

CREDA STUDY

Community Partners and Clinic Site Research Information

CONTACT INFORMATION

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TITLE

Exploring cultural responsiveness in e-mental health resources for depression and anxiety (CREDA)

PRINCIPAL INVESTIGATOR

Dr. David Kealy, Department of Psychiatry, Faculty of Medicine, UBC.

TEAM

The co-investigators of this study include:

- **Dr. Kendall Ho**, Faculty of Medicine, Department of Emergency Medicine, UBC
- **Dr. Hiram Mok**, Faculty of Medicine, Department of Psychiatry, UBC
- **Shawna Narayan**, Faculty of Medicine, Experimental Medicine, UBC
- **Sharan Sandhu**, Surrey Mental Health and Substance Use, Fraser Health

AFFILIATIONS

- University of British Columbia
- Vancouver Coastal Health
- Fraser Health
- Pacific Blue Cross Health Foundation

FUNDING

- Vancouver General Hospital Mental Health and Substance Use Services
- University of British Columbia President's Office
- Pacific Blue Cross Health Foundation

OBJECTIVES

The purpose of this study is to investigate the experience of e-mental health use among CDP for anxiety and depressive disorders in the Metro Vancouver Regional District (MVRD) in order to: (1) Explore the types and experience of e-mental health services among CDP and assess these resources' degrees of cultural responsiveness, (2) Identify correlates between ethnicity, e-mental health literacy, and experiences of mental health difficulties, and (3) Make

recommendations for the optimal customization of culturally responsive e-mental health services. Based on our findings, we will identify culturally diverse population specific patient-centered needs for e-mental health services.

TIMELINE

Ethics Approval: September 2019

Community Organization Partnerships: October 2019

Recruitment: October 2019 to December 2019

Data Analysis: January 2020 to March 2020

Knowledge Dissemination: April 2020 to August 2020

TARGET POPULATION

Immigrants and Visible Minorities (Defined in the study as culturally diverse populations)

Culturally diverse populations (CDP): Individuals who identify as a visible minority in the Metro Vancouver Regional District (South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, etc)

Inclusion Criteria

Participants selected for the study will be all competent, consenting persons:

- 1) Searching for treatments for anxiety and depressive symptoms
- 2) Be over the age of 19
- 3) Speak and read/write in English on their own or with assistance of a family member or translator
- 4) Identify as a visible minority (CDP), may be immigrant or first/second generation
- 5) Be a BC resident within the Lower Mainland Regional District

Exclusion Criteria

Participants who will be excluded include those who:

- 1) Are not able to give consent due to cognitive issues or other causes
- 2) Are not part of a racialized population (i.e. Aboriginal and White)

No exclusions will be made on the basis of class or gender.

NUMBER OF PARTICIPANTS: 200

IMPACT

The findings of this work will benefit culturally diverse communities in Canada, improving CDP's access to effective treatment for anxiety and depressive disorders using technology. It will aid health care professionals with recognition of treatment needs and support the development of culturally relevant e-mental health resources and services for CDP.

BENEFITS

There are no explicit potential benefits to you for taking part in this research. By participating, participants have the opportunity to provide recommendations and contribute to improving e-

mental health resources for visible minorities. Survey participants will be entered into a draw to win a \$100 Gift Certificate. Focus group participants will be reimbursed for any parking or transit costs to the interview through \$20 cash. Everyone who participates, even those who withdraw or do not answer all the questions, will be allowed to enter the draw. Participants do not have to answer every question in order to progress through the survey to the page where they can enter the draw.

RISKS

Survey Risk and Mitigation: In the event that the participant becomes distressed while completing the survey, the participant can review mental health resources at the back of the hard copy survey or at the bottom of each survey page online.

Focus Group Risk and Mitigation: The focus group may include sensitive subject matter, namely participants' experience with e-mental health resources and mental illness (if applicable). They may or may not choose to discuss your experiences with anxiety and depressive symptoms. Vulnerability is a concern, but potential risks are low, as the study will only enrol people who are willing to talk about this subject.

In the event that the participant becomes distressed during the focus group interview, the interviewer will acknowledge this and ask if they would like to take a break or withdraw from the study altogether. The researcher will help connect the participant with health services if they require immediate psychological support.

ETHICS REVIEW

UBC Harmonized Ethics Review **Approved**

CONSENT

The consent form will be provided as a cover sheet to the survey to people who express an interest at the time of recruitment both online and in person. The online version will state that if the click the button to complete the survey, they are consenting to be a participant in this study. The paper copy includes a similar consent process but asks for a signature for the participant and the individual supporting the participant (i.e. translator) if applicable.

Those that complete the survey will be asked if they are interested in participating in a focus group. If yes, these participants will be followed up by the researcher at a later time to gather 4-8 participants for a focus group interview. The participant will be contacted either by phone or email by a research member. Prior to the interview, the researcher and participants will go through the informed consent letter and discuss any questions they may have about the study.

METHODOLOGY

This study will conduct a cross-sectional survey of e-mental health use and cultural responsiveness of the resources participants use. Several focus groups will be held to take the inquiry to a deeper and experiential level. There are limited frameworks that are culturally informed and validated (Nguyen et al., 2015), therefore this study will employ a mixed-methods

approach to collect an array of qualitative and quantitative data. The health belief model will focus on the relationship of health behaviors, general health motivation, practices and utilization of health services (Rosenstock, 1974). The health belief model will help researchers understand participants use of e-mental health due to their (1) perceived benefits, (2) perceived barriers, (3) perceived severity of their anxiety and/or depression symptoms, (4) and what cause them to use (or not use) e-mental health services. This framework will help guide the research procedures and development of the survey and focus group guide while also providing a lens for data analysis. To minimize patient recruitment barriers, connections with clinics (i.e. Vancouver General Hospital Mental Health and Substance Use Outpatient Services) and community organizations (i.e. interCultural Online health Network) will facilitate access to eligible participants. Eligible participants will be competent, consenting persons, 19 years or older, and identify as an ethno-cultural individual. Participants will fill a survey involving questions around e-mental health use, experience with mental health difficulties, and socio-demographic characteristics. The survey will also assess participants capacity for engagement in leveraging the Internet for health information and services (Norman & Skinner, 2006). Participants will be invited to a focus group to share their experiences with accessing e-mental health care as an ethnic individual and their recommendations for improvement. We will attempt to have over 200 completed surveys and recruit four to eight participants for three focus groups.

KNOWLEDGE DISSEMINATION

Knowledge translation will include publishing the data in a report to health authorities and funding partners. The development of set guidelines for future culturally responsive e-mental health resources will be shared with the public. A manuscript for submission to the Journal of Medical Internet Research (JMIR) and/or the Canadian Journal of Psychiatry to share our findings with the academic community. Attending and presenting at a digital mental health focused conference would be key in sharing our findings with patient partners, community organizations, health professionals, and the digital health industry. In addition, the data and results will be shared and distributed among community partners through lay language summaries and infographics.

OWNERSHIP

Final research materials will belong to Shawna Narayan and the supervisory committee.

RECOGNITION

Community partners will be recognized in knowledge dissemination through an acknowledgements section of academic journals and lay summaries for the public. Community partners and their members are welcome to provide comments our findings.

PARTNERSHIP OUTLINE

Here are a number of ways community partners can support during the course of the study:

1. Putting up research posters at your centers;
2. Distributing recruitment flyers at your centers;

3. If staff are comfortable, point to the research poster or give flyers to those who may be interested;
4. Receptionists may suggest to patients to take a look at the flyer while waiting;
5. Connecting potential participants to our survey via our online link;
6. Sharing our study on your social media outlets, newsletters, and other community contacts.

Note: If staff do not wish to take part then there would be no staff involvement in the study.

Study Survey Link: https://ubc.ca1.qualtrics.com/jfe/form/SV_cGES51gG37wGADP