

Submission Date: January 27, 2017

Tri Council Policy Statement (TCPS 2) Tutorial Date: October 01, 2015

Most recent review of REB FAQs Date: January 19, 2017

1. RESEARCH TEAM

1.1 Research Title

- The association between mental health literacy (depression), acculturation, and perceived ethnic density in recent Chinese-speaking immigrants in two major Canadian cities.

1.2 Applicant (Student Researcher or Principle Researcher)

Provide the name and contact information for the Researcher. If the Researcher is a student, please refer to yourself as "Student Researcher" throughout the Application and Appendices.

Name: **Pablee Wong**

Phone: -----

Email: -----

Program: **PsyD Program**

1.3 Co-Principal Researcher(s) or Faculty Supervisor (Supervising Researcher)

Name: **Dr. Michael Mandrusiak**

Email: **mmandrusiak@adler.edu**

Affiliation: **Core Faculty member of Adler University Psy.D. Program**

1.4 Research Team Members (Investigators/Second Reader/Committee Members/Consultants)

Name all Research Team Members for the study. If Research Team Members are not affiliated with Adler University, please state their affiliations.

Name: **Dr. Johnson Ma**

Email: **Jma@adler.edu**

Affiliation: **Core Faculty member of Adler University Psy.D. Program**

Name: **Dr. Tomas Jurcik**

Email: **tjurcik@adler.edu**

Affiliation: **Assistant Professor at the School of Psychology of National Research University - Higher School of Economics, Russia.**

1.5 Research Team Experience

APPLICANT:

- Pablee Wong has a Bachelor of Arts degree in Psychology from the University of Victoria and a Master of Counselling degree from Trinity Western University.



- Pablee Wong took undergraduate level course on statistics at University of Victoria. She completed graduate level courses on statistics and psychometrics at Trinity Western University and Adler University. She also took research methods at Adler University.

- Pablee Wong is first generation Chinese Canadian whose first language is Cantonese. She received her secondary education partly in Chinese and partly in English. She received her postsecondary education in English. Pablee Wong is able to use Cantonese, Mandarin, and English socially. Professionally, she is a Registered Clinical Counsellor of B.C., Registered Play Therapist, and a Registered Marriage and Family Therapist, providing counselling services to clients in Cantonese, Mandarin, and English.

RESEARCH TEAM:

Include the Research Team members' training and experience relevant to the research study or population.

- Dr. Michael Mandrusiak is Pablee Wong's Dissertation Supervising Faculty. Dr. Mandrusiak holds a doctorate degree in Psychology (Psy.D.). He is also a core faculty member at Adler University and the Director of Training for Adler's Vancouver Psy.D. Dr. Mandrusiak's research interests include health and professional advocacy; and analysis of online content related to mental health

- Dr. Johnson Ma is Pablee Wong's Second Reader. Dr. Ma holds a PhD in clinical psychology, and he is a core faculty member at Adler University. His research interests include the cultural meanings of suicide, cultural assessment of suicide risk factors and mental health issues among immigrants and visible minority groups. Dr. Ma is fluent in Mandarin and English languages. He currently uses both languages socially and professionally.

- Dr. Tomas Jurcik is Pablee Wong's Third Reader. Dr. Jurcik has a PhD in clinical psychology. He is currently an Assistant Professor at the School of Psychology of National Research University - Higher School of Economics in Russia. His research is primarily in immigrant mental health in areas related to acculturation and community psychology, cultural-clinical psychology, as well as transcultural psychiatry.

1.6 Research Support Members (if applicable)

Chinese Translation Verification Support:

- Dr. Sarina Kot will be verifying the Chinese translation of the documents required for this study. Dr. Kot is a Registered Psychologist working in Vancouver, B.C. both at the B.C. Children Hospital and in private practice. She is Chinese Canadian immigrated from Hong Kong whose first language is Cantonese. She received her secondary education in Chinese and postsecondary education in English. Dr. Kot uses Cantonese, Mandarin, and English socially. Professionally, she also provides counselling services to clients in Cantonese, Mandarin, and English (See Appendix U).

2. SUMMARY OF STUDY AND RECRUITMENT

2.1 A. Overview of Research Study (Maximum 300 words)

Summarize the research proposal using the following headings 1) Purpose, 2) Research Question or Hypothesis, 3) Rationale, 4) Objectives

Purpose

This primary purpose of this study is to evaluate the degree of mental health literacy about depression in recent Chinese-speaking immigrants residing in Metro Vancouver, B.C. and Greater Toronto Area, Ont., Canada. Mental health literacy has been defined as the “knowledge and beliefs about mental health disorders which aid their recognition, management or prevention” (Jorm et al., 1997, p. 182).

The second purpose of this study is to examine the relationship between mental health literacy (MHL), perceived ethnic density (perceived ED) and acculturation. Perceived ED reflects an individual's experience of frequency and intensity of contact with others from the same ethnic background (Stafford, Bécares, & Nazaroo, 2009). Acculturation has two dimensions: mainstream acculturation and heritage acculturation. Mainstream acculturation is the process whereby an individual's values, behaviors and attitudes change to accommodate parts of the mainstream culture. In contrast, heritage acculturation is defined as a relative preference for maintaining one's own cultural background and identity (See Berry, 1997; 1980).

Research Questions

- Q1) What is the current status of mental health literacy in recent Chinese-speaking immigrants?
- Q2) Does heritage or mainstream acculturation influence mental health literacy?
- Q3) Is mental health literacy related to perceived ethnic density?
- Q4) Is acculturation mediating the association between mental health and perceived ethnic density?

Hypothesis*Main Hypotheses:*

H1: (a) Mental health literacy rate for depression is expected to be low in recent Chinese-speaking Immigrants. This means that the majority of recent Chinese-speaking immigrant participants are expected to incorrectly identify depression symptoms and evidence-based treatment options (i.e. Mental health literacy in depression).

Correlational hypotheses:

H1: (a) Mental health literacy is expected to be positively related to mainstream acculturation.
(b) Mental health literacy is expected to be negatively related to heritage acculturation.
(c) Mental health literacy is expected to be negatively associated with perceived ethnic density.

H2: (a) Perceived ethnic density will be positively associated with heritage acculturation
(b) Perceived ethnic density will be negatively associated with mainstream acculturation

Mediation Hypothesis:

Both mental health literacy and perceived ethnic density are hypothesized to be related to acculturation (mainstream or heritage). Therefore, acculturation is hypothesized to be mediating the association between mental health and perceived ethnic density. More specifically:

H1: The negative association between mental health literacy and perceived ethnic density is hypothesized to be mediated by mainstream acculturation.

Rationale



Existing studies have shown that an inability to recognize mental health problems is related to a delay in professional help seeking. Likewise, numerous studies have found that immigrants underutilize mental health services, in part, due to lack of awareness of mental disorders and knowledge about health services. In Canada, research on mental health literacy has usually been included as part of general health research or health literacy research. Furthermore, only a handful of studies have specifically examined depression literacy in Chinese immigrants and the general population in Canada.

Objectives

To obtain information and data on the status of mental health literacy of recent Chinese-speaking immigrants, as well as examine the association between mental health literacy, acculturation, and perceived ethnic density. Information obtained may help identify potential cultural issues related to education and prevention of mental illnesses for the Chinese population.

2.1 B. Summary of Research Procedures (Maximum 500 words)

Describe in a step-by-step manner the research procedures. The description should include the research methodology (e.g., ethnography, action, narrative, survey), rationale for utilizing this methodology, population, sampling method (e.g. convenience, key informant, snowball), group assignment strategies (e.g., random, by education level, geographic location, age), type of research methodology (e.g., ethnography, action, narrative, survey), analytic strategies, dissemination strategies.

Methodologies:

- This study will be a cross-sectional correlational study using a vignette and five surveys to measure mental health literacy, acculturation and perceived ethnic density, and to examine their association. The study will be conducted through online surveys utilizing a non-randomized sample. All information and documents (e.g., Recruitment poster, Informed Consent form, debriefing message, and surveys) will be available in English, Simplified Chinese and Traditional Chinese.

Research Steps:

1. The student researcher will email a list of organizations to obtain permission to post the Recruitment Posters (Appendices A and B). See *Section 2.5 Recruitment* for details.
2. When interested participants visit the survey website, a list of inclusion criteria will be presented to them (Appendix E, Text #1). Participants will be asked to self-identify themselves as meeting the criteria. Participants who confirm they meet the inclusion criteria will see a message to proceed with the study (See Appendix E, Text #2) and be directed to the Informed Consent (Appendix F). The Informed Consent will withhold the true purpose of the research. Participants who do not meet the criteria will be presented with another message (See Appendix E, Text #3).
3. Demographic information will be collected first for description purpose. Questions include age, gender, place of birth, ethnicity, first language, language spoken at home, and number of years lived in Canada (See Appendix G for details). Marital status and occupational attainment will also be included as indicators of health and socioeconomic status.
4. Next, a vignette and the Mental Health Literacy survey will be presented (Appendix H) (Lam, Jorm, & Wong, 2010; Reavely & Jorm, 2011). This survey is used to determine participants' knowledge of depression symptoms and to identify treatment options



5. Next, participants will complete the Perceived Ethnic Density (Perceived ED) survey (Stafford et al., 2009; Jurcik et al., 2015) (Appendix I). This survey is used to estimate the participants' neighborhood ethnic concentration, as well as to examine the association between perceived ED, acculturation and mental health literacy.
6. Participants will also complete an adapted version of the Vancouver Index of Acculturation (VIA) (Ryder, Alden, & Paulhus, 2000) (Appendix J). The VIA is used to measure levels of acculturation in terms of values, social relationships, and adherence to traditions. Results will be used to examine the association between issues of acculturation and status of mental health literacy.
7. Participants will then complete the Center for Epidemiologic Studies Depression Scale Revised (CESD-R) (Appendix K) (Eaton et al., 2004; Radloff, 1977). The CESD-R measures depressive symptoms such as loss of appetite and sleep problems. This survey is included to examine if mental health status might have affected status of mental health literacy.
8. After completing all the surveys, a Debriefing Message is presented (Appendix L) to explain the true purpose of this research and the reason for partial disclosure. Once participants have been fully debriefed, they are given the opportunity to re-consent to the use of their data and understand that they are also free to withdraw their data (See Appendix L). Participants will also be advised that results cannot be retrieved once submitted.
9. An option to receive the study's results once it is completed is provided (See Appendix E, Text #6). Participants will need to provide their email contact to receive the results.
10. Participants will also be given the option to enter a draw to receive one of five \$50 Superstore gift cards (See Appendix E, Text #7). Participants will need to submit their personal contact,.
11. Community resources for mental health services and the crisis line phone numbers in English and Chinese for Metro Vancouver and Greater Toronto Area will be provided at the end of the survey (Appendices M to P).
12. After data has been collected, the Pearson's correlation coefficient will be used to measure the robustness of the relationship between perceived ED and mental health literacy. Further, a simultaneous multiple regression analysis will be used to examine whether acculturation is mediating the association between ethnic density and mental health literacy. Baron and Kenny's (1986) multiple regression analysis will be used to determine whether or not there is a mediating factor.

2.2 References

- Bécares, L., Stafford, M., Laurence, J., & Nazroo, J. (2011). Composition, concentration, and Berry, J. W. (1980). Acculturation as varieties of adaptation. In A. M. PadiUa (Ed.), *Acculturation: Theory, models and some new findings* (pp. 9-25). Boulder, CO: Westview Press.
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- Jurcik, T., Yakobov, E., Solopieiva-Jurcikova, L., Ahmed, R., Sunohara, M. & Ryder, A. G. (2015). Unraveling ethnic density effects, acculturation, and adjustment: The case of Russian-speaking immigrants from the former Soviet Union. *Journal of Community Psychology*, 43, 628 –648.
- Lam, A.Y.K., Jorm, A., & Wong, D.F.K. (2010). Mental health first aid training for the Chinese community in Melbourne, Australia: effects on knowledge about and attitudes toward people with mental illness. *International Journal of Mental Health Systems*, 4(18), DOI: 10.1186/1752-4458-4-18.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the General population. *Applied-Psychological-Measurement*, 1(3), 385-401.
- Reavley, N.J., & Jorm, A.F. (2011). *National Survey of Mental Health Literacy and Stigma*. Department of Health and Ageing, Canberra.
- Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? Ahead-to-head comparison in the prediction of demographics, personality, self- identity, and adjustment. *Journal of Personality and Social Psychology*, 79, 49-65.
- Stafford, M., B´ecares, L., & Nazroo, J. (2009). Objective and perceived ethnic density and health: findings from a UK general population survey. *American Journal of Epidemiology*, 170, 484-493.

2.3 Inclusion Criteria

1. Be at least 19 years old.
2. Be either Mandarin- or Cantonese- speaking.
3. Have immigrated to Canada within the past five years
4. Currently living in Metro Vancouver, B.C., or Greater Toronto Area, Ont., Canada.
5. Were born outside of Canada.
6. Have access to the Internet.

2.4 Exclusion Criteria

1. Participants who are under 19 years old,
2. Participants who identify themselves as ethnically Chinese but were born in Canada.
3. Participants who reside outside of Metro Vancouver, B.C., and Greater Toronto Area, Ont.
4. Participants who are Non Chinese-speaking.

2.5 Recruitment

- Recruitment will be done by this student researcher by emailing various organizations in Metro Vancouver and Greater Toronto Area to obtain permission to post the Recruitment Posters (Appendices A and B) in their facilities and to ask them to email it through their network. The Recruitment Poster will also be posted in online public forums and on-line advertisement websites such as Craigslist and Kijiji (Appendix S) to recruit interested participants. The recruitment poster will include the theme of the study, inclusion criteria, a weblink to this study, researcher contact information, and what the study will involve.

2.6 Access to Records for Recruitment

Are you accessing records to identify potential participants?

- NO

2.7 External Approvals

Outline how you will contact and then obtain external approval from institutions or organizations, including Aboriginal communities or international sites. Although approvals do not need to be included with your Application, the REB has an obligation to conduct ongoing ethical review. You may be asked to produce copies of all external approvals during the period in which you are conducting research.

- The student researcher will send emails to various organizations in Metro Vancouver and Greater Toronto Area for permission to place physical postings of the Recruitment Posters in their facilities and to forward recruitment materials through their networks (See Appendices A and B).

2.8 Number of Participants

How many participants do you anticipate recruiting for your Research?

- **50 to 100**

If part of a larger study, how many participants will be recruited overall?

- **Not applicable**

2.9 Deception:

Is deception being used in this research?

- **Yes – Partial Disclosure**

This study's primary purpose is to find out the ability of recent Chinese-speaking immigrants to identify symptoms of depression and to identify depression as the mental health problem in the vignette. Participants are then subsequently asked to identify the appropriate treatment option for depression (or any other problems they concluded the individual is struggling with). If the true purpose of this study about testing participants' knowledge in depression is disclosed, it is likely that participants are prompted to consider depression as the correct response among all the possible answers. Therefore, partial disclosure is necessary to address this specific research question. Instead of disclosing the true purpose of this study, participants will be told that this study is aimed to find out their knowledge in general mental health issues, and they are not given the specific focus of the study (e.g. to identify depression symptoms and treatment for depression). (Please refer to the Informed Consent Form, Appendix F).

3. FUNDING INFORMATION & CONFLICT OF INTEREST

3.1 Source of Funding

- **None**

3.2 Restrictions on Information Disclosures

- **Not applicable**

3.3 Actual or Perceived Conflict of Interest



- Do any Research Team Members or their immediate family members have past or current affiliation with an agency, institution, community, or individual that will provide funding, collaboration, recruitment sources, data collection sites, participant populations or follow-up assistance for this research? This includes workplaces, volunteer organizations, practicum sites, and community-based groups.

- **NO**

If yes, please explain and indicate how you plan to mitigate actual or perceived conflicts of interest:

1. Do any Research Team Members or their immediate family members receive personal benefits (e.g. salary, overtime hours, consultant fees, or other financial gain) in connection with this research over and above the direct cost of conducting this study?

- **NO**

If yes, please explain and indicate how you plan to mitigate actual or perceived conflicts of interest:

- **Not Applicable**

4. RISK LEVEL and RISK MANAGEMENT

4.1 Determining Level of Risk

- **Minimal**

Rationale:

- This is a research posing minimal risk because the risk of harm is no greater than that encountered in aspects of participants' everyday life. There are no physical risks involved in this research. While participants may need to spend time completing the survey, participation is voluntary, and they are able to stop participating at any time. This study will be sampling from the general population, and is not targeting populations from vulnerable groups.

4.2 Description and Management of Risks

Describe what is known about the risks (harm) of participating in the proposed research and any possible vulnerability that needs to be considered? Indicate how you will address these risks. Include literature related to the risks and the management of risks if relevant. Include any information about discomfort or incapacity that the participants are likely to experience as a result of the research.

Description of Risks

- Participants are being asked to read about a hypothetical vignette, including symptoms of depression and respond to five surveys. These surveys contain questions regarding participants' reactions and attitudes toward a depressed individual, and identify what problems this individual is facing and the most appropriate treatment option according to the problem they identify. Participants may experience discomfort or negative feelings related to depression.
- Due to the element of deception in this study, it is possible that some participants may feel frustrated or being "lied to" once they learned about the real purpose of this study.

Management of risks



- The informed consent form advises participants of the total number of surveys and the nature of this study ahead of time. The informed consent form also explains that if the participant chooses to participate, and begins to experience negative feelings, they may take a break from completing the survey, refuse to answer a question, or withdraw their participation at any time. Participants will be specifically reminded at the end of their participation that they can withdraw their responses before submission. If any distress is experienced because of participating in the study, participants are invited to contact local Mental Health services or call the Crisis Line. A list of community mental health resources and Crisis Line phone numbers in Metro Vancouver and Greater Toronto Area in English and Chinese will be provided to all participants at the end of the surveys (Metro Vancouver – see Appendices M and N. Greater Toronto Area – see Appendices O and P).
- In order to mitigate possible adverse reaction of deception, the Informed Consent indicates that the full purpose of the study is not explained before participation. It also indicates that a detailed explanation of the purpose of this study will be given at the end of participation. The debriefing message will include which elements of the study were deceptive and why it was necessary to deceive the participants. This student researcher will make an effort to use plain language with participants to explain the reason for deception. Further, it is possible that depression can be a personal concern to participants; contact information for mental health services and crisis line information will be provided for participants.

4.3 Anonymity and Confidentiality

If you indicate that you are collecting anonymous or anonymized data online, how you are ensuring the anonymity of participants?

N/A

This study is not considered an anonymous study. Although participants are not asked to provide their names, demographics information and some identifiable data such as postal code are collected.

Are you collecting information or data that can reasonably be expected to identify participants? If so, how will you protect participants' confidentiality both during (collection and use of information) and after (dissemination of results) the research study?

- YES.
- Demographic information is collected for descriptive purposes only. The demographics form consists of minimal identifying details and does not include any direct identifiers (e.g. name, social insurance number, personal health number). Only the participants' age in years and no date of birth will be recorded. A participant number will be assigned to each set of data collected to protect the identity of participants.
- All information will be temporarily stored at the Hosted In Canada Surveys website until the study is completed. The online program Hosted In Canada Surveys securely stores data on a server located in Canada (See Appendix T). Each set of Participant's responses will be assigned a number by the Hosted In Canada Surveys Website. No IP addresses will be collected as Hosted In Canada Surveys website offers the option for this student researcher to opt out of the IP address collection function. The Hosted In Canada Surveys website adheres to the Personal Information Protection and Electronic Documents Act (PIPEDA),



which governs how private sector Canadian organizations collect, use and disclose personal information. Once participants submit their data, it will not be able to be retrieved because there will be no direct link between personal information and their responses. After the study is completed, the data will be downloaded onto and kept confidential in encrypted password protected USB drivers. These USB drivers are stored in a locked storage container at the student researcher's place of residence.

- Results are reported as aggregate data.
- Participants are advised in the Informed Consent that if they choose to contact any of the researchers or if they choose to enter the draw for a chance to receive one of five Superstore gift cards, their names and personal contact will be known to the researchers (See Appendix F). However, it will still not be possible to connect participants' data to their email or identities. Participants' contact information will be kept separately and all information collected will still be kept confidential on the encrypted password protected USB drivers.

How will you ensure that participants cannot be identified or re-identified through demographic data and/or direct quotes and/or participant descriptions (e.g. job description) in any dissemination of your research (including thesis or dissertation)?

- No identifiable information or individual survey data will be reported in any publication.
- Participants are not required to provide their residential addresses, phone numbers, or contact information unless they wish to enter the draw for a chance to receive one of five Superstore gift cards. Their contact information will be separate from their survey responses and kept confidential.

What, if any, limits to confidentiality are considerations in your research, what is your rationale for including them, and how will they be communicated to participants?

- If participants identify themselves to any of the researchers by email or phone, submit their contact information for the results of this study, or enter their personal information for the draw, they will be advised that the researchers will become aware of their identities. However their responses still cannot be connected to their identities. They will also be advised that their contact information will be kept confidential separately.

4.4 Benefits

The benefits to participation include:

- Participants' participation in this study may benefit the field of psychology by promoting mental health knowledge from a culturally sensitive perspective.
- Future research arising from this study may benefit mental health literacy education, prevention and intervention in their effort to advance misunderstanding of mental health from a Chinese perspective.
- Participants may experience a certain degree of increased insight and self-awareness towards mental health issues as a result of answering the surveys. They will be directed to websites promote awareness of depression and other mental health related issues.

4.5 Peer Review

- Not applicable

5. PARTICIPANT INFORMATION AND CONSENT PROCESS

5.1 Sites for Study

- Information and data will be collected through online surveys. This student researcher will not have any control of the kind of environment the participants are in while completing the surveys.

5.2 Time Requested of Participants

How much time will each participant be asked to dedicate to the research study?

- The total time for completing the surveys will be approximately 50 minutes, depending on the pace of individuals.

5.3 Reimbursements and Incentives for Participation

- Participants can choose to enter a draw for a chance to receive one of five \$50 Superstore gift cards when the data collection is closed. Gift cards will be mailed to the recipients.

5.4 Assessment of Capacity

A. Initial assessment of capacity for the purposes of informed consent

Will every participant have the capacity to give fully informed consent on his/her own behalf?

- Yes

Rationale: All participants will be age 19 or older, and will be required to read the Informed Consent form and Click “UNDERSTAND” and “AGREE” before proceeding with their online participation.

B. Ongoing assessment of capacity

How will capacity be assessed throughout the research if the participants’ involvement goes beyond a single interview or completion of a questionnaire?

- There will be no ongoing assessment. Participants’ will only be required to have a one-time involvement for approximately 50 minutes completing the online survey.

5.5 Explanation of Consent Forms to Potential Participants

How will the Informed Consent Form be reviewed?

- The Informed Consent Form will be presented and reviewed online individually by the participants. The forms will be available in Simplified Chinese, Traditional Chinese, and English.

How much time will the participants have to review the Informed Consent Form?

- The participants review the Informed Consent Form online individually, and can take as much time as they would like to review the Informed Consent Form.

5.6 Explanation of Assent Forms to Potential Participants



Will you be using Assent Forms in your research?

- **NO**

If yes, explain your process for presenting and completing the Assent Form, including who will be involved in each step: general process for assent:

5.7 Assistance with Consent

- **Not applicable**

5.8 Translation

Will any of your recruitment, consent or other documents be available in a language other than English?

- **YES**
- The recruitment material, informed consent form and survey will be in simplified and traditional Chinese writing formats.

Will interactions with participants be taking place in any language other than English?

- **YES**
- Interaction takes place when participants choose to contact this student researcher should they have any questions. Furthermore, this student researcher will have to contact the five participants who receive the \$50 Superstore gift Card. Interaction will be in either Mandarin, Cantonese, or English language.
- Furthermore, participants will be completing the online surveys in either English, Simplified or Traditional Chinese formats.

If Yes to either or both questions, provide information regarding the translation process.

- Cantonese and Mandarin are the primary languages spoken in the Chinese immigrant population; therefore, these two dominant Chinese spoken languages are used to identify prospective participants. Although spoken Chinese is different between Mandarin and Cantonese, the written format has the same grammatical structure and can be understood by Chinese-speaking individuals from different countries. Written Chinese can be presented in either simplified or traditional characters version, which will both be available to participants in this study. Regardless of their spoken languages, some participants may only be able to read Traditional Chinese when some others can only read Simplified Chinese. Both simplified and traditional writing formats will be made available to participants.
- All surveys and documents used in this study will be translated into Chinese by the student researcher after this application and the Appendices in English have been approved by the REB. The translations will be verified by Dr. Kot, a Registered Psychologist currently practicing in Metro Vancouver, who is bilingual in Chinese and English. After Dr. Kot has verified the translation, she will email the REB a verification letter indicating that the English materials have been accurately translated and are culturally appropriate. The Chinese translations of all Appendices will then be submitted to the REB by this student researcher.

5.9 Withdrawal of Data

How will participants be informed of their right to request their data be withdrawn from the study and how will you remove the data?



- Participant can choose not to answer any questions in this research. Participants can also choose to withdraw from the research and not complete the online surveys anytime. At the end of the survey, participants will be asked if they choose to submit their results. Participants may withdraw from the research at any time for any reason prior to submission of their results. However, since the results cannot be linked to participants, results cannot be withdrawn once they are submitted.

5.10 Summary of Results to Participants

How will you provide a summary of results to participants – including strategies for maintaining anonymity if that has been included in informed consent process?

- Participants will have the option to be contacted about the results of this study once it is completed. They will be invited to leave their email address if they wish to receive a copy of the analyzed results and discussion. If they choose to leave their email address, it will be stored separately from their survey responses in order to de-identify the data for storage.

6. SECURITY OF INFORMATION AND DATA

6.1 Access to Information or Data by Persons within Adler University – Vancouver Campus

During data collection and analysis, who will have access to information collected or data related to your research study?

- The student researcher, her Supervising Faculty (Dr. Michael Mandrusiak), her Second Reader (Dr. Johnson Ma), and her Third Reader (Dr. Tomas Jurcik) will be the only persons with access to the data.

How will all of those who have access to that information or data be made aware of their responsibilities to protect confidentiality?

- The responsibility to protect data confidentiality has been discussed and will continue to be discussed between the student researcher, her Supervising Faculty, her Second Reader, and her Third Reader.

Please describe in detail what information or data will be transferred among researchers (including research team and transcription services etc.) during data collection and analysis?

- Participants' demographic data, results from all surveys (Mental Health Literacy Survey, Perceived ED, VIA, and CESD-R), and statistical analyses (e.g., SPSS outputs) will be transferred among the student researcher, her Supervising Faculty, her Second Reader and Third Reader using encrypted USB drivers.

How will you maintain confidentiality concerning participants' identities and how will you communicate this to participants?

- Participants will be made aware of what information or data will be available, how it will be transferred and stored, and how their identities will be protected in the Informed Consent Form (Appendix F).
- Participants are not required to directly identify themselves in this study by submitting their names, telephone numbers, email addresses, or addresses. However, should any participants



choose to enter the draw for a chance to receive one of the five \$50 Superstore gift card or to receive the results of this study, they will need to submit their contact information. All personal contact information is kept confidential and will be kept separate from their survey data. Results will also only be reported in aggregate.

6.2 Access to Information or Data by Persons Outside of Adler University – Vancouver Campus

Will any information collected during or raw data relating to your research study be available to persons or agencies outside of Adler University-Vancouver Campus?

- YES

If yes, describe in detail what information or data will be available, how it will be transferred and stored, how participants' identities will be protected, and how you are communicating this to participants.

- This student researcher has a Third Reader, who is not a core Faculty member of Adler University. The Third Reader may need to access the data collected by this student researcher in order to support and verify the interpretation of the results. Dr. Jurcik will periodically be in the Vancouver area and an encrypted USB drive can be passed on to him personally. As the data do not contain any personalized information, password-protected files may also be exchanged via email.

6.3 Post- Study Storage and Security of Data

During your research, how will data be secured (original and back-ups)? Please include information on storage and deletion of participant's contact information, where applicable, as well as data collected during research.

- During the research study, electronic data and back-up electronic data (including demographic data, Mental Health Literacy Survey, Perceived ED, VIA, and CESD-R) will be stored in computerized and password-protected files on an encrypted USB drive (#1). Copies of these files will be backed-up on a second encrypted USB drive (#2).
- These USB drives will be stored in a locked storage container at the student researcher's place of residence at all times unless they are being used by the student researcher. No research material will be saved directly to a computer or portable laptop.

After research (collection, use, and dissemination) has been completed, how will different forms of data (original and back-ups) be stored and how will you maintain storage security for 5 years? If data will be kept on the Web, what precautions have been taken to keep it secure?

- For five years after the research study has been completed, electronic data will be stored in computerized files on encrypted USB drives, which will be stored and locked in a storage container at the student researcher's place of residence.
- After the data has been stored for five years, all electronic files will be permanently erased from the encrypted USB drives by the student researcher.

6.4 Future Use of Data

- The student researcher, and her First, Second, and Third Readers may publish the results of this study in an academic journal, and this is included in the Informed Consent Form



(Appendix F). Participants' personal information will remain confidential in any future publication or presentation of this study.

7. APPLICATION SUBMISSION

7.1 Process for Submitting REB Application

Documents Included:

- 1) REB Submission Form signed by the Student Researcher and Dissertation Supervising Faculty.
- 2) TCPS 2 Tutorial Certificate.
- 3) Application as a single MS Word document with all Appendices.

7.2 Appendices

Appendices must be included for all verbal or written communication with external institutions or agencies (including collaborators), key informants or other recruitment sources, potential participants and participants. They must be included in the chronological order they will be used during your research. The labelling (Appendix A; Appendix B; and so on) must match the labelling in your Application.

Insert all Appendices below in the chronological order they will be used during your research:

Appendix A: Email Request To Agency For Recruiting Participants
 Appendix B: Recruitment Poster
 Appendix C: Members of Metro Vancouver
 Appendix D: Members of Greater Toronto Area (GTA)
 Appendix E: Written Text For Interested Participants
 Appendix F: Informed Consent Form
 Appendix G: Demographics Questionnaire
 Appendix H: Depression Vignettes And Literacy Screening Questionnaire
 Appendix I: Perceived Ethnic Density Questionnaire
 Appendix J: Vancouver Index Of Acculturation
 Appendix K: Center For Epidemiologic Studies Depression Scale – Revised
 Appendix L: Debriefing Message
 Appendix M: Metro Vancouver Crisis Helpline Resources
 Appendix N: Metro Vancouver Mental Health Resources



Appendix O: Greater Toronto Area Crisis Line Resources

Appendix P: Greater Toronto Area Mental Health Services Resources

Appendix Q: Metro Vancouver Organizations Contact Information

Appendix R: Greater Toronto Area Organizations Contact Information

Appendix S: Online Advertisement

Appendix T: Website Research Platform Information

Appendix U: Chinese Translation Verification Assistant Information

APPENDIX A
EMAIL REQUEST TO AGENCY FOR RECRUITING PARTICIPANTS

Dear [AGENCY NAME]:

My name is Pablee Wong and I am doctoral student in Clinical Psychology program at Adler University. As part of the requirements for my doctoral degree, I am conducting a research on mental health literacy of recent Chinese-speaking immigrants under the supervision of Dr. Mandrusiak. I will need to recruit recent immigrants who are Chinese-speaking (Mandarin or Cantonese) living in Metro Vancouver or Greater Toronto area. I would like to ask your help in advertising the study. Please feel free to forward this email and the attached recruitment poster to other agencies or colleagues in the communities.

For your reference, I have attached a recruitment poster, and the list of all cities in both Metro Vancouver and Greater Toronto area.

Individuals are **eligible to participate if they meet the following requirements:**

1. Be at least 19 years old.
2. Be either Mandarin- or Cantonese- speaking.
3. Have immigrated to Canada within the past five years
4. Currently living in Metro Vancouver, B.C., or Greater Toronto Area, O.N., Canada.
5. Were born outside of Canada.
6. Have access to the Internet.

Please feel free to contact me with questions, using the contact information provided below.
Thank you for your time and consideration.

Sincerely,
Pablee Wong

Student Researcher: Pablee Wong
E-mail: -----

Research Advisor: Dr. Michael Mandrusiak
Program: Doctorate of Clinical Psychology
Phone: 604-874-4643
E-mail: mmandrusiak@adler.edu

APPENDIX B –
RECRUITMENT POSTER

Adler University

Doctor of Psychology in Clinical Psychology Program

PARTICIPANTS NEEDED FOR RESEARCH

We are looking for volunteers to take part in a mental health knowledge study.
We want to find out more about recent Chinese-speaking immigrants' knowledge of mental health.

As a participant in this study, you would be asked to:

- *Complete 5 Online Surveys*
- *Have Internet access*

In order to participate, you must meet the following requirements:

- *Be 19 years of age or older.*
- *Be either Mandarin or Cantonese speaking.*
- *Immigrated to Canada within the past 5 years.*
- *Currently living in either Metro Vancouver or Greater Toronto Area*
 - *Were born outside of Canada.*

Your Participation Would Involve Approximately 50 Minutes Of Your Time.

Your Participation In This Study Will Remain Confidential.

Every Effort Will Be Taken To Ensure Your Privacy.

None Of The Demographic Information Collected Will Be Used To Identify Individual Participants. Your Privacy Will Be Protected In Any Scientific Publication Or Presentation Resulting From This Study.

You can also choose to enter a chance to receive 1 of 5 \$50 gift cards.

Visit the following link for more information about this study:

[http:// XXXXXXXXXXXXXXXX](http://XXXXXXXXXXXXX) (In English)

[http:// XXXXXXXXXXXXXXXX](http://XXXXXXXXXXXXX) (In Simplified Chinese)

[http:// XXXXXXXXXXXXXXXX](http://XXXXXXXXXXXXX) (In Traditional Chinese)

Or Contact Pablee Wong

**This study has been reviewed by, and received ethics clearance
through the Adler University Research Ethics Board.**

APPENDIX C
MEMBERS OF METRO VANCOUVER
Retrieved From Metro Vancouver Website

<http://www.metrovancouver.org/about/municipalities/Pages/default.aspx> (Oct 02, 2016)

Municipality
Village of Anmore
Village of Belcarra
Bowen Island Municipality
City of Burnaby
City of Coquitlam
Corporation of Delta
Electoral Area A
City of Langley
Township of Langley
Village of Lions Bay
City of Maple Ridge
City of New Westminster
City of North Vancouver
District of North Vancouver
City of Pitt Meadows
City of Port Coquitlam
City of Port Moody
City of Richmond
City of Surrey
Tsawwassen First Nation
City of Vancouver
District of West Vancouver
City of White Rock
City of Abbotsford

APPENDIX D**MEMBERS OF GREATER TORONTO AREA (GTA)****Retrieved From City Of Toronto Website****<http://www.toronto.ca/311/knowledgebase/11/101000038311.html>**

Town of Ajax
Town of Aurora
City of Brampton
Township of Brock
City of Burlington
Town of Caledon
Municipality of Clarington
Durham Region
Town of East Gwillimbury
Town of Georgina
Halton Region
Town of Halton Hills
Township of King
City of Markham
City of Mississauga
Town of Milton
Town of Newmarket
Town of Oakville
City of Oshawa
Peel Region
City of Pickering
Town of Richmond Hill
Township of Scugog
City of Toronto
Township of Uxbridge
York Region
City of Vaughan
Town of Whitchurch-Stouffville
Town of Whitby

APPENDIX E
WRITTEN TEXT FOR PARTICIPANTS

(* This information will appear in either English, Simplified Chinese, or Traditional Chinese based on participants' choice)

#1. Inclusion Criteria Written Text for Interested Participants:

(*This text will appear when participants visit the Survey Website; either in English, Simplified Chinese, or Traditional Chinese depends on their choice. Different links leading to different language options are provided in the recruitment poster.)

In order to participate, you must meet the following requirements:

1. Be at least 19 years old.
2. Be either Mandarin- or Cantonese- speaking.
3. Have immigrated to Canada within the past five years
4. Currently living in Metro Vancouver, B.C., or Greater Toronto Area, O.N., Canada.

** Please refer to the lists below or click this link for cities of Metro Vancouver and Greater Toronto Area.*

5. Were born outside of Canada.
6. Have access to the Internet .

Municipalities of Metro Vancouver:

(*Names for all municipalities of Metro Vancouver will not be translated into Chinese.)

- Village of Anmore
- Village of Belcarra
- Bowen Island Municipality
- City of Burnaby
- City of Coquitlam
- Corporation of Delta
- Electoral Area A
- City of Langley
- Township of Langley
- Village of Lions Bay
- City of Maple Ridge
- City of New Westminster
- City of North Vancouver
- District of North Vancouver
- City of Pitt Meadows
- City of Port Coquitlam
- City of Port Moody
- City of Richmond
- City of Surrey
- Tsawwassen First Nation
- City of Vancouver
- District of West Vancouver
- City of White Rock



- City of Abbotsford

Cities of Greater Toronto Area:

(*Names for all cities of Greater Toronto Area will not be translated into Chinese.)

- Town of Ajax
- Town of Aurora
- City of Brampton
- Township of Brock
- City of Burlington
- Town of Caledon
- Municipality of Clarington
- Durham Region
- Town of East Gwillimbury
- Town of Georgina
- Halton Region
- Town of Halton Hills
- Township of King
- City of Markham
- City of Mississauga
- Town of Milton
- Town of Newmarket
- Town of Oakville
- City of Oshawa
- Peel Region
- City of Pickering
- Town of Richmond Hill
- Township of Scugog
- City of Toronto
- Township of Uxbridge
- York Region
- City of Vaughan
- Town of Whitchurch-Stouffville
- Town of Whitby

Question: Do you meet ALL of the above criteria?

Yes or No

If Yes, participants will be presented Text #2.

If No, participants will be presented Text #3.

#2. Text For The Participants Who Meet The Inclusion Criteria:

(*This text will appear after the participants self-identified that they meet the inclusion criteria.)

Thank you for taking the time to respond to this research study. By your responses, it is evident



that you meet the study requirements. We would be pleased to include you in this study.

You can choose to complete the questionnaires in English, Simplified Chinese or Traditional Chinese. The total time that requires completing this study is approximately 50 minutes, depending on your own pace. It is suggested for you to find a private and quiet environment that is free of distraction to complete these questionnaires.

Your participation is confidential. If you are still interested in participating in this study, please proceed to read the Informed Consent, which outlines all the necessary information you need to understand before making a decision about whether or not you would like to participate. If you have any questions or concerns, please do not hesitate to contact me at -----.

#3. Text For The Participants Who Do Not Meet The Inclusion Criteria:

(*This text will appear after participants indicated they do not meet the inclusion criteria)

Thank you for taking the time to respond to this research study. To participate in this research study there are specific criteria that must be met. Unfortunately, you do not meet all of the criteria that are required for this research. I truly appreciate your time and interest in this research study.

Thank you,
- Pablee Wong

#4. Text For Participants After They Have Read The Informed Consent And Decided To Participate In The Study:

(*This text will appear after participants have read the Informed Consent and agreed to participate in this study. This text will appear before the participants begin completing the surveys in this study.)

You may begin completing the questionnaires. It is recommended that you find a private and quiet environment that is free of distraction to complete these questionnaires.

Thank you.

#5. Text For The Participants Who Decided To Withdraw From The Study:

(*This text appears whenever participants choose to withdraw from this study)

Thank you for your time to respond to this research study. If you have any other questions, please do not hesitate to contact me at -----.

#6. Text For The Participants On Their Decision To Receive The Results Of This Study:

(*This text will appear in one of the two situations:

- 1. After participants decided to withdraw from the study and after Text #5. Or,**
- 2. This text will also appear when participants have completed the study and after they read the debriefing message. This text will appear before text #7.)**

Question: Would you like to be notified about the results of this study?

Yes or No



If Yes:

Thank you for responding to this research study. We will contact you once this study is completed. Please be reminded that by leaving us your name or contact information, we will become aware of your identities. However, your contact information will be kept separate from your responses. All information is kept confidential. If you have any other questions or interests in this study please do not hesitate to contact me at -----.

Name:

Phone:

Email:

If No:

Thank you for your time to respond to this research study. If you have any other questions or interests in this study please do not hesitate to contact me at -----.

#7. Text For The Participants Regarding Their Decision To Enter The Draw:

(*This text will appear in one of the two situations:

- 1. After text #6, to inquire if participants would like to participate in the draw. Or,**
- 2. This text will also appear to those participants who have completed the study, and after they read the debriefing message and after Text #6.)**

Question: Would you like to have a chance to receive one of five \$50 Superstore gift cards?
Yes or No

If Yes:

Thank you for responding to this research study. You can choose to enter a chance to receive one of five \$50 Superstore gift cards. Please provide us your name and contact information (Phone and Email). We will contact you to notify you if you are to receive the gift card. We will verify your mailing address when contacting you. Your responses will be kept separately from your contact information and will be confidential. If you have any other questions or interests in this study please do not hesitate to contact me at -----.

Name:

Phone:

Email:

If No:

Thank you for your time to respond to this research study. If you have any other questions or interests in this study please do not hesitate to contact me at -----.

APPENDIX F**INFORMED CONSENT FORM****Recent Chinese-speaking Immigrants and their Knowledge in Mental Health****The Researchers**

My name is Pablee Wong and I am doing this research as part of my Doctoral Degree in the Clinical Psychology Program at Adler University in Vancouver, B.C.

If you have any questions about the research, you can contact me or my advisor at the Adler University. Our contact information is below:

Student Researcher: Pablee Wong

E-mail: -----

Research Advisor: Dr. Michael Mandrusiak

Program: Doctorate of Clinical Psychology

Phone: 604-874-4643

E-mail: mmandrusiak@adler.edu

The research has been approved by the Adler University Research Ethics Board (REB) in Vancouver, B.C., Canada.

This Research**Purpose of the study**

The study will be looking at recent Chinese-speaking immigrants' knowledge in mental health. Some research requires that the full purpose of the study not be explained before you participate. We will give you a detailed explanation of the purpose of this study at the end of your participation.

We are asking you to participate because:

- You are 19 years of age or older.
- You are either Mandarin or Cantonese speaking.
- You immigrated to Canada within the past 5 years.
- You are currently living in Metro Vancouver, B.C. or Greater Toronto Area, Ont., Canada.
- You were born outside of Canada.
- You have access to the Internet.

To participate in this research, we are asking you to do the following:

1. **Complete five online surveys** (available in Simplified Chinese, Traditional Chinese, and English language). We will ask you to read a brief description of an individual and then to complete five surveys. These surveys ask questions about your background information, knowledge on mental health, cultural attitudes, ethnic geographic information, and your mental health status.

2. **You will be asked questions about yourself.** For example, there will be questions asking about your age, your gender, your occupation, your education level, your postal code, and the number of years you lived in Canada.
3. Participation in this study will take about 50 minutes.
4. There is no compensation or reward but you can choose to enter the draw to receive one of five \$50 gift cards. Participation in the draw is not depending on participation in this study. If you withdraw from the study, you can still choose to enter the draw. To enter the draw, you will need to give us your name and personal contact information. However, your contact information will be kept separately and all information collected will still be kept confidential.

The Study is Voluntary

You can decide if you want to take part in this study. There will be no problem if you say “no.” You may decide not to answer any questions about yourself, such as your background information. You may also withdraw from this study at any time for any reason before submitting your results. Results cannot be withdrawn after they are submitted because there is no way we can link your identity to your responses.

Confidentiality and Protecting Personal Information: Anonymity, and Data Storage

Your participation and all the information you give us will be confidential. We will do our best to protect your privacy. You are not required to give us your name, your telephone number, your email address, or your address. Only my research supervisor, my second reader (Dr. Ma), third reader (Dr. Jurcik), and I will know your answers. The results of the study will be presented as group data, and you will not be identified. However, if choose to enter the draw for a chance to receive one of the five \$50 Superstore gift cards, you will need to give us your name and contact information.

This study uses an online program called Hosted In Canada Surveys. The information collected through the surveys will be stored in this website until the study is completed. The Hosted In Canada Surveys website is an online server located in Canada, and your IP addresses will not be collected. The researchers are not responsible for protecting any identifying information collected by Hosted In Canada Surveys. If you have questions or concerns about how Hosted In Canada Surveys protects information, please contact Hosted In Canada Surveys directly. You can also review their privacy policy at <https://www.hostedincanadasurveys.ca/privacy>. If you continue to have concerns, please feel free to not participate in this study.

After we completed the data collection, data will be downloaded from Hosted In Canada Surveys website to an encrypted password protected USB driver. All information will then be deleted from their website. All the information you give us will be stored and kept on encrypted password protected USB drivers in a locked cabinet for five years, after which they will be destroyed.



If you choose to email or contact any of the researchers, the researchers will know your names. However, there will still be no way to link your name to your responses, or to identify your response from other people's responses. Your contact information will be kept separately and confidential.

The Results of the Research

The results of this research will be published as part of my dissertation. I may also write or speak about this research study. If you want a summary of the results you can indicate your request at the end of the survey.

Risks and Benefits

You may feel that you have helped to promote mental health knowledge from a Chinese viewpoint. You may experience increased awareness towards mental health issues. You can also choose to enter for a chance to receive one of five \$50 gift cards. You will need to submit your contact information such as email address, telephone number, and name for the draw. Entry to the draw is voluntary.

This study has minimal risk to participants. Some participants may experience negative feelings or discomfort because the questions may or may not include information about mental health problems.

If you experience negative feelings, or discomfort about the questions asked, you can:

1. Withdraw from the research at any time
2. Decide not to answer a particular question
3. Take a short break from answering questions - In order to take a short break, you must leave your browser open. You cannot log in and out of the survey once you have begun it.

If you have any concerns about your treatment as a participant, you may contact the Chair of the Research Ethics Board. Her contact information is below:

REB Chair:	Debbie Clelland PhD
Phone:	604- 699-3570
E-mail:	dclelland@adler.edu

Consent for this Research:

- I understand my participation is voluntary.
- I know I can refuse to answer any question.
- I know I can withdraw from the research at any time.
- I know that the information I give will be kept confidential.
- My name will NOT be used and any information that will identify me will be removed.
- I know I can ask that all my information be removed on the final page where it asks me if I would like to remove my data.
- **I know that I have not given up any legal rights concerning this research even though I have signed this form.**
- **I am giving my consent to participate in this study.**



I have read this consent form. By clicking “I Agree” below, this indicates my consent to participate in this study.

I AGREE

I DO NOT AGREE

(If the participant clicks “I AGREE” – they will be directed to Appendix E Text #4 and then to the demographic questionnaire page.)

(If the participant clicks “I DO NOT AGREE” – they will see the following message “ Thank you for your interest in finding out about this study.”)



APPENDIX G DEMOGRAPHICS QUESTIONNAIRE

*** Demographic information is collected for description purpose. Incomplete information may lead to the rest of their data will not be included.**

1. What is your age?

Responses:

- 19 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- Above 70

2. What is your gender?

3. What is your marital status?

4. Where were you born?

5. What is your ethnicity?

6. What is your first language (or mother tongue)?

7. What language do you speak most on a daily basis?

Responses:

- Cantonese
- Mandarin
- Other: _____

8. How would you rate your English skills?

	5 Very Well	4 Well	3 Alright	2 Poorly	1 Very poorly
Speaking					
Reading					
Writing					

9. For how many years have you been living in Canada?

Responses:

- 0 month to 6 months
- 7 months to less than a year
- 1 to 2 years
- 2 to 3 years
- 3 to 4 years
- 4 to 5 years
- More than 5 years



10. Did you go to school in your home country?

- If yes, How many years?

11. Did you go to school in Canada?

- If Yes, how many years?

12. What is the highest level of education you have completed?

Responses:

- Elementary School
- High School (or Secondary School)
- Trade or Certificate
- College or Diploma
- University
- Post-Graduate

13. Did you ever work prior to immigration to Canada?

Responses:

- If Yes, what was your occupation in your country of origin?
- No

14. Are you currently working?

Responses:

- If Yes, what is your current occupation in Canada?
- No

15. Have you ever been diagnosed with any mental health disorder? (e.g. Depression or Anxiety)

Responses:

- Yes → If Yes, what is/was the diagnosis?
- No

16. Have you ever received treatment for any mental health disorder? (e.g. Depression or Anxiety)

Responses:

- If yes, what kind of treatment did you receive?
- No



APPENDIX H

DEPRESSION VIGNETTES AND LITERACY SCREENING QUESTIONNAIRE

FEMALE

Jenny¹ is 30 years old. She has been feeling unusually sad and miserable for the last few weeks. Even though she is tired all the time, she has trouble sleeping nearly every night. Jenny doesn't feel like eating and has lost weight. She can't keep her mind on her work and puts off making decisions. Even day-to-day tasks seem too much for her. This has come to the attention of her boss, who is concerned about Jenny's lowered productivity.

MALE

John² is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. John doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making decisions. Even day-to-day tasks seem too much for him. This has come to the attention of his boss, who is concerned about John's lowered productivity.

Mental Health Literacy Questions

Q 1. What, if anything, would you say is wrong with (John/Jenny)? (MULTIPLE RESPONSES ACCEPTED)

1. Depression
2. Nervous breakdown
3. Schizophrenia / paranoid schizophrenia
4. Mental illness
5. Psychological / mental / emotional problems
6. Stress
7. Has a problem
8. Cancer
9. Nothing
10. Other (Specify)
11. Don't know
12. (Refused)

Q 2. How do you think (John/Jenny) could *best* be helped? (SINGLE RESPONSE)

1. Talk over with friends/family
2. See a doctor (GP)
3. See a psychiatrist
4. See a psychologist
5. Take medication
6. Changing Fungshui
7. Qigong
8. See a counsellor or have counselling
9. (John/Jenny) must first recognise the problem

¹ The name Jenny will be changed to a common Chinese female name in the Chinese translation.

² The name John will be changed to a common Chinese male name in the Chinese translation.



10. Other (Specify)
11. Don't know
12. (Refused)

Q 3. Imagine (John/Jenny) is someone you have known for a long time and care about. You want to help (him/her). What would you do?

1. Response (please specify) _____
2. Don't know

Q 4. There are a number of different people, some professional, some not, who could possibly help (John/Jenny).

For each of the following, are the people likely to be helpful, harmful, or neither for (John/Jenny)?

RESPONSE FRAME

1. Helpful
2. Harmful
3. Neither
4. Don't know

STATEMENTS

- a) Family doctor or GP
- b) A Doctor at a walk-in clinic
- c) A Pharmacist
- d) A counsellor
- e) A social worker
- f) A telephone counselling service, such as Crisis Line
- g) A psychiatrist
- h) A psychologist
- i) Help from <his/her> close family
- j) Help from close friends
- k) A naturopath or a herbalist
- l) A traditional herablist (e.g Chinese Herbalist)
- m) The clergy, a minister, a priest, a monk, a buddhist/hindu monk, or any type of religious minister
- n) Deal with <his/her> problems on <his/her> own

Q 5. There are different kinds of help and treatment which could be offered by some of the people just mentioned.

Do you think the following different MEDICINES are likely to be helpful, harmful or neither to (John/Jenny)?

RESPONSE FRAME

1. Helpful
2. Harmful
3. Neither



4. Don't know

STATEMENTS

- a) Vitamins and minerals, tonics or herbal medicines?
- b) Pain relievers, such as aspirin, codeine or panadol?
- c) Anti-depressants?
- d) Antibiotics?
- e) Sleeping pills?
- f) Anti-psychotics?
- g) Tranquillisers such as valium?
- h) Chinese herbal medicine / herbal tea

Q 6. Do you think the following TREATMENTS are likely to be helpful, harmful or neither for (John/Jenny)?

RESPONSE FRAME

- 1. Helpful
- 2. Harmful
- 3. Neither
- 4. Don't know

STATEMENTS

- a) Becoming more active physically, such as playing more sport, or doing a lot more walking or gardening?
- b) Reasearing online about people with similar problems and how they have dealt with them?
- c) Getting out and about more?
- d) Attending courses on relaxation, stress management, meditation or yoga?
- e) Cutting out alcohol altogether?
- f) Psychotherapy?
- g) Cognitive Behaviour Therapy?
- h) Hypnosis?
- i) Being admitted to a psychiatric ward of a hospital?
- j) Undergoing electro-convulsive therapy (ECT)?
- k) Having an occasional alcoholic drink to relax?
- l) Going on a special diet or avoiding certain foods?
- m) Changing Feng Shui
- n) Qigong

Q 7. Do you think the following would be helpful, harmful or neither for (John/Jenny)?

RESPONSE FRAME

- 1. Helpful
- 2. Harmful
- 3. Depends
- 4. Don't know
- 5. Neither
- 6. Refused

STATEMENTS

- a) Consulting a web site that gives information about <his/her> problem
- b) Consulting an expert using email or the web about <his/her> problem



- c) Consulting a book that gives information about <his/her> health problem
- d) Receiving information about <his/her> problem from a health educator

The next few questions ask what you think are (John/Jenny)'s chances of recovery....

Q 8. What would be the likely result if (John/Jenny) had the sort of professional help you think is most appropriate?

- 1. Full recovery with no further problems
- 2. Full recovery, but problems would probably re-occur
- 3. Partial recovery
- 4. Partial recovery, but problems would probably re-occur
- 5. No improvement
- 6. Get worse
- 7. Don't know

Q 9. What would be the likely result if (John/Jenny) did NOT have any professional help?

- 1. Full recovery with no further problems
- 2. Full recovery, but problems would probably re-occur
- 3. Partial recovery
- 4. Partial recovery, but problems would probably re-occur
- 5. No improvement
- 6. Get worse
- 7. Don't know

Suppose that (John/Jenny) had the sort of help that you think is most appropriate for (his / her) problems....

Q 10. For each of the following, how do you think (he/she) would be IN THE LONG TERM, compared to other people in the community?

RESPONSE FRAME

- 1. More likely
- 2. Just as likely
- 3. Less likely
- 4. Don't know

STATEMENTS

- a) Be violent?
- b) Drink too much alcohol?
- c) Take illegal drugs?
- d) Have poor friendships?
- e) Attempt suicide?
- f) Be understanding of other people's feelings?
- g) Have a good marriage?
- h) Be a caring parent?
- i) Be a productive worker?
- j) Be creative or artistic?
- k) Be unemployed
- l) Be a loser



Q 11. Do you think that (John/Jenny) would be discriminated against by others in the community, if they knew about the problems (he/she) has had?

1. Yes
2. No
3. Don't know

Q 12. The next few questions contain statements about (John/Jenny)'s problem. Please indicate how strongly YOU PERSONALLY agree or disagree with each statement.

RESPONSE FRAME

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. (Don't know)

STATEMENTS

- a) People with a problem like (John/Jenny)'s could snap out of it if they wanted
- b) A problem like (John/Jenny)'s is a sign of personal weakness.
- c) (John/Jenny)'s problem is not a real medical illness.
- d) People with a problem like (John/Jenny)'s are dangerous to others.
- e) It is best to avoid people with a problem like (John/Jenny)'s so that you don't develop this problem.
- f) People with a problem like (John/Jenny)'s are unpredictable.
- g) If I had a problem like (John/Jenny)'s I would not tell anyone.
- h) I would not employ or work with or work for someone if I knew they had a problem like (John/Jenny)'s.
- i) I would not vote for a politician if I knew they had suffered a problem like (John/Jenny)'s.

Now, for the next few questions, we would like you to tell us what you think MOST OTHER PEOPLE believe.

Q 13. Please indicate how strongly you agree or disagree with the following statements.

RESPONSE FRAME

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. (Don't know)

STATEMENTS

- a) Most other people believe that people with a problem like (John/Jenny)'s could snap out of it if they wanted
- b) Most people believe that a problem like (John/Jenny)'s is a sign of personal weakness.
- c) Most people believe that (John/Jenny)'s problem is not a real medical illness
- d) Most people believe that people with a problem like (John/Jenny)'s are dangerous to others.



- e) Most people believe that it is best to avoid people with a problem like (John/Jenny)'s so that you don't develop this problem
- f) Most people believe that people with a problem like (John/Jenny)'s are unpredictable.
- g) If they had a problem like (John/Jenny)'s most people would not tell anyone.
- h) Most people would not employ someone they knew had a problem like (John/Jenny)'s.
- i) Most people would not vote for a politician they knew had suffered a problem like (John/Jenny)'s.

Q 14. The next few questions ask about how willing you would be to have contact with someone like (John/Jenny).

RESPONSES

- 1. Definitely willing
- 2. Probably willing
- 3. Probably unwilling
- 4. Definitely unwilling
- 5. Don't know

STATEMENTS

- a) How willing would you be to move next door to (John/Jenny)?
- b) How willing would you be to spend an evening socializing with (John/Jenny)?
- c) How willing would you be to make friends with (John/Jenny)?
- d) How willing would you be to have (John/Jenny) start working closely with you on a job?
- e) How willing would you be to have (John/Jenny) married into your family?

There are many people in the community who suffer from problems like (John/Jenny)'s. The next few questions are about possible causes of this sort of problem developing in ANYBODY.

Q 15. How likely do you think each of the following is to be a reason for such problems?

RESPONSE FRAME

- 1. Very likely
- 2. Likely
- 3. Not likely
- 4. Don't know

STATEMENTS

- a) Could a virus or other infection, be a reason for these sorts of problems?
- b) How likely is an allergy or reaction to be a cause?
- c) Could day-to-day problems such as stress, family arguments, difficulties at work or financial difficulties be a cause?
- d) Could the recent death of a close friend or relative be a reason?
- e) Could some recent traumatic event such as bushfires threatening your home, a severe traffic accident or being mugged be a cause for these sorts of problems?
- f) Could problems from childhood such as being badly treated or abused, losing one or both parents when young or coming from a broken home be a reason?
- g) How likely is it that these sorts of problems are inherited or genetic?
- h) How likely is it that these sorts of problems are caused by a chemical imbalance in



the brain?

- i) Is being a nervous person likely to be a reason?
- j) Could having weakness of character be a cause?
- k) Could Karma be the reason?
- l) Could bad parenting be the reason?

Q 16. Has anyone in your family or close circle of friends ever had problems similar to (John/Jenny)'s? (Other than yourself)

- 1. Yes (GO TO Q 17.)
- 2. No (GO TO Q 21.)
- 3. Don't know (GO TO Q 21)
- 4. Refused (GO TO Q 21)

(SOME IN FAMILY OR CLOSE CIRCLE OF FRIENDS HAD PROBLEMS)

Q 17. Did just one person have the problem or more than one?

- 1. One (GO TO Q.18)
- 2. More than one (GO TO INTRO A, THEN Q 18.)
- 3. Don't know (GO TO INTRO B, THEN Q 18.)
- 4. Refused (GO TO INTRO B, THEN Q 18.)

INTRO A Because you know more than one person who had a problem similar to (John's/Jenny's), for the next few questions, I want you to think about the one you know BEST. Did you do anything to help the person?

INTRO B For the next few questions, I want you to think about the person with problems similar to (John/Jenny)'s that you know BEST. Did you do anything to help the person?

Q 18. Did you do anything to help the person?

- 1. Yes (GO TO Q 19)
- 2. No (GO TO Q 21)
- 3. Don't know (GO TO Q 21)
- 4. (Refused) (GO TO Q 21)

Q 19. What did you do?

- 1. Response given (specify)
- 2. Don't know
- 3. (Refused)

Q 20. Have they received any professional help or treatment for these problems?

- 1. Yes
- 2. No
- 3. Don't know
- 4. (Refused)

Q 21. Have you ever had problems similar to (John/Jenny)'s?

- 1. Yes (GO TO Q 22)



2. No (GO TO Q 23)
3. Don't know (GO TO Q 22)
4. (Refused) (GO TO Q 23)

Q 22. Have you received any professional help or treatment for these problems?

1. Yes
2. No
3. Don't know
4. (Refused)

Q 23. Have you ever had a job that involved providing treatment or services to a person with a problem like (John/Jenny)'s?

1. Yes
2. No
3. Don't know
4. (Refused)

The following questions are about mental health organisation

Q.24. Have you heard of any organizations related to mental health?

1. Yes
2. No
3. Don't know
4. (Refused)

Q 25. Can you name any name of an organization or government agency you can contact if you need help for mental health problems?

Q 26. Have you heard of the organization called "Canadian Mental Health Association"?

1. Yes
2. No
3. Don't know
4. (Refused)

Q 27. Have you heard of an initiative called "National Depression Screening Day"?

1. Yes
2. No
3. Don't know
4. (Refused)

Thank you for your participation.

**APPENDIX I****PERCEIVED ETHNIC DENSITY (STAFFORD ET AL., 2009; JURCIK ET AL., 2015)**

Please circle *one* of the numbers to the right of each question to indicate your degree of agreement or disagreement.

In order to answer the following 4 questions, please think of your local neighbourhood (15–20 minutes walking distance from your home).

1. Please estimate how many people from your own ethnic group live in your local neighborhood?

None / Hardly Any				Almost all or All of the local area
1	2	3	4	5

2. To what extent you have access to your ethnic “specialty products” (e.g. food) in your local neighborhood?

None / Hardly Any				Almost all or All of the local area
1	2	3	4	5

3. To what extent you have access to resources and organizations such as community centers related to your ethnic group (e.g. Chinese community center) in your local neighborhood?

None / Hardly Any				Almost all or All of the local area
1	2	3	4	5

4. To what extent you can get by and be understood in your own native language in your local neighborhood?

Not At All				A large extent
0	1	2	3	4

APPENDIX J

VANCOUVER INDEX OF ACCULTURATION (VIA; Ryder et al., 2000)

Please circle *one* of the numbers to the right of each question to indicate your degree of agreement or disagreement. Many of these questions will refer to your *heritage culture*, meaning the original culture of your family (other than Canadian). It may be the culture of your birth, the culture in which you have been raised, or any culture in your family background. If there are several, pick the one that has influenced you *most* (e.g. Chinese). If you do not feel that you have been influenced by any other culture, please name a culture that influenced previous generations of your family.

Your heritage culture (other than Canadian) is: _____

		Disagree									Agree								
		1	2	3	4	5	6	7	8	9									
1.	I often participate in my <i>heritage</i> cultural traditions.	1	2	3	4	5	6	7	8	9									
2.	I often participate in mainstream Canadian cultural traditions.	1	2	3	4	5	6	7	8	9									
3.	I would be willing to marry a person from my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9									
4.	I would be willing to marry a white Canadian person.	1	2	3	4	5	6	7	8	9									
5.	I enjoy social activities with people from the same <i>heritage culture</i> as myself.	1	2	3	4	5	6	7	8	9									
6.	I enjoy social activities with typical Canadian people.	1	2	3	4	5	6	7	8	9									
7.	I am comfortable interacting with people of the same <i>heritage culture</i> as myself.	1	2	3	4	5	6	7	8	9									
8.	I am comfortable interacting with typical Canadian people.	1	2	3	4	5	6	7	8	9									
9.	I enjoy entertainment (e.g. movies, music) from my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9									
10.	I enjoy North American entertainment (e.g. movies, music).	1	2	3	4	5	6	7	8	9									
11.	I often behave in ways that are typical of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9									
12.	I often behave in ways that are typically Canadian.	1	2	3	4	5	6	7	8	9									
13.	It is important for me to maintain/develop the practices of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9									
14.	It is important for me to maintain/develop Canadian cultural practices.	1	2	3	4	5	6	7	8	9									
15.	I believe in the values of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9									
16.	I believe in mainstream Canadian values.	1	2	3	4	5	6	7	8	9									
17.	I enjoy the jokes and humor of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9									
18.	I enjoy white Canadian jokes and humor.	1	2	3	4	5	6	7	8	9									
19.	I am interested in having friends from my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9									
20.	I am interested in having white Canadian friends.	1	2	3	4	5	6	7	8	9									



APPENDIX K

CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE – REVISED (CESD-R)

	Last Week				
	Not at all or Less than 1 day	1 - 2 days	3 - 4 days	5 - 7 days	Nearly every day for 2 weeks
Below is a list of the ways you might have felt or behaved. Please check the boxes to tell me how often you have felt this way in the past week or so.					
My appetite was poor.	0	1	2	3	4
I could not shake off the blues.	0	1	2	3	4
I had trouble keeping my mind on what I was doing.	0	1	2	3	4
I felt depressed.	0	1	2	3	4
My sleep was restless.	0	1	2	3	4
I felt sad.	0	1	2	3	4
I could not get going.	0	1	2	3	4
Nothing made me happy.	0	1	2	3	4
I felt like a bad person.	0	1	2	3	4
I lost interest in my usual activities.	0	1	2	3	4
I slept much more than usual.	0	1	2	3	4
I felt like I was moving too slowly.	0	1	2	3	4
I felt fidgety.	0	1	2	3	4
I wished I were dead.	0	1	2	3	4
I wanted to hurt myself.	0	1	2	3	4
I was tired all the time.	0	1	2	3	4
I did not like myself.	0	1	2	3	4
I lost a lot of weight without trying to.	0	1	2	3	4
I had a lot of trouble getting to sleep.	0	1	2	3	4
I could not focus on the important things.	0	1	2	3	4

APPENDIX L

DEBRIEFING MESSAGE

In this study, we told you that we wanted to find out your knowledge in mental health. However, it was not true. The specific purpose of the study was about finding out your ability in identifying depression symptoms for John or Jenny (**Chinese names will be substituted in the translated versions*). We also wanted to know what you think the best help option should be for them. We could not tell you the true reason because it might have led you to guess that John or Jenny was struggling with depression. By telling you the true purpose of this study, we would not be able to know if you knew depression was the correct response.

Studies have shown that when people feel like they are part of the main culture, they might know more signs of depression (using the North American way of looking at it). For our study, we wanted to know how you see signs of depression and how much you feel like you are part of the main group in Canada. We also want to know how much you feel like you are part of the main group in Canada and how this might help you to know more signs of depression. Finally, we want to know if you think that being together with people from your cultural background might change what you know about depression and what kind of help you can get.

All the information collected in this study will be confidential. There will be no way of identifying your answers from those of other people. We are not interested in any one person's answer. We want to look at the general pattern from all the information combined together.

If you do not want us to use your results because we did not tell you the true purpose of this study, please choose "I DO NOT AGREE" at the end of this message. If you choose to continue to take part in this study, please choose "I AGREE".

Thank you for your participation. Your involvement may help psychologists to improve mental health services for immigrants, particularly for Chinese-speaking immigrants. We ask that you do not discuss this study with other people who may also want to participate later, because this could affect our research conclusions.

If you have any questions about this study, please contact Pablee Wong. Her email address is ----. If you have any questions about your rights as a participant, please contact Debbie Clelland. Her contact at the Research Ethics Board at Adler University is 604- 699-3570 and her email is dclelland@adler.edu.

If you experience any distress after this study, you can contact a list of crisis services. Please click the link here **XXXX** or download the pdf document here **XXXX**.

You can also visit the Kelty Mental Health Resource Center <http://keltymentalhealth.ca/cc/zh-hant>. This link offers information in Chinese on depression and other mental health issues.

By clicking "**I AGREE**" below, this indicates my consent to participate in this study.



By clicking “**I DO NOT AGREE**” below, this indicates I want to **WITHDRAW** all my results from this study.

Do you agree to submit your responses for this study?

I AGREE - Once your results are submitted, we will not be able to identify your responses. Therefore, we are unable to retrieve and delete your responses.

I DO NOT AGREE – Your responses will not be used for this study.

(Regardless of participants’ responses, they will be directed to Text #6 and text #7.)

THANK YOU AGAIN FOR YOUR PARTICIPATION.

**APPENDIX M****METRO VANCOUVER CRISIS HELPLINE RESOURCES****(* Agencies names will not be translated into Chinese unless a Chinese name has been already used in the community)**

Distress Services:	
Chinese Crisis Helpline (10AM to 10PM, 7 Days a week) 中僑心理熱線 服務時間：週一至週日 (每週七天) 上午10時至晚上10時	廣東話熱線 Cantonese: 604-270-8233
	國語熱線 Mandarin: 604-270-8222
CHIMO Community Services - Richmond, B.C.	604-279-7077
Greater Vancouver Crisis Line	604-872-3311
Toll Free – Howe Sound and Sunshine Coast	Toll Free 1-866-661-3311
TTY	Toll Free 1-866-872-0113
BC-wide (SUICIDE helpline)	1-800-SUICIDE (784-2433)
Online Service for Youth	www.YouthInBC.com
Online Service for Adults	www.CrisisCentreChat.ca
Seniors' Distress Line	604-872-1234
Mental Health Support (BC-wide)	310-6789

APPENDIX N

METRO VANCOUVER MENTAL HEALTH RESOURCES

(* Agencies names will not be translated into Chinese unless a Chinese name has been already used in the community)

Mental Health / Counselling Services:	
SUCCESS 中僑互助會 Counselling Services 家庭及青少年輔導服務	604-408-7266
Family Services of Greater Vancouver 大溫哥華家庭服務會 Family Therapy Department 家庭輔導服務部 溫哥華辦事處	604-874-2938
CHIMO Community Services - Richmond, B.C.	604-279-7077
CCM) of Canada Linkage Counselling Service 中信靈機輔導服務	604-629-2266
Cross Cultural Psychiatry Clinic, VGH 溫哥華中央醫院多元文化精神專科門診部 該精神專科門診部有講華語的精神科醫生主診。需由家庭醫生轉介。	604-875-4115 英語查詢
Your Family Doctor 家庭醫生可以協助你處理情緒問題，包括藥物治療及轉介服務	
Mood Disorders Clinic, UBC 溫哥華醫院卑詩大學情緒疾病診所，需由家庭醫生轉介	604-822-7512 英語查詢
Cross Cultural Psychiatry Outpatient Clinic, Richmond Hospital 列治文醫院多元文化精神專科門診部 ，需由家庭醫生轉介	604-244-5560 英語查詢

APPENDIX O

GREATER TORONTO AREA CRISIS LINE RESOURCES

(* Agencies names will not be translated into Chinese unless a Chinese name has been already used in the community)

Distress Services:	
Telecare – Mandarin & Cantonese	廣東話 /國語熱線 416-920-0497
Chinese Family Services of Ontario: 24 hours Hotline: 家和專業輔導中心	416-979-5898
Mental Health Helpline	Toll Free 1-866-531-2600
Toronto Distress Center	416-408-HELP (4357)
211 Toronto	211 Toll Free
Gerstein Centre <i>- Provides crisis intervention to adults, living in the City of Toronto, who experience mental health problems. The service has three aspects; telephone support, community visits and a ten-bed, short-stay residence. All three aspects of the service are accessed through the crisis line.</i>	(416) 929-5200
Assaulted Women's Helpline <i>- Assaulted Women's Helpline serves as a free, anonymous and confidential 24-hour telephone and TTY crisis telephone line to all women in the province of Ontario who have experienced any form of abuse.</i>	416-863-0511; Toll Free 1-866-863-0511
221 TTY Toll Free	1-888-340-1001
Toronto Rape Crisis Centre <i>- Callers can be anyone who has been raped, sexually assaulted or abused, women who have had unwanted sexual touching, incest survivors and friends or family.</i>	416-597-8808 Toll Free 1-888-340-1001
Senior Safety Line <i>- Service available in more than 150 languages - 24/7 hotline to assist abused and at-risk seniors</i>	Toll Free 1-866-299-1011
Seniors' Infoline	416-314-7511

APPENDIX P
GREATER TORONTO AREA MENTAL HEALTH SERVICES RESOURCES

Mental Health / Counselling Services:

Hong Fook Mental Health Association
– *Mandarin & Cantonese services*
– *Multiple locations*

廣東話 /國語熱線

Tel: 416-493-4242

www.hongfook.ca

Across Boundaries (國語 Mandarin language
available)
- *Provides mental health support and services*

416- 787-3007

<http://www.acrossboundaries.ca>

Access Alliance Multicultural Community Health
Services
- *Multilinguals available*

416-324-8677

www.accessalliance.ca

Chinese Family Services of Ontario
家和專業輔導中心

416-979-5898

<http://www.chinesefamilyso.com/tc/index.asp>

APPENDIX Q
METRO VANCOUVER ORGANIZATIONS CONTACT INFORMATION

Organization Name	Website	Phone	Email	Address
S.U.C.C.E.S.S - Burnaby	http://www.succesbc.ca/eng/	Tel: 604-430-1899 Fax: 604-678-4439	N/A	200 – 5172 Kingsway, Burnaby BC V5H 2E8
S.U.C.C.E.S.S - Richmond	http://www.succesbc.ca/eng/	Tel 604-279-7180 Fax: 604-279-7188	N/A	#220 Caring Place 7000 Minoru Boulevard, Richmond, B.C. V6Y 3Z5
S.U.C.C.E.S.S - Vancouver	http://www.succesbc.ca/eng/	Tel: 604-684-1628 Fax: 604-408-7236	N/A	28 West Pender Street, Vancouver BC V6B 1R6
S.U.C.C.E.S.S - Tri-City	http://www.succesbc.ca/eng/	Tel: 604-468-6102 Fax: 604-464-2083	N/A	2058 Henderson Place, 1163 Pinetree Way Coquitlam BC V3B 8A9
S.U.C.C.E.S.S - Surrey	http://www.succesbc.ca/eng/	Tel: 604-588-6869 Fax: 604-588-6823	N/A	206-10090 152nd Street Surrey BC V3R 8X8
S.U.C.C.E.S.S - Vancouver	http://www.succesbc.ca/eng/	Tel: 604-684-1628 Fax: 604-408-7236	N/A	200 – 5172 Kingsway, Burnaby BC V5H 2E8
MOSAIC	https://www.mosaicbc.org/services/settlement/	604-254 9626	info@mosaicbc.org	1760 Grant Street, Vancouver
Chinese Cultural Center of Greater Vancouver	http://www.cccvan.com	604-658-8850	N/A	50 E Pender St, Vancouver, BC V6A 3V6
Chinese Cultural Center – Richmond	http://www.cccvan.com	604-658-8875	N/A	Richmond Office #860-4400 Hazelbridge Way, Richmond, BC, Canada V6X 3R8
Richmond Caring Place Society	http://www.richmondcaringplace.ca/contact/	Tel: 604-279-7000 Fax: 604-279-7008	admin.carinplace@shaw.ca	Caring Place 7000 Minoru Boulevard, Richmond V6Y 3Z5

CHIMO Community Services	http://www.chimo-services.com		604-279-7077	Caring Place 120 - 7000 Minoru Boulevard, Richmond, B.C. V6Y 3Z5
(CCM) of Canada Linkage Counselling Service 中信靈機輔導服務		burnaby@ccmcanada.org		604-629-2266
Chinese-speaking General Practitioners listed on College of Physicians and Surgeons of BC	https://www.cpsbc.ca/physician_search			
The Vancouver Mandarin Chinese Club	http://www.meetup.com/mandarinchinese/	N/A	Online meet up group	N/A
UBC Chinese Students' Association	http://www.ubccsa.com	N/A	info.ubccsa@gmail.com	N/A
SFU Chinese Students and Scholars Association	http://www.sfu.ca/~cssa/	N/A	cssa@sfu.ca	N/A
Kwantlen Chinese Students and Scholars Association	kpuccsa.com	N/A	kwantlencssa@gmail.com	N/A
BCIT Student Association	http://www.bcitsa.ca	604-432-8600	N/A	3700 Willingdon Ave. Burnaby, BC V5G 3H2
Capillano Student Union	http://csu.bc.ca	Tel: 604-984-4969 Fax: 604-984-4995	N/A	Maple 116 – 2055 Purcell Way

APPENDIX R
GREATER TORONTO AREA ORGANIZATIONS CONTACT INFORMATION

Organization Name	Website	Phone	Email	Address
Hong Fook Mental Health Association - North York	www.hongfook.ca	Tel: 416-493-4242 Fax: 416-492-0644	N/A	1751 Sheppard Avenue East, G/F North York, ON, M2J 0A4
Hong Fook Mental Health Association - Scarborough	www.hongfook.ca	Tel: 416-493-4242 Fax: 416-493-2214	N/A	3320 Midland Avenue, Suite 201 Scarborough, ON, M1V 5E6
Hong Fook Mental Health Association - Downtown	www.hongfook.ca	Tel: 416-493-4242 Fax: 416-595-6332	N/A	130 Dundas Street West, 3rd Floor Toronto, ON, M5G 1C3
Chinese Family Services of Ontario 家和專業輔導中心	www.chinesefamilyso.com	Tel: 416-979-8299 1-866-979-8298	info@chinesefamilyso.com	3330 Midland Avenue, Suite 229 Scarborough, Ontario M1V 5E7
Access Alliance Multicultural Community Health Services - Downtown	www.accessalliance.ca	Tel: 416-324-8677 Fax: 416-324-9074	Email : mail@accessalliance.ca	340 College St., Ste. 500, Toronto, ON M5T 3A9
Access Alliance Multicultural Community Health Services - Danforth	www.accessalliance.ca	Tel: 416-693-8677 Fax: 416-693-1330	Email : mail@accessalliance.ca	3079 Danforth Avenue, Toronto, ON M1L 1A8
Access Alliance Multicultural Community Health Services - Jane	www.accessalliance.ca	Tel: 416-760-8677 Fax: 416-760-8670	Email : mail@accessalliance.ca	761 Jane St. 2nd Floor, Toronto, ON M6N 4B4
Chinese Cultural Center of Greater Toronto	http://www.cccgt.org/index.php/en/contact-us	Tel: 416-292-9293 Fax: 416-292-9215	N/A	5183, Sheppard Avenue East, Scarborough, Ontario, M1B 5Z5,



				Canada
Federation of Chinese Canadians in Markam	http://www.fccm.ca	Tel:905-946-1137	info@fccm.ca	4350 Steeles Avenue East, Units 207-215 Market Village Shopping Centre, Markham, Ontario
The College of Physicians and Surgeons of Ontario	http://www.cpso.on.ca/public-register/all-doctors-search?term=quick+doctor+search			
Central East Community Care Access Centre - Scarborough	healthcareathome.ca/centraleast/en	Tel:416-750-2444 Fax:1-855-352-2555	admin.caringplace@shaw.ca	100 Consilium Pl, Ste 801, 8th Floor Scarborough, ON M1H 3E3
TCCSA The Cross Cultural Community Services Association - Scarborough Center	http://tccsa.on.ca/en/	Tel: 416-502-9500 Fax: 416-502-2900	N/A	325 Bambergh Circle, Unit A107 Toronto, Ontario, M1W 3Y1
TCCSA The Cross Cultural Community Services Association - Peel Center	http://tccsa.on.ca/en/	Tel: 905-615-9500 Fax: 905-615-0622	N/A	720 Burnhamthorpe Road West, Unit 2 Mississauga, Ontario, L5C 3G1
TCCSA The Cross Cultural Community Services Association - York Center	http://tccsa.on.ca/en/	Tel: 905-948-1671 Fax: 905-948-9997	N/A	Metro Square 3636 Steeles Avenue East, Unit 213A, Markham, Ontario, L3R 1K9
TCCSA The Cross Cultural Community Services Association - Toronto Center	http://tccsa.on.ca/en/	Tel: 416-977-4026 Fax: 416-351-0510	N/A	222 Spadina Avenue, Unit B102. Toronto, Ontario, M5T 2C2
Canadian Chinese Cultural Centre Of Scarborough	N/A	Tel: 416-298-7323	N/A	4500 Sheppard Ave E Unit 101a, Scarborough, ON



				M1S 3R6, Canada
Toronto Community and Cultural Center	http://www.tcccto.com/index.php/contact-us	Tel: 416-971-7883 Fax: 416-971-5519	N/A	222 Spadina Av., Unit 217, Toronto ON M5T 3B3
University of Toronto Student Union	http://www.utsu.ca	Tel: 416-978-4911 ext. 221	frontdesk@utsu.ca	12 Hart House Circle
University of Toronto Chinese Students and Scholars Association (UTCSSA)	https://utcssa.ca	N/A	info@utcssa.ca	W1500N 40 Willcocks St Toronto ON M5S 1C6 Toronto M5S3A3

APPENDIX S
ONLINE ADVERTISEMENT

Name of website	Weblink
Craigslist	http://vancouver.craigslist.ca/?lang=nl
Kijiji	http://www.kijiji.ca
Reddit	https://www.reddit.com
Locanto – Free Vancouver Classified	http://vancouver.locanto.ca
Vancouver Global Free Classified	http://vancouver.global-free-classified-ads.com
Vancouver Super Ads	http://www.vancouverads.com/index.aspx
Asia Pacific Post	http://www.asianpost.com
Forum Vancouver	http://www.forumvancouver.com
YorkBBS	http://corp.yorkbbs.ca



APPENDIX T
WEBSITE RESEARCH PLATFORM INFORMATION

Website Host:	<p>Hosted In Canada Surveys</p> <p>www.hostedincanadasurveys.ca</p> <p>Owned by and operated in Canada</p>
Location of Servers:	<p>In Canada</p> <p>Hosted In Canada Surveys adheres to the Personal Information Protection and Electronic Documents Act (<u>PIPEDA</u>), which governs how private sector Canadian organizations collect, use and disclose personal information in the course of commercial business.</p>
IP Address:	<p>Hosted In Canada Surveys allows researchers to “turn off” IP addresses. This student researcher is unable to locate the specific computers that participants have used to fill out the research survey.</p>
Access to Information:	<p>The system administrator does have access to the data for the purposes of providing technical support in the event it is required. No other individuals or organizations have access to the survey data. When the survey is cancelled, the data is permanently deleted from the Hosted in Canada Surveys server.</p>

**APPENDIX U****CHINESE TRANSLATION VERIFICATION ASSISTANT INFORMATION****Name:** Sarina Kot, Ph.D**Contact:** -----**Qualification:**

Dr. Sarina Kot is a Registered Child Psychologist in British Columbia. She currently works part time at B.C. Children Hospital and also provide services to clients in her working in private practice and at B.C. Children's Hospital. She is an immigrant to Canada and is fluent in English and Cantonese. She also speaks Mandarin. In addition, she has been serving as a board member since 2004 at the Cameray Child & Family Services. She is also connected to Burnaby through her work projects with the Burnaby School District Settlement Workers. The program she designed for helping refugee and immigrant students deal with trauma has received the Innovation Award given by the Office of the Representative for Children and Youth in 2013.