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Review: Community-Based Participatory Research Approach to Address Mental Health in Minority Populations

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Abstract In this review, a synthesis of studies employing community-based participatory research (CBPR) to address mental health problems of minorities, strengths and challenges of the CBPR approach with minority populations are highlighted. Despite the fact that minority community members voiced a need for innovative approaches to address culturally unique issues, findings revealed that most researchers continued to use the traditional methods in which they were trained. Moreover, researchers continued to view mental health treatment from a health service perspective.

Keywords Community-based participatory research · Methods · Mental health · Minority

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Introduction

Community-based participatory research (CBPR) has evolved over the last decade as an important "collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings" (Minkler and Wallerstein 2003, p. 4). CBPR is typically initiated by assessing a research topic's importance to a particular community. As a "systematic inquiry", the process is thus a "collaboration of those affected by the issue being studied, for the purpose of education and taking action or effecting change" (Green et al. 2003, p. 420). CBPR has been described as an effective approach for working with minority and underserved populations, particularly in the public health field (Mosavel et al. 2005; Scarinci et al. 2007). However, CBPR, still in its incipient stages in the mental health arena (Mulvaney-Day et al. 2006; Stacciarini 2009). Social, contextual, language, and cultural factors that some minority populations experience when they seek traditional mental health treatment (Organista 2007; Santiago-Rivera et al. 2001; Shattell et al. 2009; Stacciariniet al. 2007) make CBPR approaches to research uniquely suited to impact mental health in minority populations.

The aims of this integrative review were as follows: (1) to categorize types of research foci that included the CBPR approach, mental health, and minority populations and (2) to categorize methodological strengths and challenges of the CBPR approach with these populations.

Methods

Literature related to CBPR was reviewed by searching relevant electronic databases. The databases searched

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included CINAHL, PsychINFO, Pubmed, and Google Scholar, and the studies identified for review were published between January 1990 and January 2010. Key search terms used were as follows: "community-based participatory research," "CBPR," "health disparities," "minorities," "underserved," "mental health," "depression," "schizophrenia," and "drug abuse." Inclusion criteria required that articles relate to mental health among minorities and adhere to most of the key principles of CBPR (Israel et al. 1998): (1) community recognition as a unity, (2) building on strengths and resources within the community; (3) collaborative partnership in all phases of the research, (4) integration of knowledge and action for mutual benefits of all partners, (5) promotion of co-learning and an empowering process that encourages social equality, (6) cyclical and iterative process, (7) focus on health from positive and ecological perspectives, and (8) dissemination of findings and knowledge to all partners. Articles that used community sites for the research but did not follow CBPR principles were excluded from this review. The search included articles in English, Spanish, and Portuguese. The reference lists of articles meeting inclusion criteria were scanned to identify additional articles. Of the 50 articles initially reviewed, only twenty met inclusion criteria. The final integrative review consisted of 20 mental health studies among minorities that adhered to most of the key principles of CBPR (see Table 1).

Results

To address our aims, the focus of analysis was narrowed to categorization of types of research foci and methodological strengths challenges of the CBPR approach with minority populations. Research foci were identified, based on each study's main purpose and categorized as follows: (a) development of academic-community partnerships and programs, (b) development of resources, (c) mental health assessments, (d) CBPR intervention, and (e) researchers' education about CBPR applied to mental health (see Table 1). Methodological strengths and challenges were categorized according to methodological issues highlighted in each article: (a) study design, (b) combinations of data collection methods, (c) role of *promotoras*, and (d) methodological challenges.

Research Foci: Categories Identified

Development of Academic Community Partnerships and Programs

The category describes how academic-community partnerships and programs were developed. Six articles demonstrated how academic and community partners collaborate to define the initial steps of establishing a CBPR study partnership, to create an agenda and rules, and to design and implement the study. A landmark project, Witness for Wellness (W4W), instituted by academic partners from the University of California at Los Angeles (UCLA), Robert Wood Johnson Clinical Scholars Program, RAND Health, UCLA National Institute of Mental Health (NIMH) Center for Health Services Research, Drew University and community partners, was described in a series of six articles (Bluthenthal et al. 2006; Chung et al. 2006; Jones et al. 2006; Patel et al. 2006; Stockdale et al. 2006; Wells et al. 2006). Four of these articles focused on the partnership process, emphasizing its complexity and importance (Bluthenthal et al. 2006; Chung et al. 2006; Stockdale et al. 2006; Wells et al. 2006). The W4W's target goals were to understand and address depression in ethnic minorities (mostly African American) in South Los Angeles, California (Bluthenthal et al. 2006). Three different working groups evolved to facilitate goal attainment: (1) *Talking for Wellness*, which focused on strategies to help the community *talk* about depression and thus reduce associated stigma (Chung et al. 2006), (2) *Building Wellness*, which focused on development of materials to educate healthcare workers about depression (Jones et al. 2006), and (3) *Supporting Wellness*, which focused on *improving policy and advocacy* associated with issues related to depression (Stockdale et al. 2006).

In the initial step of building collaboration with the community, Epstein et al. (2007) described their innovative partnerships with African American faith-based organizations to develop a substance abuse education curriculum for fourth, fifth, and sixth graders. They reported that faith-based community organizations can play a critical role in promoting and conducting health research (Epstein et al. 2007).

These articles discussed principles guiding the establishment of CBPR partnerships; described challenges associated with these partnerships, and proposed viable solutions to some of the potential pitfalls. Trust, respect, and promoting engagement in the process were cited as principles undergirding partnership development (Bluthenthal et al. 2006). Several logistical, methodological, social/political, cultural and economical/institutional challenges related to CBPR partnerships were also presented (Lindamer et al. 2009; Shoultz et al. 2006). Proposed solutions included the following: hold meetings in a convenient, central location; engage in frequent email communications to stay in contact and send meeting agendas, circulated in advance; conduct HIPAA (Health Insurance Portability and Accountability Act) training for community members and research team members; and recognize the importance of creating a mission statement to combine

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Table 1 Community-based participatory research: Methods applied in mental health

Authors	Topic	Type of study/methods	Sample
Development of academic community partnerships and program (n = 6)			
Bluthenthal et al. (2006)	Development of academic-community partnerships to understand/address depression in ethnic minorities (*Witness for Wellness—W4W*). Also described a kick-off conference to increase community awareness regarding depression	Case study description of the W4W project—study used *pre-post surveys and field notes*	In the kick-off conference, out of 262 participants, 51.8% were Blacks and 25% were Hispanics
Chung et al. (2006)	Describe the community-academic partnership formed to develop, implement and evaluate a community-generated intervention designed do decrease stigma around depression (*Talking Wellness*)	Uses arts-poetry, comedy performances, photography and film to intervene. Mixed-methods (quantitative and qualitative measures) are used to identify the interventions' impact on audience members	African Americans of Los Angeles County are the target population
Stockdale et al. (2006)	Describe experiences of the *Supporting Wellness* (SW) working group in a depression outreach/education initiative	Descriptive case-study. The main sources of data are *scribe notes* from monthly meetings along with *authors' observations*	African Americans of Los Angeles County are the target population. Meetings were led by two academic co-chairs and two community co-chairs. There is no mention about the size of the entire working group
Wells et al. (2006)	Describes the Los Angeles *Community Health Improvement Collaborative* (CHIC) for sustaining partnerships and developing research projects to improve health and reduce health disparities	Describes CHIC leadership monthly meetings, to assess best fit of academic programs and community priorities	UCLA Academic partners from research centers and community partners. Target underserved communities (mostly African Americans) of Los Angeles County
Epstein et al. (2007)	Effectiveness of the principles of practice for CBPR used to create Space Scouts—a substance abuse education curriculum for fourth–sixth grade youth	Descriptive study using *team meetings, phone calls, focus groups, feed-back forms* and *update letters*	Pastors, staff and children from African American churches
Shoultz et al. (2006)	Discuss approaches and solutions used in response to challenges (including methodological) faced in the CBPR partnership process, to address intimate partner violence	Descriptive study/theoretical article. One of the challenges discussed is related to methodological issues	CBPR research teams (clinical and public health scientists from four community health centers serving distinct, culturally diverse and hard-to-reach populations, and a nurse scientist from an academic institution)
Authors	**Subject addressed**	**Type of study/methods**	**Sample included**
Development of resources (n = 4)			
Jones et al. (2006)	Describes the *Building Wellness*; working group aimed to develop community evidence based action plans to improve services and outreach concerning depression	Minutes from monthly meetings, scribe notes, authors' memories and reflections and material used during community feedback meetings	Target population was mostly underserved African Americans in Los Angeles County
Reinschmidt and Chong (2007)	Improving cultural appropriateness of a curriculum toolbox for addressing diabetes and depression	A descriptive study that used *focus groups* and *workshop training*	Hispanic communities in Arizona near the US-Mexico border
Getrich et al. (2007)	"Unanticipated factors" (e.g., social dynamics of the clinic site, incomplete understanding acceptance of the intervention staff members) when delivering community-based mental health intervention involving *promotoras*	An ethnographic study utilized *interviews, field work observations* (shadowing *promotoras*) and *field notes*	Ethnic minority patients—Hispanics, ($n = 18$), primary-care physicians ($n = 12$) and *promotoras* ($n = 5$)

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Table 1 continued

Authors	Subject addressed	Type of study/methods	Sample included
Patel et al. (2006)	Development and implementation of two methods for obtaining community feedback	Description of a modified *Delphi technique* and the use of *Audience Response System* (ARS) during a "Report Back Conference"	Academic researchers and community members of the Witness for the Wellness project. Additionally ($n = 167$) people from community based organizations, government officials, academic affiliations and health professionals. Target population is mostly underserved African Americans in Los Angeles County
Mental health assessment ($n = 8$)			
Shattell et al. (2008)	Factors that affect access, use and perception of mental health services by a Latino population at individual, organizational and community levels	Descriptive study using *focus groups*	Community members ($n = 7$), public health educator ($n = 1$) academic researcher ($n = 1$) and students ($n = 3$). They were 3 Latinos/3 African Americans/6 Caucasians
Schulz et al. (2006)	Everyday discrimination, depressive symptoms and self-rated general health	Longitudinal study using data from two waves (1996/2001) of the Eastside Worker Partnership *Survey*	African Americans living in East Side of Detroit ($N = 343$)
Mulvaney-Day et al. (2006).	Generate intervention in public schools to improve behavioral and academic functioning of students from racial and ethnic minority backgrounds	Descriptive study of 3-phases' study using multiple qualitative methods (*in-depth interviews, focus groups, workshops, stakeholder dialogue groups, observations and authors' reflections*)	Purposive snow sampling (e.g. teachers, school counselors, administrators, and literacy specialists), diverse stakeholders and one organizational consultant involved with schools where students are mostly from racial and ethnic minority groups
Van Olphen et al. (2003)	Effects of different forms of religious involvement on health. The mediating effects of social support received in the church as potential mechanism accounting for relationship between church attendance and health	This study was part of CBPR baseline assessment for the East Side Village Health Worker Partnership. Culturally appropriate *survey* was used to collect data	Random sample of 700 women living in a defined area in Detroit's East Side. In this paper they included only African American respondents ($n = 679$)
Roberts et al. (2008)	Identify meaning, perceptions of needs, barriers to access and acceptability of mental health services integrated in primary care clinics	Descriptive study of a single data collection point using focus groups and a questionnaire	45 participants (80% African Americans), from 3 low-income urban communities (Smoketown, Shelby Park and Phoenix Hill)
Shoultz et al. (2010)	Understand perceptions, responses and needs of Filipina women regarding IPV	Descriptive study using qualitative and quantitative data from *individual interview* and *focus groups*	Filipino women living in Hawaii ($n = 10$)
Maar et al. (2009)	Understand strategies, strengths and challenges related to collaborative Aboriginal mental health care	Qualitative study using *document review, ethnographic interviews and focus groups*	15 providers, 23 clients and 3 focus groups with community workers and managers (Target-Aboriginal)
Shattell et al. (2009)	Explore how immigrant Latinas describe, cope, and treat depression and depressive symptoms	Descriptive study using *focus groups*	30 Spanish-speaking Latina women living in an emerging immigrant community
CBPR intervention ($n = 1$)			
Michael et al. (2008)	Description of a community-based intervention using popular education to increase "social capital" and physical and emotional well-being in African Americans and Latino communities	Poder es Salud/Power for health intervention integrates quantitative (*baseline and follow-up survey*) and qualitative (*in-depth interviews*) methods for data collection and analysis	170 Latinos and African Americans in Multnomah county, Oregon

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Table 1 continued

Authors	Subject addressed	Type of study/methods	Sample included
Researchers education on CBPR applied to mental health (n = 1)			
Chené, et al. (2005)	Community advisory group provided mentoring educating researchers about CBPR in mental health and primary care	Describes *training* institutes where members of community advisory board presented plenary sessions on research collaboration with communities	Four minority faculty members initiated the programs that focused on poor and underserved communities, and sought help from two senior faculty members

both university and community expectations (Shoultz et al. 2006). Additionally, Lindamer et al. (2009) highlighted important considerations for planning and executing successful partnerships: strategies for changing preexistent attitudes, sharing or integrating staff personnel, expecting obstacles and formalizing solutions, consistent monitoring and evaluating outcomes, modifying priorities in responses to other partners' issues or concerns, and taking advantage of emerging opportunities.

Development of Resources

Four articles focused on resource development while conducting CBPR studies and highlighted the following topics: (1) developing a website, a toolkit and one-page depression "fact-sheet" with region-specific referrals, to assist social service caseworkers in recognition of and referral for depression (Jones et al. 2006); (2) improving a previously developed mental health curriculum toolbox for depression and diabetes (in a program named SONRISA, meaning *smile* in English) (Reinschmidt and Chong 2007); (3) ensure that clear communicative processes are in place with all collaborators to avoid "unanticipated factors" (e.g., lack of clarity involving roles of study partners resulted in misunderstanding/acceptance of the intervention by a clinic staff member during an intervention in a primary care center) (Getrich et al. 2007); and (4) using a modified Delphi technique and an audience response system as resources for gathering anonymous feedback by partners to evaluate three group action plans of the W4W project (Patel et al. 2006).

Mental Health Assessment

Eight articles addressed mental health assessment. In this category, there were four primary foci: (1) clients and community perception of mental health understanding, coping, needs, access and barriers (Maar et al. 2009; Roberts et al. 2008; Shattell et al. 2008), including acceptability of mental health services delivered in primary care (Roberts et al. 2008) and strategies, strengths and challenges related to collaborative Aboriginal mental health care in rural area (Maar et al. 2009); (2) assessment of daily discrimination in relation to depression, depressive symptoms and self-rated general health (Schulz et al. 2006) and perceptions, responses and needs regarding intimate partner violence (IPV) (Shoultz et al. 2010); (3) assessment of school systems (e.g., teacher-assistance teams, organizational dynamics) that could be used to create an intervention to improve behavioral and academic functioning of minority students (Mulvaney-Day et al. 2006).

CBPR Intervention

Only one article (Michael et al. 2008) described an intervention that addressed mental health (considered by the authors to be "social capital," involving physical and emotional well-being) among Latinos and African Americans. In their program (*Poder es Salud*/Power for Health), popular education was used to identify and address health disparities. After receiving training, community health workers (CHWs) met on a regular basis with community members to identify health needs and intervention priorities for the populations. CHWs designed diverse types of interventions to address the communities' mental health priorities. Examples of the interventions included a girl's leadership group, a diabetes support group, and a soccer team for Latina women. Among other positive intervention results, participants reported significant improvement in self-rated physical health ($P < 0.004$) and a significant decrease in depressive symptoms ($P < 0.003$) (Michael et al. 2008).

Researchers' Education About CBPR Applied to Mental Health

In the fifth category, one article described the process of training researchers in using CBPR when conducting mental health research among minority groups. Chené et al. (2005) described a training institute for minority faculty designed to promote CBPR in mental health and primary care settings. In this study, community advisory board members presented three key concerns: the inclusion of communities when formulating research agendas, consideration of cultural differences, and the practicality of research applications to the population in need. This

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training emphasized the need for researchers to learn about the community participation roles and to overcome the gap between formal research training and community application.

Methodological Strengths and Challenges: Categories Identified

Study Design

Study designs in CBPR were mostly descriptive ($n = 18$) and utilized a large variety of data collection procedures (see Fig. 1). Mixed methods approaches, combining quantitative and qualitative research methods, were documented in many studies (Bluthenthal et al. 2006; Michael et al. 2008). Community engagement was found to be essential in the process of identifying suitable data collection procedures and in creating/adapting instruments that are culturally sensitive to the target community (Roberts et al. 2008).

Combinations of Data Collection Methods

Combining data collection methods (e.g., stakeholder dialogue, scribe notes, focus groups) were used to capture feedback from the community, depending on the target population and community size. For example, Patel and colleagues (2006) used two methods to obtain feedback regarding three separate group action plans. The first, a *modified Delphi technique* (review materials, elicit rankings, discuss differences, modify materials and re-vote), was used to elicit feedback about action plans after they were presented to 42 participants (academic researchers and community members) of the W4W project. The second method entailed an *audience response system.* Action plans were presented to a more general sample (e.g., community-based organizations, government officials, academic affiliates, and health professionals) during an event titled "Report Back Conference" ($N = 167$), which was held in a movie theater. A handheld device supplied to all participants allowed them to anonymously answer questions and to express opinions about the plans presented. Community members who used the device reported feeling free to voice their honest opinions this way.

Arts/activities were also used as tools for data collection, particularly to connect researcher members and the target community. Chung et al. (2006) performed outreach programs that included a film screening followed by discussion, a poetry/comedy event, a photo exhibit, and the screening of an existing public service announcement. These activities were used to build new community relationships and to offer a variety of social forums in which community members might feel empowered to safely talk about depression, therefore reducing or demystifying the stigma associated with the disease and its treatment. Other researchers also described an intervention using a variety of activities/strategies (sociodrama, soccer, Aztec dance class) for the purpose of bonding with participants to promote health and to collect data (Michael et al. 2008).

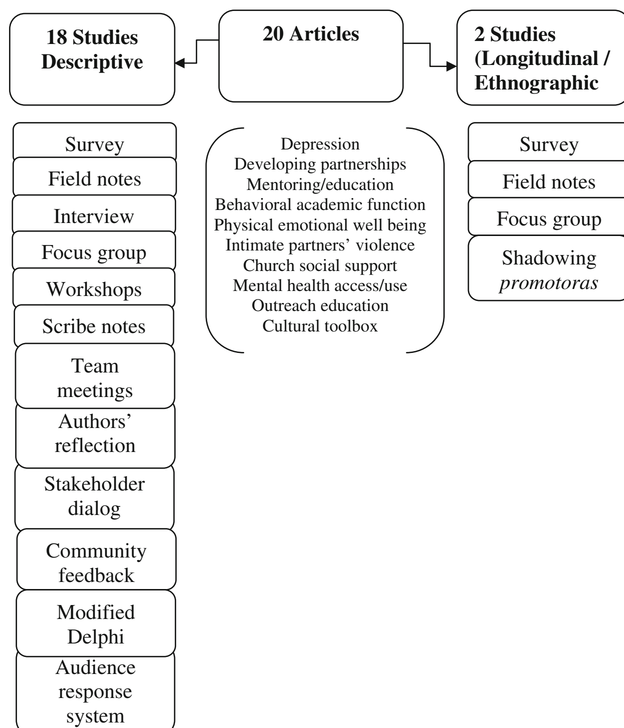

Fig. 1 Types of CBPR study design, methods and mental health issues addressed

Role of Promotoras

Soliciting the help of *promotoras* (trained, non-professional health workers from the target community) was mentioned as an important strategy for enhancing the methodological research process. *Promotoras* were reported to be highly effective in the following areas: (1) advising, creating, and validating culturally appropriate instruments to collect data, (2) recruiting participants (Roberts, et al. 2008), (3) piloting a curriculum tool box before utilizing it with the community (Reinschmidt and Chong 2007), (4) acting as trusted community members who could help with the contextual sources of suffering (e.g., housing problems, inadequate food, unemployment, and violence/trauma) when addressing depression among Latinos (Getrich et al. 2007), and (5) promoting health within the target community (Michael et al. 2008).

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Methodological Challenges

Methodological challenges were present in most of the CBPR studies that met inclusion criteria. For example, Mulvaney-Day et al. (2006) noted that their methods needed to be continually *adjusted* for congruence with the study as it progressed through logical stages (e.g., understand the school system, generate potential solutions and developing pilot systems-level interventions) of the study. Chung et al. (2006) reported that challenges (e.g., time-frame available, lack of community members' experience in developing the survey instrument, understanding/respecting potential participants' literacy levels) appeared during creation of the survey for use after outreach activities.

Because of the dynamic community process, Michael et al. (2008) were not able to identify whether post-intervention survey respondents directly participated in intervention activities that were offered to community residents at large. This methodological limitation challenged their study results, making it difficult to determine if improvements in health outcomes were related to intervention activities or to other natural changes in the communities studied.

When addressing mental health issues, CBPR studies offer new perspectives with community leaders inclined to "*promote mental health*" differently than the traditional methods that would focus on an illness approach. Although the articles reviewed focused on different mental health issues (e.g., depression, intimate partner violence), the CBPR approach attempted to combine many possible aspects related to mental illness (educating healthcare professionals) and restoring the mental wellness (e.g., using popular education to approach the community) (Michael et al. 2008).

Discussion and Implications

Most of the articles reviewed described the *mental health assessment* and *development of academic community partnerships and programs*, indicating that we are in the *initial steps* of identifying communities' needs and recognizing community members as vital collaborators in research efforts to address mental health issues among minorities (Green et al. 2003; Israel et al. 2005; Minkler and Wallerstein 2003). The review also indicated that CBPR is a relatively new approach in the mental health arena (Mulvaney-Day et al. 2006) and that a large variety of methods for data collection were used (e.g., interviews, surveys, focus groups, activities involving the arts, stakeholders' discussions, and field notes). In addition, researchers and community partners collaborated in the continual adjustment of research methods with the goals of respecting and supporting the needs and culture of target communities (Chung et al. 2006; Reinschmidt and Chong 2007).

Traditional mental illness assessment tools and structured instruments are still mainstays in CBPR research (Schulz et al. 2006); however, community leaders, *promotoras* and potential participants in research studies are expressing the need for more culturally appropriate and inclusive research methods/approaches with minorities/underserved populations. In one study, community members did acknowledge the need to talk about depression but urged researchers to focus on *wellness* as a more culturally appropriate strategy to effectively converse with the population being studied (Chung et al. 2006). Balancing discussion of depression with wellness not only encouraged communication among this group but appeared to help dissipate the stigma attached to depression. Thus, a culturally unique "*language*" or a more general focus on mental health promotion or health and wellness may play a key role in overcoming challenges to address mental health with minority populations. In addition, obtaining feedback from participants during all stages of data collection and the ability to adjust strategies/instruments accordingly may be essential for designing culturally appropriate interventions with minorities.

Arts and literature have long been used in health education to engage people, assess aspects of a community's health, change awareness and attract attention to a health issue, promote community-building, and promote healing (McDonald et al. 2003). This review indicates that the CBPR approach may facilitate a higher degree of acceptability of activities involving the arts to assess and address mental health among minorities.

The use of *promotoras*/community health workers as facilitators (e.g., generating instruments/tools, data collection approaches) of the research process was employed and emphasized in some studies (Getrich et al. 2007; Michael et al. 2008; Reinschmidt and Chong 2007). Although *promotoras* have been successfully engaged in other areas of health (e.g., cancer prevention and diabetes management) (Bullock and McGraw 2006; Cherrington et al. 2008), more studies are needed to explore the potential role of *promotoras* in mental health research, especially in the process of overcoming stigma, developing culturally appropriate interventions to address mental health issues, and to promote mental health among minority groups. Community members and *promotoras* could significantly influence mental health researchers to shift the "*illness*" approach mostly used by researchers to a "*wellness*" approach (Chung et al. 2006).

The majority of studies reviewed here focused on mental health issues among adults, while just two studies (Epstein

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et al. 2007; Mulvaney-Day et al. 2006) included a focus on children. Epstein et al. (2007) developed *Space Scouts* to teach children about drug abuse through their churches, and Mulvaney-Day et al. (2006) worked with schools to obtain information that could be used to create an intervention to improve behavioral and academic functioning of minority students. CBPR methods could provide an effective approach for addressing mental health issues among minority youth, particularly because of the need to reduce ethnic disparities in access to child mental health services (General 2000). Also, CBPR methods may be well suited to working with schools in minority communities, an important venue for reaching children and providing services. Further studies are needed to determine the feasibility and effectiveness of CBPR approaches to address mental health issues among youth in minority communities.

Despite the fact that minority community members voiced a need for innovative approaches to address culturally unique issues, findings revealed that most researchers continued to use the traditional methods in which they were trained in and to view treatment from a health service perspective (Chené et al. 2005; Wells et al. 2006). More doctoral and post-doctoral training in CBPR is needed. Community members are demanding innovative methods, indicating a difficult shift to the CBPR model research. CBPR methods are determined not only by the study purpose, but by ongoing input from the population being studied, the applicability of measurement tools, how the information learned is to be used, in what context and setting, and by the theoretical perspectives—including "local" theory (Israel et al. 1998).

Although a variety of methods can be used in the CBPR approach, all CBPR studies share an emphasis on maintaining a partnership among researchers and participants, and working openly, directly, and collaboratively with one another throughout the research process with the overarching goal of positive social change (Flaskerud and Nyamanthi 2000). One general criticism of the CBPR approach is that lack of standardized methods can make comparisons between studies difficult or impossible. In discussing CBPR challenges, Shoultz et al. (2006) indicate that data obtained through the CBPR approach may have a limited application to other populations because the methods are personalized (e.g., instrument adaptations based on feedback from community leaders about cultural appropriateness) to more closely mesh with the needs, resources and priorities of the community partnerships and the target population.

Community-based participatory research approaches in mental health are associated with methodological challenges such as lack of mental health researcher experts in communities, and research participants or community advisory board members relocating outside the community, (Chung et al. 2006; Mulvaney-Day et al. 2006) and will require researchers to acquire a new "lens" to look at the problem from a different perspective. Flexibility, creativity, and open-mindedness are essential skills for conducting CBPR in the mental health arena.

Limitations of this descriptive integrative review should be noted. It was not possible to focus specifically on mental health *outcomes* related to interventions employing the CBPR approach. Only one intervention study was identified. Few researchers have used the CBPR approach (including employing *promotoras*) when intervening with mental health issues among minorities; there is a substantial need to move toward more comprehensive community-academia collaboration to address mental health among minorities.

Community-based participatory research has great potential for helping to reduce mental health treatment disparities among minorities and other underserved populations. Mental health researchers interactively work with community collaboration, in the complex task of employing CBPR as a viable approach to promote mental health and to address mental health problems in underserved minority populations. CBPR researchers must be willing to explore new and culturally appropriate methods, capture the "*unique language*" that the community as a whole recommends and accepts to address mental health among minorities. Thus, collaborating with the required shift from a *health service perspective* to more *community driven-interventions*.

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