Social Pathways to Mental Well-being among Afghan Survivors in Minnesota

Context

For more than four decades, Afghans have endured war, political instability, drought, and poverty, leading to the displacement of millions. An estimated 10.9 million remain displaced, primarily within Afghanistan and neighboring countries. Smaller numbers have resettled elsewhere. After the 2021 U.S. military withdrawal and Taliban takeover, over 88,500 Afghan parolees resettled to the U.S., including more than 1,300 in Minnesota. Past exposure to conflict-related stressors, current insecure legal status, anti-immigrant rhetoric, and shifting immigration policies contribute to fragile mental health among many of these newcomers.

Results from a 2021 national survey indicate 47% of Afghans reported high rates of psychological distress in the past month, and 39% reported substantial associated functional impairment (Kovess-Masfety et al., 2021; Alemi et al., 2023). Yet, limited trust in providers, mental health stigma, language challenges, and complex healthcare systems create barriers to treatment (Nine et al., 2022; Reihani et al., 2021; Frumholtz et al., 2024).

In hopes of providing the required support, the Raahat program in Minnesota was launched in 2023. The program aims to help Afghan families rebuild their lives and strengthen connections in Minnesota through integrated, trauma-informed, and culturally responsive services including: psychoeducation groups, individual and group psychotherapy, and case management.

Evidence Collected

A mixed-methods evaluation sought to assess the impact of Raahat services on well-being, and on barriers and facilitators to participation. Data sources included service utilization records; assessments at intake and follow-up; interviews and focus groups with clients; survey with staff; and interviews with Afghan community members (see Table 1).

Table 1. Methods and Sample Size

Service Utilization Data: Demographic and service data routinely captured by staff in electronic health record system.	n = 168
Survivor of Torture Psychosocial Well-Being Index - Short version (SOT-PWI-S): Intake and follow-up assessment matrix measuring quality of life across domains of health, access to resources, and housing.	n = 40
Client focus group: Focus groups with current clients on service access, well-being, and recommendations for the program.	n = 7
Client satisfaction interviews: Telephone interviews with clients on how the program impacted their overall well-being.	n = 27
Staff survey: An online survey, incorporating both closed- and open-ended items, administered to program staff.	n = 5
Community engagement interviews: Interviews with community members who had not previously participated in the program.	n = 4

Interpretation of Evidence

Key Finding #1: Staff and clients emphasized improvements in social well-being as a result of CVT services, noting the value of social connection and community support to mitigate feelings of loneliness and isolation.

Client Perspective | In the satisfaction interviews and focus group, clients described isolation, loneliness, and sadness due to difficulty meeting people who shared the same language or cultural background. They explained that group services supported these connections, strengthened social support and built community to help improve their overall emotional well-being.

> *When I first came to the U.S., … I felt extremely lonely and could do nothing but cry.… Since participating, I've been feeling much better. [I got] to know other Afghan women, build friendships, and talk about our problems with both the group and our counselor.* - Client

> *There are no Afghan or Iranian women near me, and I feel very isolated. I attended [Raahat services] to meet other women, and I am very happy about it.* - Client

> *We really enjoyed the women's group sessions because we made many new friends, had fun together, and shared helpful resources. As a housewife, it was also an opportunity for me to get out of the house and connect with others.* - Client

Staff Perspective | Staff reported clients showing the greatest improvement in social well-being (see Table 2). Staff described how CVT services helped clients leave the house, access resources, learn coping strategies, and build friendships.

Table 2. Staff Observed Improvements

Saw improvements in (n=5):	*From 1 ("Strongly Disagree") to 5 ("Strongly Agree")*		
	Mean	Min	Max
Social Well-being	4.20	2	5
Mental Health	3.60	2	4
Physical Well-being	3.60	1	5

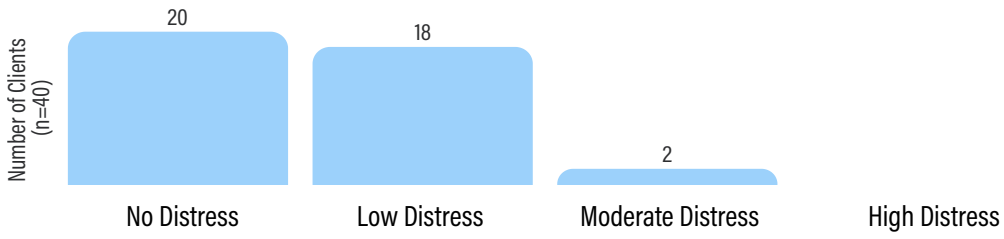
> *[Our groups were] peaceful environments where participants can have fun, build connections, form new friendships, and most importantly, enjoy themselves.* - Staff

> *We play a crucial role in helping clients get out of the house, learn about resources and coping strategies, and make new friends.* - Staff

Key Finding #2: Despite low levels of mental health distress at baseline, emotional benefits were achieved and intersected with gains in social well-being.

Client Perspective | At baseline, 45% of clients reported low distress and 50% reported no distress. This may reflect minimizing, stigma-related under-reporting or may be a true result. Clients were also asked whether they had noticed changes in their emotions since starting Raahat services, using a 5-point scale from 1 ("large negative change") to 5 ("large positive change"). Despite low levels of reported mental health distress at baseline, the average response was 4.16, indicating a "moderate positive change" in mental well-being. Most clients maintained self-reported positive mental health or improvement from baseline to follow-up.

Figure 1. Reported Mental Health Distress at Baseline



Clients emphasized the following benefits resulting from CVT services: improved self-knowledge, emotional regulation, and coping skills. Clients also emphasized the value of group psychotherapy sessions as social spaces for peer sharing, friendship building, and emotional support, experiences they described as essential to both social and mental well-being.

> *I learned more about myself, how to manage my emotions, and how to stay calm. I was happier in the afternoons on days I talked to them. - Client*

> *We learn skills to manage our emotions and cope with stress. - Client*

> *The program provided an opportunity to talk about our emotions, learn about other women's struggles, gain insights from their experiences, and, overall, a chance to get out and decompress - Client*

Key Finding #3: Services that aimed at fostering social connection and adapting to life in the U.S. were seen as beneficial by staff and clients.

Service Utilization | Notably, clients had more active engagement in group interventions. Specifically, group therapy demonstrated the highest level of engagement, with 96% of clients missing fewer than 10% of sessions, while with individual psychotherapy, 76% of clients missed fewer than 10% of sessions.

Client + Community Perspective | Clients and community members emphasized the role of CVT services in supporting adjustment to life in the U.S. They also suggested that CVT offer additional services related to navigating life in the U.S. including learning the English language, improving financial literacy, and attaining a driver's license.

> *The program has helped me a lot since I moved to the U.S. about six months ago. Adjusting to a new country is always challenging, but the support I've received has made a big difference. - Client*

> *Getting a permit to drive was very difficult.... There should be courses for those who can't read or write, including hands-on training for driving." - Community member*

> *Navigating the differences in culture has been difficult and the program has helped me a lot in that regard to adapt to the new ways of doing things. - Client*

Staff Perspective | Case management was identified by staff as the most beneficial service (mean = 4.40), followed by psychoeducation groups (mean = 4.20), and healthcare navigation (mean =4.20; see Table 3). Staff described psychoeducation groups as reducing cultural shock and social isolation, fostering friendships, and promoting belonging. For case management and healthcare navigation, they highlighted the value of concrete support in a new environment, such as access to housing, food, healthcare, and other essential resources.

Table 3. Staff Observed Benefits of Specific Services

Seen benefits from (n=5):	*From 1 ("Strongly Disagree") to 5 ("Strongly Agree")*		
	Mean	Min	Max
Case Management	4.40	4	5
Psychoeducation Groups	4.20	4	5
Healthcare Navigation	4.20	4	5
Individual Psychotherapy	4.00	3	5

Conclusion

Both clients and staff described substantial emotional benefits from Raahat services. The services identified as most beneficial for mental health and overall well-being were those that seem to have strengthened social connection and supported adaptation to a new socio-cultural environment.

Staff and clients agreed that improvements in social well-being was one of the most important outcomes linked to specific types of CVT programming. Results suggest that social and group-based services may play a key role in fostering emotional well-being, building connection, providing a safe space for peer support, and facilitating cultural adaptation.

Statement about Interpreting Evidence

While results are promising, without a control comparison group it is difficult to determine the role Raahat services played in improving observed changes relative to other factors. Additionally, analysis is based on a subsample of program participants and staff and relied heavily on self-reported data, which may be influenced by recall or social desirability bias.

References

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