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Evaluating change in depression and well-being in a multi-ethnic sample receiving services through a community-based outreach and engagement program

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EVALUATING CHANGE IN DEPRESSION AND WELL-BEING IN A MULTI-ETHNIC SAMPLE RECEIVING SERVICES THROUGH A COMMUNITY-BASED OUTREACH AND ENGAGEMENT PROGRAM

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TABLE OF CONTENTS

Page

LIST OF TABLES

Page

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ABSTRACT

The experience of depression and overall well-being for multi-ethnic individuals is influenced by numerous factors including immigration experience, acculturative stress, English language proficiency, perceived discrimination, and ethnic identity. Multi-ethnic individuals are at a heightened risk for mental health difficulties due to limited access to resources within the community and mental health stigma. Lack of social support and culturally appropriate services magnify this disparity for this population. This study evaluates the impact of the Multi-ethnic Collaborative of Community Agencies (MECCA) Outreach & Engagement (O&E) program, a community-based program that provides culturally-responsive services, support, and resources for marginalized ethnic specific communities. Services of the program include case management, life coaching, skill building classes and groups, and referrals to services within the community. Using a pre and posttest design, outcomes related to depression symptoms and overall well-being were assessed for participants in the program for 2 fiscal years. For the 1st fiscal year, participants reported an improvement in well-being and no significant decrease in depression symptoms. For the 2nd fiscal year, participants reported both a decrease in depression symptoms and in increase in overall well-being. These findings suggest that culturally responsive community-based interventions focused on increasing social support, providing resources, and addressing mental health stigma can be valuable in addressing depression and well-being in multi-ethnic communities. In addition, the results also suggest that ethnic-specific services conducted in an individual's native language may have a positive impact on depression and well-being.

Keywords: multi-ethnic; depression, well-being, immigrants; acculturative stress; stigma; social support; social isolation; community-based researc

Introduction

Background Literature and Current Status of Research

Depression and well-being in multi-ethnic populations. Depression has been identified as a leading contributor to disability status and unemployment worldwide (World Health Organization, 2008) and has dire emotional, physical, and social consequences on an individual's well-being. It is the most commonly diagnosed mental health disorder, with a large percentage of individuals receiving treatment through primary care (Tylee & Jones, 2005). In addition, depression has been linked to disability and medical comorbidity in major ethnic and racial groups in the United States (McKenna, Michaud, Murray, & Marks, 2005). Currently, multi-ethnic populations are growing rapidly and currently make up 36% of the population (U.S. Census Bureau, 2012a). Diversity within the United States is expected to grow each year, with the projection that by 2043, a majority group will no longer exist (U.S. Census Bureau, 2012b). Furthermore, it is expected that by 2060, the number of multi-ethnic individuals dwelling in the United States will increase to 57% (U.S. Census Bureau 2012b), which suggests the imperative need for culturally appropriate and diverse community services and programs, as well as an increased awareness of the numerous needs of multi-ethnic individuals and communities.

The literature on the prevalence and susceptibility for depression in multi-ethnic groups contains some inconsistencies. Some studies have found no significant difference in the prevalence of depression among various ethnocultural groups (Riolo, Nguyen, Greden, & King, 2005), while others have found that multi-ethnic individuals and migrants had only a slightly higher risk of depression (Tarricone et al., 2012). In several samples, individuals from multi-ethnic or underserved communities have demonstrated a higher prevalence for experiencing long-lasting depression symptoms and an overall higher vulnerability for a lifetime prevalence of persistent

mood disorders (Breslau, Kendler, Gaxiola-Aguilar, & Kessler, 2005; Gonzalez, Tarraf, Whitfield & Vega, 2010; Riolo et al., 2005). Qualitative studies have also discovered increased reports of psychological distress, as well as a high level of suicide attempts and mental-health related hospital visits in immigrants and those from multi-ethnic communities (Schraufnel et al., 2006). Despite the inconsistencies in the literature, it is possible that this disparity is due to differences in expression of depressive symptoms in ethnic populations (Deisenhammer et al., 2012). Individuals from non-Western cultures may attribute symptoms of depression to physical symptoms, rather than psychological, which may indicate the under-diagnosis and under-treatment of depression in multi-ethnic individuals (Yeung & Kam, 2006). Another factor related to these inconclusive findings could be the underutilization of care and treatment in multi-ethnic communities (Alegria et al., 2008; Gonzalez et al., 2010). While the prevalence has shown to vary across ethnic groups, it is apparent that depression impacts those from all ethnicities and crosses both national and socioeconomic boundaries (Kessler, Berglund, Demlor, Jin, & Walters, 2005).

The mental health concerns within all communities as well as the possible negative impact on multi-ethnic individuals suggests a need for a heightened understanding on how to reach these populations in culturally appropriate ways. In addition, by meeting the needs specified by members within each ethnic community, it will increase the probability of identifying culturally congruent interventions to alleviate community member's distress. In order for clinicians and researchers to make a lasting impact on the lives of multi-ethnic community members, it is important to understand how these individuals experience depression, specific risk factors for depression, and protective factors that increase their sense of well-being. The following literature review attempts to identify these factors, as well as investigate the effectiveness of interventions provided for

individuals within community programs. In addition, barriers associated with seeking mental health services will be discussed.

The impact, expression, and experience of well-being & depression in multi-ethnic communities. The impact of depression is often demonstrated in comorbidity with other mental health disorders. For immigrants struggling with depression, a significant comorbidity with somatoform disorders has been identified (Saraga, Gholam-Rezaee, & Preisig, 2013). Somatic symptoms may lead an individual to understand their difficulties from a physical standpoint rather than a psychological or mental health standpoint (Saraga et al., 2013). A high comorbidity rate has also been found between anxiety and depression, as well as alcoholism and depression among various ethnic groups (Devido & Weiss, 2012; Licanin, 2011). Comorbidity has also been associated with lower treatment outcomes, high service utilization, and illness severity (Teesson, Degenhart, & Proudfoot, 2005). High comorbidity rates of depression indicate a complex presentation of symptoms in multi-ethnic communities that may require specific strategies and interventions to address.

Medical illness and physical difficulties are also related to depression. In populations suffering from subclinical and major depression there is an increased risk for mortality (Cuijpers, 2002; Miller, Paschall & Svendsen, 2006), which may be due to factors such as suicide (Crump, Sunquist, Sunquist & Winkleby, 2014), increased alcohol use (Moustgaard, Joutsenniemi, Sihvo, & Martikainen, 2013), increased risk for accidental death, and hazardous health behaviors (Crump et al., 2013). Symptoms correlated with depression are disabling and often decrease an individual's productivity and level of physical activity, which can increase an individual's risk of cardiovascular mortality (Kamphuis et al., 2007). Higher risk of stroke morbidity has also been significantly associated with depression (Pan, Sun, Okereke, Rexrode, & Hu, 2011). In addition,

conditions such as diabetes (Pan, Lucas, & Sun, 2010), chronic pain, arthritis (Moussavi et al., 2007), and high blood pressure (Patten et al., 2009) have been linked to depression, which when left untreated can lead to long-term illnesses and mental health difficulties.

Immigration and cultural expressions of depression. While depression is a worldwide epidemic, various contextual factors exist related to the experience and expression of depression for individuals from multi-ethnic populations. One consideration is the understanding of depression as a disease, which is generally considered a Westernized concept (Deisenhammer et al., 2012; Jadhav, 1996). In non-Western cultures, the experience or diagnosis of depression may be morally unacceptable, culturally unacceptable, or strongly correlated to experiences of shame (Deisnhammer et al., 2012). Furthermore, mood disturbances or changes in functioning may be attributed to cultural factors, familial factors, religious conflicts, or social conflicts rather than depression. This may contribute to the rejection of the idea that depression is a biologically determined illness (Kleinman, 2004), which may influence the expression of symptoms and the impact it has on an individual's life. When approaching the topic of depression in a cultural context, it is important to consider that the interpretation of what constitutes depression is subjective and that individuals may not subscribe to the standards of diagnosis used by clinicians (Halbreich et al., 2007).

Immigration status has been correlated to the etiology of depression in studies on ethnic-specific communities. Immigration and the migration experience has been identified as a possible risk factor for depression (Saraga et al., 2013), which includes moderating factors such as psychosocial adversity (Revollo et al., 2011), a traumatic immigration experience (Saraga et al., 2013), and trauma before or after migrating have been identified (Kaltman, Green, Mete, Shara, & Miranda, 2010) and financial difficulties (Smith, Matheson, Moineddin, & Glazier, 2007).

Experiences of disappointment, resentment, and anger that can precede depression have also been found to occur in immigrants due to unmet expectations after moving to a new country (Zhang, Fang, Wu, & Wieczorek, 2013). Subjective factors such as age of immigration, English proficiency, living alone, single-parent status, and receiving government financial support have also found to be related to the experience of depression in immigrants (Smith et al., 2007; Zhang et al., 2013). Another factor influencing the immigration experience is public response and stereotypes perpetuated by the media (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008). Concerns regarding the use of public resources, job competition, and financial stability are often raised in relation to immigrants, which may lead to the experience of perceived discrimination and stress. Furthermore, inaccurate or prejudiced messages from the media about undocumented immigrants perpetuate these stereotypes (Chung et al., 2008) and may contribute to the development of mental health issues in immigrant populations.

The experience of immigration conjures an individual's acculturation experience, which refers to the change experienced in response to the influence of the dominant culture (Chung et al., 2008; Lara et al., 2005). This involves the challenge of integrating a new system of rules, values, and beliefs into one's existing cultural worldview and experience (Chung et al., 2008). Acculturative stress has been identified as a risk factor for depression, possibly due to psychosocial factors, sociocultural adaptation, and the experience of being in contact with a new, foreign culture (Mui & Suk-Young, 2006; Revollo et al., 2011; Wu & Mak, 2012). The experience of adjusting to American society may lead to the increased risk for depression and other psychiatric disorders and may impact an individual's self-esteem (Breslau & Chang, 2006; Kim, Hogge, & Salvisberg, 2014; Torres, 2010). Research on the impact of an individual's level of assimilation into the dominant culture is mixed in relation to mental health concerns. Some

studies have found that individuals with higher assimilation and intercultural competence had a lower risk for depression (Torres & Rollock, 2007). Studies have also found that higher levels of assimilation combined with other factors such as a strong social support system (Kim, Sangalang, & Kihl, 2012), familiarity with the English language (Chaudhry, Husain, Tomenson, & Creed, 2012), and number of years of living in the host country (Shim & Schwartz, 2008) can decrease an individual's risk for distress and depression. Contradictory studies have suggested that higher assimilation can lead to negative reactions to stress (Wei-Chin & Myers, 2007), while others have found that assimilation level and acculturative stress had no impact on depression risk. (Aprahamian, Kaplan, Windham, Sutter, & Visser, 2011; Bernstein, Park, Shin, Cho, & Park, 2011).

Other factors related to acculturation have been identified as risk factors for depression in multi-ethnic populations. One factor is the degree to which an individual's country of origin is different from the country to which they immigrated (Bhugra, 2005). In addition, migration to an individualistic culture from a collectivistic culture may lead to feelings of distress, disorientation, and helplessness (Chung & Bernak, 2007). Research on older adult immigrants suggests that the acculturative process may become more difficult with age, which may indicate an increased vulnerability for isolation and depression for this population (Nicholson, Molony, Fennie, & Shellman, 2010). While further research is needed regarding the correlation between immigration, acculturation, and mental health, substantial evidence has linked acculturative stress and immigrant status to medical difficulties, poor diet, and substance abuse, all of which may have an impact on an individual's mental health (Girard & Sercia, 2013; Kathryn, Escarce, & Lurie, 2007; Unger, Schwartz, Huh, Soto, & Baezconde-Garbanati, 2014).

Susceptibility to stress may contribute in various ways to the development and persistence of depression in multi-ethnic populations. Immigrating to a new country may lead to the experience of poverty or low socioeconomic status (Saraga et al., 2013), which may be a significant risk factor for depression (Lorant et al., 2003). Noh and Kaspar (2003) identified that higher perceived racial and ethnic discrimination is related to stress levels, which has the possibility of leading to the development of depressive symptoms. This perceived discrimination can be experienced on various levels and contexts, and can negatively contribute to an individual's perceived well-being. Harrell (2000) identified that perceived racism can occur in four contexts: interpersonal, collective, cultural-symbolic, and sociopolitical. Interpersonal context refers to the daily interactions a person has with others in which discrimination is experienced, both directly and indirectly (p. 41). These interactions include direct conversations with other people, as well as "observations of their actions, nonverbal behavior, and verbal statements" (Harrell, 2000, p. 43). Collective context involves the experience of discrimination that is visible in ethnic or racial groups (Harrell, 2000), which has an impact on both the individual and the ethnic group as a whole. Racism from a cultural-symbolic context involves portrayals through images and other modalities in the form of art, literature, the media, and research. Sociopolitical context refers to the experience of discrimination occurring in the political and public realm and involves the discussion of "race, race ideology, policies and practices within institutions (both stated and unstated), and legislative processes" (Harrell, 2000, p. 43). The vulnerability that non-dominant ethnic groups have toward experiencing these various forms of discrimination must be taken into consideration when assessing for and understanding the experience of depression and well-being.

Protective factors related to depression and well-being in multi-ethnic communities. Ethnic identity, which refers to an individual's subjective experience and understanding of

oneself in broad terms related to one's race, culture, language or kinship, has been identified as a protective factor for depression and linked to positive well-being (Burnett-Ziegler, Bohnert, & Ilgen, 2013). Other factors involved in ethnic identity are the perceived experience of belonging to a group, attitudes and beliefs toward the group one belongs to, and involvement in specific traditions and practices related to one's identified ethnic group (Burnett-Ziegler et al., 2013). Ethnic involvement, ethnic identity pride, and ethnic identity commitment has been found to contribute to the resilience of individuals within multiple ethnic communities, as well as serve as a protective factor against depression (French & Chavez, 2010; Lee, 2005; Nguyen, 2014; Phinney, 1991; Romero, Edwards, Fryberg, & Orduna, 2014; Torres, Yznaga, & Moore, 2011). It has also been found that individuals who have achieved a positive sense of ethnic identity report significantly lower depression symptoms during high levels of stress, as well positive well-being and higher self-esteem levels (Chavez-Korell & Torres, 2014; Smith & Silva, 2010). A link has also been found between a positive cultural identity and overall perception of well-being and mental distress in immigrants (Bhugra, 2005).

An individual's response to perceived discrimination has also been identified as a moderating factor for depression. Noh and Kaspar (2003) discovered that solution-focused, active coping styles as opposed to an emotion-based, passive method of coping, may reduce the impact of perceived discrimination. The utilization of a problem solving approach toward discrimination has also been linked to positive subjective well-being (Villegas-Gold & Yoo, 2014). "Primary control engagement" (Edwards & Romero, 2008, p. 27) coping strategies have also been found helpful to protect against the negative impact of discrimination in Mexican American adolescent populations. These coping strategies include direct problem solving, as well as the expression and regulation of emotions related to perceived or overt discrimination (Edwards & Romero, 2008).

Thus, there may be a need for social resources and empowerment for multi-ethnic individuals to confront rather than accept bias in order to reduce the impact of perceived discrimination and protect against depression.

Social support is a factor that has been linked with resilience and plays an important role in protecting against mental health concerns. Leong, Park, and Kalibatseva (2013) found that social networking served as a protective factor for samples of Latino and Asian American immigrants. Social support has also been identified as a factor that may decrease post-migration acculturative stress (Chou, 2014). Bhugra (2005) also discussed how social support can provide a buffer against mental illness in immigrants. Seeking social support and sharing emotions has been found to be associated with fewer depression symptoms in samples of multi-ethnic populations (Ayers et al., 2009; Kim, Sangalang, & Kihl, 2012; Roohafza et al., 2014; Wei, Heppner, Ku, & Liao, 2010). Higher perceived social support has also been identified as a protective factor for suicidality (Hamdan et al., 2012).

Mental health needs and barriers identified in multi-ethnic populations. Griffiths and Crisp (2013) identified an expressed need from ethnocultural individuals regarding information on depression and mental illness. Past studies have found that immigrants and individuals from multi-ethnic populations report having a lack of information regarding diagnosis, treatment, and etiology of depression (Coffman, & Norton, 2010; Powell & Clarke, 2006; Tieu, Konnert, & Wang, 2010). Dixon and Flaskerud (2010) also identified that a lack of information regarding depression symptoms and recognizing the signs of the disease could contribute to the reason that it remains untreated in many ethnic communities. Furthermore, individuals may perceive the lack of information provided to them as a sign of disrespect or disregard for their well-being, which could further reinforce the avoidance of seeking information or assistance (Dixon & Flaskerud, 2010).

It is possible that through identifying effective ways to provide information on depression and well-being to multi-ethnic communities, it could increase help-seeking behaviors and enable community members to facilitate help-seeking in others (Griffiths & Crisp, 2013). In addition, by improving mental health literacy it can prevent delay in treatment seeking when symptoms arise and increase the self-efficacy of multi-ethnic individuals when interacting with mental health care professionals (Simich, 2010).

Another need that has been identified in mental health care is the desire for social connection (Powell & Clark, 2006). Ethnic minorities have expressed the desire to hear about the individual experiences of others with coping and struggles with depression. Powell and Clark (2006) suggested that facilitating social connection for ethnic minorities could allow for the experience of universality and instill a sense of hope, mutual understanding, and empathy. Furthermore, Puyat (2013) found that individuals with high social support had lower odds of reporting mental disorders, which appeared stronger among long-term immigrants living in multi-ethnic communities. By instilling a sense of perceived social support and providing individuals with opportunities for social connection, it can buffer against depression (Bhugra, 2011) and improve an individual's perceived sense of well-being.

Addressing language-related barriers for multi-ethnic individuals seeking mental health services is a key aspect of providing effective treatment and care. Fossey, Harvey, Mokhtari, and Meadows (2012) identified that for ethnic populations, there are significant communication barriers related due to differing languages and misunderstandings of mental health terms. For multi-ethnic individuals who have mental health needs, low English proficiency may lead to social isolation and limited social support, leading to a higher risk for depression symptoms, and decreased likelihood of recognizing a mental health need (Nguyen, 2014). In primary care settings,

it has been found that language barriers may hinder individual's level of comfort with expressing their mental health concerns to their physician (Sentell, Shumway, & Snowden, 2007). Thus, the limited availability of language-specific services available to immigrants and individuals from multi-ethnic populations may serve as a challenge to providing them with the mental health services they needed.

Stigma regarding mental health and seeking mental health treatment is also a significant barrier for individuals from multicultural communities due to a long history within the mental health field where a lack of attention has been paid to diverse experiences (Dow, 2011; Gary, 2005; Lam et al., 2009; Shah & Beinecke, 2009). Experiences of shame and discrimination have been reported by mental health consumers from culturally diverse backgrounds due to the stigma perceived on a variety of levels (Knifton et al., 2010). Internalized stigma is a level of stigma that is the result of internal perceptions of discrimination perceived by the individual (Link & Phelan, 2001) and may not involve direct discrimination from an outside source. Link and Phelan (2001) also identified social stigma, which is perceived through an individual's experiences with family members, friends, and others within their overall community. Perceived social stigma can often prevent individuals from seeking services for mental health concerns due to the fear of being ridiculed or rejected by others within their community. Jimenez, Bartels, Cardenas, and Alegria (2013) discussed the shame surrounding mental illness in the Latino and Asian-American communities and highlighted the correlation between the concept of "saving face" as an expectation of individuals in order to avoid negative evaluation from others within their community. Another type of mental health stigma identified by Link and Phelan (2001) is structural stigma, which is also known as institutional discrimination. This type of stigma is perceived through prejudice that is entrenched within social systems, the legal system, cultural

establishments, the media, and business institutions. In relation to stigma and individuals seeking mental health service, Corrigan et al., (2014) identified two categories of barriers. “Person-level barriers” (Corrigan et al., 2014, p. 37) involve internalized stigma and involve specific attitudes that impact behaviors and decisions an individual makes related to their mental health. Person-level barriers may include attitudes regarding the ineffectiveness or therapy or the perception that mental health treatment is not culturally responsive (Corrigan et al., 2014). The other category of barriers related to stigma is “Provider and system-level barriers” (Corrigan et al., 2014, p. 37) which involve limitations due to a lack of insurance, financial limitations, or deficits in the cultural competence of those providing the mental health services.

Targeted interventions in culturally responsive programs. Culturally responsive community-based programs have been disseminated worldwide and provide guidelines for appropriate interventions to target depression and well-being in multi-ethnic communities. A review of various programs suggests that effective interventions include educational components, group interventions, and culturally specific services that are adapted by community members and consumers (Fuentes & Aranda, 2012).

The use of education has been found to have several benefits in providing culturally responsive services to community members of diverse ethnicities. Torres and Rollock (2007) found that education on adaptive coping styles for responding to perceived discrimination assists in supporting the acculturation process and improving an individual’s sense of well-being. Participant education regarding self-management can also improve perceived self-efficacy, allow individuals to feel confident when seeking helping, and incite help-seeking behaviors in others (Williams et al., 2007). An essential aspect of integrating an educational component is the opportunity to provide resources to individuals within multi-ethnic communities and increase

awareness of the resources accessible to various communities (Fisher, Huang, Chin, & Cagney, 2007). It is also important to gauge an individual's self-worth and self-efficacy regarding their ability to utilize these resources and whether or not they perceive it to be feasible. To increase self-efficacy, education can also be focused on providing participants with a space to engage in dialogue and shared decision making about mental health concerns, while addressing specific questions they may want to ask mental health providers or doctors about their concerns (Polo, Alegria, & Sirkin, 2012). Discussing barriers to accessing services and individual and group needs can empower individuals to seek treatment and engage in the community. To further activate individual behavior change in this educational component, Fisher et al. (2007) found that it is essential to utilize community members to engage with consumers and tailor this approach using culturally appropriate messages and materials.

Group interventions featuring both psycho-educational and process components have been proven effective because they allow for increased dialogue and engagement among community members (Khampakdy-Brown et al., 2006; Knifton et al., 2010). A group setting has the possibility of targeting acculturation issues, while still allowing participants to maintain their sense of cultural identity and sense of cohesion within the ethnic group in their specific communities (Torres & Rollock, 2007). Increasing intercultural competence within group settings has also been found to moderate the relationship between depression and acculturation (Torres & Rollock, 2007). Group interventions can also target the experience of loneliness and isolation that can occur in immigrants and multi-ethnic individuals (Mora et al., 2014; Ponizovsky & Ritsner, 2004). Cruwys et al. (2014) found that facilitating social connection and participation in the community is a cost-effective, influential intervention that can improve participant well-being and protect against depression. In

addition, facilitating social connection can provide long-term effects and prevent depression relapse.

Culturally appropriate interventions for multi-ethnic populations. A vital aspect of providing mental health services to multi-ethnic individuals is providing culturally appropriate interventions. The inclusion of cultural elements and discussion of issues related to race and ethnicity can be linked to individual's overall satisfaction in services and their perceived improvement (Meyer & Zane, 2013). There are strong benefits and increased effectiveness when a community program is culturally tailored and adaptive to the specific community being served (Griner & Smith, 2006). Griner and Smith (2006) found that interventions focused on specific cultural groups were four times more effective than interventions targeted to a group consisting of multiple cultural groups. In addition, interventions conducted in a client's native language were two times more effective than those presented in English (p. 535). To empower community members toward utilizing and benefitting from mental health services, it is vital to view clients within the context of their expressed cultural identity, and sociocultural background (Dass-Brailsford, 2012). Dass-Brailsford (2012) posits that understanding an individual's subjective strengths and cultural needs increases the opportunity to create tailored interventions, as well as empower the individual to use their abilities and resources effectively. Delivering services that involve members of the community and opinions of consumers increases the likelihood of shaping interventions that are culturally specific and effective in protecting against depression and increasing perceived well-being (Fisher et al., 2007). For the immigrant and refugee population, addressing postmigration stressors such as social isolation, unemployment, poverty, and adjustment to a new environment may assist in decreasing community member's psychological distress (Goodkind et al., 2014). A culturally specific, community-based approach has also been

found as the most effective way to discuss stigma (Knifton et al., 2010). Community outreach and psychoeducation can be used to highlight the benefits of seeking mental health services. In addition, providing information on the prevalence of mental health difficulties can normalize the experience of seeking services. Community-based programs have the potential and ability to function as a bridge between mental health providers and multi-ethnic individuals who are impacted by various levels of mental health stigma and other stressors.

Focus and Scope of the Proposed Project

The multi-ethnic collaborative of community agencies. The Multi-ethnic Collaborative of Community Agencies (MECCA) is located in Orange County, California and was created for the purpose of empowering underserved ethnic communities, as well as providing support and resources for community member's specific needs. Within MECCA are six ethnic specific agencies including two Spanish-speaking agencies, a Vietnamese-speaking agency, a Korean-speaking agency, a Farsi-speaking agency, and an Arabic-speaking agency. Services are provided to community-dwelling individuals within each ethnic community, including those who are monolingual. Within each agency, a variety of services are provided to meet the needs of each community including skill-building classes, support groups, culturally appropriate referrals, psychoeducational workshops, and case management.

The outreach & engagement program. MECCA's Outreach & Engagement Program (O&E) is one of the two county-funded programs that are implemented within the six agencies. The agencies included Abrazar, Inc. for Spanish speaking communities (ABRAZAR), Access (ACCESS) California Services for Arabic speaking communities, Korean Community Services (KCS), Omid Multicultural Institute for Development (OMID) for Farsi speaking communities, Vietnamese Community of Orange County (VNCOC), and Orange County Children's Therapeutic

Art Center (OCCTAC). The O&E program's aim is to provide support to marginalized communities who either do not have access or have difficulty accessing services they need. Specific services provided include connecting community members with culturally appropriate referrals and linkages within the community, as well as engaging individuals through both MECCA collaborative and agency-specific events, meetings, and classes. The O&E program was chosen for the focus of this study due to its unique emphasis on uplifting community members within their cultural context, the utilization of strength-based coping as protective factor for depression, and the effort to decrease stigma associated with mental health issues through the utilization of culturally appropriate language and methods. In addition, the O&E program was selected due to its positive influence on the lives of ethnically diverse participants through culturally responsive services that seek to prevent the development of mental health concerns. Participants of the O&E program are encouraged to participate in skill-building classes and support groups as a way to share mutual experiences within their cultural backgrounds. Classes are chosen according to expressed interest and need and involve a variety of topics including cooking, learning to speak English, completing government forms, sewing/making clothing, or music. The purpose of these classes are to provide participants with knowledge and skills they desire, while encouraging the discussion and sharing of mental health concerns. Within each agency, multi-lingual and multi-cultural staff collaborate with participants to create short-term goals, which are targeted through case management and life coaching. Specific referrals are provided to mental health agencies, medical services, legal services, immigration services, financial services, and other resources within the community. By providing these referrals, the O&E program seeks to increase participant's self-efficacy and protective factors for depression and well-being, while addressing and decreasing stigma related to mental illness. During fiscal years 2012-2013 and

2013-2014, the O&E program gathered data from participants that measured changes in well-being and depression in order to understand areas of progress and improvement related to the impact services have had on participant's lives. Researching the experience of participants within this program provides additional information on effectiveness interventions within multi-ethnic communities.

Methodology

Specific Aims

This study sought to evaluate change in depressive symptoms and the subjective report of well-being for participants of the Outreach & Engagement (O&E) program. The overall area of inquiry of this study involved gathering a preliminary description of changes in a multi-ethnic sample of individuals who participated in one or more community services within ethnic-specific agencies (Table 1, MECCA's Outreach and Engagement Services). The study utilized a pretest-posttest pre-experimental design to describe depression and well-being changes from baseline to termination.

Hypotheses

Based on findings regarding the effectiveness of culturally responsive outreach interventions for multi-ethnic communities (Butler et al., 2014; Choi & Rush, 2012; Nicolaidis et al., 2013), it was hypothesized that participants report of depression will decrease at termination, while participants report of well-being at termination will increase in comparison to their report at baseline. Analyzing data assisted in developing an understanding of the impact the O&E program's services have had on participant's subjective report of well-being and depression across all six MECCA agencies.

Table 1

Mecca's Outreach & Engagement Services

Service Provided	Areas Covered	Goals
Case Management/Life Coaching	Aiding participants in enrolling in programs/schools as needed; Assistance with completing government forms; help with housing; Assistance with finding	Improving participant's health; Promoting w wellness and autonomy

(continued)

Service Provided	Areas Covered	Goals
	employment; Transportation assistance (attaining bus pass, buying a car, help getting transportation to and from a location); Aiding in acquiring medical insurance; Aiding in acquiring clothing	
Culturally Response Skill Building Classes	Resume building skills; Computer skills; Communication skills; English language classes; Playing guitar; Cooking; Art; Sewing and making clothing; Mental health classes that facilitate sharing of experience	Increase social/recreational activities; repair relationships; Acculturation; Understanding of mental health diagnoses; Reduce stigma
Referrals to mental health services, medical services, legal services, social services, and other community resources	Referrals to family/individual/marital counseling; Referrals to support groups (ex. Cancer, spiritual, stress management support groups); Referrals to immigration services; Referrals to financial services	Increase use of self-care activities; Self-improvement; Increase knowledge and use of available community resources

Participants and Procedures

This study involved data collected from participants of the Outreach & Engagement program during the 2012-2013 and 2013-2014 fiscal years. The data for this study was obtained from a sample of participants who were either enrolled in the O&E program through one of the six community-based MECCA agencies. Data was collected using two measures completed by participants between the ages of 6 to 60+, both males and females. Primary languages spoken by participants include Arabic, English, Farsi, Korean, Spanish, and Vietnamese. Additional demographic information about overall participants in the O&E program for both fiscal years can be found in Table 2. In order to meet criteria for this study, the participant must have completed both the PHQ-9 and WHO-5 measures at baseline and termination for each fiscal year. During the

2012-2013 fiscal years, a total of 128 individuals completed the PHQ-9 and 117 individuals completed the WHO-5 at baseline and termination (Table 3). During the 2013-2014 fiscal years a total of 149 individuals completed the PHQ-9 and 146 completed the WHO-5 at baseline and termination (Table 4).

The data that was used for this study was collected using convenience-based sampling during the fiscal years of 2012-2013 and 2013-2014. The data was collected and measures administered by trained case managers at each agency served through MECCA for participants during their baseline and termination sessions. Informed consent was obtained from each participant for participation in the program. This data was collected, organized, and entered into SPSS format

Table 2

Characteristics of Outreach & Engagement Program Participants – Fiscal Year 2012-2013 and 2013-2014

Age	Fiscal Year 2012-2013 (Total Participants = 1834)	Fiscal Year 2013-2014 (Total Participants = 1871)
0-15	101 (5.50%)	24 (1.28%)
16-25	152 (8.29%)	122 (6.52%)
26-59	647 (35.28%)	1122 (59.97%)
60+	276 (15.05%)	565 (30.20%)
Unknown	658 (35.88%)	38 (2.03%)
Sex		
Male	Not Available	556 (29.72%)
Female	Not Available	1315 (70.28%)
Other	Not Available	0
Race/Ethnicity		
American Indian/Alaska Native	1 (0.05%)	0
Arab	34 (1.86%)	20 (1.07%)

(continued)

Race/Ethnicity	Fiscal Year 2012-2013 (Total Participants = 1834)	Fiscal Year 2013-2014 (Total Participants = 1871)
Asian Indian	3 (0.16%)	0
Black or African American	8 (0.44%)	10 (0.53%)
Chinese	3 (0.16%)	1 (0.05%)
Hispanic, Latino, or Spanish Origin	315 (17.18%)	411 (21.97%)
Filipino	1 (0.05%)	0
Japanese	0	3 (0.15%)
Iranian	331 (18.05%)	180 (9.62%)
Korean	201 (10.96%)	1080 (57.72%)
Vietnamese	182 (9.92%)	115 (6.15%)
White or Caucasian	51 (2.78%)	37 (1.98%)
Other Asian	48 (2.62%)	2 (0.12%)
Other Pacific Islander	2 (0.12%)	0
Other	132 (7.20%)	11 (0.59%)
Unknown	522 (28.45%)	1 (0.05%)

Table 3

Fiscal Year 2012-2013 Completed Measures (Baseline + Termination)

Agency	PHQ-9	WHO-5
OCCTAC	59	52
VNCOC	24	22
ACCESS	14	13
ABRAZAR	22	20
KCS	7	7
OMID	2	3

Table 4

Fiscal Year 2013-2014 Completed Measures (Baseline + Termination)

Agency	PHQ-9	WHO-5
OCCTAC	60	61
VNCOC	38	37
ACCESS	5	2
ABRAZAR	24	25
KCS	7	6
OMID	15	15

Measures

The first measure utilized for this study was the Patient Health Questionnaire (PHQ-9) Depression Scale in order to identify and measure participant's depression symptoms. This measure consists of nine questions that correlate with the DSM-IV diagnostic criteria for depression. Each item within this measure is scored on a likert-scale ranging from, 0 (Not At All) to 3 (Nearly Every Day). Higher scores indicate an increase in depressive symptomology. Scores from 0-4 indicate minimal depression, 5-9 indicates mild depression, 10-14 indicates moderate depression, 15-19 indicates moderately severe depression, and 20-27 indicates severe depression. While this measure was created for use in primary care (Henkel et al., 2003), it has also been applied to community mental health settings (Martin, Rief, Klaiberg, & Braehler, 2005). The PHQ-9 has also been found to have high test-retest reliability and validity for depressive disorders in multi-ethnic populations (Gilbody, Richards, Brealey, & Hewitt, 2007; Kroenke, Spitzer, & Williams, 2001; Monahan et al., 2009; Sung, Low, Fung, & Chan, 2013). The PHQ-9 has been proven to have high internal consistency reliability (Cronbach's Alpha = .86) and high test-retest reliability (Correlation Coefficient = .86) for measuring depression in Chinese individuals (Wang et al., 2014). The PHQ-9 has also been found to a valid and reliable measure of depression in clinical settings in (Baader et al., 2012; Diez-Quevedo et al., 2001) and in community-based samples (Donlan & Lee, 2010; Familiar et al., 2015; Mertz et al., 2011) with Spanish speaking individuals. The Arabic version of the PHQ-9 has found to have appropriate cultural sensitivity and high internal consistency (Cronbach's Alpha = .88) with the Arabic-speaking population (Sawaya et al., 2016). Translated versions of PHQ-9 were used during the data collection process for use with the community members within each agency. The translation process involved

collaboration with the community agencies and their members to translate the measures and field testing for each translation was conducted by at least two individuals.

The World Health Organization Well-Being Index (WHO-5) questionnaire consists of 5 items, which are rated on a 6-point Likert scale from 0 (Not present) to 5 (Constantly Present). The items are all worded in a positive way and concern an individual's experience of well-being related to mood, vitality, and interests. Higher scores on this measure are related to a higher level of well-being, while lower scores can indicate depression and need for further assessment and screening. This measure was initially developed as a measure of well-being (Krieger et al., 2013); however, it has also been found to be a valid and reliable measure for predicting major depression.

The psychometric properties of the WHO-5 has been examine within samples of community-dwelling children and adolescents (Allgaier et al., 2012), adults (Henkel et al., 2003), and older adults (Allgaier et al., 2012; Bonsignore, Barkow, Jessen & Heun, 2001). Alternate versions of the WHO-5 in other languages have also been validated for specific ethnic groups. Moon, Kim and Kim (2014) found that the WHO-5 demonstrated good convergent validity in examining both depression symptoms and overall well-being when compared to other validated measures of depression and well-being. Lucas-Carrasco (2012) examined the WHO-5 for use with a Spanish-speaking population and found that the measure demonstrated good internal consistency reliability (Cronbach's alpha = .86) and good convergent validity. Overall, the WHO-5 has been found to reveal elements of an individual's self-reported psychological well-being, rather than solely focus on the absence of depression symptoms (Bech, Olsen, Kjoller, & Rasmussen, 2003). The WHO-5 was translated into the language of the community members within each agency through collaboration with the agency staff and community members for this study.

Results

Analysis

Prior to analyses, data screening and cleaning was performed to exclude participants who were missing termination or baseline data. Participants were grouped into one sample size, per fiscal year, with each participant identified based on the agency through which they obtained O&E services. Data were further screened for missing data on each item of the PHQ-9 and the WHO-5 for each fiscal year at both time points. For fiscal year 2012-13, the range of missing data points at the level of the item was 0-3 for the PHQ-9 and 0-1 for the WHO-5. For fiscal year 2013-14, the range of missing data points at the level of the item was 0-15 for the PHQ-9 and 0-2 for the WHO-5. Since the primary outcome variables were sum scores on all measures, the missing data were replaced using a mean substitution imputation method. Missing values were replaced with the sample mean for the missing item. After the data cleaning process, pre and post intervention data collected from participants were compared through the use of paired t-tests to determine if there was a difference in the means of the PHQ-9 and WHO-5 after engagement in the O&E program first across all agencies and then by each agency. After differences were determined, a summary of wellness plans were created for participants of the program and examined thematically to support the discussion of the results. Themes discussed in the wellness plans include information about participant's support system, access to transportation, English proficiency, physical health difficulties, the experience of loss, and whether or not they experience isolation. Prominent themes were identified and ranked based on the number of participants who endorsed factors related to their support system or specific goals. Examining and identifying these themes provided further insight regarding factors that may have influenced participant's perceived improvement after engagement in the O&E program.

Outcomes

Fiscal Year 2012-2013. Pre- and posttest levels of depression symptoms and overall well-being for the full sample for fiscal year 2012-2013 are represented in Table 5. The pretest mean of scores for this fiscal year was 7.6, indicating the presence of mild depression symptoms in the sample. The posttest mean was 7.0, indicating no significant difference between pre and post PHQ-9 scores, $t(127) = .753$, $p = .453$, $d = .08$, and a score continuing in the range of mild depression. The pretest administration of the WHO-5 revealed a mean score of 15.4. For this measure, a score of 13 or below indicates poor well-being and warrants additional testing for depression symptoms. A significant difference was found in pre and post WHO-5 scores, $t(116) = -1.990$, $p = .049$, $d = .20$, with a posttest score of 16.8. Results suggest that for fiscal year 2012-13, participants across all agencies reported a significant increase in perceived well-being and no significant change in depression symptoms after participation in the O& E program.

Pre- and posttest levels of depression symptoms and well-being by agency are represented in Table 6. Within each of the agencies analyzed, no significant difference was found in depression symptoms from pre to post test. For perceived well-being, two out of the six agencies experienced a significant difference in WHO-5 scores. The pre-test mean of WHO-5 scores for OCCTAC was 17.9 and the post-test score was 20.8, indicating a significant improvement, $t(51) = -4.119$, $p = .051$, $d = .52$. For OMID there was also a significant different in pre and post WHO-5 scores, $t(2) = .068$, $p = .952$, $d = .05$, with a pretest score of 7 and a posttest score of 6.6, indicating a decrease in well-being after participating in the program. In addition, the pretest mean of 7 indicates poor well-being and the need for further screening for depression symptoms for participants within this agency.

Table 5

Results of paired sample T-tests for full sample for Fiscal Year 2012-2013

	Mean	*n*	Std. Deviation	Std. Error Mean
Pre PHQ-9 with imputation	7.5777	128	6.50352	.57484
Post PHQ-9 with imputation	7.0491	128	7.06125	.62413
Pre WHO-5 with imputation	15.3949	117	7.09854	.65626
Post WHO-5 with imputation	16.7898	117	6.36076	.58805

Table 6

Results of paired sample T-tests per Agency for Fiscal Year 2012-2013

Agency	Mean	*n*	Std. Deviation	Std. Error Mean
ABRAZAR				
Pre PHQ-9 with imputation	9.1281	22	8.15940	1.73959
Post PHQ-9 with imputation	7.1800	22	5.26809	1.12316
Pre WHO-5 with imputation	15.4500	20	7.86381	1.75840
Post WHO-5 with imputation	14.6500	20	4.73814	1.05948
VNCOC				
Pre PHQ-9 with imputation	8.6279	24	6.58595	1.34435
Post PHQ-9 with imputation	9.4769	24	7.78344	1.58879
Pre WHO-5 with imputation	14.5909	22	6.85676	1.46187
Post WHO-5 with imputation	16.5114	22	5.91733	1.26158

(continued)

Agency	Mean	*n*	Std. Deviation	Std. Error Mean
OCCTAC				
Pre PHQ-9 with imputation	5.0534	59	4.56930	.59487
Post PHQ-9 with imputation	4.2014	59	6.37947	.83054
Pre WHO-5 with imputation	17.9065	52	5.59752	.77624
Post WHO-5 with imputation	20.8107	52	3.81632	.52923
OMID				
Pre PHQ-9 with imputation	14.4560	2	9.25461	6.54400
Post PHQ-9 with imputation	14.0000	2	.00000	.00000
Pre WHO-5 with imputation	7.0000	3	6.55744	3.78594
Post WHO-5 with imputation	6.6667	3	6.35085	3.66667
KCS				
Pre PHQ-9 with Imputation	16.5714	7	5.99603	2.26629
Post PHQ-9 with imputation	12.7143	7	3.14718	1.18952
Pre WHO-5 with imputation	7.5714	7	6.77882	2.56215
Post WHO-5 with imputation	8.7143	7	4.23140	1.59932
ACCESS CAL				
Pre PHQ-9 with Imputation	8.5000	14	5.08013	1.35772
Post PHQ-9 with imputation	10.8571	14	7.80392	2.08568
Pre WHO-5 with imputation	12.7738	13	7.36964	2.04397
Post WHO-5 with imputation	11.1538	13	6.38809	1.77174

Fiscal Year 2013-2013. Pre- and posttest levels of depression symptoms and well-being for the full sample for fiscal year 2013-2014 are represented in Table 7. The pretest mean of scores for this fiscal year was 7.6, indicating the presence mild depression symptoms in the sample. The posttest mean was 6.0, revealing a significant difference between pre and post PHQ-9 scores, $t(148) = 3.070$, $p = .003$, $d = .25$, and a score continuing in the range of mild depression. The pretest mean score for the WHO-5 was 15.9 and a significant difference was found in pre and post WHO-5 scores, $t(145) = -3.091$, $p = .002$, d = .28., with a posttest score of 17.7. For fiscal year 2013-14, results suggest that participants experienced a significant decrease in depression symptoms and a significant increase in perceived well-being after engagement in the program.

Results by agency for fiscal year 2013-2014 are represented in Table 8. In regards to depression symptoms, three of the six agencies experienced a significant change from pre to posttest. The pretest mean of scores for ABRAZAR was 6.4 on the PHQ-9, indicating a low level of depression symptoms. A significant improvement was found at posttest for this agency, $t(23) = 2.164$, $p = .041$, $d = .26$, with a mean posttest score of 4.8. A significant decrease in depression symptoms was also found for OCCTAC, $t(59) = 2.653$, $p = .010$, $d = .38$, with a pretest score of 5.2 and a posttest score of 3.4. The pretest PHQ-9 score for OMID was 12.3, indicating moderate depression symptoms. Posttest scores revealed a significant decrease in symptoms, $t(14) = 2.214$, $p = .044$, $d = .59$, with a mean of 8.4. In regards to well-being, one of the six agencies was found to experience a significant change in pre- and post WHO-5 scores. At baseline, the agency WHO-5 mean for OCCTAC was 16.6, indicating an overall high level of perceived well-being. At post-administration, a significant improvement was found for this agency, $t(60) = -3.153$, $p = .003$, $d = .50$., with a mean of posttest score of 19.5.

Table 7

Results of paired sample T-tests for Fiscal Year 2013-2014

	Mean	*n*	Std. Deviation	Std. Error Mean
Pre PHQ-9 with imputation	7.5962	149	6.38865	.52338
Post PHQ-9 with imputation	6.0264	149	5.96480	.48866
Pre WHO-5 with imputation	15.9195	146	6.42011	.53133
Post WHO-5 with imputation	17.6962	146	6.43325	.53242

Table 8

Results of paired sample T-test per Agency for Fiscal Year 2013-2014

Agency	Mean	*n*	Std. Deviation	Std. Error Mean
ABRAZAR				
Pre PHQ-9 with imputation	6.4661	24	6.27227	1.28032
Post PHQ-9 with imputation	4.8333	24	5.47458	1.11749
Pre WHO-5 with imputation	18.2100	25	5.56188	1.11238
Post WHO-5 with imputation	19.5600	25	6.09699	1.21940
VNCOC				
Pre PHQ-9 with imputation	9.0815	38	6.16059	.99938
Post PHQ-9 with imputation	8.5608	38	6.03362	.97878
Pre WHO-5 with imputation	15.4324	37	6.72285	1.10523
Post WHO-5 with imputation	16.4867	37	6.89109	1.13289

(continued)

Agency	Mean	*n*	Std. Deviation	Std. Error Mean
OCCTAC				
Pre PHQ-9 with imputation	5.2950	60	4.85551	.62684
Post PHQ-9 with imputation	3.4329	60	4.54082	.58622
Pre WHO-5 with imputation	16.6066	61	5.67826	.72703
Post WHO-5 with imputation	19.4695	61	5.09665	.65256
OMID				
Pre PHQ-9 with imputation	12.3199	15	6.58262	1.69962
Post PHQ-9 with imputation	8.4430	15	4.22708	1.09143
Pre WHO-5 with imputation	9.0000	15	5.68205	1.46710
Post WHO-5 with imputation	11.2667	15	4.68229	1.20896
KCS				
Pre PHQ-9 with imputation	12.7143	7	9.46422	3.57714
Post PHQ-9 with imputation	8.8571	7	7.49285	2.83203
Pre WHO-5 with imputation	18.5000	6	6.44205	2.62996
Post WHO-5 with imputation	16.3333	6	8.43010	3.44158
ACCESS CAL				
Pre PHQ-9 with imputation	8.0100	5	7.83106	3.50216
Post PHQ-9 with imputation	12.4000	5	9.96494	4.45646
Pre WHO-5 with imputation	19.5000	2	7.77817	5.50000
Post WHO-5 with imputation	15.0000	2	14.14214	10.00000

Wellness Plan Themes. In examining the wellness plans created for participants prior to engaging in the O&E program several themes emerged that provide information about participant's support system and goals before engaging in the program. The most prominent theme involved difficulties related to participant's support system during both years. Specific areas within the realm of social support include having limited access to transportation, the experience of loss or grief, limited support from family and friends, limited English proficiency, and the experience of isolation (Tables 9 and 10). Examining themes that were present among the goals that participants identified as important to them before starting the program include stress management, reducing social isolation, and increasing awareness of mental health services. In addition, goals related to resources for food, employment, housing, legal, financial and medical services were areas of emphasis for participants. An overview of the percentage of participants who endorsed the specific themes and goals is provided in Tables 11 and 12.

Table 9

Wellness Plan Themes: Support System - Fiscal Year 2012-2013

Theme	*%*
Limited access to transportation	60.7
Experience of loss (spouse, home, job, etc...)	60.2
Limited support from family/friends	57.9
Limited English proficiency	54.7
Experience of Isolation	42
Physical/Health Limitations	29.6
Living alone	14.1
Single status or primary caregiver	8.2

Table 10

Wellness Plan Themes: Support System - Fiscal Year 2013-2014

Theme	%
Limited English proficiency	51.5
Limited support from family/friends	45
Experience of loss (spouse, home, job, etc...)	43.2
Limited access to transportation	42.9
Experience of Isolation	37.6
Physical/Health Limitations	24
Living alone	13.8
Single status or primary caregiver	8.9

Table 11

Wellness Plan Themes: Participant Goals - Fiscal Year 2012-2013

Goal	%
Stress management (support groups, self-care activities, self-improvement, coping skills)	35.1
Awareness of mental health services (understanding mental health diagnoses, reduce stigma, increase knowledge of available programs)	26
Reduce social isolation (improve communication skills, increase social/recreational activities, repair relationships)	24.6
Employment (finding employment; resume building, computer skills)	23.2
Housing (shelters, Domestic Violence housing, senior housing)	22.8
Transportation (bus passes, buying a car, transportation assistance)	21.9
Financial & Medical Services (financial support, medical insurance, clothing)	21.9
Food Services	12.3
Learn about the U.S. (Learn English; acculturation)	10.9
Legal Issues (Citizenship, immigration services, legal issues related to Domestic Violence)	10.5
Counseling (family/marital counseling, life coaching)	6.8

Table 12

Wellness Plan Themes: Participant Goals - Fiscal Year 2013-2014

Goal	%
Reduce social isolation (improve communication skills, increase social/recreational activities, repair relationships)	68.5
Stress management (support groups, self-care activities, self-improvement, coping skills)	30.5
Employment (finding employment; resume building, computer skills)	27.7
Financial & Medical Services (financial support, medical insurance, clothing)	16.6
Learn about the U.S. (Learn English; acculturation)	14.5
Awareness of mental health services (understanding mental health diagnoses, reduce stigma, increase knowledge of available programs)	13.5
Transportation (bus passes, buying a car, transportation assistance)	13.2
Counseling (family/marital counseling, life coaching)	12
Housing (shelters, Domestic Violence housing, senior housing)	9.5
Legal Issues (Citizenship, immigration services, legal issues related to Domestic Violence)	6.1
Food Services	5.2

Discussion

Findings

The purpose of this study was to examine whether participation in the O&E program had an impact on participants depression symptoms and overall well-being. It was predicted that participants' depression symptoms would decrease after participating in the program and their report of overall well-being would increase. Based on the results, this study suggests that the services provided by the O&E program were effective in decreasing depression symptoms for the overall sample of participants for one of the two fiscal years studied and increasing perceived well-being of participants in both years.

Several hypotheses can be made regarding the differences in significance related to depression symptoms between the two fiscal years, as well as the differences in significant results across the six agencies for both fiscal years. First, it is possible that the quality of the services improved for the second fiscal year as the program matured and staff members gained additional experience while working with participants. However, the variability of the significant findings cannot be completely attributed to the quality or success of the services as there are other factors that may have influenced the results. One of which is possible changes in staff who were administering the services for each year and within each agency. Another is changes in the services utilized by participants. Within the program, participants have the opportunity to engage in a myriad of different services, some of which may have been more influential than others in influencing depression and well-being. Continuing participants during the first 2012-2013 fiscal year may have also experienced a stabilization of mood symptoms from being previously enrolled in the program, resulting in a change process that is more incremental in nature and does not produce a significant shift. Furthermore, it is important to consider that the expression of

depression symptoms may be different or may have changed each year for members of each ethnic group within each agency, leading to variability in the significant findings.

Relation to Prior Research

As discussed in the literature review, isolation, loneliness, and a limited social support system is correlated with depression symptoms and decreased perceived well-being in multi-ethnic and immigrant populations (Chaudhry et al., 2012; Nicholson et al., 2010; Ponizovsky & Ritsner, 2004). This factor was present in the wellness plans in that participants reported limited familial/friend support as well as the experience of isolation prior to engaging in the program. The services provided by the O&E program that focus on shared experiences and communication skills through culturally responsive skill building classes in a group format may have assisted participants in decreasing perceived social isolation. In addition, the O&E program's focus on increasing participant's social support and social interactions may be related to the significant increase in well-being and decrease in depression symptoms participants experienced after engagement in the program. The use of a group format and facilitating social activity to decrease loneliness and social isolation in multi-ethnic individuals has also been found effective in other researched community programs (Cattan, White, Bond, & Learmouth, 2005; Dickens, Richards, Greaves, & Campbell, 2011; Khamphakdy-Brown et al., 2006; Saito, Kai, & Takizawa, 2012). Given that the intervention in the O&E program focused on social engagement and shared experiences for participants, it is possible that social support is a potential protective factor for depression symptoms, which is also consistent with findings from studies involving multi-ethnic populations (Ayers et al., 2009; Bhugra, 2005; Chou, 2014).

Stress management is another theme that emerged from the wellness plans that was a target goal for many of the participants in the O&E program for both fiscal years. Interventions

utilized by the O&E program to assist with stress management include facilitating social activities that relieve stress and increasing knowledge of and utilization of self-care strategies and active coping skills. This element of the O&E program is consistent with literature on promoting positive well-being and decreasing depression in immigrant and multi-ethnic populations (Tran et al., 2014). In previously evaluated community-based programs, teaching and promoting self-care strategies has resulted in decreased depression symptoms and increased perceived social support (Nicolaidis et al., 2013; Tran et al., 2014). In addition, the utilization of active coping skills has been found effective in decreasing depression symptoms (Torres & Rollock, 2007; Torres, 2010). By targeting stress management and increasing engagement in self-care, the O&E program may have influenced the decrease in depression symptoms and increase in well-being reported by participants in the sample.

Another area of importance is the negative impact of mental health stigma on multi-ethnic individual's well-being (Corrigan, Druss, & Perlick, 2014). The wellness plans reflect a focus on interventions to increase participant's knowledge of mental illness, address stigma, and increase their knowledge of available mental health programs in the community. The O&E program addresses stigma through a group format by normalizing mental illness and educating participants about symptoms and treatment options. Educational approaches to decrease stigma of mental illness have been found effective in improving attitudes toward mental health treatment and decreasing feelings of shame associated with mental illness (Corrigan & Shapiro, 2010). Interventions within the O&E program that focus on providing participants with a better understanding of their mental health concerns may have alleviated depression symptoms. In addition, linking participants to culturally appropriate mental health services within the

community may have instilled a sense of hope and increased understanding of their experiences, leading to an increase in perceived well-being.

Two major aspects of the O&E program involve providing participants with referrals and linkages to community resources, as well as conducting services in a participant's native language as needed. Based on themes from the wellness plans, participants endorsed needs related to finding employment, financial and medical services, legal services, transportation, housing and food. The O&E program met these needs through providing case management and life coaching, as well as referrals to specific community services based on a participant's unique needs. In addition, the wellness plans reveal that many of the participants had limited English language proficiency and some of the participants had goals to increase their ability to communicate in English. These needs were addressed through staff members who could communicate with participants in their native language and provide English language classes. The support participants were provided in these two areas may also have contributed to the positive outcomes during both fiscal years.

Limitations of Study and Future Directions

The data collection process for this study was conducted through the use of the Community Based Participatory Research (CBPR) model, in which there is an equal partnership between those analyzing the data and those collecting the data (Love, 2011). The staff members within each MECCA agency were also members of the community they were serving and were not professional researchers. As a result, implementation of the measures used may have varied among staff members within the different agencies of MECCA, which may have compromised the standardization of the measures for use in evaluating depression symptoms and overall well-being. In addition, the data collection process and procedures also varied significantly across

each agency due to the effort to engage participants in a culturally responsive manner, as well the specific resources each agency had available to them. This can account for the incomplete measures that were discarded prior to data analysis, leading to a smaller sample size across agencies and within each agency. For several of the agencies, the number of completed measures was disproportionate to the number of enrolled participants within each agency, indicating that the results may not accurately depict the experience of depression and well-being for all participants in the program. The use of a convenience-based sampling method may have also led to sampling bias, leading to over-representation of some participants and under-representation of others. In addition to the variance in protocol for administering measures across agencies, some participants may have been more motivated to complete the measure than others. Thus, the sample utilized for this study may not fully represent the population studied or the full experience of MECCA participants.

An important focus of the CBPR model when it comes to collecting data is collaboration between the researchers and the community members collecting the research (Dodson, Piatelli, & Schmalzbauer, 2007). For community-based programs such as MECCA, it takes time to build trusting relationships and understanding amongst all stakeholders amidst the pressure of meeting county-required deadlines and meeting the needs and expectations of participants. As MECCA continues to grow as a community-based program, it is vital that stakeholders engage in an ongoing dialogue to find ways to enhance the data collection process. This may include addressing concerns and needs of researchers and staff members in a way that promotes mutual understanding, with respect for differences in perspective. This dialogue can involve staff members addressing their concerns and challenges in collecting data and findings ways in researchers can modify their approach or provide additional support to increase the number of

completed measures for future studies. It may be helpful to engage in ongoing discussion about ways to administer measures in a culturally responsive way, as well as the challenges staff members face when implementing the measures.

Research also suggests that the expression of depression symptoms varies among ethnic groups and may not align with the typical depression symptoms identified in Western models (Kim & Lopez, 2014; Lehti, Johansson, Bengs, Danielsson, & Hammerstrom, 2010; Yeung & Kam, 2006). Therefore, the report of depression symptoms and well-being for participants in the program may not be an accurate representation of their functioning. Another factor to consider in regards to the effectiveness of the intervention provided by the O&E program is the impact of the hope/expectancy effect on participants who enrolled in the program. Some participants may have experienced a decrease in depression or increase in well-being based on their faith or hope in the program and their interactions with staff members and not specifically due to the interventions provided by the O&E program. Since the measures utilized for this study were self-report measures, there is also a risk of bias as a result of social desirability leading to the minimization of symptoms at either pre or post-test implementation since the participants were acquainted with the staff who implemented the measures. Given that both measures were translated into each agency-specific language, it is possible that part of the meaning behind some of the items on the measures were not communicated as the measure intended them to be, which creates the possibility that the results do not fully capture the experience of depression and well-being of participants.

While overall stress was discussed in the wellness plans as a focus of participants in the program, factors that contribute to this experience of stress were not clear. Past studies have revealed acculturative stress to be a specific stressor for multi-ethnic individuals and immigrants

(Kim et al., 2014) and may have played a role in the lives of the individual's utilized in this study. While factors addressed in the program such as increasing social support and self-care activities may have acted as a buffer for acculturative stress experiences by participants, additional information regarding the prevalence of experience acculturative stress may be beneficial for this specific population. Future recommendations for the program could include introducing a measure of acculturative stress and introducing interventions that target acculturative stress.

Another limitation in this study is the lack of specific information tied to participant outcome measures. While general information was available through the wellness plans, specific information such as participant demographic data, services participants engaged in, and whether a participant was continuing from the previous year was not tied to the outcome measures in this study. This limited the conclusions that were made about what specifically was effective in influencing change in depression and well-being for participants. In addition, lack of demographic information tied to the outcome measures prevented a more specific understanding of the unique needs of participants based on factors such as age, gender, or ethnicity. Future outcome research could include utilizing outcome measures that are connected with demographic data from participants, as well as information regarding specific classes, referrals, and services they utilized while enrolled in the O&E program. Furthermore, incorporating information about whether a participant was continuing from a previous year may be helpful in determining whether results were due to a previous stabilization of mood.

Conclusion

The hypothesis that participants would experience a decrease in depression symptoms and increase in well-being after participating in the O&E program was confirmed through the

analysis and results. The findings in this study support existing literature regarding the use of culturally responsive, ethnic-group specific community services as effective for multi-ethnic individuals. In addition, it confirms the use of interventions to promote social support and decrease social isolation, as well as expand individual's access to community resources as a way to promote a positive well-being for multi-ethnic and immigrant individuals. In addition, providing these services in an ethnic-specific format and in an individual's native language may increase effectiveness of interventions. Future research can include specific demographic data as well as information about specific interventions utilized by participants in order to make specific conclusions about appropriate interventions and needs based on age group and gender. In addition, engagement in ongoing collaborative dialogue among all stakeholders involved in community-based research is recommended in order to improve outcomes and increase the accuracy of the results.

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APPENDIX A

Extended Review of the Literature*

*References for the Extended Review of the Literature are available in the references section on pg. 42

Author (s)/ Year/Title	**Sample (*N*) and Demographics**	**Instrumentation/Methods**	**Research Question/Objective Major Findings/Conclusions:**
Alegrıa, M., Chatterji, P., Wells, K., Cao, Z., Chen, C. N., Takeuchi, D.,. . . Meng, X. L. – (2008) Disparity in depression treatment among racial and ethnic minority populations in the United States.	Pooled data was used from the National Institute of Mental Health Collaborative Psychiatric Epidemiology Survey (CPES) which included data from: 1)The National Latino and Asian American Study (NLAAS) - Household residents ages 18+ -2,554 Latinos -2,095 Asian Americans 2)The National Comorbidity Survey Replication (NCS-R) -English speaking, non-institutionalized adults ages 18+ -Sample same as NLAAS 3) The National Survey of American Life (NSAL) -Nationally representative survey of household residents in the noninstitutionalized black populations -3,570 African American	N/A	The purpose of this study was to evaluate differences in quality of depression treatments and access to treatments for individuals in racial-ethnic minority groups and non-Latino white individuals. Major Findings/Conclusions: 1) Higher rates of poverty, as well as lower health insurance coverage rates for all racial minority groups in comparison with non-Latino Whites. 2) Persons with a depressive-disorder diagnosis within the last year, 58.8% of African Americans, 68.7% of Asians, and 63.7% of Latinos did not access any mental health treatment within the last year, compared to 40.2% of the non-Latino white individuals within the population. 3) The authors concluded that it is vital to address the unique barriers faced by ethnic and racial minority populations when it comes to seeking depression treatment.

	1621 black respondents of Caribbean descent		
Allgaier, A. K., Pietsch, K., Frühe, B., Prast,E., Sigl-Glöck ner, J., & Schulte-Körne, G., (2012) Depression in pediatric care: is the WHO-five well-being index a valid screening instrument for children and adolescents?	446 children (ages 9-12) and 324 adolescents (ages 13-16) recruited from pediatric hospitals -192 girls -254 boys -Mean age 10.5 years	Structured diagnostic interview; World Health Organization-Five Well Being Index (WHO-5)	This study focused on determining the criterion validity of the WHO-5 in screening for depression in pediatric care. Major Findings/Conclusions: 1) The WHO-5 demonstrated diagnostic accuracy for both populations. For children, a cutoff score of 10 maximized sensitivity (.75) and specificity (.92). Decreasing the cutoff score to 9 in the adolescent samples yielded optimal sensitivity (.74) and specificity (.89).
Aprahamian, M., Kaplan, D. M., Windham, A. M., Sutter, J. A., & Visser, J. (2011). The relationship between acculturation and mental health of Arab Americans.	1,106 individuals from Arabic or Chaldean descent who were 18 years or older. The sample consisted of 466 males and 538 females. All participants also took part in the 2003 Detroit Arab American Study (DAAS)	The Kessler Psychological Distress Scale (K10); Marin and Marin Acculturation Scale; questions from the DAAS	This study sought to examine the relationship between acculturation level and mental health Major Findings/Conclusions: 1) Results suggested a complex relationship between mental health and acculturation and it was not found to be significant in this study. 2) The authors discuss other significant variables related to the process such as religion, perceived discrimination, and age of migration that have an impact on mental health
Ayers, J., Hofstetter, R. C,	592 female adults (18+) of Korean	Center for Epidemiological	This study focused on identifying stressors related to

Usita, P., Irvin, V. L., Kang, S., & Hovell, M. F. (2009). Sorting out the competing effects of acculturation, immigration stress, and social support on depression: A report on Korean women in California.	descent living in California.	Studies Depression Scale (CES-D); Suinn-Lew Asian Self-identity Acculturation to US Society Scale; the Demands of Immigration Scale; Interpersonal Support Evaluation List	acculturation and immigration and depression symptoms in Korean female adults. Research was conducted through phone interviews with participants. Major Findings/Conclusions: 1) Reduced immigrant stress was associated with higher acculturation levels, which was also related to depression symptoms. 2) The main influences on depression symptoms were immigrant stress and social support level. 3) The authors suggest the need for interventions that acknowledge and support acculturative stress.
Baader, T., Molina, J., Venezian, S., Rojas, C., Farías R., Fierro-Freixenet, C., . . . Mundt, C. (2012). Validity and utility of PHQ9 (Patient Health Questionnarie) in the diagnosis of depression in user patients of primary care in Chile.	1327 Chilean patients from five urban general practices of the Commune of Valdiva in Chile; 78.8% females and 20.1% males	Patient Health Questionnaire-9 (PHQ-9); Hamilton Scale for Depression	The purpose of this study was to evaluate the validity of the PHQ-9 Spanish Version as a detector for depression symptoms in a Spanish speaking population in Chile. Major Findings/Conclusions: 1) In comparison to the Hamilton-D scale, the PHQ-9 demonstrated a sensitivity of 92% and 89%. 2) The study was able to identity sufficient construct validity and predictive validity when compared to the ICD-10 depression symptoms.

			3) Researchers concluded that the psychometric properties of the measure indicate appropriateness for clinical use for this population.
Bech, P., Olsen, L.R., Kjoller, M., Rasmussen, N. K. (2003). Measuring well-being rather than the absence of distress symptoms: a comparison of the SF-36 Mental Health subscale and the WHO-5 Well Being Scale.	9, 542 individuals from data collected on the general Danish population from a population health survey. -4,681 males -4, 924 females. -Mean age- 44.9 years	The Health Status Questionnaire Short-Form (SF-36); World Health Organization-Well Being Scale (WHO-5)	The focus of this study was to examine the psychometric properties of the WHO-5 in comparison to the SF-36 in measuring well-being. Major Findings/Conclusions: 1) Results showed that the WHO-5 was significantly superior to the SF-36 in differentiating participant's experience of deteriorating well-being and health. 2) It was determined that the WHO-5 not only detects the absence of depression, but also measures overall psychological well-being.
Bernstein, K. S., Park, S., Shin, J., Cho, S., & Park, Y. (2011). Acculturation, discrimination and depressive symptoms among Korean immigrants in New York city.	304 Korean immigrants living in New York City; Participants were 18 or older -43.4% Male -56.6 Female Marital Status: -65.1% Married -34.9% Single Years in the U.S. ->5 years = 15.3% -5-10 years = 28%	Center for Epidemiological Studies: Depression Korean Scale (CED-D-K); Acculturative Stress Scale; NLAAS Discrimination Scale; English Proficiency Scale (EPS)	This study focused on examining symptoms of depression in a Korean immigrant population living in New York city. Major Findings/Conclusions: 1) Within the sample population, 13.2% demonstrated symptoms of depression. Variables including marital status, education, years living in the US, living

	-11-20 years = 27.7% -More than 20 = 29%		alone, and income were found to have an influence on high depression scores. 2) Exposure to discrimination and a self-report of low language proficiency was also correlated with higher depression scores. 3) Acculturation stress was not found to significantly be related to depression.
Bernal, G., & Saez-Santiago, E. (2006). Culturally centered psychosocial interventions.	N/A	N/A	This article consists of a literature review regarding cultural issues and the consideration of a client's cultural background in therapy. Specific arguments are made regarding the importance and relevance of culturally responsive interventions. The article also provides literature-based guidelines for practice for multicultural practice in community mental health interventions.
Bhugra, D. (2005). Cultural identities and cultural congruency: a new model for evaluating mental distress in immigrants.	N/A	N/A	The author of this article conducted a literature review in order to understand a possible link between cultural identity, migration experience, and mental distress. Major Findings/Conclusions: 1) The author found that cultural identity, mental distress, and migration are linked. Social support was determined as a protective factor for mental illness.

			2) Vulnerabilities for depression were also identified including the type of society an individual originates from and the type of society they migrate to (e.g. individualistic/collectivistic; idiocentric or allocentric). 3) The authors suggests that depression and related mental concerns may be caused by an individual's personality traits combined with their biopsychosocial vulnerabilities.
Breslau, J., Kendler, K. S., Su, M., Gaxiola Aguilar, Kessler, R. C. (2005). Lifetime risk And persistence of psychiatric disorders across ethnic groups in the United States.	5657 participants, ages 15-54; Of these participants, -9% Hispanic origin, -12% Non-Hispanic Black origin, -78% White All participants were recruited from the National Comorbidity Survey (NCS)	N/A	This article sought to identify prevalence of and risk for psychiatric disorders across ethnic groups. Major Findings/Conclusions: 1) It was found that socially disadvantaged groups had a lower lifetime risk of psychiatric disorders. 2) However, it was found that while the prevalence was lower for disadvantaged groups, the occurrence of more persistent disorders was present in these populations. 3) Suggestions for future research are given related to exploring reasons for the results and biases in the comparisons.

Breslau, J., & Chang, D. F. (2006). Psychiatric disorders among foreign-born and US-born Asian Americans in a US national survey.	1236 Asian American individuals from the National Epidemiological Survey of Alcohol and Related Conditions (NESARC) -Adults 18+ -547 male -689 female Sub-groups: -25.4% Chinese -14.6% Filipino -16.4% South Asian -10.6% Japanese -9% Korean -8.9% SE Asian -15% Other	English and Spanish Versions of the Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS) -Race/Ethnicity -Foreign vs. U.S. Birth -Age at onset of disorder -Age at immigration -Duration of residence in U.S. -Country of origin	This article sought to investigate the correlation between being an individual's nativity and risk for a psychiatric disorder. Major Findings/Conclusions: 1) Lower risk was present for individuals who were foreign born and migrated to the U.S. in adulthood and a higher risk was found for U.S. born participants who have lived for a longer duration in the U.S. 2) Factors such as developmental age and duration of living the U.S. may contribute to a higher risk of psychiatric symptoms.
Breslau, J., Javaras, K., Blacker, D., Murphy, J. M., & Normand, S. T. (2008). Differential item functioning between ethnic groups in epidemiological assessment of depression.	7812 respondents (784 Hispanic, 929, Non-Hispanic Black, 6099 White) -ages 15-54 -Respondents of the National Comorbidity Survey (NCS).	N/A	This article sought to explore whether measurement bias has occurred in the assessment of depression in Hispanic and non-Hispanic Black population. The purpose of this study is to examine whether the unexpected low lifetime prevalence of depression in these populations is due to measurement errors. Major Findings/Conclusions: 1) Results confirmed the finding that ethnic minority status and experiencing a social disadvantage is not correlated with a higher risk for depression. 2) However, researchers made suggestions that clinician's assessment

			of depression should include cultural considerations and awareness of specific idioms for distress in clinical interviews.
Bridge, T. J., Massie, E. G., & Mills, C. S. (2008). Prioritizing cultural competence in the implementation of an evidence-based practice model.	Participants were families referred for services under the Family Connections Program in Detroit Participant characteristics: -Families with African American female headed households -78% had a history with a child protection agency -20% married or living with a partner -47% completed high school -27% employed	N/A	The authors of this paper provided information about the approach taken by a community mental health agency and an evaluation team to modify an evidence-based intervention that is culturally responsive to the population studied. The study discussed challenges related to implementing the evidence-based model, the role of community outreach, tailored interventions, approaches to empower participants, and measures of cultural competence used by the program. Suggestions were made regarding the evaluative process, in that it should be an integral part of creating culturally responsive interventions, specifically when making changes to components.
Burnett-Zeigler, I., Bohnert, K. M., Ilgen, M. A. (2013). Ethnic identity, acculturation, and the prevalence of lifetime psychiatric disorders among Black, Hispanic, and Asian adults in the U.S.	Respondents to the National Epidemiological Survey on Alcohol Related Conditions (NESARC) between 2001-2002 -6219 African American individuals, -880 Asian/Native Hawaiian/Other Pacific Islander individuals	Brief Acculturation Rating Scale-II; Race-ethnic orientation scale; he National Institute on Alcohol Abuse and Alcoholism Use Disorder and Associated Disabilities Interview Schedule-DSM-	This study focused on investigating a link between acculturation, ethnic identity, and psychiatric disorders among Latino, Asian, and African American adults living within the United States. Major Findings/Conclusions: 1) Decreased odds of experiencing a lifetime psychiatric disorders was associated with higher scores on the

	-5963 Hispanic Individuals 43.6% male 56.65% female 42.6% married 25.22% divorced 31.18% never married 9.68% Foreign born 90.32% U.S. born	IV Version (AUDAIS-IV)	measure of ethnic identity all groups. 2) High acculturation levels to U.S. culture was also associated with an increased likelihood of experiencing a psychiatric illness for all groups. 3) The authors suggest that identification with one's ethnic or racial group may be protective factors for the development of psychiatric symptoms. Furthermore, losing aspects of one's ethnic identity may create a risk factor for these symptoms.
Butler, K. M., Rayens, M. K., Adkins, S., Record, R., Langley, R., Derifield, S. & Hahn, E. J. (2014). Culturally specific smoking cessation outreach in a rural community.	251 adult smokers from a rural, economically distressed Appalachian county in Kentucky 33% male 66% female 96% Caucasian 4% minority groups	Telephone survey	This study evaluated exposure and awareness of a culturally specific smoking cessation outreach program implemented within a rural community setting. Major Findings/Conclusions: Based on results, conclusions were made that outreach materials that are culturally specific to the population being served and based on personal narratives are effective to provide outreach in community settings.
Cattan, M., White, M., Bond, J., & Learmouth,	N/A	N/A	This article provides a systematic review of interventions focused on

A. (2005). Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions.			preventing social isolation and loneliness among an older adult community dwelling population. The authors found effective interventions involved group activities with an educational or support component. In addition, factors such as one-on-one case management and social support, advice and information, or assessment of health related needs were found effective across studies. Conclusions are made that social isolation and loneliness can be alleviated in this population through the use of group educational and social activities.
Chaudhry, N., Husain, N., Tomenson, B., & Creed, F. (2012). A prospective study of social difficulties, acculturation and persistent depression in Pakistani women living in the UK.	487 British Pakistani females, 18-65, from four General Practioner practices	Psychiatric Screening Questionnaire (SRQ); Schedule for Clinical Assessment in Neuropsychiatry (SCAN); Life Events and Difficulties Schedule (LEDS); Cultural Questionnaire	The purpose of this study was to examine a relationship among social difficulties, acculturation, life events and depression in British Pakistani females. Major Findings/Conclusions: 1) At baseline, it was found that depression was associated with social isolation, older age, health difficulties, and difficulties in close relationships. 2) A follow-up was also conducted that revealed depression was connected to severity of baseline depression symptoms, level of English proficiency, and difficulties in close relationships.

Chavez-Korell, S. C., & Torres, L. (2014). Perceived stress and depressive symptoms among Latino adults: The moderating role of ethnic identity cluster patterns.	390 Latino Adults (18-88) 154 men 231 women 1 transgender identified person 4 unspecified Participants lived in a metropolitan area within the Midwest region of the U.S.	Ethnic Identity Scale (EIS); Perceived Stress Scale (PSS); Center for Epidemiological Studies Depression Scale (CED-S)	This study examined whether ethnic identity may have an impact on self-reported depression symptoms and perceived stress. Major Findings/Conclusions: 1) Through cluster analysis, four ethnic identity clusters were created: Achieved Positive, Diffuse Positive, Foreclosed Positive, and Diffuse Negative. 2) Results suggested that the Achieved Positive and Diffuse Negative clusters did not have a significant impact during lower levels of stress. 3) However, during higher stress levels individuals within the Achieved Positive group had significantly lower levels of perceived stress and depressive symptomatology than those in the Diffuse Negative group.
Choi, S. E. & Rush, E. B. (2012). Effect of a short-duration, culturally tailored, community-based diabetes self-management intervention for Korean immigrants.	41 Korean adults with type-2 diabetes recruited from a Korean community on the West Coast. Male- 46.3% Female – 53.7%	Summary of Diabetes Self-Care Activities (SDSCA); Diabetes Knowledge Test; Patient Health Questionnaire (PHQ-9); Medical Outcomes Study SF-12	This article involved a pilot study examining a culturally tailored, short-term, community program focused on diabetes management for Korean immigrants. Assessment was done regarding whether the program was effective, feasible and acceptable for the participants. The intervention involved two sessions delivered by a Korean

		Single-group pretest and posttest design was used.	nurse practitioner who spoke both Korean and English. Major Findings/Conclusions: 1) Results showed that participants demonstrated significant physiological and behavioral improvements. 2) In addition, participants reported high satisfaction levels in the program. 3) The culturally tailored approach was found feasible, acceptable and effective for this population.
Chou, J. L. (2014). Social support as a protective factor for pre-migration experience, acculturative stress, and post migration health.	414 Latin American immigrant primary care patients living in Barcelona, Spain. 114 males 200 females 18-34 = 249 35-49 = 141 50-65 = 24	Barcelona Immigration Stress Scale (BISS); The Golberg Anxiety and Depression Scale (GADS); Mini Interational Neurological Interview (MINI) A descriptive and bivariate analysis was used with the following variables to determine significance: psychopathology, sociodemographic and attitudinal variables, and acculturative stress	The study investigated whether acculturative stress is a risk factor for depression and anxiety symptoms in a Latin American immigrant population. Factors associated with acculturative stress included homesickness and overall psychosocial stress. Major Findings/Conclusions: 1) Depression and anxiety were found to be associated with acculturative stress. 2) Psychosocial stress and contact within an individual's culture was related to symptoms of psychopathology.

Chung, R. C., & Bemak, F. (2007). Asian immigrants and refugees.	N/A	N/A	This source is a portion of the Handbook of Asian American psychiatry. The handbook provides an overview of research on Asian American mental health. Information from this specific chapter was utilized to discuss the specific impact of immigrating from a collectivistic to an individualistic culture.
Chung, R. C., Bemak, F., Ortiz, D. P., & Sandoval-Perez, P. (2008). Promoting the mental health of immigrants: A Multicultural/Social justice perspective.	N/A	N/A	This article provides an overview of literature related to the specific challenges faced by the immigrant population. Factors addressed include sociopolitical, economic, cultural, social, historical and psychological in relation to how they impact adjustment to a new environment. A novel theoretical approach was introduced for working with the immigrant population that integrates and multicultural/social justice orientation.
Coffman, M. J. & Norton, C. K. (2010). Demands of immigration, health literacy, and depression in recent Latino immigrants.	100 participants recruited from two community service agencies focused on serving the Latino community. All participants were 18 or older, had an immigrant status (15 years or less in the U.S.), self-identification as Latino, and Spanish speaking. Mean age 35.7. Male = 23.2%	Demands of Immigration Scale (DIS); 50-item Short Assessment of Health Literacy for Spanish Speaking Adults (SAHLSA); Center for Epidemiological Studies Depression Scale (CED-S)	This study sought to examine how mental health literacy and the challenges of immigration (e.g. adaptation to a new environment, language barriers, separation from family members, experiences of loss) can have an impact on depression symptoms in the Latino community. Major Findings/Conclusions: 1) It was found that lower health literacy and higher perceived immigration demands or stressors were

	Female = 76.8% Nationality: Mexican = 54.5% South American = 29% Central American = 16%		related to higher depression symptoms. 2) Suggestions are made for an increase in education regarding mental health and depression symptoms as well as increased access to mental health services would be beneficial for the immigrant population.
Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health care.	N/A	N/A	This article provides a review of literature on elements related to mental health stigma and examines how it may impact participation in care, as well as the probability an individual will seek out mental health care when needed. Major Findings/Conclusions: 1) The authors identify that knowledge of mental illness and cultural relevance moderate the impact of stigma on individuals. 2) Recommendations are made for the implementation of programs about stigma for mental health providers. 3) The authors discuss considerations for public policy changes to address the structural stigma that exists within government and suggestions for future research on this topic.
Corrigan, P. W. & Shapiro, J. R.	N/A	N/A	This article provided an overview of literature

(2010). Measuring the impact of programs that challenge the stigma of mental illness.			regarding programs that focus on challenging stigma of mental illness. An overview of community-based participatory research is given and is discussed as vital to the process of reaching community members. Recommendations are given regarding effective strategies for measuring effectiveness of interventions. In addition, an overview of effectiveness strategies including education and social marketing programs are discussed.
Crump, C., Sundquist, K., Winkleby, M. A., & Sundquist, J. (2013). Mental disorders and risk of accidental death.	6, 908, 922 adults ages 20+ living in Sweden Deaths identified using Swedish Death Registry Sociographic, psychiatric, and somatic characteristics using national census data from 2000-2001 and linked to registry data using an anonymous PIN	N/A	The purpose of the study was to investigate a link between the mental illness and accidental death. Major Findings/Conclusions: 1) Results found that there was a strong association between accidental death and a psychiatric diagnosis. 2) The strongest risk was found in personality disorders and a similar probability was found in schizophrenia, bipolar disorder, depression and anxiety disorders.
Crump, C., Sundquist, K., Sundquist, J., & Winkleby, M. A. (2014). Sociodemographic, psychiatric and somatic risk factors for	7,140,589 adults 18+ living in Sweden on January 1, 2001 Deaths identified using Swedish Death Registry	N/A	This study examined whether sociodemographic factors, psychiatric diagnosis, and somatic symptoms are risk factors suicide in a Swedish population. Major Findings/Conclusions:

suicide: A Swedish national cohort study.	Sociographic, psychiatric, and somatic characteristics using national census data from 2000-2001 and linked to registry data using an anonymous PIN		1) A strong risk factor of the three was a psychiatric diagnosis, with depression being the strongest. Health concerns such as COPD, cancer, asthma, and stroke were significant risk factors for both women and men. 2) For men, diabetes and ischemic heart disease were moderate risk factors. 3) Demographic risk factors include being male sex, being unmarried, unemployed, low income, and low educational level.
Cruwys, S., Haslam, A., Dingle, G. A., Jetten, J., Hornsey, M. J., Chong, D., Oei, T. P. (2014). Feeling Connected again: Interventions that increase social identification reduce depression symptoms in community and clinical settings.	Study 1: 52 adults; 44.65% male and 75% female Study 2: 92 adult outpatients; 25 males and 67 females	Depression Anxiety Stress Scale (DASS-21); Zung Self-Rating Depression Scale; Beck Anxiety Inventory (BAI); Quality of Life Inventory	This study sought to understand how social identified and the sense of being a part of a group has an impact on depression symptoms in a community setting in Australia. Two longitudinal intervention studies were including in this study, one with adults at risk for depression and one with an existing diagnosis of depression. The adults at risk attended a community recreation group and the diagnosed participants attended a clinical psychotherapy group. Major Findings/Conclusions: 1) The results found that social identification had a significant

			positive impact on recovery from depression for study 1. 2) For study 2 it was found that social identification was more helpful for depression symptoms than anxiety symptoms.
Cuijpers, P., Smit, H. (2002). Excess mortality in depression: a meta-analysis of community studies.	106, 628 subjects within the 25 studies/ 6416 were depressed	N/A	The study sought to investigate the prevalence of mortality in individuals who experience depression. A meta-analysis was conducted, including 25 studies Major findings/conclusions: 1) The researchers found that an increased risk for mortality was found in individuals diagnosed with depression. 2) In addition, the risk was somewhat higher for depressed men.
Dass-brailsford, P. (2012). Culturally Sensitive therapy with low-income ethnic minority clients: An empowering intervention.	N/A	N/A	This article features a literature review and discussion of methods to engage individuals from multi-ethnic populations in mental health services. Specifically, she focuses on studies that feature individuals from low incomes households. The author proposes utilizing an empowering model of clinical intervention, which views clients within their cultural contexts and identities. In addition, she discusses the need for evaluation of a client's specific needs as well as ways to utilize their specific strengths in the therapy

			process. The model discussed by the author focuses on addressing factors such as race, ethnicity, class, sexual orientation, sexual orientation and immigration experience through a structure format that provides client with a sense of safety.
Deisenhammer, E. A., Çoban-basaran, M., Mantar, A., Prunnlechner, R., Kemmler, G., Alkin, T., & Hinterhuber, H. (2012). Ethnic and Migrational impact on the clinical manifestation of depression.	Three groups of female patients with depression (*n* = 136) Group 1: Austrian patients living in Austria Mean age = 47.5 Group 2: Turkish patients who had migrated to Austria Mean age = 44.3 Group 3: Turkish patients living in Turkey Mean age = 40.8	Montgomery-Åsberg Depression Rating Scale (MADRS); Beck Depression Inventory (BDI); Bradford Somatic Inventory (BSI)	The aim of this study was to further investigate the affect ethnic and cultural factors, as well as migration experience, has on the way depression symptoms are manifested in ethnocultural individuals. Major Findings/Conclusions: 1) Group 1 and 2 (Both Turkish groups) reported higher somatic symptom severity and higher BSI scores. 2) Turkish patients who had migrated scored higher specifically on the symptoms related to dry mouth, back aches, and headaches than individuals who were Turkish and living in Turkey 3) Symptoms of depression may manifest differently and appear differently across ethnic groups. Ethnicity may play a factor as well as migration.
DeVido, J. J., & Weiss, R. D. (2012).	N/A	N/A	This article provided a literature review related to providing mental health

Treatment of the depressed alcoholic patient.			services and treatment for a patient suffering from comorbid alcoholism and depression. The article suggests an integrated approach while assessing individuals with this dual-diagnosis. In addition, an emphasis is placed on the need for ongoing evaluation throughout the treatment process in order to meet the changing needs of the dually diagnosed patient. The authors also conclude from the literature that psychosocial therapy in conjunction with medication has found to be the most efficacious for this population. In addition, other adjunctive treatments such as motivational interviewing, cognitive therapies and 12 step programs have been found efficacious.
Dickens, A. P., Richards, S. H., Greaves, C. J., Campbell, J. L. (2011). Interventions targeting social isolation in older people: a systematic review.			
Diez-Quevedo, C., Rangil, T., Sanchez-Planell, L., Kroenke, K., & Spitzer, R. (2001). Validation and utility of the Patient Health Questionnaire	Medical and surgical inpatients from a tertiary university hospital in Spain Ages: 18-74 Mean age: 43 *n* = 1822	Patient Health Questionnaire (PHQ); Beck Depression Inventory (BDI)	The purpose of this study was to assess the validity of the Patient Health Questionnaire (PHQ) Spanish version for use in diagnosing mental illness in patients within a general hospital setting. Major Findings/Conclusions:

in Diagnosing Mental Disorders in 1003 general Hospital Spanish inpatients.	1003 – Sample 819 – Control Group 54.4% men 45.6% women		1) Diagnostic validity was confirmed for the PHQ Spanish Version in comparison to the English version for the general hospital inpatient population 2) The administration process of the PHQ was also well accepted by respondents.
Dixon, E., & Flaskerud, J. (2010). Community Tailored Responses to Depression Care.	N/A	N/A	This article focused the community-partnered participatory research (CPPR) model in relation to providing community tailored mental health services and care. The article also discusses a specific community program called Community Partners in Care (CPIC) and specific elements of the program that are under review. The authors briefly discuss the importance of targeting depression care within community agencies, due to its impact on individual's health and social functioning. In addition, aspects of the CPIC program that are successful are discussed including "care management," which includes educational components as well as working directly with community members to meet their self-reported needs.
Donlan W., & Lee J. (2010). Screening for Depression Among Indigenous Mexican Migrant	123 indigenous Mexican-origin migrant farmworkers in Oregon.	Patient Health Questionnaire-9 (PHQ-9)	The focus of this study was to examine the internal consistency and validity of the Spanish version of the PHQ-9 for a population of indigenous Mexican migrant farm workers in Oregon. In addition, association between culture-

Farmworkers using the Patient Health Questionnaire-9.			bound syndromes and depression are examined. Major Findings/Conclusions: 1) The PHQ-9 demonstrated strong internal consistency and strong factor loadings for the population. 2) Other indicators of health status indicated in past studies also correlated significantly with the PHQ-9 severity. 3) The PHQ-9 Spanish version was established as a valid measure for individuals of Mexican descent or from indigenous cultures with low education and literacy levels.
Dow, H. D. (2011). Migrants' mental health perceptions and barriers to receiving mental health services.	N/A	N/A	This article provides a review of literature related to barriers migrants experience to receiving mental health services. In addition, perceptions immigrants have of mental health care are also discussed. The author highlights the important of being aware of an individual's unique coping mechanisms derived from their cultural values and beliefs. Barriers are discussed such as misdiagnosis of minority clients, disconnect between the Western format of therapy and a client's culture, language barriers, lack of multi-ethnic mental health trained staff, socioeconomic status, lack of insurance,

			mental illness stigma, thoughts about help-seeking behavior, pride, mistrust, and lack of ties within the community.
Edwards, L. M., & Romero, A. J. (2008). Coping with discrimination among Mexican descent adolescents.	Adolescents of Mexican descent from a Southwest community local middle school and local community centers *N* =73 Age 11-15 years old Mean Age = 13 55% females 44% males		The purpose of this study was to investigate a possible relationship between discrimination stress, self-esteem, and coping strategies among a Mexican adolescent population. Major Findings/Conclusions: 1) Coping strategies involving primary control and disengagement were found to be positively associated with discriminative stress 2) Coping strategies involving primary control engagement were correlated with higher self-esteem 3) The author suggests that this population is seeking ways to actively cope with discrimination to the point where their self-esteem is impacted
Familiar, L., Ortiz-Panozo, E., Hall, B., Vietiez, L., Romieu, L., Lopez, Ridaura, R., & Laigus,. M. (2015). Factor structure of the Spanish version of the Patient Health Questionnaire-9	*n* = 55,555 Females Recruited from the Mexican Teachers Cohort (MTC)	PHQ-9 Spanish Version	The purpose of this study was to investigate the factor structure of the PHQ-9 Spanish version. This was assessed through confirmatory factor analysis and exploratory factor analysis in two sub samples (n= 27,777 and n=27,778). Major Findings/Conclusions: 1) The PHQ-9 displayed strong factor loadings

in Mexican women.			(.71-.90) as well as high internal consistency (Cronbach's Alpha = .89). 2) Moderate to high depressive symptoms were found in the sample = 12.6% 3) A global score on the PHQ-9 Spanish version was found to be an accurate measure of depression for this population and it may be useful for research purposes.
Fisher, T. L., Huang, E. S., Chin, M. H., Cagney, K. A. (2007). Interventions using culture to narrow racial disparities in health care.	N/A	N/A	The purpose of this article was to provide a literature review covering interventions that utilize culture to address racial disparities in mental health. Of the studies reviewed, 38 interventions were identified that were placed into three categories: interventions to increase access to multi-ethnic communities to services, interventions that assisted in changing health related behaviors of multi-ethnic communities, and modifications to the health care system that allow for better service to individuals of color. A major focus was placed on obtaining feedback from community members in order to inform interventions. In addition, interventions to target access involved incorporating screening programs and introducing lay educators to programs. The author also discussed the

			importance of educating community health works in their delivery of the services to community members. The impact these tailored interventions had on participants included an increase in participant's knowledge of self-care, a decrease in barriers to accessing care, and an improvement in the cultural understanding and competence of service providers.
Fossey, E., Harvey, C., Mokhtari, M., Meadows, G. (2012). Self-rated assessment of needs for mental healthcare: a qualitative analysis.	51 participants completed the measure and the qualitative interview within a community mental health setting in Australia	Perceived Need for Care Questionnaire (PNCQ): Qualitative Interview	The aim of this study was to investigate specific perceived mental health needs within a community and primary care setting, as well as better understand barriers to meet these needs. Major Findings/Conclusions: 1) The need for information specifically involved the desire to education about a participant's mental illness 2) Communication was considered a main barrier in feeling that needs were met 3) Other needs included the need for support and being listened to, as well as assistance with problem solving related to the mental health care system.

			4) Insufficient information and affordability were also identified as barriers
French, S. E. & Chavez, N. R. (2010). The relationship of ethnicity related stressors and Latino ethnic identity to well-being.	171 Latino American college students within an ethnically diverse southern California university. 134 females 37 males All self-identified as Latino or Hispanic Ages 18-36 Mean = 18.94 24.6% First generation immigrants	Adolescent Discrimination Distress Index; Own-Group Conformity Pressure measure; Stereotype Confirmation Concern measure; Adaptation of the Sellers' 19-item Multidimensional Inventory of Black Identity (MIBI); Mental Health Inventory (MHI)	This study examined the relationship between ethnic identity and ethnic related stress on the well-being of Latino American adults. Under ethnicity-related stressors the authors included factors such as stereotype confirmation concern, discrimination, and pressure to conform to one's own ethnic group. Under ethnic identity factors such as public regard, other-group orientation, private regard, and centrality were considered. Major Findings/Conclusions: 1) A significant predictor of lower reported well-being was concern about stereotype confirmation 2) Ethnic identity was also found to be a moderating factor for the impact of ethnicity-related stressors on well-being

Fuentes, D. & Aranda, M. P. (2012). Depression Interventions among racial and ethnic minority older adults: A systematic review across 20 years.	N/A	N/A	This article consists of a literature review involving interventions for depression for older adults who fall under the category of racial or ethnic minority. The authors identified research that involved depression treatment outcomes during 1990 and 2010. Studies were included that discussed outcomes for older adults by racial/ethnic group or for adults who are primarily ethnic minorities.
Gary, F. A. (2005). Stigma: barriers to mental health care among ethnic minorities.			
Girard, A., & Sercia, P. (2013). Immigration and food insecurity: Social and Nutritional issues for recent immigrants in Montreal, Canada	506 adults 18+ taking classes in special French education centres in Montreal; 35% males/65% females	Food Security Core Module (FSCM); Household Food Security Survey Module (HFSSM); Qualitative Interviews	The purpose of this study was to examine changes in diet, physical activity level, and overall perception of health in immigrants living in Montreal (Quebec), Canada. The authors examined whether food insecurity existed in the sample. Major Findings/Conclusions: 1) Food insecurity was found to have a positive link to negative changes in health and an inactive lifestyle. 2) It was also found that food insecurity was a source of anxiety for

			the population and that this insecurity increases with residence in the country.
Gonzalez, H. M., Vega, W. A., Williams, D. R., Tarraf, W., West, B. T., & Neighbors, H. W. (2010). Depression care in the United States: Too little for too few.	*n* = 15,762 From the Collaborative Psychiatric Epidemiological Survey (CPES) Ages 18+ 52.43% Females 47.57 % Males Mexican American = 1442 Puerto Rican = 495 Caribbean Black = 1492 African American = 4746 Non-Latino White = 7587	Quick Inventory of Depressive Symptomatology Self-Report; World Mental Health Composite International Diagnostic Interview	The goal of this study was to examine the prevalence of depression symptoms in a wide range of ethnic and racial groups in the U.S. In addition the adequacy of depression care was assessed for these populations. Major Findings: 1) Mexican-American and African individuals who met criteria for depression experienced lower odds for experiencing therapy or treatment for depression 2) All ethnic/racial groups reported utilizing psychotherapy over pharmacotherapy 3) The highest users of psychotherapy were Caribbean Black And African American individuals
Goodkind, J. R., Hess, J. M., Isakson, B., LaNoue, M., Githinji, A., Roche, N., Vadnais, K., & Parker, D. P. (2014). Reducing Refugee Mental Health	*n* = 72 36 African adult refugees 36 children ages 5-17 19 females 17 males	Rumbaut's Psychological Well-Being Scale; Satisfaction with Life Areas Scale; Difficulty Obtaining Resources Scale; Basic English Skills Test (BEST);	This study examined the effectiveness and adaptation of a community-based intervention to address post-migration stress for African adults. The study utilized a multimethod, within-group longitudinal design. The intervention included components such as learning circles which involved cultural exchange, relevant discussion

Disparities: A Community Based intervention to address postmigration stressors with African adults.	Mean age of adults = 34.54	Whitbeck Enculturation Scale; 12-item Multidimensional Scale of Perceived Social Support	topics, and skill building classes. In addition, other aspects of the intervention included advocacy. Major Findings/Conclusions: 1) The intervention was found acceptable, appropriate, and feasible for African refugees. 2) Participants were found to experience decrease in psychological decrease and an increase in well-being. 3) Increased quality of life for participants was mediated by factors such as English proficiency, social support, and enculturation
Griffiths, K. M., & Crisp, D. A. (2013). Unmet Depression Information needs in the community.	*n* = 12, 319 Australian Adults ages 18-65 All responded to a "Well-being Screening Survey" sent between August 2009-May 2009 61.6% Female 38.4% Male Mean Age: 45.8	The Depression Information Needs Scale (DINS); Personal Stigma Scale (PSS-Personal)	This study focuses on examining unmet needs related to depression within a community setting. The study also aimed to determine predictors for the unmet needs identified and to develop a measure that can formally be used to measures depression information needs within a community settings. Major Findings/Conclusions: 1) 50-75% of respondents endorsed the need for additional information on all of the areas asked about related to depression

			2) The Depression Information Needs Scale (DINS) was found reliable and valid for measuring Depression needs 3) Individuals who reported experiencing depression expressed a need for more depression information
Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. Psychotherapy: Theory, Research, Practice, Training	76 studies 13 databases were utilized Total of 25, 225 participants Client ethnicity: -31% African American -31% Hispanic/Latino -19% Asian American -11% Native American -5% European American -3% Not Specified	N/A	This study involved a meta-analysis of mental health interventions that have been culturally adapted for community settings. In addition, the benefit of culturally adapted interventions was assessed. Major Findings/Conclusions: 1) A moderately strong benefit was found for culturally adapted interventions. 2) Interventions that targeted a specific cultural group were 4 times more effective than interventions provided to a group consisting of a mix of backgrounds 3) Interventions provided in a client's native language were more effective than those conducted in English
Halbreich, U., Alarcon, R. D., Cali,L. H.,	Participants from countries in Asia, Latin America,	Two descriptive approaches:	This preliminary study explored the applicability of Westernized concepts and

Douki, S., Gaszner, P., Jadresic, E.,. . . Trivedi, J. K. (2007). Culturally Sensitive complaints of depressions and anxieties in women.	North Africa, and Eastern Europe who were clinical Academic Psychiatrists or psychologists	1) Open questioning on main symptoms and complaints related to depression 2) Structured question based on DSM-IV criteria for depression	constructs of mental illness from women of multi-ethnic backgrounds. Major Findings/Conclusions: 1) Westernized constructs, concepts and verbiage for mental illness may not be applicable universally 2) Culturally sensitive methods of approaching mental illness and discussing symptoms is necessary in order to provide comprehensive diagnosis and treatment for multi-ethnic populations.
Hamdan, S., Melhem, N., Orbach, I., Farbstein, I., El-Haib, M., Apter, A., & Brent, D. (2012). Protective factors and suicidality in members of Arab kindred.	*n* = 64 (16 suicidal and 48 nonsuicidal) 15-55 years old All members of a large Israeli Bedouin kindred 68.6% male 31.4% female	World Health Organization (WHO) Composite International Diagnostic Interview (CIDI); Institute for Development, Research, and Applied Care (IDRAC); Beck Depression Inventory; Beck Anxiety Inventory; Hopelessness Scale; Barratt Impulsivity Scale (BIS); Buss-Perry Scale for Aggression; The Multidimensiona	The goal of this study was to examine protective factors for suicide within an Arab population. Major Findings/Conclusions: 1) A lifetime history of major depressive disorder, an anxiety disorder, or posttraumatic stress disorder was found in suicidal participants 2) Higher perceived social support was associated with a lower risk of suicidality 3) The view that suicide was unacceptable was also associated with lower risk of suicidality

		l Scale of Perceived Social Support (MSPSS); The suicide attitude questionnaire (SUIATT)	
Harrell, S. P. (2000). A multi Dimensional Conceptualizaton of racism related stress: implications for the well-being of people of color.	N/A	N/A	This article provides a conceptualization of stress related to racism and its impact on an individual's perceived well-being. Existing theory and research on racism is integrated with the stress process and multicultural aspects of mental health. The larger social/historical/political context is discussed in relation to racism-related stress. In addition, culture-based factors that may serve as a mediator between well-being and racism are discussed. The author also discusses interventions based on the research for working with multi-ethnic/racial populations.
Henkel, R., Mergl, R., Kohnen, W., Maier, H. J., Moller, U. H. (2003). Identifying depression in primary care: a comparison of different methods in a prospective cohort study.	*n* = 431 from 18 primary care facilities	Composite International Diagnostic Interview (CIDI); Brief Patient Health Questionnaire (B-PHQ), the General Health Questionnaire (GHQ-12), and the WHO-5 well-being index.	Three different screening tools were evaluated in this study for effectiveness in primary care including the Brief Patient Health Questionnaire (B-PHQ), the General Health Questionnaire (GHQ-12), and the WHO-5 well-being index. Major Findings/Conclusions: 1) The WHO-5 produced significantly greater sensitivity and negative predictive value than the other questionnaires.

			2) The B-PHQ and GHQ-12 provided better specificity.
Iturbide, M. I., Raffaeli, M. & Carlo, G. (2009). Protective effects of ethnic identity on Mexican American college students' psychological well-being.	*n* = 148 67% Female Students from three southwestern universities with large populations of Mexican American students 18-30 years of age	24-item Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale (SAFE); MEIM; The Center for Epidemiologic Studies–Depression Scale Rosenberg's (1979) self-esteem measure	This study examined whether components of ethnic identity serve as a moderating factor for acculturative stress and psychological adjustment for Mexican American college students. Major Findings/Conclusions: 1) For females, the relationship between acculturative stress and depression was moderated by ethnic affirmation/belonging and ethnic identity achievement during low levels of acculturative stress 2) For men who reported low levels of other group orientation, there were no differences in self-esteem regardless of reported acculturative stress
Jadhav, S. (1996). The cultural origins of Western depression.	N/A	N/A	This article discusses problematic aspects of the utilization of westernized terms to discuss depression. The author discusses the historical meanings specifically behind British vocabulary related to stress, fatigue, energy, depression, and guilt. The author suggests the need for a cross-cultural

			investigation of depression as a universal disorder.
Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegría, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care.	*n* = 2198 Who completed the SAMHSA Mental Health and Alcohol Abuse Stigma Assessment Older adults 65+ 1257 non-Latino whites 536 African Americans 112 Asian Americans 303 Latinos	N/A	This study sought to identify differences in attitudes and thoughts about mental illness among racial/ethnic minority older adults who have experienced diagnosis such as anxiety disorders, depressive disorders, and alcohol abuse. Race/ethnic group is examined in relation to perceived stigma for mental health treatment options and perceived stigma of overall mental illness. Major Findings/Conclusions: 1) Latino and African American participants expressed more comfort in speaking to their primary care providers or mental health providers about mental illness than non-Latino whites. 2) Latino and Asian American participants reported greater embarrassment and shame about experiencing mental illness than non-Latino whites participants. 3) Asian American participants also expressed greater difficulty in seeking or engagement in mental health treatment than others in the sample

Juang, L. P., & Alvarez, A. A. (2010). Discrimination and adjustment among Chinese American adolescents: Family conflict and family cohesion as vulnerability and protective factors.	181 Chinese American adolescents and parents in Northern California Students in 9th/10th grade Mean age: 14.8 63% Female Parents: 71% Mothers	The Revised UCLA Loneliness Scale; 53-item Brief Symptom Inventory; The Asian American Family Conflict Scale-Likelihood; Family Adaptability and Cohesion Evaluation Scales	This study investigated the experience of adolescents who are Chinese American in related to how perceived discrimination impacts poor adjustment. Adjustment included factors such as isolation, loneliness, anxiety, and somatization. In addition, family support was investigated as a possible protective factor for these experiences. Major Findings/Conclusions: 1) Anxiety, loneliness, and somatic complaints were found correlated with perceived discrimination 2) Family conflict was found to exacerbate the negative impact of perceived discrimination 3) Greater perceived familial cohesion was a buffer for the negative impact of discrimination
Kaltman, S., Green, B. L., Mete, M., Shara, N., & Miranda, J. (2010). Trauma, depression, and Comorbid PTSD/depression in a community sample of Latina immigrants.	*n* = 194 females 64 participants had a comorbid diagnosis of PTSD/Depression 69 with depression only 61 with no Axis I disorder	Stressful Life Events Screening Questionnaire (SLESQ); Structured Clinical Interview for Axis I DSM-IV	The purpose of this study was to investigate the relationship among mental health status, immigration experience, and trauma history for a sample of Latina immigrants. Major Findings/Conclusions: 1) Fewer years in the U.S. was associated with more depression

	64% sample was Central American		symptoms and worse mental health status 2) Single status was also associated with increase depression symptoms and lower well-being 3) Participants who reports 4+ traumatic events experienced an increased risk for comorbidity
Kathryn, P. D., Escarce, J. J., & Lurie, N. (2007). Immigrants and health care: Sources of vulnerability.	N/A	N/A	This study involved a literature review in order to examine factors that have an influence on an immigrant's vulnerability for depression including socioeconomic status, immigration status, English proficiency, geographical location and place of residence, as well as stigma and marginalization. In addition, local, state and federal policies related to access for publicly funded health care were looked at as a factor for vulnerability. Major Findings/Conclusions: 1) Lower rates of health insurance were found in the immigrant sample as well as less utilization of health care 2) Lower quality of care was also found to be a factor for immigrants vs. those born in the U.S. 3)

Khamphakdy-Brown, S., Jones, L. N., Nilsson, J. E., Russell, E. B., & Klevens, C. L. (2006). The empowerment program : An application of an outreach program for refugee and immigrant women.	N/A	N/A	This article is a case study focused on providing an overview of an outreach program focused on empowering refugee and immigrant women. The authors provide recommendations on how to provide effective mental health services to refugee and immigrant women based on needs identified in a previously implemented outreach program. Interventions suggested: • A holistic approach • Counseling/Home visits • Psychoeducational workshops • Support and advocacy from peers
Kamphuis, M. H., Geerlings, M. I., Tijhuis, M. A., Giampaoli, S., Nissinen, A., Grobbee, D. E., & Kromhout, D. (2007). Physical inactivity, depression, and risk of cardiovascular mortality.	*n* = 909 70-90 years old Males Utilized from a Population Based study in Finland, Italy, and the Netherlands	Zung Self-Rating Depression Scale	The study investigated how physical activity has an impact on the relationship between depressive symptoms and cardiovascular mortality. Major Findings: • Participants with more depression symptoms were less physically active • Increase in depression symptoms was associated with

			cardiovascular mortality • Overall, they conclude that depression symptoms and physical inactivity may lead to increased risk of cardiovascular mortality
Kessler, R. C., Berglund, P. A., Demler, O., Jin, R., Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R).	*n* = 9, 282 All English speaking 18+	WHO World Mental Health Survey version of the Composite International Diagnostic Interview	This study sought to estimate the lifetime prevalence of DSM-IV disorders, as well as age of onset based on data from the National Comorbidity Survey Replication. Major Findings/Conclusions: • One-half of Americans will meet criteria for a DSM-IV disorder in their lifetime • For anxiety, median age of onset was 11 years old; For mood disorder it was 30 years old; For impulse control disorder it was 11 years old • Interventions focused on prevention for youth are crucial
Kiger, H. (2003). Outreach to multi-ethnic, multicultural, and multilingual women for breast cancer and cervical cancer education and screening; A model using	N/A	N/A	The authors of this study provide an overview of an outreach programs aimed at multi-ethnic and multilingual females regarding prevention of breast cancer and cervical cancer. Three programs are discussed: the African American Tell A Friend (TAF) program, the Witness Project, and the Promatora Program.

professional and volunteer staffing.			The projects were aimed at targeting Hispanic and African American women. The article covers the methods of outreach utilized, as well as challenges and barriers to services that were encountered. Major Findings/Conclusions: • Multiple sources and approaches are needed for outreach • Utilizing volunteers was an effective methods of outreach • Multilingual services are most effective • Working with community leaders is key
Kim, B. J., Sangalang, C. C., & Kihl, T. (2012). Effects of acculturation and social support network support on depression among elderly Korean immigrants.	*n* = 210 community-dwelling cognitively competent Korean immigrant older adults Ages 65+	Short Portable Mental Status Questionnaire (SPMSQ); Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA); Lubben Social Support Network Scale (LSSN); 15-item Geriatric Depression Scale-Short Form (GDS-SF)	This study investigate the impact acculturation and socially support network on depression symptoms in a population of elderly Korean immigrants. Major Findings/Conclusions: • Lower levels of depression were found in participants who reported being highly acculturated and had a high social support network • Authors suggest for providers to assist individuals with

			increasing social and familial support when coping with depression symptoms
Kim, J. M., & López, S. R. (2014). The expression of depression in Asian Americans and European Americans	*n* = 2095 Asian American Sample including Chinese (*n* = 600), Filipino (*n* = 508), Vietnamese (*n* = 520), and "Other" (*n* = 467) participants Mean age = 41 Non-Hispanic White sample *n* = 4180 Mean age: 46.5	Composite International Diagnostic Interview	This study examined ethnic differences between Asian Americans and Europeans in the expression of depression symptoms. Major Findings/Conclusions: • Asian Americans reported lower rates of depression than European Americans; however, after examining specific symptoms it was revealed that there were more similarities than differences. • Results suggest that when differences occur in the expression of symptoms or in measures, it may not be due to the degree of depression symptoms but a difference in the expression of symptoms
Kim, E., Hogge, I., & Salvisberg, C. (2014). Effects of self-esteem and ethnic identity:acculturative stress and psychological well-being among Mexican immigrants.	*n* = 171 1st generation Mexican immigrant adults Males 63% (*n* = 106) Females 38% (*n* = 65) Mean age: 36.6	Multidimensional Acculturative Stress Inventory (MASI); Multigroup Ethnic Identity Measure (MEIM-R); Rosenberg Self-Esteem Scale (RSES); General	This study examined the impact of ethnic identity and self-esteem on the relationship between acculturative stress and well-being. Two types of acculturative stress were examined: American-based and Mexican based. Major Findings:

		Well-Being Schedule (GWB)	• Acculturative stress negatively impacted self-esteem, which led to a decrease in perceived psychological well-being • High self-esteem served as a moderating factor for the negative impact of acculturative stress on positive well-being • Ethnic identity worsened the negative effect of acculturative stress on well-being
Kleinman, A. (2004). Culture and depression.	N/A	N/A	The article provides an overview of the unique experience and symptomology associated with the expression of depression in multi-ethnic individuals and the refugee populations. A focus is placed on the need to recognize manifestation of physical symptoms rather than psychological. In addition, the impact of stigma is considered as part of the reason why many individuals from multi-ethnic populations do not seek mental health care. Clinicians are encouraged to evaluate culturally relevant aspects of patient's presentation and increase awareness of the ways culture can influence the therapeutic relationship.
Krieger, T., Zimmerman, J., Huffziger, S., Ubl, B., Diener, C., Keuhner, C. &	Subsample 1: *n* = 147 71% Female Mean age: 44.5	WHO-5 Well being Index; Beck Anxiety Inventory (BAI-II); Hamilton	This study sought to investigate the validity of the WHO-5 well-being index for use on a clinical population.

Holtforth, M.G. (2013). Measuring depression with a well-being index: Further evidence for the validity of the WHO Well Being Index (WHO-5) as a measure of the severity of depression	Subsample 2: *n* = 124 75% Female Mean Age: 44.3 Subsample 3: *n* = 80 80% Female Mean Age: 40.5	Depression Rating Scale (HAM-D); Hamilton Anxiety Rating Scale (HAM-A)	Major Findings/Conclusions: • The results of the study support the utility of the WHO-5 for use with a clinical population and within the context of depression research
Kroenke, K., Spitzer, R.L., Williams, J.B.W. (2001). The PHQ-9: validity of a brief depression severity measure.	*n* = 3000 Mean Age – 46 White 79% African American 13% Hispanic 4% Women 66%		This article focuses on assessing the validity of the PHQ-9. Major Findings/Conclusions: • The PHQ-9 has the ability to form valid criteria-based diagnoses for depression • The PHQ-9 also provides an accurate, valid, and reliable measure of depression severity
Lam, C. S., Tsang, H. W., Corrigan, P. W., Lee, Y. T., Angell, B., Shi, K. & Larson, J. E. (2010). Chinese lay theory and mental illness stigma: Implications for research and practices.	N/A	N/A	This paper provides an overview of theories about mental illness from the perspective of Chinese culture. The author discusses how these lay theories can contribute to the stigma associated with individuals diagnosed with mental illness in this population. Discussion of specific aspects of stigma related to family, the public, and self are reviewed in relation to fundamental Chinese teachings including Taoism, Buddhism, and

			Confucianism. In addition, suggestions for mental health practices and interventions, as well as research are discussed.
Lara, M., Gamboa, C., Kahramanian, M., I., Morales, L. S., & Hayes Bautista, D.E. (2005). Acculturation and Latino health in the United States: A review of the literature and its sociopolitical context.	N/A	N/A	This study consisted of a literature review regarding the relationship between acculturation and specific health and behavioral outcomes in the Latino/a population. The article determines that there is a lack of breadth and strong methodology in many of the studies examined. However, the literature does suggest a need for increased use of measures of acculturation among health care providers and the need for an increase in knowledge and awareness of health providers regarding the impact of acculturative stress.
Lee, R. M. (2005). Resilience against discrimination: Ethnic identity and other-group orientation as protective factors for Korean Americans.	*n* = 84 Korean American College Students From the University of Texas in Spring 2000 43 males 39 females	The Multigroup Ethnic Identity Measure (MEIM); The Other Group Orientation Scale (MEIM-Other); Perceived Discrimination Scale (PDS); Center for Epidemiological Studies Depression Scale (CES-D); Social Connectedness Scale- Campus Version (SCS); Rosenberg Self-Esteem Scale (RSE)	This study investigated factors that can serve as protective factors for Korean American college students in the face of perceived ethnic discrimination. Two specific protective factors were examined: other-group orientation and multidimensional ethnic identity. Major Findings/Conclusions: • Pride in participant's ethnic identity served as a moderating factor for the impact of discrimination on depression and feelings social connection

			• Ethnic identity was not directly correlated with self-esteem • Ethnic identity pride and perceived discrimination had a negative impact on self-esteem
Lehti, A., Johansson, E., Bengs, C., Danielsson, U., & Hammerstrom, A. (2010). The Western gaze – an analysis of medical research publications concerning the expressions of depression, focusing on ethnicity and gender.	N/A	N/A	This study provides an overview of the literature regarding the differences in the expression of depression symptoms based on gender and ethnicity. 30 articles were identified and analyzed through using a qualitative analysis method. It was found that many articles and measures present depression from a Westernized point of view. In addition, differences in the expression of depression were found in relation to specific complaints, the meaning of depression, and diagnosis of depression among ethnic groups and sex. The authors suggest that the Westernized focus of depression symptoms may be causing a gap in diagnosing depression accurately.
Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in mental health: Psychological protective and risk factors among Latino and Asian American immigrants.	*n* = 4695 *n* = 2554 Latino/ a adults *n* = 2095 Asian American adults Latino Sample: Mean 38 years old 48.5% Women Immigrants 57.1%	NLAAS's Social Network Scale, Ethnic Identity Scale, Family Cohesion Scale, Discrimination Scale, and Acculturative Stress Scale; Language Proficiency and Preference Scale	The goal of this study was to examine psychological risk factors and protective factors related to mental health for Asian American and Latino immigrants. Major Findings: • Immigrants reported higher levels of perceived family

	Asian American Sample: Mean: 41.34 years old 52.5% women 76.1% immigrants		cohesion, ethnic identity, native language proficiency and limited English proficiency than those born in the U.S. • Social networking was found to be a protective factor for depression in the immigrant population • Risk factors identified included perceived discrimination, family conflict, and acculturative stress.
Licanin, L. (2011). Comorbidity of anxiety disorders and depression.	*n* = 2202 18-64 years old Patients were all hospitalized in a Psychiatric clinic in Sarajevo, Bosnia	Diagnostic Interview Schedule (DIS)	The purpose of this study was to determine the comorbidity of anxiety disorders with mood disorders (MDD, Bipolar I and II) in a clinical sample in Bosnia. Major Findings/Conclusions: • Among patients with Bipolar II, generalized anxiety disorder, agoraphobia and social phobia was also prevalent • In patients with Major Depression, simple phobia was also present and prevalent • Patients with Bipolar I had a low rate of comorbidity • Patients with Major Depression and Bipolar II had a similar rate of

			comorbidity with panic disorder
Link, B. G., & Phelan, J. C. (2001). Conceptualising stigma.	N/A	N/A	This article provided a literature review of the conceptualization of stigma. The authors suggest that stigma has been vaguely defined in the past and that it has been more individually focused rather than globally focused. Components of stigma are discussed including stereotyping, labeling, separation, loss of status, and perceived discrimination. The article also discusses the impact of stigma on an individual's life including how much they earn, housing, involvement in the criminal justice system, mental health, physical health, and overall well-being.
Lorant, V., Deliege, D., Eaton, W., Robert, A., Philippot, P., Ansseau, M. (2003). Socioeconomic inequalites in depression: A meta-analysis	N/A	N/A	This study involved a meta-analysis of literature regarding the association between low socioeconomic status (SES) and high psychiatric morbidity, increased disability rates, and less access to care. Studies included involved five incidence studies, 51 prevalence studies, and four persistence studies. Major Findings/Conclusions: • Lower SES individuals had a higher risk of experiencing depression • Socioeconomic inequality in relation to depression varied

			according to the way the symptoms were measured • Other variables included operationalizing SES, and contextual factors such as geographic region and time • The authors concluded that despite the varied results, there are socioeconomic inequalities when it comes to depression diagnosis and care in low SES populations.
Lucas-Carrasco, R. (2012). Reliability and validity of the Spanish version of the World Health Organization-Five Well-Being Index in elderly.	*n* = 199 Elderly persons from community centers and primary care centers in Spain 65+ Age mean = 74.6 Male: 73%	The World Health Organization Quality of Life Scale (WHOQOL-BREF); WHO-5; Geriatric Depression Scale	The aim of this study is to examine the psychometric properties of the Spanish WHO-5 Well-Being Questionnaire for older adults. Major Findings/Conclusions: • Acceptable psychometrics were found for the WHO-5 Spanish Version for Spanish speaking older adults • Authors suggest that it may be a useful tool in examining emotional well-being and for the detection of depression symptoms
Martin, A., Winfried, R., Klaiberg, A., & Braehler. (2006). Validity of the brief patient	*n* = 2066 14-93 years old	German Version of the Brief PHQ; PHQ-9; GHQ; Brief Beck Depression Inventory;	The goal of this study was to examine the validity of the PHQ-9 for the general population.

health questionnaire mood scale (PHQ-9) in the general population.	In the general population of Germany Mean age 48.8 53% Female	European Quality of Life Scale; 36-Item Short Form Health Survey	Major Findings/Conclusions: • Depression was prevalent in 9.2% of the sample • Results supported the construct validity for the PHQ-9 depression scale
McKenna, M. T., Michaud, C. M., Murray, C. J., Marks, J. S. (2005). Assessing the burden of disease in the United States using disability-adjusted life years.	Data was collected from the National Health and Nutrition Examination Survey, National Health Interview Survey, Epidemiological Catchment Area Study, The National Comorbidity Survey, Hospital Discharge Data, National Hospital Discharge Survey and HIV/AIDS surveillance	N/A	The goal of this study was to assess the burden of disease in the U.S. utilize the disability adjusted life year (DALY) as a way to asses major health problems. Major Findings: • In the 1990s, the leading factors related to premature death or disability in the U.S. included cardiovascular concerns, breast and lung cancer, osteoarthritis, depression, diabetes, and alcohol/substance abuse. • Motor related vehicle injuries and HIV also had a substantial toll on premature death and disability during this time, specifically among racial/ethnic minority populations.
Mertens, D. M. (2009). Transfor mative research and evaluation.	N/A	N/A	This book provides a framework for incorporating social justice while conducting research and evaluation. Descriptions are given regarding utilizing transformative research and an

			overview is given of the roles and relationships of researchers and participants within the research. An emphasis is placed on the importance of incorporating ongoing feedback from participants and needs assessments. In additional practical and methodological issues involved in the transformative research process are discussed.
Merz E .L., Malcarne V. L., Roesch S. C., Riley N., Sadler G.R. (2011). A multigroup confirmatory factor analysis of the Patient Health Questionnaire-9 among English- and Spanish speaking Latinas.	*n* = 479 English speaking =245 Spanish Speaking = 245 All Females From San Diego County 18-80 years old	PHQ-9	This study examined the reliability and structural validity of the PHQ-9 among a sample of Hispanic American women. Major Findings/Conclusions: • Good internal consistency was found for both the Spanish and English versions of the PHQ-9 for this population • Structural validity was also found for both versions
Meyer, O. L., & Zane, N. (2013). The influence of race and ethnicity in clients' experiences of mental health treatment	*n* = 102 outpatient clients from mental health clinics 73.5% females 55.9% White Americans 8.8% Asian American 8.8% Latino/a 15.7% African American	Cultural Acceptability of Treatment Survey (CATS); Mental Health Statistics Improvement Program (MHSIP) consumer survey	This study sought to examine whether culturally sensitive elements of treatment are important to multi-ethnic individuals and how they were related to an individual's satisfaction as well as how they perceive treatment outcomes. Major Findings/Conclusions: • Multi-ethnic participants felt that the

	7.8% Native American 2.9% biracial Mean age 36.07%		inclusions of issues such as race and ethnicity were more important than White participants • Lower satisfaction was reported when multi-ethnic participants felt that elements of race and ethnicity were not considered in treatment • Culturally relevant aspects of mental health treatment are considered vital for multi-ethnic populations
Monahan, P. O., Shacham, E., Reece, M., Kroenke, K., Ong'or, W. O. (2009). Validity/Reliability of PHQ-9 and PHQ-2 depression scales among adults living with HIV/AIDS in western Kenya.	*n* = 347 adults attending psychosocial groups Within Western Kenya Mean age: 36.3 251 females/93 males	General health perception rating; PHQ-9, PHQ-2; CD4 count	The goal of this study was to examine the validity and reliability of both the PHQ-9 and the PHQ-2 in a population of African adults with HIV/AIDS. Major Findings/Conclusions: • Prevalence rates included 13% for MDD, 21% for Other Depressive Disorder, and 34% for Any depressive disorder • There was a strong association with the PHQ-9 and general health rating • Overall construct validity was found for the PHQ-9 • Both measures were found to be valid/reliable for assessing for DSM-IV-TR based depression

			and severity among this population
Moon, Y. S, Kim, H. J., Kim, D. H. (2014). The relationship of the Korean version of the WHO Five Well-Being Index with depressive symptoms and quality of life in the community dwelling elderly.	*n* = 240 adults 60+ Living in the Yanggu and Inje areas of Gangwon Province, Korea Mean Age: 73 Male 26.6%	WHO-5; SGDS-K; Mini Mental Status Examination – Korean Version (MMSE-KC); Geriatric Quality of Life – Dementia (GQOL-D);	The aim of this study was to assess the usefulness of the Korean version of the World Health Organization Five Well Being Index (WHO-5) for an older adult population. The purpose was to examine whether it was valuable in assessing geriatric depression as well as quality of life in comparison to the Short Geriatric Depression Scale – Korean Version (SGDS-K). Major Findings/Conclusions: • The Korean version of the WHO-5 was found valuable and useful in assessing quality of life and depression symptoms in an elderly Korean population
Mora, D. C., Grzywacz, J. G., Anderson, A. M., Chen, H., & Al, E. (2014). Social isolation among Latino workers in rural North Carolina: Exposure and health implications	*n* = 743 Immigrant Latino manual workers in western North Carolina 18+ 56.9% Male	Self-Rated Health Spanish Version (SF-12); Center for Epidemiological Studies Depression Scale (CES-D)	The purpose of this study was to investigate the prevalence of experience social isolation in a population of Latino immigrant workers. The study sought to delineate between social isolation in relation to physical and mental symptoms. Major Findings: • Social isolation was found to be a common experience among Latino immigrants • 1 in 5 workers reported the highest level of isolation on the scale used

			• Social isolation also has negative implications for mental and physical health • The authors suggest the need for community outreach to minimize experiences of social isolation when working with the immigrant population
Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V. & Bedman, U. (2007). Depression, chronic diseases, and decrements in health: Results from the world health surveys.	N/A	N/A	The article provided an overview of results from the WHO World Health Survey (WHS). Results were discussed related to depression, chronic diseases and health-related outcomes. Major Findings/Conclusions: • Depression was found as a major detriment to health in comparison to other diseases such as angina, asthma, diabetes, and arthritis. • Comorbid depression and chornic illness had the worst health outcomes in comparison to depression alone, chronic disease alone, or a combination of chronic diseases • It is suggested by the authors that depression by addressing as a nationwide public health issues
Moustgaard, H., Joutsenniemi, K.,	*n* = 237,469	N/A	The purpose of this study was to examine contributions

Sihvo, S., & Martikainen, P. (2013). Alcohol-related deaths and social factors in depression mortality: a register-based follow-up of depressed in patients and antidepressant users in Finland	Ages 40-64 years old Finnish population		behind alcohol related deaths in a population residing in Finland. In addition, moderating factors such socioeconomic status, employment, and living arrangement were also examined. Major Findings/Conclusions: • The findings suggested that alcohol plays a key role in death due to depression • Alcohol related causes of death were found in 50% of depressed men and 30% of women in the sample. • Mortality rates differed only a little by social factors • Socioeconomic status, unemployment and single status may also have a small contributing effect for depression mortality risk
Mui, A. C., & Suk-Young, K. (2006). Acculturation stress and depression among Asian Immigrant elders.	*n* = 407 Six groups of Asian immigrant elders: Chinese, Korean, Indian, Filipino, Vietnamese, Japanese 65+	30-item GDS; Life stress and acculturative stress were operationally defined by six variables: length of stay in the U.S.; self-rated physical health, # of medical problems/conditions, # of stressful live	This study aimed to investigate the relationship between depression and acculturative stress for a population of Asian immigrant older adults. Major Findings/Conclusions: • 40% of the sample endorsed depression symptoms, which indicated higher depression rates than in

		events, expectations of familial responsibility, and report of the perceived cultural gap the participant experiences between themselves and their adult child.	past samples with a similar population • High depression level was associated with acculturative stress related to a perceived cultural gap between participants and their adult children • Additional predictors for depression included stressful live events, poor perceived physical health, geographic proximity of children, support and assistance received from adult children, and longer residence in the U.S. • Conclusions were also made that heterogeneity exists within Asian immigrant elders that must be addressed in treatment
Nguyen, T. H. (2014). Southeast Asian American racial identity: A protective factor against psychological distress	*n* = 246 Adults 18 years or older who self-identified as Southeast Asian American Mean Age: 25.35 60.6% female	Janet Helm's People of Color Racial Identity Scale; Carol Ryff's Scales of Psychological Well-Being; Patient Health Questionnaire-9 (PHQ-9)	This study aimed to examine the affect racial identity has on Southeast Asian American adults. It was investigated as to whether racial identity can serve as a protective factor for well-being and depression. Major Finding/Conclusions: • Higher levels of racial identity was associated with higher levels of perceived well-being as well as lower depression symptoms • Lower levels of racial identity were

			associated with lower perceived well-being and more depression symptoms
Nicholson, N., Molony, S., Fennie, K., Shellman, J.,& McCorkle, R. (2010). Predictors of social isolation in community living older persons	Participants from the Yale Health and Aging Project (YHAP) *n* = 2057	Social Network Index (SNI)	The main goal of this paper was to identify variables that impact social isolation in an older adult community dwelling population. The study utilized longitudinal data collected from 1982-1994. Major Findings/Conclusions: • Predictor variables for depression included depressive symptoms, religion, marital status, physical health, smoking status, retirement status, life events, and living alone
Nicolaidis, C., Wahab, S., Trimble, J., Meja, A., Mitchell, R., Raymaker, D., Thomas, M. J., Timmons, V., & Waters, A. S. (2012). The interconnections project: Development and evaluation of a community-based depression program for African American violence survivors.	*n* = 60 African American Women Age mean = 38.4		This article involved an overview of development, implementation and evaluation of a community-based depression program called the Interconnections Project. This program was tailored for African American survivors of intimate partner violence (IPV). A community-based participatory research (CBPR) approach was utilized. Interventions included a peer advocate program that included education, skills training, and case management. In addition, Motivational Interviewing was utilized to support behaviors related to self-management

			Major Findings/Conclusions: • Participation rates were improved when they were tailored to accommodate the participants schedules • High levels of satisfaction were reported by participants • Significant improvements in depression severity were also found, as well as improved perceived self-efficacy, self-management behaviors, and self-esteem • A common theme related to the effectiveness of the program included culturally specific interventions because it fostered trust in participants
Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support.	311 children from 199 families completed 2-hour interviews 180 parents from these families also completed assessments ---51.1% Female	Acculturative Stress Index (ASI); Center for Epidemiological Studies Depression Scale, Korean Version (CES-D-K)	The study involved examining personal interviews with Korean immigrants living in Toronto, Canada. The effects of social context and cultural norms were assessed in relation to coping with perceived discrimination. Major Findings/Conclusions: • Problem-focused, active coping styles were found more effective in reducing depression symptoms

			caused by perceived discrimination • Emotion-focused, passive copings styles were correlated with depression symptoms and other mental health symptoms
Pan, A., Lucas, M., & Sun, Q. (2010). Bidirectional association between depression and type 2 diabetes mellitus in women.	*n* = 65,381 Females age 50-75 From 1996-2006	Mental Health Index (MH-5); Supplementary questionnaire	This study aimed to investigate the relationship between diabetes and depression symptoms in females. Major Findings/Conclusions: • The relationship between diabetes and depression is bidirectional • Participants with higher depression symptoms showed an elevated risk for developing type 2 diabetes.
Pan, A., Sun, Q., Okereke, O., Rexrode, K., Hu, F. (2011). Depression and risk of stroke morbidity and mortality: a meta-analysis and systematic review.	28 prospective cohort studies were analyzed 8478 stoke cases	N/A	The study sought to explore the relationship between depression and increased risk of stroke. A systematic review and meta-analysis was conducted to assess this link. Major Findings/Conclusions: • Increased risk of stroke morbidity and mortality was significantly associated with a diagnosis of depression • Increased risk of stroke in association with depression symptoms

			was found consistently across subgroups
Patten, S.B., Williams, J.V., Lavorato, D.H., Campbell, N.R., Eliasziw, M., & Campbell, T.S. (2009). Major depression as a risk factor for high blood pressure: epidemiological evidence from a national longitudinal study.	*n* = 12,270 Canadians in 1994 Utilizing the Canadian National Population Health Survey (NPHS)	Composite International Diagnostic Interview (CIDI-SF)	The purpose of the study was to investigate whether major depression has an impact on the risk for a diagnosis of high blood pressure. Major Findings/Conclusions: • For individuals with Major Depression, the risk for higher blood pressure was elevated. • Major depression may be a risk factor for high BP.
Phinney, J. S. (1991). Ethnic identity and self-esteem: a review and integration.	N/A	N/A	This article provides an overview of the relationship between self-esteem and ethnic identity. The article reviews research that links different components of ethnic identity to self-esteem. Major Findings/Conclusions: • Overall, there is an inconsistent or weak connection between self-esteem and aspects of ethnic identity such as knowledge about one's ethnic group, negative stereotypes about one's group, commitment to the group, and rejection vs. acceptance of ethnic group membership. • Evidence was found that strong overall ethnic identity in

			combination with a positive relationship with the mainstream culture may be related to self-esteem.
Polo, A. J., Alegría, M., & Sirkin, J. T. (2012). Increasing the engagement of Latinos in services through community-derived programs: The Right Question Project–Mental Health.	N/A	N/A	This article includes an overview of the Right Question Project (RQP), which is an education program involving decision making and problem solving for situations that are important to the individual. The authors provide an overview of the strategies used in this community program as applied to the Latino population. They discuss how this program was applied and adapted to the specific setting and population and provide an overview of interventions utilized to improve the quality and outcome of the services provided.
Ponizovsky, A .M. & Ritsner, M. S. (2004). Patterns of loneliness in an immigrant population.	*n* = 386 Recent immigrants to Israel from the former Soviet Union Russian-born Jewish immigrants 54% Female 18-74 years old	Revised UCLA Loneliness Scale (R-UCLA-LS); Talbieh Brief Distress Inventory (TBDI); Multidimensional Scale of Perceived Social Support (MSPSS)	This study aimed to investigate the possible relationship between psychological distress/depression symptoms, perceived loneliness, and social support among an immigrant population. Major Findings/Conclusions: • Distress-free loneliness was discussed as a common psychological reaction to dissatisfaction with one's social support system • Loneliness that was related to psychological

			distress was correlated with depression symptoms • The study discusses the importance of recognizing the different between types of loneliness and their relationship to social support in an immigrant population
Powell, J., Clarke, A.(2006). Information in mental health: qualitative study of mental health service users.	*n* = 36 men and women with experience of mental health problems in England Ages: 21-60+ 25 Female 11 Male		The purpose of this study was to investigate the information needs and information-seeking behavior patterns for individuals within the community related to mental health. The study utilized a qualitative method. Major Findings/Conclusions: • Lack of respect from mental health providers was correlated with a general lack of information • Many individuals in the study did their own research on their condition rather than consult a professional • Stigma was a major theme in the results, specifically related to being a barrier to information seeking about mental health • Individuals discussed that it was valuable for them to hear other people's difficulties with mental health because it provided a

			sense of empathy, hope and universality
Puyat, J. H. (2013). Is the influence of social support on mental health the same for immigrants and non-immigrants?	2009/2010 Canadian community health survey	N/A	The authors of this study examined the relationship between mental health and social support for a population of immigrants in Canada. Major Findings/Conclusions: • Individuals with low social support had a higher likelihood of reporting mental disorders and depression symptoms in comparison with those with high social support. • The association between social support and mental disorders was higher among the immigrant population • Individuals with higher social support had a lower likelihood of reporting mental health conditions or symptoms, which was an association that was higher for immigrants also.
Revollo, H., Qureshi, A., Collazos, F., Valero, S., & Casas, M. (2011). Acculturative stress as a risk factor of depression and anxiety in the Latin American	*n* = 414 Latin American immigrant primary care patients in Barcelona, Spain 18-65 years old Mean age: 34.05 Male: 27.5%	Barcelona Immigration Stress Scale (BISS); Goldberg Anxiety and Depression Scale (GADS); Mini International Neurological	The relationship between acculturative stress and depression and anxiety disorders was explored in this study. Specifically, the aim of the study was to examine whether acculturative stress serves as a risk factor for symptomatology related to

immigrant population.		Interview (MINI)	anxiety and depression for the Latin American population. Major Findings/Conclusions: • The most significant factors tied to acculturative stress included homesickness and general psychosocial stress. • Depression and anxiety was found to be significantly associated with acculturative stress. • Psychopathology was also related to general psychosocial stress, as well as intercultural contact stress. • Within this context, psychopathology was not associated with perceived discrimination and homesickness.
Riolo, S. A., Nguyen, T. A., Greden, J. F., & King, C. A. (2005). Prevalence of depression by Race/Ethnicity: Findings from the national health and nutrition examination survey III.	Participants from the National Health and Nutrition Examination Survey III conducted from 1988 -1994 *n* = 8449 White	Diagnostic Interview Schedule (DIS)	This study examined depression prevalence in a nationally representative sample. Major Findings/Conclusions: • The prevalence of dysthymic disorder was found to be more prevalence in the African American and Mexican American population in comparison to the White Americans

			• The opposite was found for a major depressive disorder
Romero, A. J., Edwards, L. M., Fryberg, S. A. & Orduna, M. (2014). Resilience to discrimination stress across ethnic identity stages of development.	*n* = 125 13-18 years old Mean Age = 15.33 From local urban youth afterschool centers Mexican descent 74% Native American descent 9% Mix of these backgrounds 17%	Bicultural Stressors Scale; Lee and Yoo's Affirmation Subscale on positive affect; Multigroup Ethnic Identity Measure; Center for Epidemiological Studies-Depression Scale (CED-S); The Rosenberg Self-Esteem Scale	This study sought to examine how ethnic identity stage has an impact on self-esteem and depression symptoms in a sample of adolescents. The utilized a cross-sectional approach. Major Findings/Conclusions: • Experiences ethnic affirmation was a moderating factor for depression symptoms and played a protective role in self-esteem for adolescents under high stress levels. • For individuals under high discrimination stress, an "achieved" ethnic identity stage was found to have a protective and stabilizing effect on self-esteem. • Protective or moderating elements of ethnic identity may be related to positive feelings about the ethnic group one belongs to, a learned history about one's ethnic group, and a perceived resolution of conflicts about one's ethnic group

Roohafza, H. R., Afshar, H., Keshteli, A. H., Mohammadi, N., Feizi, A., Taslimi, M., & Adibi, P. (2014). What's the role of perceived social support and coping styles in depression and anxiety?	*n* = 4657 Participants included staff members of Isfahan University of Medical Sciences in Iran. 56.1% Female		This study examined the role of hypothesized protective factors for depression and anxiety for a community population. The study focused on two protective factors: effective coping and social support. Major Findings: • Active coping styles were found to be most effective as a protective factor which included problem engagement, acceptance and positive re-interpretation. • Support seeking and positive social support from family, friends and others was also found as a protective factor. • The significant risk factor for anxiety and depression was avoidance of the problem
Saito, T., Kai, I. & Takizawa, A. (2012). Effects of a program to prevent social isolation on loneliness, depression, and subjective well-being of older adults: A randomized trial among older migrants in Japan	*n* = 76 older adults from Japan	Life Satisfaction Index (LSI-A); Geriatric Depression Scale (GDS); Ando-Osada-Kodama (AOK) Loneliness Scale	This study focused on evaluating the effectiveness of a program to prevent and decrease social isolation, as well as depression symptoms in a population of older adults in Japan. In addition, the effect on participant's subjective well-being was examined. The program involved improving participant's knowledge of community resources and increasing networking.

			Major Findings/Conclusions: • The program had a significant positive effect on participant's overall life satisfaction, social support and knowledge of services • The program had no significant impact on depression symptoms • Conclusions are made that programs that focus on prevent social isolation through providing community resources are effective, especially when they are targeted for a specific population
Saraga, M., Gholam-Rezaee, M., Preisig, M. (2013). Symptoms, comorbidity, and clinical course of depression in immigrants: putting psychopathology in context	*n* = 119 85 patients – migrants 34 patients- control group	Mini International neuropsychiatric interview (MINI); Montgomery-Asberg Scale (MADRS)	This study examined the depression in a sample of migrants and sought to determine symptoms, comorbidity and the course of depression in this population. The study utilized a migrant group and a control group. Major Findings/Conclusions: • Higher comorbidity was found in migrant participants who were experiencing depression, specifically anxiety and somatoform disorders. • Migrants experienced a higher severity of depression and chronic depression episodes.

Sawaya, H., Atoui, M., Hamadeh, A., Zeinoun, P., & Nahas, Z. (2016). Adaptation and initial validation of the Patient Health Questionnaire – 9 (PHQ-9) and the Generalized Anxiety Disorder – 7 (GAD) Questionnaire (GAD-7) in an Arabic speaking Lebanese psychiatric outpatient sample.	*n* = 186 adult Lebanese psychiatric outpatients Between 2010-2012 Mean age = 35.6 33.87% Males 37.24% Females		This study investigated the appropriateness of the use of two different measures, the PHQ-9 and the Generalized Anxiety Disorder -7 Questionnaire (GAD-7) in an Arabic speaking Lebanese population. It was investigated as to whether depression and anxiety could be accurately assessed with these measures for this population. Major Findings/Conclusions: • The PHQ-9 was found to have good sensitivity, poor specificity, and high internal consistency for the population studied. It was concluded that this measure could be used to detect symptoms of depression in an Arabic speaking population • The GAD-7 was not specific or sensitive in capturing anxiety symptoms in this population.
Schraufnagel, T. J., Wagner, A.W., Miranda, J., Roy-Byrne, P. P. (2006). Treating minority patients with depression and anxiety: what does the evidence tell us?	N/A	N/A	This article provided an overview of literature related to treating ethnic/racial minority individuals with mood and anxiety diagnoses. A review is given on evidence for poor care and access to care for minorities vs. majority populations. In addition, cultural and biological differences between these groups are discussed that may

			have an impact on outcomes and care. Major Findings/Discussion: • Underutilization of care and poor quality of mental health care services was found to be linked to negative illness and treatment beliefs from the minority populations studied. • These negative beliefs affect adherence to treatment, outcome of treatment, stigma, failure to engage the client, and biological differences that may impact medication choices. • Results were promising when culturally appropriate treatment was administered.
Sentell, T., Shumway, M., & Snowden, L. (2007). Access to mental health treatment by English language proficiency and race/ethnicity.	*n* = 41, 984 Adults 18-64 Part of the 2001 California Health Interview Survey	N/A	This article sought to investigate a link between English language proficiency and access to mental health treatment. In addition, factors related to race/ethnicity were examined in relation to mental health treatment access. Major Findings/Outcomes: • Individuals who only spoke English had a higher likelihood of receiving needed mental health services

			than non-English speaking individuals • Asian/PI and Latino individuals who spoke only English had a higher likelihood of receiving treatment than Asian/PI and Latino individuals who did not speak English
Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2007). Screening for depression in medical settings with the patient health questionnaire (PHQ): A diagnostic meta-analysis.	14 studies 5, 026 participants	N/A	The purpose of this study was to examine the psychometric properties of two measures: the PHQ-9 and the PHQ-2 for use for depression screening in a primary care setting by reviewing 14 studies through a meta-analysis. Major Findings/Conclusions: • The PHQ-9 was found to be acceptable for use in this setting and comparable to other instruments used for depression screening • Additional research was needed to validate the PHQ-2 in this setting
Shah, A., & Beinecke, R. H. (2009). Global mental health needs, services, barriers, and challenges.	N/A	N/A	This article provided a literature review of needs, services, barriers, and challenges related to mental health. The article discusses the need for mental health services worldwide and the burden that mental health has on individual's physical health and functioning. Some of the barriers discussed related to

			mental health include stigma, human rights violations, immigration, and war in multi-ethnic populations.
Shim, Y. R. & Schwartz, R. C. (2008). Degree of acculturation and adherence to Asian values as correlates of psychological distress among Korean immigrants.	*n* = 118 Korean immigrants living in the Midwestern U.S. Mean age = 32 years 41.5% female	Suinn-Lew Asian Self-identity Acculturation Scale; the Asian Values scale; the Brief symptoms Inventory 18	This article studied the possible relationship between acculturative stress, well-being, and psychological distress in a Korean immigrant population. Major Findings/Conclusions: • Psychological distress was correlated with lower acculturation, stronger adherence to one's cultural values, and fewer years of being educated in the U.S. • No specific variable of the variables studied by themselves significantly influenced psychological distress, which indicates that factors not discussed may also be influential
Simich, L. (2010). Health Literacy, Immigrants and Mental Health.	N/A	N/A	This article provides an overview, literature review, and recommendations regarding mental health literacy for a community population in Canada. The article discusses the definition of health literacy and its importance. In addition, challenges related to mental health literacy are discussed including stigma, lack of public awareness about mental health and illness, lack of knowledge about mental

			disorders, and incorrect beliefs about treatment. A priority group identified by the Canadian Alliance on Mental Illness is the immigrant population. The article discusses how acculturative stress, discrimination, unemployment, and traumatic pre-migration experiences impact an immigrant's mental health. The article discusses the importance of reaching the immigrant population through community based outreach and education.
Smith, K. L. W., Matheson, F. I., Moineddin, R., & Glazier, R. H. (2007). Gender, income and immigration differences in depression in Canadian urban centres.	*n* = 41, 147 adults living in a census metropolitan area 49.19% Female 29.13% immigrant status	Canadian Community Health Survey; Composite International Diagnostic Interview – Short Form for Major Depression (CIDI-SF MD)	This study investigated the impact of immigration, income, and gender on depression in a Canadian population. Major Findings/Conclusions: • Depression rate was lower for individuals who were immigrants to Canada • Low-income was associated with higher depression rates • Females also experienced a higher prevalence of depression than males
Smith, T. B., & Silva, L. (2011). Ethnic identity and personal well-being of people of color: A meta-analysis.	N/A	N/A	This article investigated the link between perceived well-being and ethnic identity among a population of people of color in North America. This was conducted through a

			meta-analysis including 174 studies. Major Findings/Conclusions: • The relationship between well-being and ethnic identity was stronger among adolescents and young adults as compared to adults over forty years old • When studying the relationship among variables such as race, gender, and socioeconomic status, no significant differences were observed • Ethnic identity was most strongly correlated with positive well-being overall in comparison to negative well-being •
Sung, S. C., Low, C. H., Fung, D. S., & Chan, Y. H. (2013). Screening for major and minor depression in a multi-ethnic sample of Asian primary care patients. A comparison of the Patient Health Questionnaire (PHQ-9) and the 16-item Quick Inventory of	*n* = 400 English speaking Singaporean primary care patients	PHQ-9; QIDS-SR16; Mini-International Neuropsychiatric Interview	This study sought to examine the utility and applicability of the PHQ-9 and the 16-item Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR16) for use with an Asian primary care population. Major Findings/Conclusions: • Both measures showed good internal consistency as well as good convergent validity

Depressive Symptomatology – Self Report (QIDS-SRI16).			• Both measures were confirmed as useful and reliable in a primary care setting with Asian patients
Tarricone, I., Stivanello, E., Poggi, F., Castorini, V., Marseglia, M.V., Fantiti, M.P., & Berardi, D. (2012). Ethnic variation in the prevalence of depression and anxiety in primary care: A systematic review	N/A	N/A	This article provided a systematic review and meta-analysis of literature involving the prevalence of depression for immigrants and ethnic minorities (MI) in comparison to individuals who are ethnic majorities (MA). 25 studies were included. Major Findings/Conclusions: •
Teesson, M., Degenhardt, L., Proudfoot, H., Hall, W., Lynskey, M. (2005). How common is comorbidity and why does it occur?	N/A	N/A	This paper gives an overview of research related to comorbidity of depression and substance abuse. In addition, it gives suggestions as to comorbidity may occur in certain populations. The paper gives information regarding the prevalence of comorbidity and theoretical and biological explanations for comorbidity. It discusses direct and indirect causal relationships between substance use and depression. In addition, biological, social, and individual factors related to comorbidity are discussed.
Tieu, Y., Konnert, C., & Wang, J. (2010). Depression literacy among older Chinese immigrants in Canada: A comparison with	n = 53 Chinese Sample Mean age 69.8 62.2% female n = 731 Population based survey	Belief in Chinese Culture and Values Scale; Mental Health Literacy Survey created by Jorm (1997)	This study examined literacy of depression and mental health needs in a community dwelling Chinese population in Canada. Depression literacy was assessed through two methods: a case vignette as well as formal measures. A population based survey was

a population-based survey.			compared against a Chinese sample of older adults. Major Findings/Conclusions: • 11.3% of the participants in the Chinese sample identified depression correctly in the case vignette given as opposed to 74% in the population based sample of participants • Both samples of participants discussed the use of physical activity as a way to manage depression symptoms • It is concluded that individuals within the Chinese older adult population may benefit from more information regarding mental health treatment and symptoms
Torres, L., Yznaga, S. D., & Moore, K. M. (2011). Discrimination and Latino psychological distress: The moderating role of ethnic identity exploration and commitment.	n = 397 Latino adults 101 men/296 women Recruited from university and community settings Mean age 31.2	Perceived Racism Scale for Latinos; Multigroup Ethnic Identity Measure – Revised (MEIM-R); Brief Symptom Inventory-18	The study investigated whether exploration of ethnic identity and commitment to one's ethnic identity has a moderating effect on the experience of discrimination and psychological distress in a population of Latino adults. Major Findings/Conclusions: • Individuals who were experiencing exploration of their ethnic identity experienced increased psychological distress

			within the context of perceived discrimination in several environments including work, academic and public settings. • Commitment to one's ethnic identity was found to have moderating effects on the impact of discrimination and psychological well-being • The authors suggest that in some contexts, ethnic identity commitment can serve as a protective factor for the effects of discrimination
Torres, L. (2010). Predicting levels of Latino depression: Acculturation, acculturative stress, and coping.	*n* = 148 adults 18-76 years old Mean age = 37.75 years 71% females	Acculturation Rating Scale for Mexican Americans – II (ARMSA-II); Multidimensional Acculturative Stress Inventory (MASI); Behavioral Attributes of Psychosocial Competence – Condensed Scale (BAPC-C); Center for Epidemiological Studies – Depression scale (CED-S)	This study investigated depression in a Latino population. The study examined whether acculturation and acculturative stress, as well as coping styles had an impact on different levels of depression in this population. Major Findings/Conclusions: • Acculturative stress was positively correlated with higher depression symptoms • Language competency stress was positive correlated with acculturative stress

			• Ties to the Latino culture was also related to experiencing more stress with learning English • Increased amount of time living in the mainstream culture of the U.S. predicted a higher degree of connection with U.S. culture and lower connection to the Latino culture • Active coping styles were also positively related to higher annual income as well as a decrease in depressive symptoms
Torres, L., & Rollock, D. (2007). Acculturation and depression among Hispanics: The moderating effect of intercultural competence.	*n* = 96 54% male 18-62 years old Mean age = 28.71 89% of participants were Mexican Americans and/or Chicanos	Cultural Life Style Inventory (CLSI); Behavioral Attitudes of Psychosocial Competence (BAPC); Intercultural Competence Concerns (ICC) scale; Center for Epidemiological Studies Depression Scale (CED-S)	This study focused on examining whether intercultural competence, coping skills, and acculturation has an impact on depression in a Latino population. Major Findings/Conclusions: • High intercultural competence combined with high acculturation was associated with fewer depression symptoms • An active problem solving style was found to be associated with positive well-being
Tran, A. N., Ornelas, I. J., Kim, M., Perez, G., Green, M.,	*n* = 58 Latina females from three communities in	Center for Epidemiological Studies Scale – Depression	This study involved an evaluation of a pilot program to reduce stress and depression in a Latina immigrant

Lyn, M. J., & Corbie-Smith, G. (2014). Results from a pilot promotora program to reduce depression and stress among immigrant Latinas.	central North Carolina Mean Age = 38	(CED-S); 14-item Perceived Stress Scale; 12-item Multidimensional Scale of Perceived Social Support	population. The program involved coping skills training and training participants in outreach skills to impact the larger community. Major Findings/Conclusions: • Participants who were the target of outreach experienced lower depression symptoms, improved perceptions of depression treatment, lower perceived acculturative stress, and higher perceived social support and coping skills after participating in the program • The authors suggest that a focus on self-care strategies may be valuable in reducing depression in this community.
Unger, J. B., Schwartz, S. J., Huh, J., Soto, D. W., & Baezconde-Garbanati, L. (2014). Acculturation and perceived discrimination: Predictors of substance use trajectories from adolescence to emerging adulthood among Hispanics.	*n* = 2722 at baseline Hispanic/ Latino adolescents and young adults 52% female Mean grade = 9th Mean age = 14 Follow up samples: *n* = 274 1st timepoint *n* = 576 2nd timepoint *n* = 1116 3 timepoints 756 = 4 timepoints	Acculturation Rating Scale for Mexican Americans – II (ARMSA-II); 10-item measure of perceptions of personal experiences of discrimination; 12-item Multigroup Ethnic Identity Measure;	This study examining how cultural factors play a role in substance abuse in Latino adolescents and emerging adults. The effects of acculturation to the U.S., acculturation to Latino culture, ethnic identity, and perceived discrimination were examined in relation to alcohol, marijuana, and tobacco use. Major Findings/Conclusions: • Higher substance use was associated with perceived

			discrimination at baseline • Lower substance abuse was associated with higher level of acculturation to the Latino/Hispanic culture
Villegas-Gold, R., & Yoo, H. C. (2014). Coping with discrimination among Mexican American college students.	*n* = 302 Mexican college students at a Southwest University 121 males/181 females Mean age = 25.78 143 foreign born and 159 U.S. born		This study sought to examine the effect of different types of coping with discrimination on Mexican American college student's well-being and perceived racial discrimination. The study investigated the effects of two types of coping: engagement coping (cognitive restructuring, expressing emotions, social support, problem solving) and disengagement coping (self-criticism, avoidance of problems, wishful thinking, social withdrawal). Major Findings/Conclusions: • Positive well-being was negatively correlated with perceived racial discrimination • Of the engagement coping strategies, problem solving had a significant impact on increased positive well-being • Factors associated with lower subjective well-being included self-criticism, wishful thinking, and social withdrawal.

Wang, W., Bian, Q., Zhao, Y, Li, X., Wang, W., Jiang, D., Zhang, G.,. . . Zhao, M. (2014). Reliability and validity of the Chinese version of the Patient Health Questionnaire (PHQ-9) in the general population.	*n* = 1145 Mean age = 47.1 65% female		This study evaluated whether the Chinese version of the PHQ-9 is reliable and valid for the use of detecting major depression in a population of Chinese community-dwelling adults. Major Findings/Conclusions: • The PHQ-9 Chinese version was found to be a valid measure of depression in this population • The PHQ-9 was also found to be efficient in diagnosing depression in this population.
Wei, M., Heppner, P. P., Ku, T., & Liao, K. Y. (2010). Racial discrimination stress, coping, and depressive symptoms among Asian Americans: A moderation analysis	*n* = 201 Asian Americans from a public Midwestern university 23.9% Korean 21.4% Chinese 10% Vietnamese 9.5% Laotian 9% Filipino 4.5% Japanese 3.5% Multi-ethnic Asian 3% Taiwanese 2% Taidam 1.5% Hmong 1% Cambodian 1% Thai .5% Indonesian 46% males Mean age = 20.16	Perceived Stress Scale; Perceived Discrimination subscale of the Acculturative Stress Scale for International Students (ASSIS); Problem-Focused Style of Coping (PF-SOC); Collectivistic Coping Styles – Racial Discrimination (CCS-RD); Racial Discrimination Stress (RDS); Center for Epidemiological Studies – Depression	The purpose of this study was to investigate whether there is an association between discrimination stress and depressive symptoms in an Asian American population. In addition, this study sought to examine how coping styles have an impact on this association. The two coping styles that were examined involved individualistic coping vs. collectivistic and dispositional vs. situational-specific coping. Major Findings/Conclusions: • Stress from racial discrimination was significantly correlated with depression symptoms • Low utilization of reactive coping

		Mood Scale (CED-S)	strategies as well as high familial support served as a protective factor for depression
Wei-Chin, H., & Myers, H. F. (2007). Major depression in Chinese Americans. The roles of stress, vulnerability, and acculturation.	*n* = 1747 Chinese Americans from Los Angeles 49.6% female 38.38 mean age		This study investigated the relationship between level of acculturation, recent negative life events, and psychosocial risk factors in relation to depression symptoms in a Chinese American population. Major Findings/Conclusions: • Risk for depression was higher for those with a positive psychiatric history • Social conflict and traumatic live events increased the negative effect of life events and increased the risk for depression • Level of acculturation served as a moderating factor for depression and the impact of negative life events; however, this was only for participants who were highly acculturated
Williams, J. W., Gerrity, M., Holsinger, T., Dobscha, S., Gaynes, B., Dietrich, A. (2007). Systematic review of multifaceted interventions to	28 randomized controlled trails were included in the study	N/A	The article provided an overview of interventions for depression in primary care. Key elements of interventions were identified, resources needs to implement these interventions, as well as patients who would most benefit from them.

improve depression care.			Major Findings/Conclusions: • 20 of the interventions reviewed were found effective in decreasing depression symptoms • Interventions that were found successful included patient education and self-management, monitoring depression symptoms, decisions support regarding medications.
Wu, E. K., & Mak, W. W. (2012). Acculturation process and distress: Mediating roles of sociocultural adaptation and acculturation stress	*n* = 180 mainland Chinese university students studying in Hong Kong 59.6% females Mean Age = 18.9		This study investigated the effects of sociocultural adaptation and acculturative stress on depression and psychological distress in a Chinese population. Major Findings/Conclusions: • Sociocultural adaptation mediated the effects of acculturative stress and had a moderating effect • The authors suggest that sociocultural adaptation during the process of acculturation is important, as well as identifying acculturative stress as a risk factor and not a specific determining factor of depression or psychological distress
Yeung, A, & Kam, R. (2006). Recognizing and treating depression in Asian Americans.	N/A	N/A	This article provides an overview of considerations that clinicians should take when working the Asian American population. The article discusses the importance of

			understanding the unique expression of depression symptoms in different Asian American groups. In addition, it discusses the impact of traditional illness beliefs on discussing and treating depression for this population. Furthermore, the article discusses the importance of understanding patient's perception of psychiatric disorder and ways of approaching and clarify misunderstandings in terminology.
Zhang, J., Fang, L., Wu, Y. B., Wieczorek, W. F. (2013). Depression, anxiety, and suicidal ideation among Chinese Americans: a study of immigration-related factors.	*n* = 600 Chinese sample from the National Latino and Asian American Study (NLAAS) 47.33% males Mean age 41.59	World Health Organization Composite International Diagnostic Interview	The purpose of this study was to investigate the experience of depression, anxiety, and suicidal ideation among a population of Chinese Americans. In addition, immigration-related factors are analyzed in relation to how they impact outcomes. Major Findings/Conclusions: • Participants who were U.S. born and immigrated to the U.S. under the age of 18 had a higher risk for depression, anxiety disorders, and suicidal ideation as compared to those who arrived to the U.S. after 18 • Immigration-related factors, specifically age at immigration and nativity, have an impact on risk for suicidality, depression, and anxiety

APPENDIX B

PHQ-9

Patient Health Questionnaire (PHQ-9)

Pat ıme: _____ **Date:** _____

	Not at all	Several days	More than half the days	Nearly every day
1. Over the *last 2 weeks*, how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all ☐	Somewhat difficult ☐	Very difficult ☐	Extremely difficult ☐

APPENDIX C

WHO-5

	Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	**I have felt cheerful and in good spirits**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
2	**I have felt calm and relaxed**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
3	**I have felt active and vigorous**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4	**I woke up feeling fresh and rested**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
5	**My daily life has been filled with things that interest me**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

APPENDIX D

Wellness Plan Goals 2012-2013

Coding Guide:

Goals	Numerical Coding	Additional Areas Covered
Reduce social isolation	1	Aid participants in enrolling in programs/schools; Improve communication skills; increase social/recreational activities; repair relationships (based on communication)
Stress Management	2	Various support groups (ex. Cancer, spiritual, stress management support groups); self-care activities; self-improvement
Employment	3	Finding employment; resume building skills; computer skills
Learn about the US	4	Learn English; acculturation
Awareness of Mental Health Services	5	Understand of mental health diagnoses; reduce stigma associated with mental health; knowledge of available programs
Housing	6	Shelters; senior housing; DV housing options
Transportation	7	Bus pas; buy a car; help getting transportation to and from a location
Counseling	8	Family counseling; marital counseling; life goals
Food Services	9	
Academic Help for Children	10	
Legal Issues	11	Citizenship; immigration services; legal issues (DV)
Financial & Medical Services	12	Aid in acquiring medical insurances; clothes; materials; financial support

Outreach & Engagement Wellness Plans (FY12-13)

Coded Goals:	Number of Responses:
1	54
2	77
3	51
4	24
5	57
6	50
7	48
8	15
9	27
10	19
11	23
12	48

APPENDIX E

Wellness Plan Support System Themes 2012-2013

Outreach & Engagement Wellness Plans (FY12-13)

Total Number of Wellness Plans: 219[1]
Total Number of YES responses: 718
Total Number of NO responses: 388

Support System- Average Raw Score (Score can range from 8 – 16, when yes = 1 and no = 2) **The average score represents participants' responses to the following questions:** 1) Does the participant live alone? 2) Does the participant have limited support from family/friends? 3) Is the participant single or the primary caregiver? 4) Does the participant have limited access to transportation? 5) Does the participant have physical/health limitations? 6) Does the participant have limited English skills? 7) Is the participant experiencing loss (spouse, home, job, etc...)? 8) Is the participant currently isolated?	Average= 10.91

Question #	# of YES Responses[2]	# of NO Responses
1)	31	121
2)	127	28
3)	18	16
4)	133	22
5)	65	88
6)	120	33
7)	132	20
8)	92	60

APPENDIX F

Wellness Plan Goals 2013-2014

Coding Guide:

Goals	Numerical Coding	Additional Areas Covered
Reduce social isolation	1	Aid participants in enrolling in programs/schools; Improve communication skills; increase social/recreational activities; repair relationships (based on communication)
Stress Management	2	Various support groups (ex. Cancer, spiritual, stress management support groups); self-care activities; self-improvement
Employment	3	Finding employment; resume building skills; computer skills
Learn about the US	4	Learn English; acculturation
Awareness of Mental Health Services	5	Understand of mental health diagnoses; reduce stigma associated with mental health; knowledge of available programs
Housing	6	Shelters; senior housing; DV housing options
Transportation	7	Bus pas; buy a car; help getting transportation to and from a location
Counseling	8	Family counseling; marital counseling; life goals
Food Services	9	
Academic Help for Children	10	
Legal Issues	11	Citizenship; immigration services; legal issues (DV)
Financial & Medical Services	12	Aid in acquiring medical insurances; clothes; materials; financial support

Outreach & Engagement Wellness Plans (FY13-14)

Coded Goals	Number of Responses
1	222
2	99
3	90
4	47
5	44
6	31
7	43
8	39
9	17
10	27
11	20
12	54

APPENDIX G

Wellness Plans Support System Themes 2013-2014

OC MECCA Wellness Plans Fiscal Year 2013-2014: Coding Guide and Scoring Template
Outreach & Engagement Wellness Plans (FY13-14)

Total Number of Wellness Plans: 324

Support System- Average Raw Score (Score can range from 8 – 16, when yes = 1 and no = 2) **The average score represents participants' responses to the following questions**: 1) Does the participant live alone? 2) Does the participant have limited support from family/friends? 3) Is the participant single or the primary caregiver? 4) Does the participant have limited access to transportation? 5) Does the participant have physical/health limitations? 6) Does the participant have limited English skills? 7) Is the participant experiencing loss (spouse, home, job, etc.)? 8) Is the participant currently isolated? Optional Questions: 9) Does the participant have support from family/friends? 10) Does the participant drive/use public transportation? 11) Does the participant live in a suitable home?	Average Score (represents participants' responses to questions 1-8): **11.6**

Question #	# of YES Responses[1]	# of NO Responses
1	45	184
2	146	56
3	29	51
4	139	52
5	78	150
6	167	61
7	140	49
8	122	97
9[2]	19	5
10	29	8
11	37	1

[1] The number of YES/NO responses provided is specific to each question.
[2] Optional Questions (Questions 9-11)

APPENDIX H

Certificate of Completion

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Melanie Afshar** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 04/14/2010.

Certification Number: 432940.

APPENDIX I

IRB Letter I

Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: July 06, 2016

Protocol Investigator

Name: Sheva Assar Protocol #: 16-05-267

Project Title: Evaluating a Community-Based Program within Multi-ethnic Communities: Examining the Outreach and Engagement Program of MECCA

School: Graduate School of Education and Psychology

Dear Sheva Assar:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives