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# A Systematic Review of Culturally Sensitive Interventions for Ethnic Minority Elders with Mental Illness

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**Abstract**

There is little research about ethnic minority elders with mental illness. This gap in knowledge needs to be addressed as the United States' elderly population becomes more diverse and are seeking mental health treatment. To care for this growing population, healthcare professionals need to provide culturally sensitive care. This study aims to evaluate how culturally sensitive care in ethnic minority elders with mental illness positively affects patient outcomes compared to current practices. This systematic review analyses twenty peer-reviewed studies on culturally sensitive care, mental health, and geriatric psychology care from various databases. The results from these studies show that providing culturally sensitive care has a positive effect on patient outcomes, including improved psychological health, decreased symptoms, increased medication adherence and patients more likely to seek mental health treatment. Limitations include paucity of quantity of research conducted on elders of ethnic minorities with mental illness and the effects of cultural interventions.

# A Systematic Review of Culturally Sensitive Interventions for Ethnic Minority Elders with Mental Illness

One of the biggest problems that the United States faces is health care disparities (Luo et al., 2014). The term health care disparities refer to differences in the levels and quality of health care between different populations of a whole (Luo et al., 2014). The U.S. healthcare system serves a diverse population, including but not limited to race, ethnicity, socio-economic status, gender, and age (Du & Xu, 2016) and in the vein of this paper, those who are in double jeopardy, e.g., classified as the elderly, ethnic and racial minorities, as well as afflicted with a mental health condition (Sorkin et al., 2016). This paper will analyze the evidence about the intersection of elderly individuals of ethnic or racial minorities that have a mental illness.

Healthcare disparities happen when different populations do not have access to adequate care that they need because of various barriers. Healthcare disparities are a problem because not having access to healthcare increases the presence of illness and disease, comorbidities, mortality, injury, and disability (Du & Xu, 2016). Among populations that have historically been underserved and have greater healthcare disparities are the ethnic minority elders with mental illnesses, which will be the focus of this paper. The population of those aged 65 years and older in the U.S. is increasing: for example, the older population, 65 years and older, in 2018 was 52 million people, with the population expected to double by the year 2060 (A Profile of Older Americans., 2018). As the population of individuals over 65 years of age increases, it is important to take note that this group is also becoming more diverse. From 2018 to 2060 the percentage of non-Hispanic white elders, ages 65 and older, is expected to decrease from 77% to 55% (Mather et al., 2015).

Mental illness is also an important topic to research and study, especially when it pertains to older adults. Mental health is important because it is just as necessary as physical health to be

healthy and functioning. Mental health concerns are prevalent in older adults, with 20% of older elders, ages 55 and older, estimated to experience some type of mental illness (The State of Mental Health and Aging in America., 2008). Mental illnesses that are prevalent in the elderly population include anxiety, depression, bipolar disorder, and severe cognitive impairment like dementia (The State of Mental Health and Aging in America., 2008). Elderly males have the highest predisposition toward suicide than any other age group, with adults 85 and older having the highest suicide rate (The State of Mental Health and Aging in America., 2008). Depression is also one of the most common illnesses in the elderly population, but unfortunately, it often is either undiagnosed or misdiagnosed especially when accompanied with cognitive impairment such as dementia, and thus untreated or under-treated in this population (The State of Mental Health and Aging in America., 2008).

Factors associated with elders not seeking mental health treatment include the stigma of mental health (Préville et al., 2015) and ageism (Abdou et al., 2016). Ageism is defined as negative attitudes, stereotypes, and behaviors that are based on a person's older age (Abdou et al., 2016). Ageism is often something that elderly persons face every single day even by healthcare professionals, as people assume that mental ability changes because of aging. People commonly associate mental or physical impairments with other normal parts of the aging process or as part of becoming older, which often makes people dismiss when an elder complains about their mental illness and stops elders from seeking mental health services (Nelson, 2016).

Another important barrier to seeking mental health care in this population is the lack of proper insurance and accessibility (Sorkin et al., 2016). Accessibility is associated with a lack of transportation and not having mental health services located locally (Sorkin et al., 2016). Often, the elderly population is reliant on health insurance that might not cover the services they need.

The Baby Boomer generation, one of America's largest generations, is retiring, adding to the elderly population. Because of the stigma of mental illness that the older generations have, ageism, and lack of accessibility, seeking mental health care for the elderly is a significant issue. These factors lead to the presence of a large population of elderly people that are undiagnosed, misdiagnosed, or will not even seek help for their mental care.

As the elderly population increases, more elderly people may be from an ethnic minority background and have a history of mental illness. Because of the increased diversity of age and ethnicity, the prevalence of mental illness in elders is expected to increase, so providing resources and appropriate interventions to treat ethnic minority elders with mental illness is necessary (Mather et al., 2015). Nurses need to have a general knowledge of culturally sensitive care to treat ethnic minority elders with mental illness. They also need to consider the unique adversities and experiences this demographic has faced. The elderly population itself is changing to be more diverse and have more history and presence of mental illness (Mather et al., 2015) so nurses need to know how to give appropriate patient care for this changing demographic. A barrier that is prevalent in ethnic minority elders with mental illness is the cultural stigma towards mental illness and the lack of culturally sensitive care at these facilities (Sorkin et al., 2016). Culturally sensitive care is defined as being aware of how a person's cultural values, beliefs, behaviors, and linguistic needs, being respectful towards those values and delivering the healthcare based on these values and needs (Achieving High-Quality Multicultural Geriatric Care., 2016). Specifically, for the Latino American and Asian American elders, a population with a significant amount of limited English proficiency, the language barrier is often a barrier for these populations (Sorkin et al., 2016). This paper is a systematic review that analyzes the evidence from 20 research publications to determine if culturally sensitive care, compared to common practice, affects patient outcomes

in ethnic minority elders with mental illness. In this analysis the following PICOT question is answered: In ethnic minority elders with mental illness, how does culturally sensitive care, compared to current practices, affect patient outcomes?

## Methods

Inclusion Criteria for research studies in this review included articles written in 2014 or after and only peer-reviewed primary sources involving minority elders with mental illnesses over the age of 65 years. Exclusion criteria for this review included reviews and editorials. Databases included: Academic Search Complete, CINAHL Plus with Full Text, MEDLINE with Full Text, Psychology and Behavioral Sciences Collection, PsycINFO. Search keywords included (“culture” or “cultural” or “ethnicity” or “identity” or “values”) AND (“elderly” or “aged” or “older” or “elder” or “geriatric”) AND (“mental health” or “mental illness” or “mental disorder” or “psychiatric illness”) AND (“treatment” or “intervention” or “therapy” or “management”) AND (“Culturally sensitive care” or “cultural competence” or “cultural awareness” or “cultural competency” or “cultural sensitivity”). Journals were selected for the relevance of their content towards our PICO question. These fields included general nursing journals as well as those with specialization in mental health and psychiatry. Efforts were made so this literature review was thorough in its attempt to identify all major research that is relevant to answer the PICO question. The quality of the evidence was evaluated through the selective use of only peer-reviewed journal research articles, as well as a determination of the level of evidence the articles generated. Relevant information from studies that have produced controversial or inconsistent findings were included to minimize selection bias. The PRISMA chart describing the search and retention process can be found in Appendix A.

## Review of Literature

### Description of Studies

Our systematic review analyzed twenty different studies to answer how culturally sensitive care compares to current practices in affecting patient outcomes in ethnic minority elders with mental illness. This paper is comprised of data collected from participants and studies conducted in China, Myanmar, the Netherlands, Portugal, the United States, and Sweden. Both qualitative studies and quantitative studies were used in this systematic review. Within the United States, some of the studies took place in Arizona, California, New York, and Massachusetts. Eleven of the studies were qualitative studies, and the remaining nine were quantitative. Of the nine quantitative studies, four were randomized control trials, three were quasi-experimental studies that had a measurable variable but no randomization, one was mixed-method design, and one was a descriptive correlational study. The qualitative studies in this review were a series of case studies and focus group studies. The sample sizes for the quantitative studies varied from sixty to one hundred participants, with one study having over ninety-thousand participants. The level of evidence in all these studies varied depending on what type of study. Five of the quantitative studies were randomized controlled trials and mixed-method design, so that made them generate a higher level of evidence of two. Three of the quantitative studies generated a level of evidence of three, as those studies were quasi-experimental. One of the quantitative studies was a descriptive correlational study generating a level of evidence of five. A randomized controlled trial may increase internal validity and help to support a theory or hypothesis by showing group variable differences. Some of the quantitative studies in this review, e.g., randomized controlled trials, had increased validity, and generated stronger evidence for the practice, e.g., findings that culturally competent care affect patient outcomes.

The qualitative studies generated lower levels of evidence, with a level of evidence being five or six. The qualitative studies were just as important because they explore something about which less is known, cannot be numerically based on the state of the science, and recognize the nuances that come with generating knowledge and theory. Qualitative studies in this review used case studies and individual or focus group interviews, where each individual could describe personal experiences and give unique and specific opinions about the difference and effect of culturally competent care. The sample sizes for the qualitative studies ranged from twelve to seventy participants and all used convenience sampling to find participants. What qualitative research excels in is identifying themes and wording for how culturally competent care can affect someone. The researchers of the qualitative studies found common themes that describe participants as proponents for culturally competent care, thus leading to future quantitative studies to test these themes and theories.

## Findings

Recent research has consistently found that culturally competent care as an intervention has positive effects on the mental health outcomes in ethnic or racial minority groups. While all the ethnic groups that are discussed have different intervention effect sizes in mental health outcomes, culturally competent care has consistently improved the outcomes of mentally ill ethnic and racial minority elders. This systematic review analyzes research that explored the effects of culturally competent mental health care interventions and discussed barriers to access to culturally sensitive mental health care.

Providing culturally sensitive care was a common focus in all 20 studies, and researchers consistently found that culturally sensitive care interventions in ethnic minorities with mental health had positive results, such as improved psychological health (Teerawichitchainan et al.,

2015), fewer symptoms of mental illness (Li et al., 2019), and decreased psychological distress (Lovell et al., 2014). Some researchers studied specific interventions that were culturally sensitive and competence, such those aimed to decrease social isolation, provide choices for individual and group intervention delivery, increase empowerment through skills and tools building (Lovell et al., 2014) and learning self-management to build better psychological resilience (Alvarez et al., 2014). For example, Trinh et al. (2014) and Alvarez et al. (2014) examined the effects of culturally sensitive interventions in Latino American elders with dementia. Specifically, Alvarez et al. (2014) studied the effects of a combination of cognitive-based therapy and cultural interventions on dementia symptoms in Latino American elders and on caregiver burnout and stress in caregivers (N=67), finding that symptoms decreased in the elders and burnout and stress decreased in caregivers who also reported increased confidence in providing care (Gonyea et al., 2014). In a two-group study of Latino American elders with depression (N=63) culturally sensitive care intervention improved patient outcomes (Trinh et al., 2014). This intervention was implemented over 12 weeks and resulted in the intervention group reporting decreased depressive symptoms, increased medication adherence, and overall positive psychological effects, compared to the control group (Trinh et al., 2014).

Many researchers have examined the barriers elders with mental illness experience pertaining to seeking mental health care, as well as healthcare professionals' suggestions on how to overcome those barriers. Some of the barriers include mental health care include providers not having experience with diverse patients (Moleiro et al, 2018), lack of knowledge and sensitivity of an ethnic minority group's culture (Gonyea et al., 2016), and language barriers (Trinh et al. 2014). Some suggestions that healthcare professionals have suggested overcoming these barriers include determining the meanings of mental illness and related concepts in a patient's culture of

origin, determining their cultural beliefs about medications and treatments, and collaborating with community organizations that can help provide support in the form of language classes, social activities, and other tutoring and classes (Jha et al., 2019). These cultural intervention suggestions may be used to guide future interventions in randomized controlled trials to see if they may affect positive patient outcomes.

Four of the 20 were qualitative studies where researchers explored perceived barriers to treatment for ethnic minority elders and the culturally sensitive practices that they considered beneficial to help them adhere to their mental health care, such as programs that provide alternative approaches to psychotherapy (Lan et al., 2019) and concerns about talking to professionals about their mental health (Sorkin et al., 2016). These findings may be used to guide interventions to help ethnic elders with mental health problems communicate with nurses and health care professionals, as well as decrease their mental health symptoms. Two of the four studies were conducted in Europe and explored the experiences of ethnic minority elders in nursing homes. Soderman and Rosendahl (2016) interviewed elderly minority patients in Sweden and asked them what they perceived as care that considered their cultural background. Most of the people in this study were of Finish, Russian, or other Scandinavian descent, and all had dementia. The researchers found that cultural activities and being able to be talked in their native language were positively experienced by these patients, who described improved mood, decreased anxiety, decreases in the number of sedatives needed, and increased appetites (Soderman & Rosendahl, 2016).

In qualitative studies conducted in the U.S., researchers explored barriers to mental health care in ethnic minority elders, also asking about recommendations and solutions. Common themes of these barriers included lack of patient knowledge in how to obtain or navigate the healthcare system, lack of knowledge about mental illness (Sun et al., 2014), communication and

miscommunication issues (Molewyk et al., 2014), language barriers (Soderman & Rosendahl, 2016) and mental health stigma internally, as well as from outside sources (Sorkin et al., 2016). These barriers were prevalent and consistent across studies about Latino Americans, African Americans, and the Chinese American ethnic minority elders. Because most of these barriers are caused by differing cultural values and issues, it is important to include culturally sensitive care and interventions to provide the best patient mental health outcomes.

### Gaps in Knowledge

Previous literature has identified or resulted in gaps in research and understanding about culturally sensitive care and the effect it has on elders of ethnic and racial minorities (Teerawichitchainan et al., 2015). Most research on elders with mental illness also fails to focus include ethnic minority elders (Miyawaki, 2014). Research on the topic has also been limited by inconsistencies in results between different minority groups. This includes limitations of research that address ethnic minorities and the elderly, but not specifically ethnic minority elders (Lovell et al., 2014), as well as disparities in the effectiveness of interventions between different ethnic groups (Teerawichitchainan et al., 2015). These gaps of knowledge can also be accredited to small samples (Trinh et al., 2014), convenience sampling (Sun et al., 2014), and the need for further research to fill in gaps of knowledge (Lan et al., 2019).

## Critical Appraisal of the Evidence

### Limitations

Of the studies in this review, designs included: qualitative, quantitative, randomized control trials, quasi-experimental, mixed-method, and descriptive correlational. The settings of the studies varied from nursing homes, hospitals, and various surveys. While these studies have

been reviewed in depth, they do have their limitations, which have been touched on previously in this review. Of the 20 studies, several where limited by their small sample sizes (Lan et al., 2019; Lovell et al., 2014; Miyawaki, 2014; Moleiro et al., 2018; Nguyen et al., 2019; and Trinh et al., 2014). Several studies also noted concerns about inconsistent findings across different countries and minority groups, and concerns about the data translating outside of the country of origin (Gonyea et al., 2016; Lovell et al., 2014; Nguyen et al., 2019; Soderman & Rosendahl, 2016; and Teerawichitchainan et al., 2015). Another limitation faced by several studies is a lack of further information and supporting studies in the area of study. This includes Darawsheh et al. (2015) and Lan et al. (2019). The majority of the studies in this review are limited by the lack of a comprehensive and well-established base of information, and would benefit from further investigation on how to serve the subset of patients this review seeks to explore.

**Validity and Reliability**

Several different designs were used throughout the studies which had different levels of validity and reliability. Five studies were randomized control trials with an evidence level of II (Lan et al., 2019; Lovell et al., 2014; Gonyea et al., 2016; Raue et al., 2019; and Trinh et al., 2014). Three studies were a combination of Quasi-experimental studies including controlled trials without randomization and community studies, all with an evidence level of III (Jimenez et al., 2016; Moleiro et al., 2018; and Sorkin et al., 2016). These studies openly stated their populations, methods, references, controls and variables. Though a number of the studies used in this review have a lower level of evidence (IV-VI), there were similarities found between the data from all those reviewed. Nine of the studies found that minority elders with mental illness reported or faced unique barriers to care (Au, 2017; Lan et al., 2019; Jha et al., 2015; Jimenez et

al., 2016; Moleiro et al., 2018; Soderman & Rosenthal, 2016; Sorkin et al., 2016; Sun et al., 2014; Suurmond et al., 2016). Ten of the studies found that better care and outcomes resulted from culturally competent care, across an array of different populations, supporting the reliability of this data (Alvarez et al., 2014; Gonyea et al., 2016; Lan et al., 2019; Li et al., 2019; Lovell et al., 2014; Molewyk et al., 2014; Raue et al., 2019; Soderman & Rosenthal, 2016; Teerawichitchainan et al., 2015; and Trinh et al., 2014).

## Synthesis of the Evidence

The journal articles that are part of this systematic review consisted of three studies conducted in Asian countries such as China, Myanmar, Vietnam, and Thailand. These studies focused on their elderly with and without mental illness. Four studies were done on the respective elderly minority groups in European countries such as Portugal, the Netherlands, England, and Finland, with groups including the elderly with, and without mental illness. Thirteen studies were conducted in the United States on elderly minority groups including Asian, American Indian/Native American, African American/Black, and Latinx populations with and without mental illness. All of the articles in this systematic review were examined to see if cultural interventions positively affect the mental health of ethnic minority elders. Mental illnesses in the ethnic minority elderly that were in the studies included depression and dementia. The three studies on the elderly in Asia showed that culturally tailored interventions on regular interventions such as life review programs (Lan et al., 2019), strong familial relationships, and elderly living with children (Li et al., 2019 & Teerawichitchainan et al., 2015) were found to have positive mental health outcomes. In ethnic minority elders with mental illness within European countries interventions include communicating with ethnic minority elders in their preferred language

(Lovell et al., 2014, Soderman & Rosendahl, 2016, & Suurmond et al., 2016), doing cultural activities familiar to the ethnic minority elders (Soderman & Rosendahl, 2016), and having psychotherapists complete cultural competency training to understand the cultures of different minority groups they are interacting with (Moleiro et al., 2018 & Darawsheh et al., 2015). Finally, the studies from the United States concerning cultural interventions on ethnic minority elders with mental illness that lead to positive psychological outcomes include having programs that help destigmatize mental illness culturally tailored for different ethnic minority groups in the United States with emphasis on the importance of physical and mental health (Nguyen et al., 2019), cultural competency and sensitivity training for caregivers of ethnic minority elders (Gonyea et al., 2016 & Molewyk et al., 2014), culturally focused psychiatric interventions (Raue et al., 2019 & Trinh et al., 2014), keeping in mind how religion and cultural values affect beliefs related to mental illness (Alvarez et al., 2014 & Jha et al., 2015), group therapy with other ethnic minority elders (Miyawaki, 2014 & Sun et al., 2014), and culturally sensitive programs that help address barriers to accessing mental health care (Jimenez et al., 2016). All these studies show that cultural interventions affect the mental health of ethnic minority elders positively.

**Recommendations**

Many recommendations have proven to help ethnic minority elderly populations with mental illness achieve positive mental health outcomes. One recommendation is specific programs geared towards ethnic minority persons with mental illness that are culturally competent. Some of these programs include life review programs, well-being interventions, culturally competent educational programming that addresses the stigma of mental health and the importance of maintaining good mental health, programs that focus on shared decision making between the

provider and patient, psychiatric and cognitive behavior therapy programs that are culturally focused towards specific ethnic minority groups, programs for caregivers of ethnic elders with mental illness, and cultural programs in senior community centers that such as serving traditional food, celebrating traditional holidays of different minority groups that frequent senior community centers. Another recommendation to help with positive mental health outcomes in ethnic minority elders with mental illness involves the comprehensive cultural competency training for health care providers of ethnic minority elders with mental illness that address not only cultural competency but also, cultural awareness, cultural preparedness, a cultural picture of the person, cultural responsiveness, cultural readiness, and help to recognize how a caregiver's own bias towards different cultures and minority groups. The importance of family involvement in decisions of ethnic minority elders with mental illness should lead to policies that allow families and caregivers to be more actively involved in care for ethnic minority elders while addressing cultural values and influences. Another recommendation is providing services available in different languages and on a national level, expansion of mental health service coverage under the Affordable Care Act, as many ethnic minority elders have problems even accessing and paying for mental health care.

These recommendations can lead to future studies to advance nursing practice. Further research should be done on how the implementation of comprehensive cultural competency programs for healthcare providers, nurses, and caregivers can improve mental health care towards ethnic minority elders with mental illness. As well as future research on current cultural competency training programs for nurses and other healthcare providers and their effectiveness. Further research should also be done on the effects of cultural programs that are geared towards ethnic minority elders with mental illness to further see the positive psychological outcomes on this population as well as future studies on identifying sources of strength and resilience that help

with coping with mental illness in various ethnic minority groups with emphasis on the elderly could help advance nursing practice by developing mental health interventions that can be used in these populations.

## Conclusion

In the United States, health care disparities exist between many different populations (Cook et al., 2014). This systematic review has examined the effects of culturally competent care in relation to health care disparities and outcomes for minority elders with mental illness. Individually, elderly, minority, and mentally ill populations face their own challenges and disparities, but combined, this population is tremendously underserved and challenged by various barriers to proficient health care. Throughout this review, the effects of culturally competent care for minority elders with mental illness have been reviewed as a positive influence for better patient outcomes. Additionally, this review has analyzed the need for further research on the subject. Often results varied between different cultures and revealed that different groups necessitated different care. These results in themselves support the need for culturally tailored care. It is important that healthcare providers are aware of the growing need for more culturally competent care as this population continues to expand.

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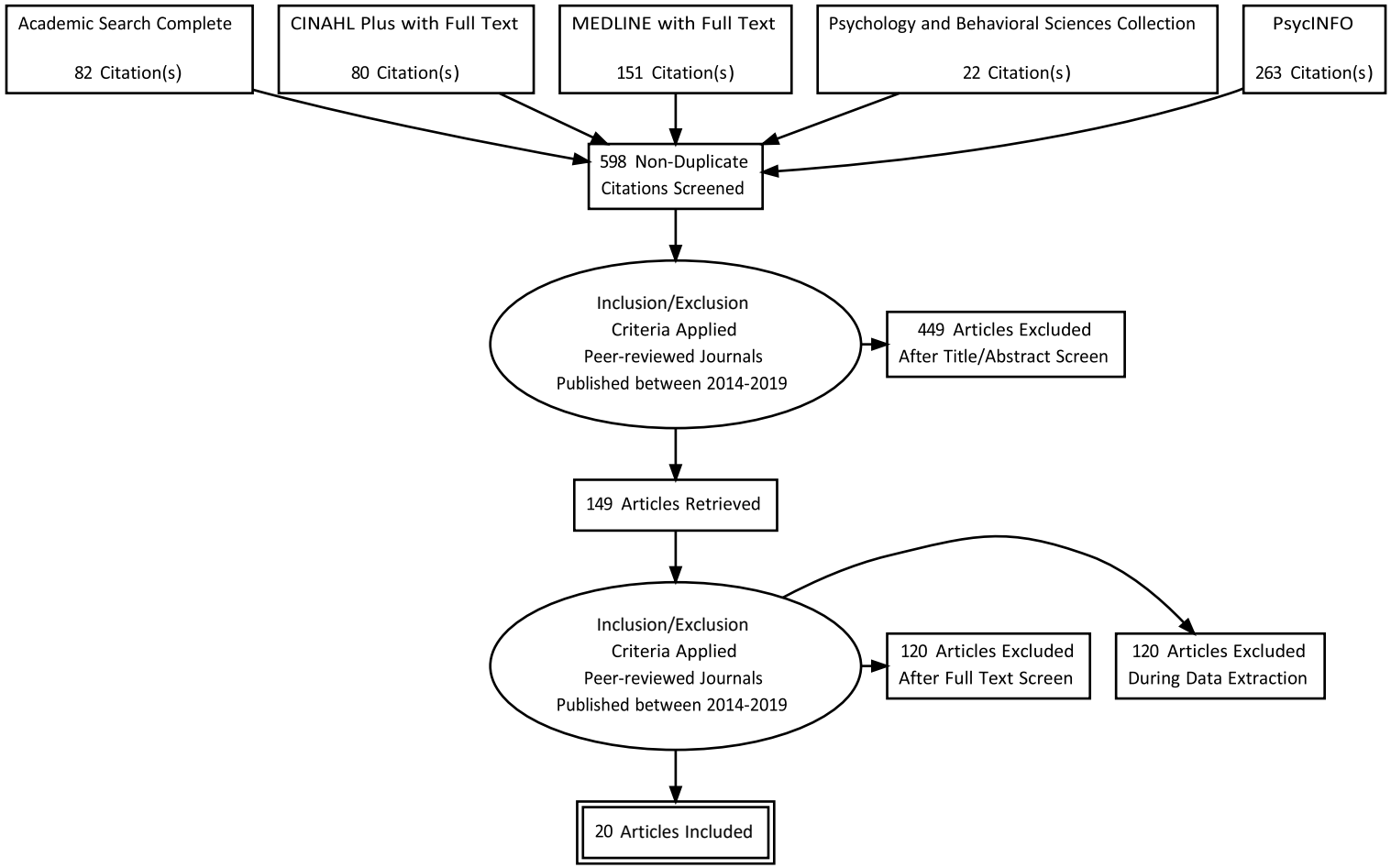
# Appendix A

## PRISMA 2019 Flow Diagram



# Appendix B

**Systematic Review Table of Evidence**

| APA formatted reference | Purpose statement. Research question. | Clinical Practice Setting, Sampling methods, Sample size. | Design. Level of Evidence. | Findings, Conclusion | Practice & Research Implications | Critical Appraisal. Strengths and limitations |
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| 1. Lan, X., Xiao, H., & Chen, Y. (2019). Life review for Chinese older adults in nursing homes: cultural acceptance and its effects. *International Psychogeriatrics, 31*(4), 527–535. https://doi-org.ezproxy.uakron.edu:2443/10.1017/S1041610218001084 | **Purpose Statement:** "To explore the acceptance and effects of life review on older adults."<br><br>**Research question:** Can a Culturally sensitive life review program be an alternative approach to psychotherapy for the promotion of mental health in older adults? | **Setting:** Four nursing homes located in Fuzhou, China.<br><br>**Sampling method**: Random Sampling<br><br>**Sample size:** n=62 | **Design:** Mixed-method<br><br>**Level of Evidence**: Level II | **Findings, Conclusion:** "It revealed that cultural factors can, to some extent, affect the acceptance of life review. It also indicated that life review had an effect on reducing depressive symptoms, improving self-esteem, and improving meaning in life for elderly people."<br><br>Older chinese adults less likely to seek mental help, fear stigma, not aware of mental health issues, doubt benefits of mental Health services.<br><br>Many reacted well to review of life and | **Practice & Research Implications:** "more attention should be paid to cultural factors when conducting a life review intervention" | **Critical Appraisal. Strengths and limitations:** Larger sample size would be beneficial, generalizability is limited due to small sample size.<br><br>Cultural factors influence the performance of a life review, no specific life review for cultural factors is available.<br><br>"However, this study found that the effectiveness of life review intervention on enhancing self-esteem was only significant in the intervention group at posttest, while failing to detect a statistically significant difference |

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| | | | | found “enjoyable and helpful”.<br><br>Filial piety causes participants to drop or be pulled out.<br><br>“the illness of an older adult is considered to involve the whole family, and elderly individuals usually choose to accept the arrangements made by their families. Similarly, the decision to drop out of the intervention was mostly made by family members rather than by the individuals themselves.”<br><br>“Older Chinese adults are typically from an interdependent culture, and they often think about the world in a holistic, or dialectical, fashion. This cultural difference may also explain the findings.”<br><br>Improve self-esteem and meaning in life. | | between the treatment and control groups.”<br><br>“Further original studies are needed to confirm its effect on self-esteem.” |

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| 2. Sorkin, D. H., Murphy, M., Nguyen, H., & Biegler, K. A. (2016). Barriers to Mental Health Care for an Ethnically and Racially Diverse Sample of Older Adults. *Journal of the American Geriatrics Society*, *64*(10), 2138–2143. doi: 10.1111/jgs.14420 | **Purpose Statement** To examine potential barriers to Mental Healthcare for ethnically and racial elders | **Setting:** 4 California Health Interview Survey (CHIS)<br><br>**Sampling Method:** random<br><br>**Sampling Size:** n=93,938 non-Hispanic white, black, Asian and Pacific Islander, and Hispanic adults over 55 years of age. | **Design:** Controlled trials without randomization (quasi-experimental)<br><br>**Level of Evidence:** Level III | **Findings, Conclusion:** "There were significant ethnic and racial differences in the odds of endorsing whether respondents felt comfortable talking with a professional about their personal problems"-page 2140.<br><br>Worries of others finding out that they have a mental health problem.<br><br>"Specifically, API and Hispanic respondents were more likely than NHW respondents to report concerns about not feeling comfortable talking to a professional as a reason for not seeking treatment"-page 2141. | **Practice & Research Implications:** "There is a considerably smaller body of work examining the mental health-seeking behaviors of older adult minorities, a growing yet understudied group"-page 2141. | **Critical Appraisal. Strengths and limitations:** "Although there were no significant ethnic and racial differences in whether respondents were still receiving treatment or completed the recommended full course of treatment, there were specific ethnic and racial differences with respect to perceptions of not getting better, lack of time or transportation, and lack of insurance coverage as reasons for no longer seeking treatment."-page 2141. |

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| 3. Teerawichitchainan, B., Pothisiri, W., & Long, G. T. (2015). How do living arrangements and intergenerational support matter for psychological health of elderly parents? Evidence from Myanmar, Vietnam, and Thailand. *Social Science & Medicine, 136-137*, 106–116. doi: 10.1016/j.socscimed.2015.05.019 | **Purpose Statement:** We examine the extent to which intergenerational support may account for the relationships between living arrangements and older-aged psychological wellbeing. **Research Question:** How do familial relationships and living arrangements affect old age psychological health? | **Setting:** 60 townships in Myanmar and 200 communes in Vietnam **Sampling Method:** Random sampling **Sampling Size:** n=4080 n=2789 | **Design:** Cross-sectional **Level of Evidence:** Level V | **Findings, Conclusion:** "We find that co-residence with a child of culturally preferred gender improves the psychological health of Vietnamese and Thai elders but with different implications." "in Vietnam, living with a married son is strongly and positively associated with old-age psychological wellbeing." "In Thailand, while co-residence (regardless of the gender of the coresident child) has net positive association with old-age psychological health, living with a daughter provides older parents significantly greater psychological benefits than co-residence with a child of culturally non-preferred gender or other forms of living arrangements." | **Practice & Research Implications:** "evidence suggests that it is important for researchers to consider the dominant kinship system that may shape normative filial obligations and gender role expectations within the family." | **Critical Appraisal. Strengths and limitations:** "Results show inconsistent findings across the three countries regarding the association between network arrangements and old-age psychological well-being." "differences across the three surveys pose numerous challenges for harmonization of variables." "The second limitation is that we do not directly test the effects of kinship systems on the associations between living arrangements, intergenerational support, and psychological wellbeing." |

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| 4.<br>Li, C., Jiang, S., & Zhang, X. (2019). Intergenerational relationship, family social support, and depression among Chinese elderly: A structural equation modeling analysis. *Journal of Affective Disorders*, *248*, 73–80. doi: 10.1016/j.jad.2019.01.032 | **Purpose Statement:**<br>This study aimed to investigate the association among intergenerational relationship, family social support, and elderly's depression symptoms.<br>**Research Question:**<br>"Elderly people who enjoy a high-quality intergenerational relationship with their adult children have less depression symptoms."<br><br>"Elderly people who obtain strong family social support have less depression symptoms."<br><br>"Elderly people who experience a high-quality intergenerational relationship with their adult children receive more family social support, which leads to few depression symptoms." | **Setting:**<br>Mainland China, older people aged 60 years or above.<br>**Sampling Method:**<br>Stratified multistage probability sampling method.<br>**Sampling Size:**<br>n=11,511 | **Design:**<br>correlational studies<br>**Level of Evidence:**<br>Level V | **Findings, Conclusion:**<br><br>"Intergenerational relationship and family social support were negatively correlated with an elderly's depression level."<br><br>"Elderly who enjoyed positive intergenerational relationships with their children would experience adequate family social support and likely have few depression symptoms." | **Practice & Research Implications:**<br>"findings could contribute to current theories and knowledge and provide implications in social policy, pension service, and social work intervention for the elderly in China."<br><br>"Intergenerational relationships in China and Western society are completely different. In modern families, children are brought up by their parents when they are underage, but they no longer have the obligation to support their elder parents once they become adults."<br><br>study could provide guidance for social work practice | **Critical Appraisal. Strengths and limitations:**<br>"Some studies have demonstrated that relying on children for social support tends to negatively affect the psychological well-being of the elderly."<br><br>"First, the cross-sectional method only analyzed the relationship among intergenerational relationship, family social support, and depression of the elderly, but the causality between the core variables in our study could not be clarified."<br><br>"CLASS 2014 is second-hand data, and the measurement of some variables based on CLASS is vague." |

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| 5. Jimenez, D. E., Schmidt, A. C., Kim, G., & Cook, B. L. (2016). Impact of comorbid mental health needs on racial/ethnic disparities in general medical care utilization among older adults. *International Journal of Geriatric Psychiatry*, *32*(8), 909–921. doi: 10.1002/gps.4546 | **Research Statement:** To Compare the racial/ethnic disparities in general medical care with and without mental health comorbidity. | **Setting:** Medical Expenditure Panel Survey 2004-2012<br><br>**Sampling Size:** n= 21,263 adults aged 65 years or older | **Design:** Controlled trials without randomization (quasi-experimental)<br>**Level of Evidence:** Level III | **Findings, Conclusion:** There are disparities in the expenditures of the resources that are available to African American and Latino Americans in opposal to non -Latino Caucasians.<br><br>"general medical care for older African–Americans and Latinos with comorbid mental health need is not being provided equally even after they have accessed the healthcare system and that having a comorbid mental health need may be especially detrimental to older African–Americans and Latinos."-page-919. | **Practice & Research Implications:** "Interventions and policies are needed to ensure that racial/ethnic minority older adults receive equitable services that enable them to manage effectively their comorbid mental and physical health needs. "-page 909 | **Critical Appraisal. Strengths and limitations:** The difference in expenditures is not equivalent to the disparities in the quality of care, between African Americans Latinos, and non-Latino Caucasians. |

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| 6. Miyawaki, C. E. (2014). Association of social isolation and health across different racial and ethnic groups of older Americans. *Ageing and Society*, *35*(10), 2201–2228. doi: 10.1017/s0144686x14000890 | **Purpose statement:** To examine the association of social isolation and the physical and mental health among black, white, and Hispanic elders in the U.S.A.<br><br>**Research question:** What is the relationship between social isolation and health outcomes in black, white, and Hispanic older men and women? | **Setting:** The National Social Life, Health and Aging Project (NSHAP).<br><br>**Sampling Method:** multi-stage, stratified sampling<br><br>**Sampling Size:** n=3,005 community dwelling adults | **Design:** descriptive, correlational design<br><br>**Level of Evidence:** Level V | **Findings, Conclusion:** The study found that there was a negative association between social isolation and health outcomes for combined racial/ethnic groups, but there were different patterns of association across the different racial/ethnic groups of elderly Americans.<br><br>"In terms of mental as compared to physical health, all analyses identified patterns of negative associations across racial and ethnic groups."-page 2,220.<br><br>"Isolation seems to be detrimental to the health of older adults internationally."- page 2,222. | **Practice & Research Implications:** Other factors may have an effect on the results of this study, and merit further study. These include immigration, physical relocation, generation, and resources available outside their native language.<br><br>"Referring older people to local or ethnic-specific senior centers, if available, can be one way to widen their social networks, since many senior centers provide age and culturally relevant educational and recreational activities."-page 2,223.<br><br>Bilingual and bicultural social workers are vital in ethnic communities when visiting elderly individuals. | **Critical Appraisal. Strengths and limitations:**<br><br>Limitations due to being based on a secondary data analysis, the available sample sizes, and measurements.<br><br>Cross-sectional nature of the data. |

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| 7.<br>Au, A. (2017). Low mental health treatment participation and Confucianist familial norms among East Asian immigrants: A critical review. *International Journal of Mental Health*, *46*(1), 1–17. doi: 10.1080/00207411.2016.1264036 | **Purpose statement:**<br>"this review articulates a more efficient, adaptive, complex system (global patterns) through self-organization inspired by complexity theory and achieved by introducing reflexivity in health education (local interactions)."-page 1<br><br>**Research question:**<br>To ascertain the impact on the mental health of East Asian American immigrants by the stress process model that seeks to evaluate and navigate familial norms embedded in East Asian culture. | **Setting:**<br>East Asian immigrant families<br><br>**Sampling Method:**<br>purposive<br>**Sampling Size:**<br>N=139 | **Design:**<br>Qualitative study<br>**Level of Evidence:**<br>Level V | **Findings, Conclusion:**<br><br>"Emotional suppression becomes a common coping resource for Asian immigrants per cultural traditions, such as the Hwabung for Koreans [32], albeit generally associated with negative consequences, including avoidance, reluctance to share emotions, reduced social support, less relationship closeness, and less social likeability"-page 9.<br><br>"Recognizing one's own status as an outsider to other cultures, practitioners must be educated on the values of specific cultures in order to build therapeutic relationships that improve treatment progress through self-esteem and adherence "-page 9. | **Practice & Research Implications:**<br><br>"Moreover, previous studies have found that Asian Americans typically demonstrate reluctance to seek services for the treatment of distress"-page 2<br><br>Lack of studies on the effect of a connection to a tight ethnic community as a catalyst for assimilation.<br><br>"As very little research exists on suppression [81], the extent of this effect should be explored in the context of Asian immigrants, rather than native-born Asian Americans. "-page 9<br><br>"Drawing from complexity theory, teaching reflexivity in health education (local interactions) would improve self-organization to the effect of creating a more efficient, | **Critical Appraisal. Strengths and limitations:**<br>"The implications of this article corroborates the need for cultural sensitivity in health education and treatment in research and clinical environments. "-page 3<br><br>"Thus, the applied complexity theory "orients us to the work of the environment shaping activity rather than the cognition of practitioners dictating events" -page 10<br><br>"Yet, this application of complexity theory has drawn criticism for its treatment of the connection between order and design"-page 10 |

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| | | | | Professional help is discouraged in East Asian families because of stigma and a preference for emotional suppression, assurance of diagnostic accuracy and appropriate treatment requires addressment of cultural contexts. | adaptive, complex system (global patterns) that better addresses the plurality of cultural principles underlying mental health problems among East Asian immigrants.”-page 12 | |

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| 8.<br>Sun, F., Mutlu, A., & Coon, D. (2014). Service Barriers Faced by Chinese American Families with a Dementia Relative: Perspectives from Family Caregivers and Service Professionals. *Clinical Gerontologist*, *37*(2), 120–138. doi: 10.1080/07317115.2013.868848 | **Purpose statement:**<br>Exploring service barriers perceived by family caregivers and service professionals in the Southwest U.S. metropolitan area with no organized Chinese communities.<br>**Research question:**<br>"The primary question centered on service barriers perceived by Chinese American families with a dementia patient. The secondary question was regarding the types of strategies that could be used to help eliminate these service barriers."-page 123-124 | **Setting:**<br>Phoenix Arizona<br>**Sampling Method:**<br>snowball sampling, focus group interview.<br><br>**Sampling Size:**<br>n=6 professionals<br>n=6 caregiver families | **Design:**<br>Focus group, qualitative study.<br><br>**Level of Evidence:**<br>Level VI | **Findings, Conclusion:**<br>"similar to previous research, this study identified shortages of culturally-competent services, stigma, caregivers' limited knowledge of the health care system, and lack of initiative to seek professional help as service barriers."-page 120.<br><br>In contrast to previous studies, lack of communication concordance was ID'd as a major barrier in client interactions with professionals. This includes the professionals lack of understanding of Chinese culture, language, and patient tendencies to minimize issues in treatments of mental health, as well as different expectations that patients and professionals have for each other.<br><br>Concerns of stigmatization might lead to a "silent | **Practice & Research Implications:**<br>"Chinese American patients are less likely to receive confirmation of a diagnosis of ADRD from healthcare providers than their African and Caucasian American counterparts."-page 122.<br><br>"Chinese American groups proportionally used fewer Alzheimer's community resources than the Caucasian groups."-page 122 | **Critical Appraisal. Strengths and limitations:**<br>This study does not focus on Chinese Americans from California and other areas with the highest concentration of Chinese Americans, and expands to areas without a largely organized, and established Chinese communities.<br><br>"Another limitation with previous studies on service barriers is that they often focused exclusively on the perceptions or experience of family caregivers (e.g., Chow et al., 2000), and rarely incorporated the perceptions of the service professionals who comprise the formal care system for ADRD patients."-page 123. |

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| | | | | epidemic" for older Asian Americans, which connotes the prevalence of concealed mental illness. | | |

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| 9. Darawsheh, W., Chard, G., & Eklund, M. (2015). The Challenge of Cultural Competency in the Multicultural 21st Century: A Conceptual Model to Guide Occupational Therapy Practice. *The Open Journal of Occupational Therapy*, *3*(2). doi: 10.15453/2168-6408.1147 | **Purpose statement:** To explore the need for clear understanding of the meaning and process of culturally sensitive care as it is enacted in practice with a range of individuals from diverse cultural backgrounds.<br><br>**Research question:** "To investigate the process, stages, characteristics, and requirements of cultural competency as practiced by experienced occupational therapists."-page 0 | **Setting:** London occupational therapists<br><br>**Sampling Method:** Purposive sampling<br><br>**Sampling Size:** n=55 | **Design:** qualitative<br><br>**Level of Evidence:** Level VI | **Findings, Conclusion:** "Cultural competency is a complex process that needs to be based on underpinning occupational theory and actualized at the level of practice."-page 0.<br><br>"When data were examined with regard to the process of becoming culturally competent, two processes emerged: awareness or culture shock, and the process of cultural competency"-page 9<br><br>Culture shock is becoming aware of your own self and culture in relation to a wider multicultural world.<br><br>Cultural competency is a process of cultural maturity and a series of stages that has cultural competence at the top. | **Practice & Research Implications:** "Further research is needed to test out the model and illuminate the process of cultural competency in different areas of occupational therapy practice."-page 0.<br><br>"Cultural competency is a process of professional development, yet the process of cultural competency is poorly explored."-page 17 | **Critical Appraisal. Strengths and limitations:** "While this study has illuminated the process of cultural competency, there is a need to verify or contradict the findings of this study in a variety of practice settings"-page 18love |

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| 10. Jha, B., Seavy, J., Young, D., & Bonner, A. (2015). Positive Mental Health Outcomes in Individuals with Dementia: The Essential Role of Cultural Competence. *The Online Journal of Issues in Nursing, 20*. | **Purpose statement:** To review a need for community care for individuals with dementia and cultural aspects related to dementia and mental health. | **Setting:** Nepalese refugee family in USA<br><br>**Sampling Method:** Purposive sampling | **Design:** case study<br>**Level of Evidence:** Level IV | **Findings, Conclusion:** Families that come from other cultures that are caring for individuals with dementia or other mental conditions in the community face many challenges and have many complex needs. | **Practice & Research Implications:** "Given the significant number of people in the United States with dementia, both diagnosed and undiagnosed, healthcare providers will likely encounter dementia-associated mental health challenges such as depression, anxiety, irritability, agitation, hallucinations, or delusions. Many of these individuals receive care by family members in home settings, and it is essential to consider culture in an effort to help these caregivers access community resources and establish skills to care for individuals with dementia"-page 14. | **Critical Appraisal. Strengths and limitations:** There are many implications for future practice including determining how the culture views the illness, identifying challenges, environments, attitudes, and keeping an open mind, as well as trying to learn and respect cultural practices. |

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| 11. Soderman, M., & Rosendahl, S.P. (2016). Caring for ethnic older people living with dementia - experiences of nursing staff. *Journal of Cross-Cultural Gerontology*, *31*(3), 311–326. https://doi-org.ezproxy.uakron.edu:2443/10.1007/s10823-016-9293-1 | **Purpose Statement:** "The aim of this study is to explore and describe the nursing staff's experiences of caring for non-Swedish speaking persons living with dementia in a Finnish-speaking group home in relation to a Swedish-speaking group home in Sweden" (page 315).<br><br>**Research question:** Is there a difference in patient care towards ethnic and elderly minorities when providing these patients with culturally oriented activities and communications? | **Setting:** Swedish-speaking nursing group homes and Finnish-speaking nursing group homes in Sweden<br><br>**Sampling method:** Cluster Sampling<br><br>**Sample size:** N = 27<br><br>12 = Interviews in Finnish-Speaking home (Ethnic Minority Elderly)<br><br>15 = Interviews in Swedish-Speaking Home (Ethnic Minority Elderly) | **Design:** Non-experimental design, qualitative study<br><br>**Level of Evidence:** N=6 | **Findings, Conclusion:** The results for communication show that talking to the patients in their primary language significantly helped the patient communicate with the nurses about what they wanted. Language barriers caused miscommunication which led to patients being over-medicated and more likely to show behavioral disturbances. On culturally oriented activities, in the Swedish-speaking homes, in addition to these activities (food, music, celebrations) created a sense of unity and belonging with these patients as dementia progressed in these patients. | **Practice & Research Implications:** This article shows that culturally competent care makes a difference in patient outcomes. Having these culturally sensitive activities and care can be applied to any place in the world. Every country has their own ethnic minority elderly populations, which is why it is important to provide patient care that also takes into account cultural needs. Though this study analyzed Finnish people who lived in Sweden, there will always be people migrating, and therefore, always be ethnic minority elders to treat. | **Critical Appraisal. Strengths and limitations:**<br><br>Strengths: Shows that culturally sensitive care can make a difference in patient outcomes, able to get rich and descriptive information about what the patients liked<br><br>Limitations: Low level of evidence, single qualitative study, study was done in Sweden and might not yield the same results in the United States |

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| 12. Lovell, K., Lamb, J., Gask, L., Bower, P., Waheed, W., Chew-Graham, C., … Dowrick, C. (2014). Development and evaluation of culturally sensitive psychosocial interventions for under-served people in primary care. *BMC Psychiatry*, *14*, 217. https://doi-org.ezproxy.uakron.edu:2443/10.1186/s12888-014-0217-8 | **Purpose Statement:** The aim of this study is to implement the developed culturally sensitive well-being intervention to ethnic minority and elderly populations and see if this intervention makes a difference on how clients self-report in mental health questionnaires such as CORE-OM, PHQ-9, GAD-7, and EQ-5D.<br><br>**Research question:** Will the culturally sensitive well-being intervention help elders, and ethnic minority persons improve their mental health symptoms? | **Setting:** 4 Disadvantaged localities in NW England in a primary care setting<br><br>**Sampling method:** Cluster Sampling<br><br>**Sample size:** n = 57 | **Design:** Quantitative Study, Randomized Controlled Trial<br><br>**Level of Evidence:** 2 | **Findings, Conclusion:** The well-being intervention resulted in improved results for elders and ethnic minority patients. In elders, the most significant improvements were on CORE-OM (Clinical Outcomes in Routine Evaluation) and the PHQ-9 (Patient Health Questionnaire). The ethnic minority group also had improvements on their PHQ-9. Improvements on the PHQ-9 suggest that depression outcomes and symptoms have changed drastically, while CORE-OM correspond to psychological distress which was improved in the elder population. | **Practice & Research Implications:** This research implicates that culturally sensitive intervention can help mental health improvement in ethnic minorities and elders. Additionally, the research can serve as a future outline for intervention grounded in evidence-based practice. Not only could the study be used more widely in Northwest England, but also in other parts of the world. The high level of evidence shows that this is a study worth replicating. | **Critical Appraisal. Strengths and limitations:** Strengths: High level of evidence, current research, randomized controlled trials<br><br>Limitations: Study takes place in England and not the United States, small sample size, takes into account ethnic minorities and elders but not specifically ethnic minority elders. |

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| 13. Alvarez, P., Rengifo, J., Emrani, T., & Gallagher-Thompson, D. (2014). Latino older adults and mental health: a review and commentary. *Clinical Gerontologist*, *37*(1), 33–48. https://doi-org.ezproxy.uakron.edu:2443/10.1080/07317115.2013.847514 | **Purpose Statement:** The aim of this study is to find culturally sensitive interventions for Latinos and elderly Latinos, addressing specifically depression and dementia in these populations.<br><br>**Research question:** In elderly Latinos, how does culturally sensitive care compared to current practice affect patient mental health outcomes? | **Setting:** Arizona<br><br>**Sampling method:** Purposive Sampling<br><br>**Sample size:** N=13 | **Design:** Qualitative Study<br><br>**Level of Evidence**: Level 5 | **Findings, Conclusion:** One of the results of this review was the importance of the role of acculturation and how that can affect care towards elderly Latinos. Another result of this study is the importance of culturally sensitive care, because specifically in this population, there is a high level of religious coping which helps the mental wellbeing of an elderly Latino. For dementia interventions, it was shown that supportive therapy and family therapies help with the person suffering from dementia and the caretakers for them. | **Practice & Research Implications:** Researching specifically Latino elderly is significant because there is not a lot of literature about Latino elderly. Of the many studies on ethnic minority elders, only three studies have Latino participants (information based on article). Because of the lack of information on Latinos and Latino elders, there is a need to do more research in order to provide culturally sensitive care to this population. | **Critical Appraisal. Strengths and limitations:** Strengths: Cited a lot of sources for this research, clearly outlined different interventions that work on Latino older adults, addresses common barriers that Latino elderly face and interventions to break those,<br><br>Limitations: Low level of evidence, no methods section on how they found the studies, |

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| 14. Suurmond, J., Rosenmöller, D. L., el Mesbahi, H., Lamkaddem, M., & Essink-Bot, M.-L. (2016). Barriers in access to home care services among ethnic minority and dutch elderly – a qualitative study. *International Journal of Nursing Studies*, *54*, 23–35. https://doi-org.ezproxy.uakron.edu:2443/10.1016/j.ijnurstu.2015.02.014 | **Purpose Statement:** The aim of this study is to address barriers that the ethnic minority elderly of Amsterdam face as opposed to Dutch elderly through the analysis of the dichotomy in the use of home care services.<br><br>**Research question:** Through examining the ethnic minority elderly in Amsterdam, what barriers cause them to not access home care services at the same frequency as the majority Dutch population? | **Setting:** Neighborhoods in Amsterdam, Netherlands that have historically high populations of ethnic minorities<br><br>**Sampling method:** Convenience Sampling<br><br>**Sample size:**<br><br>Seven Group Interviews (n = 50)<br><br>Individual Interviews (n = 5) | **Design:** Qualitative Study<br><br>**Level of Evidence**: 6 | **Findings, Conclusion:** All though there are barriers to accessing home care that are the same for all Dutch elderly people, this study shows that there are specific barriers for Dutch elderly minority people. A lack of knowledge served to be a major barrier to getting in-home care for many Dutch elderly minority people. Most of the ethnic minority elders in this study had knowledge deficits about how to obtain home care, and even when they knew how to obtain care, they thought it was only for the very ill. Language fluency was also a major barrier, as most of the ethnic minorities in this study did not speak Dutch fluently and did not feel comfortable seeking care. Lastly, another barrier for seeking home care was preference for their family members to provide home care. | **Practice & Research Implications:** This article is a qualitative study that has similar results to other research studies concerning ethnic minority elders. This study also gives insight on what the nursing field can do to provide culturally competent care to these types of populations. Knowing these barriers will help us come up with solutions on how to break them. This can be part of other evidence in a systematic review to show an established pattern. | **Critical Appraisal. Strengths and limitations:** Strengths: Big sample size, localized population, talks specifically about ethnic minority elders, talks about barriers and the importance of culturally sensitive care.<br><br>Limitations: Low level of evidence, the use of convenience sampling, the population is from the Netherlands. |

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| 15.<br>Raue, P. J., Schulberg, H. C., Bruce, M. L., Banerjee, S., Artis, A., Espejo, M., Romero, S. (2019). Effectiveness of shared decision-making for elderly depressed minority primary care patients. *American Journal of Geriatric Psychiatry*, *27*(3), N.PAG. https://doi-org.ezproxy.uakron.edu:2443/10.1016/j.jagp.2019.02.016 | **Purpose Statement:**<br>The aim of this study is to see if SDM intervention will help ethnic minority elders better adhere to their medications, psychotherapy, and depression symptoms over a 12-week period compared to standard practice.<br><br>**Research Question:**<br>Will SDM intervention help ethnic minority elders better adhere to their medications, psychotherapy, and depression symptoms over a 12-week period compared to standard practice? | **Setting:**<br>Lincoln Medical and Mental Health Center (part of New York City's Health and Hospital Cooperation), South Bronx, New York City, NY<br><br>*Acute care inner-city public benefit hospital that provides its services to racially and diverse populations.<br><br>**Sampling Method:**<br>Random Sampling<br><br>**Sample Size:**<br>n = 202 (Mix of English and Spanish - speaking primary care participants)<br><br>114 were SDM exp. group.<br><br>88 were standard care control group. | **Design:**<br>Quantitative Study, Randomized Controlled Trial<br><br>**Level of Evidence:**<br>2 | **Findings, Conclusion:**<br>The SDM intervention made a slight statistical difference in medication adherence in this population over the 12-week period compared to standard practice. SDM also did not have the severity of depression or its symptoms compared to the group that had the standard practice. SDM, however, did significantly make a different with patients initiating any type of mental health care-like mental health evaluation, psychotherapy, and medications. It doubles the rates of mental health treatment initiation as well. These results were also heavily influenced by the willingness of primary care practices to provide these services. | **Practice & Research Implications:**<br>This research gives insight into whether a certain intervention for depression, such as SDM, can have a significant difference in ethnic minority elders. Most psychosocial/psychiatric interventions are tested on predominantly white populations. It is important to recognize that the demographic of the U.S. is shifting to be more diverse therefore studies need to start including a more diverse participants. This study, which strives to see if there is a disparity in healthcare interventions in relation to ethnic minorities. While this particular article may not touch upon cultural care, it still serves an important function, considering ethnic minority elders and which interventions also work for them. | **Critical Appraisal. Strengths and limitations:**<br>Strengths: First study to do a RCT the SDM intervention on minority patients, random sampling, recent study,<br><br>Limitations: Did not talk about culturally competent care, short term 12 week follow up period. |

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| 16. Molewyk Doornbos, M., Zandee, G. L., & DeGroot, J. (2014). Attending to communication and patterns of interaction: culturally sensitive mental health care for groups of urban, ethnically diverse, impoverished, and underserved women. *Journal of the American Psychiatric Nurses Association*, *20*(4), 239–249. https://doi-org.ezproxy.uakron.edu:2443/10.1177/1078390314543688 | **Purpose Statement:** The aim of this study is to identify specific elements of cross-cultural communication that nurses should use when providing mental health care for diverse clients.<br><br>Research Question(s):<br><br>**Research Question 1:** Relative to communication and patterns of interaction, what cultural universalities are evident in groups of urban, ethnically diverse, impoverished women?<br><br>**Research Question 2:** Relative to communication and patterns of interaction, what cultural diversities are evident in groups of urban, ethnically diverse, impoverished women?" (page 241). | **Setting:** 3 Urban, impoverished, underserved and ethnically diverse neighborhoods in the Midwest Region of the U.S.A.<br><br>**Sampling Method:** Nonprobability sampling<br><br>**Sample Size:** n =16 African American (36), Hispanic (31), and White Women (33) participated in this study.<br><br>Ages: 18-69 years old | **Design:** Qualitative Study, Community-Based Participatory Research (CBPR)<br><br>**Level of Evidence:** 6 | **Findings, Conclusion:** The results of the study show what communication elements that nurses can use to provide culturally competent mental health care for diverse clients. This was founded by observing conversations of African American, White and Hispanics women and identifying elements and interaction patterns that these groups of people presented.<br><br>All groups show affirmation of another's perspective, citing a personal story, and dealing with sensitive emotions with laughter when talking about mental health.<br><br>The Hispanic and White women cited a professional source/fact when talking about mental health. Additionally, both African | **Practice & Research Implications:** These observations of these diverse clients about communication styles show a lot about their culture, especially when talking about mental health. Using these observations and knowledge, nurses can provide culturally competent care by recognizing that these groups deal with mental health in a specific way related to their culture. For example, a nurse should be prepared to be asked questions from African Americans or identify alternative outcomes for clarification to provide positive mental health outcomes for diverse clients. | **Critical Appraisal. Strengths and limitations:** Strengths: Big sample size, very recent study, each group of minority women are well represented.<br><br>Limitations: Low level of evidence, only studies minority populations in Midwest cities, there was overlap with specific interaction patterns between the groups, does not include elderly minorities or other minority groups |

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| | | | | American and White women asked questions, dealt with sensitive emotions with tears and patterns of straying off the topic when talking about mental health. | | |

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| 17. Trinh, N.-H. T., Hagan, P. N., Flaherty, K., Traeger, L. N., Inamori, A., Brill, C. D., … Yeung, A. (2014). Evaluating patient acceptability of a culturally focused psychiatric consultation intervention for Latino Americans with depression. Journal of Immigrant and Minority Health, 16(6), 1271–1277. https://doi.org/10.1007/s10903-013-9924-3 | **Purpose Statement**: The aim of this study is to test culturally focused psychiatric (CFP) consultation interventions on Latino Americans with depression and see if it provides positive patient mental health outcomes.<br><br>**Research Question:** Does the intervention, culturally focused psychiatric (CFP) consultation, help promote positive patient mental health outcomes in Latino Americans with depression? | **Setting:** Primary Clinics in Massachusetts<br><br>**Sampling Method:** Random Sampling<br><br>**Sample Size:** n = 63 | **Design:** Randomized Control Trial<br><br>**Level of Evidence:** 2 | **Findings, Conclusion:** The results of this study show that Latino Americans with depression benefited from the CFP intervention. The participants of this program felt like the clinicians cared about them and were culturally competent. Because of the sensitivity of culture, the participants were more likely than in common practice to adhere to the therapy, showed better understand on how to treat their illness, and decreased in depressed symptoms. | **Practice & Research Implications:** There are great implications in this study that can be applied to nursing practice. The first and most important that culturally sensitive care makes a difference in positive patient outcomes. Everyone in this study saw the CFP intervention as positive. Because the CFP intervention took into account cultural beliefs of the Latino Americans, the participants felt as if the clinicians cared about their mental health and were likely to follow recommendations from them. Testing this intervention on different minority groups is recommended, to see if it has the same effects in other minority groups. | **Critical Appraisal. Strengths and limitations:** Strengths: Study was done in multiple primary care clinics in Massachusetts,<br><br>Limitations: Small sample size. |

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| 18. Gonyea, J. G., López, L. M., & Velásquez, E. H. (2016). The effectiveness of a culturally sensitive cognitive behavioral group intervention for latino alzheimer's caregivers. *Gerontologist*, *56*(2), 292–302. https://doi.org/10.1093/geront/gnu045 | **Purpose Statement:** The purpose of this study is to test the effectiveness of a culturally sensitive intervention and cognitive behavioral therapy-based intervention called Circulo de Ciudad improves Latino American Elders and their families to improve ability to manage Alzheimer's symptoms.<br><br>**Research Question:** Will a culturally based intervention, Círculo de Cuidad, improve Latino elders and their caregiver's ability to manage Alzheimer's symptoms? | **Setting:** Urban communities in eastern Massachusetts, Latinos in this state are predominantly from Puerto Rico and Dominican Republic<br><br>**Sampling Method:** Random Sampling<br><br>**Sample Size:** n = 67 | **Design:** Randomized Control Trial<br><br>**Level of Evidence:** 2 | **Findings, Conclusion:** The results showed that the caregivers and people who received the Circulo de Cuidad intervention showed significant improvement in care for Latino elderly with Alzheimer's compared to the control group. Over time the group exposed to the intervention showed, "lower levels of neuropsychiatric symptoms severity in their ADRD relative (H1), less distress about the neuropsychiatric symptoms (H2), a greater sense of self-efficacy in providing care (H3) and less depressive symptoms (H4) at the completion of the intervention and three months later. However, the differ-differences in anxiety between the two conditions over time did not prove to be significant (H5)" (page 298). | **Practice & Research Implications:** This study is one of the only studies with a randomized contra trial that talks about Latino elders with Alzheimer's. Latinos and minority elders in general, are often ignored in geriatric psychiatric research studies. The intervention in this study took into care the importance of providing culturally competent care towards patients with diverse backgrounds. Seeing the positive results of this study and knowing that the Latino and minority population of the United States is growing at a rapid rate, making sure healthcare providers are provide culturally competent care will help with patient outcomes. | **Critical Appraisal. Strengths and limitations:** Strengths: Randomized controlled trial, high level of evidence, subject is specifically about caregivers and can apply to nursing care, large sample size.<br><br>Limitations: Primarily Puerto Rican and Dominican elders, based on Massachusetts and might not apply in other states. |

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| 19. Moleiro, C., Freire, J., Pinto, N., & Roberto, S. (2018). Integrating diversity into therapy processes: the role of individual and cultural diversity competences in promoting equality of care. *Counselling & Psychotherapy Research*, *18*(2), 190–198. https://doi.org/10.1002/capr.12157 | **Purpose Statement:** "The purpose of this study was to contribute to the reflection on the impact of individual and cultural diversity on clinician–client interactions" (page 192).<br><br>**Research Question:** Is there an impact in integrating diversity into therapy on clinician-client interactions? | **Setting:** Portugal<br><br>**Sampling Method:** Random Sampling<br><br>**Sample Size:** n = 31 (psychotherapist) | **Design:** Quasi-Experimental Community Study<br><br>**Level of Evidence:** 3 | **Findings, Conclusion:** The study made 31 psychotherapists watch 4 videos about different cultural groups in Portugal. The results of this study show that most of the clinicians wanted to help and empathized with cultural and ethnic minority clients but have no experience with diverse clients. Most of the clinicians were blind to how individual and cultural diversity could affect care. The videos were then used as an intervention to help teach these clinicians about health care disparities that minority groups face. Only 6.0% of tested clinicians showed competency after the cultural videos. | **Practice & Research Implications:** This article helps advance the mental health field by showing the importance of including diversity in mental health care. Most mental health care providers, while they mean well, do not have base knowledge about caring for diverse clients. Not having this knowledge and nor implementing culturally competent care could result in unequal psychological care. | **Critical Appraisal. Strengths and limitations:** Strengths: Talks about a major problem that health care clinicians have low awareness of different cultural and ethnic minority groups,<br><br>Limitations: Low sample size, study was set in Portugal |

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| 20. Nguyen, H., Lee, J.-A., Sorkin, D. H., & Gibbs, L. (2019). "Living happily despite having an illness": Perceptions of healthy aging among Korean American, Vietnamese American, and Latino older adults. *Applied Nursing Research, 48*, 30–36. https://doi-org.ezproxy.uakron.edu:2443/10.1016/j.apnr.2019.04.002 | **Purpose Statement:** The aim of this study is to understand the meaning of healthy aging from Korean American, Vietnamese American and Latino older adults.<br><br>**Research Question:** What are the cultural beliefs and values of Korean American, Vietnamese American and Latino older adults that influence the concept of mental health and of healthy aging? | **Setting:** Orange County, Southern California<br><br>**Sampling Method:** Purposive Sampling<br><br>**Sample Size:** n = 30<br><br>10 Vietnamese American elders, 10 Korean American elders and 10 Latino elders | **Design:** Qualitative Study<br><br>**Level of Evidence:** 6 | **Findings, Conclusion:** The study interviewed 10 Vietnamese American elders, 10 Korean American elders and 10 Latino elders and asked them their perception of healthy aging. The participants acknowledge aging with declining health but are very optimistic about living with mental illness because of their social relationships. They also emphasized the importance of physical and mental health. This study also found that the participants often experienced linguistic and social isolation which the participants felt like can negatively impact their overall health. | **Practice & Research Implications:** This study will help geriatric health professionals better understand how elders in various minority groups view aging and mental health. This is important for research implications as the elderly population is becoming more and more diverse. Learning about perceptions of mental health and aging in minority elder populations is important so people who serve this population can improve culturally sensitive care for these groups. | **Critical Appraisal. Strengths and limitations:** Strengths: Interviewed minority elder groups that do not have a lot of studies about those specific groups,<br><br>Limits: Low level of evidence, use of purposive sampling. low sample size, study was done in a very diverse area and may not be able to apply in other parts of the United States |