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Acculturation and Depression among Older U.S. Immigrants
A Systematic Review

By

Sunghwan Cho, M.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is offered as an elective for MSW students at St. Catherine University – University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted to demonstrate facility with basic social research methods. Students must independently conceptualize, design, and implement a research project, as well as publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Abstract

This systematic review examines how acculturation affects depressive symptoms of older U.S. immigrants. Upon through review of the present literature, five articles were identified as meeting inclusion criteria and analyzed based on the ecological theory. Common themes identified throughout the reviewed studies include enhancing family support, community support, and cultural contexts. Results of this review conclude the micro and meso system such as family and social network supports help older adult immigrants interact with the mainstream American culture, which leads to a reduction of depressive symptoms of older adult immigrants. Also, the review identified that it is helpful for service providers to understand macro system such as language, socioeconomic status and geological location to reduce older adult immigrants' depressive symptoms. Implications to social work practice are discussed as direct practice and indirect practice. In direct practice, this study discussed that social workers should be culturally competent and be aware of issues in relation to service utilization of the older immigrants. In the indirect practice of the policy and research, the study discussed an interpreter service supported by governmental level policy in the context of reimbursement costs for other types of care to help older immigrants receive proper primary and preventive care. This research also points to the need for the future research to promote interpreter support of the government for the older U.S. immigrants in the medical setting whose English proficiency is limited.

Introduction and Purpose Statement

As Americans live longer, growth in the number of older adults is unprecedented. In 2012, 14.5% (46.3 million) of the U.S. population was aged 65 or older, and the year 2030 marks an important demographic turning point in U.S. history according to the U.S. Census Bureau because all baby boomers will be older than 65 (Healthy People, n.d). A baby-boomer is a term used to describe an entire generation of people that were born during the period of time right after World War II (Senior Living, n.d). During that time period, the birth rate of Americans soared and this range is officially 1946 through 1964. By the end of 1946, 2.4 million baby-boomers were born and the number swelled to 72.5 million in 1964 (Senior Living, n.d). By 2035, the number of people over 65 years old will outnumber those who are, age 18, which means that the number of older adults would outnumber the children for the first time in the U.S. history (Senior Living, n.d). Furthermore, the number of people is projected to reach 23.5% by 2060 (Healthy People, n.d.; McInnis, 2014).

As the ratio of the older adults increases, it is likely for them to experience depression. It is estimated that between 15 and 20% of older adults have experienced depression (Geriatric Mental Health Foundation, 2008), but approximately 68% of adults aged 65 and over know little or almost nothing about depression (Mentalhealth America, n.d). Even worse, only 38% of them believe that depression is a “health problem” and about 58% of people aged 65 and older believe that it is “normal” for people to get depressed as they grow older (Mentalhealth America, n.d). However, depression is a significant predictor of suicide in older adults Americans, considering that individuals aged 65 and older account for 20% of all suicide deaths (Mentalhealth America, n.d). Fortunately, clinical depression is a very treatable illness. More than 80% of all people with depression can be successfully treated with medication, psychotherapy or a combination of both (Mentalhealth America, n.d).

With racial demographic changes and U.S. fertility rates at a historic low, the Census Bureau projects that net international migration will be the main driver behind U.S. population growth between 2027 and 2038 (Migration Policy Institute, n.d). Among adults 65 and older, older immigrants accounted for 12 percent of the 40 million immigrants in the United States in 2012 (Migration Policy Institute, n.d). Nine of every 10 older immigrants in the United States immigrated before the age of 65 (Migration Policy Institute, n.d). A near-record 14% of the country's population in 2016 is foreign born compared with just 5 % in 1965 (Pew Research Center, n.d). Of the 4.6 million older foreign born in the United States in 2007, 90.2 percent aged into that category while in the United States. The remaining 9.8 percent arrived in the United States at age 65 or older (Migration Policy Institute, n.d). The number of older immigrants has been steadily increasing since 1990. The U.S. older immigrant population rose from 2.7 million in 1990 to 4.6 million in 2010, a 70 percent increase within 20 years (Population Reference Bureau, n.d). There was a considerable diversity in age composition of immigrants from different regions. In 2010, seniors accounted for 29 percent of immigrants from Europe and 26 percent from Canada and Bermuda. By contrast, the foreign-born older immigrants from Asia were just 13 percent, with 11 percent from Oceania, 9 percent from Latin America, and 6 percent from Africa. The countries of origin with the lowest share of older persons among the total immigrant population in the U.S. were Saudi Arabia, Kuwait, Nepal, Yemen, Sudan, Kenya and Cameroon (Migration Policy Institute, n.d).

Over the next five decades, the majority of U.S. population growth is projected to be linked to new Asian and Hispanic immigration (Pew Research Center, n.d). Asian is projected to become the largest immigrant group from the year of 2055 because of rising immigration (Pew Research Center, n.d). The aging process of this population (foreign born) will be different from the U.S. born population due to cultural difference. The different

support should be considered depending on the level of depression when they have depressive symptoms due to maladjustment as immigrants.

Considering the growing number of older adults and immigrants, older immigrants might be vulnerable to depression due to the difficulty in acculturation as well as risk factors for depression such as gender, living alone, physical illness, medications, genetics and family history (McInnis, 2014). Acculturation is the process of change or adaptation in one's attitudes, values, behavior, and identity that results from experiencing a new cultural context. Historically, it has been hypothesized that the process of acculturation is stressful and may negatively impact mental health because it forces an individual to negotiate two potentially conflicting identities and integrate into a society that can be hostile to minorities (Marsiglia, Booth, Baldwin & Ayers, 2013). Recent research studies have shown that the acculturation could affect the level of depression for immigrants in the U.S. (Ramos, 2005; Park & Rubin, 2012).

To more effectively treat older immigrant adults' depression, culturally competent social workers' role is imperative. The Standards for Cultural Competence in Social Work Practice (National Association of Social Workers, 2015) charges social workers with the ethical responsibility to be culturally competent. This is evidence of the profession's commitment to meeting the needs of a changing and culturally diverse population. These standards represent the profession's first attempt at delineation of standards for culturally competent social work practice (NASW, 2001). According to the standards, cultural competence entails acquiring culturally relevant knowledge and applying it to specific client situations (NASW, 2001). To meet this challenge, it is essential to gain a greater understanding of the unique factors that impinge on the lives of culturally diverse clients. Also, The National Association of Social Workers Code of Ethics identifies core values on which the mission of social work is based. As part of the code, social workers are called to

respect the inherent dignity and worth of the promoting the well-being of clients regardless of racial difference (NASW, 2017). In this aspect, culturally competent social workers' involvement in helping older immigrant adults to overcome depression is one of the ways to embody the social justice in the society.

Therefore, this study is important to social work because understanding cultural difference improves the quality of life for clients and further strengthens social work's presence. This systematic review will be conducted to better understand and examine what factors in the lack of acculturation affect older immigrant adults' depression. Social workers perspective on depression in older immigrants will also be explored.

Literature Review

Depression in Older Adults

The literature on depression in older adults and immigrants were reviewed using the following themes; (1) Depression in Older Adults; (I) Symptoms and Types; (II) Sub-Threshold Depression; (III) Adjustment Disorder with Depressed Mood; (2) Individual Culture and Collectivist Culture; (3) Depression in the Immigrant Population; (4) Risk Factors for Depression in Older Adults; (I) Socioeconomic Status (SES); (II) Older Adults and Physical Illness; (5) The Importance of The Topic.

Symptoms and Types. Depression is a common and serious medical illness that negatively affects how people feel, the way people think and how they act (American Psychiatric Association, n.d). However, the majority of older adults are not depressed. Some estimates of major depression in older people living in the community range from less than 1% to about 5% but rise to 13.5% in those who require home healthcare and to 11.5% in older hospital patients (Centers for Disease Control and Prevention, n.d). Generally, there are two types of depression-related disorders; major depressive disorder and dysthymic disorder (McInnis, 2014) Major depressive disorder is described as a combination of interfering

symptoms in terms of working, sleeping, studying, eating, and enjoying and dysthymic disorder, also called dysthymia. This is less severe but long lasting at least two or more years (McInnis, 2014). The symptoms of depression may vary as follows; (1) sad, anxious, or empty mood, (2) hopelessness or pessimism, (3) feelings of guilt, worthlessness, or helplessness, (4) loss of interest or pleasure in hobbies, (5) decreased energy, fatigue, or slow-down feeling, (6) changes in appetite and/or weight loss, (7) thoughts of death or suicide, or suicide attempts, (8) restlessness or irritability, and (9) headaches, digestive disorders, and chronic pain (National Institute of Mental Health, 2009).

Some have battled with lifelong depression while others have developed depression after the age of 65. It has been known that there is not a single cause of depression. A number of risk factors can contribute to depression, such as genetics, family history, gender, living alone, and physical illness. (McInnis, 2014).

Sub-Threshold Depression. The incidence of major depression actually decreases with increased age. (McInnis, 2014). However, much of the depression seen in older adults falls into the category of “sub-threshold” depression, meaning their symptoms may not be severe enough to be classified as a major clinical depression but are problematic enough to affect the quality of life for older adults (Albert, 2004). Gum, McDougal, McIlvane and Mingo (2010) found that older adults were more likely to identify depression if they had personal mental health experience, more positive expectations regarding aging, and read the sad vignette. In addition, the study concluded that older adults were more likely to recommend professional help if they identified depression. Milder and more common forms of depression among older adults are known as dysthymic disorders or classified as minor depressions (McInnis, 2014). Although an older adult who is experiencing minor depression may present with depressed mood, low energy, negative self-talk, and appetite and sleep

disturbances (American Psychiatric Association, 2013). Several depressive symptoms occurring together can be as disabling as a major depression (McInnis, 2014).

Adjustment Disorder with Depressed Mood. Many depressed older adults suffer from what is known as an adjustment disorder with depressed mood as well. According to DSM-5, when someone experiences adjustment disorder, he or she does not receive a vague diagnosis of adjustment disorder alone (American Psychiatric Association, 2013). Instead, the diagnosis is categorized by type according to the person's unique symptoms (American Psychiatric Association, 2013). Reaction to a life change or another type of stressor can lead to a subjective, personal experience of depression. The symptoms of adjustment disorder with depressed mood can include 1) Low mood, sadness 2) Increased tearfulness, frequent crying spells, 3) Sense of hopelessness 4) Decreased self-esteem 5) Anhedonia-loss of a sense of pleasure 6) Lack of motivation 6) Feeling of loneliness and isolation 7) Suicidal ideation or behavior.

It is not easy to differentiate adjustment disorder with depressed mood from depressive disorders. The symptoms are so similar that occasionally adjustment disorder with depression is referred to as situational depression. The key to distinguishing between the two mental health conditions is the word "situational." Adjustment disorder with depressed mood is conditional upon a particular situation, a life change or a stressor of some sort. The stressor can be of any severity, but it must cause disruption to the person's life. When the disruption is experienced as depression, it is adjustment disorder with depressed mood.

When depressive symptoms occur without a stressor or before a stressor has occurred, the diagnosis is a depressive disorder such as major depressive disorder. The more symptoms of depression a person has and the longer they last, the more likely it is that he or she has a depressive disorder rather than adjustment disorder with depressed mood.

Individual Culture and Collectivist Culture

Culture is a dynamic system of rules, explicit and implicit, established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms, and behaviors, shared by a group but harbored differently by each specific within the group, communicated across generations, relatively stable but with the potential to change across time (Matsumoto & Juang, 2004). Individualist culture generally values independence and uniqueness of the individual person, whereas collectivist culture is known to respect how a person fits in or belongs in her community. Individualism is described to have an emphasis on “personal independence and personal uniqueness” (Oyserman, Coon, & Kemmelmeier, 2002, p.30), while collectivism concentrated on “group process, including duty, and in-group harmony” (p.30). Difference in collectivism are in “the relatedness of a person to his in-group and, more generally, to the world” (Mesquita, 2001, p.68), whereas individualism focused on the individual and his distinctiveness and independence.

People from the U.S. and other Western countries are generalized to be of an individualistic culture, whilst many Eastern or Asian countries, are of collectivist culture. Eastern immigrants in individualistic culture may be challenged to become more independent as less harmonious, therefore creating inner conflict. Boucher & Maslach (2009) found that Euro-Americans are comfortable with taking the lead and seeking attention, whereas Asian Americans were only comfortable with taking the lead, especially after considering the social appropriateness of the task. Asian Americans were not comfortable with seeking attention. In both cases, the difference between cultures may pose conflict to the adaptation process when surrounded by people who tend or do not tend to seek attention (Boucher & Maslach, 2009)

Depression in the Immigrants Population

Immigration is a stressful process for uprooted people adjusting to a new society (Oh, Koeske and Sales, 2002). Changes in cultural norms and social conditions are

particularly difficult for older adult immigrants who often lack crucial information about the new society. Lee and Leung (2001) found that older Chinese immigrants (n=150) aged between 55 and 86 who had a higher degree of migratory grief experience and a lower English proficiency score, who visited their home country, and were younger older immigrants, were more likely to feel depressed. The length of residence in the U.S. among the participants ranged from one half of a year to 40 years with a mean of 10.86 years. It is understandable to see a higher depression among younger immigrants than older immigrants because older immigrants are often protected from the outside environment due to their physical and mental impairment (Lee and Leung, 2001).

However, according to recent research, despite experiencing migration-related stress and social adversity, immigrants are less likely to experience an array of adverse behavioral and health outcomes (Salas-Wright, Vaughn, Goings, Miller & Schwartz, 2018). Compared to U.S. born individuals, the prevalence of mental disorders was not significantly different among individuals who immigrated as children; however, immigrants who arrived as adolescents (age 12-17) and adults (18+) were significantly less likely than U.S. born individuals to have met criteria for a lifetime disorder.

Risk Factors for Depression in Older Adults

Socioeconomic Status (SES). SES has been used in numerous studies to measure an individual's or group's social standing based on their income, education level, or other significant factors. Low socioeconomic class is a significant risk factor for depression among older adults. According to Saraga, Gholam-Rezaee and Preisig (2013), immigrant's experience of psychosocial adversity as well as the cultural background are likely to impact on the clinical expression on depression (Saraga, Gholam-Rezaee & Preisig, 2013). For example, being born in very poor economic conditions during childhood, little schooling to the point of illiteracy, violence (domestic or collective), a traumatic migration journey could

increase prevalence of comorbid anxiety and depressive disorders in migrants (Saraga, Gholam-Rezaee & Preisig, 2013).

Kim, Linton, Cho and Ha (2016) found that older Korean immigrants' economic insecurity with a high poverty rate is significantly associated with depression. Hopelessness caused by economic hardships can trigger excessive stress which can result in experiencing depressive symptoms (Kim, Linton, Cho & Ha, 2016). Feelings of helplessness and the lack of hope accumulated over a lifetime exacerbate deep feelings of worthlessness and overwhelming sadness among older adults. These feelings of a loss of control over life and the stressful events of aging destroy an older adult's sense of life satisfaction, choice, and self-confidence (Burnette & Mui, 1994).

Older Adults and Physical Illness. Physical illness increases the risk of depression for older adults. Much of the depression that surrounds physical illness is due to the accompanying changes in an older adult's ability to carry out the activities of daily living. The loss of ability to feed oneself or to engage in independent toileting, dress, or bathing touches the core of an older adult's self-esteem (Jang, Bergman, Schonfeld, & Molinari, 2006). The subsequent dependency generated by loss of these abilities contributes to an older adult's feeling of being useless and a burden to others. Jang et al. (2006) found that a sense of control over life, the continuing ability to make choices about everyday activities, and self-confidence in one's ability to manage one's life were the strongest deterrents to the development of depression in older adults. Bertera (2002) conducted a similar study to investigate the effects of behavioral responses to examples of limited Active Daily Living (ADLs) on depression in 986 community-dwelling adults. Behavioral responses included limitations in ADLs, and avoidance of routine activities such as bending, reaching and stooping. Those who avoided activities were 1.6 times more likely to be depressed than those who did not avoid activities. Respondents with limited ADLs were twice as likely as those

without ADL limitations to have depression. Bertera (2002) concluded that ADL limitations were associated with depression.

Depression may appear as a symptom of diseases seen more frequently in older adults, such as brain tumors, hypertension, Parkinson's disease, congestive heart failure, and diabetes (McInnis, 2014). In the early stages of Alzheimer's Disease (AD), as older adults become increasingly aware of failing cognitive abilities, they frequently become depressed. According to the Gaugler et al. (2014), they found that changes in functional and depressive symptoms were partly independent of cognitive decline. Increases in depressive symptoms. They claimed that increases in depressive symptoms imply the self-recognition older adults may have related to their memory loss prior to a formal AD diagnosis. On the contrary, Burke, Cadet, Alcide, O'Driscoll and Maramaldi (2018) concluded that depression is associated Alzheimer's disease development among cognitively asymptomatic participants (n=12,083). This study suggested that decreasing the threat posed by psychological symptoms may be one avenue for possibly delaying onset of AD. Whether depression is itself caused by the Alzheimer's disease or whether the awareness of the progressive debilitation of Alzheimer's disease precipitates the depression is unclear (Toseland & Parker, 2006). The comorbidity of Alzheimer's disease and depression is one of the most difficult challenges of mental health services to older adults.

The Importance of The Topic

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest (Mayo Clinic, n.d.). It may be caused by complex and various reasons, not by a simple one. Although the prevalence rate of older adults' depression is low, once it starts to occur, its result is more dangerous than other age groups because older adults usually take it for granted that depression is a normal part of growing older (Mayo Clinic, n.d). Also, it is more difficult for older adults to differentiate adjustment disorder with depressive mood and

major depressive disorder because they are more likely to experience major life events such as retirement and spouse's death than other age groups. Regardless of racial differences, it is known that these potential risk factors could also affect older adults' depression. However, there are still ongoing arguments whether acculturation could affect older immigrants' depression or not, and a gap in the literature was found: We do not fully understand how acculturation may be contributing to depression among older adult immigrants. Therefore, this goal of this study is to know and understand how acculturation level affects depressive symptoms of older immigrant groups through a systematic review of the literature.

Conceptual Framework

According to Maslow, every individual strives for self-esteem (Hutchison, 2015). In his theory, the Maslow Hierarchy of Needs, "higher needs cannot emerge in full motivational force until lower needs have been at least partially satisfied" (Hutchison, 2015, p.68).

Considering older immigrant adults with depressive symptoms, their needs are normally in the stages of belongingness and love needs, esteem needs, or self-actualization. Satisfaction of self-esteem leads to feelings of self-confidence, self-respect, adequacy and mastery.

However, when self-esteem needs are not met, it is likely for them to feel inferiority and helplessness. This means that they could experience major depression because feelings of worthlessness are included in the symptoms of major depression (American Psychiatric Association, 2013). Therefore, older immigrant adults would make an effort to acquire self-esteem or self-actualization if they felt low self-esteem or self-efficacy.

Also, older immigrant adults could be understood within the range of the ecological Model. This theory comes from the field of ecology, which focuses on the relationships and interactions between living organisms and their environments (Hutchison, 2015). Its foundational principle emphasizes people depend on continuous interchange with their surrounding environment for survival and growth (Hutchison, 2015). The Ecological Model

describes systems as interrelated parts of subsystems constituting an ordered whole. Each subsystem impacts all other parts and tends toward equilibrium (Hutchison, 2015).

According to Bronfenbrenner, ecological theory consists of five environmental systems; the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Hutchison, 2015).

The microsystem is the setting in which an individual lives that includes the person's family, peers, school, and neighborhood. The mesosystem involves relations between microsystems or connections between contexts involving the relation of family experiences to school experiences, school experiences to church experiences, and family experiences to peer experiences. The exosystem in ecological theory involves experiences in another social setting influencing what the individual experiences in an immediate context. The macrosystem is the cultural context in which individuals live. The chronosystem symbolizes the patterning of environmental events and transitions over the course of life. Below is the diagram of Bronfenbrenner's ecological systems theory to show where each of the systems fit within the ecological model.

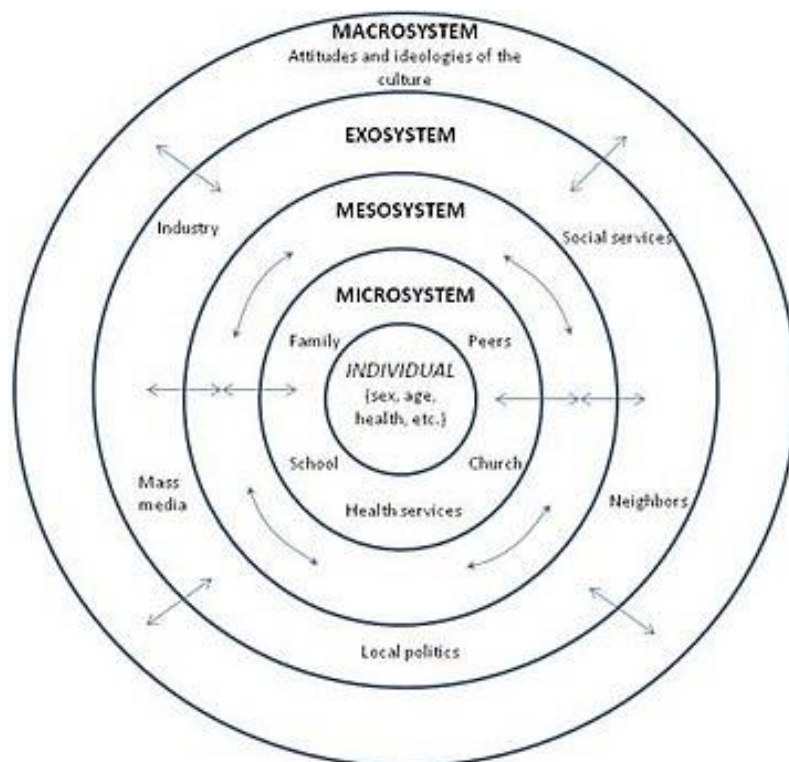


Figure 1. *Bronfenbrenner's Ecological Systems Theory*

All these system-based ecological notions help to understand the immigrant population as they struggle with stress, coping, and adaptation. To initiate and exchange new interactions with unknown environment, immigrant population might face numerous critical issues such variables as race, ethnicity, and SES among many factors found to be associated with depression (McInnis-Dittrich, 2014).

Methods

Research Design

This study is a systematic review of quantitative studies on older adult immigrants' depression to examine the implementation and effectiveness of acculturation. A systematic review consists of a review of the literature that is designed to research, evaluate, synthesize, and assess the available evidence related to a specific research question (Boland, Cherry & Dickson, 2017). Articles were examined for themes that identified factors that are experienced by older immigrants in the U.S. The research questions in this systematic review of literature were: 1) How acculturation affect depressive symptoms of older immigrant group? 2) Is there any guidance or solution to help older immigrants who are depressed due to lack of acculturation? 3) How can social workers help this group of people to reduce older immigrants' depression?

Data Collection

Selection Process. Articles were examined in regard to the research question for this systematic review addressing which factors could improve U.S. older immigrant's depression. When examining articles for this research question, the study populations were in regard to older immigrants over 55 years old in the U.S. regardless of racial difference. The purpose of this systematic review is to focus on the cultural factors that impact the older immigrants' depression in the U.S. Articles that are included were reviewed for 1) identified risk factors that make the older immigrants depressed, 2) Factors that improve the older

immigrants' depression due to the lack of acculturation, and 3) Solutions to reduce older adults' depression from the social work perspective.

Search Strategy. The search was conducted from April 2019 through May 2019 in finding research articles that met the inclusion criteria for this systematic review. The researcher searched different online databases in order to gather existing research on this topic. Each article had at least one of the inclusion criteria and met none of the exclusion criteria to be used in the results of this systematic review. This systematic review used the following electronic databases to search for existing research that meet the inclusion criteria; SocINDEX, PsycINFO, Scopus, Social Work Abstract. In addition, articles were requested through the Interlibrary Loan System when they were not available in the databases. The term searched concurrently were “Older adults”, “Acculturation”, “Depression”, “Immigrants”, “mental health”, “therapy” and “culture.”

Selection Criteria. The results were generated by having one or more of the search terms appear in either the title, article, abstract, or keyword index of each article reviewed. The articles needed to have research that addressed the research question for this systematic review. Articles included either had research on one or several points of the research questions. After the initial search terms were used, there were 1,896 total articles. The titles and abstracts of those articles were reviewed to ensure whether the content of the articles meet the inclusion criteria for this systematic review. An inclusion criterion used toward all the articles reviewed was the articles being published between the years of 1998 and 2019. An additional inclusion criterion used when reviewing all the articles was that the research design had to be an empirical and quantitative study. Articles that are not published in English meet criterion for exclusion. In each search, there were several articles that will be repeated from a previous used search term. Articles that were found in a previous search, were not be repeated in the final count of articles meeting inclusion criteria. The articles that

were in the results for each search term had individualized well-defined inclusion and exclusion criteria. After the 893 article titles and abstracts were reviewed, a further assessment of the articles results, and discussion section were reviewed for 24 articles that had potential to meet inclusion criteria. After completing a further assessment of meeting inclusion criteria and eliminating duplicate articles, five final articles met full inclusion criteria and will be included in this systematic review. The data collection process is summarized in Table 1 and the list of articles used for the review are listed in Table 2.

Data Analysis

For the analysis of this systematic review, the results were split into three main sections with sub headers. The first section is micro level system to be able to improve older immigrants' depression and they were identified in the articles used for the systematic review. The second section is meso level system to improve older immigrants' depression from the social work perspective. The third section is possible factors to have an impact on acculturation of older adult immigrants. When abstracting data from the articles, the untrue, not supported, or insignificant information was excluded from the results section of this systematic review. Qualitative results were not able to be included because of the analysis process.

PRISMA Flow Diagram

Table 1.

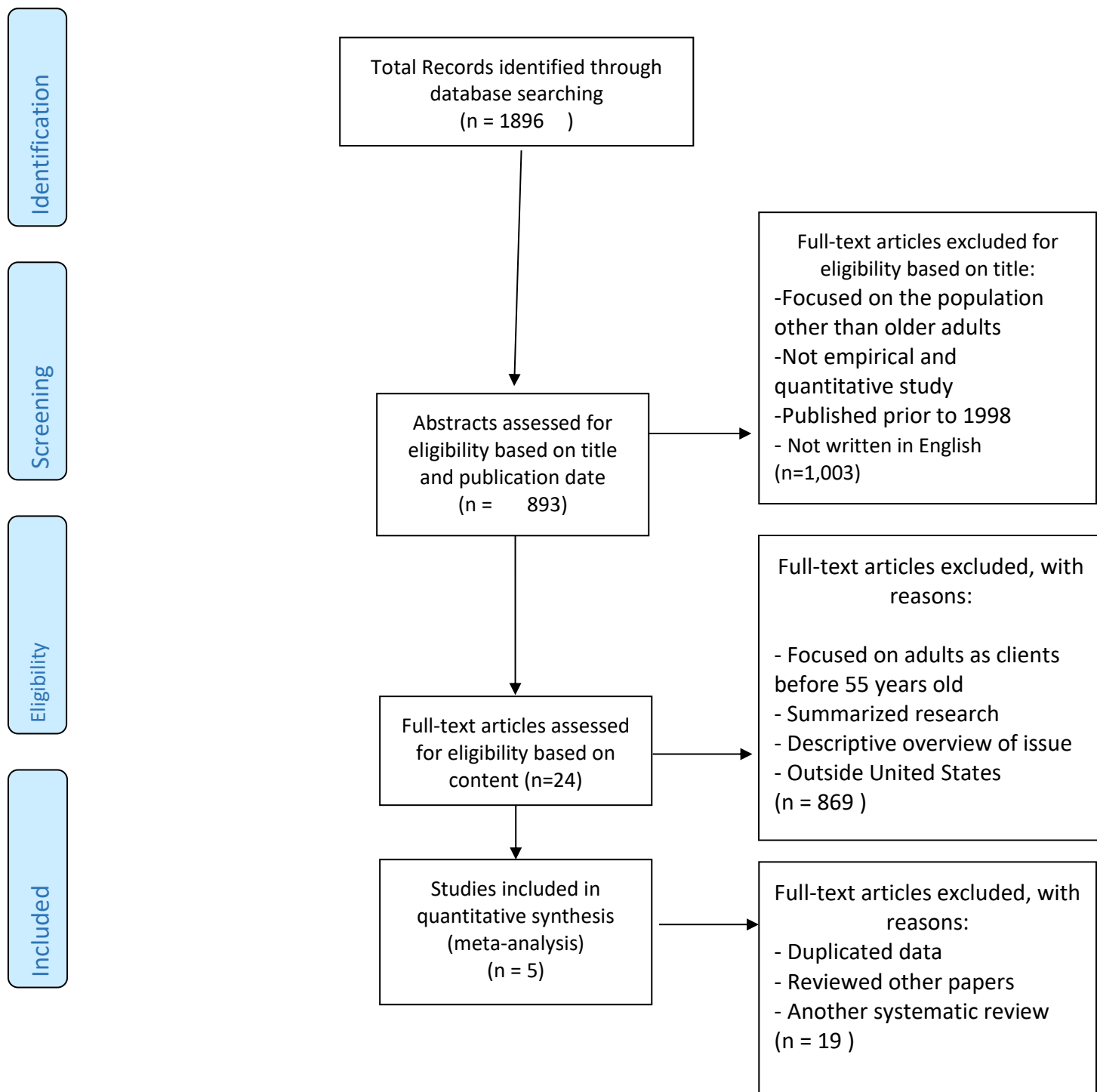
Search Strategy

Table 2.

Study Comparison

Article Title	Participants	Design	Data Analysis	Results	Limitation
Self-reported Discrimination and Depressive Symptoms Among Older Chinese Adults in Chicago. Li & Dong (2016)	Older adults (60+ years) of Chinese origin residing in the Greater Chicago area (N= 3,004)	Cross-sectional analysis of data collected from older adults was used. Depressive symptoms were measured by the Patient Health Questionnaire (PHQ-9). Data were from the Population-based Study of Chinese older adult immigrants in Chicago (PINE). Participants were recruited from social service agencies, community centers, faith-based organizations, senior apartments and social clubs.	Logistic regression of self-reported discrimination and negative binominal regression of depressive symptoms were conducted.	Self-reported discrimination is significantly and positively associated with depressive symptoms in older Chinese Americans.	The temporal relationship between self-reported discrimination and depressive symptoms cannot be ascertained, as cross-sectional data were analyzed. The measure of discrimination does not address ongoing, routine, every discrimination, which may be particularly potent in affecting depression of ethnic minorities.

<p>The Impact of Acculturation on Depression Among Older Muslim Immigrants in the United States. Abu-Bader, Tirmazi, & Ross-Sheriff (2011)</p>	<p>70 older Muslim immigrants in the Washington DC metropolitan area.</p>	<p>Using a cross-sectional design, this study utilized a self-administered survey to examine the relationship between acculturation, physical and emotional health, health locus of control (LOC), life event and depression among a convenient sample of 70 immigrant Muslim older adults immigrants in United States.</p>	<p>Multiple regression analysis was utilized. The Pearson product-moment correlation coefficient was utilized to examine the relationship between the dependent variable, depression, and the independent variables, acculturation, locus of control, life events and physical and emotional health.</p>	<p>Half of participants reported a presence of depressive symptoms. Participants report to greater levels of separation from mainstream American culture and preference of maintaining their ethnic/religious cultures.</p>	<p>Although the study linked depression to four significant factors, causality cannot be assumed due to the nature of cross-sectional design utilized in this study. Also, the study used a convenient sample recruited from the Washington, DC metropolitan area, which may not be representative of all American Muslim immigrants.</p>
<p>The Impact of Acculturation on Depressive Symptoms: A Comparison of Older Korean Americans in Two Areas. Jang, Roh, & Chiriboga (2014)</p>	<p>672 Korean American older adults (60 years or older) in Florida. 420 Korean American older adults in New York City metropolitan area.</p>	<p>10-item short form of the Center for Epidemiologic Studies-Depression Scale, 12-item Inventory of Acculturation, physical performance scale, Lubben Social Network Scale, realization of Filial Responsibility scale,</p>	<p>Hierarchical regression models of depressive symptoms were estimated. The level of acculturation was assessed with a 12-item Inventory of Acculturation.</p>	<p>The level of acculturation was significantly lower among individuals living in New York compared to those in Florida. The level and importance of acculturation may differ by geographic locations.</p>	<p>Due to use of a cross-sectional design and nonrepresentative samples, causal inference and generalizability are not warranted. Also, the absence of objective data on ethnic density and availability of ethnic-oriented resources in the communities adds to the study limitations.</p>

		Pearlin and Schooler's Mastery scale was measured for depression symptoms, acculturation, health and psychosocial status.			
Effects of acculturation and social network support on depression among elderly Korean immigrants. Kim, Sangalang, & Kihl (2012)	210 Community-dwelling older Korean immigrants (age 65+)	Self-reported measures included sociodemographic characteristics, acculturation, social network support, and depressive symptoms. This study used cross-sectional analysis of a community-based cohort.	A hierarchical robust regression was modeled with the following sets of predictive variables: (a) sociodemographic variables; (b) acculturation; (c) social network support; (d) an interaction between acculturation and social network support.	Older Korean immigrants who had high social network support and were highly acculturated exhibited lower levels of depression compared to those who had low support and were highly acculturated.	Since the study is based on cross-sectional survey design, the findings cannot confirm the causal relationship between acculturation status, social network support, and depression. Also, the use of convenience sampling may introduce selection bias by oversampling upper middle class and healthy individuals.
Acculturation and self-esteem among older Mexican Americans. Meyler, Stimpson, Peek (2006)	3050 Hispanic Established Populations for the Epidemiologic Studies of the older adults (H-EPESE).	Depressive symptoms were measured with the Center for Epidemiologic Studies Depression Scale (CES-D). Self-esteem was measured in the H-	This study estimates regression models in Mplus version 3 using full information maximum likelihood (FIML), which produces less biased and more	Language acculturation among older Mexican Americans is positively associated with self-esteem, even when individuals experience depressive symptoms.	Rosenberg's scale was not fully implemented in the H-EPESE. The scale implemented in this study has high reliability, but it only measures language use and comfort. There are other elements of acculturation to be explored such as the

		EPSE through four questions from the Rosenberg self-esteem study.	efficient parameter estimates, as well as a covariance matrix from all observations to minimize missing data.		changing of behaviors and/or values.
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Findings

From the research collected, five articles were included in this study. The following overarching themes were identified in the research: enhancing family support, helping client's acculturation, cultural contexts for successful acculturation. The ecological system was used to categorize major themes with subthemes that emerged from the study. Below is the table of themes which emerged from each level system based in Bronfenbrenner's ecological systems theory.

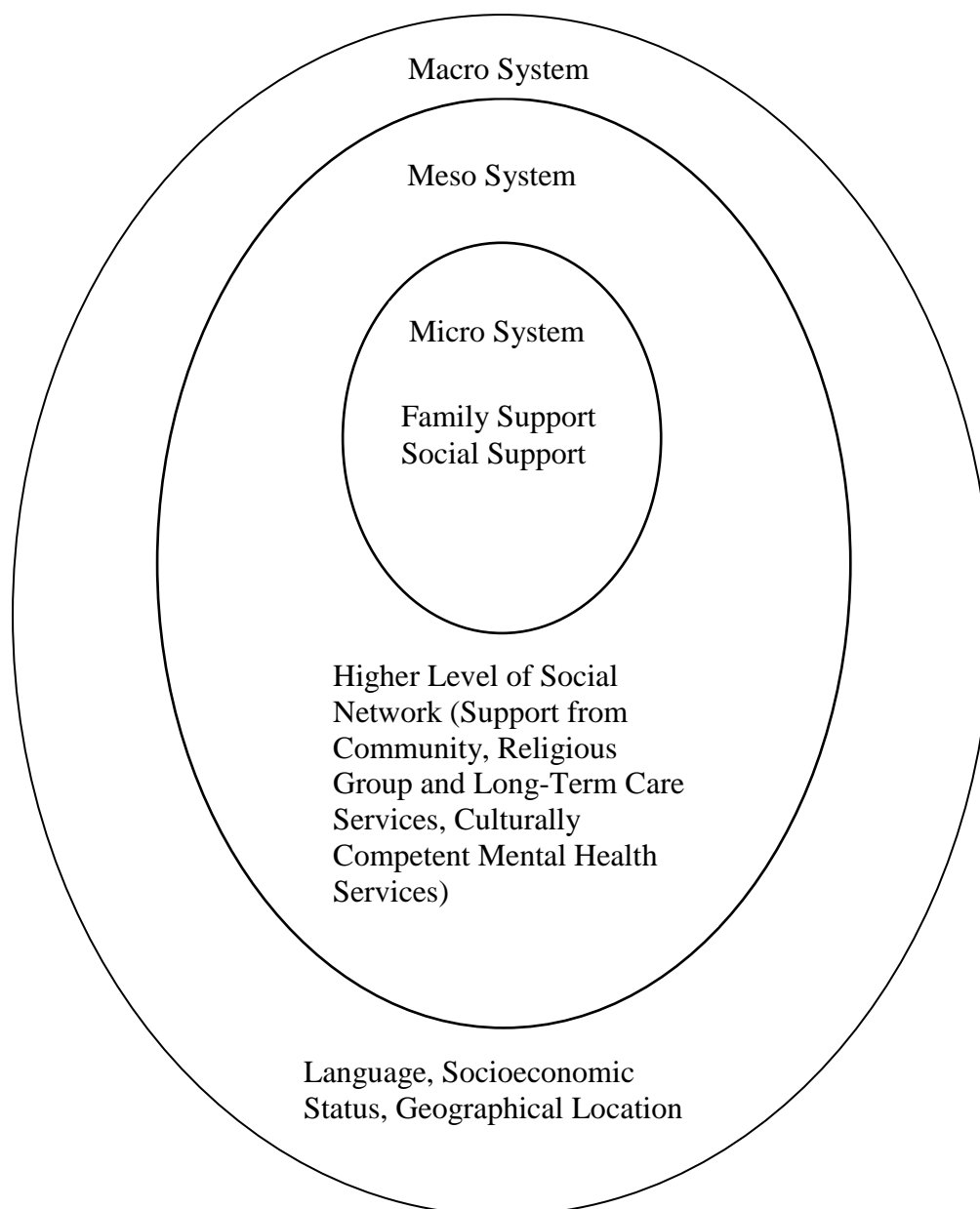


Figure 2. *The Themes Emerged from Each Level System*

Micro Level System

In the studies reviewed, 40 % (2 out of 5) of the articles discussed a micro level system that address key interposition to prevent depressive symptoms of older adult immigrants. The theme that emerged from the articles is; family and social support.

An intervention such as providing social support was identified as a key factor in reducing the depressive symptoms of older adult immigrants. In the article Abu-Bader, Tirmazi, & Ross-Sheriff (2011), a quantitative study was conducted from four mosques and Islamic centers in the Washington DC metropolitan area. The participants were 70 Muslim older adult immigrants with an average age of 63 years old. They were identified that they had been in the US between 5 and 53 years with a mean of 26 years. The study identified four themes impacted depression, acculturation, life events, health locus of control, physical and emotional health. The study concluded that older Muslim immigrants' family support were important factors to prevent enormous stress of adapting to a foreign culture and economic dependence because the rate of depressive symptoms among older Muslim immigrants is much greater than reported in other populations.

In the article Kim et al., (2012), a quantitative study with 210 Community- dwelling older Korean immigrants (over 65 years old) were conducted in adult day health care centers, senior centers, and churches in Los Angeles county. Although greater acculturation among Korean immigrants is associated with better mental health outcomes, culturally relevant protective factors, such as familial and co-ethnic support, diminishes stress and improves well-being. The study concluded that support from family network are associated with less depression among older Korean immigrants.

Meso Level System

A community support is another system in reducing depressive symptoms of older adult immigrants. The studies reviewed, 40 % (2 out of 5) articles addressed meso level

systems. The articles emphasize the importance of community leaders and staff in community-based long-term care services. Also, in particular, given that the majority of Korean Americans attend churches, Kim et al., (2012) claimed that church leaders should disseminate information regarding the importance of social support network for well-being among older Koreans, particularly for those who have limited English proficiency and are less integrated. In the study, older Korean immigrants who reported greater social network support are likely to have stronger communities' ties and support from family. The study also claimed it is possible that those with higher levels of social network support have emotional resources to cope with the stresses of acculturation such as depression or anxiety.

In another study regarding older Muslim immigrants, Abu-Bader et al., (2011) claimed that community leaders and religious figures (Imams) in developing intervention methods that reduce the gap between both mainstream and heritage culture, and lead to effectively integrate older Muslim immigrants in the American culture, yet while maintaining their own culture and Islamic values. As the study of Kim et al., (2012) shows that older Korean immigrants prefers socialization in the Church community, older Muslim immigrants prefer to socialize with their own religious and cultural groups and find comfort in relating with them. The study concluded that social work and mental health professionals should provide culturally competent services in planning effective mental health intervention strategies tailored particularly towards older Muslim immigrants to reduce their high tendency of depressive symptoms.

Macro Level System

The studies reviewed, 60 % (3 out of 5) articles addressed macro level systems. It is important for social workers to understand systems because the macro system setting is the actual culture of an individual (Hutchison, 2015) The following factors were identified in the research: Language, socio-economic status, and geographical location.

Language. The macro system setting is the actual culture of an individual. The cultural contexts involve language, norms, customs, ideas, beliefs and meanings. Language is a part of culture and a product of the thought and behavior of a society (Hutchison, 2015). If language barrier is applied only in the individual area, there is few possible ways to explain why fluent older U.S. immigrants such as Muslim or Jewish keep religious values in their daily living. For example, the word ‘Ramadan’ means ninth month of the Muslim year, during which strict fasting is observed from sunrise to sunset for Muslims. However, most westerners do not put a meaning to the word in their life. The importance of the word “Ramadan” is different between Islamic and western society. Thus, people can express cultural beliefs and values through the language. In the articles, language barriers lowered the life quality of older adult immigrants due to difficulties of communication with American mainstream culture, which results in depression.

Meyler, Stimpson, & Peek (2006) conducted a quantitative study with 3,050 older Mexican Americans who lived in the Texas, California, Arizona, Colorado and New Mexico was conducted in 1993 and 1994. In the study, Mexican older immigrants’ self-esteem benefitted from language acculturation, even when they expressed depressive symptoms. Meyler et al., (2006) claimed that the language acculturation is linked to self-esteem. Previous researches focused on the results that acculturation is linked to depressive symptoms, but Meyler et al., (2006) suggested that the acculturation influences multiple dimensions of mental health. Also, in the study of Abu-Bader et al., (2011) authors suggest that language barriers can be factors contributed to older Muslim immigrants’ separation from the mainstream American culture, which could lead to the presence of depressive symptoms and other mental health-related problems. The similar issues were identified in the study of Kim et al., (2012). In the study, many of older Korean immigrants were unable to have extensive social lives due to language proficiency, which contribute to depression.

Socioeconomic Status. From the perspective of the macrosystem, the cultural contexts involve the socioeconomic status of the people and their ethnicity or race (Hutchison, 2015). As more acculturated immigrants tend to fare off better economically than those who are less acculturated, individuals who are less adapted to the dominant host culture can have less resources to cope and are at greater risk of poorer adjustment (Kim et al., 2012). Also, Abu-Bader et al., (2011) claimed that many older Muslims are likely to have depressive symptoms due to the stress of economic dependence on their adult children, and nuclear and extended family members for coping with the everyday challenges that arise from beginning a new life in the United States.

However, in the article Li and Dong (2016), the authors claimed that those who are higher socioeconomic status and more acculturated are more likely to report experiencing discrimination which is associated with depressive symptoms. A quantitative study with 3,004 participants (age 60+) from the Population-based Study of Chinese older adult immigrants in Chicago (PINE) was conducted in the Greater Chicago area between 2011 and 2013. Authors explained that more educated are likely to interact outside the Chinese community, in turn increasing exposure to discrimination.

Geographic Location. In the macrosystem, the cultural contexts involve where the person is living (Hutchison, 2015). In the article Jang, Roh, and Chiriboga (2014), a quantitative study with 672 older adults over 60 years old was conducted to examine how the impact of acculturation on depressive symptoms varied between two samples of older Korean Americans. Target population for the study is known to have a heightened risk of mental health problems. Florida samples were from community dwelling communities (n=252) and New York populations (n=420) were from religious organizations, senior centers, housing facilities, and referrals. In both samples, the impact of acculturation on depressive symptoms was initially significant. Regardless of the location, individuals with higher levels of

acculturation had lower levels of depressive symptoms. The authors claimed that the role of acculturation is more important for those who live in an area with a low density of people with the same ethnic background because their level of knowledge and familiarity with the host culture directly serve as personal resources that enable them to perform everyday activities. The authors concluded that geographic variations in the effects of acculturation and underscore the importance of considering environment or context in the assessment of acculturation and mental health.

Discussion

Depressive symptoms of older adult immigrants are well documented in the literature, however, there are minimal data on the number of depressive older adult immigrants due to lack of acculturation. Majority of the search reviewed focused on younger adult immigrants and the searches about the older adult immigrants seemed to be overlooked by researchers. This researcher recommends comprehensive systematic data collection in order to create effective solutions to help the older adult immigrants. In the current available research, there are diminutive data regarding how acculturation affect depressive symptoms of older immigrant group. Review studies listed the possible systems/factors contributed to depression of older immigrants, using the ecological model.

Although the number of empirical researches studies as very limited, interesting commonalties were founded in articles. In the micro level, social support was emphasized across cultures. Abu-Bader et al., (2011) found older adult immigrants' social network exist within mosques and family. In the article Kim et al., (2012), they found that many older Koreans depend largely on family and co-ethnic church members for support. The older adult immigrants in both Asian and Muslim were dependent on family and religious group in their social network. Also, according to Kim et al., (2012), although older Korean adults typically immigrate to the United States to maintain familial ties, familial social dynamics are often

altered in light of cultural difference that emerge when the older adults' children acculturate at a faster rate than their older parents. The authors claimed that intergenerational differences in acculturation can have potentially negative consequences for well-being. Similarly, Abu-Bader et al., (2011) also found that older Muslim immigrants' separation from mainstream American culture and preference of maintaining their ethnic cultures can lead to intergenerational conflicts with their children and grandchildren, who oftentimes have been reared as bicultural individuals exposed to both their ethnic culture and mainstream American culture. Thus, strong support from family and religious member could help them overcome depressive symptoms due to their low of acculturation in micro level.

In the meso level, the role of community leader and staff was emphasized across cultures for older adult immigrants. Due to factors such as isolation and loneliness, transportation, language, and level of income, older immigrants tend to be vulnerable to feeling loneliness and isolation, which means that low of acculturation results in depression. Abu-Bader et al., (2011) emphasize the community and religious leaders could help older Muslim immigrants' socialization and difficulties in daily living. Also, the authors claimed that culturally competent professionals should provide tailored mental health prevention services for older Muslim immigrants due to maintaining their Islamic values in American Culture. Kim et al., (2012) suggested that community leaders and staff in community-based long-term care services should help older adult immigrants' acculturation in the context of American culture. In the study, they found that older Korean immigrants with strong social network support had greater opportunities to utilize community-based services, enhance their language proficiency, and be exposed to various settings that facilitated meeting new people. This was in contrast to individuals with lower social network support, for whom greater acculturation was associated with increased depression. With the help of family, staff and

community leaders, older Korean immigrants' enhanced social network could increase of the levels of acculturation, so that ultimately minimize depressive symptoms.

In the macro level system, cultural contexts include language, socioeconomic, ethnicity and where a person lives. Meyler et al., (2006) found that acculturation have a great impact on multiple dimensions of mental health as well as depression. In the article Abu-Bader et al., (2011), language barriers can contribute to older Muslim immigrants' social isolation, which results in mental health problems. In the article of Kim et al., (2012), limited English proficiency can be a significant life stressor contributes to depression for older Korean immigrants due to the fact that language barriers can limit economic opportunities, access to health and social services, and exposure to other mainstream institutions for older adult immigrants. Also, the level of socioeconomic status can affect depression of older adult immigrants. It was likely for acculturated immigrants to access socioeconomic resources than less acculturated group, which the lower level of access was related to their increased depressive symptoms (Kim et al., 2012; Abu-Bader et al., 2011). In addition, geographic location could affect the importance of acculturation. Individuals living in an area with a low density of the same ethnic group may benefit from their level of knowledge and familiarity with the host culture due to the fact that they do not benefit enough from the availability of ethnic-oriented resources and benefits (Jang et al., 2014).

Implications for Social Work Practice

Direct Practice. This study supports the fact that the level of acculturation among older adult immigrants is associated with depressive symptoms. Even though researchers are aware of possible interventions and factors that may have contributed to the problem of depression among older adult immigrants in the United States, practitioners should be aware of the fact that the problem of depression may not be resolved among older adult immigrants unless these immigrants can actively seek help from the social service providers, mental

health professionals (e.g. clinical social worker, clinical psychologist, a doctor of medicine, etc.) or community/religious leaders. Nonetheless, practitioners should be aware of issues in relation to service utilization. First, older adult immigrants seldom talk about their depression. One of the main reasons is that they are concerned about being stigmatized. It is likely for immigrants from the collectivist culture to internalize a problem and try to avoid talking about it (Boucher & Maslach, 2009). When older adult immigrants cannot find family support, this lack of communication in the family could block the possibility to the access to larger social network such as church and mental health services. Second, when older adult immigrants are ready to seek help, they often face the problems of service providers who are unable to provide bicultural, bilingual services to accommodate their receptive language. Although a translator is used when services are provided, older adults immigrants feel uncomfortable in the process because they cannot communicate directly and effectively with the providers. From this perspective, social work practitioners may find rapport that requires cultural sensitivity and listening skills (McInnis-Dittrich, 2014). A third issue is the cultural competence of the service providers. Older adult immigrants experience different cultural norms from their children affected by American culture even in the family. Older adult immigrants resistant to the dominant cultural norms of their Americanized children may not maintain important familial support (Abu-Bader et al, 2011; Kim et al, 2012) In this respect, even if it is possible for social service providers or practitioners to listen and speak a client's language, the lack of provider's cultural competence could be a problem when providing services.

Policy and Research. As previously explained, people who have limited English proficiency are less likely to have a regular source of primary care and are less likely to receive preventive care. Despite these problems, many health care providers do not provide adequate interpreter services because of the financial burden such services impose. These

providers fail to take into account both the consequence of not providing the services and the potential cost benefits of improving communication with their patients. In this respect, this cost should be guaranteed and supported by government level policy in the context of reimbursement costs for other types of care. The failure of health care providers to consider these issues is at least partially attributable to the paucity of data documenting the full costs and benefits of interpreter services. To acquire a better understanding of these cost and benefits, further research needs to be conducted to assess the impact of implementing a new interpreter service program on the cost and utilization of health care services among patients/clients with limited English proficiency.

Limitations and Strengths

When conducting a systematic review of the research design study, it is important to recognize the strengths and limitations. A limitation that the researcher has an unintentional bias in the selection, interpretation, and organization of the content for the systematic review. A limitation was that discretion was used by only one person involved in the process of deciding whether articles meet inclusion or exclusion criteria, with some choices being difficult in clarity. Articles were checked several different times to limit bias.

A strength of this study was the ability to follow strict inclusion and exclusion criteria in limiting bias for selection articles. A systematic review method required the researcher to read studies, take notes, organize themes, and create inclusion and exclusion guidelines to immerse into the literature in order to develop a comprehensive understanding of the findings (Boland et al., 2017). This article had a strength in giving an interpretation and suggestion in cultural context related to U.S. older immigrants' depression. Also, the strength of a systematic review for this research project include the ability to gather information about what interventions are currently used, as well as what has been used in the past to help support older adult immigrants from the perspective of the ecological framework. Since there

is little research done on this topic, this study has found that social network support helps older adult immigrants across culture reduce their depression.

Conclusion

The purpose of this systematic review is to examine available research on reducing depression of older adult immigrants who experience difficulties of acculturation, and to answer the following question: How acculturation affect depressive symptoms of older immigrant group? 2) Is there any guidance or solution to help older immigrants who are depressed due to lack of acculturation? 3) How can social workers help this group of people to reduce older immigrants' depression? The themes that emerged from the review were micro, meso and macro level interventions such as family support, social support network, supportive services from culturally competent professionals, language, socioeconomic status and geographic location. These findings contribute to our awareness and knowledge about the relationship between acculturation and depression of older adult immigrants. Findings concluded that the understandings and interventions of micro, meso and macro level system around older adult immigrant based on ecological framework can reduce their depressive symptoms. Also, it is most important for social workers to understand and support older immigrants in both direct and indirect practice. The more we have interest in and help older adult immigrants' acculturation in life, the better their depression will be treated.

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