Restoration For All

Community Mental Health Needs Assessment Summary

March 2026

The Improve Group

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Introduction

Restoration for All (REFA) is a community-based, African-led social multi-service organization based in St. Paul, Minnesota. REFA's goal is to implement a range of culturally appropriate and responsive activities that are grounded in humanness. REFA's philosophy reflects a spirit of interconnectedness. REFA fosters the strengths of immigrants and refugees and creates a safe space for post-traumatic growth, mutual support, and economic self-sufficiency, helping them discover their positive cultural identity. REFA's programming is in the following areas:

- Mental health and suicide prevention
- Family resources and support
- Youth leadership and empowerment
- Health and cultural wellness
- Immigrant and refugee advocacy
- Healthy aging

REFA primarily serves African immigrants from Sub-Saharan Africa in Minnesota. According to Minnesota Compass:

> "Nearly half a million immigrants call Minnesota home, a population that includes citizens and non-citizens, students and workers, and refugees who fled their home countries. Minnesota has proportionally fewer immigrants compared to the nation as a whole, but we have long been a state shaped by immigration. In 2020, about 8 percent of Minnesotans were foreign-born, but that percentage was as high as 37 percent in the late 1800s." [1]

According to Minnesota Compass data,[2] 470,387 immigrants reside in Minnesota. Immigrants from Sub-Saharan African populations mostly come from the following countries:

- Somalia – 42,503 people
- Ethiopia – 22,453 people
- Liberia – 12,446 people
- Kenya – 11,181 people
- Nigeria – 6,551 people

There are fewer immigrants from a variety of other Sub-Saharan countries who also reside in Minnesota.

[1] https://www.mncompass.org/topics/demographics/immigration

[2] Integrated Public Use Microdata Series from the U.S. Census Bureau, American Community Survey. (2018-2022).

The Twin Cities metro area hosts one of the largest concentrations of East African immigrants in the U.S., with more than 85,500 residents from East Africa (primarily Somalia and Ethiopia) and 32,500 from West Africa (primarily Liberia and Nigeria). Sub-Saharan African immigrants in the region have a labor force participation rate of 77 percent, higher than both the U.S.-born (63 percent) and foreign-born (68 percent) averages.[3]

Although REFA is primarily seen as an African-serving organization, data from its workshops shows that it has served a wider Black, Indigenous, and People of Color (BIPOC) population.

About this report

This report brief aims to capture and summarize the major themes from various community conversations and surveys. Qualitative data comes from community listening sessions, and quantitative data comes from surveys on mental health, opioid awareness, and suicide prevention within the Sub-Saharan African, immigrant, and communities of color of Minnesota. Since June 2024, REFA has conducted listening sessions with community members to educate them about mental health, suicidality, and chemical abuse, and has assessed their baseline understanding of mental health through surveys and conversations.

About The Improve Group

REFA contracted with The Improve Group to summarize quantitative data from surveys and qualitative data from the 2024 and 2025 community listening sessions and trainings. The Improve Group is a worker-owned evaluation consulting cooperative that provides evaluation, planning, facilitation, and community engagement to support mission-driven organizations. Based in St. Paul, The Improve Group has worked with public, nonprofit, and philanthropic clients across Minnesota, the U.S., and internationally for 25 years.

Methodology

REFA has conducted community listening sessions since June 2024, and this report synthesizes qualitative data from these sessions. REFA augmented the community listening sessions with a Community Readiness Assessment, the results of which are also presented in the report. In addition, various audiences were surveyed, and this report presents data from community surveys and provides frequency tables by various variables in Appendix A (separate document). REFA collected the quantitative data from surveys and qualitative data from community listening sessions, and The Improve Group staff analyzed the data.

Findings

The findings in the following section reflect the responses of community participants in community listening sessions starting in May 2024, through September 2025, and surveys administered by REFA to community members in February 2025. This section is informed by qualitative

[3]https://www.mncompass.org/topics/demographics/immigration

analysis of those responses. Findings are organized into sections based on themes that emerged from the data.

The themes revolve around:

- community-level problem statements and community perspectives on mental health, opioid abuse, and suicide prevention;
- family-level problem statements;
- how the community characterizes itself, its views, and its values;
- preferred treatment approaches and solutions identified by the community;
- the role of faith leaders and a united resilience coalition;
- lessons learned;
- needs expressed;
- key takeaways; and
- what work still remains and how the impact will be created.

Community members spoke about the challenges they face due to harmful public systems and restrictive cultural norms. At the same time, strengths of participants' cultures—like their love for their children and their strong sense of spirituality—came up as well.

The findings represent the perspectives and experiences of mostly Black/African immigrants who attended the community listening sessions. Readers cannot assume findings apply to the entire Sub-Saharan African community in Minnesota or to its entire immigrant/refugee community, as no representative sampling was conducted.

Recommendations

In view of the findings below from listening sessions and survey data, the following steps are recommended:

- More facilitated engagement between youth and adults to create mutual understanding and respect.
- Creating more opportunities for cultural healing spaces and group therapy.
- A coordinated plan to develop cultural resources for mental health, substance abuse, suicide prevention, employment, and financial health and literacy.
- Seek funding in partnership with the Minnesota Department of Health to provide grants and scholarships to train more social workers and social worker supervisors who are versed in the cultural contexts of African immigrants. As the Minnesota chapter of the National Alliance on Mental Illness (NAMI) explains,

"… Multicultural communities face unique challenges in accessing mental health treatment and receiving care that is free from racism, homophobia, and other biases."[4]

- Build collaborations and a database of culturally competent providers for community member referrals for mental health, substance abuse, and suicide prevention.
- Continue educating Black and African communities in collaboration with other organizations to eliminate the stigma around mental health.
- Collaborate with others to build healing spaces that are afro-centric and provide opportunities for storytelling to build connection and dismantle stigma.
- Build a network of school liaisons to create spaces that are healthy for African children and cultures within school systems.
- Celebrate African culture and history throughout the year to build pride and a sense of self in African youth.
- Educate parents to get involved in their children's lives and build relationships with school staff, liaisons, and educators to reinforce a culture of achievement.
- Build spaces for youth for healthy recreation to relieve pressure from exceedingly high expectations and support healthy balances between school and healthy peer relationships.
- Seek funding to build a robust program that supports the concrete needs outlined above to engage people, educate communities, and offer solutions to vulnerable Sub-Saharan refugees and immigrant families.

May 2024 Community Listening Session

REFA conducted a series of community listening sessions in May 2024 to gather insights and feedback on Mental Health, Opioid Awareness, & Suicide Prevention within the Sub-Saharan African Communities. The purpose was to interpret the results from these sessions to inform REFA's next steps and ensure that their actions and plans were aligned with the community's needs and priorities.

Findings from the community listening session are ordered by evaluation question.

What is the Sub-Saharan African community's understanding of mental health, opioid abuse, and suicide?

The community was cognizant of all three issues and how they played out in the community, and of the impact of mental illness, opioid abuse, and suicide on the community.

Community members were aware of the shortage of mental health practitioners in Minnesota and the acute lack of culturally aware practitioners who understand various African cultures and world views.

[4] https://content.govdelivery.com/accounts/MNMDH/bulletins/34da4e1

Community members identified the need for community awareness in the absence of prevalence data. Population data exist on large Sub-Saharan immigrants, but there is no data on the prevalence of suicide, mental illness, and opioid abuse in this population, especially because some community members might not seek help due to stigma, and because most available practitioners lack cultural context.

Mental health and opioid abuse co-exist and can lead to suicide or homelessness.

Community members say that mental illness sometimes results in suicide when a person gives up getting support due to lack of appropriate interventions. Alternatively, community members can end up homeless due to unaddressed mental health or opioid abuse.

Community members talked about an opioid spike that resulted in six deaths in one month as a major community problem.

There is a lack of drug education resources.

Community members pointed to a lack of drug education resources, especially culturally relevant resources in the community or schools, and that it is now easier with the internet for children to order drugs online.

> "This needs to be just as big or bigger than the "just say no" drugs campaign. How we educate on mental health has to be culturally specific." – Community member

Medication education is needed.

Community members expressed a need for public education on medications people are on and how to advocate for community members who are on medications.

Substance use treatment is not accessible.

The community said there is a lack of access to substance abuse treatment and cited the experience of one community member who was looking for treatment space. In addition, people without immigration documentation cannot access treatment due to a lack of medical insurance

There is a mental health and opioid crisis.

Community members felt that there is a mental health and opioid crisis, especially in Wright County, with children as young as 7-9 years old being introduced to drugs. There were calls for educating young children about drugs. People felt that the opioid crisis was a pandemic just like COVID.

Youth need to be mentored.

Youth seem to be disconnected from adults, leadership, and mentoring. However, there were sentiments of a need for youth-only spaces that are youth-centered for safety. Youth need

freedom to express themselves, a freedom they do not have in their families and in the community. Youth are not comfortable expressing themselves to their parents.

In addition, the community needed to find a way to talk about mental health and the lack of protection in systems of care.

> "All of us have something going on, the difference is the level. It is not only opiates; youth will not trust you with information. Youth are looking for a leader who can change their life; change their direction. Again, this speaks to the need for healthy leaders mentoring youth in the culture." – Community member

The extent and prevalence of opioid abuse, mental illness, or suicide in Sub-Saharan communities is unknown.

Community members know there is a problem with suicide, opioid abuse, and mental health challenges among the Sub-Saharan African communities, but there is no prevalence data. In addition, this population is diverse, made up of Africans from different countries speaking different languages. However, what is clear is that the community is reluctant to talk about mental health, suicide, and opioid abuse due to stigma around these topics.

> ‘‘There are not enough resources for those who don't know. Calling for cultural resources on naloxone, suboxone, overdose, etc. – Africans don't want to talk about it, but WE HAVE to talk about it." – Community member

Systems often make life harder on immigrant families, rather than helping. Immigrants continue to struggle as they settle into their communities in Minnesota. The feeling is that the system is focused on things that cannot be done and is disempowering, rather than on what immigrant communities can accomplish when empowered. Public systems overlook immigrant families' strengths and adversely affect children. Participants talked about having to live with extended family while trying to navigate a system not set up for their success.

Participants also expressed apprehension about this same disempowering system raising their children, while they faced bias when trying to connect with the dominant white culture. Participants said the systems was raising their children from the perspective of the immigrant community. They also talked spoke to the challenges of connecting to the larger community and the flexibilities afforded to the dominant (white) culture while underserved and immigrant communities are left behind.

Community members expressed that leadership is needed and that character development stems from it.

> "The children are watching their immigrant parents be beat down by a system designed to not work for them. As long as mom and dad are struggling, the children are going to struggle." – Community member

Community members are experiencing financial stress.

During the listening session, people talked about financial stress, trying to find a healthy balance between work and family life while raising children, and needing to work more to make money. People pointed to challenges with credit and that the community needs to instruct children about finances.

People said financial stress deeply affects immigrants, but with systems that work for them, they said they could succeed economically. Community members pointed out that sometimes their foreign credentials are not recognized, and parents need to return to school to advance professionally. Financial stress has far-reaching consequences; for example, participants cited a rise in divorces, presumably partly due to financial stress.

> "We need a platform for people who come to Minnesota from Africa. Help to get jobs, start businesses, be able to compete in society so people can succeed and raise their children." – Community member

What is the sub-Saharan African community's understanding of the impact of mental illness, opioid abuse, and suicide on their families?

Community members pointed out that the same issues at the community level affect families. Parents are struggling to attain self-sufficiency, earn more income, and balance that with family life.

They have noticed a disconnect between traditional parents, who have certain cultural values and worldviews, and their Americanized children. Parents raised with reverence for elders do not understand their children and their questioning of everything, leading children not to feel comfortable speaking up and thereby increasing the disconnect between parents and children, participants said.

The lack of self-sufficiency erodes parental authority.

Parents are disheartened when they are unable to provide adequately for their families, and this has ripple effects on family life. Parents feel stressed out and continually struggle with the work/family balance. Community members felt that the system was raising their children, and they were busy working while their children were growing up without them. They talked about struggling to access resources to increase income to support their families.

A cultural disconnect exists between parents and children.

The community discussed the cultural divide between Americanized children and their parents. Children spend a large part of the day in schools that instill white dominant cultural values, while parents retain their African culture, values, and worldview.

On the other hand, children feel misunderstood and that their parents do not want to accept their children's American worldview. Therefore, children feel estranged and less likely to have

conversations with parents about mental health or substance abuse because they do not feel protected and respected. Youth feel that their parents are judgmental, push certain careers, lack empathy due to their tone of voice, and demoralize them.

This divide extends to discipline, and what is acceptable in American culture and could risk system involvement in families.

> "There is a cultural divide between African children and their parents. They spend eight hours in school with the dominant culture and other nationalities, and then they come home and have to be African." – Community member

Youth are questioning their paths and lack confidence.

Due to the parent-child disconnect, youth are questioning their paths and lack direction. Youth feel that their parents discount their feelings, which drives a wedge between youth/young adults and their parents.

> "Youth are questioning their path, as there is a strong push from their parents to get educated and succeed." – Community member

Community members urged adults to find ways to raise multicultural youth.

Although the African community in Minnesota is divided among many countries of origin and cultures, they urged unity and an end to isolation. They urged researching best practices and proven approaches to serve youth. There was a call to engage in prayer, to end the culture of silence, and to create safe spaces for youth.

> "It will do no good to isolate based on the differences within the cultural communities. [I am] calling for a dual process as to how these youth are seen, treated, and best approaches, best practices." – Community member

How do Sub-Saharan Community members characterize themselves?

Community members characterized their communities as having a culture of silence, where problems are not discussed, especially mental health, due to stigma. They characterized their families and communities as focused on prayer and spiritual approaches to solving problems. They also described a culture focused on "don'ts" or things that are not done, without dialogue with youth about why someone might want to do the opposite.

The community has a culture of silence.

Some community members who were counseling professionals in their home country reported coming from a "culture of silence" regarding mental health. They said they want to see advocacy and training programs to support mental health and wellbeing in the African community, because silence does not serve people with mental illness. They urged mental health awareness and mental health first aid, which includes faith-based professionals in counselling and support.

> "When people are silenced, it gets worse – [we need to provide] advocacy, awareness, mental health first aid to include the faith-based professionals." – Community member

The culture is focused on don'ts.

A cultural community provider of over 10 years characterized the African community as one that spiritualizes everything. They said they mentor youth and engage in dialogue with them about how to remain substance-free. They described the culture as one that admonishes things that one cannot do without an explanation of what is wrong with those actions in the context of youth living and growing up in the United States. They raised a need for more healing spaces and opportunities to refrain from substance use, and the promotion of drug-free lives.

> "The culture promotes a lot of "do not do" without further dialogue in the reality of growing up in the U.S." – Community member

What do community members recommend as solutions to substance abuse, mental illness, and suicide?

Community members were clear that access to culturally appropriate services was a priority and that those services needed to be family-centered and focused on the whole family. In addition, they urged community education on substance abuse, mental health, and suicide prevention.

In addition, the community wanted resources to help themselves. These resources could be focused on substance abuse, mental health, and suicide prevention, but need to include financial wellness tools, employment resources, and spaces and supports for youth.

Access to treatment services is a community priority.

Community members want services that are accessible and affordable, and that their state representatives should champion their healthcare needs. They said issues that were the subject of community conversations—mental health, substance/opioid abuse, and suicide prevention—are healthcare issues and intrinsic to well-being.

> "Healthcare needs should be championed by state representatives." – Community member

Culturally appropriate resources are needed.

Community members expressed a desire for resources in an African context. They stressed the need for attention to be paid to the African population struggling with mental health, as the stressors are common, whether or not people have been formally diagnosed with mental illness. Some community members were refugees at some point, and that implies traumatic experiences, loss of life of friends and family, plus displacement.

REFA helps fill the gap in culturally appropriate resources.

> "Restoration for All supports mental health for people of African ancestry, providing culturally and linguistically appropriate mental health services to marginalized and underrepresented communities facing multiple barriers to care." - Student; Age 26

People expressed a desire for resources to deal with mental illness, substance abuse, and suicide at the community level. One participant raised the issue that substance abuse is not limited to opioids; although opioids are being highlighted, the community must also address other addictive substances like nicotine. They expressed a desire for culturally appropriate detox facilities that are anchored in African traditions and culture.

> "All of us need to focus on the struggle with mental health – whether or not there is a diagnosis of mental illness." – Community member

Spiritual and educational approaches are desirable.

Some community members said there is a need for community education on different medications for mental health conditions. They urged spiritual solutions but said these need to be in tandem with community education on physical wellness and what certain substances do to bodies, especially for young people who might not understand the physical consequences of ingesting substances. The community reported a need for substance abuse information and education.

Community members urged unity in advocating for and sharing the limited available resources among different community groups, regardless of country of origin. They urged awareness of mental health, so the community understands the importance of mental health and educating children as young as six years old on mental health and substance abuse.

> "Religious and spiritual [beliefs] play a role in help seeking and understanding." – Community member
>
> "Everyone has mental health, but when diagnosed, it is mental illness." – Community member

Community members called for expansive resources, beyond those directly related to health.

Beyond access to treatment and health resources, community members expressed a desire for other resources that support financial wellness and are sustainable. Community members want financial planners and advisors who can educate them about financial wellness and how the U.S. credit system works. They want a resource guide that can provide service information, employment/career support, and other financial literacy needs and support.

Participants also called for a center dedicated to immigrant support that helps make the resettlement process less stressful.

Community members also want youth-led spaces where youth can heal, share information, and support each other to attain their career goals.

> "[We need a] center for immigrant support" – Community member

Family-centered treatment approaches are desired.

Community members expressed love for their children and said everything they do is for their children's benefit. They again stressed the importance of God in their families and say they pointed and lead their children to God. They wanted a joint meeting with other churches to advance unity and mutual understanding. In contrast to the American treatment approach, community members wanted a whole family approach because when one family member is unwell, it affects the whole family, so the whole family needs intervention.

Community members discussed the influence of peers on youth and the importance of having conversations with children about mental illness and substance abuse. Community members introduced the idea and concept of family caregiving and mental health first aid as a family resource.

> "[We need] family caregivers. Every family should have a first aid mental health person." – Community member

Dakota County Community Dialogue on Black African Immigrant Refugee Suicide Prevention and Intervention

Community members in Dakota County held two community dialogues in January and March of 2025. The purpose of these dialogues was to build relationships with community partners and the Dakota County Sub-Saharan African community. Staff from Dakota County Public Health attended. The dialogues focused on gaining a better understanding of the landscape regarding suicide in this community and understanding gaps in suicide data. The list includes a number of community assets and institutions that provide resources to help community members in need of education, social services, community engagement, and safety.

What is the understanding of the current landscape regarding suicide in this community?

Community members from Dakota County raised the issue of stigmatization of mental health as a major obstacle to getting care. They also raised the issue of needing trusted messengers who looked like them and could understand their cultural contexts.

Stigma and fear are present.

Community members reported that there is still a lot of stigma associated with suicide, like shaming language in reference to the person who died by suicide and their survivors. In addition, there might be disbelief that the person died by suicide due to outward presentation, with the community not believing that individuals have died by suicide because of how they presented in the community (member of the mosque, parental wealth, etc.).

In the Muslim religious context, life is sacred, and death by suicide is seen as a sin, participants said. Silence and shame prevent families from sharing experiences. , The religious and cultural differences can make conversations about suicide difficult. Participants said they were seeing a larger Muslim community in Rosemount and Dakota County, raising the need to address stigma. Observers said that they had observed a greater willingness by the Muslim community to involve law enforcement, which is good, but there are also barriers, as suicide is still stigmatized and seen as a sin. Community members said there were generational differences around stigma, with youth wanting mental health help while parents not understand how this would help. Different generational beliefs of parents contribute to this, as well as parents not wanting their children to be seen as failing. Older adults may also fear and distrust systems of care.

Young people are searching for identity and belonging.

Community members referenced a policy paper that underscored identity issues: "Identity of young people: Defining Black Immigrant and Refugee Youths" (paper under review). This paper weighs the impacts of not knowing one's self-identity and not belonging.

Restructuring systems of care.

Community members expressed a desire for trusted messengers when issues present themselves. Dakota County police are trying to build relationships by having a chaplain with an Imam, as an example, but they need to do more. Hospital education and systems were identified as not listening and/or denying mental unwellness. Community members were discouraged about hospitals not having mental health beds, not doing intakes, and not holding unwell members until their mental health had improved. Someone may even opt to leave the country rather than face pressure to get help. Participants from these community dialogues said the current systems of care isolate individuals and are not family- or community-centered. They emphasized the importance of involving families in education and in reducing stigma. They expressed a need for having trusted messengers embedded in systems of care and for having peer-to-peer and family utilization.

Dakota County staff diversity was mentioned as an obstacle to getting care, as some young Black men do not always want to work with a woman, and it is seen as a work in progress.

What are the solutions that would help in suicide education and prevention?

Community members made several proposals and considerations to educate Sub-Saharan communities about suicide and prevention strategies. They said that community members might not ask the right questions of providers, leading to the wrong resources being offered. They also said all types of providers, including educators, needed more flexibility, such as the timing of teacher/parent conferences, to accommodate parental work schedules.

Public education is needed across Sub-Saharan African communities.

Community members expressed that they would benefit from education about early warning signs and mental health literacy. People expressed the need for more psychoeducation, especially when folks are not in crisis, plus education on what an autopsy is and its purpose. Families might not understand that an autopsy could provide answers to how a family member died and the value of this information, because in grief, they might think anything that will not bring them back is unnecessarily intrusive. While participants expressed a need for everyone to be educated, they also specifically mentioned the following types of caregivers needing more education about suicide and mental illness:

- Imams, when they are gathered every Friday,
- Educators and school staff,
- Hospital staff,
- Emergency Medical Services (EMS) and other frontline responders,
- Employee and Economic Assistance staff who could benefit from coursework.

Community members deemed culturally appropriate services as beneficial.

Community members expressed that they would benefit from general support for youth and families within school systems, particularly programming to prevent cyberbullying. The community expressed a need for more psychoeducation, especially when folks are not in crisis. Counselling, particularly when it is culturally appropriate, is needed, plus support for mothers, including those facing domestic violence or child abuse situations. Community members said the need for continued advocacy in bridging cultural needs, for example, needing services within 24 hours after a death.

There is a need for bridging cultural understanding in Intensive Residential Treatment Services (IRTS), and language is very important in these settings. Language barriers are seen as an obstacle to receiving care in IRTS due to the lack of translated materials. Parents and children with autism, and community members who are neurodiverse, need support and advocacy.

Community members said they needed help navigating systems of care. Hospitals are often the ones petitioning for civil commitment, and they need to work sensitively with families in crisis—but they lack cultural understanding. Participants recommended the following actions for bridging cultural understanding for better resource navigation and service delivery:

- Crisis system navigation for families.
- Ensuring diverse navigators who reflect the communities they serve.
- Using cultural liaisons to improve trust and understanding.
- Creating a space for cross-cultural learning, where people can ask, “Why do we do this?” to understand different practices.

- Consideration of programs like Maangaar Voices, which supports immigrant families navigating autism, for culturally specific outreach.

Refugee Suicide Prevention: Stakeholders Consultative Meeting Post-Event Summary

On March 12, 2025, a diverse group of stakeholders gathered at Brooklyn Center, MN, for a transformative stakeholders consultative meeting focused on one of the most urgent issues in the African refugee and immigrant community: youth suicide among African immigrant and refugee populations. The event was attended by young people, county and state workers, community leaders, service providers, and a representative from the Governor's Office, reflecting the broad coalition of concern and commitment around this issue. After this listening session, participants summarized key takeaways from their conversation on refugee suicide prevention and how the impact would be created.

What needs were prioritized by participants?

Eliminating cultural stigma.

Stakeholders highlighted the need to break cultural stigma and increase help-seeking among African immigrants and refugee youth. This would entail extensive community education and resource sharing.

> "My story is connected with the way I grew up. Sadness, shame. When I share my story, I have seen how people open up to me. That is healing in a small way." – Youth community member
>
> "This shows mental health is real. It does not make us less African. Use our culture as our strength. Telling our stories. Bring those into mental spaces." – Youth community member

Improving data collection.

Stakeholders said there is an urgent need for better data collection to reflect the lived realities of their communities.

Funding community services.

Stakeholders expressed the need for prioritization and funding for culturally responsive and community-rooted services.

> "Establish a support group for African immigrants to share their experiences. A lot of mental health workshops. Stress management, coping skills, strategies. Cultural competencies in training. Partnership with mental health providers. Room for access to care." – Youth community members

Developing cross-sector relationships and partnerships.

Participants highlighted the need for cross-sector partnerships, including county, state, and community collaborations, which are vital to creating sustainable solutions.

What work still remains, and how will the impact be created?

The need to bring more youth voices to the table.

Stakeholders note the need to expand the coalition and bring more African youth voices to the table.

Investing in mental health programming.

Stakeholders emphasized the need to invest in youth-led, culturally grounded mental health programming.

> "What I see in policy and strategies … We could go into culturally responsive mental health services, where we could advocate for mental health services that are specifically for African immigrants and increase funding. Services that cater to this community. Prioritize funding." – Youth community member

Creating systematic change.

Stakeholders note the need to advocate for systemic changes at the county and state levels to close service gaps.

> "Have policies that take the problem from the youth but utilize the people in positions of power, people older than us, who have a bird's-eye view to be part of the solution. We need our elders." – Youth community member

Refugee Suicide Prevention: Online Program Summary

REFA held a National Suicide Prevention Month Special Online Program in September 2025, with 122 Twin Cities youth participants. A guest speaker shared their personal experiences, including chronic physical pain and multiple suicide attempts, attributing them to unspoken emotional pain. The speaker emphasized the importance of naming emotions and breaking the cycle of silence. They advocated for community-based, culturally grounded mental health interventions and the need for emotional infrastructure in society. The discussion also touched on the role of traditional African cultural practices and the need for policy changes to support youth mental health. This speaker's experiences highlighted the emotional struggles of immigrant youth, demonstrated by cultural gaslighting (where trauma is passed down across generations, turning it into tradition) and the generational transmission of trauma. The speaker elaborated on the paradox faced by immigrant youth, where they are told they are the pride of their family but cannot express their true feelings

What were areas of focus during the online program?

Storytelling and cultural identity in immigrant communities.

Youth discussed the importance of storytelling as a powerful tool to reach people who might not know where to start, especially in immigrant communities. Youth noted that storytelling can be a significant starting point and mentioned a troubling spike in suicides within the immigrant community. The discussion identified cultural identity as a key issue, with frustration about it driving stigma and further problems. The youth suggested that African youth use their lived experiences to create peer support spaces, advocate for integrating mental health education in schools, and to call for culturally relevant services framed as human rights. Some emphasized the need to share personal experiences to inspire hope, challenge stigma, and create supportive spaces for mental health. Participants emphasized the importance of sharing stories through art, such as poetry, to foster open conversations about mental health. Lastly, the youth discussed forming communities of advocates to share success stories and recovery pathways.

Policy and advocacy for African youth and mental health.

Participants discussed how African youth can use their lived experiences with cultural identity and mental health challenges to drive community healing and reduce stigma. They also discussed the role of policy and advocacy in expanding mental health resources for African youth. Youth acknowledged the challenges faced by African immigrant and refugee youth and emphasized the need for policy changes to address their unique experiences. The conversation touched on the differences between African immigrant and refugee youth and American-born African Americans, highlighting the need for specific policies to respond to the needs of each distinct community.

Youth participants also discussed the importance of empowering people who look like them to hold legislative roles, making advocacy easier. Some suggested collaborating with NGOs, universities, and health departments to create mentorship, internship, and training programs. Lastly, there was a suggestion to include mental health resources in the National Youth Policy and the National Health Policy.

Personal experiences and cultural challenges.

Youth shared challenges of navigating cultural roots and new environments while dealing with mental health issues. Again, there was a suggestion that youth share stories openly to help others feel seen and break down the stigma around mental health. Youth advocated for mental health systems that reflect the realities of African immigrants, addressing language barriers and cultural stigma.

> "My struggles with chronic stomach pain, sleepless nights, and a sense of invisibility sometimes made me feel like I didn't exist. My body communicated my emotional pain through physical symptoms. I had my first suicide attempt at 14." – Youth participant

Multi-faith African Leadership Roundtable Summary

REFA hosted 49 attendees for a multi-faith leadership roundtable in June 2025. Participants shared their observations and understanding of mental health issues faced by African immigrants and refugees. They recommended a variety of solutions to address mental health, including forming a coalition. The Community Suicide Prevention Meeting emphasized the need for proactive measures to address youth suicide and mental health issues within the African immigrant community. Key points included the importance of faith leaders in supporting mental health, the need for cultural sensitivity, and the role of parents in addressing their children's mental health. The meeting highlighted the challenges of peer pressure, unsolved trauma, and cultural disconnect. Participants proposed forming a multi-faith healing task force, enhancing faith leader training, and promoting mental health awareness. The discussion underscored the necessity of community collaboration and sustained efforts to support youth who are underserved by systems. The Community Suicide Prevention Meeting emphasized the need for youth mentorship and coalition building to address mental health challenges.

What needs and solutions were expressed by faith leaders?

The role of faith leaders.

Participants recommended providing Mental Health First Aid training to faith leaders to equip them to have meaningful conversations with youth and parents. They highlighted the role of faith leaders as spiritual first responders and advocates. They recommended that REFA facilitate more interfaith discussions and collaborations to address mental health stigma. Faith leaders focused on the stigma surrounding mental health in the African community, emphasizing the need for culturally appropriate services and interfaith collaboration.

Faith leader recommendations on mental health.

Participants encouraged faith leaders to be more involved in addressing mental health issues and to receive training on appropriate language and approaches. Faith leaders recommended community asset mapping to identify available resources and service providers. They emphasized the importance of educating parents and breaking down cultural stigmas around mental health. Faith leaders also advocated for culturally appropriate mental health services and resources that can bridge the gap between traditional beliefs and modern approaches.

Faith leaders recommended mentorship opportunities for younger parents to learn from experienced, successful parents on effective parenting strategies. They urged REFA to organize a robust sensitization campaign on mental health issues targeting African immigrant and African American communities. Lastly, faith leaders encouraged parents to be more involved in their children's lives, including regular communication with teachers and following up on their academic progress.

The United Resilience Coalition.

Participants introduced the United Resilience Coalition, outlining its vision for a compassionate, empowered community with access to mental health support and highlighting the importance of connecting diverse communities. Participants were encouraged to take leadership roles in the coalition, emphasizing the potential for future funding and non-profit registration. The Council for Minnesotans of African Heritage attended and pledged support for mental health and well-being efforts.

Suicide and addiction.

Participants discussed the importance of early diagnosis of mental health illnesses in youth and the impact of substance use on judgment and suicide ideation. Mental health issues often manifest in youth, increasing the risk of substance abuse and suicide, they said. Participants discussed cultural sensitivity in preventing youth suicide and the importance of helping professionals understanding the youth's cultural context. Attendees also discussed the role of peer pressure and lack of support, particularly among first-generation immigrants, in suicide. A drug and alcohol treatment professional highlighted the importance of addressing unresolved trauma in youth and the challenges in securing funding for community programs. Participants emphasized the importance of using medications correctly and seeing addiction as a disease that can be treated.

Community mental health surveys

In February 2025, REFA conducted a number of surveys focused on mental health, addiction, and suicide. The group results of those surveys are outlined below, and the tables, with variables by survey question, are attached in Appendix A.

2/5/2025 Winter Mental Wellness Conference Responses

- Purpose: To collect baseline and post-event data on participants' mental health knowledge, attitudes, and perceived growth after attending the conference.
- Participants: 45 adult conference attendees (community members).
- Context: Completed in person using paper pre- and post-surveys during the conference.

Figure 1-12. Pre- and post-conference understanding of addictive disorders and suicidality:

Data from pre- and post-survey responses showed increased awareness of trauma impacts on mental health, protective factors that promote mental well-being, and discussions around culturally competent mental health interventions. Questions on responders' awareness of the connection between addictive disorders and suicidality were structured differently across the pre- and post-surveys but show increased understanding overall. People who reported having a "good understanding" increased from 42 percent pre-event to 63 percent post-event (Figures 1 & 2). 34 percent of participants reported before the event that they

always incorporated trauma-informed care into their practice or community work, and 58 percent said after the event that they plan to always use these approaches in their work (Figures 7 & 8). Conference attendees benefited from the conference goals, as the number of attendees reporting increased comfort discussing culturally competent mental health interventions increased (Figures 11 & 12), from 75 percent pre-conference to 92 percent post-conference.

It is recommended that REFA keep the same question structure pre- and post-conference.

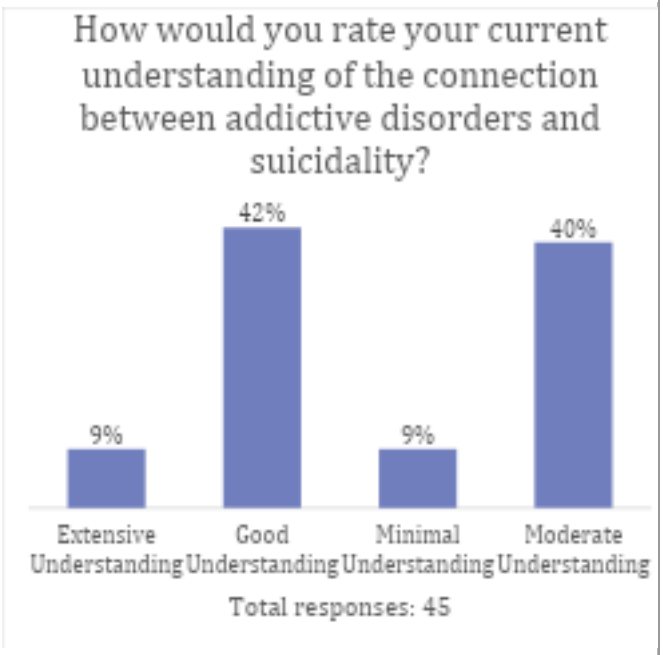
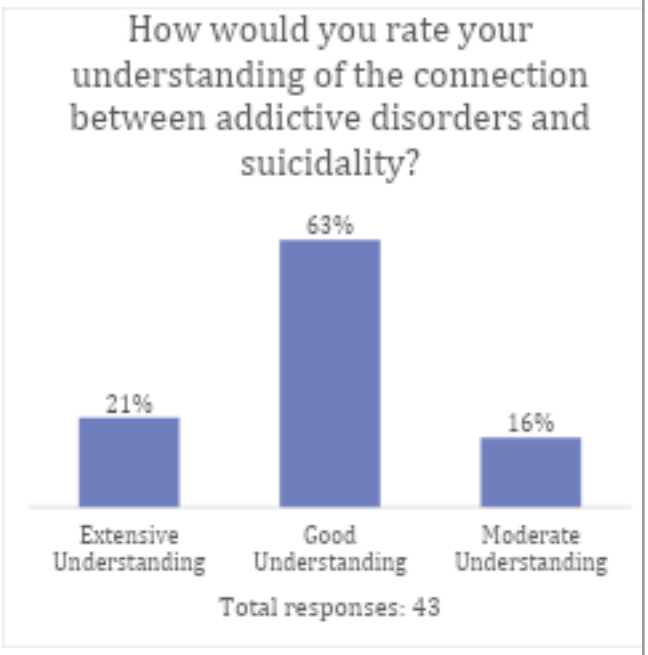
Pre-Conference	Post-Conference
Figure 1: Pre-conference understanding of addictive disorders and suicidality	*Figure 2: Post-conference understanding of addictive disorders and suicidality*
	

Figure 3: Pre-conference awareness of impacts of trauma

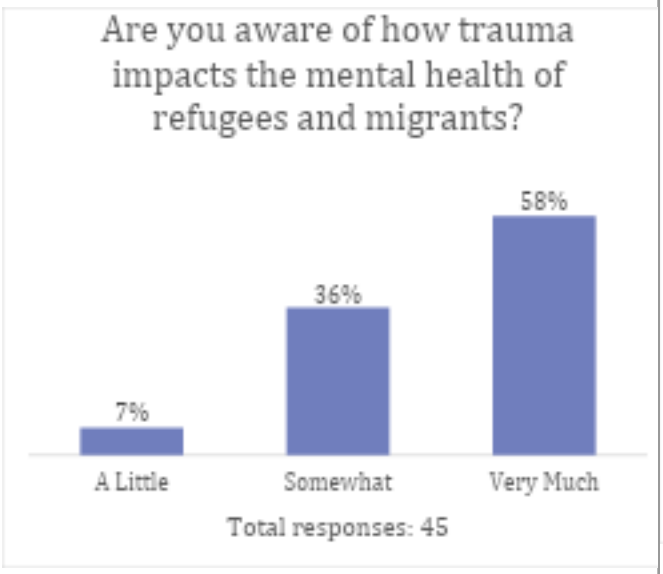


Figure 4: How much conference improved awareness of trauma impacts

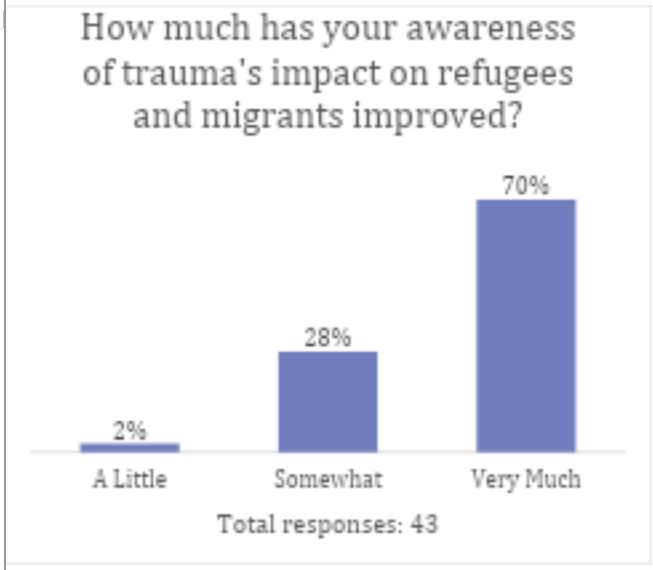


Figure 5: Pre-conference confidence identifying protective factors

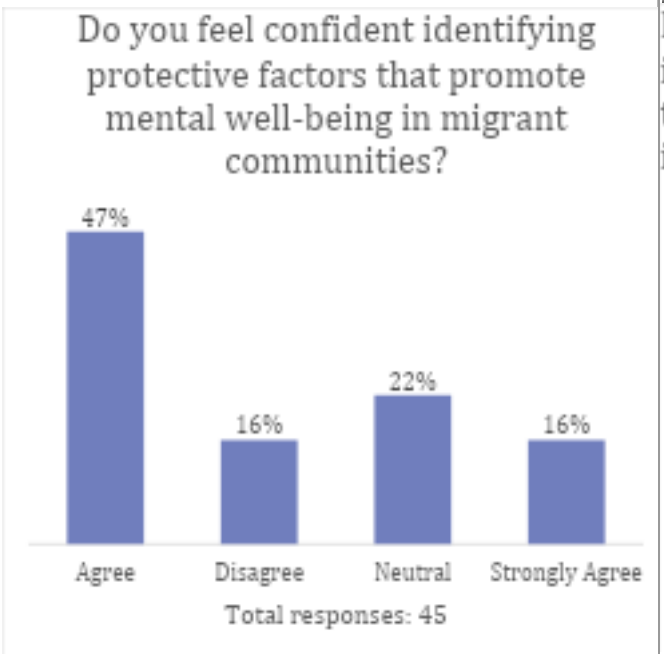


Figure 6: Agreement with having increased confidence in identifying protective factors, post-conference

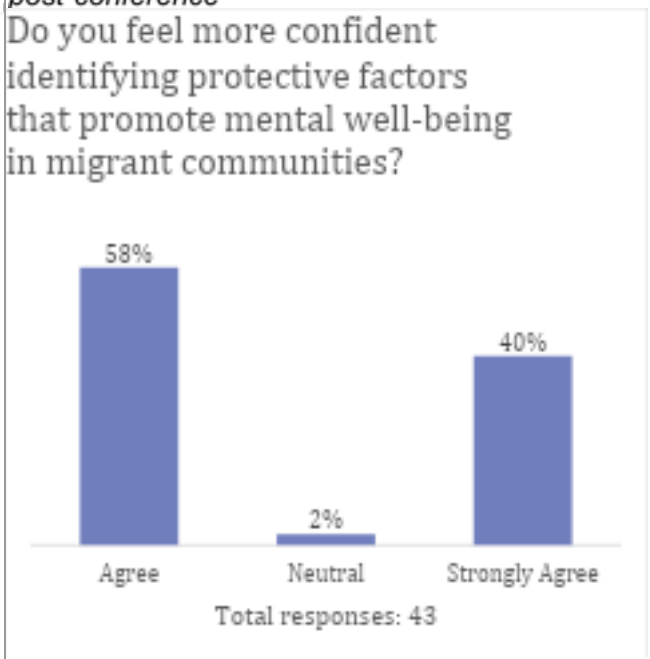


Figure 7: Pre-conference extent of using trauma-informed care

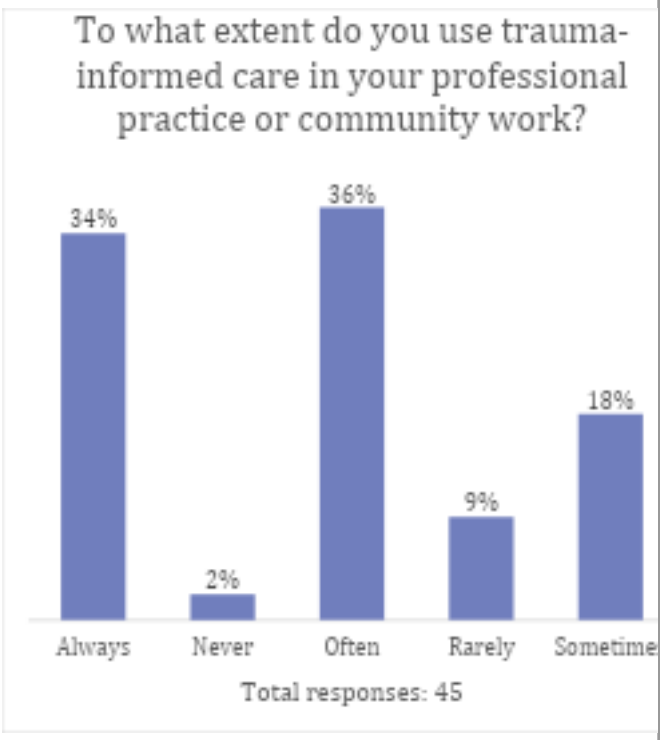


Figure 8: How often do people plan to use trauma-informed care post-conference

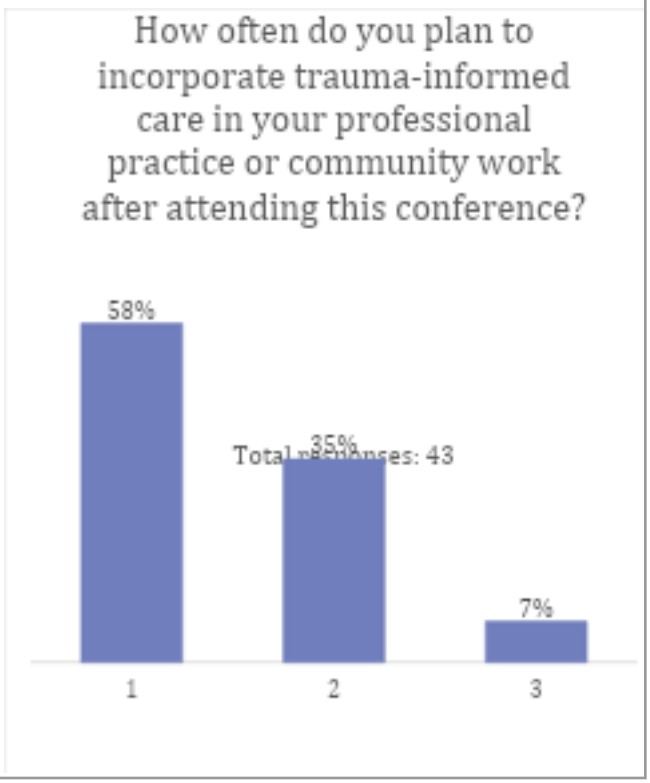


Figure 9: Pre-conference knowledge of role of policy in mental health

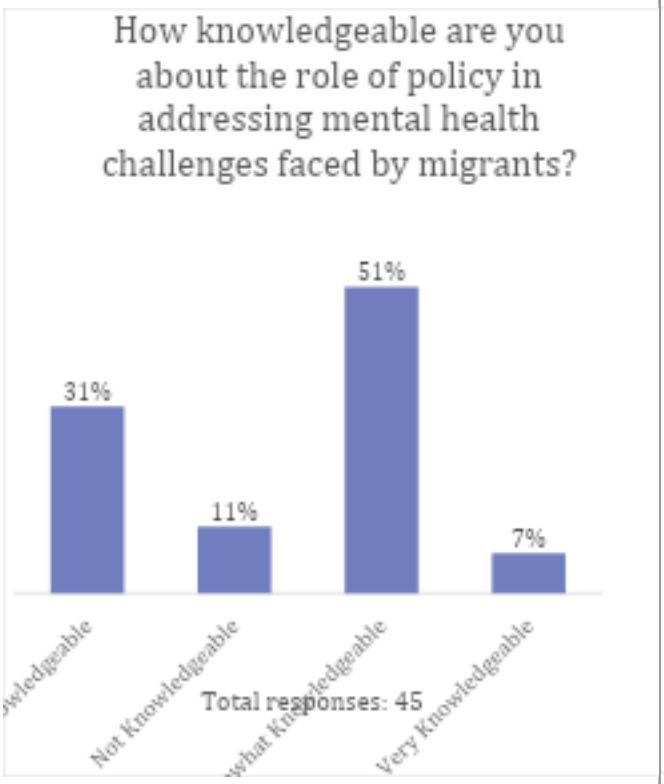


Figure 10: Level of increase in knowledge of role o policy in mental health, post-conference

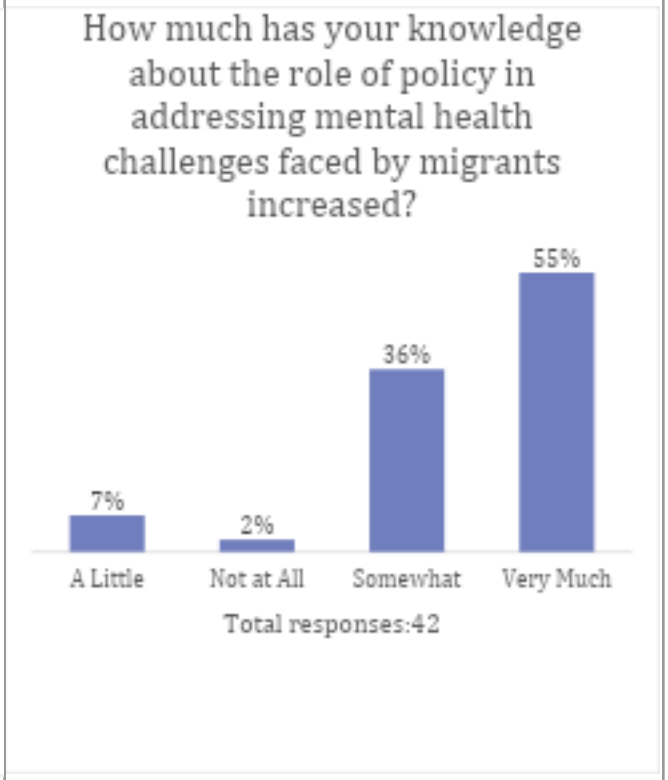


Figure 11: Comfort in participating in discussion, pre-conference

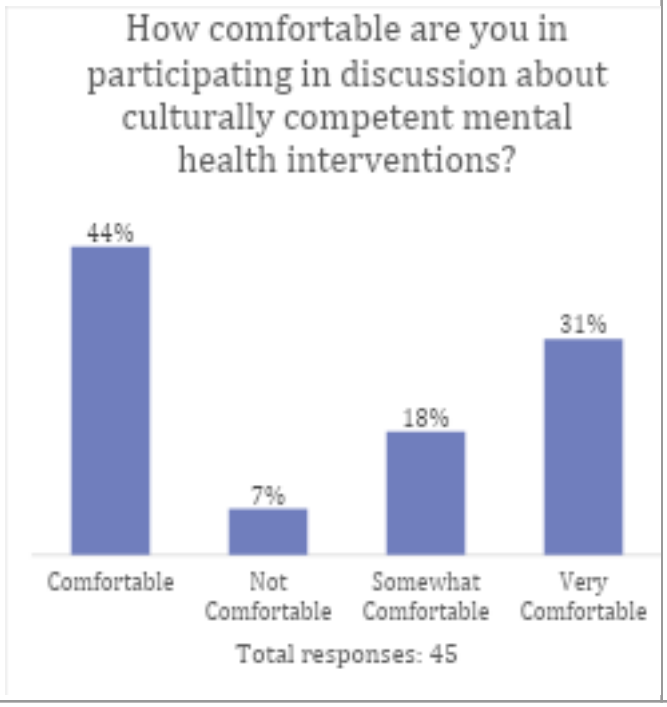
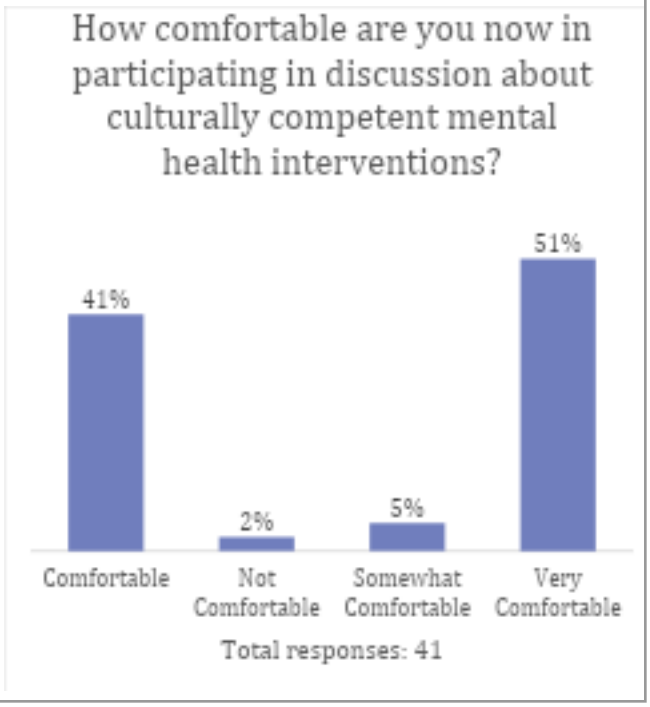


Figure 12: Comfort in participating in discussion, post-conference



2/19/2025 Survey 1: Mental Health Survey

- **Purpose:** To understand participants' mental health status, prior therapy experience, expectations for healing, and motivations for attending the event.
- **Participants:** 125 adult community members attending mental health education sessions.
- **Context:** Completed in person during or immediately after the event; responses compiled digitally.

Figure 13. Positioning on the mental health journey:

The vast majority of survey respondents (74 percent) were doing well on their current mental health journey or were ready to move to the next level (10 percent). A few respondents said they did not know where to start addressing their mental health (6 percent), and some said they were struggling (10 percent).

Figure 13: Where people said they were in their mental health journey

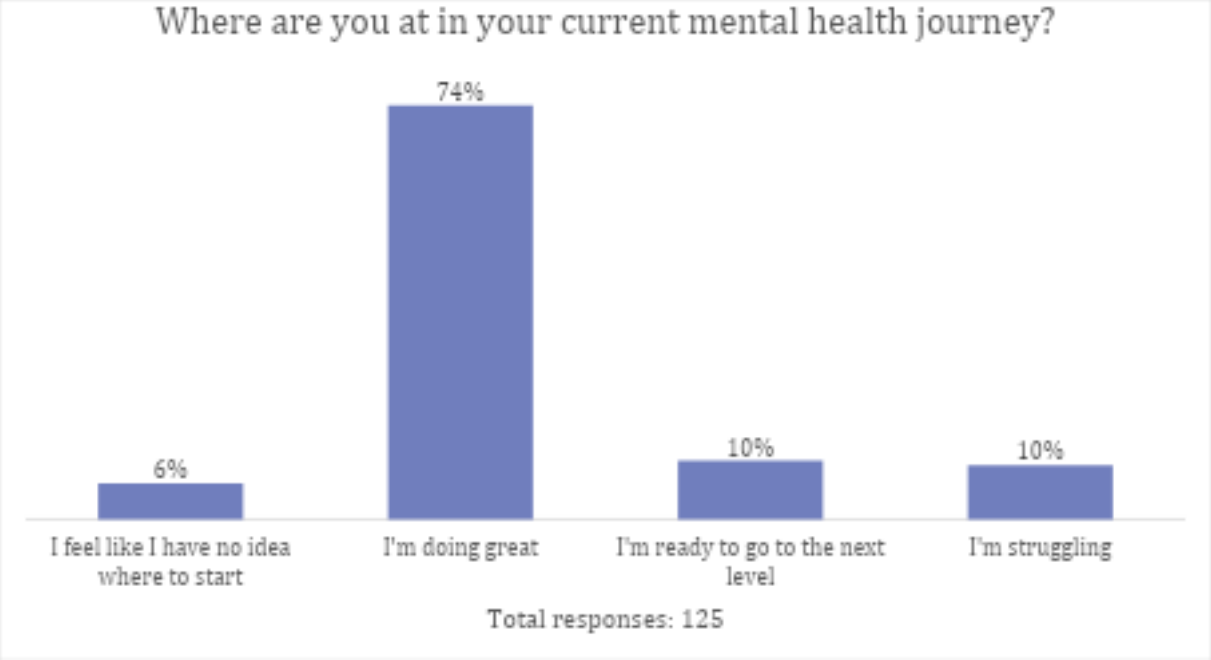


Figure 14. Experiences with therapists/counselors:

About two-thirds of survey respondents (66 percent) had never had mental health therapy, while some (17 percent) had inconsistently accessed therapy. 10 percent of survey respondents were happy with therapy, while 6 percent were unsure whether therapy was helping.

Figure 14: People's experiences with therapists/counselors

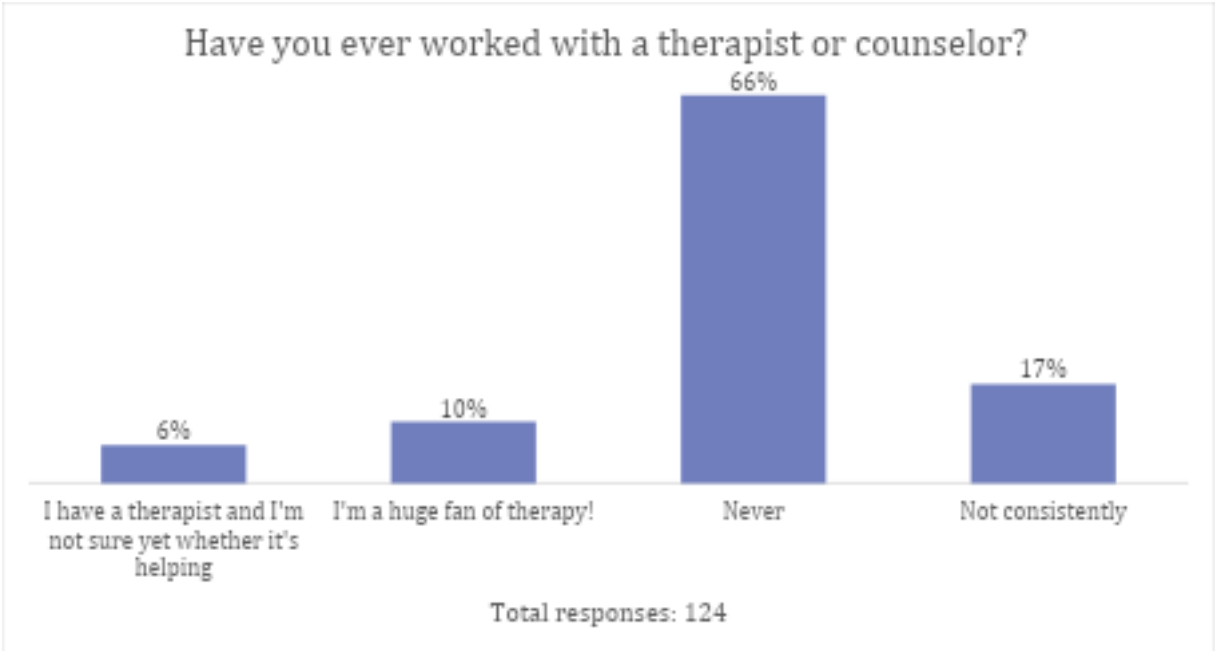


Figure 15. Expectations for participants' mental health journeys:

Most surveys (54 percent) expected hard work, journaling, self-reflection, difficult conversations, and lifestyle changes (Figure 15), and 18 percent expected journaling and self-reflection, difficult conversations, lifestyle changes, and anticipating a lot of tears, with the expectation of being on the better side (Figure 15).

It is recommended that REFA not ask questions that repeat earlier responses and add to them.

Figure 15: Expectations for participants' mental health journeys

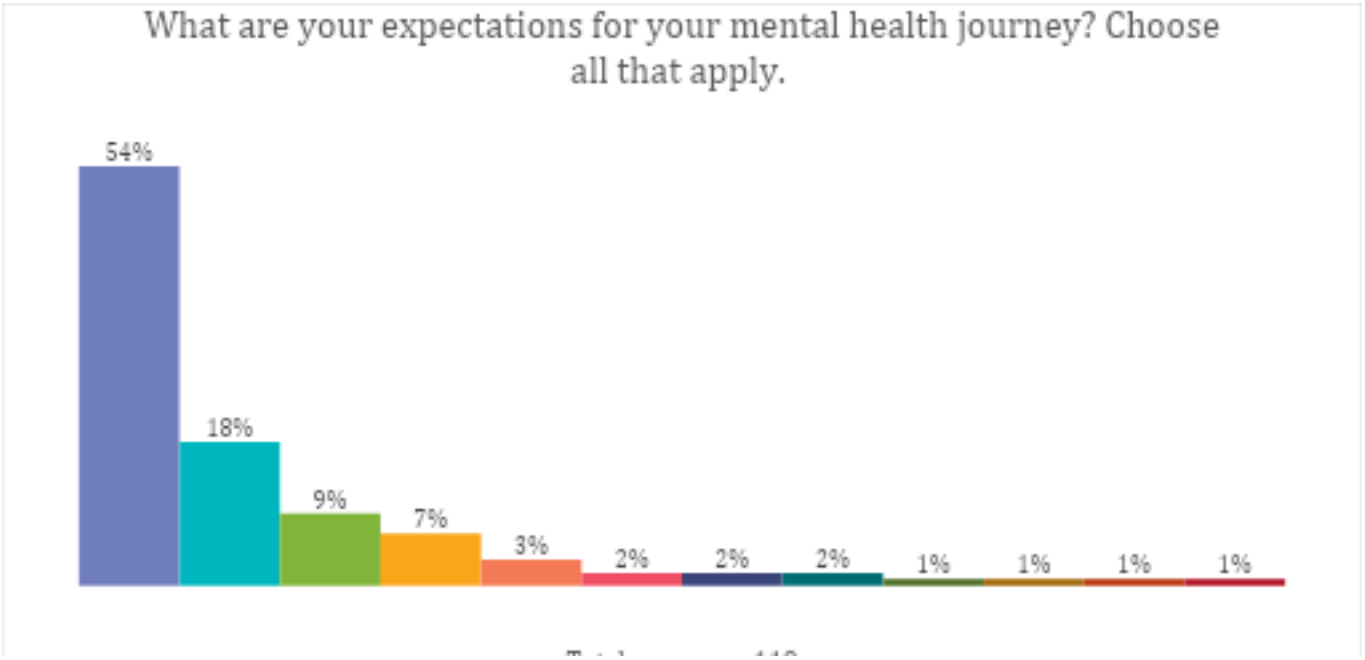
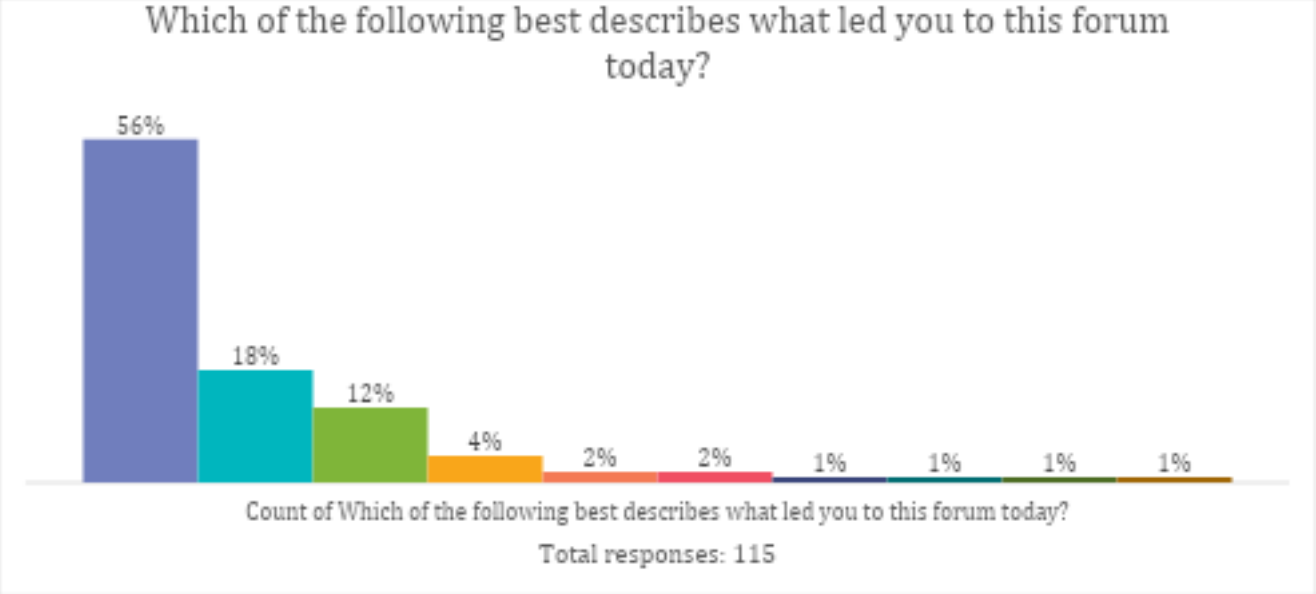


Figure 16. Reasons for attending the forum:

56 percent of respondents said they felt good but wanted to grow to the next level with the right tools; 18 percent said the state of the world caused fear and anxiety about the future; and 12 percent said past traumas were holding them back from being their best selves.

Figure 16: Reasons people attended forum



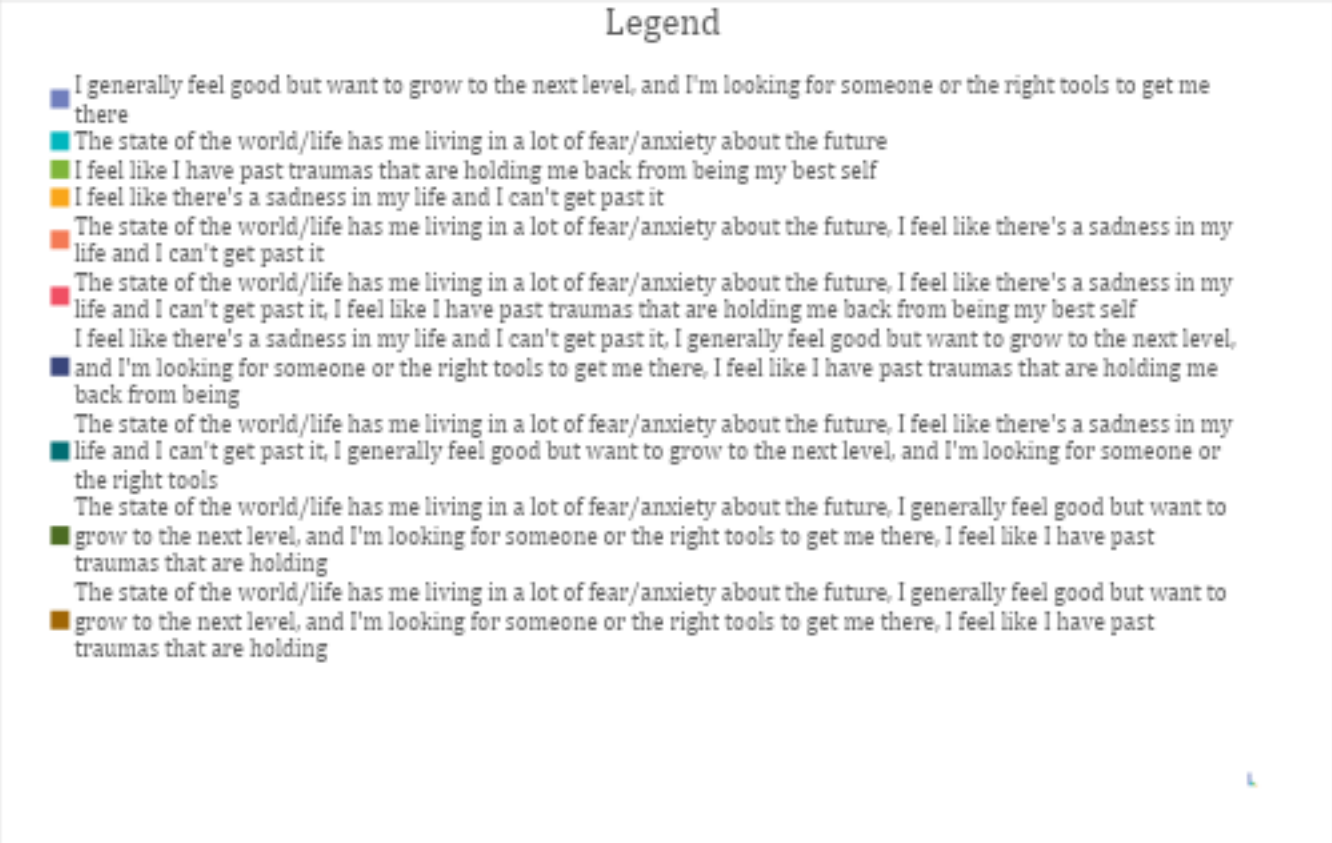
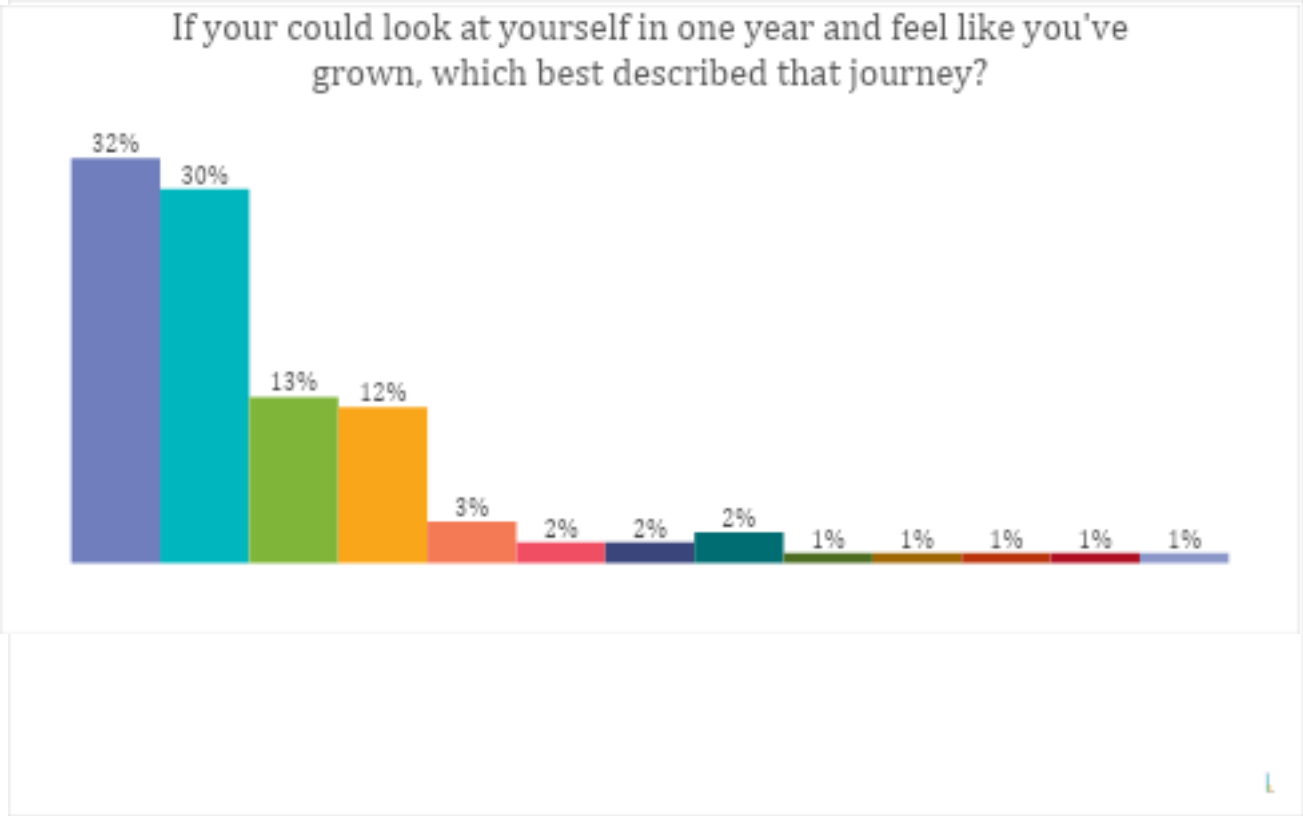


Figure 17. What growth would look like to participants:

32 percent of respondents said that growth would be demonstrated by living free from past hurts, becoming a better version of themselves, and living every day with joy, 30 percent said growth would be demonstrated by living every day with joy, and that they have become better versions of themselves, and 13 percent said growth would mean living every day free from past hurts.

Figure 17: What growth would look like to participants



2/19/2025 Survey 2.1: Preventing Suicide in Minnesota Responses

- **Purpose:** To better understand community needs, experiences, and support gaps related to suicide prevention and overall well-being.
- **Participants:** 16 event attendees (community members).
- **Context:** Completed in person on paper; later digitized from written responses.

Figure 18. Survey respondents' description of themselves:

For this round of surveys, respondents were mostly female, and 63 percent described themselves as mothers. 19 percent of respondents identified as fathers (more males could have been in the sibling, community leader, or community health worker categories).

It is recommended that REFA ask demographic questions separately from community roles.

Figure 18: Participants' roles

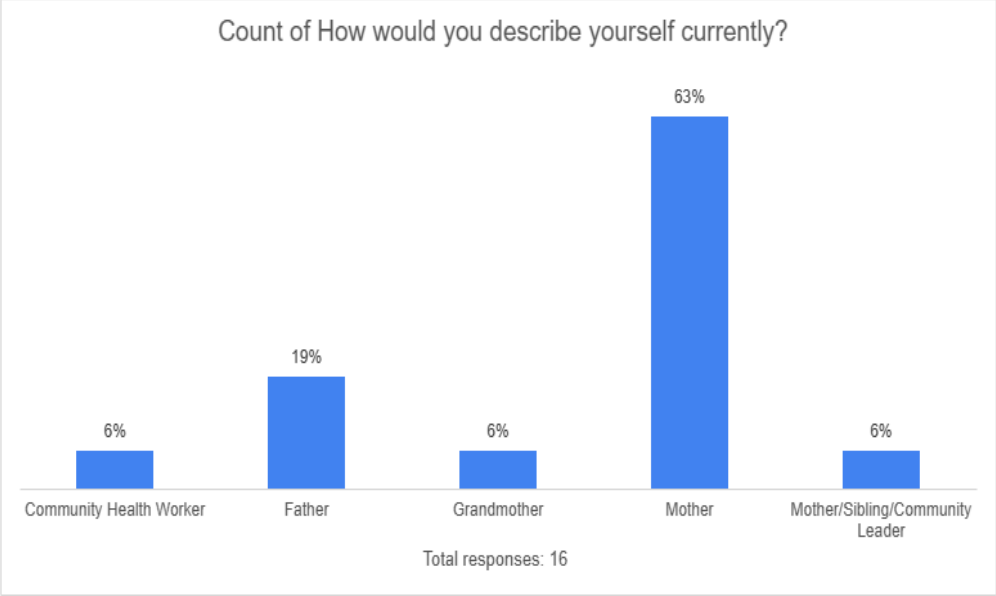


Figure 19. Survey respondents' ability to keep themselves safe:

Most people (75 percent) reported being able to keep themselves safe while engaging in daily activities, while only 25 percent said they were not confident about doing so.

Figure 19: Participants' level of agreement with being able to keep themselves safe

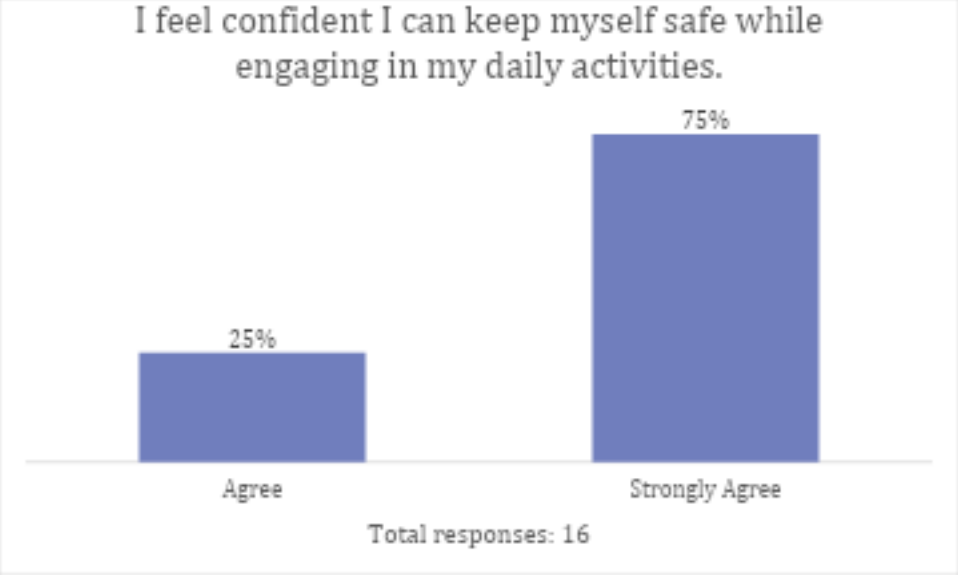


Figure 20. Survey respondents' ability to balance mental health pressure:

56 percent strongly agreed they could balance the mental health pressure while taking care of themselves, and 38 percent agreed. Only 6 percent of respondents disagreed and were unable to balance the pressure of mental health and take care of themselves.

Figure 20: Participants' abilities to balance mental health pressure

Figure 21. Survey participants' level of agreement that they know what to do if they do not feel safe:

75 percent of survey respondents strongly agreed that they know what to do if feeling unsafe, while 19 percent agreed, and 6 percent strongly disagreed.

Figure 21: Participants' levels of agreement that they know what to do if they do not feel safe

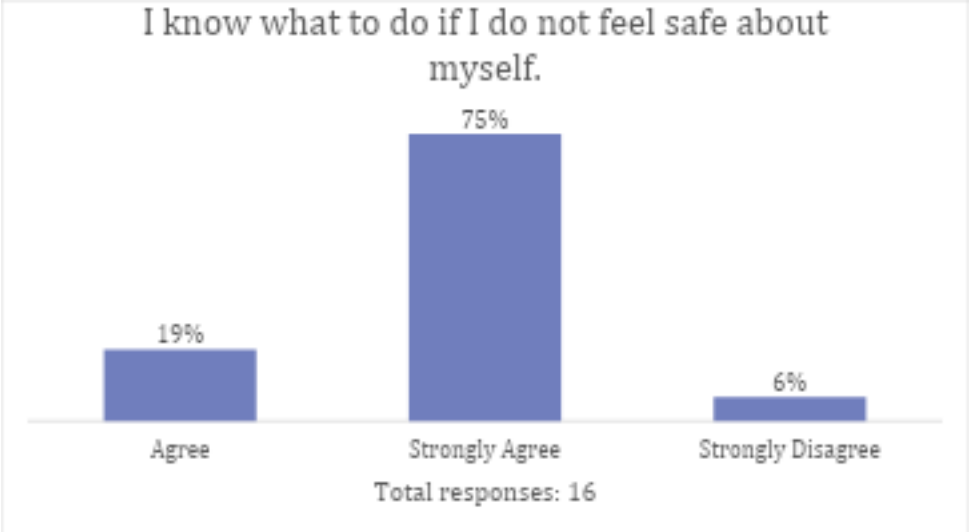


Figure 22. Survey participants' positive outlook:

50 percent of survey respondents strongly agreed that they have a positive outlook, and 44 percent agreed. However, 6 percent disagreed.

Figure 22: Whether participants have maintained a positive outlook

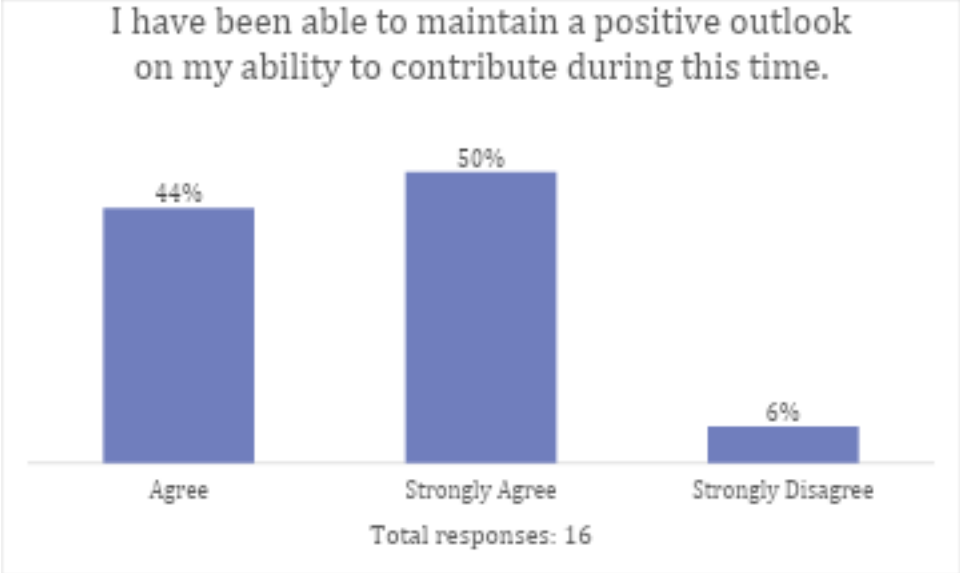
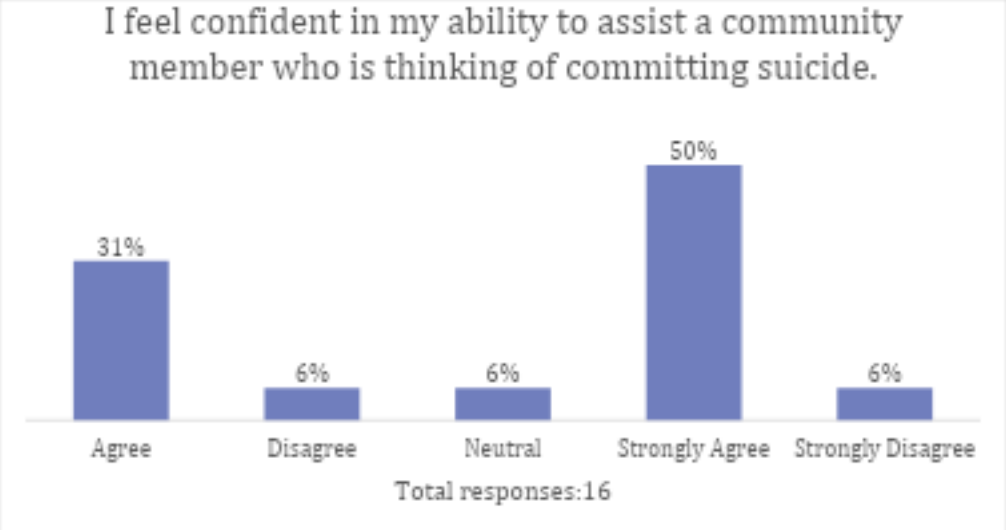


Figure 23. Participants' confidence in assisting someone who is considering suicide:

50 percent of participants strongly agreed that they were confident in their ability to help someone considering suicide, while 31 percent agreed, and only 6 percent were neutral, and 6 percent strongly disagreed.

Figure 23: Participants' confidence in assisting someone considering suicide



2/19/25 Survey 2.2: Workshop (5/20/2024) Preventing Suicide

- **Purpose:** To assess participants' well-being, sense of safety, coping with community stressors, and perceived support and communication effectiveness.
- **Participants:** 23 adult workshop participants (community members).
- **Context:** Completed in person on paper during the workshop; responses digitized afterward.

Figure 24. Participant roles:

30 percent of workshop attendees described themselves as community members, while the rest (70 percent) described themselves in their professional capacities as mental health and wellness professionals, administrators, and directors in physical and mental health, and education.

Figure 24: Participant roles

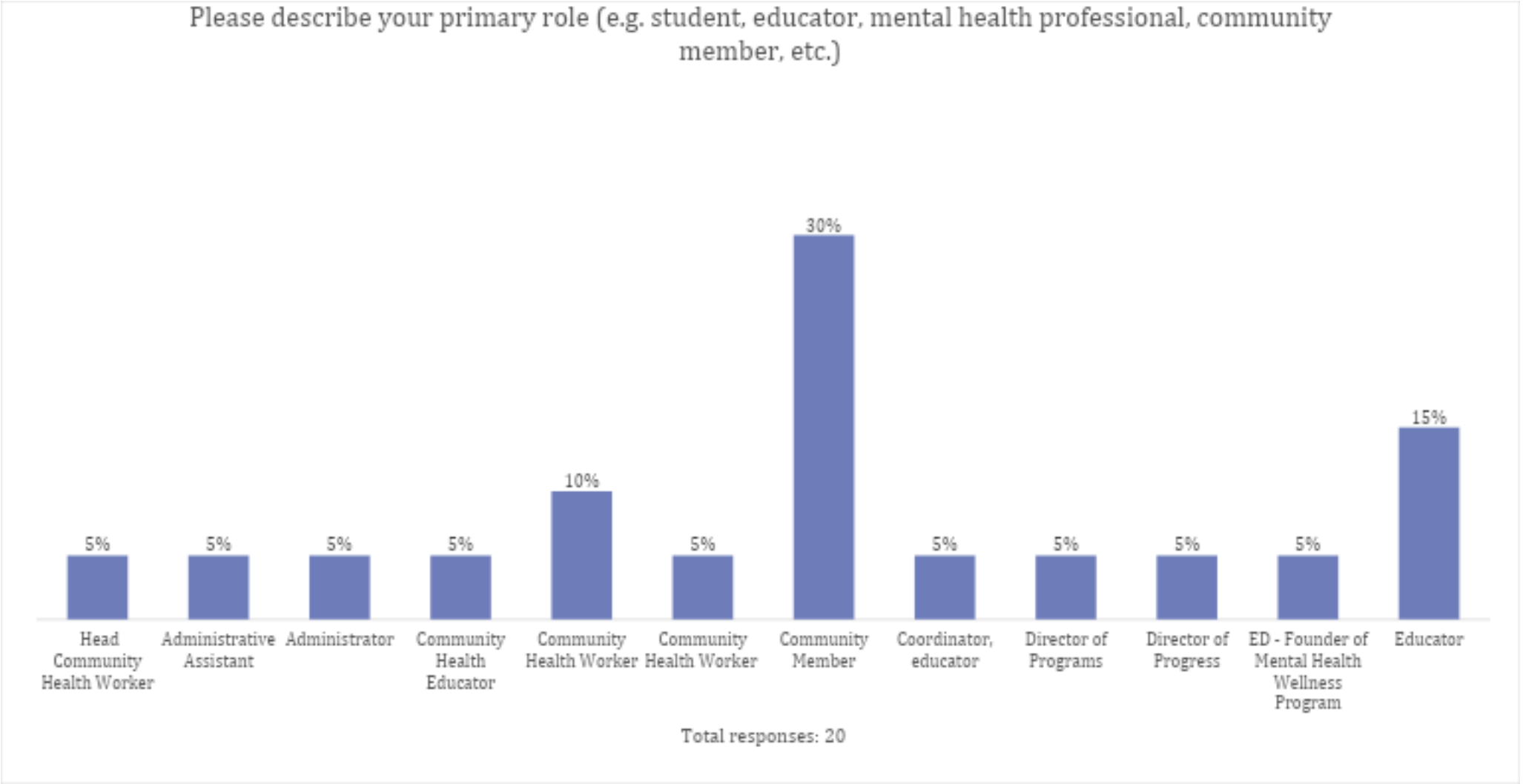


Figure 25. Participant ages:

45 percent of attendees were between the ages of 25 and 34, 36 percent were between 35 and 44, 14 percent were between 45 and 54, and 5 percent were between 55 and 64.

Figure 25: Participant ages

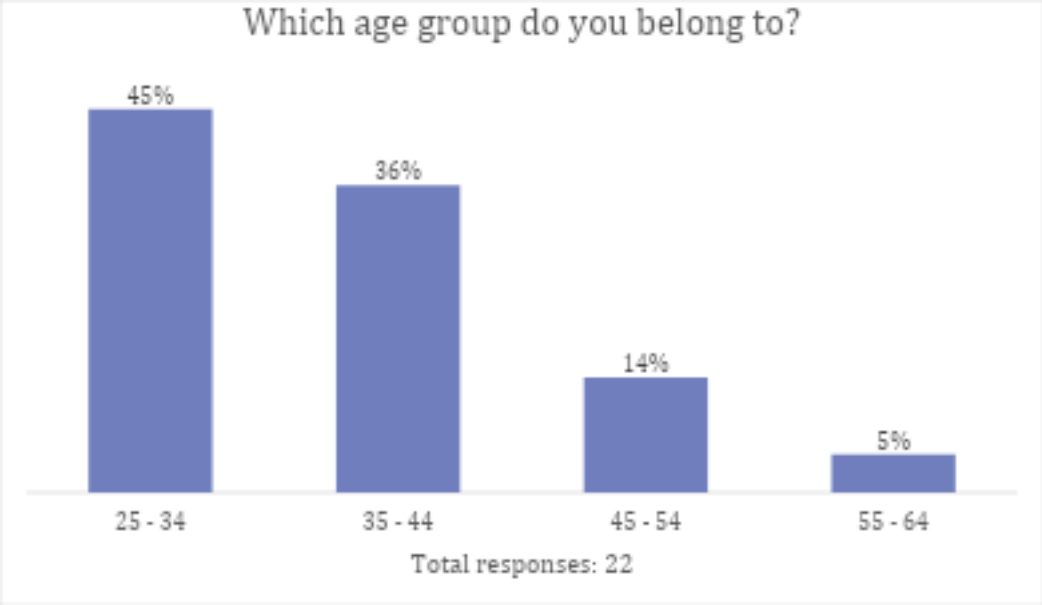


Figure 26. Participant gender:

70 percent were female, and 30 percent were male.

Figure 26: Participant gender

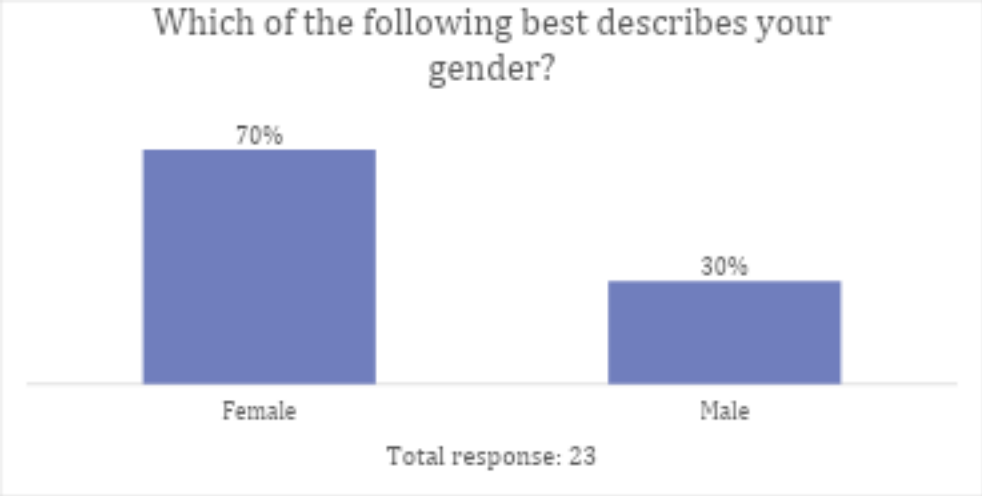


Figure 27. Participant race/ethnicity:

Although REFA was founded to serve sub-Saharan Africans, a more diverse group of individuals attended this workshop, with 4 percent Asian, 17 percent Hispanic or Latino, and 13 percent white or Caucasian. 4 percent of attendees described themselves as immigrants or refugees and could be of any race or ethnicity.

Figure 27: Participant race/ethnicity

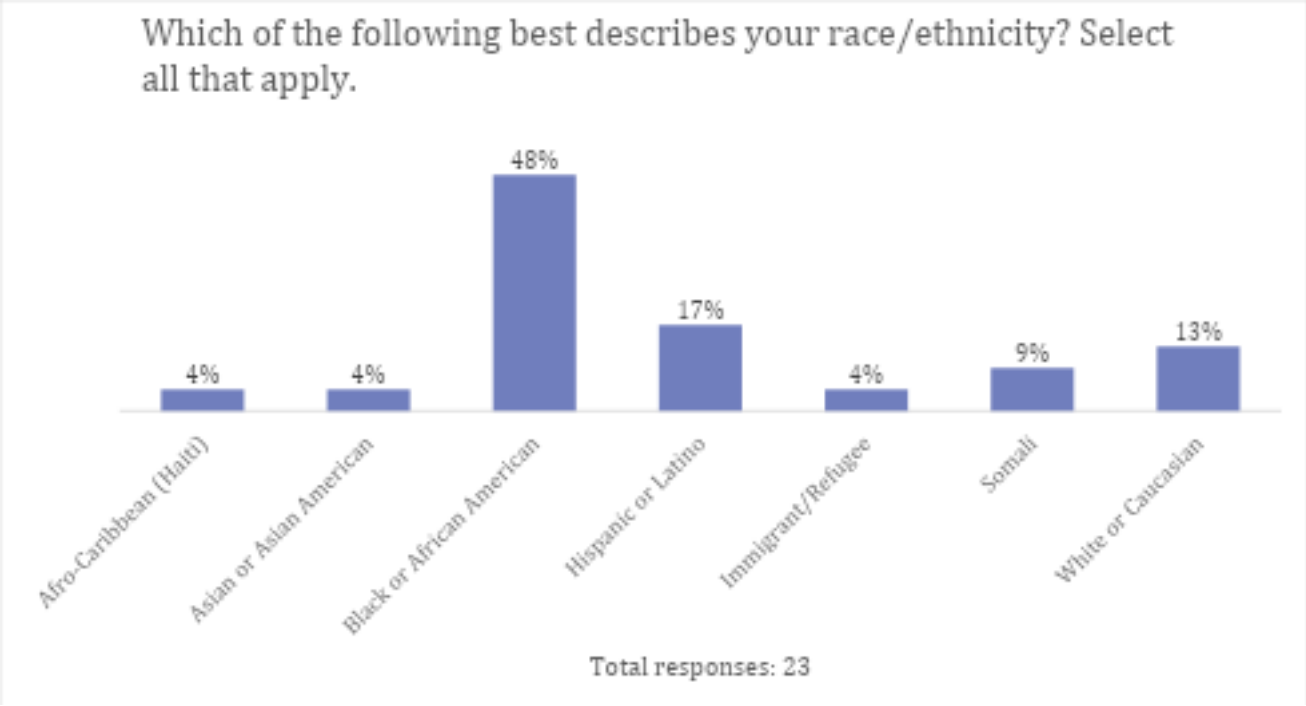


Figure 28. Participants' self-description:

27 percent of participants in this workshop primarily described themselves as siblings, 23 percent as mothers, 14 percent as fathers, and 14 percent as community health workers.

Figure 28: How participants describe themselves

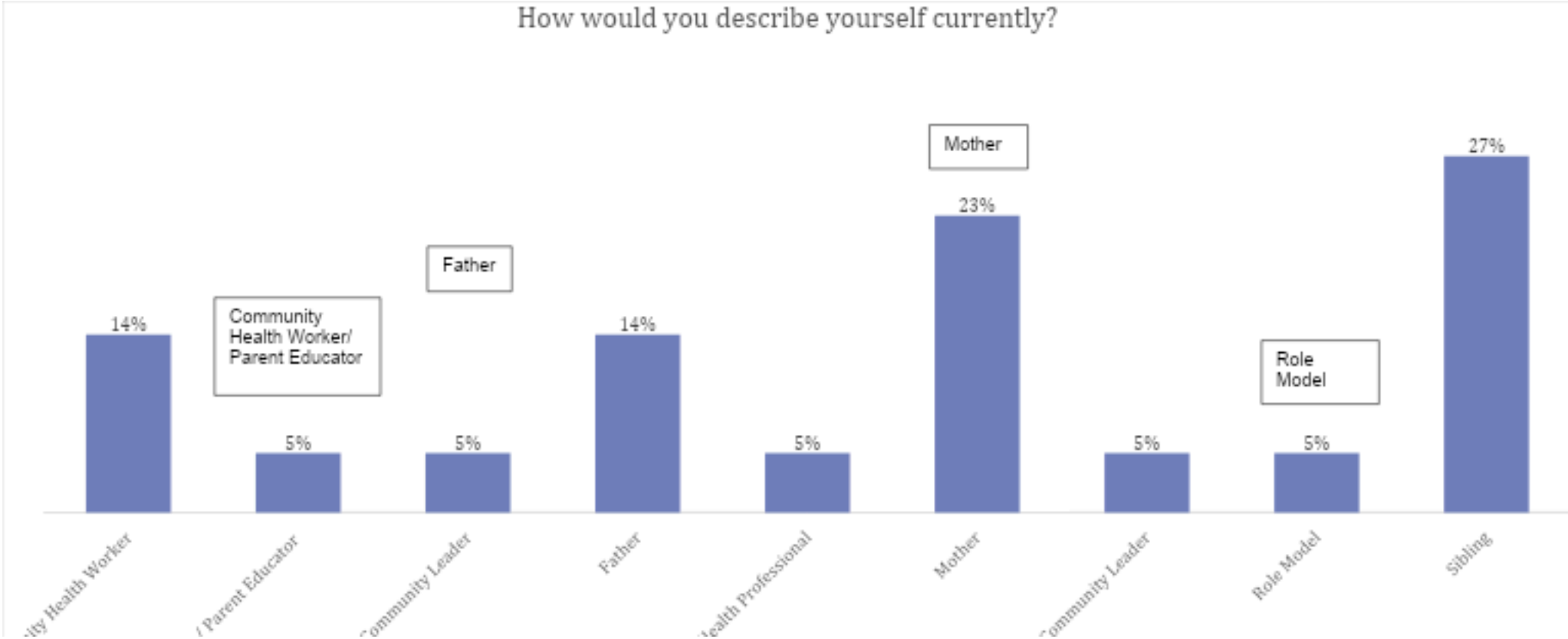


Figure 29. Participants' views on the workshop:

Most workshop attendees (91 percent) strongly agreed that the workshop was a good use of their time, while 9 percent agreed.

Figure 29: Agreement that workshop was good use of time

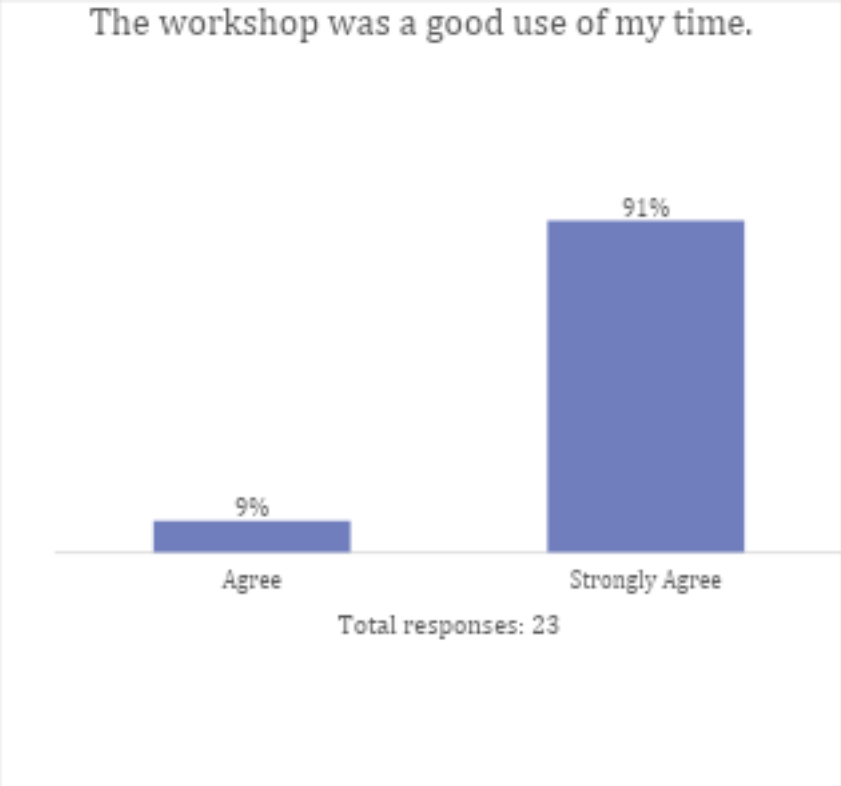


Figure 30. Participants' views on appropriateness of time allocated during the workshop:

83 percent of workshop attendees agreed that the time was appropriate for the content shares, and 13 percent agreed. Only 4 percent of attendees disagreed.

Figure 30: Agreement that appropriate time was allotted

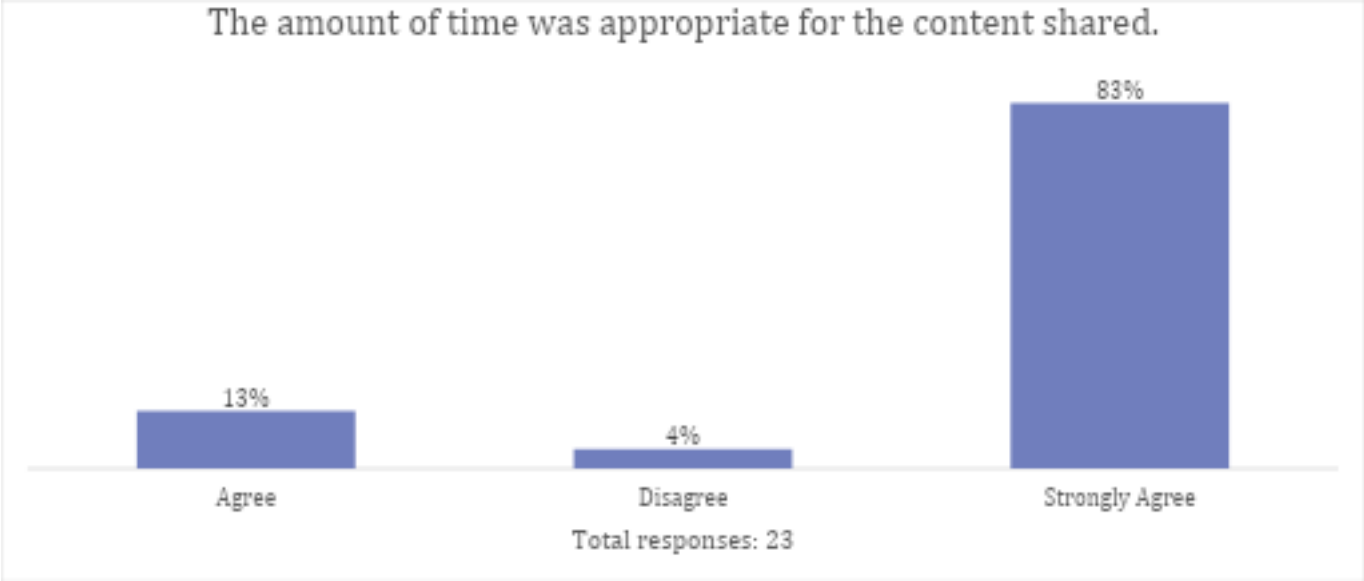


Figure 31. Participants' opinions on the organization of the workshop:

96 percent of workshop attendees strongly agreed that the workshop was well organized, and 4 percent agreed.

Figure 31: Agreement that the workshop was well-organized

Figure 32. Participants' opinions on the organization of the workshop:

91 percent of workshop attendees strongly agreed that they had the opportunity to ask questions, and 9 percent agreed.

Figure 32: Agreement that participants had opportunities to share and ask questions

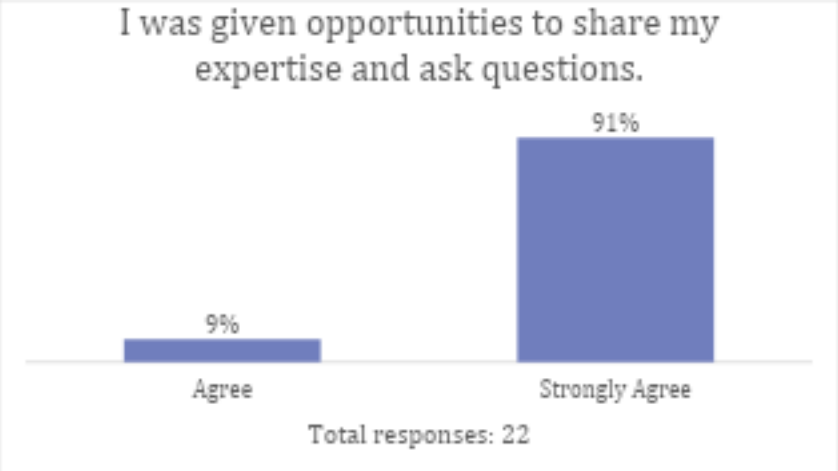


Figure 33. Participants' opinions on understanding the material:

96 percent of workshop participants strongly agreed that information was shared in a way they could understand, and 4 percent agreed.

Figure 33: Agreement that presented shared information in understandable way

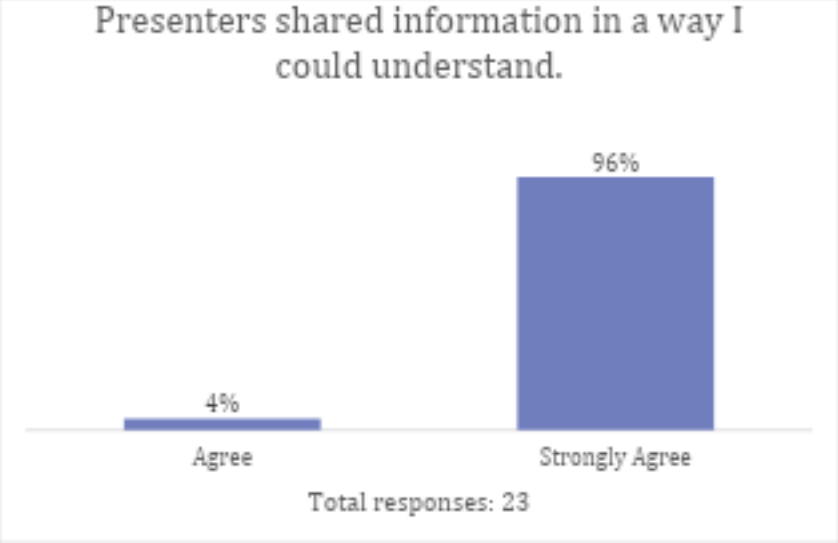


Figure 34. Participant goals were met:

96 percent of attendees said they strongly agreed that their goals were met, and 4 percent agreed.

Figure 34: Agreement that session goals were met

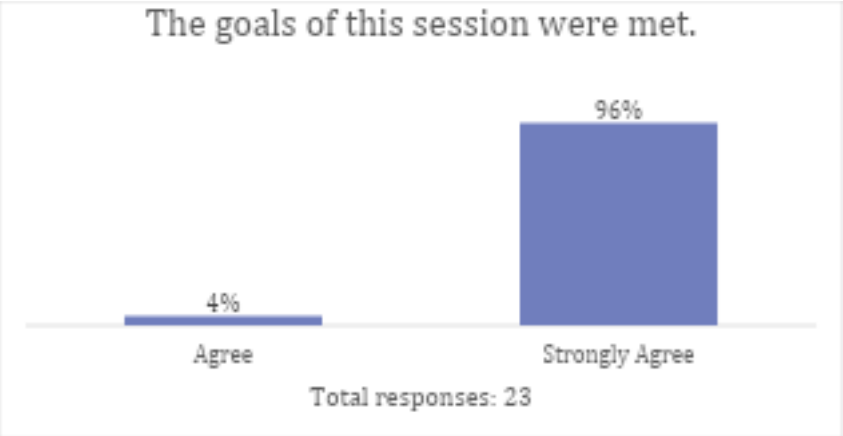


Figure 35. Participants gained life skills as a result of the workshop:

91 percent of attendees said they strongly agreed that they gained life skills or resources they could apply to their personal lives, and 9 percent agreed.

Figure 35: Agreement that participants gained applicable skills

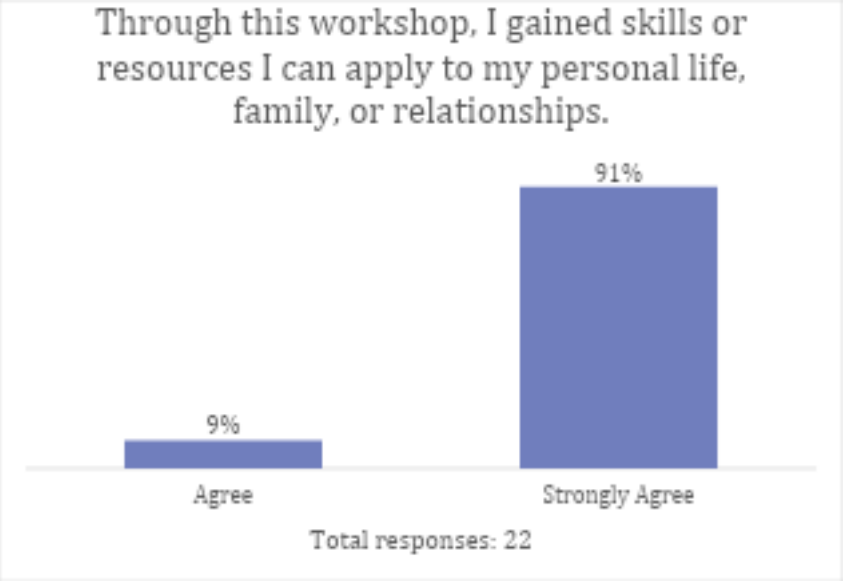


Figure 36. Participants gained work skills as a result of the workshop:

74 percent of attendees said they strongly agreed that they gained work skills or resources they could apply to their professional lives, and 26 percent agreed.

Figure 36: Agreement that participants gained applicable work skills

Figure 37. Participants' knowledge of what to do if feeling unsafe:

65 percent of workshop attendees strongly agreed that they now know what to do if they feel unsafe; 26 percent agreed, and 4 percent strongly agreed. Only 4 percent were neutral.

Figure 37: Agreement that people know what to do if they do not feel safe

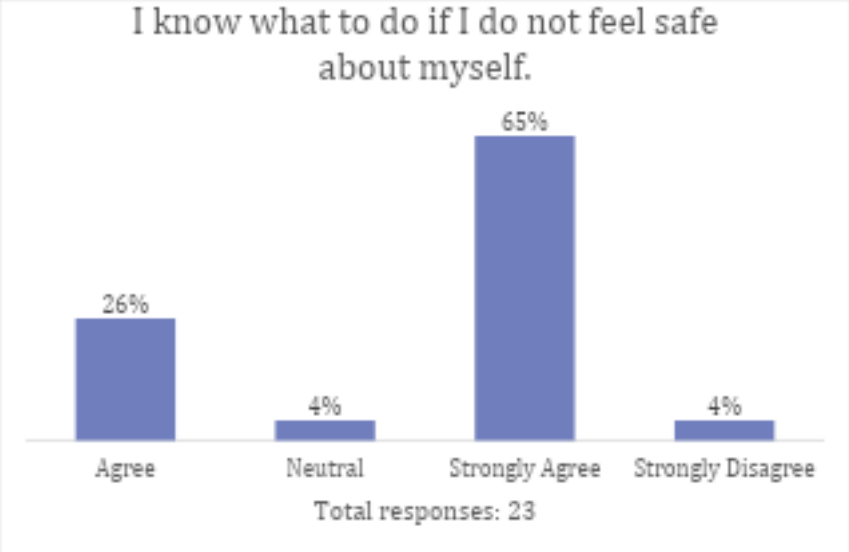


Figure 38. Participants' confidence in keeping themselves safe:

70 percent of workshop attendees strongly agreed that they could keep themselves safe while engaged in daily activities, 26 percent agreed, and 4 percent were neutral.

Figure 38: Agreement that participants can keep themselves safe

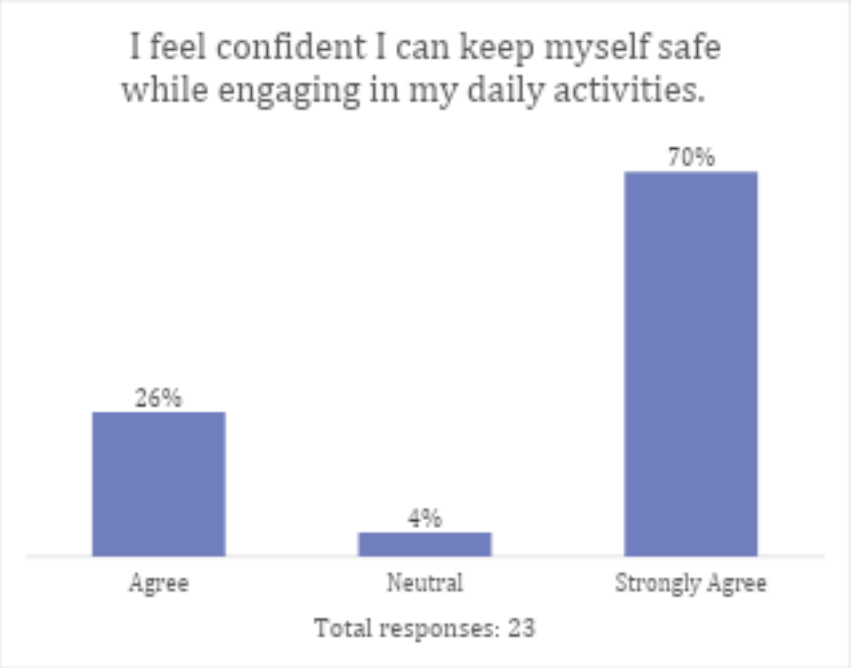


Figure 39. Participants' confidence in keeping themselves safe:

48 percent of workshop attendees strongly agreed that they could balance mental health pressure in the community with taking care of themselves, 39 percent agreed, 9 percent were neutral, and 4 percent disagreed.

Figure 39: Agreement that participants can balance mental health pressure

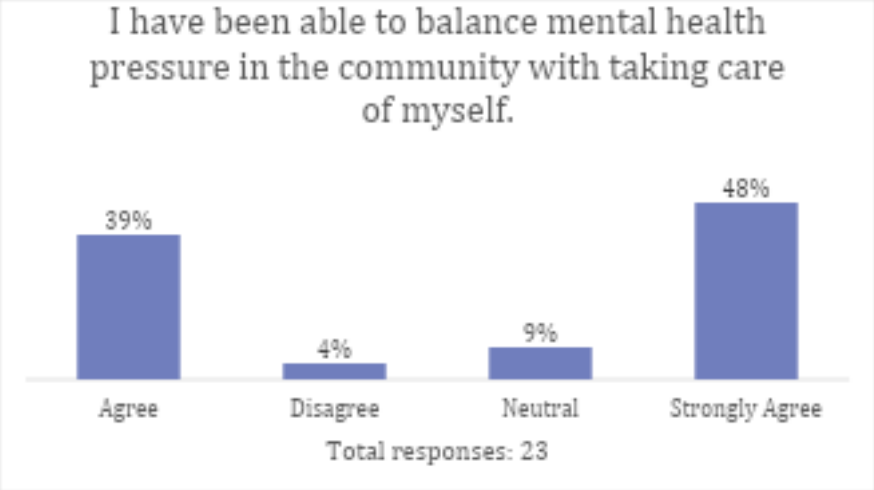


Figure 40. Participants' maintenance of a positive outlook:

61 percent of workshop participants strongly agreed that they could maintain a positive outlook and be able to contribute to society, 30 percent agreed, 4 percent were neutral, and 4 percent disagreed.

Figure 40: Agreement that participants have maintained a positive outlook

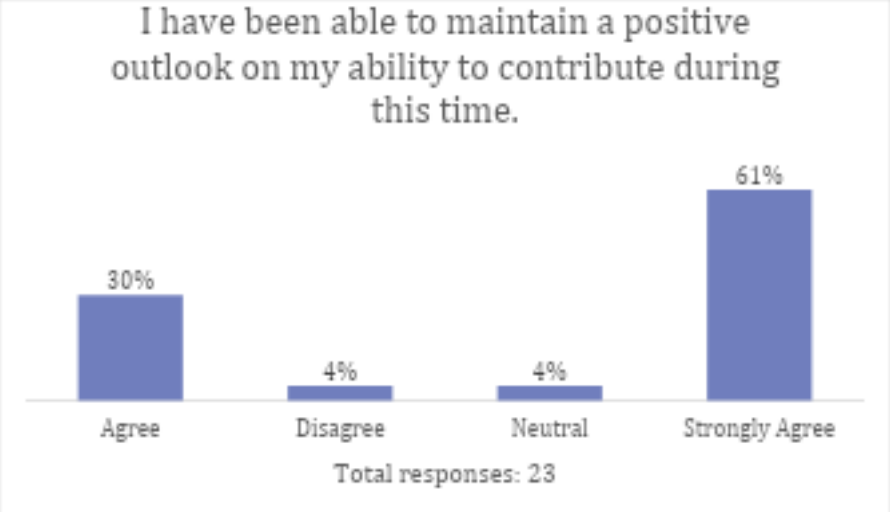


Figure 41. Participants' confidence in assisting someone considering suicide:

35 percent of workshop participants strongly agreed that they were confident they could assist someone considering suicide, 43 percent agreed, 17 percent were neutral, and 4 percent disagreed.

Figure 41: Confidence in ability to assist someone considering suicide

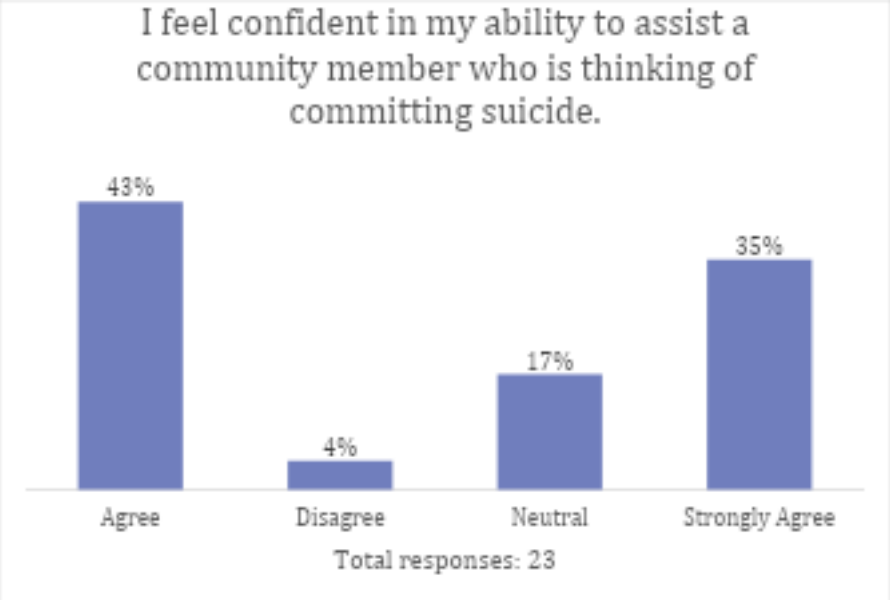


Figure 42. Participants' confidence in preventing suicide in their home:

48 percent of workshop participants strongly agreed that they were confident in community resources to prevent suicide in their home, 26 percent agreed, 22 percent were neutral, and 4 percent disagreed.

Figure 42: Confidence to prevent suicide in my home

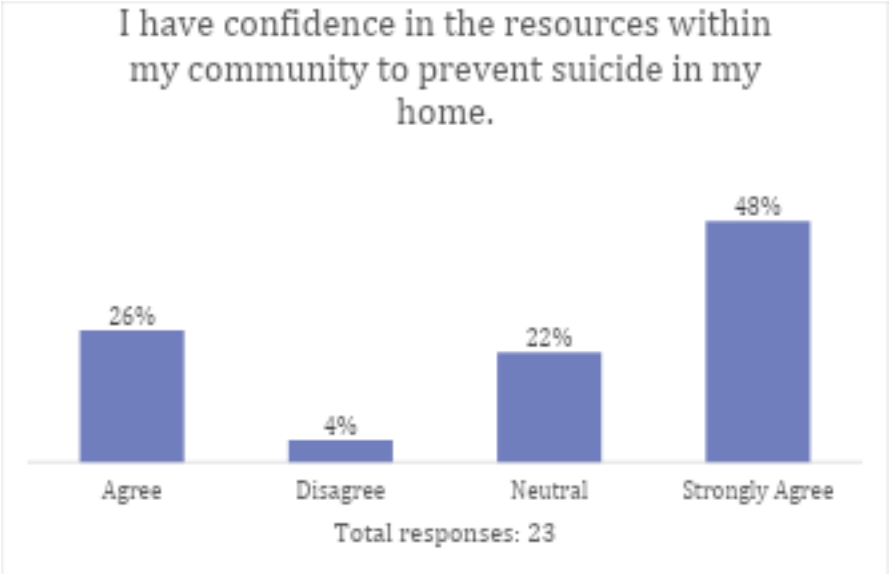


Figure 43. Participants have suicide prevention information:

36 percent of workshop participants strongly agreed that they have the information they need for suicide prevention (e.g., crisis line, emergency lines, culturally informed professionals, employee assistance resources, child care support, healthcare access/benefits), 55 percent agreed, 5 percent were neutral, and 5 percent disagreed.

Figure 43: Agreement that participants have information they need for suicide prevention

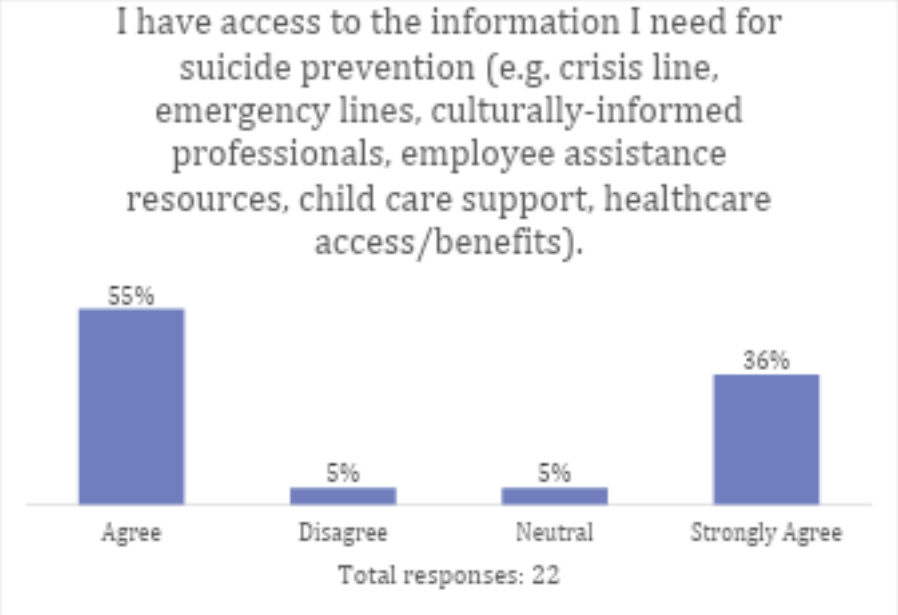


Figure 44. Participants' views of REFA communications on available resources:

38 percent of workshop participants strongly agreed that communications from REFA have been helpful in understanding what resources are available to them (e.g., safety and wellness guidance, and access to professionals), 43 percent agreed, and 19 percent were neutral.

Figure 44: Agreement that communication from REFA has been helpful in understanding available resources

Figure 45. Participants' views on REFA communication and family safety:

48 percent of workshop attendees strongly agreed that REFA provides them with information they need to continue to ensure that their family is safe from suicide, 29 percent agreed, 24 percent were neutral.

Figure 45: Agreement that communication from REFA has been helpful to keep family safe from suicide

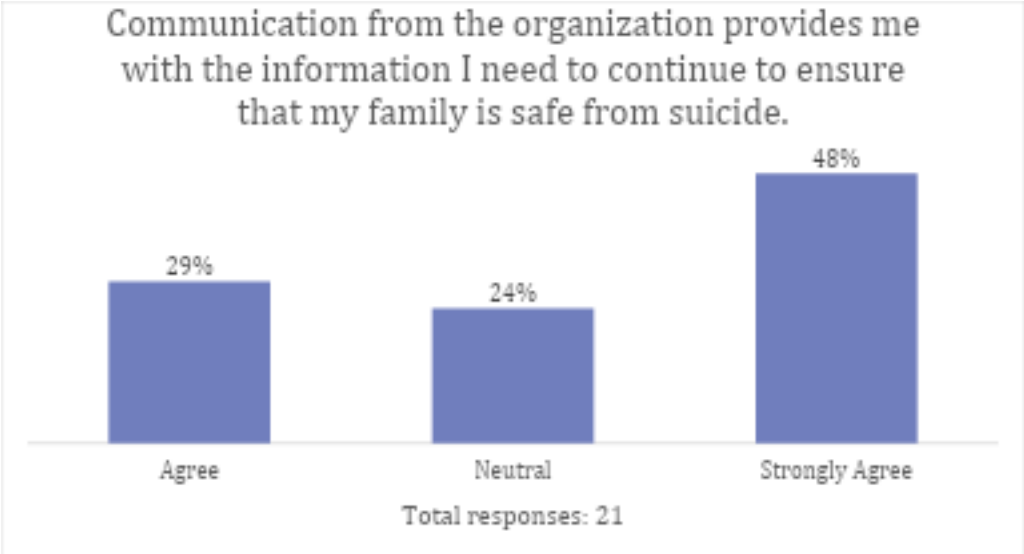
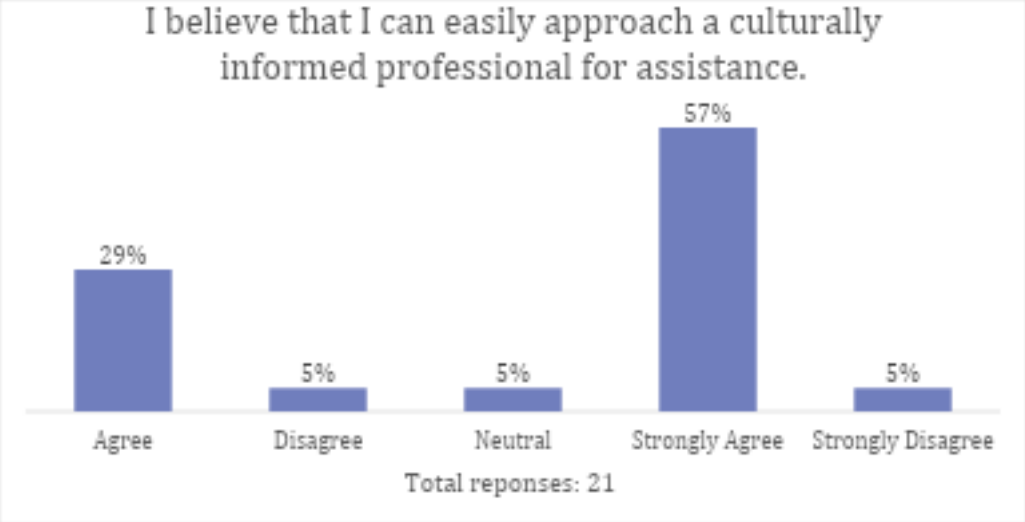


Figure 46. Participants' confidence in approaching culturally informed professional helpers:

57 percent of workshop attendees said they strongly agreed that they approach a culturally informed professional for assistance, 29 percent agreed, 5 percent were neutral, 5 percent disagreed, and another 5 percent strongly disagreed.

Figure 46: Participants' level of agreement that they can easily approach a culturally informed professional for help



2/20/25 Community Readiness Assessment (CRA) Survey

- **Purpose:** To assess community awareness, readiness, and capacity to address mental health, substance misuse, and suicide prevention.
- **Participants:** 40 community members, including young adults, parents, and elders.
- **Context:** Completed in person on paper; responses later digitized for analysis.

Figure 47. Participants' perceptions of community awareness about mental health, substance misuse, and suicide:

38 percent of participants completing the community readiness assessment reported that community members were either extremely or very aware of mental health, substance abuse, and suicide in their communities, 25 percent said they were moderately aware, and 38 percent reported that community members were slightly aware.

Figure 47: Perceptions of community members' awareness of issues

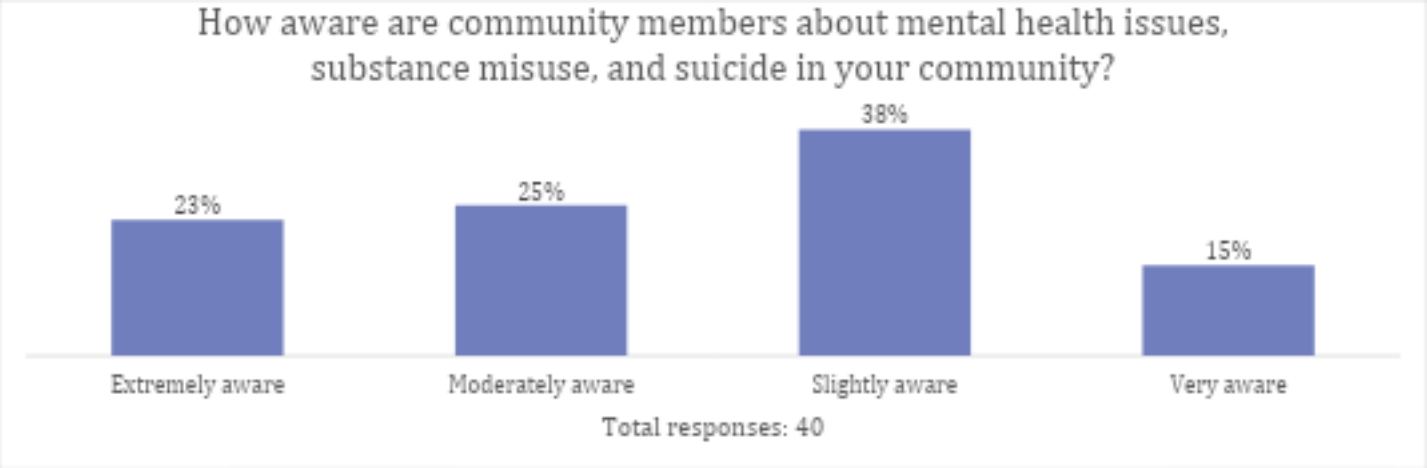


Figure 48. Participants' perceptions of how often community members discuss mental health:

38 percent of participants completing the community readiness assessment reported that community members were rarely discuss mental health, substance abuse, and suicide in their communities, 30 percent said that community members sometimes discussed mental health, substance abuse, and suicide, 18 percent said community members often discussed mental health, substance abuse, and suicide, 10 percent reported that community members always discussed all three, but 5 percent reported those issues were never discussed.

Figure 48: How often do community members discuss mental health?

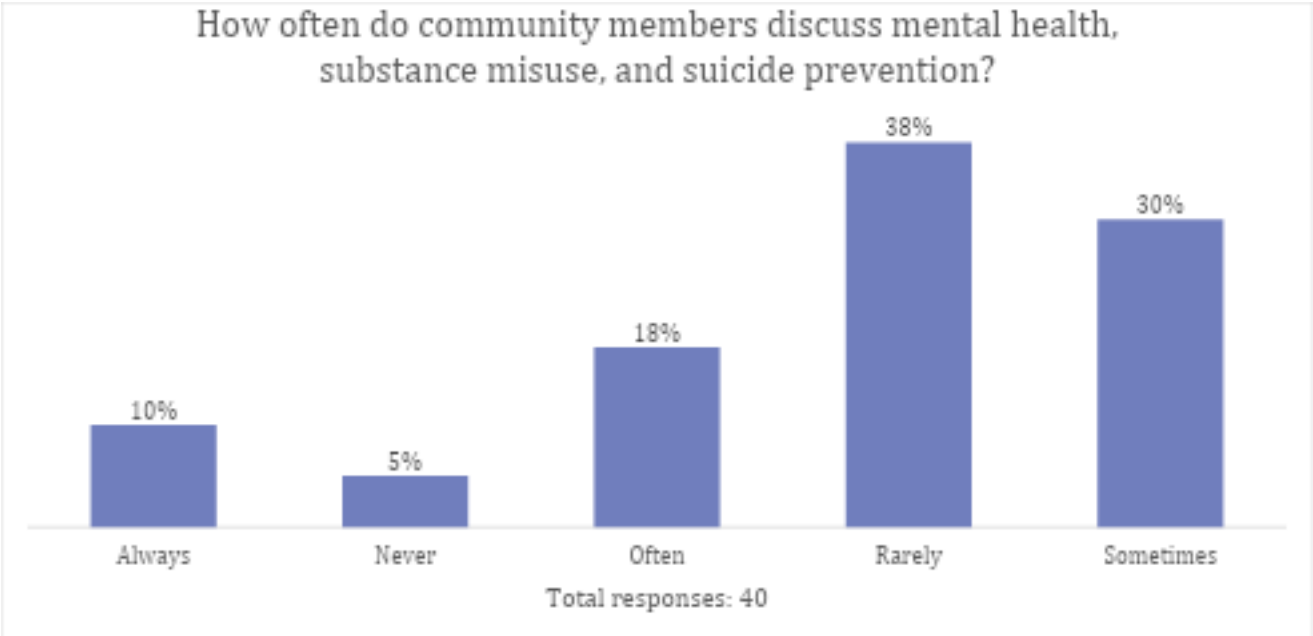
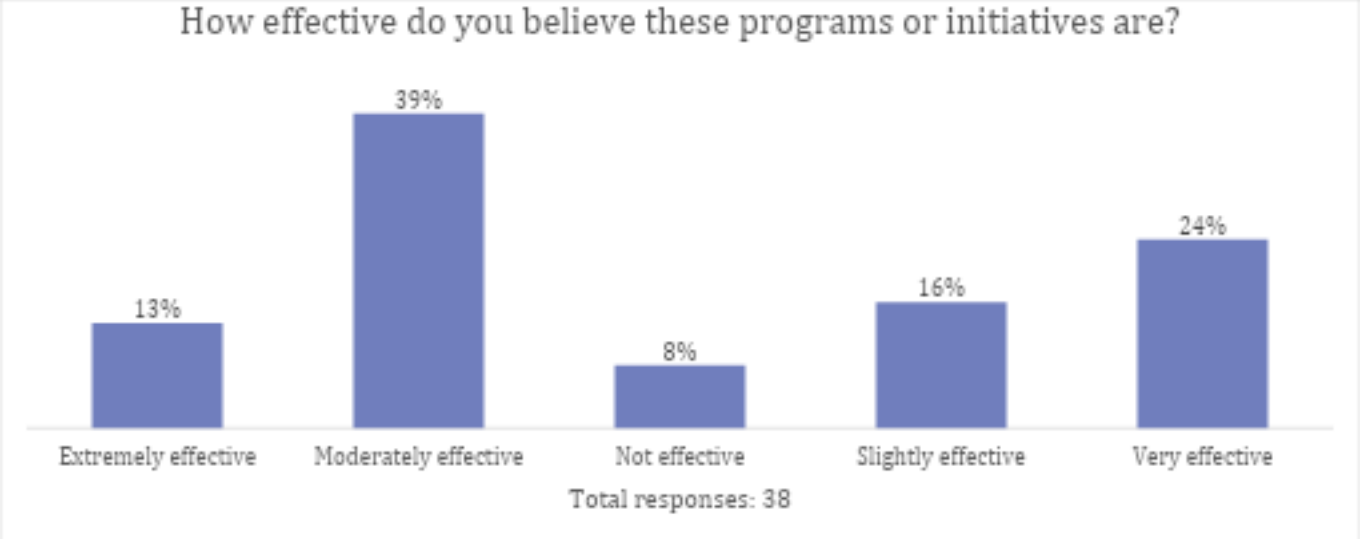


Figure 49. Participants' perceptions of program and initiative effectiveness:

13 percent of community members completing the community readiness assessment reported programs and initiatives addressing mental health, substance abuse, and suicide in their communities were extremely effective, 24 percent said that the programs were effective, 39 percent said they were moderately effective, 16 percent said they were slightly effective, and 8 percent said the programs and initiatives were not effective.

59 percent were aware of programs addressing mental health, substance abuse, and suicide, while 41percent reported they were unaware of those programs.

Figure 49: Whether current programs exist to address issues



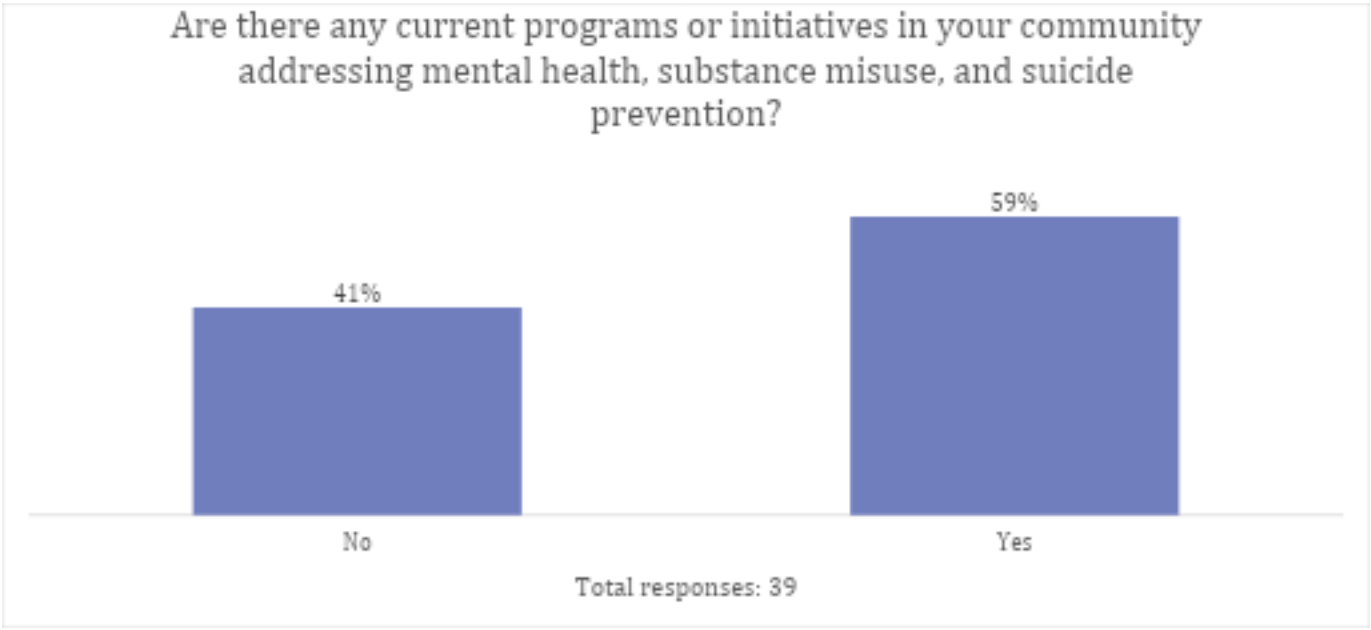


Figure 50. Participants' perceptions of community leader support:

20 percent of community members completing the community readiness assessment said community leaders (faith leaders, elected officials) were supportive in addressing mental health, substance abuse, and suicide in their communities, 46 percent said that community leaders were moderately supportive, 10 percent said community leaders were extremely supportive, while 20 percent said they were slightly supportive, and 5 percent said they were not supportive at all.

Figure 50: Perceptions of community leader support

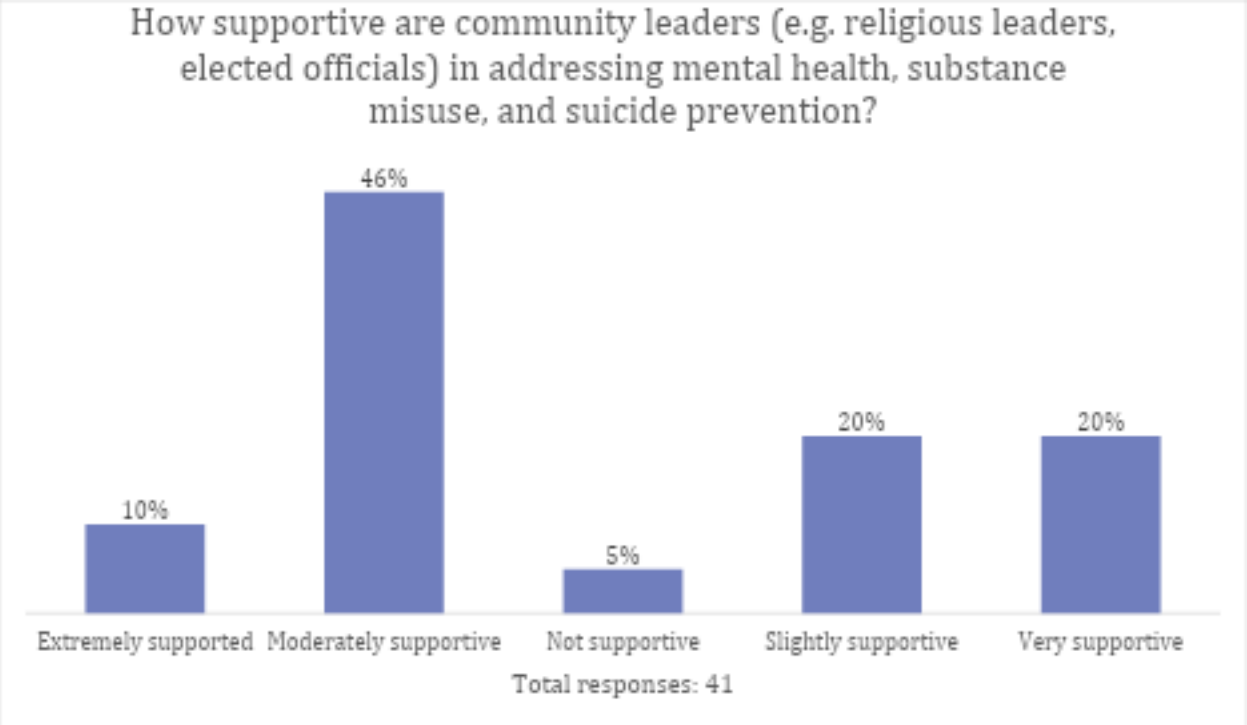


Figure 51. Participants' perceptions of community leader outspokenness:

12 percent of community members said community leaders always spoke publicly about mental health, substance abuse, and suicide in their communities, 20 percent said community leaders often spoke publicly, 44 percent said that community leaders sometimes spoke publicly, and 24 percent said community leaders rarely spoke publicly about mental health, substance abuse, and suicide.

Figure 51: How often community leaders speak out publicly

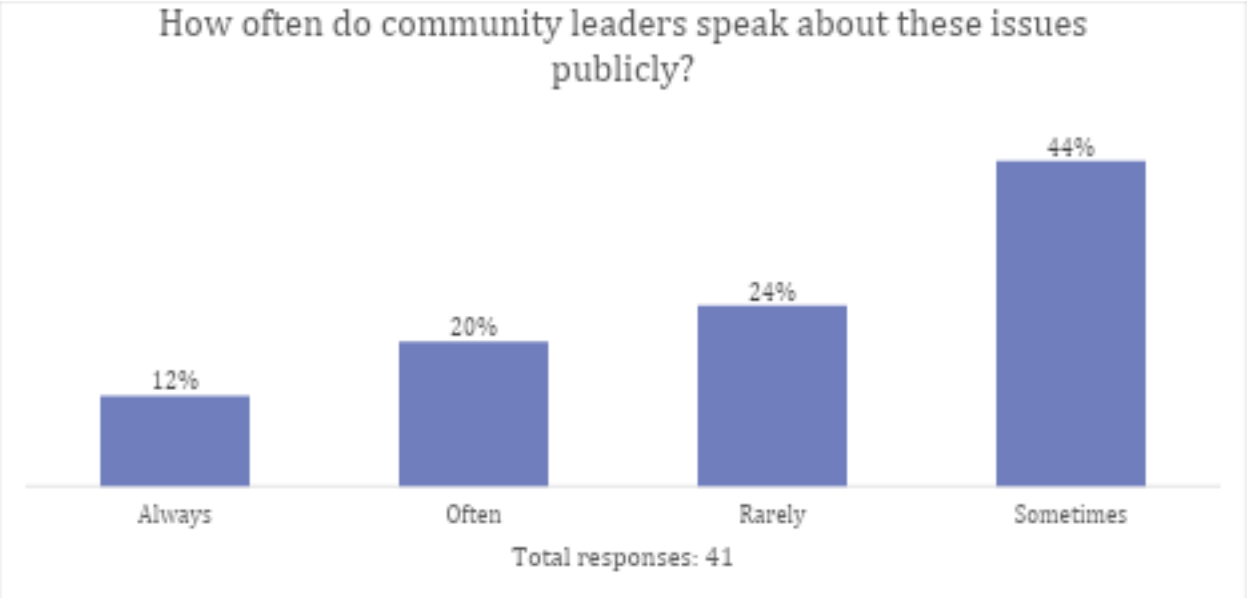


Figure 52. Participants' perceptions of community participation:

49 percent of respondents thought community members were either very willing or extremely willing to participate in efforts to address mental health, substance abuse, and suicide in their communities. 32 percent said community members were moderately willing, 17 percent said they were only slightly willing, and 2 percent said community members were unwilling to participate in efforts to address mental health, substance abuse, and suicide.

Figure 52: Perceptions of community members' willingness to participate in efforts to address issues

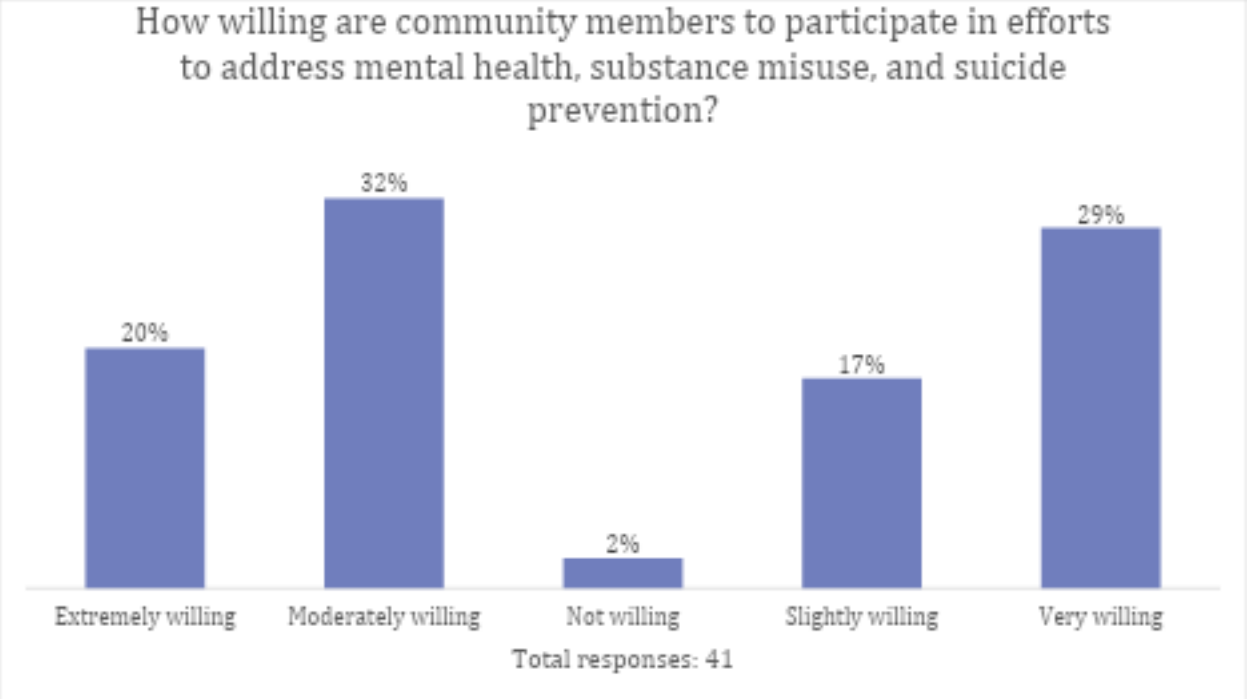


Figure 53. Participants' perceptions of stigma:

40 percent of respondents said there was a very high level of stigma about mental health, substance abuse, and suicide in their communities, and 23 percent characterized it as a high level of stigma. 25 percent said the stigma was moderate, 13 percent said there were slight levels of stigma.

Figure 53: Participants' perceived levels of community stigma

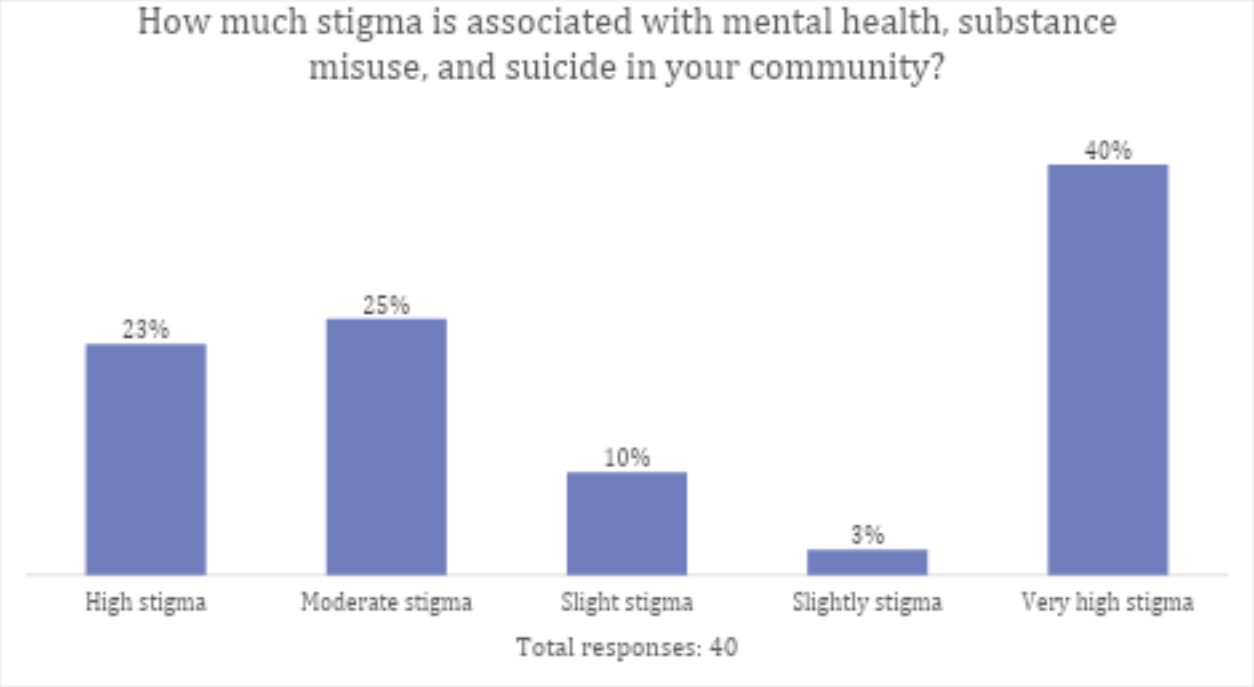


Figure 54. Participants' familiarity with programs and resources:

8 percent of participants said they were extremely familiar with programs and resources that address mental health, substance abuse, and suicide in their communities, and 13 percent said they were very familiar with them. 23 percent said they were moderately familiar with the programs and resources, the largest number, 40 percent said they were only slightly familiar with the programs and resources, and 18 percent said they were not familiar at all with programs and resources to address mental health, substance abuse, and suicide.

Figure 54: Perceptions of community members' familiarity with programs and resources

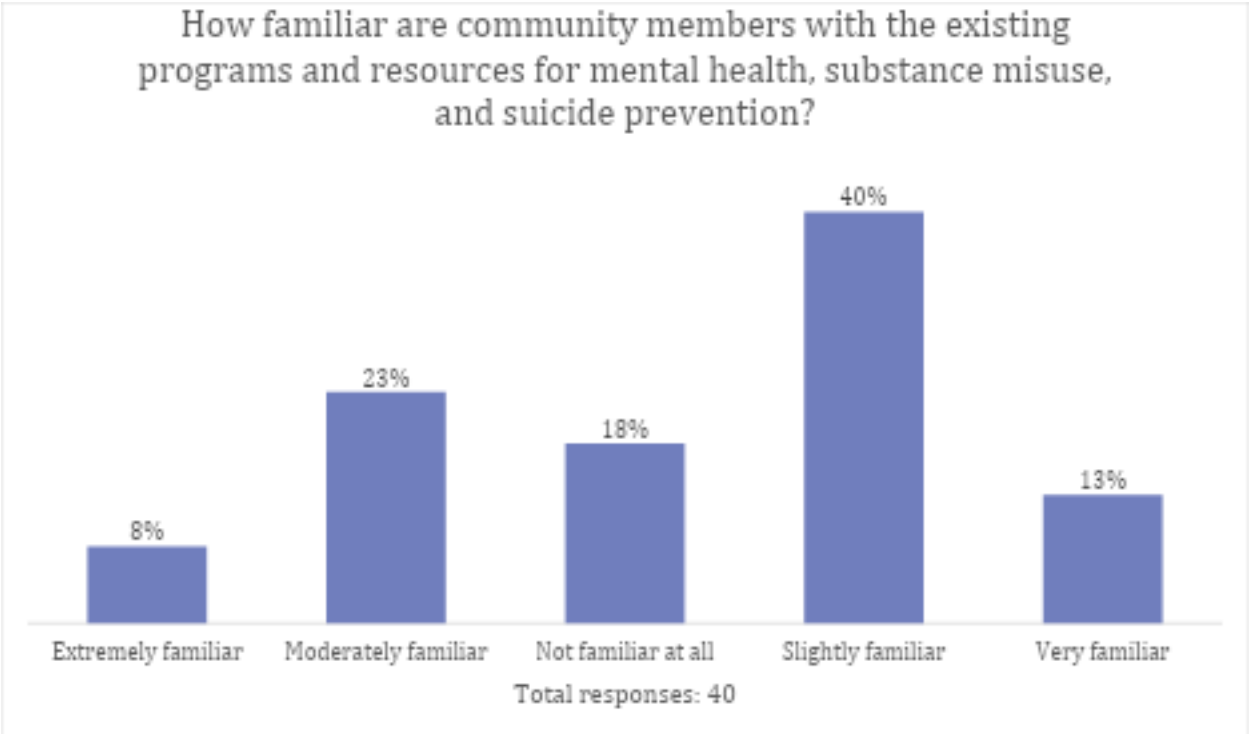


Figure 55. Participants' resource awareness and needs:

The most familiar program to community members was REFA (19 percent), with knowledge of other resources evenly split across resources at 6 percent each. Referral or information sources were evenly spread out at 3 percent by referral source, and so were responses about additional resources needed.

Figure 55: Resource Awareness and Needs

If yes, please list the programs or initiatives you are aware of.		How do community members typically find out about these programs and resources?		What additional resources do you think are needed to improve mental health, substance misuse, and suicide prevention efforts in your community?	
Africa youth's speak		At the time of crisis.			
A million hugs (?)	**6percent**	When someone gives referrals because a crisis has already unfolded	3percent		
AMWAG	**6percent**	By people telling	3percent	*Youth forums	
Church outreach	**6percent**	Community Leaders	3percent	*Clinics	3percent
DARE		Community meetings	3percent	Awareness program	3percent
Few school ones	**6percent**	Creating more resources	3percent	Awareness programs	3percent
Dialogue	**6percent**	Ear say		Churches	3percent
		Church forums	3percent	Counselors Therapists	3percent
Hennepin (?)	**6percent**	Emails if you have it	3percent	Different programs	
Not sure	**6percent**	Flyers and [illegible]	3percent	Small facilities	3percent
Not that I know of	**6percent**	Friends invite	3percent	adults (???)	3percent
-Open (?) awareness		Friends, social media, family members	3percent	Few	0percent
-Harm reduction	**6percent**	From practicing professionals in the field	3percent	I don't know	5percent
Restoration for All	**19percent**	I don't know	3percent	Individuals/Leaders	3percent
Restoration for All, INC	**6percent**	Invites	3percent		
school (??)	**6percent**	Messages	3percent	Many resources	3percent
School-issued programs	**6percent**	News	3percent	Medium	3percent
Thumbs Up	**6percent**	Not aware	3percent	Mental health for all	3percent
Grand Total	**16**	Online	5percent	More	3percent
		Positive	3percent	N/A	0percent
				None	11percent

		Social media	3percent	Not a lot I'm aware of. I only know detox centers, shelters	3percent
		Text, emails	3percent	Not many, in my school district	3percent
		Through a friend and WhatApp group	3percent	Not sure	8percent
		Through community events	3percent	Organizations	3percent
		Through family members	3percent	Sometime crafts [illegible]	3percent
		Through food drives	3percent	State	3percent
		Through friends and informed family/church members	3percent	Through church	3percent
		Through one another	3percent	Thumbs up	3percent
		Through school announcements		Trained personnel	5percent
		Through flyers/posters	3percent	Trained personnel [illegible]	3percent
		Through websites	3percent	Very few	5percent
		Through word of mouth and sometimes the church	3percent	Very limited resources	3percent
		Very rare	3percent	Workshops	3percent
		Website	3percent	Grand Total	37
		Website, Google, community events	3percent		
		When it affects family members, when it is personal	3percent		
		Word of mouth	8percent		
		Word of mouth and text messages	3percent		
		Word of mouth get-together	3percent		

2/20/2025 Survey 3: Cultural Identity Responses

- **Purpose:** To explore participants' cultural identity, sense of belonging, and changes in perspective before and after the African Youth Summit.
- **Participants:** Youth and young adult attendees of the African Youth Summit.
- **Context:** Completed in person using pre- and post-paper surveys; later digitized.

Figure 56. Participants' cultural identity:

Participants' self-identification varied across the pan-African spectrum.

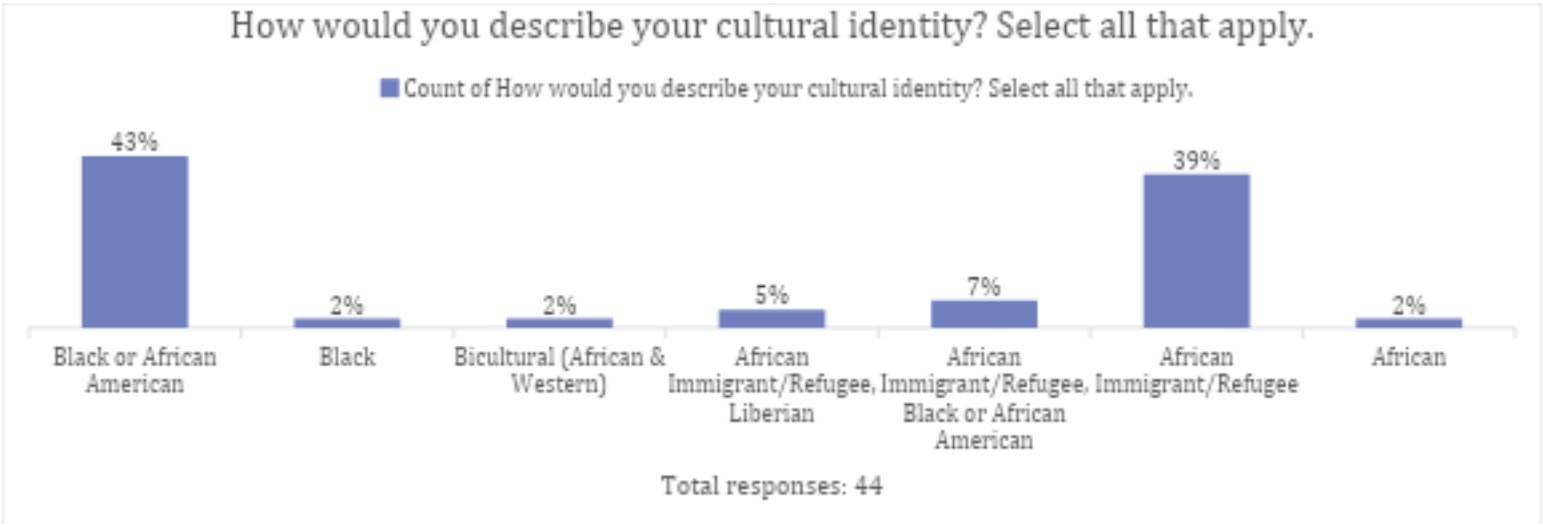


Figure 56: Participants' cultural identity

Figures 57-62. Pre- and post-conference sense of cultural identity, culture, and belonging:

On a scale of 1 -5, with five being the most connected, the youth surveys show that the percentage of youth reporting feeling most connected to their cultural heritage increased from 34 percent before the conference to 65 percent after the conference.

44 percent of youth reported in the pre-conference survey that they sometimes were conflicted between their African heritage, and the cultural expectations of their new country. For the post-conference survey, on a scale of 1-5, with five being the most challenged, 41 said they were conflicted between their African heritage and the cultural expectations of their new country.

74 percent of pre-conference youth survey respondents said they have a sense of belonging in their new country. For the post-conference survey, on a scale of 1-5, with five representing the biggest change, 45 percent of youth respondents said their sense of belonging had changed.

We recommend that REFA use the same language and scales in the pre- and post-workshop surveys for a more meaningful and easier comparison.

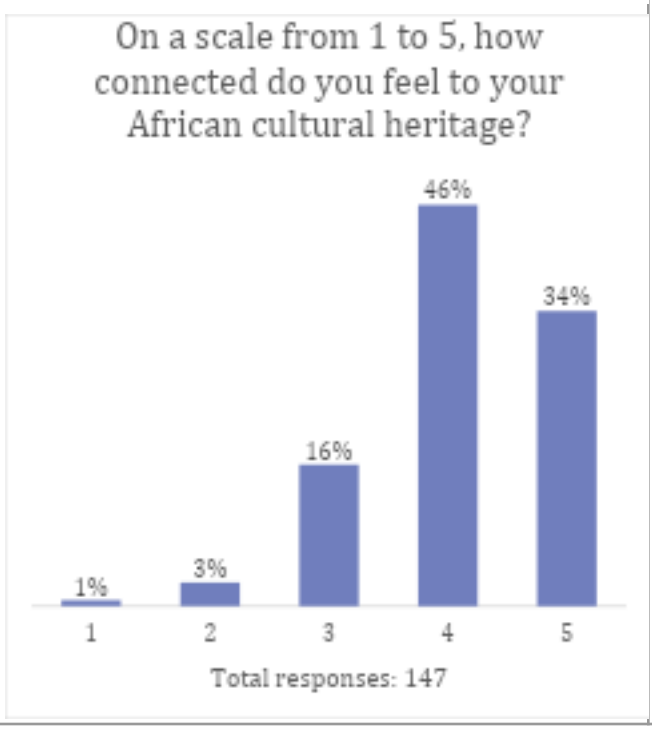
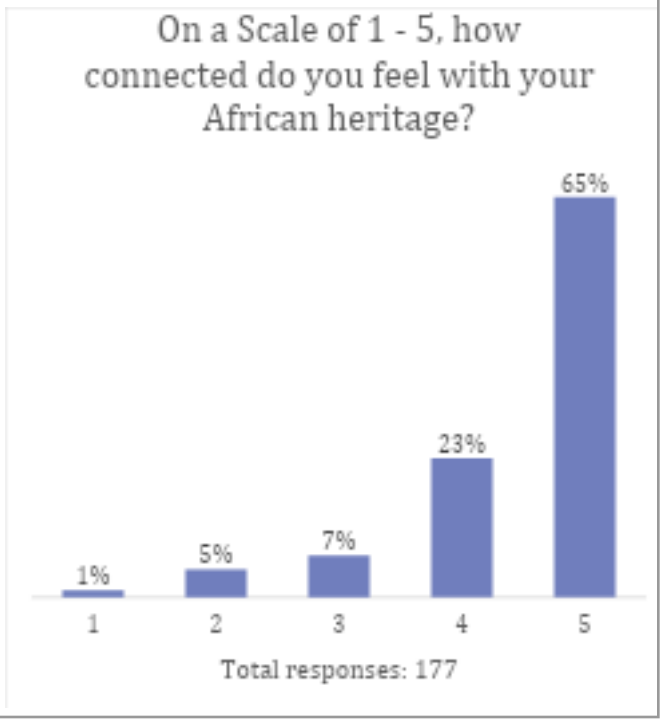
Pre-Conference	Post-Conference
Figure 57: Pre-conference connection to African heritage	*Figure 58: Post-conference connection to African heritage*
	

Figure 59: Pre-conference frequency of cultural conflict

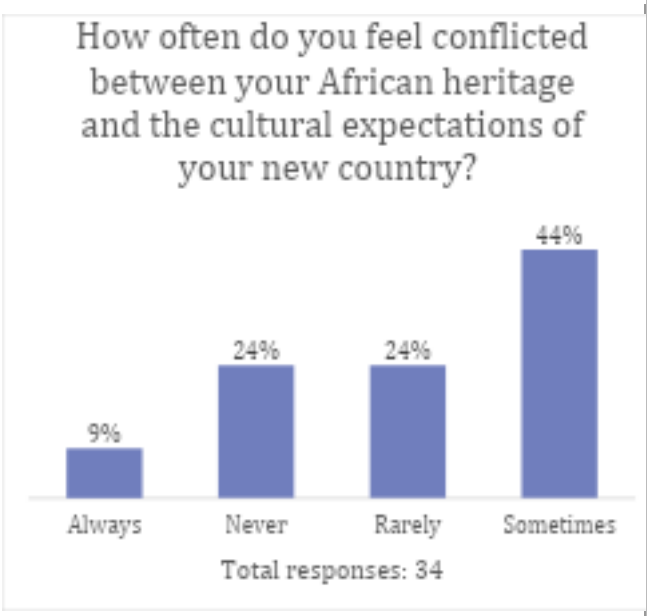
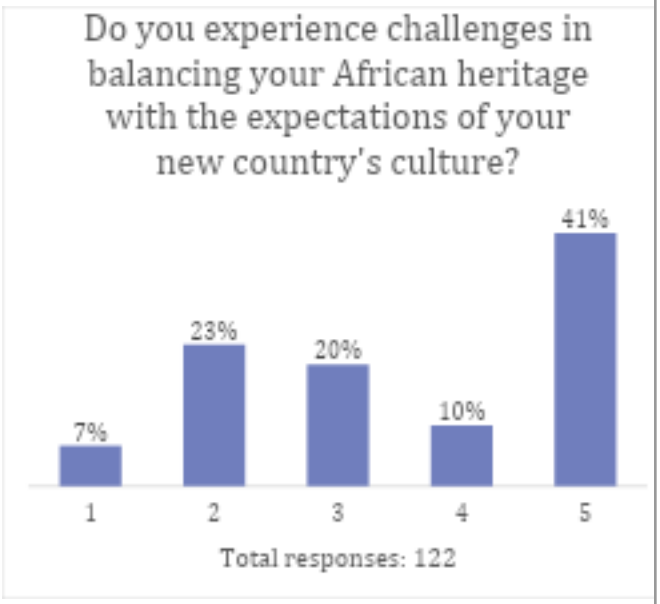


Figure 60: Post-conference levels of challenge with balancing cultures



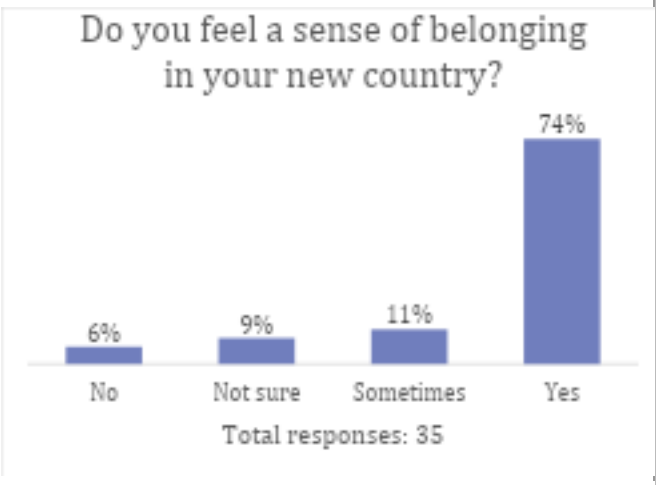


Figure 61: Pre-conference sense of belonging

Figure 62: Level of change in sense of belonging post-workshop

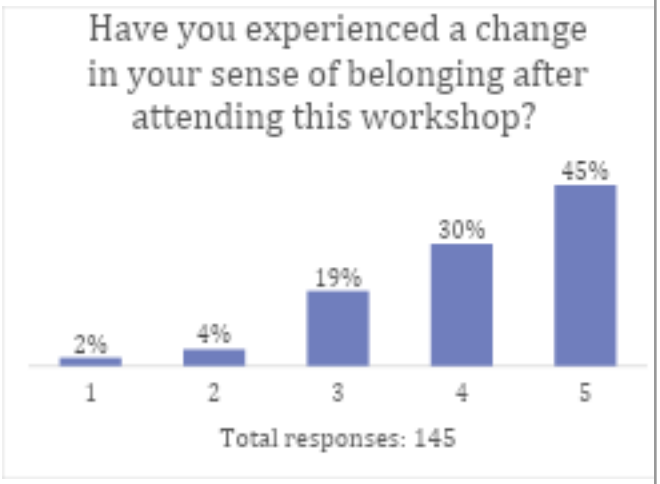


Figure 63. Participants' hopes for cultural identity workshop:

The largest group of participants (47 percent) hoped that the workshop would help them get a better understanding of their cultural identity, 11 percent hoped for a sense of community and

belonging, 11 percent had no expectations, 8 percent hoped for a better understanding of their cultural identity, a sense of community, and belonging.

It is recommended that REFA not include repeating questions with multiple options in surveys.

Figure 63: Participants' hopes for Cultural Identity Workshop

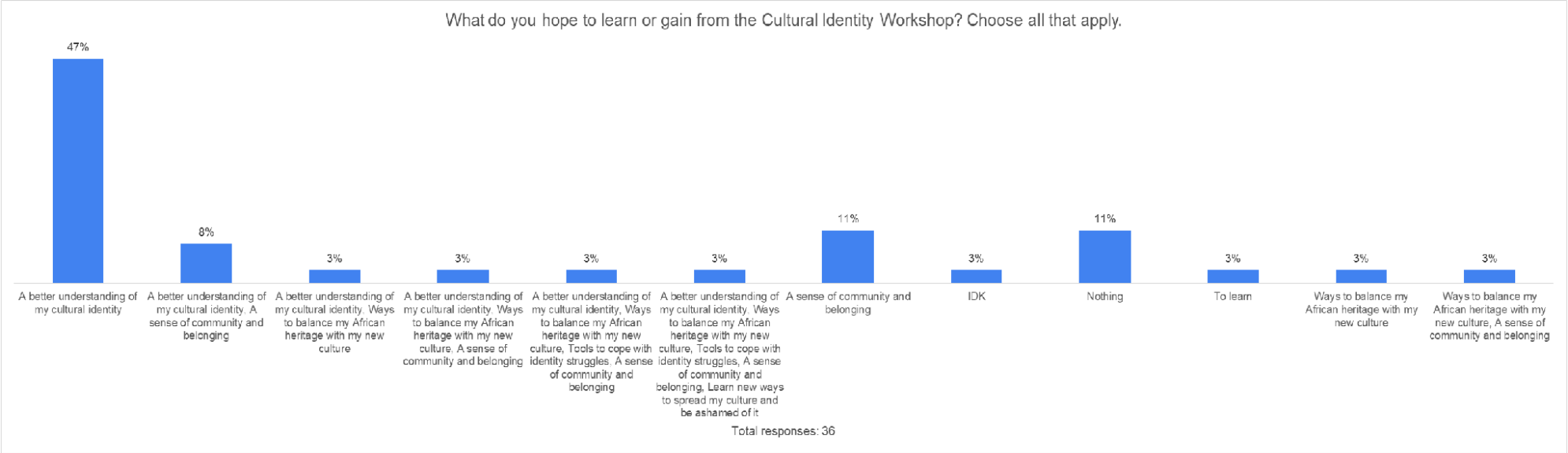
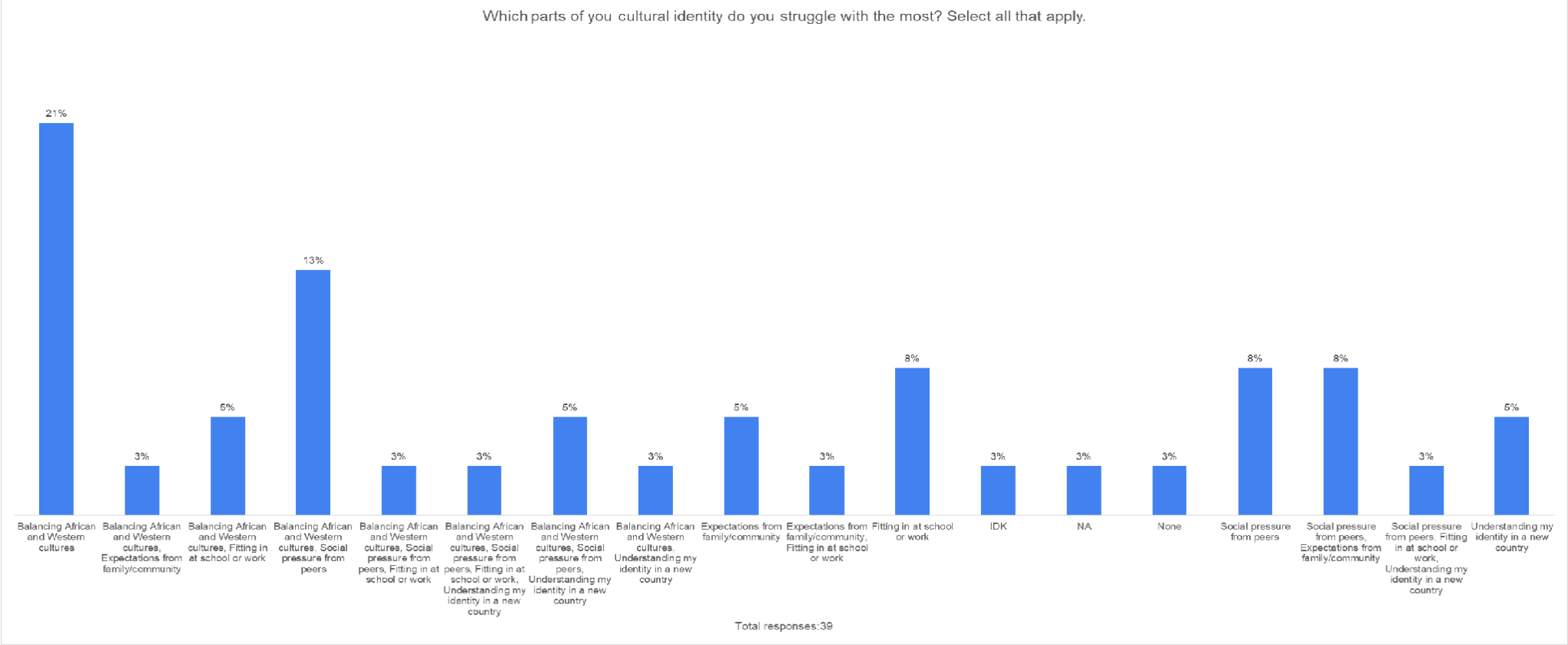


Figure 64. Participants' struggles with cultural identity:

21 percent of participants said they struggled to balance African and Western cultures, while 13 percent said they struggled to balance African and Western cultures, plus pressure from their peers. 8 percent said they had problems fitting in at school, another 8 percent said they struggled with social pressure from peers, and another 8 percent said they struggled with social pressure from peers, and expectations from family, and their community.

It is recommended that REFA not include repeating questions with multiple options in surveys.

Figure 64: Parts of cultural identity that participants struggle with the most



Conclusion

REFA has provided a lot of information about mental health, substance abuse, and suicidality to mostly Sub-Saharan African communities in the Twin Cities metropolitan area. This information is valuable and needed, especially at a time when immigrant and refugee communities are stressed by social, political, and economic pressure. Community gatherings provide a sense of belonging and support, while decreasing social isolation. It is recommended that REFA continue cross-generational gatherings and provide referrals to culturally competent providers for community members acutely in need of care while providing education to decrease the stigmatization of mental illness within the Sub-Saharan African community.