

# MENTAL HEALTH IN CONTEXT: AFGHAN NEWCOMERS



## CULTURAL PERSPECTIVES ON MENTAL HEALTH

Afghan beliefs about mental health are influenced by collectivism, **prioritizing family and community well-being over individual needs**. Because mental health issues are often attributed to social or familial disharmony, they may affect perceptions of family honor. **Religious beliefs** play a central role, with many attributing mental illnesses to supernatural forces like jinn (spirits), the evil eye, or divine punishment. Furthermore, decades of war have **normalized trauma** and impacted their resilience and endurance. As a result, this may impact Afghans' perspectives on their symptoms and contribute to low rates of seeking mental health care.

## COUNTRY 1 INFORMATION

### Official Language(s):

Dari (77%), Pashto (48%)

**Population:** ≈ 40 million

**Religion(s):** Islam (99.7%)

**Ethnic Groups:** Dozens of ethnic groups, including Pashtun, Tajik, Hazara, Uzbek, and Turkman

## STIGMA SURROUNDING MENTAL HEALTH

Mental health issues are often highly stigmatized in Afghan culture. Fear of community judgment or ostracization leads many individuals to keep mental health concerns private and avoid seeking help outside the family. Unfortunately, terms like “crazy” are often used to describe those with severe conditions, such as schizophrenia. People with milder conditions like depression may go untreated because of fear of being labeled in this way.

**Additionally, many Afghan newcomers may have had limited exposure to or negative experiences with mental health services.**

## TRADITIONAL COPING AND HELP-SEEKING PATTERNS

While living in Afghanistan, Afghans often relied on traditional coping mechanisms and help-seeking behaviors deeply rooted in their culture and community rather than formal mental health services. The extended family was typically the foundation of emotional and practical support. Additionally, Afghans often turned to religious practices, such as prayer and reading or reciting the Quran, for emotional relief. Religious leaders (mullahs or imams) were commonly consulted, leading to the use of amulets (taweez) or exorcisms. Afghan newcomers living in the U.S. may still rely on many of these traditional coping mechanisms for support.

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## IN RESETTLEMENT

Afghan newcomers must also navigate the stressors of resettlement, including understanding cultural and linguistic barriers, while coping with the emotional and psychological aftermath of their pre-migration and migration experiences. In the U.S., they often experience mental health challenges like anxiety, depression, and post-traumatic stress disorder (PTSD), frequently expressed through somatic symptoms, such as headaches or fatigue.

**Afghan women** may have experienced or may be currently experiencing intimate partner violence or domestic violence, contributing to higher rates of depression, self-harm, and suicidal ideation.<sup>2</sup> Resettlement stress may be heightened by shifting roles and new responsibilities.

**Afghan men** face cultural pressures to be primary providers, which is challenging while adapting to a new language, culture, and economy. This stress is often compounded by having to navigate new family dynamics and perceptions of diminished authority, with limited outlets for relief.

**Afghan youth** may have witnessed family violence, which can be more harmful to their mental health than wartime experiences.<sup>2</sup> They often face educational disruptions and miss friends from back home. In the U.S., Afghan youth may experience bullying and isolation in schools. Mental health providers should conduct ongoing suicide assessments for youth experiencing bullying.

## TIPS FOR SERVICE PROVIDERS IN THE U.S.

Recognize that emotional distress is often expressed through physical symptoms and approach mental health discussions with patience and compassion.

Consider cultural implications, such as greetings or cultural contexts, to build rapport. When appropriate, acknowledge the male head of household when engaging with families.

Explore implementing psychosocial support groups to connect Afghan newcomers, providing them with a space to share experiences and receive support.



Beginning with the Soviet invasion in 1979, Afghanistan has endured decades of war and regime changes, significantly impacting Afghans' mental health. The latest crisis began on August 15, 2021, when the Taliban took control of the Afghan government, causing the U.S. to evacuate over 80,000 Afghans to temporary safe havens and then to U.S. military bases turned refugee camps. These events exposed Afghan newcomers to significant trauma, including the stress of war, displacement, and uncertainty about their futures.

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## RESOURCES

### SWITCHBOARD

- Video: [Mental Health in Context: Afghan Newcomers](#) (2024)
- Video: [Video Series: Supporting Afghan Newcomers' Mental Health through Digital Literacy – Switchboard](#)
- Guide: [Facilitating Discussions About Mental Health with Afghan Newcomer Communities](#) (2023)
- Guide: [Faith-based Healing among Afghan Muslims: Guidance for Refugee Service Providers in the U.S.](#) (2023)

### CULTURAL ORIENTATION RESOURCE CENTER (CORE)

- Guide: [Afghan Backgrounder](#) (2022)

## REFERENCES

<sup>1</sup> Central Intelligence Agency. (2024, December 11). CIA world factbook: Afghanistan. <https://www.cia.gov/the-world-factbook/countries/afghanistan/#people-and-society>

<sup>2</sup> Alemi, Q., Panter-Brick, C., Oriya, S., Ahmady, M., Alimi, A. Q., Faiz, H., Hakim, N., Sami Hashemi, S. A., Manaly, M. A., Naseri, R., Parwiz, K., Sadat, S. J., Sharifi, M. Z., Shinwari, Z., Ahmadi, S. J., Amin, R., Azimi, S., Hewad, A., Musavi, Z., Siddiqi, A. M., Bragin, M., Kashino, W., Lavdas, M., Miller, K. E., Missmahl, I., Omidian, P. A., Trani, J.-F., van der Walt, S. K., Silove, D., & Ventevogel, P. (2023). Afghan mental health and psychosocial well-being: Thematic review of four decades of research and interventions. *BJPsych Open*, 9(4), e125. <https://doi.org/10.1192/bjo.2>

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