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Community Needs Assessment on Immigrant Bangladeshi Women's Mental Health

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"**When I first came from Bangladesh, I didn't know anything**, didn't understand anything … what I should do, where I should go."

"Knowing that you [Sapna] understand my culture and concerns, **I don't have to spend my time explaining everything to you,** which is **hard when someone is not familiar with our culture**."

"I have never been able to get over the miscarriage, that loss. **Every year around that time when I lost the baby, I feel sick, bed-ridden**."

"**I would have been less depressed if I had known of Sapna's existence in my early years**—I hope every new immigrant finds an organization like this one that teaches you to discover and understand your new country."

Although Bangladeshi Americans are among the fastest-growing immigrant populations in the country, they experience some of the highest poverty rates: Approximately **one-fifth of all Bangladeshis in the US** and **30 percent of all Bangladeshis in New York City live in poverty**—a phenomenon more pronounced for Bangladeshi women. Coupled with challenges like limited English proficiency, isolation, overcrowded housing, rent burden, domestic violence, and the COVID-19 pandemic, understanding the state of mental health for Bangladeshi women is critical in implementing mental health services that effectively center women of color.

This case summary, conducted by the Urban Institute and Sapna NYC, a community-based organization (CBO) in the Bronx serving low-income Bangladeshi women through health and empowerment programs, explores the findings of a community needs assessment focused on the mental health challenges and needs of Bangladeshi immigrant women living in the Bronx, Queens, Manhattan, and Brooklyn and can help inform practice and policy in New York City.

APPROACH AND POPULATION

Through interviews, our team explored Bangladeshi women's views of mental well-being and their experiences with mental health services. We asked participants about their experiences with anxiety, depression, and distress prior to and during the COVID-19 pandemic, including their thoughts on the underlying sources of those experiences. Through this needs assessment, we aimed to fill a gap in the research regarding the mental health of South Asian immigrant women.

The interviews were conducted in Bangla by Sapna NYC's mental health counselor over a period of six months between June and November 2021. Participants were a diverse group of 40 Bangladeshi women, 28 to 65 years old, with an average age of 43. The sample was recruited from women who had accessed a service from Sapna NYC in the past year, ranging from food assistance and computer classes to mental health counseling. Participants received a stipend for their contributions to this study.

Of those interviewed, most of the women were US citizens or permanent residents (85 percent) who had been living in the US for 10 years or less (75 percent). Although approximately half of the women were currently employed, only three women were employed full time. Over 75 percent of these women lived in households with income below the federal poverty level, yet only 25 percent received some type of government benefit, such as the Supplemental Nutrition Assistance Program (also known as SNAP).

Close to 50 percent of the women reported using some type of nongovernmental assistance, such as food pantries, emergency financial funds, or other supports to help meet basic needs.

Although the pandemic has created negative impacts, data from our interviews suggest that challenges like domestic violence, financial stress, food and housing insecurity, and isolation created unmet mental health needs for Bangladeshi women prior to the pandemic.

CONTRIBUTING FACTORS TO MENTAL HEALTH

The Bangladeshi women participating in our needs assessment shared both challenges to, and successful coping strategies for, mental health. They experienced varying levels of stress, loneliness, anxiety, sadness, frustration, and depression. The major influences on their mental health included economic and financial insecurity, home life and social networks, and traumatic events.

Economic and Financial Insecurity

- Ninety percent of the women interviewed were experiencing some type of financial stressor, and 75 percent of women described feeling upset about money.
- Since the pandemic began in March 2020, 50 percent of the women had experienced difficulty paying rent, with one woman sharing that her worry about rent had led to difficulty sleeping at least one to two times a week. Our findings demonstrate that rent burden is not a new phenomenon in the community: 38 percent of women experienced difficulty paying rent prior to the pandemic. The rate of worrying about rent remained consistent regardless of how long an individual has spent living in the US. This suggests rent burden is a deep-seated financial stressor in the Bangladeshi community.
- Of the women whose households earned a yearly income below $5,000, 50 percent described feeling sad every day or every week. This was drastically different for those with a yearly household income of $80,000 and above, of which only 5 percent described feeling sad at a similar frequency.
- Over 20 percent of the women reported stress over food insecurity—even prior to the pandemic—but over 50 percent shared that they had benefited from Sapna's food pantry during the pandemic.

Home Life and Social Networks

- Proximity to other Bangladeshis had a significant impact on the women's lives. Many described socialization, such as gathering in neighbors' homes, bonding with mothers at school drop-offs, or meeting other women at Sapna, as critical to their self-care. However, 50 percent of women reported they did not have any close friends or family in the US.
- Many of the women described a general sense of feeling overwhelmed with the daily challenges of life. One woman stated, "I feel I am in constant crisis with no solutions." Another woman described feeling "restless," which was preventing her from getting regular sleep.
- Ninety-eight percent of the women speak over the phone or in person with supportive family and friends to relieve stress and prevent loneliness. Several women described feeling "lighter" after these conversations, and one shared that they allowed her to "feel some moments of peace."
- Eighty percent of participants who were mothers worried about their children extensively, especially the 20 percent who had children with special needs. Several women did not know what resources existed for their special needs children, particularly those about early intervention or how to navigate these systems in general.

Traumatic Events

- At least half of the women in the study experienced anxiety, fear, and depression around traumatic events, such as the deaths of family members, miscarriage, spousal infidelity, mistreatment from extended family, and

domestic violence. Some of the women had experienced these incidents many years prior but were unable to find closure or resolution and suffered residual mental impacts. Other women's experiences were ongoing.

- Twenty percent of the women shared personal experiences with physical abuse from an intimate partner within the past five years; 50 percent of women reported knowing at least one other woman who had experienced physical or emotional abuse. Several women also described themselves or women they knew as feeling "trapped" because of partners limiting their mobility or denying their access to money.

FIGURE 1

Contributing Factors to Mental Health

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BARRIERS TO MENTAL HEALTH CARE

- **Low English proficiency.** Only 11 percent of the women interviewed felt they knew enough English to navigate their daily lives comfortably. The few women who had participated in some form of counseling services in the past stated that working with a practitioner who could speak Bangla and offer cultural competency was extremely important to their overall experience and impression of mental health care.
- **Views of mental health care.** Mental health care was seen as curative rather than preventative for many women, and the concept of seeking mental health services for overall well-being rather than an acute situation or diagnosed condition largely did not exist. Yet, when asked to describe what mental health and well-being meant to them, many of the women's responses were holistic and straightforward, such as "a normal steady life," "when you don't have financial problems," "no tension at home," "if one sleeps and eats well," "having self-confidence and positivity," "to be safe to share my pain," and "being at peace."
- **Lack of autonomy.** Approximately 50 percent of the women lacked autonomy in their homes, which was compounded with the tendency for their needs to only receive consideration after those of others in the home, such as partners, children, and in-laws, were met.
- **Lack of awareness or knowledge of resources.** Although several of the women seemed to indicate curiosity about mental health care, they did not know what resources were available to them or how they could advocate for their mental health needs.

RECOMMENDATIONS FOR LOCAL POLICYMAKERS AND FUNDERS

Culturally competent and linguistically accessible programs and services delivered by trusted providers can improve the mental health of low-income immigrant women. Stress over basic needs and other challenging circumstances, such as domestic violence, are closely intertwined with mental health. Without programs and services to address those needs, women are more likely to be stuck below poverty levels, unaware of what assistance may be available to them, and detached from accessing necessary health care or opportunities for advancement. Our recommendations for local policymakers and funders include the following:

- **Create a pipeline of mental health providers from immigrant communities.** The city should contract with and train mental health providers from New York City's immigrant communities, as these providers will employ counselors who can more effectively connect with patients and enable individuals to express themselves directly in the language that conveys the depth and nuance of their hopes, frustrations, and problems. This kind of rapport does not exist when using a language line, a call-in translation service often leveraged by organizations to communicate with people using interpreters. Although language lines can be helpful in certain cases, the mechanism of a third party interpreting a conversation of sensitive topics is not conducive to comfortable or practical mental health care services. Furthermore, providers from immigrant communities will have staff that share a background and lived experiences of the communities they are serving, allowing them to build relationships with clients and understand the intricacies of the cultural context that informs their experiences and needs.
- **Invest in mental health services provided by Asian Americans and Pacific Islanders as well as immigrant-led and immigrant-serving CBOs.** Even with increased access, the persisting community stigma around mental health services indicates that many immigrants may not use these services in the mainstream clinical setting. One way to dispel that stigma is by investing in CBOs that have or can build capacity to deliver these culturally competent, linguistically accessible services in house. Doing so will leverage the deep trust and extensive relationships that these CBOs already have with immigrant communities. Moreover, these CBOs understand the need to create nonclinical services rooted in cultural traditions, such as a women's circle, that also address the mental health needs of these communities without the stigma—a crucial aspect for those who may be resistant to accessing clinical services.
- **Invest in CBOs providing holistic services that integrate case management with mental health services to alleviate burdens from structural challenges.** As demonstrated by our community needs assessment, most low-income immigrant women experience stressors related to basic needs that either exacerbate or are the root cause of existing mental health struggles. Although mental health services may provide coping strategies, these struggles will most likely persist unless the underlying structural issues are addressed. It is important to couple community-based mental health services with comprehensive case-management services, something many CBOs are equipped to do. These CBOs can provide linguistically accessible case-management services that help women access a variety of supports—from addressing food insecurity to confronting vulnerable circumstances like domestic violence. Minimizing the need to navigate multiple providers by integrating case-management processes ensures that women can still obtain critical services while learning how to navigate systems in the US.
- **Increase outreach about governmental and nongovernmental resources available to vulnerable and immigrant communities.** As indicated by the needs assessment, many women are unaware of available resources for them and their families, as well as what supports may be available for navigating traumatic situations like domestic violence. To increase access to necessary mental health and social services in vulnerable populations, the city should build on efforts from NYC Thrive and the Mayor's Office of Community Mental Health by investing in community-outreach teams. Outreach teams should directly include members of the community, CBO partners, and trained community translators. To best reach the community, outreach teams should collaborate with ethnic media, religious institutions, CBOs, cultural institutions, schools, public libraries, local businesses, and other community stakeholders. This outreach will be most effective when it includes referrals to CBOs and other providers.

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