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DEVELOPING AND EVALUATING A PSYCHOEDUCATION BOOKLET ABOUT THE MENTAL HEALTH EFFECTS OF DISCRIMINATION

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INTRODUCTION

Discrimination has significant effects on mental health and is consistently associated with depressive symptoms in a wide range of studies with samples of different ages, races/ethnicities, and genders (Paradies et al., 2015). However, there are limited data on effective strategies for mitigating the effects of discrimination on depression (Brondolo et al., 2009). Some studies suggest that when race-related issues are not adequately addressed in psychotherapy, the quality of care can be reduced for racial minority clients (Chang & Berk, 2009; Meyer & Zane, 2013). Scholars recommend that therapists learn to recognize when such issues may be relevant and be willing to openly discuss these issues with clients (Cardemil & Battle, 2003; Mollen & Ridley, 2021).

Sue et al. (1992) have argued that cultural competence is a critical component of the ethical practice of psychology, a view incorporated into the APA's ethical guidelines. Theoretical and empirical work supports this view, and there is a wealth of information on the value of cultural competency in delivering psychotherapy. However, there have been limitations to the ability to translate knowledge into practice (Mollen & Ridley, 2021). Many clinicians hesitate or do not know how to implement culturally sensitive therapy (Mollen & Ridley, 2021).

One component of culturally competent psychotherapy may include conversations about the role of social disadvantage and injustice in human development (Chan et al., 2018; Mollen & Ridley, 2021). Researchers have argued that the role of social factors, including injustice, can be discussed openly and made visible as part of therapy (Chan et al., 2018). Yet, there remain gaps in clinicians' knowledge about specific strategies for engaging in discussions about injustice and mental health (Mollen & Ridley, 2021).

Owen (2013) argues for a multicultural orientation versus a multicultural competencies approach towards counseling. A multicultural orientation reflects the notion that clinicians and clients may both evolve in their understanding of the ways cultural knowledge and experiences may influence human development and health. Counselors who embody humility and openness can engage clients in open discussions about multiple social factors over the course of treatment, learning new ideas and developing new methods as needed. Therefore, materials which can support this evolution and ongoing conversation about injustice and mental health are needed.

Psychoeducational tools can be an effective method for introducing complex and emotionally evocative issues (Sarkhel et al., 2020). Psychoeducational tools include components

that provide information, skills training, and support. Psychoeducational programs have been demonstrated to have efficacy in improving outcomes of mental illness and encouraging engagement in treatment (Sarkhel et al., 2020). A recent systematic review indicated that self-management programs that include psychoeducational components, guidance, and opportunities to process emotions independently are associated with significant improvements in hope and self-efficacy (Lean et al., 2019). A meta-analysis by Donker et al. (2009) indicated that four randomized controlled trials supported the effectiveness of passive psychoeducational interventions, such as leaflets and emails, for reducing depression and psychological distress.

Psychoeducational materials may be useful in supporting conversations about race, discrimination, and mental health. They can be used to educate clients on the potential mental health impacts of discrimination, and opportunities to guide self-reflection and communication with the therapist. However, to our knowledge, there are limited psychoeducational tools to support more explicit discussions of the mental health effects of racial and ethnic discrimination. Further, there is limited information available about the best messages for communication and the best strategies for communicating these messages. Therefore, the aim of this study is to develop and provide initial consumer satisfaction data on psychoeducational materials addressing the effects of discrimination on mental health, specifically focused on depression.

"Counselors who embody humility and openness can engage clients in open discussions about multiple social factors over the course of treatment, learning new ideas and developing new methods as needed."

Social cognitive models of the effects of racism on depression

The psychoeducational materials developed for this program of research were based on the social cognitive model of depression as applied to discrimination (Brondolo et al., 2017). Social cognitive models suggest that interpersonal stressors foster the development of relational schemas which then trigger and maintain depressive symptoms (Rudolph et al., 2000). Negative relational schemas are mental representations of relations with others as potentially damaging or rejecting. These and other aspects of social cognition have been shown to contribute to depression (Weightman et al., 2014).

Researchers have applied social cognitive models to the study of the relations of racial discrimination to depression (Brondolo et al., 2016). Discrimination has been associated with negative relational schemas reflecting concerns about rejection and invalidation. These schemas mediate the relations of discrimination to depression (Mikrut et al., 2022).

Negative relational schemas may provide a target for intervention. Psychoeducational information about the effects of discrimination on relational schemas and depression may provide a framework for counseling discussions. Further, knowledge about the role of social cognition in depression may also attenuate stigma about mental illness. Studies of efforts to reduce the stigmatization of mental illness have found that information explaining how cognitive schema affects depression has been effective in reducing public stigma about mental illness (Botha & Dozois, 2015).

The Research Context

This project was conducted through the Collaborative Health Integrative Research Program (CHIRP) at St. John's University. CHIRP began as a collaboration between St. John's University Department of Psychology and Jamaica Hospital Medical Center (JHMC) Department of Family Medicine. CHIRP is a research training program whose mission is to train a pipeline of

psychologists and physicians to address health and healthcare disparities. CHIRP has now expanded and includes collaborations with the JHMC Department of Psychiatry and New York Presbyterian-Queens Hospital. CHIRP Fellows include graduate and undergraduate students in psychology, and resident and attending physicians in Family and Internal Medicine and Psychiatry. CHIRP Fellows work together to investigate and address racial disparities in health and well-being.

This project was funded by the Faculty Research Consortium. Led by a master's student in psychology (first author: MM) and undergraduate student in psychology (EA), and supervised by faculty (EB), a team of undergraduate and graduate students worked collaboratively to develop these psychoeducational materials. Students participated in the choice of information to be included in the materials and helped recruit individuals for the Scientific Advisory Board and the Community Advisory Board for the project. They brainstormed with an illustrator (JB) to find the most effective methods for communicating complex ideas in illustrations. They decided on a format for the presentation and together created the illustrations and text. Students developed and implemented a mixed-methods study to evaluate the level of consumer satisfaction with these materials and to test their effects on mood, self-efficacy, and empowerment. Examples of student responses to their experiences in CHIRP are included in Appendix 3.

Overview

The purpose of the psychoeducational material is to promote open discussion about topics related to discrimination and depression by laypeople and mental health providers. The booklet provides state-of-the-science information about discrimination and depression. As experiences of both depression and discrimination as well as attitudes towards mental health may vary by race/ethnicity, we are developing different versions for different racial and ethnic groups. This version of the booklet concerns experiences of discrimination and depression among Black individuals and is intended to be used by both Black and non-Black individuals to foster discussion of issues related to discrimination and mental health and to humanize the experiences of depression and discrimination.

This paper describes two phases of the project. In Phase 1, we identified specific psychoeducational messages and developed a method — an electronic "booklet" — for communicating these messages. The messages we communicate reflect the state-of-science concerning six topics related to depression and the relations of racial discrimination to depression. In Phase 2, we evaluated consumer satisfaction with this booklet in a sample of diverse college students. All phases of the study were approved by the Institutional Review Board.

PHASE 1

Methods

Six sets of statements about the state-of-the-science were developed for this project. These statements reflected the literature on discrimination and depression and the role of social cognitive processes in their relationship. Three sets of statements provided information about the nature of depression, the relations of stress to depression, and social cognitive pathways leading from stress to depression. The second set of statements provides information about the nature of discrimination, the social cognitive pathways linking discrimination to depression, and support for addressing discrimination and depression.

The validity of the scientific statements was evaluated by four experts whose work focuses on issues related to discrimination and mental health. The experts were drawn from different universities and hospital systems. These statements form the foundation of the educational materials. The initial set of psychoeducational messages were accompanied by illustrations. The illustrations serve to highlight the consequential impact on individuals and their relationships within the psychoeducational booklet, which can be used as a tool to help create thoughtful conversations about racism and depression between all people.

Next, a Community Advisory Board was formed to evaluate and further develop the materials.

Members of the research team recruited eight Black adult participants who formed the Community Advisory Board and participated in interviews over Zoom. Participants ranged in age from 20 to 65.

Members of the Community Advisory Board were interviewed individually over Zoom by the senior author (EB) and one member of the research team. The psychoeducational materials were presented via PowerPoint over a shared screen. Participants were asked to provide their reactions, including feelings, anecdotes, and critiques. They were asked to provide "real-life" examples of the ideas presented in the psychoeducational materials. Two weeks following the initial interview, participants were again invited to a brief Zoom interview to provide additional thoughts based on their recollection of the material. All interviews were recorded and transcribed. Themes from the interviews were identified.

After their feedback was incorporated into a complete version of the booklet, members of the Community Advisory Board were invited back for a follow-up group meeting to offer opinions on the final booklet. Further actionable feedback was employed to produce the current version of the booklet. The current version of the booklet is displayed in Appendix 2.

All participants in both Phase 1 and Phase 2 were provided with a list of mental health resources. They were offered support in finding mental health care if needed.

Results

Overall, participants were supportive of the initial efforts. They made suggestions for modifications to the illustrations and the content. They provided "real-life" examples of experiences of discrimination, social cognition, and depression.

Common themes emerged from the transcripts of the interviews and were used to guide the development of new text and illustrations. Themes associated with the content of depression included reports of difficulty acknowledging or recognizing depression in themselves and others, in part because the manifestations of depression symptoms can be so variable. Participants also described concerns about others' reactions to mental health issues. They noted that other people often had negative reactions when hearing about depressive symptoms. Several participants discussed experiences of feeling invalidated by elders when they described feeling depressed. They reported that elders who have experienced severe race-related trauma discounted reports of depression among younger people who have not faced those traumatic events.

Themes associated with the content about discrimination included the importance of recognizing different forms of discrimination, including social exclusion and subtle stigmatization. They noted that subtle experiences can have important effects on mental health. Participants described their desire to have more open conversations about race and racism with others but noted that these conversations are difficult and sometimes frustrating. They described the value of developing open communication and increased support as a way to overcome the effects of discrimination.

The themes emerging from the discussions with Community Board Members guided the development of new text and illustrations. In its final version, the psychoeducational booklet included seven pages containing scientific messages, illustrations, and applications of the effects of discrimination and depression on everyday life. The first three pages address depression, the next two pages address discrimination, and the final two pages address the support needed to combat the effects of discrimination. For the first six pages, the left side of the page presents three pieces of scientific information about the topic, and the right side of the page presents examples from everyday life about these ideas as well as quotes from participants. The last page includes additional

quotes from participants. Examples of the format and a booklet page are shown in Figure 1.

Figure 1
Excerpt from the psychoeducational booklet.
In the section of the booklet focusing on depression, the first page provides definitions and descriptions of depression. The second page presents information on the role of stress in the development of depression. The third page explains the effects of stress on the social cognitive processes, including schemas about rejection, mistrust, and invalidation, which can lead to depressive symptoms. In the section of the booklet focusing on discrimination, the first page provides definitions and descriptions of racial discrimination with a focus on the experiences of Black individuals. The second page describes the ways in which discrimination can affect social cognitive processes that lead to depression, in part by undermining social relationships. In the final section focusing on building support, the first page focuses on the role of support in mitigating the effects of stress and ameliorating depressive symptoms. The last page acknowledges the difficulties of enlisting and trusting support, while also providing affirmation and validation.

Each page of the booklet also contains a set of questions. These questions were developed with participants and serve to guide introspection and deeper evaluation of the psychoeducational content. Questions are listed in Appendix 1.

Discussion
Panels of experts and Community Board Members worked closely with research team members to guide different aspects of the development of these psychoeducational materials. A title for the materials was chosen: "Racism and Depression: Illustrated Support for Thoughtful Conversations." Community Board participants responded positively to the psychoeducational materials and shared their personal reactions to or experiences with the six topics presented. Their contributions permitted the booklet/psychoeducational materials to reflect the lived experiences of community members.

The Community Board members made major contributions to the development of these materials. To acknowledge their contributions, we applied to the Institutional Review Board for permission to include members of the Community Board as authors of the manuscript. The Institutional Review Board approved this request. Community Board members who wished to be identified have had their names added to the list of authors.

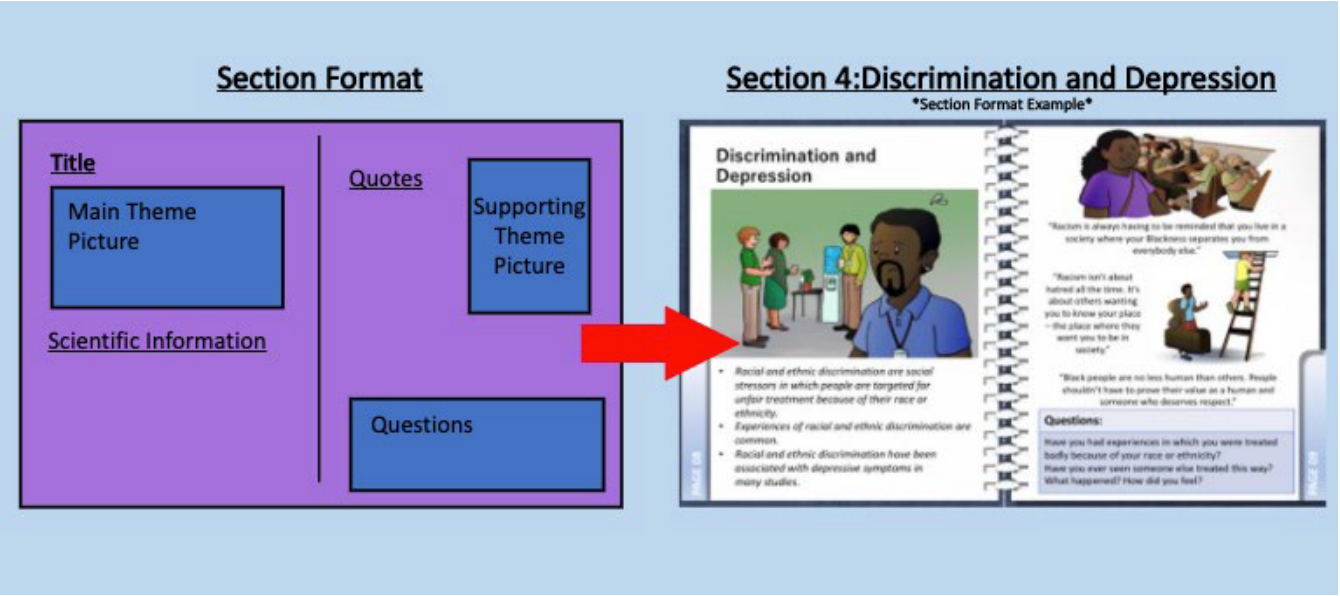

Figure 1

Further research evaluated consumer reactions to the booklet and its effects on self-efficacy in addressing depression and discrimination, among other outcomes. Additional studies include tests of the acceptability of the booklet by mental health clinicians working with diverse groups of patients.

PHASE 2

In Phase 2, we designed a study to examine consumer satisfaction with the booklet and other outcomes related to self-efficacy and stigmatization about both depression and stigmatization. In this paper, we describe initial consumer satisfaction ratings from the first 21 participants.

Methods

In Phase 2, participants completed surveys once when they were recruited for the study and then again after reviewing the booklet with a research assistant and completing all exercises in the booklet. The study took about 40-60 minutes to complete. Each person received $30 compensation in the form of cash or an Amazon gift card.

Participants

Participants were recruited from St. John's University and included 21 students (15 female 71.4%, 6 male 28.6%). The mean age was 19.7 yrs with a range of 18-22 yrs. The sample was diverse, including 10 people who self-identified as Black. The remaining participants identified as White, Hispanic, or Asian. Seven of the participants identified as more than one race/ethnicity. One participant worked part-time, eight worked full-time.

Procedure

This study included three components. At recruitment, the study was explained to the participants and they completed an informed consent. Next, participants completed a pre-test survey and scheduled an appointment for a Zoom interview within one to two weeks. During the 40-minute zoom interview, the participants reviewed the booklet with the research assistant on a shared screen and answered the questions in the booklet as they reviewed each page. Next, participants completed the post-test survey. The surveys included questions to assess consumer satisfaction, as well as additional measures of self-efficacy in discussing mental health and discrimination among other topics. This paper reports only on the responses to initial consumer satisfaction surveys.

Measures

The pre-test survey included measures of sociodemographic variables, as well as measures of depression and exposure to racial discrimination, and pre-test measures of key outcome variables. The post-test survey included all the same measures, plus an assessment of consumer satisfaction.

Sociodemographics. These variables were assessed with a self-report survey which included questions about age, gender, race/ethnicity, occupation, and level of education.

Perceived racial discrimination. Perceived racial discrimination was assessed with the Brief Perceived Ethnic Discrimination Questionnaire (BPEDQ-CV: Brondolo et al., 2005). The BPEDQ-CV evaluates perceived lifetime discrimination reported by adults in the general population. This scale begins with the prompt "Because of my ethnicity…" and presents various situations involving interpersonal mistreatment such as "…a waiter or clerk ignored me" and asks participants to identify if and/or how often the event has occurred in their lifetime. The scale yields a lifetime total score and also provides scores for four subscales that assess race-related work or school discrimination, social exclusion, and threat

and harassment. Available responses to items lie on a five-point Likert scale and range from 1 indicating "never happened" to 5 indicating "happened very often." The alpha score reported for this scale is .89.

Depressive Symptoms. The Center for Epidemiological Studies - Depression Scale (CES-D) is a 20 item self-report measure of depression (Radloff, 1977). The items inquire about mood, sleep, and other symptoms of depression. We eliminated the two items assessing suicidality. Scores of 20 or above on this measure indicate a probable diagnosis of depression.

Consumer Satisfaction Survey. The Consumer Satisfaction Survey inquired about participants' attitudes towards the material in the booklet and their degree of comfort or discomfort when reviewing the materials. Questions are shown in Tables 1 and 2.

Table 1

Consumer Satisfaction (n=21), Overall mean from all the questions (out of 5): 4.06

Questions	Mean	SD	Minimum	Maximum	% of participants scoring 4 or 5 (much or very much)
Overall, how much did you find working through this booklet helpful?	4.24	0.77	2	5	90.48%
How much did this booklet give you information that would be useful in your everyday life?	3.76	0.94	2	5	61.91%
After reviewing this booklet, how much better prepared do you feel to discuss depression with others?	3.67	0.73	3	5	52.39%
After reviewing this booklet, how much better prepared do you feel to discuss racial discrimination with others?	3.67	0.97	2	5	52.38%
How likely would you be to recommend this booklet to other people?	4.14	0.79	2	5	85.71%
How comfortable did you feel answering the questions in the book?	4.86	0.36	4	5	100%

Table 2
Interview and review of materials

Consumer satisfaction ratings - Discomfort

Questions	Mean	SD	Minimum	Maximum	% of participants scoring 4 or 5 (much or very much)
Did you feel uncomfortable or distressed at any point throughout the booklet experience?	1.29		1	5	4.76%

Participants completed a 40-minute Zoom interview. Two CHIRP Fellows, a graduate student and an undergraduate student, conducted the interviews. Participants were shown each page of the booklet and asked to respond to the exercise questions for that page (See Figure 1). All participants were encouraged to write down their thoughts in the booklet response survey. They were also asked to express their thoughts and concerns after reviewing the booklet.

Analytic plan
Descriptive statistics were used to report the results of the consumer satisfaction data. Correlational analyses examine relations between pre-test levels of depressive symptoms and perceived discrimination and consumer satisfaction.

Results
As shown in Table 1, consumer satisfaction data suggested that most participants (n=19/21) thought that working through the booklet was "much" or "very much" helpful. Two-thirds of participants (n=13) also thought that the booklet gave them information that would be "much" or "very much" useful in their everyday lives. Half of the participants (n=10) felt that they were "somewhat" better prepared to discuss depression with others after reviewing the booklet, and the other half (n=11) felt that they were "much" or "very much" better prepared. Eight out of 21 participants felt that they were somewhat better prepared to discuss discrimination after reviewing the booklet, while 11 felt that they were "much" or "very much" better prepared to discuss discrimination. The majority of participants (n=18) stated that they were "much" or "very much" likely to recommend the booklet to other people. Overall, the mean score across all measures was 4.06 out of 5.

All participants felt "much" or "very much" comfortable answering the questions in the booklet. The majority of participants (n=20) felt "not at all" or "a little" uncomfortable or distressed at any point throughout the booklet experience, while 1 participant felt "very" uncomfortable throughout the experience. Across all satisfaction items, including looking at the booklet as a whole, participants were satisfied with the booklet, providing a mean score across all items of 4.06 out of 5.

Pre-test levels of depression and perceived ethnic discrimination were unrelated to consumer satisfaction or to levels of discomfort discussing the materials (all ps > .05).

Discussion
Anecdotal and empirical reports suggest that clients in psychotherapy want to discuss race-related stress more than they do (Meyer & Zane, 2013). Clinicians report difficulty translating

ideas about cultural competence into practice (Mollen & Ridley, 2021). In response to this need, we developed an accessible psychoeducational booklet about discrimination and depression in Black individuals that can be used to support psychotherapeutic discussions and other discussions. Responses to the booklet exercises suggested that people found the book helpful and were able to connect the material back to their own lives.

Overall, the participants indicated that they found the book helpful and would recommend it to others. They reported feeling comfortable discussing the issues raised in the book. Slightly more than half the sample indicated they felt much or very much better prepared to discuss issues related to either depression or discrimination. These findings support a role for tailored psychoeducational materials.

The participants had the opportunity to process their own feelings about discrimination and depression by answering the questions in the booklet. However, the exercises did not provide the opportunity to practice communication skills. The data from the study suggest that about half the participants felt much more prepared to discuss issues related to discrimination or depression, but half felt only somewhat more prepared.

Other types of experiences or instruction may be needed for participants to be able to feel more prepared to initiate and engage in emotionally challenging conversations. The literature on communication skills training for healthcare professionals (HCPs) suggests that experiential components may be needed to improve communication skills and self-efficacy. Experiential training, such as role-play exercises, provides HCPs with critical experience prior to attempting difficult conversations with their real patients (Ferrell et al., 2019; Fineberg, 2005; Grey et al., 2017; Smith et al., 2018). Data from our team suggest that gains in knowledge alone do not predict HCP self-efficacy about communicating emotionally difficult information (Pan et al., 2022, under review).

CONCLUSION

Developed by community stakeholders, mental health providers, and students and faculty of St. John's University, this booklet shows preliminary evidence of acceptability as a tool for supporting conversations about mental health and discrimination. Early data suggests that the booklet is well received and that participants think it is helpful and would recommend it to others. The exercises in the booklet provide opportunities for readers to think more deeply about their own experiences or observations about discrimination and depression. On-going research is evaluating the effects of the booklet on self-efficacy in communication and attitudes towards mental health and discrimination in both consumers and mental health professionals. Future research will develop new booklets focused on other racial and ethnic minority groups.

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APPENDIX 1.

Booklet Questions

Page 1.

Have you ever wondered if you were depressed or known someone who was depressed? What did it feel like on the inside? What did it look like on the outside?

Were you ever told to get over it – told you shouldn't be depressed?

Page 2.

Think about a conflict you might have had with family, friends, or coworkers. What happened?

How did you think and feel during and after these conflicts? Did the feelings last?

Page 3.

Does the way you feel in relationships change when you are feeling low or depressed? Or after a stressful experience? Does stress affect your ability to connect with other people?

Page 4.

Have you had experiences in which you were treated badly because of your race or ethnicity? Have you ever seen someone else treated this way?

What happened? How did you feel?

Page 5.

How do racism or experiences of discrimination affect how much you feel you can trust or connect with others? Does racism affect some relationships differently than others?

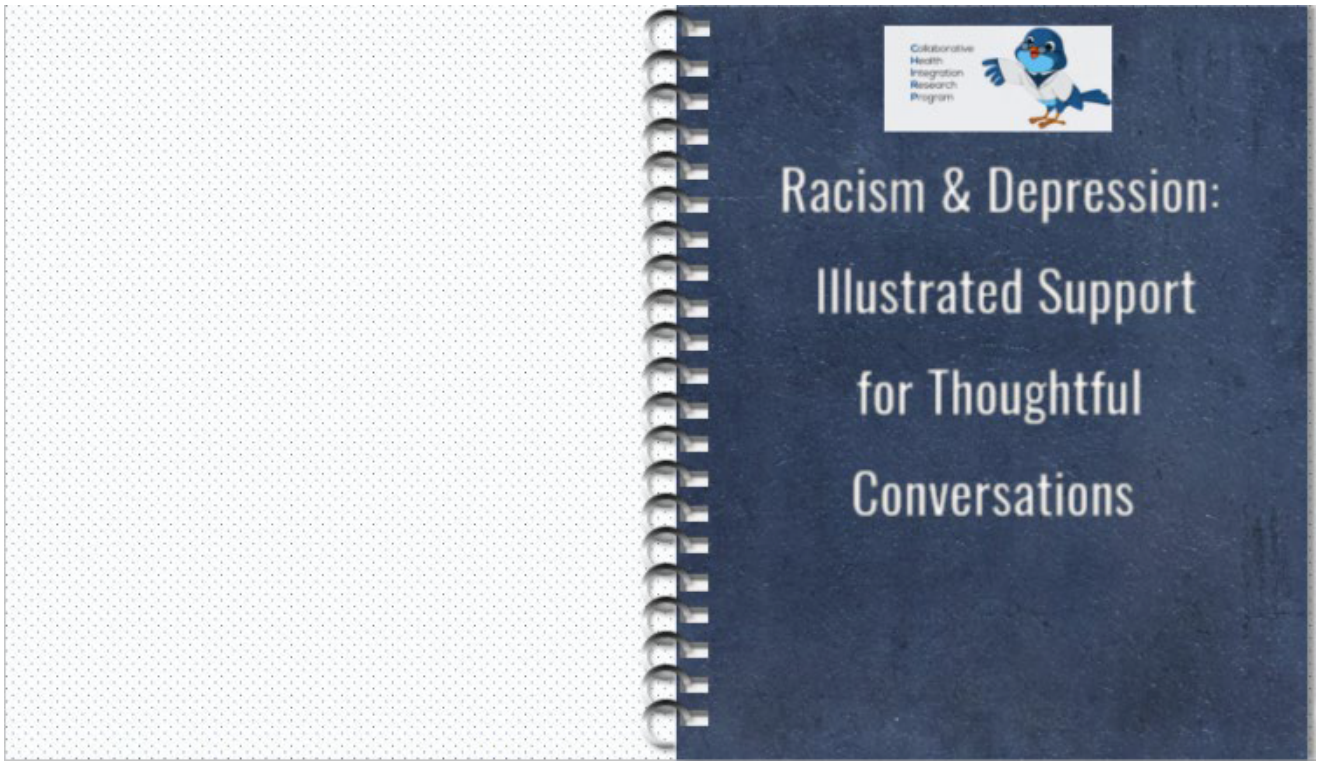
Page 7.

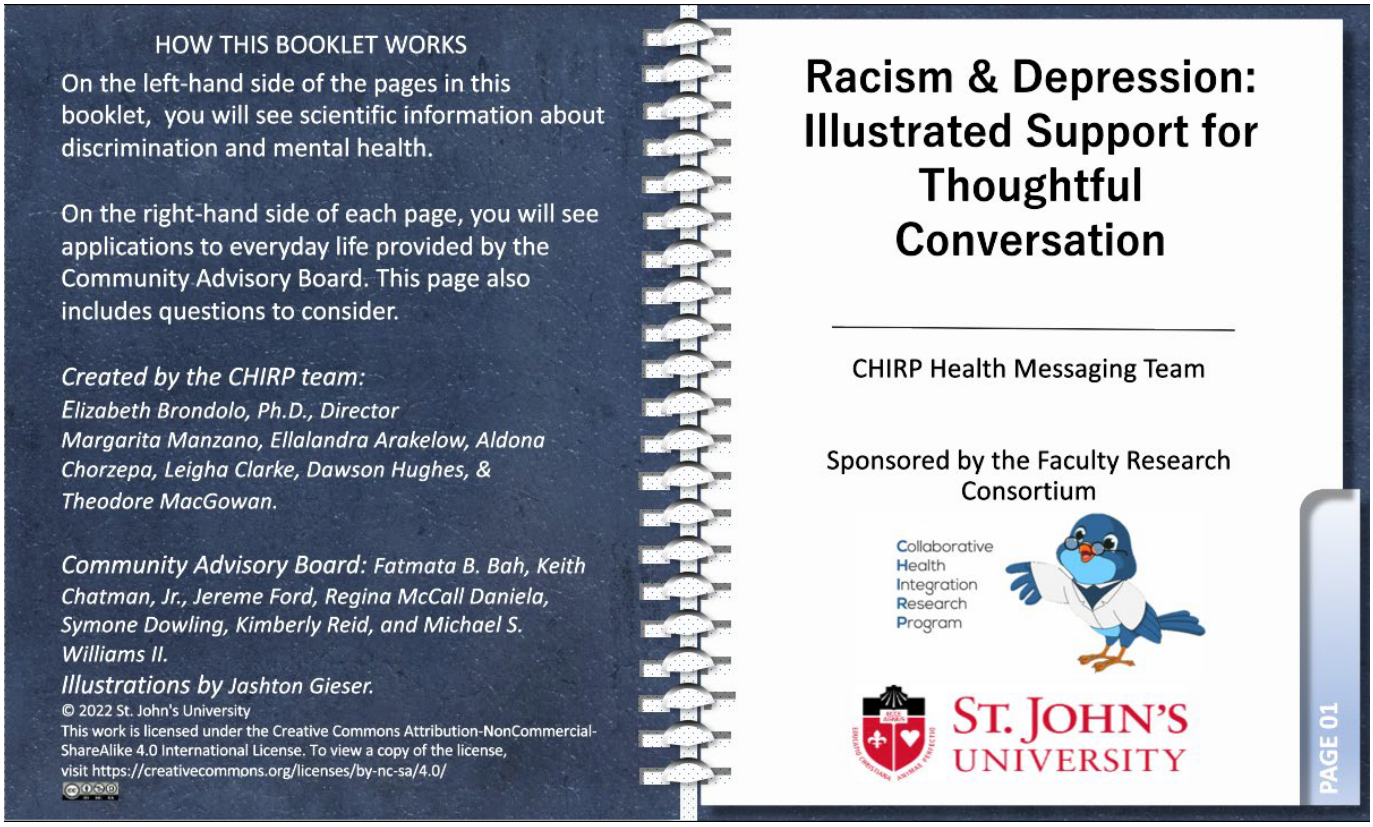
Who truly listens to your story? Who helps you stay strong?

How does the relationship help both of you?

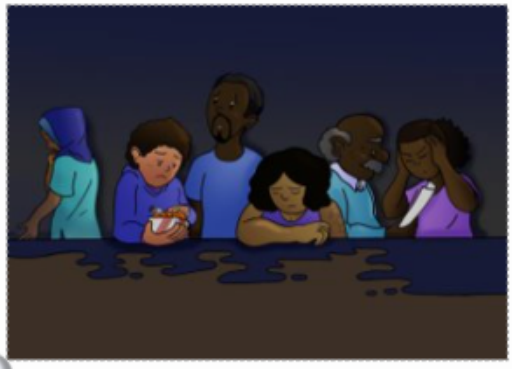
APPENDIX 2. BOOKLET PAGES.

The booklet pages are available for use under a Creative Commons license CC-BY-NC-SA.





Depression



- *Depression has symptoms including negative moods and thoughts, impaired concentration, and disruptions in sleep and appetite.*
- *Depression is common.*
- *Depression can harm relationships, the capacity to work, and health.*

PAGE 02

People can feel exhausted when they are depressed. They want to be strong, but they just don't have the strength they need.

Sometimes, they can feel angry or irritable.

Sometimes, people can smile on the outside, even when they feel very differently on the inside.

Questions:

Have you ever wondered if you were depressed or known someone who was depressed? What did it feel like on the inside? What did it look like on the outside? Were you ever told to get over it – told you shouldn't be depressed?

PAGE 03

Stress and Depression

- *Stress is linked to depression.*
- *Stress involving relationships with other people are the type of stressors most closely linked to depression.*
- *Stress and depression can create a vicious cycle: Stress can increase depression, and depression can increase risk for more social stress.*

PAGE 04

Conflict and tension can be expressed many ways and affect many types of relationships.

Misunderstanding & Rejection

Pressure & Manipulation

Judgment & Harsh Criticism

Questions:

Think about a conflict you might have had with family, friends, or coworkers. What happened? How did you think and feel during and after these conflicts? Did the feelings last?

PAGE 05

Pathways Leading From Stress To Depression

- *Stress and trauma can influence the way people think and feel about themselves and others.*
- *Stress and trauma-related changes to thoughts and feelings can trigger and maintain depressive symptoms.*
- *Depressive symptoms can make it more difficult to evaluate negative thoughts and feelings about oneself and about relationships with others.*

PAGE 06

Depression can lead people to feel **rejected**.
Rejection can lead to feelings of **depression**.

Harsh or neglectful treatment in the past can affect the relationships we have now.
Depression can make it harder to feel connected.

Questions:

Does the way you feel in relationships change when you are feeling low or depressed? Or after a stressful experience? Does stress affect your ability to connect with other people?

PAGE 07

Discrimination and Depression

- *Racial and ethnic discrimination are social stressors in which people are targeted for unfair treatment because of their race or ethnicity.*
- *Experiences of racial and ethnic discrimination are common.*
- *Racial and ethnic discrimination have been associated with depressive symptoms in many studies.*

PAGE 08

"Racism is always having to be reminded that you live in a society where your Blackness separates you from everybody else."

"Racism isn't about hatred all the time. It's about others wanting you to know your place – the place where they want you to be in society."

"Black people are no less human than others. People shouldn't have to prove their value as a human and someone who deserves respect."

Questions:

Have you had experiences in which you were treated badly because of your race or ethnicity?
Have you ever seen someone else treated this way?
What happened? How did you feel?

PAGE 09

Pathways Leading From Racism to Depression

- *Like other stressors, discrimination can influence the way people think and feel about themselves, others, and the world.*
- *Racial discrimination can influence attention to possible race-related rejection or threat from others.*
- *Discrimination-related changes to the way people think and feel about others can undermine social relationships and increase risk for depressive symptoms.*

PAGE 10

"In my experience, a hard thing has been the smile with anxiety behind it. And that's what makes it really difficult. Because it's like, you're so nice.

But I can feel it, and I know that you're avoiding the gorilla in the room.

I know that you don't want to talk about the issue of race, because it makes you feel uncomfortable. But the fact that we haven't talked about it, is making me feel uncomfortable, right."

"And so, we just keep our faces on. I keep my smile on, you keep your smile on. But we never truly connect.

We are separate, because we can't get past that anxiety and connect."

Questions:

How does racism or experiences of discrimination affect how much you feel you can trust or connect with others? Does racism affect some relationships differently than others?

PAGE 11

Connection

- *Meaningful and positive relationships can help build resilience, pride, skills, and strength.*
- *Connections with others can enable the development of many different strategies for addressing discrimination.*
- *Positive social relationships can also help prevent or decrease depressive symptoms.*

PAGE 12

Together

Understand you are not alone in these experiences.

"We need each other to talk and provide support to break the cycle of negative and isolating thoughts."

PAGE 13

Trust

"People who listen, instead of being defensive and taking things personally, just listen to you.

That goes a long way, just listening to a person and the way that they suffer.

That can let you know, okay - this is somebody who I can be a little safer around, & you can grow your relationship from there."

We can provide and build community.
We can be who we really are.

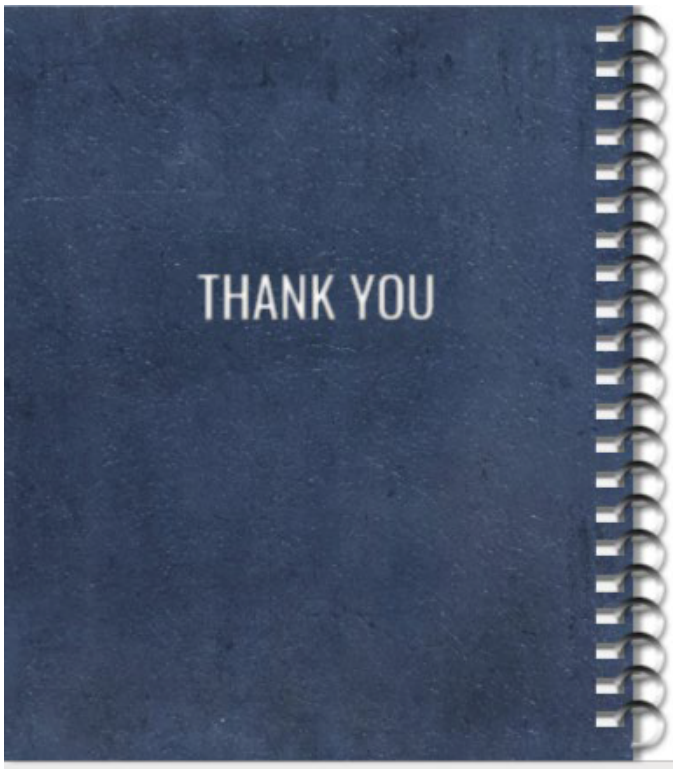
PAGE 14

Resources

Questions:

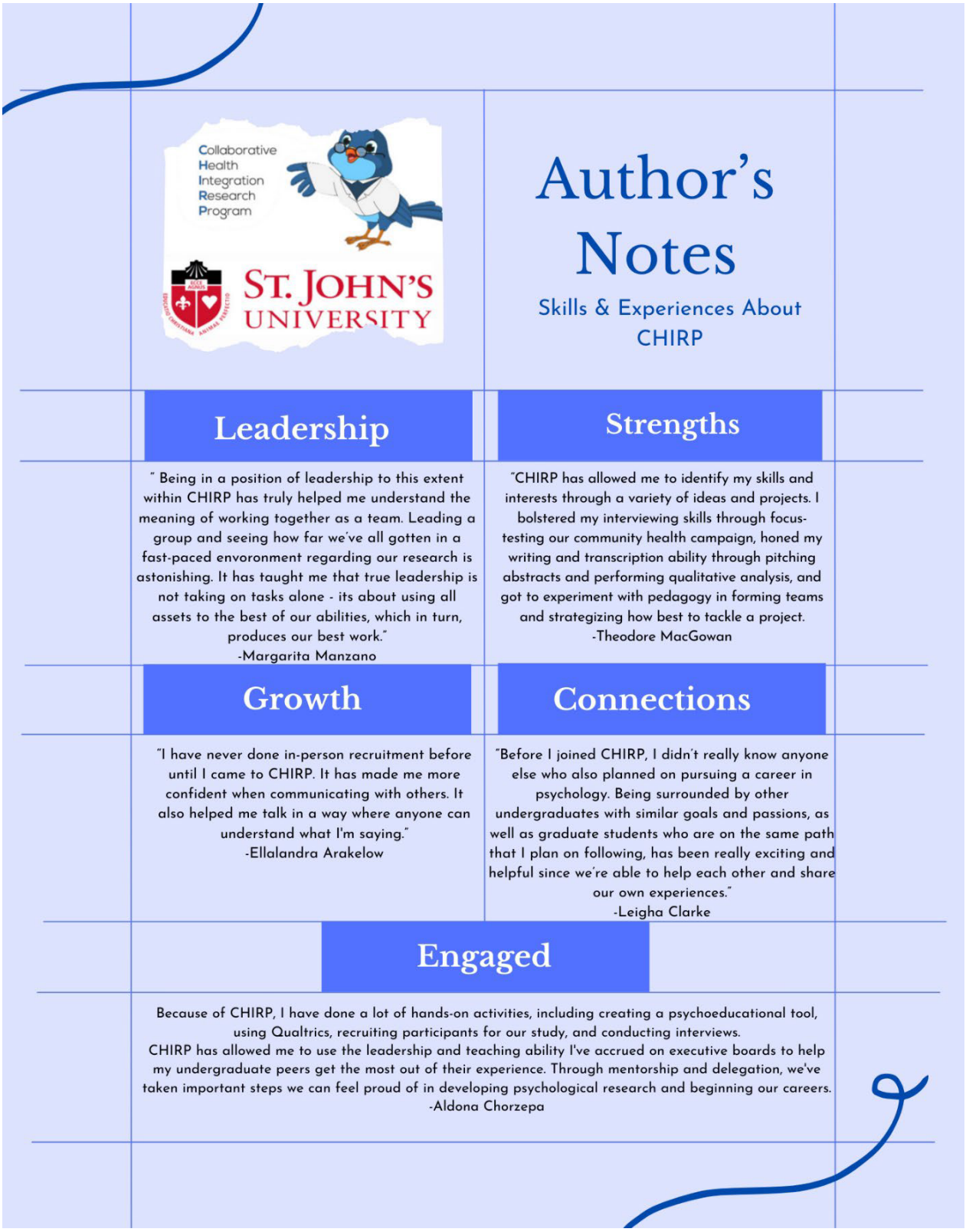
Who truly listens to your story? Who helps you stay strong?
How does the relationship help both of you?

PAGE 15



APPENDIX 3.

Student responses to their experiences in CHIRP.



ABOUT THE AUTHORS

Margarita Manzano is a Psychology Masters student at St. John's University. She has been a CHIRP member since December of 2020. Her interests include discrimination, depression, anxiety and trauma in children, as well as the psychopathology of childhood-onset AMPS.

Ellalandra Arakelow is a senior undergraduate at St. John's University with a major in Psychology and a minor in Sociology and Philosophy. She has been a member of CHIRP since April 2021. Her research interests include children and adolescent mental health, suicidality of youth, and ethnic minority issues.

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Leigha Clarke is a senior undergraduate student at St. John's University with a major in Psychology and a minor in English. She has been part of CHIRP since September 2021. Her research interests include experiences of discrimination and identity development of marginalized communities such as racial minorities and LGBTQ+ individuals, and interventions for anxiety disorders.

Skylor Loiseau graduated St. John's with a Psychology degree in 2021. He has been a CHIRP volunteer since 2020. His research interests include depression in adolescence, race and depression, as well as disproportionate treatment of marginalized **people.**

Dawson Hughes is a Junior Psychology student at St. John's University with a major in Psychology. He has been apart of CHIRP since January 2021. His research interest include ADHD, Autism, and intellectual disabilities, as well as racial/ethic disparities involving mental health.

Theodore MacGowan graduated Summa Cum Laude from St. John's University in the spring of 2021 and received her bachelor's in psychology. She began volunteering with CHIRP post-graduation and now works in business development in the corporate social responsibility space. Her areas of interest include existential psychology, psychiatric hegemony, and trans studies.

Elizabeth Brondolo, Ph.D. is a Professor of Psychology at St. John's University. Dr. Brondolo founded the Collaborative Health Integration Research Program (CHIRP) more than 15 years ago. She is an expert in the study of the effects of discrimination on health. She has published extensively and is the author of two books, including a new textbook entitled "Psychology Research Methods: A writing Intensive Approach". Her work has been funded by the National Institute of Health, the American Heart Association, and other organizations. Dr. Brondolo received the Patricia Barchas award from the American Psychosomatic Society for her work in social psychophysiology.