knowledge about and attitude towards mental health in their community, barriers to mental health, and satisfaction. Qualitative analysis was used to analyze listening session data and open-ended survey data. Key findings are presented below.

Key Findings

- Almost all participants surveyed (98%) expressed confidence in knowing what mental health is.
- While most of the participants surveyed (90%) reported that immigrant youth in Frederick turn to their family members for mental health support, during the listening sessions, participants generally perceived that their parents downplay their mental health issues, possibly due to factors such as generational differences, lack of understanding, or others.
- A majority of participants surveyed (80%) reported that immigrant youth in Frederick turn to their teachers at school for mental health support; however, in discussion, participants mentioned that their schools (i.e. teachers, counselors) do not provide support that adequately addresses their unique immigrant experience.
- Participants in 5 of 7 listening session groups reported experiencing discrimination at school. Participants offered a wide range of examples that included racism, bullying, and religious intolerance.
- Survey participants ranked feelings of embarrassment and/or shame as the most common barrier to immigrant youth in Frederick seeking mental health support.
- Participants suggested that normalizing mental health conversations, understanding the immigrant experience, and expanding the availability and accessibility of mental health resources would support the unique mental health needs of immigrant youth in Frederick.

Actionable Steps Forward

Informed by the listening session findings provided above, we present the following actionable next steps to increase the mental health support of immigrant youth in Frederick County. We recommend that the Frederick County Public School system, with support from community-based organizations and partners, explore ways to:

- Offer transition support for immigrant youth and families who are newly entering the Frederick County Public School system.
- Support teachers and staff in developing skills to identify and understand the unique needs of diverse immigrant youth so they can encourage youth expression and provide appropriate, culturally aware academic support.
- Identify, manage, and ultimately reduce counts of ethnic and race-related bullying by training staff on how to appropriately handle these situations when they occur.
- Consider youth mentorship programs and opportunities specifically supporting immigrant youth.

Additionally, we recommend that Frederick County, in partnership with community-based organizations, explore ways to:

- Offer mental health literacy programs specifically designed for parents of immigrant youth.
- Increase follow-up outreach/ support for immigrant youth who requested information or services related to mental or behavioral health.

The Association of Nigerians in Frederick and its initiative partners welcome the opportunity to explore these findings and actionable steps with leaders, educators, and community members to better meet the distinct mental and behavioral health needs of immigrant youth throughout Frederick County.

Program Overview

The Association of Nigerians in Frederick (NIF) is a non-profit cultural organization geared towards celebrating and promoting Nigerian cultural values while embracing and adopting the cultural values within the local Frederick community and the United States in general. Over the past few years, NIF has grown increasingly aware of the mental and behavioral health needs of immigrant youth and families in the community.

In the winter of 2022, the Association of Nigerians in Frederick, with external funding, partnered with three Frederick-based organizations, including Centro Hispano de Frederick, the Asian American Center of Frederick, and the Evangelical Reformed United Church of Christ. Together, these organizations organized and held a series of listening sessions to explore the distinct mental and behavioral health needs of diverse communities in Frederick, the extent to which residents had access to mental and behavioral health resources, and how well the available resources were meeting their needs, including from a culturally appropriate perspective. These initial sessions included 6 sessions with adults from April to September 2023, as well as one session with youth in August 2023. Findings from the 2023 sessions informed revised evaluation tools that were used in youth listening sessions that were held between January and March 2024.

In the winter of 2024, NIF engaged an external evaluation partner, Sharp Insight, LLC (Sharp Insight), to support evaluation activities and to analyze the project data that were gleaned from the youth immigrant listening sessions (N=7), including one held August 2023 and six held between January and March 2024. This report presents findings from these listening sessions.

For this initiative, the Association of Nigerians in Frederick served as the lead organization; however, NIF engaged multiple partners and collaborators to support various project components, as highlighted below.

Asian American Center of Frederick identified prospective participants, assisted with participant recruitment, attended ongoing project meetings, and supported the dissemination of registration forms.

Centro de Hispano de Frederick identified prospective participants, assisted with participant recruitment, attended ongoing project meetings, and conducted a pilot listening session in August 2023.

Evangelical Reformed United Church of Christ based in Frederick, Maryland, provided support with the development of the listening session moderator's guide, development of the pre-session questions and process, and the facilitation of all groups, with the exception of two groups facilitated by the Association of Nigerians in Frederick. Additionally, the church provided space to host selected youth listening sessions.

Sharp Insight, LLC (Sharp Insight) served as this initiative's external evaluation partner, supporting evaluation tool development (exit survey and data entry forms), data analyses, and reporting.





This report will be shared with community stakeholders to explore how the needs and experiences of immigrant youth can inform improvements to services and programming throughout Frederick County.

Methods

Evaluation Tools

To assess the extent to which immigrant youth in Frederick had access to mental and behavioral health resources and how well the available resources were meeting their needs, initiative partners used a mixed-methods evaluation approach which included: participant registration forms, pre-session questions, listening sessions, and exit surveys. (See Table 1.)

Table 1: Data collection methods

Data Collection Methods	Description
<p>Registration Forms</p> 	<p>Prior to the start of the program, participants' parent or caregiver completed a Registration Form, which gave consent for program participation and participation in the evaluation activities. This form also collected participant characteristics. The Registration Form was designed by the program team and administered as a Google Form. <i>[Note: The Registration Form was adapted after the August 2023 session.]</i></p>
<p>Pre-Session Questions</p> 	<p>Immediately before the listening sessions began, the facilitator gave each participant a notecard with three pre-session questions designed by the program team to assess participants' initial thoughts about mental health. Participants were asked to place a sticker on the response option that best reflected their thoughts about mental health. Following the session, pre-session responses were manually tabulated and recorded by listening session facilitators and/or notetakers. Later, these were shared electronically with the evaluators.</p>
<p>Listening Sessions</p> 	<p>Two-hour listening sessions with immigrant youth were conducted using a structured moderator's guide developed by the partner organizations. The guide created a consistent framework for participants. Listening sessions that were conducted after the August 2023 session were audio-recorded. Following the sessions, Sharp Insight transcribed the recordings using Otter A.I. and used the transcriptions to contextualize the notes that were submitted in the Session Notes Collector Google Form by note takers and facilitators. Transcriptions were coded in Excel and subsequently themed.</p>
<p>Exit Surveys</p> 	<p>Exit surveys were designed by Sharp Insight around survey objectives aimed to increase understanding of Frederick youth's perspectives on:</p> <ul style="list-style-type: none"> • When it would be important to seek mental health support, • Trusted adults they turn to for mental health support, • Comfort with seeking mental health support, • Facilitators that support accessing mental health support, and • Barriers to seeking mental health support. <p>The Exit Surveys concluded with the opportunity to share feedback on their experience during the session. The surveys were completed on a paper form by participants immediately following the end of the listening session. Exit survey responses were manually entered into the Survey Data Entry Form in Google Sheets by listening session facilitators and/or notetakers. <i>[Note: The Exit Survey was adapted after the August 2023 session.]</i></p>

Recruitment

Seven immigrant youth listening sessions were conducted by the Association of Nigerians in Frederick (NIF) and its initiative partners. To identify prospective participants, NIF contacted seven community liaisons. Liaison responsibilities included: advertising listening sessions on social media, distributing recruitment flyers, and communicating with parents. In addition, the community liaisons assisted parents with completing the registration forms, providing translators when needed, and providing additional support during weekly check-in meetings. For their time and support, after listening sessions were conducted, community liaisons were given a monetary gift of appreciation.

After registration and consent forms were signed, middle school and high school youth were divided into listening groups by immigrant community. In this listening session series, “immigrant” was defined as both parents being born in a country other than the United States (see Figure 3). Participants received a total of up to \$40 in incentives for completing the 2-hour listening session and/or completing the exit survey. In addition, food was provided to participants during the listening sessions. At the end of the sessions, many participants requested food to take home to their siblings.

Data Analysis

Descriptive analyses (frequencies and percentages) were conducted on all closed-ended items on the registration forms, pre-session questions, and participant exit surveys. Open-ended data, including data from the surveys and listening sessions, were analyzed qualitatively using content analysis in which themes were identified and data was coded according to those themes.

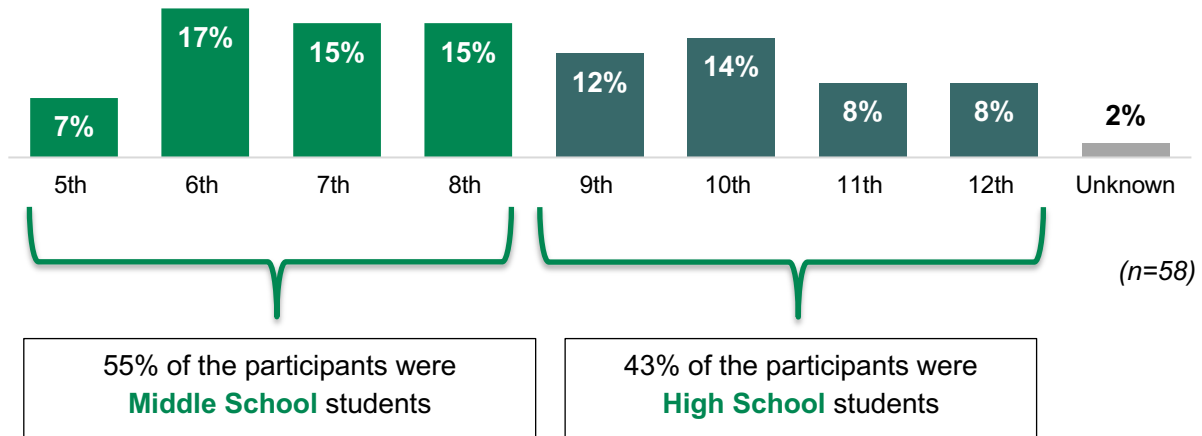
Limitations

Several factors served as limitations to the evaluation of the listening sessions. First, a small percentage (3%) of participants stated in the registration form that they did not live in Frederick. Their data were not extracted from this report because their feedback was included in a deidentified data collection process. Second, pre-session questions and exit survey data could not be linked for listening session participants because the exit survey was an anonymous tool. Due to this, only the exit survey responses are represented in the body of the report; both the pre-session and exit survey data are included in the Appendix. Thirdly, while data from seven listening sessions were included in this report, the consent process was different for the students participating in the August 2023 Hispanic youth group and, as such, their direct quotes are not included in this report. Finally, participants stated that the phrasing of the exit survey question which asked them to indicate who youth go to for mental health support was awkwardly phrased, leaving them to select family members as the most reasonable answer. This question may be revised in future evaluations.

Listening Session Participant Characteristics

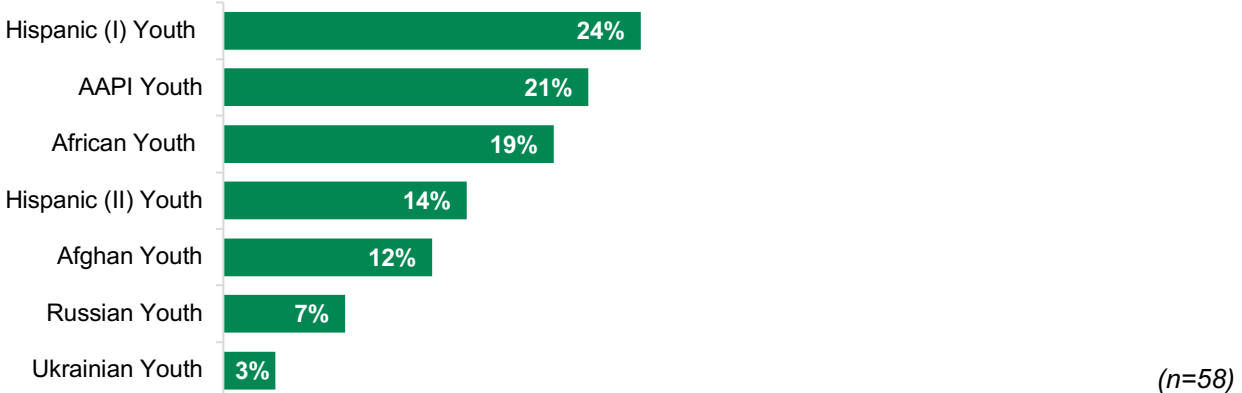
Seven listening sessions were conducted between August 2023 and March 2024. A total of 58 youth participated in these sessions. A registration form was used to capture participant's grade, ethnicity, country of origin, and their parent's country of origin. Fifty-five percent of the participants, at the time listening sessions were conducted, were middle school students, 43% percent of participants were high school students, and the grade(s) of 2% of participants were unknown¹.

Figure 1. Distribution of listening session participants by grade.



Six immigrant youth populations were represented in the listening session series. The Hispanic youth comprised two groups and represented 38% of listening session participants. The Asian American and Pacific Islander (AAPI) youth session contained the second largest group representing 21% of participants, followed by the African youth group which included 19% of session participants. The Afghan youth group included 12% of participants, and the Russian and Ukrainian groups hosted 7% and 3% of participants respectively.

Figure 2. Distribution of listening session participants by ethnicity



¹ Grade was not selected on registration form.

Among those who completed the registration for items regarding student and parental immigration, half of participants reported they were born outside of the United States, while all of the participants reported that their families were born outside of the United States.

Figure 3. Percentage of participants and parents born outside of the U.S.



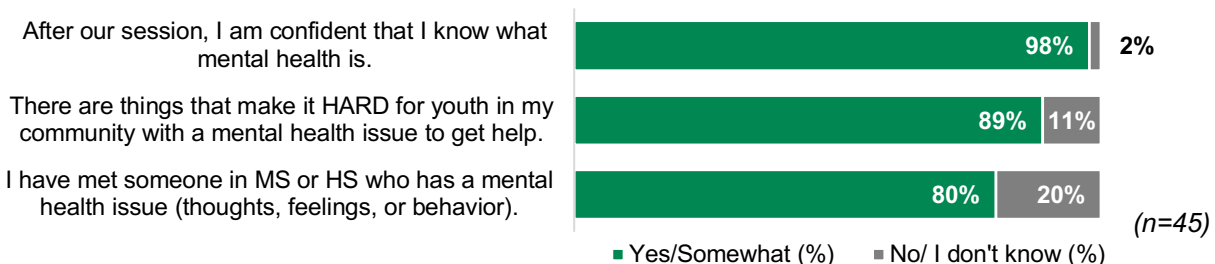
Exit Survey Findings

A total of 58 youth participated in the listening sessions, all of whom were given the option to complete an exit survey for an additional incentive. Among this group, 45 participants (78%) stayed through the completion of the exit survey. The original survey, completed by the August 2023 Hispanic youth immigrant session, focused on satisfaction with the discussion group; the exit surveys that were administered in 2024 were designed to better understand Frederick youth’s perspectives on mental health support as well as capture satisfaction items. More specifically, the survey objectives aimed to have a better understanding of Frederick youth’s perspectives on:

- When it would be important to seek mental health support,
- Trusted adults they turn to for mental health support,
- Comfort with seeking mental health support,
- Facilitators that support accessing mental health support,
- Barriers to seeking mental health support, and
- Satisfaction with the listening session experience.

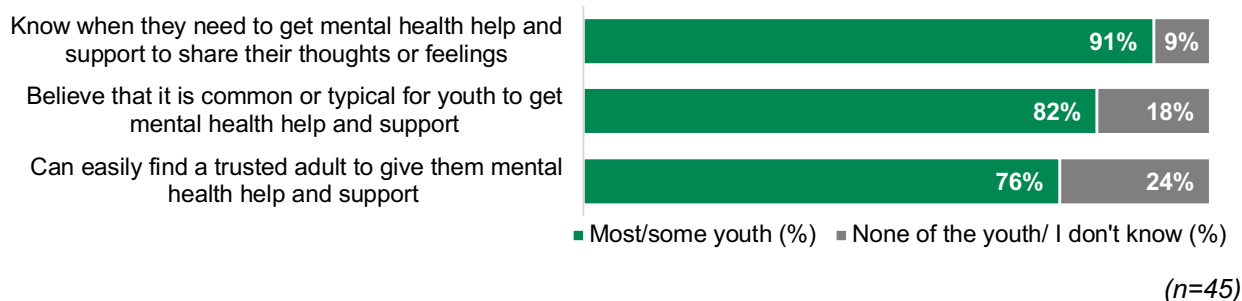
On the exit survey, participants were asked to state their level of agreement with several statements about mental health. Overall, 98% reported that after attending the listening session, they were confident that they knew what mental health was. Eighty-nine percent of participants indicated that there are obstacles that make it hard for immigrant youth in the community to get mental health support. Lastly, 80% of participants reported meeting someone in middle school or high school who has a mental health issue. These results are presented in Figure 4 below.

Figure 4. Perspectives about mental health



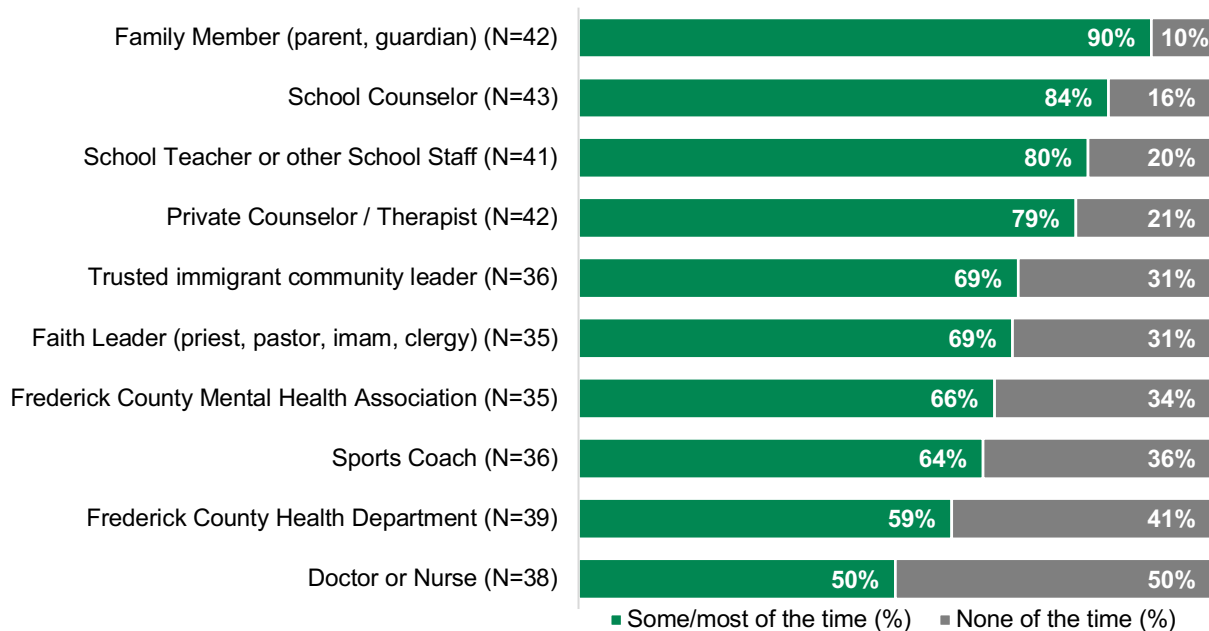
Also on the survey, participants indicated their opinions about whether or not immigrant youth in Frederick: believed in seeking mental health support, know when to ask for mental health help, and if they can find a trusted adult to provide them with mental health support. Ninety-one percent of participants stated that they know when they need to get mental health support. These results are presented in Figure 5 below.

Figure 5. Participant perspectives about immigrant youth’s ability to seek mental health support



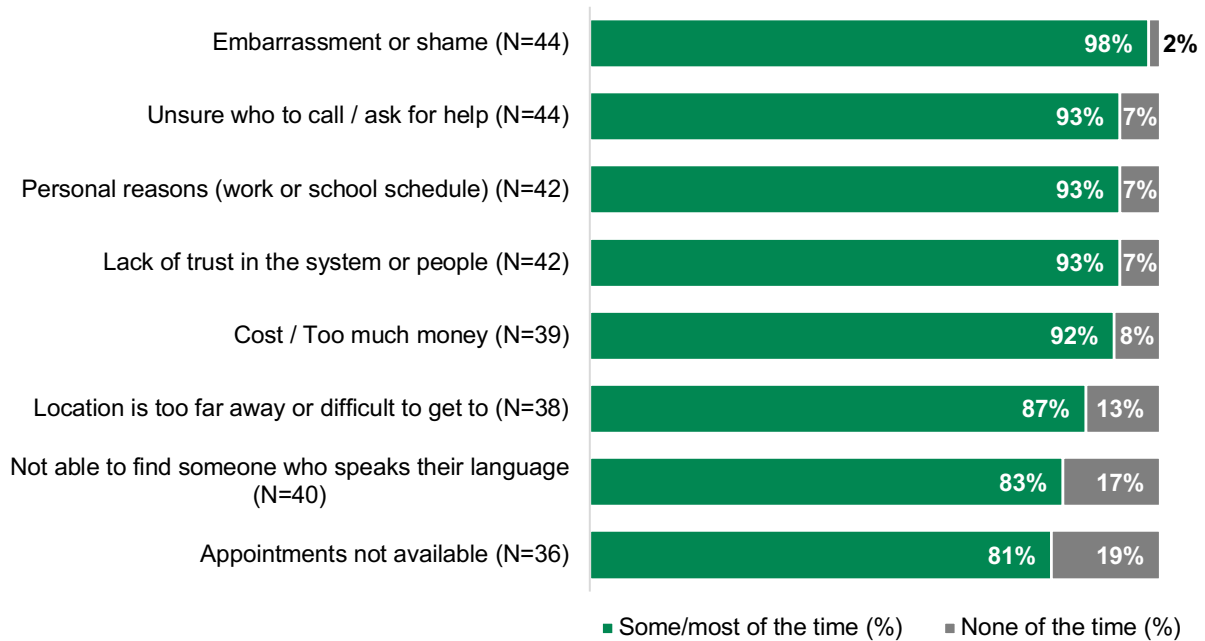
Another section of the exit survey explored youth perspectives on the trusted adults who youth turn to for mental health support. Ninety percent of respondents indicated that youth in Frederick turn to **family members** for mental health support. Participants also indicated that older peers, police officers, support groups, and adults who speak the same language as the child were also individuals that youth in Frederick turn to when they need mental health support. (See Table 7 in the Appendix.) These results are presented in Figure 6 below.

Figure 6. Who participants turn to for mental health support.



In addition, participants were surveyed about their perceptions of the barriers facing youth in Frederick when seeking mental health support. Specifically, youth reported the frequency of the following barriers occurring, with **embarrassment or shame** being the highest (98%) reported obstacle. Other commonly reported barriers included being unsure who to call/ask for help (93%), personal reasons such as work or school schedule (93%), lack of trust in system or people (93%), and cost (92%). These results are presented in Figure 7 below.

Figure 7. Participant’s perceptions of barriers to seeking mental health support.



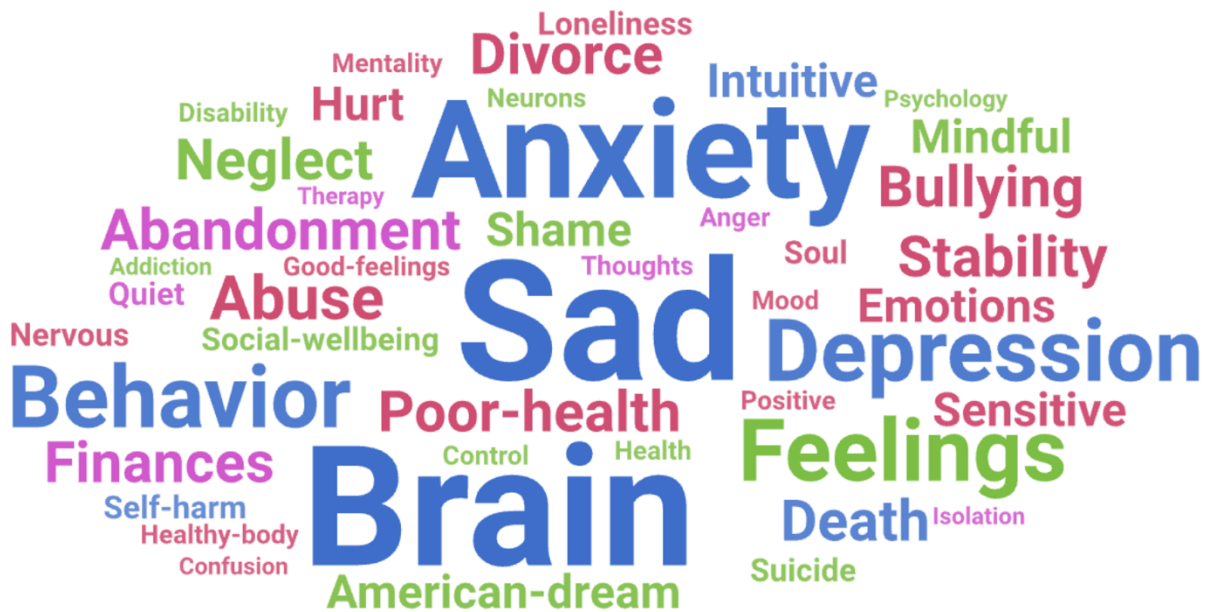
When asked to identify what else gets in the way of youth in Frederick getting mental health help and support, participants mentioned the availability and accessibility of providers, not fully knowing who to go to, not having health insurance (particularly for immigrants), feelings of stigma and judgement, along with a general lack of trust between youth and adults. (See Table 8 in the Appendix for more open-ended responses.)

Lastly, participants were asked to identify what would make it easier to get mental health support in Frederick. Common responses included: having support from parents, friends, and teachers; less stigma and more awareness; help from the community; more safe spaces; and increased advertisement about mental health education and available resources. (See Table 9 in the Appendix for more open-ended responses.)

Listening Session Findings

The listening session began with youth sharing a word that came to mind they thought about mental health. As shown in the word cloud below, many words came to mind, such as sad, brain, anxiety, behavior, and depression, among others. These comments suggest that the phrase “mental health” generally evokes negative connotations among immigrant youth.

Figure 8. One word that came to mind when participants thought about mental health



The Effect of Schools on Immigrant Youth’s Mental Health

During the listening sessions, participants described schools as primary sites where immigrant youth in Frederick County report that mental health issues are exacerbated. Key themes participants often spoke of included: how they experience bullying and racism, academic pressures, religious intolerance, and unsupportive school practices. Instances of experiencing bullying and racism were mentioned in each listening session. Participants described how both themselves and others get bullied for their body size, skin color, dress, and ethnicity. Participants also mentioned how they have heard racial slurs being used in school. When students told their teachers or school leaders of these instances, they shared that they were often met with resistance or felt as though they were “not believed”. The Afghanistan listening session participants, in particular, mentioned that they can feel unprotected in school due to there being “no regulation” or consequences for bullying and racism in school. When consequences were enforced, there was consensus that those consequences did not deter future bullying, and even can make the bullying worse.

In line with bullying and racism was the theme of religious intolerance, particularly for Afghan youth. Afghan youth reported being unable to fully observe their holidays in comparison to their Christian peers. Ramadan was explicitly mentioned as being a time of academic challenge because Afghan youth must learn and take exams while they are fasting which can result in decreased academic performance. In addition, not having Halal food provided in the cafeteria, being in school on Eid, and

finding places to pray in school were reported not only reported as sites of stress, but made these students feel like they did not belong; “Not having these things available make us feel like we don’t belong.”

Academic pressure was also mentioned as cause of stress for immigrant youth. For instance, AAPI immigrant youth described how, unlike their white peers, they are not expected to “ask for help” in academic settings. Stemming from the stereotype that Asians student are “smarter” or “better at math”, AAPI youth reported experiencing high levels of pressure to perform well academically. While there was a general notion that all students may push themselves hard in school, immigrant youth reported having to work harder than their white American peers because, “in school there are more opportunities for those who are born here or are from here, rather than the ones that come to this country,” as shared by one Afghan listening session respondent. This notion was also shared by the AAPI youth group as they mentioned how “white kids have resources around them and are taught how to use those resources; my friends who are people of color are really struggling [because] they don’t have that. They didn’t grow up in that mindset that they can ask for help.” Here AAPI youth report how students of color struggle to ask for help and often make do with less resources.

Lastly, immigrant youth reported a general theme of their schools not supporting their unique needs as immigrants. For instance, the Ukrainian youth mentioned being unable to understand and speak English and how their teachers used Google Translate to aid them, even though it does not give accurate translations. One participant noted specifically, “Google translator says weird things that don’t make sense.” In another instance, Russian youth reported having to attend class where the teacher only spoke to them in Spanish. Being unable to understand the English language was a challenge for these youth, but more importantly, not feeling supported by their teachers or being given the proper tools to understand lessons were mentioned as ways that mental health issues of immigrant youth in Frederick are exacerbated.

Table 2: How school exacerbates mental health issues in immigrant youth



	Theme	In the words of youth...
<p data-bbox="207 1291 391 1507">How school exacerbates mental health issues in immigrant youth</p> 	<p data-bbox="451 1499 553 1562">Bullying/ Racism</p>	<p data-bbox="607 1245 1404 1360">“What causes the bullying is that the school does not have enough law of regulation. So kids just do it for fun. And they don't take any action against the kids have done it or they're still doing it.” –Afghan Youth</p> <p data-bbox="607 1398 1117 1430">“They call us ‘beaner’.” –Hispanic Youth (II)</p> <p data-bbox="607 1465 1393 1528">“Sometimes I get bullied for my weight, and I see others get bullied for their religion or what they look like.” –Hispanic Youth (II)</p> <p data-bbox="607 1564 1404 1627">“I don’t know why they bully me. I did nothing to them [...] Maybe its racism because I’m Russian.” –Russian Youth</p> <p data-bbox="607 1663 1372 1747">“When we are wearing the scarf or we are covering our head, people ask us intimidating questions like, ‘do you shower?’ or ‘do you sleep with it?’ –Afghan Youth</p> <p data-bbox="607 1782 1365 1845">“They [the school] should take this [racism] serious because you come to another country to be safe.” –Afghan Youth</p>

Table 2: How school exacerbates mental health issues in immigrant youth, continued

	Theme	In the words of youth...
<p style="text-align: center;">How school exacerbates mental health issues in immigrant youth</p> 	Academic pressure	<p>“In school there are more opportunities for those who are born here or are from here, rather than the ones that came to this country.” –Afghan Youth</p> <p>“Sometimes I see kids pushing themselves way too hard.” –African Immigrant Youth</p> <p>“I’ve kind of found that the students who tend to ask for help [are] the white kids who like have the resources around them [and are] taught how to use those resources [...] a lot of my friends who are people of color, they’re really struggling [because] they don’t have that. They didn’t grow up in that mindset of they can ask for help.” –AAPI Youth</p> <p>“I feel like for Asian kids, when they feel stressed around school, they don’t get help in the way that like white kids do. Because they aren’t taught that [...] they [Asian students] feel like [stress] is okay and not actually a problem.” –AAPI Youth</p>
	Religious intolerance	<p>“They should give us more opportunities. For example, if you’re a Christian, and you get Christmas off, we should also get [our holiday] off.” –Afghan Youth</p> <p>“Some people are different like we can’t eat pork, and people bully you for that.” –Afghan Youth</p> <p>Not having these things available make us feel like we don’t belong.” –Afghan Youth</p> <p>“The Board of Education members should at least educate themselves about what this means to us [...] we can’t go to school on these days, because they are holy days, and we have to participate in them. –Afghan Youth</p>
	Unsupportive school practices	<p>“[Some teachers use Google Translate] but Google translator says weird things that don’t make sense.” –Ukrainian Youth</p> <p>“When I first started and didn’t speak English, I didn’t know anything about the school [...] like] where I should go. No one helped me. They gave me a paper with the room numbers of my classroom. I had no idea where my classroom was, I just wandered around. No one helped. I walked for 30 minutes until a teacher said, ‘so you’re the new kid’ [...] No one met with [our] parents to tell us what classes we should have [...] they did not give us a student to walk around with at school.” –Ukrainian Youth</p> <p>“In school I have a period [when the] teacher speaks Spanish. All class we speak Spanish. Not English. And only I speak Russian and this teacher [...] tells me to work in Spanish.” –Russian Youth</p>

Need for Shared Understanding of Mental Health between Immigrant Parents and Children


Youth expressed a need for shared understanding of mental health cause, needs, symptoms, and solutions between immigrant parents and children in Frederick County. Key themes that youth participants often spoke of included: experiencing pressure from parents to fulfill their American Dream, perceived parental disregard of mental health needs and support, and recognizing that there is a general misunderstanding immigrant parents may have about the American education system, including how the nature of this system can result in feelings of inferiority for immigrant students.

Parental pressure to achieve the American dream was primarily illustrated by the African and Afghanistan group as they described how their parents push them to strive for academic success. While participants acknowledged that their parents are trying to motivate them so that participants “have a better life,” this tendency (i.e., living up to their parents’ expectations) was reported as resulting in stress and anxiety for immigrant youth.

In addition, youth participants reported a general disconnect between themselves and their parents with regards to mental health support. This disconnect often manifested as participants perceiving that their parents were dismissing the severity of mental health. For instance, the participants often spoke how their parents would blame their mental health on social media, hormones, video games, or lack of outdoor physical activity. Some participants spoke of how their parents’ generation comprehend mental health differently and others reported how their parents have a general distrust in Western medicinal practices, including mental health support practices. Many participants perceived their parents’ perspectives on mental health as being a primary barrier as to why immigrant youth may not seek mental health support. This notion was particularly emphasized by the African Immigrant youth group who stated that “parents think the system is stupid and dumb,” that “parents think [mental health issues] are just a phase,” and that “parents don’t agree with the concept of mental health.” Participants in the AAPI and Ukrainian group also reported how immigrant youth may be afraid to talk to their parents about mental health issues because they are afraid of their parents’ reactions.

The perception that immigrant parents disregard the concept of mental health may be further exacerbated by their lack of familiarity with the American education system. As stated previously, immigrant youth often spoke of the pressure they feel to perform well academically; however, participants reported that their parents are unaware of how stressful the American academic system can be for immigrant youth. This point is reflected by one Afghan youth who stated, “People who are already born here might already know [about the academic stress here] or their parents can help them, but my parents studied in Afghanistan, so they didn’t know anything about it. I have to figure out everything on my own.” Being unable to turn to their parents for academic advice puts immigrant youth in a uniquely stressful situation in which they may need additional support.

Table 3: Need for shared understanding of mental health between immigrant parents and children

	Theme	In the words of youth...
<p style="text-align: center;">Need for shared understanding of mental health between immigrant parents and children</p> 	<p>Pressure from American dream</p>	<p>“It’s the American Dream. It’s the reason why our parents push us to better than how they were back home. Sometimes that pushing can lead to anxiety.” –African Youth</p> <p>“My parents never discouraged me from what I want to do, but they keep on pushing me every week about steering me towards medicine.” – African Youth</p> <p>“A lot of parents [...] They try to motivate their children, but they don’t know that sometimes that can lead to them feeling useless in itself. So I’m just saying that they don’t want to be mean to their kids. They’re just trying to motivate them.” –Afghan Youth</p> <p>“African parents want you to be a doctor, engineer, lawyer. They want you to be what they could not become.” –African Youth</p>
	<p>Perceived parental downplay of mental health needs and support</p>	<p>“Parents think you don’t need “mental health support” and that it is just a phase.” –African Youth</p> <p>“Parents don’t agree with the concept of mental health.” –African Youth</p> <p>“Parents [don’t want] you to get [mental health] help because they think the system is stupid and dumb.” –African Youth</p> <p>“My family is from Guatemala, a poor country, and people have to find resources over there. [...] My parents say that their life was worse, but I feel like that’s how every parent has lived the youth of their childhood.” – Hispanic Youth</p> <p>“I cannot trust my parents, when I told them I have MH issues they laughed because they do not believe in MH. I reached out and was told by the school to call the MH helpline [988] and I did but it did not help me to deal with what I was going through, they only gave me a list of resources.” – Hispanic Youth</p> <p>“My mom she majored in psychology and she was a social worker [...] She knows all about this stuff [mental health] and she blames it on puberty and hormones. “.” –AAPI Youth</p> <p>“I don’t think our parent’s generation really understands [mental health] like how our generation comprehends mental health. [...] For my parent’s generation, mental health was probably a taboo topic.” –AAPI Youth</p> <p>In the Vietnamese language, [there is no word for] mental health [...] So parents just don’t know [what kids mean when they say] ‘I got stress’, ‘I got anxiety’ or depression.” –AAPI Youth</p> <p>“Some old people, like grandmas and grandpas, think that a therapist is something you don’t need [...] When I get sick my grandma says I don’t need to go to the doctor, and she gives me something homemade.” – Ukrainian Youth</p>
	<p>Lack of familiarity with the American education system</p>	<p>“There are different academic systems between Afghanistan and here. I stress a lot about which college I should go to, and the scholarship opportunities. People who are already born here might already know or their parents can help them, but my parents studied in Afghanistan so they didn’t know anything about it. I have to figure out everything on my own.” –Afghan Youth</p>

Participant Suggestions for Encouraging Mental Health Support among Immigrant Youth in Frederick


Participants were asked what would encourage the immigrant youth in Frederick to seek mental health support if they needed it in the future. Their suggestions included: decreasing stigma by normalizing mental health conversations in schools and at home, having a greater understanding of the immigrant experience and its impact on students, and increasing availability of mental health resources.

Participants perceived there to be a stigma and/or “judgmental concerns” around mental health in their communities. Because of this, they mentioned that immigrant youth in Frederick may be “scared of other’s opinions,” “[don’t want to be] seen as weak or crazy,” “they may feel shame or judgement,” and/or believed that “they will get bullied or be seen as a freak” if they receive mental health support. To prevent this, participants suggested that increasing the frequency of mental health conversations at home and/ or having mandatory mental health check-ins during school would encourage immigrant youth to seek mental health support when they need it.

Participants also proposed that immigrant youth would be more encouraged to seek mental health support, if support were given in a way that acknowledged the unique immigrant experience. One Afghan participant recommended that the person giving the mental health support should speak the same language because, “language barriers prevent people from fully expressing themselves.” Similarly, one African youth suggested building a “space filled with people who have similar stories to help immigrants from Africa have an easier time.”

Lastly, participants suggested increasing the availability and accessibility of resources that are specifically designed to support the mental health of immigrant youth. For instance, one Hispanic youth reported that some immigrants do not have health insurance. Thus, being able to afford mental health support may be a challenge for immigrant families. Another Afghan participant mentioned that location may be a challenge as the neighborhoods where immigrants live in Frederick may not be close to a provider. As such, participants implied that immigrant youth may be more encouraged to seek mental health support if cost and location were not barriers.

Table 4: *Suggestions from participants*

Theme		In the words of youth...
<p>Suggestions from participants</p> 	<p>Normalize mental health conversations</p>	<p>“Make it [mental health] a more comfortable topic.” –African Youth</p> <p>“Adults should check up on kids more.” –AAPI youth</p> <p>“[School counselors] should have a mandatory mental health check in with students.” –African Youth</p> <p>“[Immigrant youth should be able to go] to clinics they feel safe in and are able to speak freely [in] programs talking about mental health.” –Hispanic Youth</p> <p>“Showing the results of people doing or getting better- share their story, documentary or podcast.” –Hispanic Youth</p> <p>Parent education on how we go through life and the pressures we face so they can understand us better –African Youth</p>
	<p>Provide safe spaces to share immigrant experiences</p>	<p>“Have a center where African immigrants can go to know what to do and have the resources to ease their way into American life [...] Having a space filled with people who have similar stories [will] help immigrants from Africa have an easier time.” –African Youth</p> <p>“Create mental health communities and a safe place where youth can talk to and relate with their peers, but have a professional there so they can get professional help when needed” –AAPI youth</p> <p>“Having someone who is able to relate with you on some kind of level- based on your cultural identity, age, and gender.” –AAPI youth</p> <p>“Unity and collaboration with other [immigrant] youth and adults in the community.” –African Youth</p>
	<p>Expand availability and accessibility of mental health resources for immigrant youth</p>	<p>“Availability of providers near you.” –African Youth</p> <p>“The environment [the immigrant youth] live in may be far [from where they need to go to get mental health support].” –Afghan Youth</p> <p>“Hiring more therapists that can understand us more as African immigrants and our experiences and thoughts.” –African Youth</p> <p>“Some people can’t afford therapists.” –Hispanic Youth</p> <p>“Some people don't have insurance for it or are not a part of the US yet (immigrants especially).” –Hispanic Youth</p>

Actionable Steps Forward

Informed by the listening session findings provided above, we present the following actionable steps to increase the mental health support of immigrant youth in Frederick County. We recommend that the Frederick County Public School system, with support from community-based organizations and partners, explore ways to:

- **Offer transition support for immigrant youth and families** who are newly entering the Frederick County Public School system. Transition support may include securing proper translators or translation services/ devices for non-English speaking students, giving newly enrolled immigrant youth a tour of the school building, and introducing them to other students of similar background. Additionally, immigrant youth may also benefit from culturally aware tutoring services. Doing so may create a safe and respectful school environment which will help to address stress and anxiety. Finally, immigrant parents/caregivers may benefit from an orientation to Frederick County Public Schools to better understand how the system works and how they may be involved in their child's education.
- **Support teachers and staff in developing skills to identify and understand the unique needs of diverse immigrant youth** so they can encourage youth expression and provide appropriate, culturally aware academic support. Participants often spoke of different traumas that they experienced, and some reported not wanting to burden their parents who already may have high levels of stress. Students need someone to talk to, but some are afraid of what the outcome will be. Furthermore, findings indicate that immigrant students are aware of the stress their parents face, thus, they feel increased pressure to succeed academically; however, immigrant students and parents are new to the US education system and are unaware of the resources (i.e., college preparation services, tutoring, scholarship opportunities, extracurricular activities, guidance counseling) that are available to them. Offering this support may increase feelings of belonging amongst immigrant students.
- **Identify, manage, and ultimately reduce counts of ethnic and race-related bullying** by training staff on how to appropriately handle these situations when they occur. This may include engaging in anti-ethnic bullying professional development with teachers and staff. These trainings may center cultural awareness, empathy and perspective building, and bystander intervention training².
- **Consider mentorship programs and opportunities specifically supporting immigrant youth.** Pairing together younger and older immigrant students may increase feelings of belonging amongst immigrant youth. Additionally, speaking to someone of similar cultural background may increase encourage immigrant youth to seek mental health services when needed.

² Wu, Q., & Jia, F. (2023). Empowering Students against Ethnic Bullying: Review and Recommendations of Innovative School Programs. *Children* (Basel, Switzerland), 10(10), 1632. <https://doi.org/10.3390/children10101632>

Additionally, we recommend that Frederick County, in partnership with community-based organizations, explore ways to:

- **Offer mental health literacy programs** specifically designed for parents of immigrant youth. Participants reported that their parents may disregard their mental health which is a barrier to seeking mental health support. Offering programs or parent workshops that discuss the signs, severity, and consequences of poor mental health may improve how immigrant parents view mental health services.
- **Increase follow-up outreach/support for immigrant youth** who request information or services related to mental or behavioral health. One participant indicated utilizing national mental health services (i.e. mental health hotline) but found their experience unhelpful for their mental health needs. To increase satisfaction with mental health services, consider providing local follow-up support or outreach.

The Association of Nigerians in Frederick and its initiative partners welcome the opportunity to explore these findings and actionable steps with leaders, educators, and community members to better meet the distinct mental and behavioral health needs of immigrant youth throughout Frederick County.

Appendices

Appendix A: Detailed Listening Session Participant Characteristics

Table 5 describes participants from the seven listening sessions. Most (55%) of the participants represented middle school grade levels (5-8) and 43% represented high school grade levels (9-12). All of the participants had parents that were born outside of the US, and one-third of the participants were Hispanic (33%).

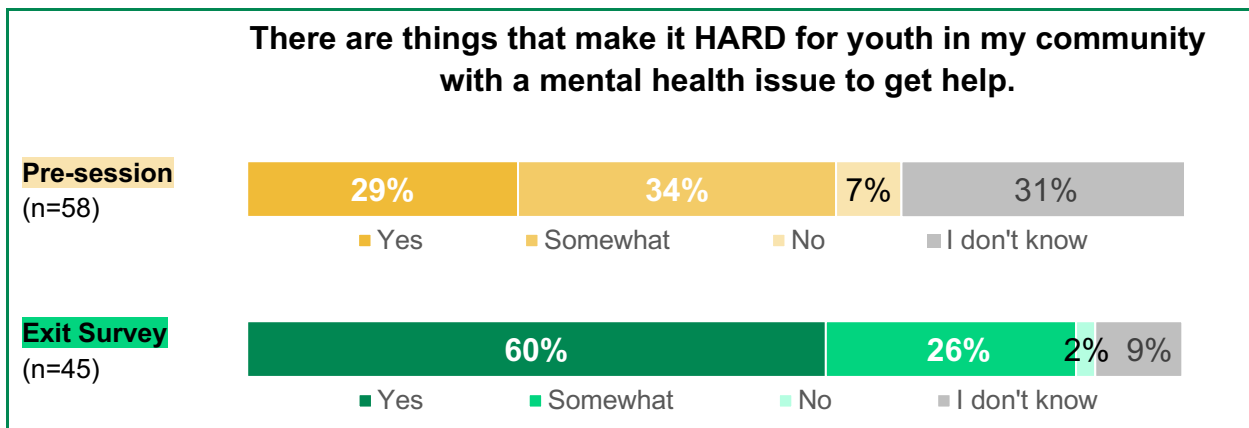
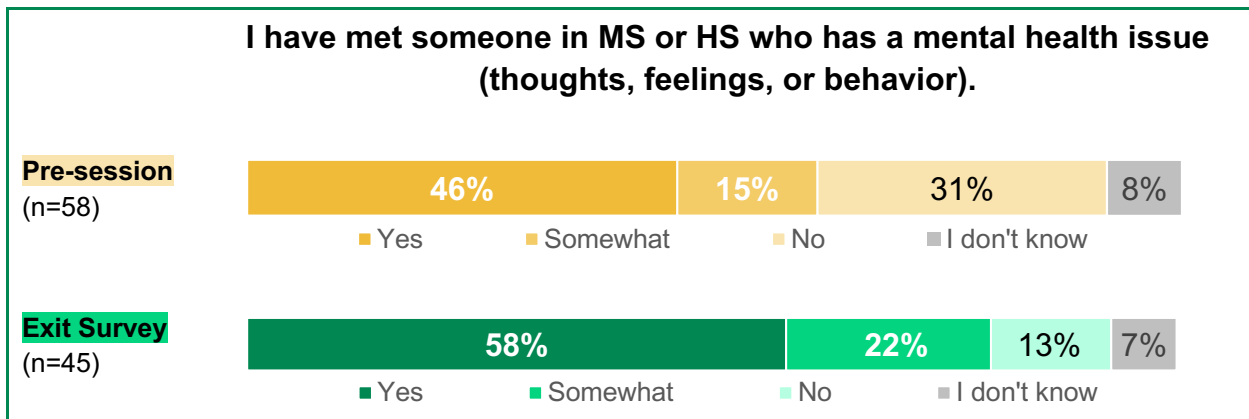
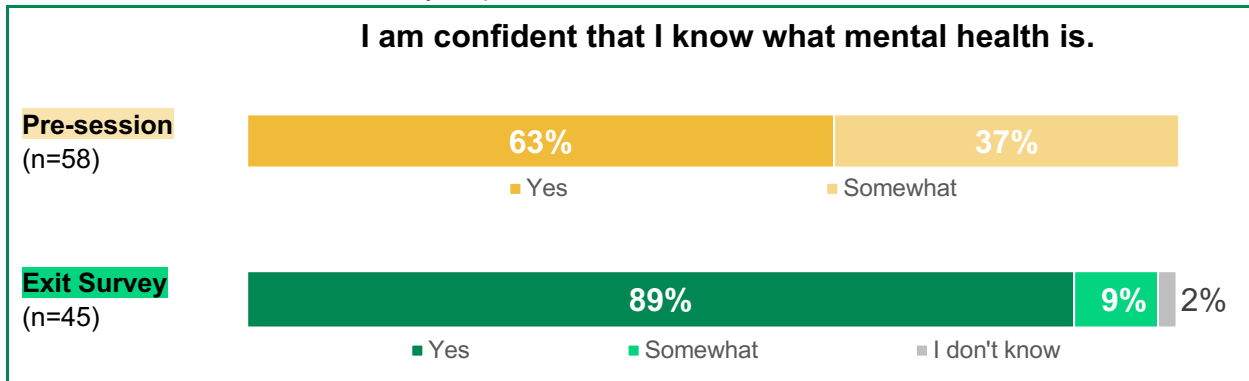
Table 5. *Characteristic overview of participants*

<p>Grade (n=58)</p>	<p>7% 5th grade 17% 6th grade 15% 7th grade 15% 8th grade 12% 9th grade 14% 10th grade 8% 11th grade 8% 12th grade 2% grade unknown</p>
<p>Ethnicity (n=58)</p>	<p>35% Hispanic 22% Asian American and Pacific Islander 19% African 14% Afghan 7% Russian 3% Ukrainian</p>
<p>Born outside of U.S. (n=46)</p>	<p>50% Participants were born outside of the U.S.</p>
<p>Both parents born outside of U.S. (n=46)</p>	<p>100% Participants reported that both of their parents were born outside of the U.S.</p>

Appendix B: Pre-Session and Exit Survey Responses

Participants were asked three pre-session questions before the listening session. The same questions were asked after the listening session as part of the exit survey. Table 6 below details participants' responses. Given that the data presented are unmatched and there were more respondents at pre-session (n=58) than on the exit survey (n=45), this data does *not* represent individual level change; rather it shows a general trend that the listening session resulted in participants having a better understanding of what mental health is and how mental health can affect people in their communities.

Table 6. Pre-session and exit survey responses



Appendix C: Exit Survey Open-Ended Responses

Tables 7-12 represent participants' responses to the open-ended questions that were asked on the exit survey. These responses are de-identified and organized alphabetically.

Table 7. *Other adults youth go to for mental health support*

What other adult(s) in Frederick do youth go to for mental health help and support? (n=30)
<ul style="list-style-type: none">• <i>A friend who has been through it</i>• <i>A older peer</i>• <i>church youth leaders.</i>• <i>close, trusted friends (in leadership) and leaders in clubs someone is involved in.</i>• <i>Community leaders</i>• <i>Cousins</i>• <i>Doctors</i>• <i>Friends</i>• <i>I go to my mom and dad</i>• <i>Maybe siblings</i>• <i>My aunt</i>• <i>My aunts and uncles</i>• <i>My parents friend or my friend's parent</i>• <i>My school counselor</i>• <i>My trusted friends</i>• <i>Old people</i>• <i>Older sibling</i>• <i>Older siblings (sister, brother)</i>• <i>Older siblings and friends (older people you consider very close to you</i>• <i>older sister or parents</i>• <i>Parents, other adults (parents of teens)</i>• <i>people they know and are trusted</i>• <i>police officers, school principals/assistants, and other supportive groups that talk about/care for mental health</i>• <i>Relatives</i>• <i>Russian-speaking adults</i>• <i>School career coach, trusted relatives in the college level</i>• <i>teacher, doctor, parents</i>• <i>That is all I know off. School teachers and close adults</i>• <i>Their peers</i>

Table 8. *Obstacles to seeking mental health support for immigrant youth in Frederick*

What else gets in the way of youth in Frederick getting mental health help and support? (n=44)
<ul style="list-style-type: none">• <i>!!!! Watching something like a show or something. If they don't believe them Doctors or parents</i>• <i>Availability, in providers near you.</i>• <i>Being scared of others' opinions</i>• <i>Confident</i>• <i>Discouragement</i>• <i>Fear of what others might think about you.</i>• <i>Feeling that they're over reacting/that their feelings aren't bad enough for professional help</i>• <i>Finding people who care enough to help.</i>• <i>Have more communication</i>• <i>judgmental comments</i>• <i>lack of parent support or disapproval</i>• <i>lack of trust in people</i>• <i>Language barriers because it prevents people from fully expressing themselves</i>• <i>Like being worried about trust and like that</i>• <i>Not fully knowing who they will go to.</i>• <i>not knowing</i>• <i>Not knowing who to go to or not having people to talk to</i>• <i>Nothing really</i>• <i>Parents</i>• <i>Parents comparing their kids</i>• <i>Parents not agreeing with the concept of mental health.</i>• <i>Parents not wanting you to get that help because they think the system is "stupid" or "dumb"</i>• <i>Parents, thinking you don't need it and it's just a phase</i>• <i>People making fun of you</i>• <i>Pride!</i>• <i>probably money. Some people can't afford therapist. Also it being far away and not knowing the people who you will be talking to.</i>• <i>Some people don't have insurance for it or are not a part of the US yet (immigrants especially)</i>• <i>sports practice, homework, work</i>• <i>Stigmas, peer pressure, parents misunderstanding</i>• <i>Stigmatism in the household, cultural differences, neglect or disregard of the problem</i>• <i>strict parents</i>• <i>The environment they live in may be far</i>• <i>The lack of attention (people not believing that mental health is real) and teasing.</i>• <i>The parents thinking it is not normal and them think it is as an excuse.</i>

- *The school, sometimes my friends or family.*
- *The thought of getting bullied for it or being seen as a freak*
- *They might be ashamed in themselves that they need to seek medical help*
- *Threats, don't know who to ask for help.*
- *Trusted adult*
- *Trusted adults*
- *Wanting to keep a reputation and be seen as tough.*
- *When a person has depression and people don't believe and think everything is fine about me*
- *when they don't care what you say or think it's a joke*
- *Worried/scared because of where they go for help.*

Table 9. Facilitators to seeking mental health support for immigrant youth in Frederick

Sometimes things make it EASIER for youth in Frederick to get mental health support. What helps youth in Frederick to get the mental health help and support they need? (n=43)
<ul style="list-style-type: none">• <i>Adult should check up on kids more</i>• <i>Advertisement about social resources, school announcement, education about mental health and availability of resources</i>• <i>appointment available all the time the help they need</i>• <i>counselors and therapists</i>• <i>Don't know</i>• <i>Friends/peers encouraging them to get help and helping them recognize that it's okay to get help</i>• <i>Gifts</i>• <i>Going to clinics they feel safe in and are able to speak freely. programs talking about mental health.</i>• <i>going to counselor</i>• <i>Going with people they know.</i>• <i>Good friends.</i>• <i>have a trust person to talk to</i>• <i>Have money to go see a "phsihology" (as written) or doctor</i>• <i>Having a trusted adult or resources that can help you get through it</i>• <i>Help is well known, easily accessible places.</i>• <i>I don't know. I don't live in Frederick.</i>• <i>knowing someone to go to</i>• <i>Knowing that closed ones like friends are also going through the same thing.</i>• <i>Less stigmatism, more awareness, help from community helpers that have similar experiences</i>• <i>more ads at school or online</i>• <i>more position for people to get it</i>• <i>Need more confidence and to be more stable.</i>• <i>need supportive parents</i>• <i>Parents</i>• <i>People who can encourage them</i>• <i>People you can trust</i>• <i>School or places that are close by</i>• <i>Schools bullying</i>• <i>Something that helps the youth in Frederick is knowing a trusted adult</i>• <i>Special programs</i>• <i>Support from friends</i>• <i>Support from people that understand how we feel.</i>• <i>supporting school staff and kind teachers</i>• <i>Supportive community and understanding peers or parents</i>• <i>Supportive people, friends, siblings</i>• <i>Talking, and showing that you're not alone, and you could help it</i>• <i>Tell someone what you are going through</i>• <i>The support that other people believe in mental health and encourage to get help.</i>• <i>There are lots of good teachers you could talk to with problems.</i>

- *to ask people for help*
- *Trusted people. People who actually cares*
- *Unity and collaboration with other youth and adults in the community*
- *When peers are going to get help they will make it easier for them to get help.*
- *When they have trust in someone that they know can help them get help*

Table 10. *Listening session satisfaction*

What did you enjoy about the listening session? (n=56)
<ul style="list-style-type: none"> • <i>Activities, talking to others</i> • <i>Being with friends, learning about mental health and answering questions</i> • <i>Communication from the group</i> • <i>confidence in our group</i> • <i>Different type of info</i> • <i>Every part.</i> • <i>Everything</i> • <i>Expressing the causes of those mental health issues</i> • <i>Having shareable experiences with Hispanics.</i> • <i>Hearing people talk about ways to try to stop the struggles.</i> • <i>How everyone shared their experiences, that way no one felt alone.</i> • <i>How I could relate to people</i> • <i>How I could trust people enough to share what I've been through</i> • <i>I am not sure</i> • <i>I enjoy other people opinions</i> • <i>I enjoyed knowing that I am not the only having these problems</i> • <i>I enjoyed talking about issues on mental heal in the African community along with my own experiences</i> • <i>I enjoyed the ability for us to rant and vent out our shared experiences</i> • <i>I enjoyed the comfortable environment.</i> • <i>I enjoyed the fact that we all had similar experiences and viewpoints.</i> • <i>I got to meet people with the same issues</i> • <i>I just liked that we talked about this topic</i> • <i>I like how most of us shared similar experiences</i> • <i>I like the information.</i> • <i>I loved answering the questions</i> • <i>I loved everyone's diverse opinion and viewpoint</i> • <i>Knowing that these problems will be addressed and that I was heard.</i> • <i>leaning about mental health topic</i> • <i>Learning about different cultures and backgrounds.</i> • <i>learning about metal health</i>

- *Learning about the Latino side of my community.*
- *Learning more about mental health.*
- *Listening and the gift.*
- *mostly [indistinguishable] hearing from us.*
- *Saying a few things.*
- *Sharing ideas/opinions of Mental Health and the possible causes*
- *Skittles*
- *Talking to one another.*
- *talking with the group*
- *the candies and gifts*
- *The discussion about everyone's experiences and encounters.*
- *The discussions and mini present and skittles*
- *the discussions and talking about concerns*
- *The facts on the board*
- *The games and hearing people's ideas.*
- *The gift*
- *the gift and sharing*
- *The presents.*
- *The skittles*
- *The talk*
- *the thoughts of "overs"*
- *The way everybody listened to what everybody had to say.*
- *Ukrainian friend who goes to her school*
- *Way that the leader leaded for us to think about our issues*
- *What I learned*
- *Yes*

Table 11. What was unclear about the listening session

What did you not enjoy or found unclear? (n=43)
<ul style="list-style-type: none">• <i>All good except for the language difference</i>• <i>Barely anyone talked</i>• <i>everything was clear.</i>• <i>experience.</i>• <i>Hearing about other's problems and their family's problems because it reminded me of myself and my family but it was necessary and an investing and interesting learning experience.</i>• <i>How they would get attention of people with power.</i>• <i>How this will be enforced to get attention.</i>• <i>I did not enjoy how some questions made me uncomfortable</i>• <i>I enjoyed absolutely everything about it. the way everyone was attentive to that others had to say.</i>• <i>I enjoyed everything.</i>• <i>I enjoyed it</i>• <i>I found how people use drugs unclear</i>• <i>I wanted to say something but got confused after they [illegible]</i>• <i>I wish we had more time in the end to just vent without any prompts or question restrictions</i>• <i>I would rather be in a room alone with someone than a group</i>• <i>I'm not sure.</i>• <i>Mental health experience (unenjoyable underlined)</i>• <i>myself and my family but it was necessary and an investing and interesting learning</i>• <i>N/A</i>• <i>Need more resources regarding mental heath information and resources</i>• <i>no</i>• <i>None.</i>• <i>not sure</i>• <i>Nothing (x 6)</i>• <i>nothing honestly</i>• <i>nothing much</i>• <i>Nothing really (x 2)</i>• <i>Nothing really, honestly I wish it would have been longer.</i>• <i>Nothing really, there was no blaring issues I could think of</i>• <i>Nothing really... it was all clear.</i>• <i>Some of the things we talked about has happened to me before.</i>• <i>talking about stress</i>• <i>the obstacles</i>• <i>the time spent in one room</i>• <i>There was nothing that I didn't like.</i>• <i>There wasn't anything I found unclear</i>• <i>To be honest there's nothing I didn't enjoy or found unclear.</i>• <i>To be honest, nothing.</i>• <i>Why it is only 11-18 and not younger like 9-18</i>

Table 12. *What else participants would like to know*

What else would you like us to know? (n=44)
<ul style="list-style-type: none">• <i>Do you guys talk directly to the local government? Where are you guys based out of? Where can I learn more about this organization?</i>• <i>Fully stopping bullying isn't that really possible because of threats</i>• <i>How to get help easier and make it more effective</i>• <i>How were people notified of this opportunity? How was it spread around?</i>• <i>I appreciate the class and learning more about different people.</i>• <i>I believe all immigrants needs some help when coming to America or just the area.</i>• <i>I don't know</i>• <i>I enjoyed the presentation and recognized that I'm not the only one experiencing some difficulties in life.</i>• <i>I had a great time being able to relate with the teens around me.</i>• <i>I help out here at Central Hispano at the Exito Program targeted for Latino kids. I see children, and a lot of them face these problems. I teach and help them, and as a young person, they open up to me. I also went through many of the same things as them, and am an immigrant myself.</i>• <i>I hope the change happen.</i>• <i>I think that this was a good experience that should happen again.</i>• <i>I would like to know more about how to raise self-esteem.</i>• <i>If ever needed, I would be glad to help.</i>• <i>It was a very good presentation.</i>• <i>let's hope this can help mental illnesses/Health</i>• <i>letting the youth talk about their own experiences helps bring all of us together.</i>• <i>Listen, talk about problems</i>• <i>n/a</i>• <i>No (x 4)</i>• <i>No. Just thank you.</i>• <i>Nope</i>• <i>nothing</i>• <i>Nothing else (x 3)</i>• <i>nothing much</i>• <i>Nothing really</i>• <i>Nothing. I think we got all of it covered.</i>• <i>people insult us in lots of ways</i>• <i>Some parents criticize their kids so kids don't get the help they need.</i>• <i>stay aware that we need parents to be more aware of this issue, and let them know they shouldn't disregard it</i>• <i>That's all so far from my knowledge.</i>

- *The effects of mental health on the body.*
- *The solution to solving Mental Health problems*
- *This was super fun!!!*
- *This was very helpful to me personally*
- *Vaping and skipping (classes) is a huge problem in my school, Frederick High School. I feel like people need to know that they can't be wasting their time in school.*
- *We like getting paid, please more places to get money like this*
- *When I get older, I would really like to become a mental health activist that gets to be the voice of millions of teens who go through mental health.*
- *Yes... please enforce rules!*