Slavic & Eastern European Coalition

A Collective Report of Community Mental Health Engagement

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Part I

Abstract

This report presents a consolidated analysis of mental health awareness initiatives conducted by the Slavic & Eastern European Coalition (SEEC) across local communities. It synthesizes survey data and focus group findings from four SEEC agencies participating in the "Mental Health for All" project, providing an integrated view of their community impact.

Due to limited sample sizes and minimal standardization across agency programs, this data should not be used to draw definitive conclusions about specific communities, but rather stimulate further investigation and engagement.

Key findings indicate that participants recognize and utilize mental health care methods inside and outside medical institutions. ***70%*** of LCSNW participants report caring for their mental health in ways other than seeking services from a professional. IRCO data reveals that out of the ***49%*** who reported ever approaching someone for mental health support, ***22%*** approached a psychologist, doctor, or counselor.

The research highlights demographic patterns warranting further exploration of differences between established and recent immigrants. ***60%*** of participants arrived before/during 2013 or in 2022 alone. Nearly ***70%*** of those with non-OHP insurance (employer-sponsored, Medicare, or marketplace plans) arrived before 2018, while ***70%*** of pre-2014 arrivals have attained U.S. citizenship.

Lastly, language and cultural alignment significantly influence professional mental health service utilization. Participants emphasized that shared cultural understanding and language facilitate stronger provider relationships and eliminate reliance on interpreters, often considered inadequately qualified for sensitive mental health discussions.

Persistent cultural barriers and social stigma surrounding mental health care appear to drive the disparity between insurance comprehension and service usage. ***58%*** of participants on OHP and ***67%*** of participants with employer, Medicare, or marketplace insurance “fully” or “partially” understand their coverage. Yet, ***70%*** of respondents across each agency with listed insurance coverage have never used mental health services in the U.S. or their home countries.

Coalition History

In 2019, the Multnomah County Health Department created a culturally specific Community Health Worker training program for Slavic and Eastern European language speakers. Most of the trainees and facilitators stayed in contact, and the goal of forming a coalition was in motion. The group had already begun preparing outreach initiatives on measles immunization to counter hesitancy and a rise in cases.

That fall, Multnomah County met with the Russian Navigator program at Adventist Health and Neighborhood House staff to discuss the measles outbreak in the Slavic and Eastern European communities.

By 2020, the "coalition" had become the Slavic and Eastern European Coalition with representatives from the Slavic Community Center Northwest (SCC of NW), Lutheran Community Services Northwest (LCSNW), Slavic Oregon Social Services (SOSS), and Immigrant Refugee Community Organization (IRCO). With the support of the Multnomah County Health Department, the coalition pivoted to face COVID-19 like countless others. SEEC created culturally-specific brochures, videos, fliers, drive-through outreach events, and vaccine clinics for the community. They also met with the Multnomah County Chair regarding vaccine opinions & concerns from the community.

Fast-forward to April 2022. Two months into Russia's full-scale invasion of Ukraine, the coalition distilled lessons from their COVID-19 resource outreach strategies and began supporting the hundreds of refugees already arriving in Oregon and Washington. By that summer, Multnomah County Public Health hired a Slavic and Eastern European Program Specialist to support the coalition.

In the fall, SEEC met to finalize its mission and vision. They facilitated two round table events hosted by LCSNW, where the topic of mental health drew the coalition's focus.

Project Background

Collaboration between CareOregon and Community and Partnership Capacity Building at Multnomah County Health Department brought an opportunity to engage the Coalition of Slavic and Eastern European organizations. The coalition designed and distributed three agency-specific survey instruments in six languages by randomized & convenience sampling and conducted 8 in-depth individual interviews.

In total, the coalition asked their respective communities over ***136*** questions and received ***397*** unique responses.

2024 Mental Health Conference

To present findings, the coalition organized a conference in June 2024. The conference had roughly 124 participants or attendees, from Oregon Health Authority and Oregon Health Plan policymakers to professionals from local and regional nonprofits offering mental health services and representatives from the Slavic community who provided first-hand perspectives on cultural values, stigma, and mental health challenges. Two keynote speakers and seven additional presentations were also present.

Part II

Individual Agency Findings & Takeaways: A Recap

Lutheran Community Services Northwest (LCSNW)

Research was conducted from September 2023 to May 2024. The survey targeted individuals originally from eight Slavic and Eastern European countries who spoke Ukrainian or Russian. Random and convenience sampling were used to reach a diverse group of respondents. The survey was given to existing mental health and community-based services clients and broader community members. LCSNW collected ***106*** survey responses, held ***10*** focus groups, and conducted ***8*** individual interviews.

There remains a gap between knowing services are available and their utilization.

60% of LCSNW's participants report having OHP. Of those, 53% reported knowing they can access free mental health services, with 28% currently seeing a mental health professional.

7/10 participants report caring for their mental health in ways other than seeking services from a professional.

When asked how people take care of their mental health in their home countries, participants reported talking to relatives, attending church, practicing meditation, consuming alcohol, and taking vacations. However, 30% of respondents also mentioned they seek therapy and counseling to support their mental health.

Professional mental health services remain taboo for many, but that may be changing for younger generations.

77% of participants said they associate mental health services with a stereotype. The examples participants provided fell into four general categories:

- **Weakness and Inability to Cope**
  - “They are weak.”
  - “People are weak and cannot deal with their problems.”
  - “They can't figure out their own problems, [and have] 'no other problems.'”
- **Mental Illness and "Craziness"**
  - “They're crazy.”
  - “They are sick.”
  - “Everyone from the USSR is crazy.”
- **Psychological Trauma and Instability**
  - “Traumatized.”
  - “They got problems.”
  - “Not stable, psycho traumas.”
- **Cultural/Religious Specific Stereotypes**
  - “In religious communities, psychologists are viewed as dismissing people from God.”
  - “Stigmatization regarding mental health has accumulated since Soviet times.”

Individual interviews helped LCSNW identify differing notions about seeking professional mental health services across generations. Participants under 35 mentioned that people who see therapists are considered “very brave, as they choose professional help, and respect people like that”. For generations that grew up in the USSR, seeing a therapist for anything could result in a stamp on your documents indicating that you were "mentally sick". As revealed during its interviews, this stigma may still affect the older generation's willingness to seek mental health services.

There is a strong preference for individual therapy with an overwhelming desire to do it with providers who speak a Slavic or Eastern European language.

76% of LCSNW participants prefer individual over group therapy, citing that individual therapy helps a therapist focus on the needs of one person.

During in-depth interviews, participants clarified that while they strongly prefer individual therapy, they would attend topic-specific short-term therapy groups and trust their confidentiality.

97% of LCSNW participants want to work with a provider that speaks their language because they share the same "mentality," and it eliminates the need for interpreters.

Responses report wanting to avoid using interpreters because they are non-professionals and may mistranslate, can be time-consuming, and fear that these third parties might share information with others.

LCSNW hypothesized these numbers would shift for fluent English speakers, but only 24% prefer working with an English-speaking clinician. Most prefer a clinician who speaks Russian or Ukrainian, highlighting the importance of shared cultural background and mentality. This preference was supported in an individual interview, where a participant stated:

"I can share memories and traumas from my school days that an American clinician may not understand..."

To guide the improvement of mental health services and their utilization by the Slavic & Eastern European communities, LCSNW suggests:

- Increase awareness about the confidentiality standards held by clinicians and professional interpreters.
- Provide additional training for interpreters specific to mental health to ensure effective and trauma-informed services.
- Provide additional cultural-awareness training for clinicians.
- To expand the diversity and expertise within the mental health workforce, create more opportunities for mental health professionals from other countries, such as Qualified Mental Health Associates (QMHA), Qualified Mental Health Professionals (QMHP), or Peer Support positions.
- Offer additional therapy groups focused on specific needs like adjustment, anxiety, depression, PTSD, held in Ukrainian or Russian languages.

Slavic Community Center of NW (SCC of NW)

The Slavic Community Center of NW (SCC of NW) gathered feedback from 104 immigrants and refugees representing the Slavic and Eastern European community across nine different countries, held multiple focus groups and health-related events to hear from the community in person. This analysis highlights key areas of concern, underlying causes, and potential solutions to improve health outcomes and access to care for this community. Analysis primarily focused on mental health, but SCC of NW also collected data on insurance understanding, physical health, as it believes these aspects directly intertwine with mental health.

Language and culture impact navigation and the utilization of services.

Limited English proficiency significantly impacts the ability to navigate the healthcare system, understand medical instructions, and communicate effectively with healthcare providers. Lack of qualified and certified interpreters and translated materials exacerbates this issue, leading to misdiagnosis and non-compliance with treatment plans.

Another point SCC of NW cites is the presumption of Russian language use. For example, immigrants from countries that historically were a part of the USSR and presumably could understand Russian but would prefer communication in their country's language. A lot of people who do decide to access mental health support prefer to work with the specialists overseas who speak their language and understand the specifics of their culture.

Participants also requested medications from countries of their origin that would require a prescription in the U.S. and shared prescription medications within the community. There also remains vaccination denial and mistrust, especially among faith communities.

Accessing healthcare remains a lengthy, confusing process.

Lack of information about what services are covered, the difference in health plans, and how that relates to affordability pose significant barriers to the SCC of NW's survey participants. These issues are compounded for self-employed community members who are solely responsible for applying for health coverage. Participants expressed struggling to request and schedule appointments with healthcare specialists and reported they had to wait more than six months to get an appointment.

Mental health issues are often stigmatized within Slavic and Eastern European cultures, resulting in underreporting and reluctance to seek help.

Fear of being judged or ostracized by family and community prevents individuals from accessing mental health services or letting anyone know about their current use.

Older populations also tend to disregard seeking mental health support. "You are not depressed; you are just lazy! When I was your age…" remains a frequent response to someone expressing a desire to seek mental health services. Thus, when children seek support from their parents or grandparents, they often receive judgment.

Historical trauma and acculturation also contribute to mental health challenges and self-medication.

Many SCC of NW participants are immigrants and refugees from the former Soviet Union who have experienced significant historical and political trauma, including war, displacement, and religious oppression. These traumatic experiences often contribute to complex mental health issues such as PTSD, depression, and anxiety. The stress of adapting to a new country and culture while managing financial pressures can also lead to increased anxiety and depression. The majority of the male population is reluctant to seek help, resulting in higher rates of tobacco, alcohol, and substance use or self-harm. SCC of NW reports the pressure of being the main household provider, and stigma such as "Real men don't cry or feel" is still a widespread notion in the community.

There is also significant mistrust towards mental health professionals, with fears that specialists may diagnose non-existent conditions and prescribe unnecessary medications. Faith communities also prefer to seek help from their churches rather than mental health professionals. Medication itself presents a concern for participants too, reporting a fear of those "affecting the brain chemistry", such as antidepressants or stimulants. Particularly for recent refugees from Ukraine, anxiety exists that war-related effects will be incorrectly diagnosed by American mental health specialists, prescribing unnecessary treatments when, ultimately, the community would prefer to attend Ukrainian-led support groups.

To counter the above factors, SCC of NW outlines these proposed solutions:

- **Culturally diverse staff**
  - Employ more multilingual staff, such as receptionists and patient advocates.
- **Healthcare system navigators**
  - Introduce navigators in PCP clinics or community organizations to explain how the American healthcare system works, including insurance, billing, emergency care, and referrals.
- **Mental health and health insurance awareness campaigns**
  - Develop culturally specific strategies to improve understanding of the importance of mental health for the community. For example, a linguistically accessible video presentation for new members explaining insurance basics, or a community garden support group.
- **Engagement with faith leaders**
  - Collaborate with pastors and congregations to support mental health within their communities. Collaborate on efforts to destigmatize mental health and normalize that certain situations require professional help, extending beyond the church support.
- **Cultural education sessions for healthcare providers**
  - Have culturally specific community-based organizations develop cultural competency classes/video courses for healthcare providers.
- **Better education and competency training for interpreters trying to work with those receiving mental health services**
  - Aside from language requirements, interpreters need better service and competency training before starting a role in the mental health field.

Immigrant & Refugee Community Organization (IRCO)

There were ***159*** responses to the Slavic and Eastern European Mental Health and Well-Being Survey administered in six languages.

Close to 1 in 3 participants believe they are doing well with their mental health, and that any access or stigma caring for it is infrequent.

Participants were asked to rate the well-being of their mental health on a scale of one to five, with one being “very poor” and five being “excellent.” The average mental health rating reported was 3.8, and 69% of participants rated their well-being as four and above. The bulk of participants, 70% and 73% respectively, said they have not experienced barriers accessing mental health services or that their identity has created any specific challenge to

accessing services. Of the 23% and 17% that reported constraints, time, language, and cultural sensitivity were most cited.

While these numbers reflect a positive trajectory, there remains a segment of participants in this survey that do not feel represented or able to access mental health support & services. Participants said they simply prefer to "talk about emotions" in their first language. For certain post-Soviet populations, they report facing issues from both Russian and English-speaking communities:

"There is a lot of ignorance in the United States about the USSR and especially minority groups from Central Asia. Being of mixed racial descent confronts me with ignorance and racism, and bias from both within the Russian-speaking community, as well as the English-speaking American community."

Whether by preference or circumstance, community members rely heavily on those around them for mental health support.

49% of participants reported having ever approached someone for mental health support.

Among those who answered "yes", the most common source was family and friends, with only 22% of responses stating they approached a psychologist, doctor, or counselor. When asked about what mental health services they find most effective, the top three choices were individual therapy (42.3%), self-help resources (20.5%), and group therapy (11.5%).

When asked what kind of gaps in access to mental health services and care they see that can be changed or improved, responses fell into five general buckets:

- Culturally Competent and Linguistically Appropriate Care (25%)
- Access to Care and Affordability (22%)
- Stigma, Education, and Awareness (20%)
- Systemic Improvements and Structural Changes (18%)
- Alternative Therapies and Self-Directed Care (15%)

IRCO participants consider their mental health good, finding support primarily through family and friends. Most participants did not report issues accessing services, but those with issues reported financial, cultural, and linguistic barriers. Participants find individualized therapy with a provider who speaks their language and understands their culture most effective.

Overall, IRCO is encouraged by the responses to this survey but wants to see further work toward therapeutic providers and modalities that deepen utilization of professional mental health services. While finding support from family and friends is nothing to be discouraged, it can lead to unintended issues for those providing support, like vicarious trauma. There are also real concerns about where someone can turn when it is those closest to them who are the driver of their mental health stressors.

Slavic Oregon Social Services (SOSS)

Slavic Oregon Social Services (SOSS) is a long-standing project of the Ecumenical Ministries of Oregon, dedicated to addressing domestic and sexualized violence within Slavic communities across Oregon. SOSS recognizes the unique challenges faced by immigrant families, where immigration and the accompanying isolation, combined with imbalances of power, increase the risk of domestic violence.

Immigrant survivors of violence are particularly vulnerable, as they often lack a supportive network of family or friends. Additionally, they may belong to conservative religious groups that downplay or stigmatize issues of domestic and sexualized violence. SOSS is committed to supporting these survivors by offering culturally sensitive resources, education, and outreach tailored to the specific needs of Slavic immigrant communities.

SOSS utilized the grant to conduct extensive outreach and educational activities, focusing on key community needs, including mental health, sexual education, safety, non-violent communication, and domestic violence prevention. These efforts aimed to enhance awareness, provide essential resources, and create safe and supportive spaces for community members.

Launch of Educational Web Portal

As part of its mission, SOSS successfully launched a web portal available at emo-soss.org, accessible in English, Russian, and Ukrainian. The portal supports survivors of domestic violence, individuals seeking help for themselves or their loved ones, providing comprehensive information on domestic violence awareness and support services, sexual safety, mental health resources, and general community needs services

Public Lecture Series

In June 2024, SOSS organized a series of public lectures raising community awareness on crucial safety and health topics. These lectures, conducted by SOSS specialists and external professionals, covered:

1) *Safety and Consent in Sexual Relationships*

This lecture was one of the first in the community addressing sexual safety and consent. While reproductive health and STDs were occasionally covered by community organizations, sexual autonomy and consent had rarely been discussed publicly.

During this lecture, SOSS conducted a survey revealing that the majority of participants received little to no sexual education during their childhood and adolescence. This was primarily due to parental reluctance to address these sensitive topics.

The survey identified key reasons for the lack of sexual and reproductive health knowledge within the community:

- 40% of respondents cited shame.
- 30% pointed to distrust among community members.
- 30% attributed it to religious and cultural beliefs.

2) *Children's Safety and Education*

Another lecture provided parents with valuable information about Oregon laws designed to protect children's safety. Attendees engaged with a K9 Portland police officer experienced in child rescue operations, gaining insights into child safety procedures.

Parents actively discussed sexual education in schools during the lecture, particularly topics related to sexual orientation and gender. Opinions were divided, and many parents expressed a desire to review educational materials beforehand.

At the end of the lecture, parents received free educational books on sexual education and consent in both English and Russian, including child-friendly educational materials.

3) *Domestic Violence Awareness and Non-Violent Communication*

The third lecture focused on domestic violence, covering both psychological and legal aspects. SOSS's mental health specialist and a family counselor explained non-violent communication techniques and conducted interactive activities, including role-playing scenarios, to help participants practice non-violent communication at home and in the workplace.

Addressing Stigma and Stereotypes

While general educational opportunities on mental health are gradually becoming more accessible for Slavic communities, topics related to sexuality, consent, sexual violence, and psychological abuse remain sensitive and challenging to discuss openly. These subjects are often regarded as taboo, leading to reluctance in community engagement. Although SOSS observed a certain level of interest in the lectures, its specialists believe attendance was significantly lower than anticipated due to deep-seated stereotypes and societal stigma. Despite this hesitation, these issues are critical and require continued attention and dialogue to break down barriers and foster a healthier, more informed community.

Part III

Coalition-Wide Findings

The following section outlines findings from data eligible for aggregation across LCSNW, SCC of NW, and IRCO's three unique survey instruments. Eligibility was determined based on question matching and data type uniformity.

U.S. Arrival: By agency, country, and current immigration status

Figure 1

6 of 10 participants arrived in the U.S. in or before 2013 or in 2022 alone.

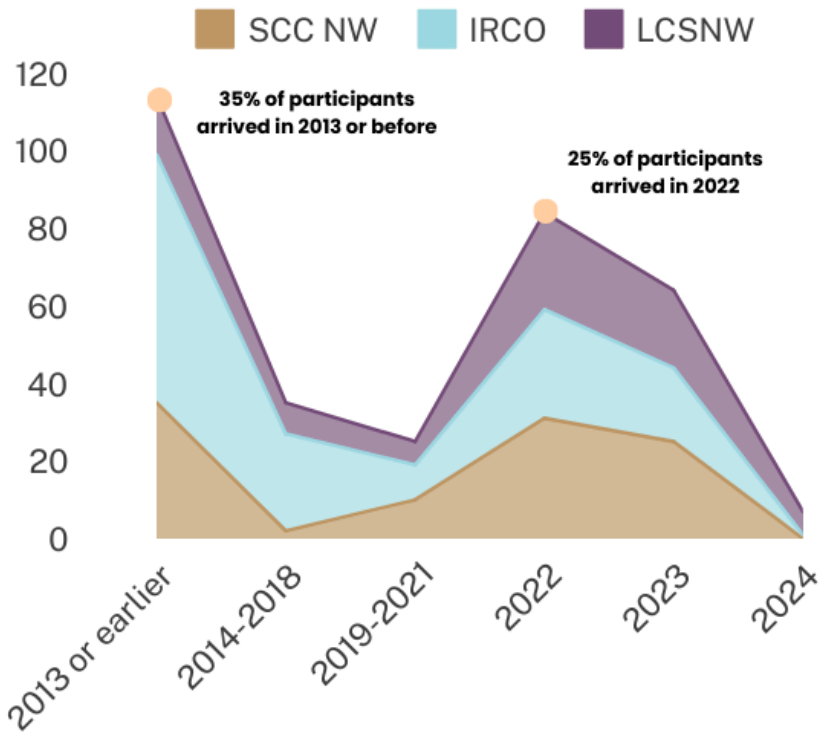


Figure 2

4 of 10 participants were Ukrainians who arrived in 2022 or 2023.

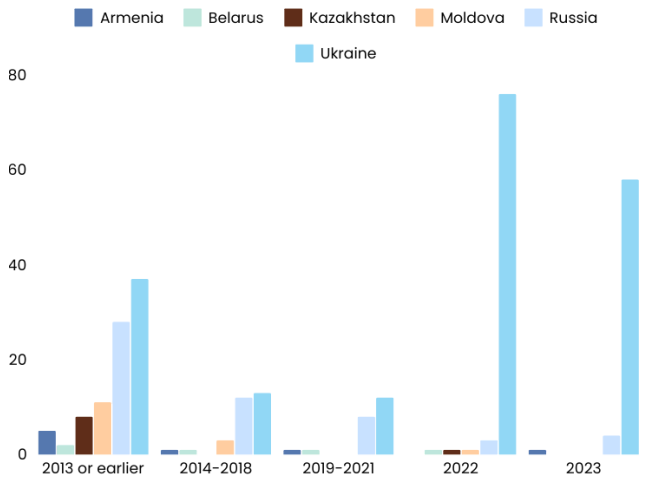
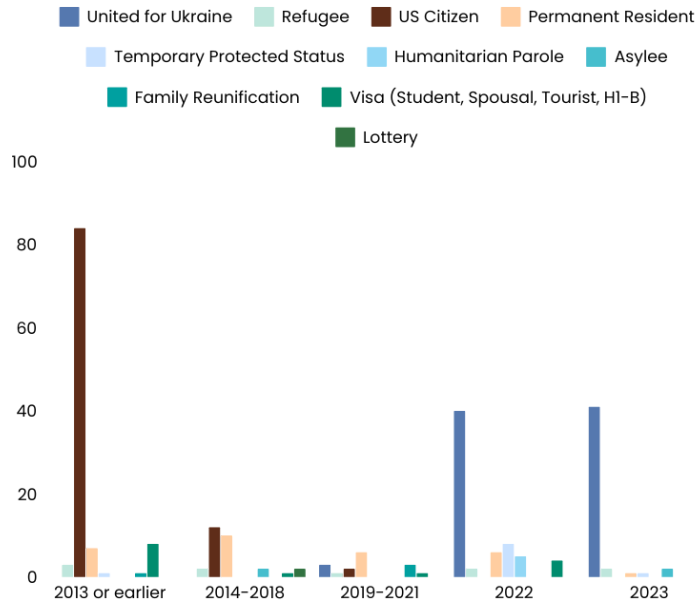


Figure 3

7 of 10 participants who arrived in 2013 or earlier became U.S. Citizens.

5 of 10 participants arrived in 2022 & 2023 under the U4U program.



Of participants who list their current status as Temporary Protected Status or Humanitarian Parole and report their arrival period (13 responses), ***86%*** *arrived in 2022.*

Insurance Coverage: By US arrival and age

Figure 4

Just under 7 of 10 participants with coverage other than OHP (employer, Medicare, or marketplace) arrived before 2018.

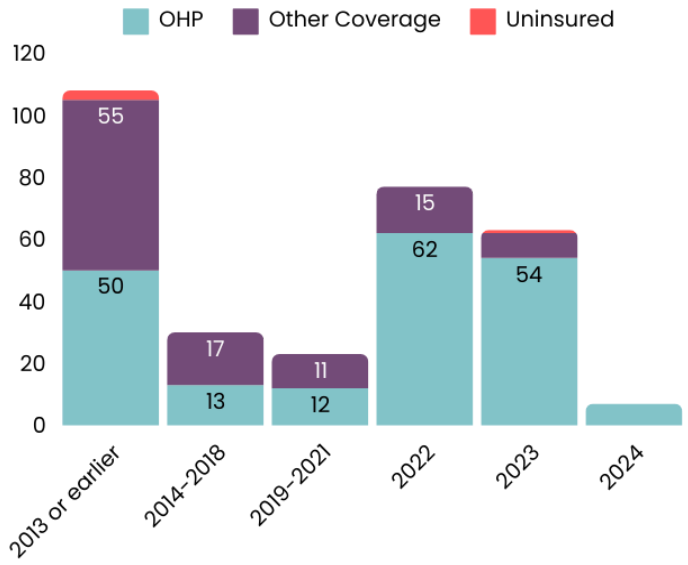
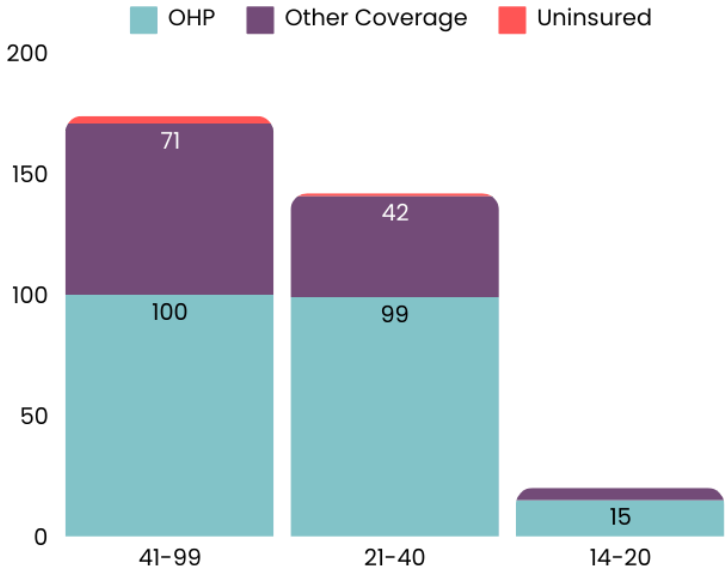


Figure 5

6 of 10 participants, 21 and older, are on OHP.



Insurance Understanding: By coverage and US arrival

Figure 6

58% of participants on OHP "fully" or "partially" understand their coverage.

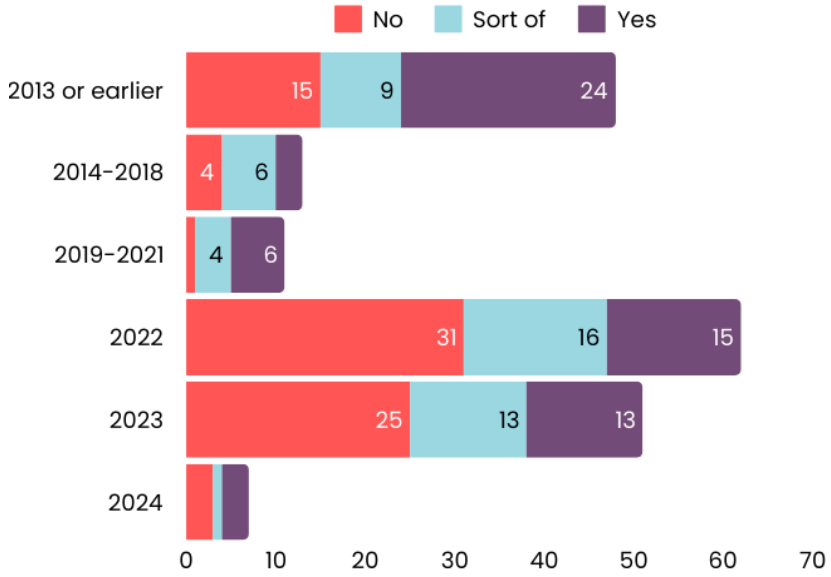
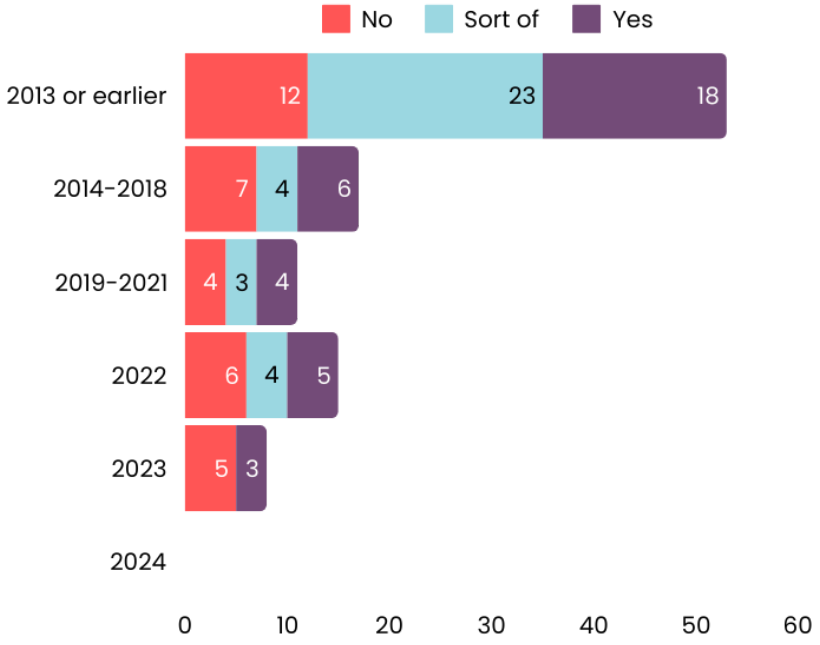


Figure 7

67% of participants with employer, Medicare, or marketplace insurance "fully" or "partially" understand their coverage.



Experience with Mental Health Services: By insurance status and age

Figure 8

7 of 10 participants with listed insurance coverage have never used mental health services in the U.S. or their home countries.

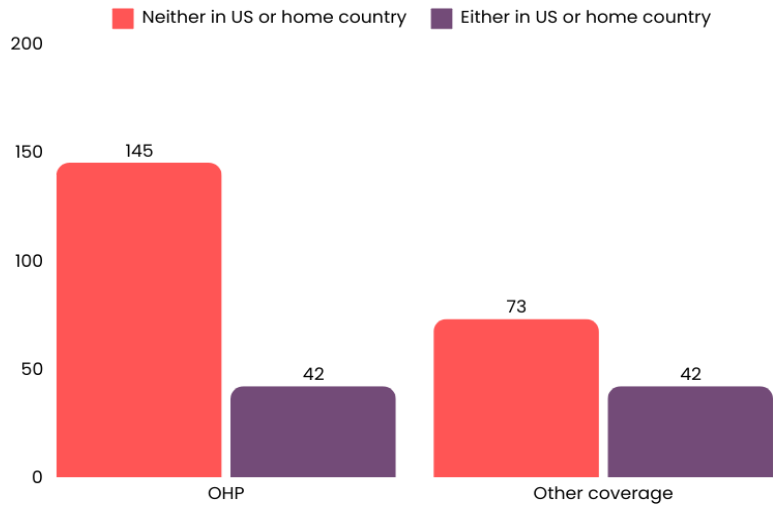
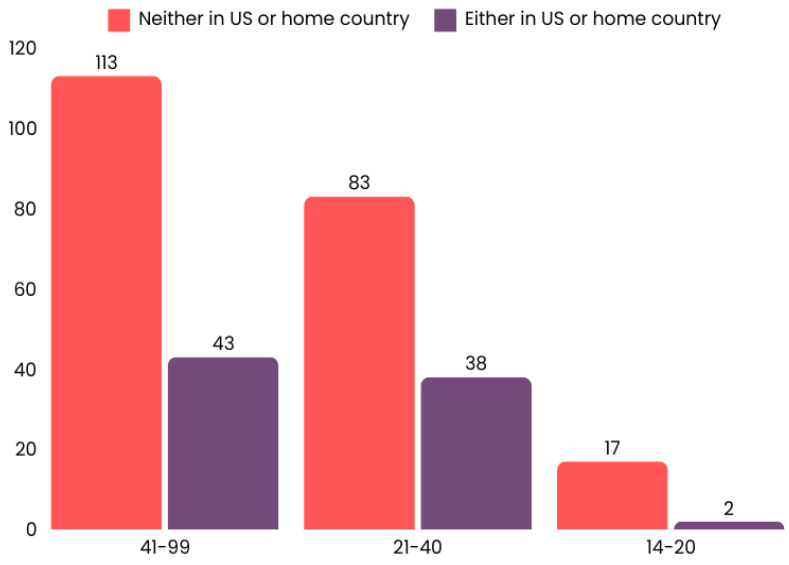


Figure 9

4 of 10 participants 21 and older have used mental health services either in the U.S. or their home countries.



Demographics

82% of valid responses came from Armenia, Belarus, Kazakhstan, Moldova, Russia, and Ukraine. The following countries received 5 or fewer responses: Azerbaijan, Bosnia and Herzegovina, China, Croatia, Estonia, Israel, Kyrgyzstan, Latvia, Macedonia, Poland, Romania, Serbia, Tajikistan, the United States, Uzbekistan, and the former Yugoslavia.

Future work of this type must bolster responses with male and other non-female respondents.

Figure 10

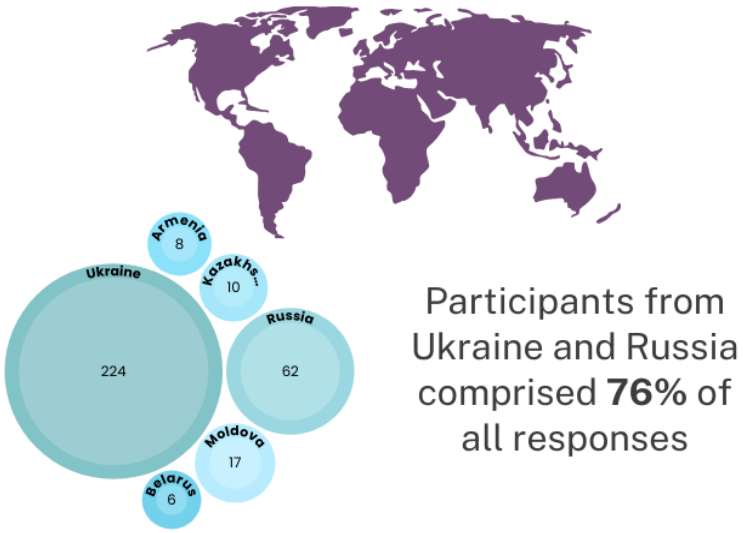
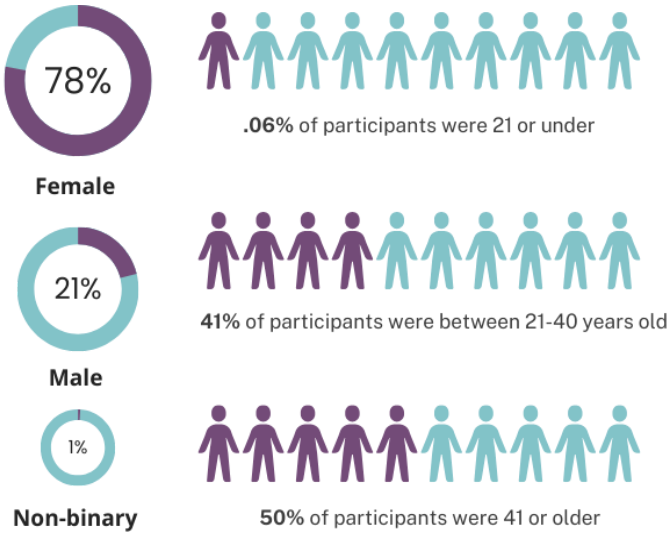


Figure 11



Part IIII

Conclusion

Cultural and linguistic barriers remain persistent challenges to increasing the usage of professional mental health services. Understanding and utilization issues likely compound for new arrivals utilizing OHP (*see figures 6 and 8*).

Stigma around discussing mental health and seeking professional support also remains prevalent, especially across generations. The data collected underscores the community's reliance on informal support networks through family, friends, religious institutions, and providers from participants' home countries.

These insights drive coalition efforts to increase awareness, educate service providers, and advocate for systemic improvements targeting this underserved population. The findings guide strategic priorities: enhancing culturally-specific provider training, improving patient awareness and access, and reducing stigma. The coalition meets biweekly to pursue funding opportunities while providing direct support through community groups, insurance navigation assistance, and mental health resource connections.

Moving forward, the coalition is planning an event that brings together culturally specific mental health providers to highlight the urgent need for increased awareness and support for our often-overlooked community. Additionally, we are organizing a healing session for coalition member—providers who navigate their own trauma while supporting a community deeply affected by distress. Through these ongoing efforts and more, SEEC remains committed to strengthening mental health access and advocacy within the Slavic and Eastern European population.