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WAWAC MENTAL HEALTH STUDY



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WASHINGTON
WEST AFRICAN
CENTER

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Community-Oriented Public Health Practice

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This study was conducted by graduate student researcher Sarina Klein from the University of Washington School of Public Health. The final report was included as a deliverable for the 2023-2024 MPH practicum project for the Community-Oriented Public Health Practice Program.



TABLE OF CONTENTS

1-2	INTRODUCTION
3-5	BACKGROUND
5-7	METHODS
8-17	RESULTS
18-20	SUMMARY OF FINDINGS & RECOMMENDATIONS
21	CONCLUSION
22-29	APPENDIX A
30	APPENDIX B
31-32	REFERENCES

INTRODUCTION

An ethnically diverse region of the continent, West Africa is comprised of 16 countries: The Gambia, Senegal, Guinea-Bissau, Guinea, Sierra Leone, Cape Verde, Liberia, Côte d'Ivoire, Ghana, Togo, Burkina Faso, Benin, Nigeria, Niger, Mali, and Mauritania. Linguistically, West Africa boasts one of the largest concentrations of native first- and second-language speakers on the continent (LDC, 2019). Primary languages spoken in West Africa include Hausa, Yoruba, Igbo, Fulah, Mòoré, and Wolof (LDC, 2019). Notably, many of the native languages do not have an established writing system. In addition to their native languages, French-speaking countries such as Benin, Togo, Mali, Senegal, Burkina Faso, and Côte d'Ivoire, either list French as an official language or commonly speak it in society (Onyeakagbu, 2022).



Map of West Africa (United Nations, 2014)

INTRODUCTION

Situated in the uppermost corner of the U.S. Pacific Northwest, Washington State is home to nearly 20,000 West African-born immigrants with the majority living or working in King, Snohomish, and Pierce counties. For many members of the West African community, immigrating to the U.S. means overcoming a host of obstacles like obtaining documentation, learning another language, and navigating the complex web of American social service systems meant to offer support to immigrant and undocumented families. Established in 2017 and located in Snohomish County, the Washington West African Centre (WAWAC) serves as the 2-1-1 for West Africans in the area helping to bridge the gap between West Africans and the wider Washington community, connect members to local resources, and promote the West African culture.

To continue their mission of serving the West African community in Washington State, the WAWAC Board of Directors named Mental Health as one of their top three priority areas for the 2023-2024 fiscal year. In an effort to address this priority area, WAWAC has partnered with the University of Washington's Community-Oriented Public Health Practice (COPHP) program to conduct a research study aimed at assessing the mental health status of the Washington West African community. While WAWAC recognizes the need to address the mental health struggles of their community members, little information exists on the issue within the larger West African immigrant community. Therefore, the primary objective of this study is to gather preliminary data to inform future program development and outreach activities as they pertain to mental health. As the student assigned to this project, the following report provides a detailed summary of my research methods, findings, and final recommendations with the ultimate goal being to uplift the voices of Washington West African community in a culturally appropriate and meaningful way.

BACKGROUND

Though African immigrants are one of the largest growing immigrant populations in the United States, they are often under-represented in research and literature, especially when it comes to mental health care needs and access to, or utilization of, these services (Venters et al., 2011; Akinsulure-Smith, 2017; Saasa et al, 2022). The lack of research surrounding African immigrant health needs has also left healthcare providers and policymakers with little information on how best to guide decision-making concerning this specific population and limited research on the conceptualization of mental health among African immigrant groups, as well as the role of stigma, hinders intervention development (Omenka et al., 2020; Bamgbose Pederson et al., 2022). Additionally, the Black African immigrant experience is often conflated with the Black African American experience and immigrants from the African continent are often viewed as a monolith, despite the immense diversity from region to region, contributing to a lack of understanding about their unique cultural norms, practices, and beliefs (Omenka et al., 2020). Subsequently, limited evidence-based approaches exist for providing culturally competent care to African immigrant populations within the United States.

Furthermore, due to structural racism in the United States and heightened anti-immigrant rhetoric post-9/11, Black African immigrants face higher rates of racial discrimination, underemployment, skill devaluation, and residential segregation despite having some of the highest education levels among other immigrant groups and U.S.-born populations (Saasa et al., 2022; Akinsulure-Smith, 2017). Racist and anti-immigrant roots are also embedded throughout the American policy-making process, creating even more barriers for African immigrants trying to access mental health resources and care. Specifically, U.S. policies like the now-revoked 2019 Public Charge Rule*, Medicaid eligibility for undocumented immigrants, and the 5-year bar** for qualified immigrants, fundamentally restrict access to health care, negatively impacting the mental well-being of these immigrant communities (Cerdeira et al., 2022).

**Implemented by the Trump administration, which qualified lawful receipt of Medicaid, public housing, or Supplemental Nutrition Assistance Program benefits as a potential reason for inadmissibility for permanent legal residency.*

***Requires qualified immigrants to wait five years before they can qualify for Medicaid benefits.*

BACKGROUND

In Washington State anyone, regardless of immigration status, is eligible for certain health plans (like the Cascade Care Savings Plans) and all health plans listed under Washington Healthplanfinder are supposed to cover the 10 essential health benefits, including mental health and substance use treatment; however, these plans are only intended to cut costs and cover more services before the deductible whereas Medicaid offers free or low-cost coverage to those that qualify (Washington Healthplanfinder, 2024). Recently, Washington State also passed an Apple Health Expansion that will expand coverage to more adults starting in July 2024 and is specifically geared towards insuring immigrant populations but according to the Washington Health Care Authority website, those who have not met the five-year waiting period to become eligible for Medicaid are not eligible for Apple Health Expansion (Washington Health Care Authority, 2024).

Lastly, lack of culturally competent providers and a general distrust for the Western healthcare system add another barrier for African immigrants trying to access care services (Omenka et al., 2020). All these factors contribute to increased levels of stress and adverse mental health outcomes as well as create a compounding effect when trying to access or utilize western care options. As a result, many African immigrants facing mental hardship either turn to self-reliant coping strategies such as self-healing and/or cultural coping strategies such as community, social, or religious support networks (Saasa et al., 2021; Akinsulure-Smith, 2017).

As the 2-1-1 resource for West Africans living in Washington State, WAWAC is well-positioned to help address some of these mental health-related barriers within this community; however, WAWAC faces many barriers themselves. Primarily, WAWAC struggles to access funding resources that can support culturally meaningful programs. Studies show that black-led nonprofits get less funding overall when compared to their white-led counterparts, leading to an inequitable “giving gap” (Brathwaite, 2022; Dorsey et al., 2020).

BACKGROUND

Additionally, WAWAC staff working on grant proposals find it difficult to compete with larger nonprofits explaining that these bigger organizations often take away funding opportunities from smaller organizations like WAWAC who directly support and interact with immigrant communities day-to-day. WAWAC staff also explain that some grants will ask questions that may not be culturally appropriate to them or the community they serve, and that sometimes faith-based funding inadvertently excludes their primary population. To better provide mental health support to African immigrant communities here in the U.S., it is imperative to recognize and address the multifaceted challenges faced both by these communities, as well as the organizations that serve them, so as to ensure equitable access to culturally appropriate and meaningful care.

METHODS

This project was conducted using a qualitative research method approach. This approach consisted of data collection using interviews and surveys, in-depth review of organizational resources, and thematic analysis of findings.

Community Member Interviews

A series of 1-on-1 interviews were conducted by the student researcher with 15 community members. Adult participants were recruited by WAWAC's Community Resource Navigator and youth participants were recruited by WAWAC's Executive Assistant & Program Director. All interviews were audio-recorded and conducted on-site. Informed consent was obtained from adult participants at the time of interviewing and prior consent was obtained from parents for youth participants. For non-English speaking participants, translators, provided by WAWAC, were present for the entirety of the interview process. All participants also received a \$25 gift card as compensation for their participation in the study. Funding for gift cards was provided by WAWAC.

METHODS

Interview questions for adult community members were pulled from a variety of sources to create a 10-question interview guide. Some of these questions were pulled from a 2017 research study aimed at assessing African immigrant mental Health needs and the American transition (Akinsulure-Smith, 2017). Other questions were adapted from a grant-related questionnaire administered by WAWAC regarding the mental health status of kids post-COVID pandemic. A series of five demographic questions were asked in addition to the 10 interview questions. These demographic questions were aimed at gathering information on community member age, self-described gender, country of origin, primary language(s) spoken, and length of time in Washington state. Interview guides for kids were created based off the adult interview guide and adapted for a younger audience. In total, two interview guides were created for youth participants: one for younger kids (7-10 years) and another for older kids (11-15 years). Kids were also asked the same series of demographic questions described above. All interview guides can be found in Appendix A of this report.

Community member interviews were then analyzed thematically using methods from Rapid Qualitative Analysis (RQA). This approach used deductive analysis to efficiently summarize the findings within a short timeframe. Interview audio was not transcribed but notes were taken using an adapted RQA summary template. This template can be found in Appendix B.

Staff Questionnaire

A 10-question staff questionnaire was also created using Google forms and administered to WAWAC staff via email. These questions were developed after assessing findings from the community member interviews and were intended to address staff perceptions of the following: 1) mental health, 2) the WAWAC community, 3) frequency of mental health resource requests compared with frequency of referrals, 4) types of counseling services they refer, or would refer community members to and 5) any barriers to, or recommendations they have, regarding the provision of culturally appropriate resources.

METHODS

Review of Organizational Resources

A review of organizational resources and programs was also conducted during the background research phase of the project. In this review, notes were taken on types of services offered, existing educational materials, and the site's externally facing resource directory. These notes were used to help inform the summary of findings.



RESULTS

Community Member Interviews

Demographics

Total Participants

8 Adults, 7 Kids

Age Range

50-65: 1

26-49: 4

18-25: 3

Under 18: 7

Gender

9 Female, 6 Male

Primary Language(s)

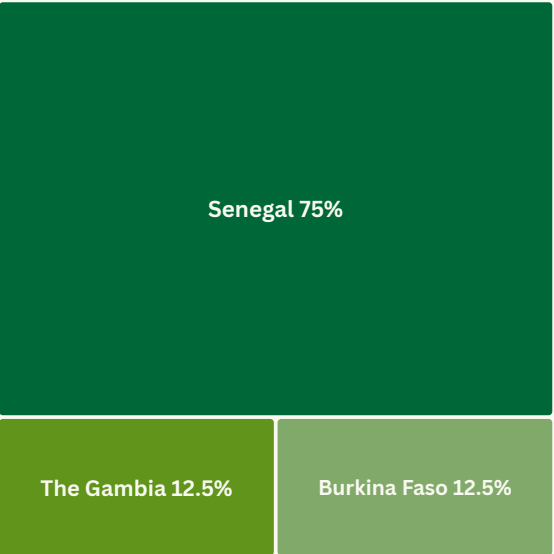
Wolof, English, French or some combination of Wolof and English or Wolof and French; one participant also spoke Jola

Length of Time in WA

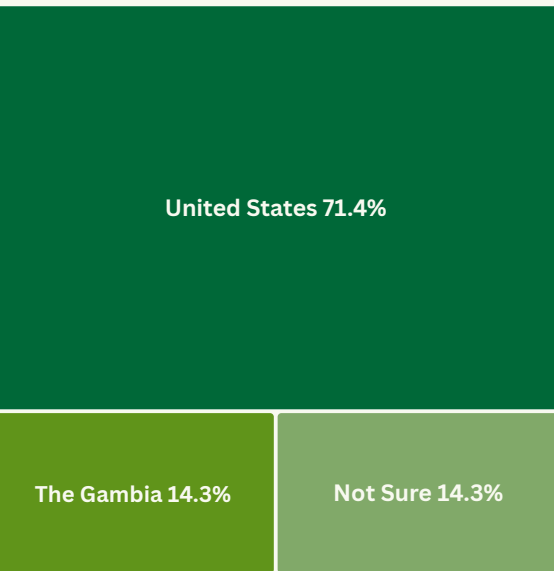
Adults: 3 months - 6 years

Kids: 7 years – 12 years (one child was unsure)

Country of Origin: ADULTS



Country of Origin: KIDS



RESULTS

Community Member Interview Results

Perceptions of Mental Health/Mental Well-Being

Adults

All community members were asked what mental health means to them and what good or bad mental health looks like. For adults, many associated their own mental health status with immigration struggles, worries, or stressors. For example, when asked what mental health means to them, one respondent started by describing their asylum and immigration status, explaining further that *“that’s what is really [their] mental health, what’s taking a toll, what wakes [them] up at night.”*

All adults also pointed to key stressors related to immigration such as lack of employment, filing for asylum, and illegal status or ability to obtain legal papers. For nearly all adults, not being able to work due to not having a proper permit was a major worry and concern. One respondent, who has been living in Washington State for six years, described that because of their citizenship status, they must apply for a work permit every two years but now the application process takes so long, that they are unable to work and make money to support their family during the interim waiting period. This respondent explained how this impacted their mental health stating the following: *“I can say right now I have everything on me. Sadness, worry about everything, lot of stress. But I think all of this [is] related to our living situation because my husband and me, our work permit expired.”*

Other respondents, because they are newer to the country, are still waiting to file for asylum meaning they are unable to work and support themselves or their families. A couple community members described a feeling of *“self-guilt”* for not being able to contribute or a sense of obligation to support family back in Africa who *“expect”* them to be the provider. One community member also mentioned the stressor of not having a *“habitable”* place to live due to their illegal status and therefore feeling unsafe or like they are unable to take care of themselves or their child entirely.

RESULTS

When asked what good or bad mental health looks like, most adults recognized mental health as something that has a physical impact on a person's ability to think or interact with others. Many respondents described good mental health as having *"peace of mind"* or *"nothing bothering them"* such as being free from worries or stressors. When describing bad mental health, two community members used the terms *"crazy"* or *"unstable"* while another used phrases like *"being absentminded, out of touch, saying things you didn't mean to say."* Another respondent explained bad mental health as something you can see in a person's *"appearance"* or in their *"comportment"* or *"when you interact with them."* Only one respondent mentioned bad mental health as relating to depression explaining that *"bad means you are on depression and you need help."*

Kids

For kids, questions about mental health, or mental well-being, were framed to reflect elements of happiness, sadness, worry, or stress. Most of the kids, regardless of age, were not familiar with the term mental well-being but one young respondent did describe mental well-being as *"being healthy."* For two of the older kids who were familiar with the term mental well-being, one described it generally as *"how I'm feeling"* in relation to their health or other's health while the other respondent explained it as *"how I am in my head."*

When describing what happiness looks like to them, two of the younger kids used words like *"smiling"* and another described happiness as *"something great"* happening to you. When asked to describe sadness, younger kids explained it using phrases like *"the other kids left you out"* or *"when someone upsets me."* Younger kids also used words like *"crying"* to describe what it is like to be sad or look sad. An older kid also explained that when they're sad they *"want to cry and don't want to interact with people."*



RESULTS

Older kids were also asked to describe what good or bad mental health looks like similar to the adults. Two of the kids from this age group associated good mental health with *“being okay with who you are...being confident”* or *“liking how your health is and being happy about your health.”* These respondents then explained bad mental health as *“bad self-image”* or *“thinking bad about yourself.”* Another older kid also explained good mental health as having the ability to *“concentrate better, think better, help your education”* and bad mental health as *“[not good] for your emotions”* or something that *“can cause problems for you in the future.”*

For most of the kids, they did not feel as if there was anything stressing them out or causing them to worry. For the few kids that did describe their worries, they were mostly related to school or schoolwork. When asked about stressors or worries, one older kid replied with *“school – I just wanna pass my grade and, you know, make my parents happy, and become a successful person.”* For the younger kids who described their worries or what makes them feel sad sometimes, one responded with *“how people make fun of me and stuff”* and the other explained it as *“when you have a dream and you see yourself falling – it makes you feel like scared and then you wake up.”*

Strong Sense of Community Connection

Adults

All adult respondents mentioned having a strong sense of community and several mentioned WAWAC as the primary source of that community connection. Many community members used phrases like *“feeling included”* or *“supportive”* to describe the community of WAWAC, mentioning the types of activities and programs they participate in at the center as a reason for that inclusion. For example, one adult mentioned that they have a *“good sense of community”* because they feel included at WAWAC. Specifically, this respondent explained that they *“don’t feel left out”* giving examples such as being selected to participate in this research project as well as being enrolled in activities like the ESL classes that WAWAC coordinates. Another respondent also mentioned that the support that WAWAC provides makes them *“feel comfortable”* and has had *“a lot of impact”* in their life.

RESULTS

Some respondents also mentioned the opportunities for interaction that WAWAC provides as a source of inclusion with one explaining that they're *"interacting with people more"* now compared to when they newly arrived in Washington and stayed at home. For two adults, the feeling of inclusivity directly related to having a form of American identification, which WAWAC helped them to obtain. One of these respondents went on to describe the importance of having an ID explaining that in their home country, they *"cannot move an inch without having an ID"* so the mere fact of having one issued by the U.S. makes them feel like they've *"been accepted and are part of the community."*

Other respondents described community in a broader sense with one mentioning *"being around the west African community and black community"* in general as a reason for why they felt supported because they're *"always ready to help you."* Another respondent also mentioned that they try to stay connected with people from their home country who live in Washington State explaining that they *"maybe visit two times a month"* as well as how they *"talk all the time"* with their family back in Africa.

Kids

For younger kids, the question about sense of community was framed as whether they felt like they had friends or people that cared about them where they live, while older kids were asked whether they felt connected to the people around them. Almost all kids, regardless of age, mentioned the importance of friendships whether that meant that they *"have a lot of friends at school and [WAWAC]"* or that they have one friend who they are *"super close"* with. A couple kids also mentioned their family with one explaining that they feel a strong sense of connection with them because *"we understand each other."*

Some of the older kids also described their sense of community in more detail whether that be within WAWAC or outside of it. One older kid went on to explain that they feel like their community is *"very welcoming"* in general and that they *"have a lot of communities outside of WAWAC too"* that they are part of such as school, extracurriculars, and sports. Regarding WAWAC specifically, another older kid described how the organization helps foster community among the youth explaining that WAWAC *"gets all these Gambian kids together and they learn about their culture"* as well as *"learn how to accept [themselves] as like black African American kids."*

RESULTS

Elements of Support-Seeking Behaviors

Adults

When asked about where they go or who they turn to for help with stressors, half of adults interviewed mentioned seeking support from friends or family. For some this meant confiding in a partner, like the *“father of their child,”* and for others this meant going to a relative or close friend, either in the U.S. or back in Africa, for support. Other adults also mentioned seeking support specifically for their immigration-related concerns with one respondent explaining that they *“went to an immigration group”* in Seattle that helps with asylum cases and another describing how they go to WAWAC as they are the only place they *“tell [their] problems [to] and that offers support.”* Only one respondent mentioned that they normally keep their worries and stressors to themselves *“or else [their] problems will be known.”* This respondent also went on to say the following: *“People see me smile but what I feel inside my heart, it’s only God who knows about it.”*

Community members were also asked about whether they sought out counseling services and if so, what kind. Examples of types of counseling posed to the respondents were a western provider, spiritual leader, community group, or other. Most adults described seeking counseling from individuals in the form of friends, mentors, or spiritual leaders. A few respondents specifically mentioned WAWAC or members of their staff as people they go to for counsel or advice regarding their immigration-related concerns, much of which centers on *“being patient,”* following the *“rules,”* and doing *“the right thing.”*

One respondent also described seeking counseling from a local elder outside of the WAWAC community who advises them to *“follow the law and just wait.”* Only two adults considered seeking counseling support from a western provider or therapist. For one community member, this was a consideration they made after speaking with a friend who advised them to go talk to someone but explained that they hadn’t started that process yet. Instead, they have decided to start taking medication prescribed by the doctors to see if that works; if not, they explained that they will *“decide to go talk to someone but [am] still thinking about it.”*

RESULTS

The other adult who considered a western provider explained that *“it was on [their] mind”* especially after being in detention for 22 days but *“unfortunately didn’t have the resources.”* This respondent also explained that they were the type of person to keep things in which was another barrier for them when seeking counseling services. Another community member also mentioned *“insurance problems”* as being a barrier to seeking support from a western provider but hopes that in July, when the Apple Health Expansion goes into effect, they can get better treatment that way. Only one respondent mentioned their mental state as *“not that bad to seek help”* therefore counseling was not a consideration for them, and another respondent did not answer this question due to the interview ending early.

Kids

For younger kids the question about counseling was framed as whether they have ever talked to someone who helps them feel better when they’re sad or worried while older kids were asked to reflect on whether they have ever considered counseling or speaking with someone like a therapist, spiritual leader, or support group. Age aside, most kids did not consider talking to someone about their problems with one older kid explaining that they did not feel the need to do so because they feel *“good about [their] mental health.”*

For younger kids that did talk to someone when they were feeling sad or worried, they expressed seeking this type of assistance from family or friends with some naming their mom or dad as their primary support and others mentioning a sibling or a *“really close”* friend. One older kid also mentioned that although they *“don’t really speak about [their] mental health with other people”* if they were to do so, they would *“probably go to [their] close friends.”* This respondent also expressed concerns with seeking help from other counseling services, such as a therapist or spiritual leader, because they would be worried about them *“telling [their] parents or something.”* Other kids also mentioned school counselors as a resource, but none elaborated on whether they would seek support from this type of counseling service or not.

RESULTS

Most kids did not mention any barriers to seeking support and generally felt like they could talk to someone they know if needed. For the kids that did feel as if there was something stopping them from seeking counseling support, one mentioned speaking to a “*stranger*” as a point of concern or worry and another explained that they are “*not the best at opening up to people unless they’re really close to them,*” which may prevent them from seeking these types of services.

Staff Questionnaire Responses

All WAWAC staff were sent a 10-question survey relating to their perspectives on mental health and provision of mental health services or care. As a small non-profit organization, the six staff that responded to the survey occupied a range of roles including those that were community-facing and those that were more administrative. Due to the tight-knit nature of the organization, and the fact that everyone is so close with one another, almost all staff, regardless of assigned role, have some level of interaction with community members.

Just as was asked of community members, staff, most of who are part of the West African community themselves, were asked what mental health means to them. Nearly all staff used some version of the phrase “*emotional, psychological, and social well-being*” to describe what mental health means to them. Other staff members also used the word “*healthy*” to explain the meaning of mental health, with one describing mental health as “*being mentally happy and healthy*” and the another explaining it as a “*healthy state of mind and well-being, not just the mere absence of disease or ailment.*”

A couple staff members provided additional insight on what mental health means to them. One explained that they view it as “*a triangle of our beings, the mind, body and soul which is all connected,*” going further to say that “*if one part is absent, or not being taken care of, the entire triangle will be off balance.*”

RESULTS

Another staff member also described mental health in relation to their identity as a West African immigrant, stating the following:

“As a west African living in the USA, mental health to me means maintaining emotional, psychological, and social well-being amidst the challenges of adapting to a new culture while preserving my cultural identity. It involves finding a balance between the pressures of navigating life in a different environment and staying connected to my roots. It also means overcoming stigma around mental health within my community and seeking support when needed to ensure a healthy, fulfilling life.”

In addition to asking about their perceptions of mental health, staff were also asked to assess how often community members **request or seek out** mental health services and how often they themselves **refer** community members to mental health support or services. Overall, 50% (n=3) of staff surveyed felt that community members rarely request or seek out services and 50% (n=3) only sometimes referred community members to services.

When asked where they currently refer, or would refer, community members to if they requested counseling or mental health support, staff gave a variety of answers. Using a check-all-that-apply approach, including an option to write in an alternative response, staff were given the choice to select *Therapist or Western Medical Provider; Spiritual Counselor or Advisor; Family Member, Friend, or Peer Mentor; Community Group or Support Group; or Other*. The choices with the highest number of responses were Family Member, Friend, or Peer Mentor (n=4) and Community Group or Support Group (n=4). The next highest choice was Spiritual Counselor or Advisor (n=3), and the lowest ranked choice was Therapist or Western Medical Provider (n=2). Write-in responses included WAWAC (*The Executive Director*) and the *Community Resource Navigator at WAWAC*.

RESULTS

Only half of the staff surveyed mentioned any barriers to referring community members to counseling services or other forms of mental health support. Of the three staff that did mention barriers, one explained that a combination of *“stigma, lack of awareness, cultural differences, [and] language barriers”* stopped them from referring community members to these types of resources. Another staff member highlighted *“culturally sensitivity”* as a concern mentioning that *“communities push back against what they refer to as shame and stigma.”* The other staff member who answered the question regarding barriers mentioned a lack of familiarity with mental health resources, stating that *“I...too do not know where I can take myself suppose I find myself in that situation.”*

Lastly, all staff were asked to describe the WAWAC community. Many described the diversity of the community as *“vibrant”* or *“welcoming”* and consisting of *“people from all ages.”* Other staff members explained the WAWAC community in terms of the organization’s services and program offerings with one explaining that WAWAC helps *“bring the West Africans together and distributes culturally relevant food to everyone”* and another adding that WAWAC *“is there to connect West Africans with local resources which they were not able to have access with like housing rentals and immigration facilities.”* One staff also described some of the demographics of WAWAC as *“communities comprising of poor, underserved, mostly racially discriminated families”* but also *“resilient.”*

“ As a west African living in the USA, mental health to me means maintaining emotional, psychological, and social well-being amidst the challenges of adapting to a new culture while preserving my cultural identity. ”

SUMMARY OF RESEARCH FINDINGS & RECOMMENDATIONS

The summary of findings and recommendations presented below offers suggestions from both community members and staff on how best to support their mental health needs and insight into the mental health status of the West African community in Washington State. By understanding community and staff member perceptions of mental health, sense of community connection, and support-seeking behaviors WAWAC can strengthen organizational assets, build community resilience, and begin addressing mental health within the community. The hope is that these findings and recommendations can help inform future programing and outreach efforts that will allow WAWAC to provide culturally meaningful and appropriate care resources.

Summary of Research Findings

Overall, research findings indicate a continued need to address the topic of mental health within the West African community. In analyzing community member interview responses, adults within the West African community tend to associate mental health with immigration struggles, worries, or stressors but do not outwardly name mental health as something that they're going through. Instead, responses to questions about mental health were often framed in the context of what stressors are going on in their lives at that time with immigration status being the primary concern. Only one community member pointed to the potential stigma surrounding mental health in the West African community. This respondent, when asked what mental health means to them, discussed the perception of mental health among the West African community and why it is so important to address this topic, saying the following: *"I know many people who are facing that but they don't know that they are facing that. They think that they are okay but they're not okay. And you can feel it."*

SUMMARY OF RESEARCH FINDINGS & RECOMMENDATIONS

In contrast, WAWAC staff, most of who are West African immigrants themselves, were more likely than community members to name mental health as an area concern. Specifically, staff were more likely to name the stigma or lack of awareness surrounding the topic of mental health within their community. Staff also mentioned the need to engage youth in discussions surrounding mental health. While interviews with kids suggest that they have a general understanding of their emotions and are more open to talking about mental well-being, staff feel there is a need to continue speaking with youth about mental health to build resiliency earlier in life.

Findings also suggest an importance for culturally competent resources and counseling options. In conversations with staff, many named the lack of culturally competent providers available and explained the importance of seeking care, or counseling, from someone who shares a similar culture to them, has similar lived experiences to them, or has familiarity and a deep understanding of working with their community. In interviews, WAWAC community members, regardless of age, were also more likely to seek counseling support from someone they know or trust usually in the form a peer, a mentor (like an elder), or a spiritual leader.

Lastly, research findings indicate the importance for linguistically & culturally relevant educational materials. In background research on existing organizational programs and resources, one that stood out the most was the educational material that WAWAC already creates in house. In an effort to create campaigns for the community they serve, WAWAC has adapted existing information regarding available services (ex. WIC, Washington Tax Credit, etc.) into a format that better resonates with the West African community. Additionally, WAWAC creates video messaging that is translated into various native languages. Since many of the native West African languages do not have an established writing system, oral translations, accompanied by some sort of visual, is an important form of communication and messaging for the organization and should continue to be used when creating or adapting mental health-related resources.

SUMMARY OF RESEARCH FINDINGS & RECOMMENDATIONS

Community Member & Staff Recommendations

- Educational mental health workshops that promote awareness and reduce stigma through culturally relevant information and the integration of traditional methods with modern therapy
- A virtual or in-person space for staff and community members to provide mutual support to one another and openly discuss mental health
- Develop a mental health awareness campaign using social media and printed materials
- Create skits and videos about mental health awareness translated into various languages
- Provide a space for kids where they can relax and play with anxiety toys
- Create a dedicated group for older kids (11-15 years) where they can socialize among their peers of similar ages
- Recruit a culturally competent mental health specialist who can counsel WAWAC staff
- Incorporation of traditional methods, culturally relevant outreach campaigns, and family centered engagement into existing programming
- Collaboration with culturally competent health/mental health non-profits and other African organizations in the area
- Participation of religious leaders, council of elders, and family support groups in providing counseling support
- Direct Involvement of the community in the problems assessments and strategy design to address mental health

CONCLUSION

This report is intended to serve as a preliminary needs assessment on the mental health status of the West African community in Washington state. Due to the limited scope of this study, ongoing research will need to be conducted to further assess the needs of this community. Additionally, it will be important to continue involving WAWAC community members in the needs assessment process so as to ensure programming and resources remain culturally meaningful, relevant, and appropriate.



APPENDIX A

Adult Interview Guide

Welcome Script:

Hello, my name is Sarina, and I am a graduate student with the University of Washington School of Public Health. I am working in partnership with the Washington West African Centre (WAWAC) on a project surrounding the importance of mental health in the Washington West African community. We are so grateful for you taking time out of your day to participate in this 30-minute interview and I'm so glad Mannubiyya, your Community Resource Navigator, connected me with you.

Today's interview will be audio-recorded. Your participation will inform a written report for WAWAC. Through this written report I, along with WAWAC staff, hope to elevate your voice as a valued member of this community so that WAWAC can better serve you. Our goal is to learn more about the strengths and needs of the community in regard to mental health and access to care.

[If yes, continue; if no, jump to concluding script and give participant gift card]

Your participation today is entirely voluntary. There are no right or wrong answers. You can change your mind and may stop the interview at any time, for any reason. You are not required to share anything that you do not feel comfortable with sharing and your identity will remain unknown to protect your privacy. (Interpreter Name) will also be joining us today to help translate as needed.

To thank you for your time, we will give you \$25 in gift card at the end of time together.

Before we move forward with the interview, I need to get your consent. I welcome any questions you may have throughout the interview. You can stop me at any time, whether you have questions about this process or you would like me to repeat or restate a question.

APPENDIX A

Adult Interview Guide Cont.

[Obtain Informed (Verbal) Consent]

1. After learning more about my background as a UW Student and my partnership with WAWAC, do you consent to participating in today's audio-recorded interview?

- o Yes, I would like to participate in today's interview. [BEGIN RECORDING]
- o No, I would not like to participate in today's interview. [STOP HERE – thank interviewee for their time]

2. I would like to use quotes from this interview, but your identity will remain unknown as I will not use your name or personal information. Do I have your permission to use your anonymous quotes in my written report for the Washington West African Centre (WAWAC)?

- o Yes, I am comfortable with you sharing my anonymous quotes from this interview with Washington West African Centre (WAWAC).
- o No, I am not comfortable with you sharing my anonymous quotes [PAUSE HERE – make note to not include quotes but summarized notes from interview are okay]

Interview Questions:

1. What does mental health mean to you? What does it mean to have good/bad mental health?

2. Do you feel you have a strong sense of community here?

3. Right now, what creates psychological/emotional distress for you? What worries you the most?

4. Where do you go, or who do you turn to, for help with these stressors?

APPENDIX A

Adult Interview Guide Cont.

5. In what ways, if any, has your ability to find a job and make money been impacted since moving here?

6. In what ways, if any, has your mental health been impacted since moving here?

7. What types of resources are available in your community for these problems? Where have you seen or heard about these resources?

8. Have you ever gone for counseling or tried to go for counseling? If so, what kind (western provider, spiritual leader, community group, etc.)?

9. Is there anything that prevents you from seeking out or using these types of services?

10. What kind of services would you like to see in your community to help address these problems? What resources would be helpful?

Before our time together ends, I have a few more demographic questions to ask. This form does not request your name or personal information and participation is voluntary. I also have a \$25 gift cards to thank you for your time. Is it okay for me to ask these demographic questions?

APPENDIX A

Adult Interview Guide Cont.

If yes, continue; if no, jump to concluding script and give participant gift card]

Demographic Questions:

1. Age?

a. Under 18

b. 18-25

c. 26-49

d. 50-65

e. Over 65

f. Prefer not to answer

2. Gender?

a. Female

b. Male

c. Prefer not to answer

3. Country of Origin? _____

4. Primary Language(s) Spoken? _____

5. How Long Have You Lived in Washington State? _____

Thank you again for your participation today. I truly appreciate your time and willingness to speak with me. Sharing your perspective as a valued member of the community will help inform WAWAC on how to better provide mental health support moving forward.

APPENDIX A

Kids Interview Guide

Hello! I'm Sarina and I am a student at the University of Washington. Thank you so much for talking with me today! I'm working with the Washington West African Centre (WAWAC) on a project about mental health in your community and we want to hear from you.

Today, we'll talk for about 15 minutes and while we're talking, it's completely okay to ask me questions or stop me at any time if you change your mind. Your voice is important, and we want to hear about what you think is important for mental health in your community. I'll be asking you questions about mental health, emotions and feelings, and what things you find helpful, or would be helpful, during times of stress or worry.

Before we start, I want to let you know that we will be recording our chat. We won't say your name or anything about you in our report, but we will use what you say to help understand how to make things better for kids / teens like you. Does that sound okay to you?

[begin recording and proceed with script]

First, I will ask a few questions to get to know you better, and then I will ask the rest of the questions.

APPENDIX A

Kids Interview Guide Cont.

Demographic Questions:

1. Age?

a. Under 18

b. 18-25

c. 26-49

d. 50-65

e. Over 65

f. Prefer not to answer

2. Gender?

a. Female

b. Male

c. Prefer not to answer

3. Country of Origin? _____

4. Primary Language(s) Spoken? _____

5. How Long Have You Lived in Washington State? _____

APPENDIX A

Kids Interview Guide Cont.

Interview Questions (Younger Kids 7-10yrs)

1. What does mental well-being mean to you? What does it mean to feel happy or sad? What does that look like to you?
2. Do you feel like you have a lot of friends and people who care about you where you live?
3. What makes you feel worried or sad sometimes? What are you scared of the most?
4. Who do you talk to or what do you do if you feel upset or scared?
5. Has anything changed about how your family makes money since you moved here? Do you know what a job is?
6. Do you feel different now that you live here? Do you sometimes feel really happy or really sad?
7. Are there places or people here who can help when someone feels sad or worried? Do you know about any of these places or people?
8. Have you ever talked to someone who helps you feel better when you're sad or worried? Like a friend or someone in your family?
9. Is there anything that stops you from talking to someone who can help when you feel bad?
10. What kind of things do you think would help kids like you feel better when they are sad or worried? What do you think would be good for WAWAC to have to help kids feel happier?

APPENDIX A

Kids Interview Guide Cont.

Interview Questions (Older Kids 11-15yrs)

1. What does mental well-being mean to you? How do you define having good or bad mental health?
2. Do you feel connected to the people around you, like your part of a strong community?
3. What's been causing you emotional or mental stress lately? What are your biggest worries right now?
4. When you're dealing with stress, who do you usually turn to for support or advice?
5. Has moving here affected your family's job situation or your ability to make money in any way?
6. Have you noticed any changes in your mental well-being since you moved here?
7. Are there resources in your community that help with mental health or emotional challenges? Have you heard about any of these resources?
8. Have you ever considered counseling or talked to someone like a therapist, spiritual leader, or support group?
9. Are there any barriers or challenges that make it hard for you to seek or use these kinds of services?
10. What kind of support services or resources do you think would be helpful for teens like yourself in our community? What do you think could improve mental health support for young people here?

APPENDIX B

RQA Summary Template

WAWAC Interview Summary

Date of Interview:

Interview #: 1

Interviewer: Sarina Klein

Key Takeaways:

1. Mental Health Meaning

2. Sense of Community

3. Key Stressors

4. Available Resources/Service-Seeking

5. Recommendations

Exemplar quotes:

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