



From Gate Keeper to Gate Opener: The Case for Cultural Intermediaries

In addressing mental health challenges faced by populations impacted by health disparities, we know that one size does not fit all. Organizations like Credent Care are key bridges to those communities that connect them to mental health support and services. The bridge role that Credent Care plays operates bi-directionally, building the capacity of refugees to access services both within and outside their communities and the cultural competency of mainstream institutions such as clinics, schools, insurers, and therapists.

The Challenge: Refugee community access to mental health services

- Barriers include:
 - Stigma against mental health and sharing personal problems
 - Fear of government retribution and tracking
 - Lack of cultural competence from mainstream providers

The need for mental health supports is significant in refugee communities. These communities face shared challenges due to their experiences of war, genocide, and displacement. This is compounded with enormous cultural and language differences, as well as issues with literacy and employment. In 2015, a study in Long Beach found that over 50% of Cambodians surveyed reported having symptoms of depression. Clinical studies show that rates of Post-Traumatic Stress Disorder (PTSD) among immigrant and refugee populations range from 39 percent and 100 percent (compared with 1 percent in the general population), while rates of depression range between 47 and 72 percent. Many refugees with mental illness are socially isolated, cut off from many social supports. The pain of this isolation is felt intensely because Somali culture is traditionally communal and family-oriented. While a person with mental illness may be ostracized from the community, their fear of stigma may be even more powerful. The stigma related to mental health issues makes many refugees hesitant to seek treatment or assistance. In Somali culture, concepts of mental health only include perspectives on mental illness: one is crazy (waali) or one is not crazy. There is no conceptual framework that includes a spectrum of health and disease, mental health, and mental illness. Additionally, there is a strong suspicion of government and government-related services because of experiences in their country of origin, where accessing services led to imprisonment and government monitoring.

“When I was in middle school, I confided in a counselor about the severe bullying and isolation, suicidal thoughts, and depression I was feeling. The counselor called my parents to recommend that I see a psychologist for depression. My parents are refugees who do not speak English, did not understand what was happening. My parents said, ‘The counselor said you’re crazy,’ and rejected the struggles I was facing by saying it will pass. The counselor was following protocol but it was not helpful to notify my parents, because they understood very little about addressing mental health issues.”

- Respondent, SEARAC Mental Health Policy Brief



Refugees have significant cultural barriers to access mental health because of the lack of culturally appropriate providers and services. The 2024 Southeast Asian Resource Action Center's Mental Health Policy Brief reported a consistent lack of culturally appropriate services, even naming that providers discouraged clients from seeking further care. This comes from a lack of curriculum and support from community health workers and social work trainings on serving refugee communities, and a lack of people from those communities working in those fields.

The Solution: Using Cultural Intermediaries

- Using cultural intermediaries such as Credent Care to bridge relationships between community institutions and mainstream providers
- Organizations like Credent Care have BOTH the cultural knowledge to work with communities being FROM the communities and the knowledge of systems to de-stigmatize use of mental health services and ensure impact

Organizations such as Credent Care have been able to bypass the cultural stigma and institutional barriers to provide mental health education and services. With an emphasis on community voice and centering its clients' experiences, Credent Care has developed innovative methods to educate and provide culturally and linguistically appropriate mental health services and created a pipeline of professionals within refugee communities. CEO Shirwa Adan has a long history leading programs at Somali nonprofits in Minnesota and brings together a staff with deep roots and connections to refugee communities. Their programs build on work that helps refugee and immigrant communities overcome technological issues and language barriers. They have gained trust with communities by meeting both immediate needs, like rental assistance, and long-term needs like college readiness.

Their current children's mental health program fulfills a vital need for refugee youth as well as training social work students in both cultural competency and promoting the zones of proximal development framework to give youth tools in self-regulation. With extensive case management and community-based services and strong trust and connections to refugee institutions, they are training social work practitioners with a cultural competency lens. Additionally, they are partnering with cultural institutions like mosques and community nonprofits to provide mental health programming. Currently, they have students in the program with four clinical trainees learning from supervisors who have deep roots in refugee communities. This is part of a comprehensive and culturally responsive program funded by the Minnesota Department of Human Services to improve the social work and case management workforce. They are partnering with mainstream institutions such as St. Cloud State University Social Work Department, Local Nonprofits, and Community Faith Centers to create a learning space for practitioners to see how to adapt strategies for the Somali community. There are multiple benefits of this program that are leveraged by the unique community connections and expertise of Credent Care.



1. Credent Care has built trust with East African Communities to recruit youth to participate in the programs. The community knows that Credent Care will ensure cultural competency and youth safety, which is particularly important for refugee youth.
2. Credent Care also has extensive knowledge and experience in case management and social service delivery, so that institutions like St. Cloud State University have confidence in a valuable internship experience for its students.

As a result, East African communities have a trusted partner to launch children's mental health programming, and St. Cloud State University has assurance that their social work students will get hands-on skills on the zones of regulation framework working with refugee youth.

Recommendations: Leveraging Cultural Intermediaries

Effective learning around social work and program development in refugee communities requires a cultural intermediary like Credent Care. Those organizations have both the capacity to manage programs and learning journeys for students as well as ensure cultural competency and responsiveness for program participants. This requires resource support to fund culturally competent supervision and oversight, as well as supporting the relationship building between community organizations and mainstream institutions.

Endnotes

1. Somali Mental Health, David McGraw Schuchman, MSW, LICSW; Colleen McDonald, MA Candidate Bildhaan – An International Journal of Somali Studies; 2004
2. THE RIGHT TO HEAL: SOUTHEAST ASIAN AMERICAN MENTAL HEALTH IN CALIFORNIA, Southeast Asian Resource Action Center, 2021