

W... the stranger.
Pr... the refugee.



Needs Assessment

Wellbeing of Asylum Seekers in New York City and the Washington, D.C. Area

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Submitted June 2024

Executive Summary

This assessment aimed to explore the needs of asylum seekers in New York City and the greater Washington, D.C. area, with an emphasis on social services, and particularly mental health and psychosocial support (MHPSS). Through documenting existing services, needs, and opportunities, HIAS aimed to determine whether and how HIAS could add value through programming, partnership, and advocacy. These locations were selected as HIAS currently provides legal and social services to asylum seekers in both locations.

The report includes an analysis of current services offered by the following stakeholders: a cross-section of 46 organizations engaged in serving asylum seekers through a service mapping questionnaire and interviews, as well as 39 asylum seekers and asylees through interviews and focus group discussions between February and March 2024. Unless otherwise specified, “stakeholders” refers to the combined categories of providers and asylum seekers/asylees. These findings build upon a desk review of secondary data conducted prior to the needs assessment.

Key Findings

New York City (NYC) and the Washington, D.C./Maryland/Virginia (DMV) area represent two distinct contexts and two different orders of magnitude in terms of longstanding populations, asylum seeker arrivals, and service provision ecosystems. Nevertheless, this assessment found many parallel needs, gaps, and opportunities with regards to asylum seeker services. Core findings include:

Asylum seekers face significant gaps in access to basic needs, housing, legal services, and healthcare, including mental health services, as providers in both cities are overstretched and under-resourced.

Asylum seekers who had sought services, including legal services and mental health services, reported being turned away from multiple providers due to lack of capacity and long waitlists.¹ Providers report operating at or over capacity across multiple areas: housing, legal, social, health, and mental health services. Many shared that they are filling gaps which the government should be addressing through direct assistance or policy changes. Since providers are at capacity, their ability to do needs-based targeting and outreach has been dialed back, so word-of-mouth referrals have increased, particularly in New

York. Furthermore, accompaniment and advocacy are often needed to get asylum seekers served. This accompaniment is absent for many asylum seekers given underinvestment in both traditional and alternative forms of case management. These factors raise concerns regarding service coverage for the most vulnerable asylum seekers.

Mental health needs are prevalent and under-addressed among asylum seekers, who face systemic barriers to accessible and culturally relevant care.

Addressing mental health challenges requires a variety of approaches. Providers and asylum seekers say that mental health issues are under-reported due to asylum seekers’ daily struggle to meet urgent survival needs, as well as stigma many see related to receiving mental health support. Due to so many things being out of their control, including the continued precarity of the asylum process, many asylum seekers are struggling to process trauma. Interviewees noted that isolation, discrimination, and loss are widely felt.

Asylum seekers encounter barriers which are intimately related to systemic issues in mainstream U.S. society. These include a lack of access to culturally responsive or bi-lingual, bi-cultural service providers, which perpetuates distrust and stigma among certain populations. Additional barriers to care include the conceptualization of mental health across cultures, which can lead to mistrust in mental health-focused care even when available.² Stakeholders suggest offering a variety of mental health and social supports with multiple inroads to help people adjust, seek culturally relevant care, and engage in therapeutic support. These expressed needs should translate into funding for culturally appropriate mental health service provision.

Marginalized asylum seekers experience continued rejection, discrimination, and exclusionary practices.

Asylum interviewees from communities which experience greater marginalization, including ethnic or political minorities within a diaspora group, Black migrants, members of the LGBTQ+ community, and people with low or no literacy, reported experiencing rejection and discrimination in spaces where they had hoped to find solidarity and support, including among service providers and/or within their own diaspora or communities.

Access to reliable, up-to-date information is a gap. Asylum seekers described how difficult it was to

receive accurate information before and after crossing the U.S. border. This difficulty, combined with the fact that most recent arrivals said they have no family or friends in the United States, impedes their ability to access services and make informed decisions. Interviewees reported relying on word-of-mouth information, often through informal channels such as mass WhatsApp groups, to exchange information. News from these sources cannot be easily verified and rumors abound. Reliance on informal peer-to-peer information sharing also poses certain challenges against the backdrop of competition for limited resources.³

Inequitable language access exacerbates barriers to information as well as access to crucial health and social services. Language access for Spanish speakers, while far from complete, appears to be considerably more advanced than access for speakers of other languages in both locations. Lack of language access compounds issues around information flows and creates barriers to engaging in mental health support even when care is made available.

Asylum seekers' trust must be earned. Questions about how best to serve asylum seekers prompted substantial feedback about the importance of trust—specifically, how challenging and consequential it is for asylum seekers to decide who is safe to trust, and what information can be shared. As a result, asylum seekers often exercise great caution when engaging with a new stakeholder. The importance of working through contacts who have earned asylum seekers' trust was emphasized by multiple interviewees.

Limited coordination and collaboration among service providers affects the breadth and depth of coverage for asylum seekers. Providers reported instances of strong collaboration in both cities, often driven by either a well-established complementarity of services or personal relationships. At the same time, service organizations reported gaps in coordinating referrals and in maintaining up-to-date mechanisms to ensure functional referral pathways, particularly in New York City. Several highlighted how competition for resources can undermine collective impact. Community-based organizations have some of the strongest relationships with asylum seekers, and often the least access to funding.

Peer support and mutual aid are preferred avenues for asylum seekers. Many asylum seekers interviewed expressed a desire to receive peer support for both mental and social health and wellbeing. Equally, many asylum seekers interviewed expressed a desire to support other newcomers and/or to contribute to

organizations that are providing them with assistance. Several of those interviewed were already so involved, including some very recently arrived asylum seekers who were participating in mutual aid efforts — a collaborative approach in which members of a community support one another with a vision of “solidarity, not charity.” Policies at shelters and rigid contracts for service provision, often stated to be in the interest of safeguarding, also prevent mutual aid groups from connecting with shelter residents. Existing policies often contribute to continued transience of asylum seekers, and the need for ongoing crisis stabilization, impeding efforts to engage asylum seekers in mutual aid or peer support.

Key Recommendations for Service Providers in NYC and the DMV

1. Invest in **multimodal community-based psychosocial support** to meet the cultural and practical preferences of asylum seekers. This includes provision of psychological first aid, peer support, group support, and alternative therapeutic interventions.
2. Promote **greater access to information** among asylum seekers — primarily on navigating available services, and secondarily on cultural orientation.
3. Advance **mutually beneficial partnership development**, meaningful coordination, and enhanced referral pathways.
4. Collaborate on **systems advocacy** among and with diverse coalitions of service providers, mutual aid networks, and city and state entities to procure more funding for asylum services.
5. Leverage comparable **refugee resettlement and integration funding and programmatic service models** for asylum seekers.

The assessment team thanks all the stakeholders who took time from very busy days to share their insights with us. A full list of organizations consulted can be found in the Annex. The team also thanks the dedicated HIAS staff in the New York City and Silver Spring offices who generously shared thoughts, contacts, and guidance; and the equally dedicated volunteers who provided thoughtful interpretation support to interviews and focus groups.

Annex: Organizations Consulted

Organization	Location	Survey	Interview
1. Afrikana Community Center	NYC		
2. African Services Committee	NYC		
3. Asylee Women Enterprise	DMV		
4. Asylum Works	DMV		
5. Ayuda	DMV		
6. Bellevue Program for Survivors of Torture	NYC		
7. Benach Collopy LLP	DMV		
8. Black and Arab Migrant Solidarity Alliance (initiative now closed)	NYC		
9. Cabrini Immigration Services	NYC		
10. CASA Maryland	DMV		
11. Catholic Charities of the Diocese of Arlington	DMV		
12. Catholic Charities of New York	NYC		
13. Commonpoint Queens	NYC		
14. Community of Hope - Medical	DMV		
15. Community Healthcare Network	NYC		
16. D.C. LGBTQ+ Community Center	DMV		
17. D.C. Mayor's Office on African Affairs	DMV		
18. D.C. Volunteer Lawyers Project	DMV		
19. Family and Youth Peer Support	NYC		
20. Federation of Italian-American Organizations of Brooklyn LTD	NYC		
21. Fundavenyc	NYC		
22. Good Shepherd Services	NYC		
23. HEAL - Refugee Health & Asylum Collaborative	DMV		
24. HIAS Legal and Asylum Department	DMV and NYC		
25. Hot Bread Kitchen	NYC		
26. Humanitarian Action	DMV		
27. Immigration Law & Justice New York	NYC		
28. Intercultural Counseling Connection	DMV		
29. International Refugee Commission	DMV and NYC		
30. Jewish Family Services of Western New York	NYC		
31. Legal Services of the Hudson Valley	NYC		
32. Mary's Center	DMV		
33. Mixteca	NYC		
34. Network for Victim Recovery of D.C.	DMV		
35. New York Office of Temporary and Disability Assistance	NYC		
36. Nonprofit Staten Island	NYC		
37. Office of the Mayor of New York City	NYC		
38. Project Hospitality	NYC		
39. Prophetic Whirlwind Fellowship	NYC		
40. RUSA LGBTQ+	NYC		
41. Sun River's Health Connect Program	NYC		
42. SAMU First Response	DMV		
43. TASSC	DMV		
44. Team TLC NYC	NYC		
45. The Bridge Project	NYC		
46. 86 the Barrier	NYC		

Informal consultations also took place with Floyd Bennett Field Neighbors Mutual Aid in NYC.

Endnotes

1. While not the focus of this assessment, it can be noted that most interviewees who entered the United States through the southern border reported receiving no services or humanitarian assistance during their journeys from their countries of origin. This trend was more pronounced among asylum seekers who did not speak Spanish. Of those who said they did receive assistance, a number mentioned HIAS. The assessment team met two asylum seekers in New York and two in Washington, D.C. — all originally from Venezuela — who engaged with HIAS in Colombia or Ecuador. One volunteered with HIAS. Two noted that in later stages of their journeys they searched online to see if HIAS was present along their route.
2. Importantly, a limited number of persons who have experienced forced migration that are suffering from mental health distress will seek clinical services. Annamalai, A., & Prabhu, M. (2014). Treatment of Mental Illness. *Refugee Health Care* (pp. 173-180). Springer, New York, NY. and Kashyap, S., Keegan, D., Liddell, B. J. Thomson, T., & Nickerson, A. (2021). An interaction model of environmental and psychological factors influencing refugee mental health. *Journal of Traumatic Stress, 34*(1), 257-266.
3. For example, Spanish-speaking asylum seekers in Washington, D.C. complained that some people hoard information about services due to a scarcity mindset.

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