

# Facilitating Effective Conversations about Mental Health with Newcomer Youth and Families:

## A Guide for Providers

Newcomer youth often face significant stress due to forced displacement and the challenges of resettlement, including cultural, interpersonal, academic, and socioeconomic stressors. Newcomer youth commonly experience shifting expectations and family dynamics that can create tension and conflict within families. While many may benefit from extra support, starting conversations with newcomer youth and families about mental health and well-being can be difficult. Cultural beliefs, past experiences, and stigma may make youth and caregivers hesitant to seek professional help. This guide offers practical tips to help service providers have respectful, culturally responsive conversations about mental health with newcomer youth and their caregivers.



## Mental Health Across Cultures

Newcomer youth and families often hold varying cultural beliefs about mental health, including how it is understood, expressed, and treated. Concerns may be viewed through spiritual, moral, or physical lenses and are commonly expressed through physical symptoms such as headaches or stomach pain. Support may be sought through prayer, religious guidance, or traditional healing. Additionally, in many newcomer families' countries of origin, mental health treatment may be limited, or reserved for severe conditions, which can lead to unfamiliarity with services available in the United States.



Stigma may also be significant, with fears of shame, labeling, or community judgment discouraging families from seeking support. As a result, both limited understanding and stigma can create barriers to care. Service providers can help reduce these barriers by approaching conversations with cultural humility, using psychoeducation to explain mental health in accessible and culturally responsive ways, and intentionally using destigmatizing language that normalizes help seeking and frames mental health as a common and treatable part of overall well-being.

## Providing Psychoeducation to Newcomer Families

Psychoeducation includes using **clear, plain language to teach youth and caregivers about their mental health**, including symptoms, coping skills, and treatment options.



Resources are available to help you provide psychoeducation and **teach families coping strategies** such as breathing techniques, visualization, grounding, and others.

[Fundamental Skills for Self-Care](#), [Center for Victims of Torture](#)

[Mental Health Toolkit: UC Resource Center \(Spanish\)](#)

[Mental Health in the U.S.: Settle In](#)

*(Additional resources coming soon)*

When providing psychoeducation, ensure you provide time to **answer questions and correct misinformation or misunderstandings about mental health**.

## Examples of Psychoeducation Language for Newcomer Families



- "Stress affects the brain and body in different ways."
- "These types of reactions are common after big changes like the ones you've been through."
- "Support is available and can help your family get through this hard time."
- "Experiencing these emotions doesn't mean you are 'crazy.'"
- "Seeing a counselor is common here in the U.S."
- "Counselors can help teach you new ways to cope."

# Overcoming Stigma Related to Mental Health

Overcoming stigma around mental health will take time and patience, but your approach to the topic and the language you use with newcomer youth and families can foster greater openness. The strategies and sample language below offer practical guidance on how this may sound in practice.

**Focus on the youth's functioning and avoid labels and clinical terms**

✓ SAY

"I've noticed you have been really tired lately and you don't seem like yourself. You seem to get frustrated easily and haven't been going to play soccer as much as you used to."

✗ INSTEAD OF "I think you have PTSD."

**Normalize and validate the youth's experiences.**

✓ SAY

"You have been through so much. It makes sense you would feel angry sometimes. Life in the U.S. can be very hard. I know many other teens in your situation who have felt the same way."

✗ INSTEAD OF "Don't worry. Everything will be okay."

**Align with the youth's and family's goals.**

✓ SAY

"I know you have a dream of going to college, but right now your lack of sleep is affecting your schoolwork. It's important to get some help, so you can accomplish your goals."

✗ INSTEAD OF "You need mental health treatment."

**Provide psychoeducation about mental health, the impacts of trauma, and the purpose and benefits of counseling.**

✓ SAY

"Difficulty sleeping and nightmares can be signs that our body and mind are still impacted by scary things that happened to us in the past. In the U.S., there are counselors that can help you heal from the things that happened in the past and learn new skills to stay calm and sleep better."

✗ INSTEAD OF "The doctor will give you a pill to sleep."



**Emphasize confidentiality within mental health services.**

✓ SAY

"Counselors won't tell anyone that you are meeting with them and they will keep what you tell them private, unless you give them permission to share or there is a major safety concern."

NOTE

This helps families know what to expect, especially for those concerned about how their community will view their participation in mental health services.

**Ask about the family's views of mental health and learn about cultural expressions of distress.**

✓ SAY

"How would you cope with this if you were back home in your country? What concerns do you have about seeing a counselor?"

NOTE

This centers the family's experience and helps providers take a culturally-sensitive approach to finding support for the child's mental health.

**Practice cultural humility.**

✓ SAY

"You are the expert of your own experience. What ideas do you have about what would help you feel better? This is your choice."

✗ INSTEAD OF

"Counseling is the best way to heal."

**Reframe the youth and family seeking support as a strength, rather than a weakness.**

✓ SAY

"Facing your past and asking for help when you need it takes a lot of strength."

NOTE

This helps challenge misconceptions that mental health services are for people who are "weak," "crazy," or have a long-term illness.

**Additional Examples of Destigmatizing Language**

✓ SAY

"support"

✗ INSTEAD OF

"treatment"

✓ SAY

"counseling"

✗ INSTEAD OF

"therapy" or "mental health services"

✓ SAY

"stress"

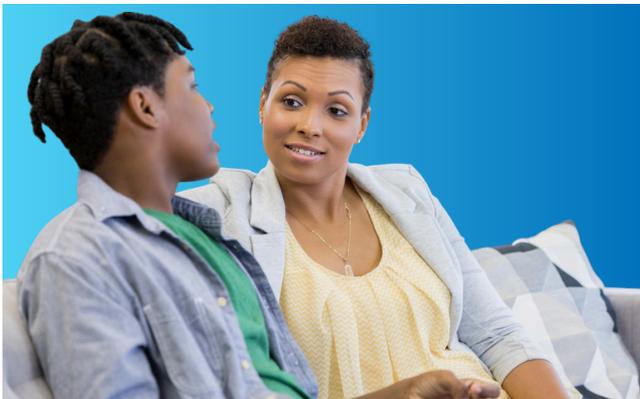
✗ INSTEAD OF

"depression," "anxiety," or "trauma"



# Guidance for Talking with Newcomer Youth about Mental Health Concerns

- Use **trauma-informed, strengths-based approaches** to **build rapport, trust, and safety** in the relationship before initiating conversations about mental health.
- **Demonstrate deep listening** with nonverbal cues like nodding your head and showing care and concern through your facial expressions. Put away distractions like cell phones or computers.
- Ask **open-ended questions** instead of questions that elicit yes or no responses to get youth talking and lead to deeper conversations. For example, instead of “Is everything okay?” try “What’s it been like for you at home lately?” or “How do you usually feel when you’re at school?”
- Consider the age of the youth you are speaking with, **using language appropriate to their developmental level**. Allow the youth to draw or doodle during the conversation, by **providing crayons, colored pencils, or writing tools to help keep their attention**.



- Try going for a walk to engage in conversation with older youth.
- **Use professional interpretation** when needed to ensure understanding.
- Reduce power disparities by **providing youth with choices, sitting at their eye level, and asking for and respecting their opinions**.
- **Do not** make judgments about what youth share.
  - **Instead**, encourage openness and reduce shame by responding with neutral language and curiosity rather than opinions.
- **Do not** ask for details about trauma or push for disclosure – this helps avoid re-traumatizing youth.
- **Do not** give unsolicited advice.
  - **Instead**, ask for permission before providing information; for example: “Would it be okay if I share some information with you about counseling services and how they might be beneficial?”
- **Do not** make promises you can’t keep.
  - **Instead**, be honest about what you can and can’t do in your role, and follow through on what you say you’ll do.



# Approaches for Talking with Newcomer Caregivers about their Child's Mental Health

- As caregivers navigate their own resettlement stressors, it is common for them to feel overwhelmed at times. Before talking with caregivers, **consider the time and place of the conversation**, ensuring privacy and that they have capacity for a longer discussion.
- **Building trust** with caregivers and **demonstrating respect** for their authority and decision-making role within the family can help to create buy-in.
- Because caregivers may have misconceptions or stigma around mental health concerns, discuss how counseling can **align with the caregiver's goals** to ensure the health and safety of their child. Use strategies to **recognize and reduce stigma** whenever possible, such as **providing psychoeducation** about mental health symptoms and treatment.
- Finally, families may have significant barriers preventing them from engaging in treatment, such as lack of time, transportation challenges, or expensive copays or insufficient health insurance. **Do not minimize these concerns.** Rather, **provide practical support to help families overcome these barriers.**



## Connecting to Services

After engaging newcomer youth and families in conversations about mental health, it is important to have appropriate and accessible service options prepared if they express interest. Remember that meaningful support can extend beyond mainstream clinical services and may include elders, faith leaders, teachers, coaches, and other trusted community members. Building strong referral networks allows you to connect families to a range of culturally relevant supports and pathways to healing.

It is also common for newcomer youth and caregivers to decline mental health services, particularly early on. Continuing to respectfully share your observations and concerns, as well as sharing basic information and regular psychoeducation over time can help build understanding and trust with families, often making them more open to receiving mental health services in the future.