The Journal of Clinical Psychiatry

Supplementary Material

Article Title: A Systematic Review of Randomized Clinical Trials Evaluating Adapted Psychological Interventions for Depression in Black and Latino Populations in the United States

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Appendix 1. Search strategy

Embase.com (1947-2025)
('African American'/de OR 'ancestry group'/de OR 'ethnic group'/de OR 'geriatrics'/de OR 'minority group'/de OR 'race difference'/de OR 'ethnicity'/de OR ((African OR black OR Negro) NEAR/2 american*):ti,ab,kw OR ('Afro-American*' OR 'African-American*'):ti,ab,kw OR (('continental population' OR ancestry OR ethnic* OR racial OR race OR 'ethno-linguistic' OR ethnolinguistic) NEAR/2 (difference* OR distribution* OR variation* OR group* OR minorit* OR population* OR status OR diversity OR disparit*)):ti,ab,kw OR ('culturally sensitiv*' OR minorit* OR race OR ethnicit*):ti,ab,kw) AND ('anxiety'/de OR 'depression'/de OR 'mental health'/de OR (anxiety OR depression OR depressive OR 'mental health'):ti,ab,kw) AND ('recruitment'/de OR 'patient participation'/de OR (barrier* OR recruit* OR retention OR participation):ti,ab,kw) AND ('clinical research'/de OR 'clinical trial'/de OR 'controlled clinical trial'/de OR 'randomized controlled trial'/de OR 'clinical study'/de OR 'mental health research'/de OR ((clinical OR controlled OR 'mental health' OR psychology) NEAR/3 (research OR trial* OR controlled OR experiment* OR stud*)):ti,ab,kw)

4768 results

Ovid Medline (1946-2025)
("Black or African American"/ OR Ethnicity/ OR Geriatrics/ OR Minority Groups/ OR Racial Groups/ OR ((African OR black OR Negro) ADJ2 american*).ti,ab,kf. OR (Afro-American* OR African-American*).ti,ab,kf. OR ((continental population OR ancestry OR ethnic* OR racial OR race OR ethno-linguistic OR ethnolinguistic) ADJ2 (difference* OR distribution* OR variation* OR group* OR minorit* OR population* OR status OR diversity OR disparit*)).ti,ab,kf. OR (culturally sensitiv* OR minorit* OR race OR ethnicit*).ti,ab,kf.) AND (Anxiety/ OR Depression/ OR Mental Health/ OR (anxiety OR depression OR depressive OR mental health).ti,ab,kf.) AND (Patient Participation/ OR (barrier* OR recruit* OR retention OR participation).ti,ab,kf.) AND (Biomedical Research/ OR Clinical Trial/ OR Controlled Clinical Trial/ OR Randomized Controlled Trial/ OR Clinical Study/ OR ((clinical OR controlled OR mental health OR psychology) ADJ3 (research OR trial* OR controlled OR experiment* OR stud*)).ti,ab,kf.)

2474 results

Scopus (1823-2025)
((TITLE-ABS-KEY((African OR black OR Negro) W/2 american*)) OR (TITLE-ABS-KEY("Afro-American*" OR "African-American*")) OR (TITLE-ABS-KEY(("continental population" OR ancestry OR ethnic* OR racial OR race OR "ethno-linguistic" OR ethnolinguistic) W/2 (difference* OR distribution* OR variation* OR group* OR minorit* OR population* OR status OR diversity OR disparit*))) OR (TITLE-ABS-KEY("culturally sensitiv*" OR minorit* OR race OR ethnicit*))) AND ((TITLE-ABS-KEY(anxiety OR depression OR depressive OR "mental health"))) AND ((TITLE-ABS-KEY(barrier* OR recruit* OR retention OR participation))) AND ((TITLE-ABS-KEY((clinical OR controlled OR "mental health" OR psychology) W/3 (research OR trial* OR controlled OR experiment* OR stud*))))

11307 results

The Cochrane Library
([mh "Black or African American"] OR [mh "Ethnicity"] OR [mh "Geriatrics"] OR [mh "Minority Groups"] OR [mh "Racial Groups"] OR ((African OR black OR Negro) NEAR/2 american*):ti,ab,kw OR ("Afro American*" OR "African American*"):ti,ab,kw OR (("continental population" OR ancestry OR ethnic* OR racial OR race OR "ethno linguistic" OR ethnolinguistic) NEAR/2 (difference* OR distribution* OR variation* OR group* OR minorit* OR population* OR status OR diversity OR disparit*)):ti,ab,kw OR ("culturally sensitiv*" OR minorit* OR race OR ethnicit*):ti,ab,kw) AND ([mh "Anxiety"] OR [mh "Depression"] OR [mh "Mental Health"] OR

(anxiety OR depression OR depressive OR “mental health”):ti,ab,kw) AND ([mh “Patient Participation”] OR (barrier* OR recruit* OR retention OR participation):ti,ab,kw) AND ([mh “Biomedical Research”] OR [mh “Clinical Trial”] OR [mh “Controlled Clinical Trial”] OR [mh “Randomized Controlled Trial”] OR [mh “Clinical Study”] OR ((clinical OR controlled OR “mental health” OR psychology) NEAR/3 (research OR trial* OR controlled OR experiment* OR stud*)):ti,ab,kw)

2404 results

ClinicialTrials.gov (1997-2025)
"racial minort*" AND (anxiety OR depression OR "mental health") AND trial* AND (participation OR recruitment OR barriers)

0 results

Supplementary Table 1. Eligibility criteria

Inclusion criteria	
Criteria categories	**Description of inclusion criteria**
Publication type	English language; original research articles conducted in United States; published in peer-reviewed journals
Population	Adult patients from racially and ethnically marginalized populations in the United States
Intervention	Any psychological intervention study/trial designed to address depression in marginalized populations
Comparisons	RCT with any control group (usual care, enhanced usual care, control)
Outcomes	Depression outcomes as primary outcome or co-primary outcome
Study design	Randomized clinical trial
Exclusion criteria	
Criteria categories	**Description of exclusion criteria**
Publication type	Any language except English; original research articles conducted outside the United States
Population	Studies that do not involve Latino and/or African American populations, patients suffering from panic attacks, phobias and obsessive-compulsive disorders, Indigenous populations (i.e., American Indian/Alaskan Natives)
Intervention	Studies with interventions not specifically designed to improve depression, and interventions consisting of pharmacotherapy
Comparison	-
Outcomes	Studies that do not have depression as primary outcomes and studies containing chronic disease management
Study design	Non-randomized studies, retrospective studies, observational, qualitative and descriptive studies

Supplementary Table 2. List of excluded articles

#	Study citation	Reason for exclusion
[1]	Alegría, M., et al., *Effectiveness of a disability preventive intervention for minority and immigrant elders: the positive minds-strong bodies randomized clinical trial.* The American Journal of Geriatric Psychiatry, 2019. 27(12): p. 1299-1313.	Depression is not the only target
[2]	Areán, P.A., et al., *Improving depression care for older, minority patients in primary care.* Medical care, 2005. 43(4): p. 381-390.	Not designed specifically for African American and/or Latinos
[3]	Barret, J.E., et al., *Treatment of dysthymia and minor depression in primary care.* Journal of Family Practice, 2001. 50(5): p. 405-405.	Not designed specifically for African American and/or Latinos
[4]	Black, D.S., et al., *Mindfulness meditation and improvement in sleep quality and daytime impairment among older adults with sleep disturbances: a randomized clinical trial.* JAMA internal medicine, 2015. 175(4): p. 494-501.	Not designed specifically for African American and/or Latinos
[5]	Brody, G.H., et al., *Family-centered prevention effects on the association between racial discrimination and mental health in Black adolescents: Secondary analysis of 2 randomized clinical trials.* JAMA network open, 2021. 4(3): p. e211964-e211964.	Non-adult population
[6]	Bruce, M.L., et al., *Clinical effectiveness of integrating depression care management into medicare home health: the Depression CAREPATH Randomized trial.* JAMA internal medicine, 2015. 175(1): p. 55-64.	Not designed specifically for African Americans and/or Latinos
[7]	Burnett-Zeigler, I., et al., *Comparative effectiveness of a mindfulness-based intervention (M-Body) on depressive symptoms: study protocol of a randomized controlled trial in a Federally Qualified Health Center (FQHC).* Trials, 2023. 24(1): p. 115.	Original article not found
[8]	Chung, B., et al., *Using a community partnered participatory research approach to implement a randomized controlled trial: planning community partners in care.* Journal of Health Care for the Poor and Underserved, 2010. 21(3): p. 780-795.	Not a RCT
[9]	Ciccolo JT, Louie ME, SantaBarbara NJ, et al. *Resistance training for Black men with depressive symptoms: a pilot randomized controlled trial to assess acceptability, feasibility, and preliminary efficacy*. *BMC psychiatry*. 2022;22(1):283.	Not an intervention with psychological component
[10]	Cooney, G.M., et al., *Exercise for depression.* Cochrane database of systematic reviews, 2013(9).	Not an intervention with psychological component
[11]	Cooper, L.A., et al., *Comparative effectiveness of standard versus patient-centered collaborative care interventions for depression among African Americans in primary care settings: The BRIDGE study.* Health Services Research, 2013. 48(1): p. 150-174.	The intervention entails pharmacological aspects
[12]	Crockett, K., et al., *A depression preventive intervention for rural low-income African-American pregnant women at risk for postpartum depression.* Archives of Women's Mental Health, 2008. 11(5): p. 319-325.	Population unspecified (Age)

[13]	Davidson, K.W., et al., *Enhanced depression care for patients with acute coronary syndrome and persistent depressive symptoms: coronary psychosocial evaluation studies randomized controlled trial.* Archives of internal medicine, 2010. 170(7): p. 600-608.	Not designed specifically for African Americans and/or Latinos
[14]	Dwight-Johnson, M., et al., *Treatment preferences among depressed primary care patients.* Journal of general internal medicine, 2000. 15(8): p. 527-534.	Not a RCT
[15]	Dwight-Johnson, M., K. Ell, and P.-J. Lee, *Can collaborative care address the needs of low-income Latinas with comorbid depression and cancer? Results from a randomized pilot study.* Psychosomatics, 2005. 46(3): p. 224-232.	Depression is not the only target
[16]	Ell, K., et al., *Integrating mental health screening and abnormal cancer screening follow-up: an intervention to reach low-income women.* Community mental health journal, 2002. 38(4): p. 311-325.	Depression is not the only target
[17]	Ell, K., et al., *Randomized controlled trial of collaborative care management of depression among low-income patients with cancer.* Journal of Clinical Oncology, 2008. 26(27): p. 4488.	The intervention entails pharmacological aspects
[18]	Ell, K., et al., *Collaborative care management of major depression among low-income, predominantly Hispanic subjects with diabetes: a randomized controlled trial.* Diabetes care, 2010. 33(4): p. 706-713.	The intervention entails pharmacological aspects
[19]	Ell, K., et al., *One-year follow-up of collaborative depression care for low-income, predominantly Hispanic patients with cancer.* Psychiatric services, 2011. 62(2): p. 162-170.	The intervention entails pharmacological aspects
[20]	Ell, K., et al., *Promotora assisted depression care among predominately Hispanic patients with concurrent chronic illness: Public care system clinical trial design.* Contemporary Clinical Trials, 2016. **46**: p. 39-47.	The intervention entails pharmacological aspects
[21]	Ell, K., et al., *Promotora assisted depression and self-care management among predominantly Latinos with concurrent chronic illness: safety net care system clinical trial results.* Contemporary clinical trials, 2017. 61: p. 1-9.	The intervention entails pharmacological aspects
[22]	Emery-Tiburcio, E.E., et al., *BRIGHTEN Heart intervention for depression in minority older adults: Randomized controlled trial.* Health Psychology, 2019. 38(1): p. 1.	Not designed specifically for African Americans and/or Latinos
[23]	Garfield, L. and N.N. Watson-Singleton, *Culturally responsive mindfulness interventions for perinatal African-American women: A call for action.* Western Journal of Nursing Research, 2021. 43(3): p. 219-226.	Population unspecified
[24]	Glueckauf, R.L., et al., *Telephone-based, cognitive-behavioral therapy for African American dementia caregivers with depression: initial findings.* Rehabilitation psychology, 2012. 57(2): p. 124.	Depression is not the primary outcome
[25]	Hankerson, S.H., et al., *Study protocol for comparing Screening, Brief Intervention, and Referral to Treatment (SBIRT) to referral as usual for depression in African American churches.* Trials, 2022. 23(1): p. 93.	Study is active

[26]	Iacob, E., et al., *Protocol for a randomized controlled trial to evaluate the effectiveness of a telehealth group intervention to reduce perinatal depressive symptoms.* Contemporary Clinical Trials, 2024. 147: p. 107738.	Not designed specifically for African Americans and/or Latinos
[27]	Iacob, E., et al., *A Randomized Controlled Trial of a Telehealth Group Intervention to Reduce Perinatal Depressive Symptoms: A Mixed Methods Analysis.* Journal of midwifery & women's health, 2025.	Not designed specifically for African Americans and/or Latinos
[28]	Kanter, J.W., et al., *Initial outcomes of a culturally adapted behavioral activation for Latinas diagnosed with depression at a community clinic.* Behavior modification, 2010. 34(2): p. 120-144.	Not a RCT
[29]	Kaslow, N., *Group Interventions for Suicidal African Americans*. 2017: Georgia.	Depression is not the primary outcome
[30]	Katon, W., et al., *Stepped collaborative care for primary care patients with persistent symptoms of depression: a randomized trial.* Archives of general psychiatry, 1999. 56(12): p. 1109-1115.	Not designed specifically for African Americans and/or Latinos
[31]	Katon, W.J., et al., *The pathways study: A randomized trial of collaborative care in patients with diabetesand depression.* Archives of general psychiatry, 2004. 61(10): p. 1042-1049.	Not designed specifically for African Americans and/or Latinos
[32]	Katon, W.J., et al., *Collaborative care for patients with depression and chronic illnesses.* New England Journal of Medicine, 2010. 363(27): p. 2611-2620.	Not designed specifically for African Americans and/or Latinos
[33]	Keeley, R.D., et al., *Motivational interviewing improves depression outcome in primary care: A cluster randomized trial.* Journal of consulting and clinical psychology, 2016. 84(11): p. 993.	Not designed specifically for African Americans and/or Latinos
[34]	Lin, E.H., et al., *Effect of improving depression care on pain and functional outcomes among older adults with arthritis: a randomized controlled trial.* Jama, 2003. 290(18): p. 2428-2429.	Not designed specifically for African Americans and/or Latinos
[35]	Lopez-Maya E, Olmstead R, Irwin MR. *Mindfulness meditation and improvement in depressive symptoms among Spanish-and English speaking adults: A randomized, controlled, comparative efficacy trial*. *PLoS One*. 2019;14(7):e0219425.	Not designed specifically for African Americans and/or Latinos
[36]	Mason, M.J., et al., *Treating young adult depression with text-delivered cognitive behavioral therapy: a pilot randomized clinical trial.* Behavior Therapy, 2023. 54(2): p. 315-329.	Not designed specifically for African Americans and/or Latinos
[37]	Meyers, M.A., C.J. Groh, and J. Binienda, *Depression screening and treatment in uninsured urban patients.* The Journal of the American Board of Family Medicine, 2014. 27(4): p. 520-529.	Not designed specifically for African Americans and/or Latinos
[38]	Miranda, J., et al., *Treating depression in predominantly low-income young minority women: a randomized controlled trial.* Jama, 2003. 290(1): p. 57-65.	The intervention entails pharmacological aspects
[39]	Miranda, J., et al., *Improving Care for Minorities: Can Quality Improvement Interventions Improve Care and Outcomes For Depressed Minorities? Results of a Randomized, Controlled Trial.* Health Services Research, 2003. 38(2): p. 613-630.	The intervention entails pharmacological aspects

[40]	Moreno, F.A., et al., *Use of standard Webcam and Internet equipment for telepsychiatry treatment of depression among underserved Hispanics.* Psychiatric Services, 2012. 63(12): p. 1213-1217.	The intervention entails pharmacological aspects
[41]	Powers, A., et al., *Primary care-based mindfulness intervention for posttraumatic stress disorder and depression symptoms among Black adults: A pilot feasibility and acceptability randomized controlled trial.* Psychological trauma: theory, research, practice, and policy, 2023. 15(5): p. 858.	Depression is not the primary outcome
[42]	Pratap A, Renn BN, Volponi J, et al. *Using mobile apps to assess and treat depression in Hispanic and Latino populations: fully remote randomized clinical trial*. *Journal of medical Internet research*. 2018;20(8):e10130.	Not designed specifically for African Americans and/or Latinos
[43]	Quijano, L.M., et al., *Healthy IDEAS: A depression intervention delivered by community-based case managers serving older adults.* Journal of Applied Gerontology, 2007. 26(2): p. 139-156.	Not a RCT
[44]	Rethorst, C.D., B.M. Wipfli, and D.M. Landers, *The antidepressive effects of exercise: a meta-analysis of randomized trials.* Sports medicine, 2009. 39(6): p. 491-511.	Not an intervention with psychological component
[45]	Rollman, B.L., et al., *Telephone-delivered collaborative care for treating post-CABG depression: a randomized controlled trial.* Jama, 2009. 302(19): p. 2095-2103.	Not designed specifically for African Americans and/or Latinos
[46]	Rost, K., et al., *Improving depression outcomes in community primary care practice: a randomized trial of the QuEST intervention.* Journal of general internal medicine, 2001. 16(3): p. 143-149.	Not designed specifically for African Americans and/or Latinos
[47]	Ryan, D., et al., *Amigas Latinas Motivando el Alma (ALMA): an Evaluation of a Mindfulness Intervention to Promote Mental Health among Latina Immigrant Mothers.* The Journal of Behavioral Health Services & Research, 2018. 45(2): p. 280-291.	Not a RCT
[48]	Schneider, K.L., et al., *Design and methods for a pilot randomized clinical trial involving exercise and behavioral activation to treat comorbid type 2 diabetes and major depressive disorder.* Mental Health and Physical Activity, 2011. 4(1): p. 13-21.	Not designed specifically for African Americans and/or Latinos
[49]	Solness, C.L., et al., *Treating postpartum depression in rural veterans using internet delivered CBT: program evaluation of MomMoodBooster.* Journal of Behavioral Medicine, 2021. 44(4): p. 454-466.	Not designed specifically for African Americans and/or Latinos
[50]	Spruill, T.M., et al., *Telephone-based depression self-management in Hispanic adults with epilepsy: a pilot randomized controlled trial.* Translational behavioral medicine, 2021. 11(7): p. 1451-1460.	Depression is not the only target
[51]	Stanley, M.A., et al., *Calmer life: a culturally tailored intervention for anxiety in underserved older adults.* The American Journal of Geriatric Psychiatry, 2016. 24(8): p. 648-658.	Depression is not the only target
[52]	Stein, G.L., *Building Infrastructure for Community Capacity in Accelerating Integrated Care*. 2021: Massachussets General Hospital.	Original article not found

[53]	Strong, V., et al., *Management of depression for people with cancer (SMaRT oncology 1): a randomised trial.* The Lancet, 2008. 372(9632): p. 40-48.	Study not conducted in the US
[54]	Szigethy, E., et al., *2.17 Randomized Trial of Coached Digital Cognitive Behavioral Intervention in a Minority Enriched Sample of Adolescents With Depression.* Journal of the American Academy of Child & Adolescent Psychiatry, 2024. 63(10, Supplement): p. S188-S189.	Not designed specifically for Africans Americans and/or Latinos
[55]	Tobin, J.N., et al., *A Randomized Controlled Trial to Increase Cancer Screening and Reduce Depression Among Low-Income Women.* Journal of Prevention and Health Promotion, 2022. 3(3): p. 271-299.	Depression is not the primary outcome
[56]	Tran, J.T., et al., *Sexual and gender minority emerging adults eliciting narratives (SEEN): A feasibility pilot study.* Journal of Gay & Lesbian Mental Health: p. 1-20.	Depression is not the primary outcome
[57]	Trinh, N.-H.T., et al., *A study of a culturally focused psychiatric consultation service for Asian American and Latino American primary care patients with depression.* BMC Psychdangetiiatry, 2011. 11(1): p. 166.	Depression is not the primary outcome
[58]	Uebelacker, L.A., et al., *Telephone Depression Care Management for Latino Medicaid Health Plan Members: A Pilot Randomized Controlled Trial.* The Journal of Nervous and Mental Disease, 2011. 199(9): p. 678-683.	Not an intervention with psychological component
[59]	Unützer, J., et al., *Collaborative Care Management of Late-Life Depression in the Primary Care SettingA Randomized Controlled Trial.* JAMA, 2002. 288(22): p. 2836-2845.	Not designed specifically for African Americans and/or Latinos
[60]	Walker, J. and M. Sharpe, *Depression care for people with cancer: a collaborative care intervention.* General Hospital Psychiatry, 2009. 31(5): p. 436-441.	Study not conducted in the US
[61]	Wells, K., et al., *Five-Year Impact of Quality Improvement for Depression: Results of a Group-Level Randomized Controlled Trial.* Archives of General Psychiatry, 2004. 61(4): p. 378-386.	Not designed specifically for African Americans and/or Latinos
[62]	Wen, A., et al., *A randomized controlled trial on using predictive algorithm to adapt level of psychological care for community college students: STAND triaging and adapting to level of care study protocol.* Trials, 2023. 24(1): p. 508.	Not designed specifically for African Americans and/or Latinos
[63]	Williams, D.R., et al., *Prevalence and Distribution of Major Depressive Disorder in African Americans, Caribbean Blacks, and Non-Hispanic Whites: Results From the National Survey of American Life.* Archives of General Psychiatry, 2007. 64(3): p. 305-315.	Not a RCT
[64]	Wu, S., et al., *Technology-facilitated depression care management among predominantly Latino diabetes patients within a public safety net care system: Comparative effectiveness trial design.* Contemporary Clinical Trials, 2014. 37(2): p. 342-354.	Not a RCT

Supplementary Table 3. Data coding and analysis guide

Codes	Sub-codes	Definitions
Population Characteristics		
Patient population age	Adults	Patients aged between 18 and 65 years
	Older adults	Patients aged over 65 years
Patient clinical context		Details of the patient health status
Types of marginalized population	African Americans/Blacks	Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali[65]
	Hispanics/Latinos	Individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin[65]
Intervention Characteristics		
Intervention	Psychological intervention	Psychological intervention refers to therapeutic strategies and treatments designed to address mental health issues, behavioral problems, or emotional distress
Intervention types	Psychoeducation	Psychoeducation combines the elements of cognitive-behavior therapy, group therapy, and education. The aim is to provide the patient and families knowledge about various facets of the illness and its treatment so that they can work together with mental health professionals for a better overall outcome [66].
	Cognitive behavioral therapy (CBT)	CBT is a combination of cognitive therapy and behavioral therapy. Cognitive therapy is about forming a clear idea of one's own thoughts, attitudes and expectations. Behavioral therapy aims to find out whether certain behavioral patterns make one's life more difficult or make problems worse. Together, it focuses on working through specific current problems and finding solutions for them [67].
	Problem-solving therapy (PST)	PST is a brief intervention that gives individuals with the necessary skills to recognize and resolve issues related to major and minor life stressors. The objective is to enhance the quality of life and mitigate the adverse effects of mental and physical illnesses [68].
	Behavioral activation (BA)	BA is a form of behavior therapy that is used to treat mood disorders. BA largely focuses on participating in positive and pleasurable activities to improve one's mood [69].
	Mindfulness	Mindfulness is a form of meditation that involves directing your attention to the present moment, without analyzing or evaluating your sensations and emotions. Mindfulness practice encompasses techniques such as controlled breathing, guided visualization, and other methods aimed at inducing relaxation of both the body and mind, thereby aiding in the alleviation of stress[70].
Cultural adaptations of the intervention		Cultural adaptations are systematic modifications of an evidence-based treatment or psychological intervention protocol to consider language, culture, and context in such a way that is compatible with the client's cultural patterns, meanings, and values and enhance cultural relevance [71,72]

Collaborative care adaptations of the intervention		Modifications made to the system of delivery to enhance access, coordination, and effectiveness of the psychological intervention by integrating mental health and primary care services, involving team-based approaches, including primary care providers, mental health specialists, and care managers [73,74]
Intervention components	Single component	Intervention is comprised of only one element (e.g., behavioral activation)
	Multi component	Intervention is comprised of more than one element (e.g., psychoeducation and behavioral activation)
Interventionist		Interventionist is the individual (or team) responsible for delivering the intervention to participants
Intervention delivery modality	Telephone	Intervention delivered through telephone
	In-person	Intervention delivered in person
	Hybrid	Intervention delivered either in person or online or telephone, and the patients can choose their preferred format
	Digital	Interventions delivered through digital applications in mobile
Intervention duration/length		Duration of each intervention session in minutes or hours
Intervention dose or frequency		Number of times the intervention is administered in total

Supplementary Table 4. Cultural sensitivity framework [75]

Intervention dimension	Culturally sensitive elements
Language	Culturally appropriate; culturally syntonic language
Persons	Role of ethnic/racial similarities and differences between client and therapist in shaping therapy relationship
Metaphors	Symbols and concepts shared with the population; sayings of "dichos" in treatment
Content	Cultural knowledge: values, costumes and traditions; uniqueness of groups (social, economic, historical, political) and treatment methods, goals and concepts consonant with culture and context, with inclusion of cultural values and traditions
Context	Consideration of changing contexts in assessment during treatment or intervention: acculturative stress, phase of migration; developmental stage; social supports and relationship to country of origin; economic and social context of intervention

Supplementary Table 5. Other outcomes reported in included studies

Outcomes	First Author and Year	Type and components of intervention	Direction [Improved/ Not improved]
Depression outcomes			
Depression symptoms at 3 months	Ward 2021 [76]	-Oh Happy Day class	Not improved
Depression symptoms at 8 months	Gitlin 2013[77]	-Beat the Blues intervention	Improved

Depression severity between 1 to 2 months	Kanter 2015 [78]	-Behavioral activation for Latinos	Not improved
Depression severity at 3 months	Kanter 2015 [78]	-Behavioral activation for Latinos	Improved
Depression knowledge at 4 months	Gitlin 2013 [77]	-Beat the Blues intervention	Improved
Depression knowledge at 8 months	Gitlin 2013 [77]	-Beat the Blues intervention	Not improved
Functional outcomes			
Functional difficulty at month 4 [18 self-care]	Gitlin 2013 [77]	-Beat the Blues intervention	Improved
Functional difficulty at month 8 [18 self-care]	Gitlin 2013 [77]	-Beat the Blues intervention	Not improved
Quality of life outcomes			
Quality of life at month 1 [SF-12]	Kanter 2015 [78]	-Behavioral activation for Latinos	Not improved [Physical] Improved [Mental]
Quality of life at month 2 [SF-12]	Kanter 2015 [78]	-Behavioral activation for Latinos	Improved [Physical] Improved [Mental]
Quality of life at 3-6 month	Kanter 2015 [78]	-Behavioral activation for Latinos	Improved
	Gitlin 2013 [77]	-Beat the Blues intervention	Improved
Quality of life at month 8 [Quality of Life in Alzheimer's Disease scale]	Gitlin 2013 [77]	-Beat the Blues intervention	Not improved
Anxiety outcomes			
Anxiety at 1-3 month	Ornelas 2023 [79]	-ALMA (Amigas Latinas Motivando el Alma)	Improved
Anxiety at 3-6 months	Gitlin 2013 [77]	-Beat the Blues intervention	Improved
	Ornelas 2023 [79]	-ALMA (Amigas Latinas Motivando el Alma)	Not improved
Anxiety at month 8	Gitlin 2013 [77]	-Beat the Blues intervention	Not improved
Behavioral activation outcomes			
Behavioral activation at month 4	Gitlin 2013 [77]	-Beat the Blues intervention	Improved
Behavioral activation at month 8	Gitlin 2013 [77]	-Beat the Blues intervention	Not improved
Well-being outcomes			

Well-being at month 4	Gitlin 2013 [77]	-Beat the Blues intervention	Improved
Well-being at month 8	Gitlin 2013 [77]	-Beat the Blues intervention	Not improved

Appendix 2. PRISMA Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	1,2
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	2
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	3, Supplementary Table 1
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	2,3, Appendix 1
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	2,3, Appendix 1
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	3
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	3
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	3
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	3, Supplementary Table 3

Section and Topic	Item #	Checklist item	Location where item is reported
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	4
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	3
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	3,4
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	3
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	3,4
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	3
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	3
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	NA
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	NA
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	NA
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	4
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Supplementary Table 2
Study characteristics	17	Cite each included study and present its characteristics.	5,6, Table 1
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	11, Figure 3
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Figure 2
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	6, 9-11

Section and Topic	Item #	Checklist item	Location where item is reported
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	6, 9-11
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	NA
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	NA
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	NA
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	NA
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	11-13
	23b	Discuss any limitations of the evidence included in the review.	11-13
	23c	Discuss any limitations of the review processes used.	14
	23d	Discuss implications of the results for practice, policy, and future research.	13,14
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	2
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	2
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	NA
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	14
Competing interests	26	Declare any competing interests of review authors.	14
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	NA

References

1. Alegría M, Frontera W, Cruz-Gonzalez M, et al. Effectiveness of a disability preventive intervention for minority and immigrant elders: the positive minds-strong bodies randomized clinical trial. *The American Journal of Geriatric Psychiatry*. 2019;27(12):1299-1313.
2. Areán PA, Ayalon L, Hunkeler E, et al. Improving depression care for older, minority patients in primary care. *Medical care*. 2005;43(4):381-390.
3. BARRET JE, OXMAN TE, FRANK E, et al. Treatment of dysthymia and minor depression in primary care. *Journal of Family Practice*. 2001;50(5):405-405.
4. Black DS, O'Reilly GA, Olmstead R, Breen EC, Irwin MR. Mindfulness meditation and improvement in sleep quality and daytime impairment among older adults with sleep disturbances: a randomized clinical trial. *JAMA internal medicine*. 2015;175(4):494-501.
5. Brody GH, Yu T, Chen E, Miller GE, Barton AW, Kogan SM. Family-centered prevention effects on the association between racial discrimination and mental health in Black adolescents: Secondary analysis of 2 randomized clinical trials. *JAMA network open*. 2021;4(3):e211964-e211964.
6. Bruce ML, Raue PJ, Reilly CF, et al. Clinical effectiveness of integrating depression care management into medicare home health: the Depression CAREPATH Randomized trial. *JAMA internal medicine*. 2015;175(1):55-64.
7. Burnett-Zeigler I, Zhou E, Martinez JH, et al. Comparative effectiveness of a mindfulness-based intervention (M-Body) on depressive symptoms: study protocol of a randomized controlled trial in a Federally Qualified Health Center (FQHC). *Trials*. 2023;24(1):115.
8. Chung B, Jones L, Dixon EL, Miranda J, Wells K, Council CPiCS. Using a community partnered participatory research approach to implement a randomized controlled trial: planning community partners in care. *Journal of Health Care for the Poor and Underserved*. 2010;21(3):780-795.
9. Ciccolo JT, Louie ME, SantaBarbara NJ, et al. Resistance training for Black men with depressive symptoms: a pilot randomized controlled trial to assess acceptability, feasibility, and preliminary efficacy. *BMC psychiatry*. 2022;22(1):283.
10. Cooney GM, Dwan K, Greig CA, et al. Exercise for depression. *Cochrane database of systematic reviews*. 2013;(9)
11. Cooper LA, Ghods Dinoso BK, Ford DE, et al. Comparative effectiveness of standard versus patient-centered collaborative care interventions for depression among African Americans in primary care settings: The BRIDGE study. *Health Services Research*. 2013;48(1):150-174.
12. Crockett K, Zlotnick C, Davis M, Payne N, Washington R. A depression preventive intervention for rural low-income African-American pregnant women at risk for postpartum depression. *Archives of Women's Mental Health*. 2008;11(5):319-325.
13. Davidson KW, Rieckmann N, Clemow L, et al. Enhanced depression care for patients with acute coronary syndrome and persistent depressive symptoms: coronary psychosocial evaluation studies randomized controlled trial. *Archives of internal medicine*. 2010;170(7):600-608.
14. Dwight-Johnson M, Sherbourne CD, Liao D, Wells KB. Treatment preferences among depressed primary care patients. *Journal of general internal medicine*. 2000;15(8):527-534.
15. Dwight-Johnson M, Ell K, Lee P-J. Can collaborative care address the needs of low-income Latinas with comorbid depression and cancer? Results from a randomized pilot study. *Psychosomatics*. 2005;46(3):224-232.
16. Ell K, Vourlekis B, Nissly J, et al. Integrating mental health screening and abnormal cancer screening follow-up: an intervention to reach low-income women. *Community mental health journal*. 2002;38(4):311-325.
17. Ell K, Xie B, Quon B, Quinn DI, Dwight-Johnson M, Lee P-J. Randomized controlled trial of collaborative care management of depression among low-income patients with cancer. *Journal of Clinical Oncology*. 2008;26(27):4488.

18. Ell K, Katon W, Xie B, et al. Collaborative care management of major depression among low-income, predominantly Hispanic subjects with diabetes: a randomized controlled trial. *Diabetes care*. 2010;33(4):706-713.
19. Ell K, Xie B, Kapetanovic S, et al. One-year follow-up of collaborative depression care for low-income, predominantly Hispanic patients with cancer. *Psychiatric services*. 2011;62(2):162-170.
20. Ell K, Aranda MP, Wu S, Oh H, Lee P-J, Guterman J. Promotora assisted depression care among predominately Hispanic patients with concurrent chronic illness: Public care system clinical trial design. *Contemporary Clinical Trials*. 2016;46:39-47.
21. Ell K, Aranda MP, Wu S, Oh H, Lee P-J, Guterman J. Promotora assisted depression and self-care management among predominantly Latinos with concurrent chronic illness: safety net care system clinical trial results. *Contemporary clinical trials*. 2017;61:1-9.
22. Emery-Tiburcio EE, Rothschild SK, Avery EF, et al. BRIGHTEN Heart intervention for depression in minority older adults: Randomized controlled trial. *Health Psychology*. 2019;38(1):1.
23. Garfield L, Watson-Singleton NN. Culturally responsive mindfulness interventions for perinatal African-American women: A call for action. *Western Journal of Nursing Research*. 2021;43(3):219-226.
24. Glueckauf RL, Davis WS, Willis F, et al. Telephone-based, cognitive-behavioral therapy for African American dementia caregivers with depression: initial findings. *Rehabilitation psychology*. 2012;57(2):124.
25. Hankerson SH, Shelton R, Weissman M, et al. Study protocol for comparing Screening, Brief Intervention, and Referral to Treatment (SBIRT) to referral as usual for depression in African American churches. *Trials*. 2022;23(1):93.
26. Iacob E, Kausler R, Williams M, et al. Protocol for a randomized controlled trial to evaluate the effectiveness of a telehealth group intervention to reduce perinatal depressive symptoms. *Contemporary Clinical Trials*. 2024;147:107738.
27. Iacob E, Kausler R, Williams M, et al. A Randomized Controlled Trial of a Telehealth Group Intervention to Reduce Perinatal Depressive Symptoms: A Mixed Methods Analysis. *Journal of midwifery & women's health*. 2025;
28. Kanter JW, Santiago-Rivera AL, Rusch LC, Busch AM, West P. Initial outcomes of a culturally adapted behavioral activation for Latinas diagnosed with depression at a community clinic. *Behavior modification*. 2010;34(2):120-144.
29. Kaslow N. Group Interventions for Suicidal African Americans. Georgia2017.
30. Katon W, Von Korff M, Lin E, et al. Stepped collaborative care for primary care patients with persistent symptoms of depression: a randomized trial. *Archives of general psychiatry*. 1999;56(12):1109-1115.
31. Katon WJ, Von Korff M, Lin EH, et al. The pathways study: A randomized trial of collaborative care in patients with diabetesand depression. *Archives of general psychiatry*. 2004;61(10):1042-1049.
32. Katon WJ, Lin EH, Von Korff M, et al. Collaborative care for patients with depression and chronic illnesses. *New England Journal of Medicine*. 2010;363(27):2611-2620.
33. Keeley RD, Brody DS, Engel M, et al. Motivational interviewing improves depression outcome in primary care: A cluster randomized trial. *Journal of consulting and clinical psychology*. 2016;84(11):993.
34. Lin EH, Katon W, Von Korff M, et al. Effect of improving depression care on pain and functional outcomes among older adults with arthritis: a randomized controlled trial. *Jama*. 2003;290(18):2428-2429.
35. Lopez-Maya E, Olmstead R, Irwin MR. Mindfulness meditation and improvement in depressive symptoms among Spanish-and English speaking adults: A randomized, controlled, comparative efficacy trial. *PLoS One*. 2019;14(7):e0219425.
36. Mason MJ, Coatsworth JD, Zaharakis N, et al. Treating young adult depression with text-delivered cognitive behavioral therapy: a pilot randomized clinical trial. *Behavior Therapy*. 2023;54(2):315-329.

37. Meyers MA, Groh CJ, Binienda J. Depression screening and treatment in uninsured urban patients. *The Journal of the American Board of Family Medicine*. 2014;27(4):520-529.
38. Miranda J, Chung JY, Green BL, et al. Treating depression in predominantly low-income young minority women: a randomized controlled trial. *Jama*. 2003;290(1):57-65.
39. Miranda J, Duan N, Sherbourne C, et al. Improving Care for Minorities: Can Quality Improvement Interventions Improve Care and Outcomes For Depressed Minorities? Results of a Randomized, Controlled Trial. *Health Services Research*. 2003;38(2):613-630. doi:https://doi.org/10.1111/1475-6773.00136
40. Moreno FA, Chong J, Dumbauld J, Humke M, Byreddy S. Use of standard Webcam and Internet equipment for telepsychiatry treatment of depression among underserved Hispanics. *Psychiatric Services*. 2012;63(12):1213-1217.
41. Powers A, Lathan EC, Dixon HD, et al. Primary care-based mindfulness intervention for posttraumatic stress disorder and depression symptoms among Black adults: A pilot feasibility and acceptability randomized controlled trial. *Psychological trauma: theory, research, practice, and policy*. 2023;15(5):858.
42. Pratap A, Renn BN, Volponi J, et al. Using mobile apps to assess and treat depression in Hispanic and Latino populations: fully remote randomized clinical trial. *Journal of medical Internet research*. 2018;20(8):e10130.
43. Quijano LM, Stanley MA, Petersen NJ, et al. Healthy IDEAS: A depression intervention delivered by community-based case managers serving older adults. *Journal of Applied Gerontology*. 2007;26(2):139-156.
44. Rethorst CD, Wipfli BM, Landers DM. The antidepressive effects of exercise: a meta-analysis of randomized trials. *Sports medicine*. 2009;39(6):491-511.
45. Rollman BL, Belnap BH, LeMenager MS, et al. Telephone-delivered collaborative care for treating post-CABG depression: a randomized controlled trial. *Jama*. 2009;302(19):2095-2103.
46. Rost K, Nutting P, Smith J, Werner J, Duan N. Improving depression outcomes in community primary care practice: a randomized trial of the QuEST intervention. *Journal of general internal medicine*. 2001;16(3):143-149.
47. Ryan D, Maurer S, Lengua L, Duran B, Ornelas IJ. Amigas Latinas Motivando el Alma (ALMA): an Evaluation of a Mindfulness Intervention to Promote Mental Health among Latina Immigrant Mothers. *The Journal of Behavioral Health Services & Research*. 2018/04/01 2018;45(2):280-291. doi:10.1007/s11414-017-9582-7
48. Schneider KL, Pagoto SL, Handschin B, et al. Design and methods for a pilot randomized clinical trial involving exercise and behavioral activation to treat comorbid type 2 diabetes and major depressive disorder. *Mental Health and Physical Activity*. 2011;4(1):13-21.
49. Solness CL, Kroska EB, Holdefer PJ, O'Hara MW. Treating postpartum depression in rural veterans using internet delivered CBT: program evaluation of MomMoodBooster. *Journal of Behavioral Medicine*. 2021/08/01 2021;44(4):454-466. doi:10.1007/s10865-020-00188-5
50. Spruill TM, Friedman D, Diaz L, et al. Telephone-based depression self-management in Hispanic adults with epilepsy: a pilot randomized controlled trial. *Translational behavioral medicine*. 2021;11(7):1451-1460.
51. Stanley MA, Wilson N, Shrestha S, et al. Calmer life: a culturally tailored intervention for anxiety in underserved older adults. *The American Journal of Geriatric Psychiatry*. 2016;24(8):648-658.
52. Stein GL. Building Infrastructure for Community Capacity in Accelerating Integrated Care. Massachussets General Hospital2021.
53. Strong V, Waters R, Hibberd C, et al. Management of depression for people with cancer (SMaRT oncology 1): a randomised trial. *The Lancet*. 2008;372(9632):40-48. doi:10.1016/S0140-6736(08)60991-5
54. Szigethy E, Wallace M, Altmeyer KJ, et al. 2.17 Randomized Trial of Coached Digital Cognitive Behavioral Intervention in a Minority Enriched Sample of Adolescents With Depression. *Journal of the*

American Academy of Child & Adolescent Psychiatry. 2024/10/01/ 2024;63(10, Supplement):S188-S189. doi:https://doi.org/10.1016/j.jaac.2024.08.116
55. Tobin JN, Weiss ES, Cassells A, et al. A Randomized Controlled Trial to Increase Cancer Screening and Reduce Depression Among Low-Income Women. *Journal of Prevention and Health Promotion*. 2022;3(3):271-299. doi:10.1177/26320770221096098
56. Tran JT, Webster J, Burgese T, Bauermeister JA. Sexual and gender minority emerging adults eliciting narratives (SEEN): A feasibility pilot study. *Journal of Gay & Lesbian Mental Health*.1-20. doi:10.1080/19359705.2025.2536489
57. Trinh N-HT, Bedoya CA, Chang TE, Flaherty K, Fava M, Yeung A. A study of a culturally focused psychiatric consultation service for Asian American and Latino American primary care patients with depression. *BMC Psychiatry*. 2011/10/13 2011;11(1):166. doi:10.1186/1471-244X-11-166
58. Uebelacker LA, Marootian BA, Tigue P, Haggarty R, Primack JM, Miller IW. Telephone Depression Care Management for Latino Medicaid Health Plan Members: A Pilot Randomized Controlled Trial. *The Journal of Nervous and Mental Disease*. 2011;199(9):678-683. doi:10.1097/NMD.0b013e318229d100
59. Unützer J, Katon W, Callahan CM, et al. Collaborative Care Management of Late-Life Depression in the Primary Care SettingA Randomized Controlled Trial. *JAMA*. 2002;288(22):2836-2845. doi:10.1001/jama.288.22.2836
60. Walker J, Sharpe M. Depression care for people with cancer: a collaborative care intervention. *General Hospital Psychiatry*. 2009/09/01/ 2009;31(5):436-441. doi:https://doi.org/10.1016/j.genhosppsych.2009.05.010
61. Wells K, Sherbourne C, Schoenbaum M, et al. Five-Year Impact of Quality Improvement for Depression: Results of a Group-Level Randomized Controlled Trial. *Archives of General Psychiatry*. 2004;61(4):378-386. doi:10.1001/archpsyc.61.4.378
62. Wen A, Wolitzky-Taylor K, Gibbons RD, Craske M. A randomized controlled trial on using predictive algorithm to adapt level of psychological care for community college students: STAND triaging and adapting to level of care study protocol. *Trials*. 2023/08/09 2023;24(1):508. doi:10.1186/s13063-023-07441-7
63. Williams DR, González HM, Neighbors H, et al. Prevalence and Distribution of Major Depressive Disorder in African Americans, Caribbean Blacks, and Non-Hispanic Whites: Results From the National Survey of American Life. *Archives of General Psychiatry*. 2007;64(3):305-315. doi:10.1001/archpsyc.64.3.305
64. Wu S, Ell K, Gross-Schulman SG, et al. Technology-facilitated depression care management among predominantly Latino diabetes patients within a public safety net care system: Comparative effectiveness trial design. *Contemporary Clinical Trials*. 2014/03/01/ 2014;37(2):342-354. doi:https://doi.org/10.1016/j.cct.2013.11.002
65. NIH. NIH-Designated Populations with Health Disparities. Updated February 25, 2026. https://www.nimhd.nih.gov/about/nih-designated-populations-health-disparities#remp
66. Sarkhel S, Singh O, Arora M. Clinical practice guidelines for psychoeducation in psychiatric disorders general principles of psychoeducation. *Indian journal of psychiatry*. 2020;62(Suppl 2):S319-S323.
67. Chand SP, Kuckel DP, Huecker MR. Cognitive Behavior Therapy. *StatPearls*. 2024.
68. Cuncic A. An overview of problem-solving therapy. Verywell Mind. https://www.verywellmind.com/an-overview-of-problem-solving-therapy-4767991
69. Leanne Quigley KSD. Behavioral Activation Treatments for Depression. In: Stefan G. Hofmann GJGA, ed. *The Science of Cognitive Behavioral Therapy,*. Academic Press; 2017:291-318.
70. Blanck P, Perleth S, Heidenreich T, et al. Effects of mindfulness exercises as stand-alone intervention on symptoms of anxiety and depression: Systematic review and meta-analysis. *Behav Res Ther*. Mar 2018;102:25-35. doi:10.1016/j.brat.2017.12.002

71. Bernal G, Jiménez-Chafey MI, Domenech Rodríguez MM. Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*. 2009;40(4):361.
72. Heidelburg K, Leverett PM, Berte J, Viriyasatien C, Haslem D, Hutcherson R. Cultural adaptations to evidence-based interventions and practices in psychology. *School Psychology*. 2025;40(2):101.
73. Reist C, Petiwala I, Latimer J, et al. Collaborative mental health care: A narrative review. *Medicine (Baltimore)*. Dec 30 2022;101(52):e32554. doi:10.1097/md.0000000000032554
74. Kordon A, Carroll AJ, Fu E, et al. Multilevel perspectives on the implementation of the collaborative care model for depression and anxiety in primary care. *BMC Psychiatry*. 2024/07/22 2024;24(1):519. doi:10.1186/s12888-024-05930-w
75. Bernal G, Bonilla J, Bellido C. Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology*. 1995/02/01 1995;23(1):67-82. doi:10.1007/BF01447045
76. Ward EC, Brown RL, Sullivan-Wade L, Sainvilmar S. A culturally adapted Depression intervention for african american adults: an efficacy trial. *WMJ: official publication of the State Medical Society of Wisconsin*. 2021;120(4):273.
77. Gitlin LN, Harris LF, McCoy MC, et al. A home-based intervention to reduce depressive symptoms and improve quality of life in older African Americans: A randomized trial. *Annals of internal medicine*. 2013;159(4):243-252.
78. Kanter JW, Santiago-Rivera AL, Santos MM, et al. A randomized hybrid efficacy and effectiveness trial of behavioral activation for Latinos with depression. *Behavior Therapy*. 2015;46(2):177-192.
79. Ornelas IJ, Rao D, Price C, et al. Promoting mental health in Latina immigrant women: Results from the Amigas Latinas Motivando el Alma intervention trial. *Social Science & Medicine*. 2023;321:115776.