

# **The Kuwentuhan Project**

Addressing Filipino American Mental Health

A Capstone Action Project

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### **Abstract**

There are substantial research that supports the fact that mental health stigma affects the Filipino American community greatly. This project aims to reduce mental health stigma and encourage dialogue by means of sharing interviews on mental health to a group of Filipino Americans. Listeners of the interviews were asked, “how have these dialogues encouraged you to speak up about your emotional well-being?” and “how have the dialogues enlightened your perception of mental health?” along with an online survey to gather quantitative data. The feedback and data indicated an increase in mental health awareness and motivation to speak about mental health within the Filipino American community. For the sustainability of the project, more interviews may be conducted with older individuals in order to foster a holistic view of mental health.

*Keywords: mental health, Filipino, storytelling, stigma, action research, kuwentuhan*

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## CHAPTER 1 - Introduction to Project

### Purpose and Scope

In less than ten weeks, I hope to make a small yet impactful change in the Filipino American community. Mental health in the Filipino American community is not a subject that is commonly discussed because of stigma. According to psychologist, Dr. E.J.R. David, one of the issues facing the Filipino American community is the idea that having a mental illness is shameful. Therefore, is rarely addressed (David, 2008). It is my hope to reduce stigma and encourage dialogue around mental health in order to influence existing perceptions, such as believing that mental illness is shameful. To accomplish this change, I built a website called *The Kuwentuhan Project*, featuring audio interviews of Filipino Americans between ages 25 through 30 ranging in sexual orientation, background, and education; *kuwentuhan* is the Filipino Tagalog word for “storytelling” which is the primary component of the website. The website will be marketed to the younger Filipino American community first, primarily individuals ages 18 through 35, in Montgomery County through various methods. It is through promotion of the website and my audience’s feedback that I hope to answer two questions: “How have these dialogues encouraged you to speak up about your emotional well-being?” and “How have the dialogues enlightened your perception of mental health?”

To aid me in executing the change, I have sought help from five Filipino Americans. Four out of five of these anonymous individuals are the interviewees who will be sharing their intimate experiences on Filipino American culture and mental health. In addition, I have partnered with another individual who will act as a thought partner. This thought partner will be pointing out resources that look at the unique cultural and psychosocial aspects of Filipino

American mental health. My participants are also helping to promote the website through word of mouth to their networks.

The project will be conducted in-person and online throughout the course of the capstone class, which is approximately ten weeks beginning October 8, 2018. Based upon the availability of the interviewees, audio interviews will be conducted in a private location in-person or via telephone call. Advertising of the website will also take place in-person through meetups and online using targeted marketing to reach a larger audience.

### **Guiding Values and Project Significance**

Mental health in the Filipino American community has yet to reach a stage where it is a common topic. Studies have shown that Filipino Americans use mental health services at a lower rate compared with other Asian American groups, suggesting that mental health is not acknowledged very well among the community (David, 2010). I grew up in a family where Filipino cultural values such as respect and responsibility were highly regarded; while I believe I had a very loving upbringing, at times these cultural values implied negative tendencies. For example, responsibility in Philippine culture can be found in the common phrase, *utaang ng loob*, which does not have the easiest translation in English but can be summarized as a “debt, responsibility or loyalty to the family and others.” In Filipino culture, it is common to feel intensely indebted to one’s family in an irrational sense due to the reciprocity of deeds occurring (Rungduin, Rungduin, Aninacion, Catindig, & Gallogo, 2016). For example, one may “bend over backwards” for their family without thinking of their own needs which in turn may affect their mental health.

Respect and responsibility can have negative cultural connotations because of *utaang ng*

*loob*, however both respect and responsibility still stand true as two values that guide my actions. Thus, the core values that are influencing my actions are focused deeply around the concept of *utaang ng loob*. I believe that I have a responsibility to my community to enlighten them of stories that may inspire them to speak up about their own emotional well-being, which I believe goes hand-in-hand with my respect for another's story. Furthermore, I am an advocate for mental health. The American Psychiatric Association (2018) defines mental health as "the foundation for emotions, thinking, learning, resilience, and self-esteem." It is also vital for maintaining relationships, emotional well-being and contributing to community or society (Parekh, 2018). Since I value responsibility, respect, and mental health, I feel that this project is necessary to show the Filipino American community how together we can reduce mental health stigma through *kuwentuhan*, or storytelling.

I believe that Filipinos are one of the most deeply caring people on the planet. They have a respect for their family that cannot be explained merely by words and that respect impacts their behavior. With more awareness and education to the issue of mental health, putting oneself in another's shoes may develop - essentially respecting and understanding one another.

### **Limitations**

Jean McNiff (2014) states that in conducting action research one has to commit to the job and develop appropriate skills and capacities, which involves epistemology (p. 33). One major limitation of my capstone action research project is my scope of knowledge regarding action research in itself. Epistemology demands one to acquire knowledge with regard to testing its validity, and due to the restricted amount of time I have to present and implement my action research, questions may arise regarding the data of the project. On the other hand, one of the

purposes of action research is to enable the researcher to create new knowledge that one was not aware of before, and test data that was accumulated within the time of the research. Although I may not have a great deal of time, I understand that the data I will be collecting will demonstrate the efficacy of my research.

Other than the difficulties of action research, additional obstacles of my project include funding, and managing schedules. The amount of capital necessary to host a website that will include several features is costly and will require a great deal of maintenance. Furthermore, my project's success for change requires personal engagement with several participants. Being incredibly flexible is crucial in order to meet with participants to conduct interviews. Therefore, I have had to devote not only my own money, which was initially \$120.00, but also a great deal of my personal time to the project.

### **Definitions of Terms**

**Kuwentuhan.** Storytelling to connect on a deeper level, bonding (Nadal, 2014).

**Mental health.** The foundation for emotions, thinking, learning, resilience, and self-esteem (Parekh, 2018).

**Mental illness.** Diagnosable mental disorders (Parekh, 2018).

**Online marketing.** A form of marketing and advertising which uses the internet to deliver promotional marketing messages (Barakat, 2014).

**Meetup.** An informal meeting or gathering ("What is a Meetup group?", n.d.).

**Millennial.** Individuals roughly ranging in age between 18 through 35 (Wong, 2014).

## CHAPTER 2 - Literature Review and Initial Stakeholder Dialogue

### Introduction to Literature Review

As I was compiling resources for research, the leading questions I wanted to answer were whether an online resource would be impactful as a form of disseminating information and was mental health stigma an issue that needed to be addressed for the Filipino American community. For my first question, I had initially started my research focusing on a younger generation, mainly ages 18 through 30, as my targeted audience. Thus, I searched for literature on the millennial culture and whether the millennial population is attracted to online sources to receive information. As for my second question, my research began with an introspective reflection; I looked back at my life and realized that my family had always had a passive approach to mental health. For that reason, I gathered literature on cultural aspects that may have affected Filipino American mental health.

A majority of the literature seen in this chapter was collected between March through October 2018, largely by means of online searches such as through Claremont Lincoln University's Online Library, and Google. I researched using the following terms: millennial culture, social media usage for millennials, youth online engagement, online marketing engagement, Filipino American mental health disparities, Filipino American mental health, and Filipino American psychology. With these terms, I was led to various online academic journals such as the *Asian American Journal of Psychology* and the *Journal of Nature and Science*; I also found published works by Filipino American psychologists, Dr. E.J.R. David and Dr. Kevin Nadal. Since my project includes interviews, I searched for relevant blogs that pertained to

millennial culture and Filipino American mental health, leading me to the Filipino Intercollegiate Dialogue's blog, *FINDInc*. Furthermore, I acquired a copy of Dr. Kevin Nadal's book *Filipino American Psychology* in order to solidify all of the research found regarding Filipino American mental health.

Upon reviewing my literature, the major themes that became apparent were around the importance of online marketing to young populations, and how mental health stigma has clearly affected the Filipino American culture. In order to organize this chapter cohesively, I have attempted to discuss these themes in a chronological manner; past, current, and present perspectives will be discussed around the use of an online platform and mental health among the Filipino American culture.

### **Past Perspectives on Filipino American Mental Health**

Prior to developing a website to promote to a younger generation of Filipino Americans, I needed to understand significant areas of the culture that may relate to mental health or mental health awareness. I explored previous studies from scientific sources to understand the cultural views of mental health as well as theoretical observations from a few psychologists studying the topic.

Researchers from the Centers for Disease Control (CDC) found that Filipino Americans are less inclined to partake in mental health interventions or preventative care and are at a higher risk for mental health issues (Flores, Supan, Kreutzer, Samson, Coffey, & Javier, 2015). Some of the resistance to the care may include cultural factors such as the common native acceptance of the term *bahala na*, meaning "happily surrendering to the status quo" (Flores et al., 2015). Medical doctors Sanchez and Flores (2007) noted that the term *bahala na* disables strategic

planning or the motivation to change one's thinking. Both sources suggested that this approach to mental health issues contributes to the belief that seeking professional services causes shame to the family, implying that personal needs should not be put above family pride.

Academic scholars saw the disregard for mental health in the Filipino American culture as detrimental and recognized acculturation to be a powerful factor in mental health stressors within Filipino Americans. Acculturation as defined by David and Nadal (2013) is the process in which members of one cultural group adopt the beliefs, values, and behaviors of a dominant group thus changing some original values, attitudes, and/or beliefs. The process of acculturation can become stressful to Filipino Americans as they may struggle to retain Filipino values while assimilating to American culture. For example, Filipinos value collectivism while in the American culture individuals are taught to consider themselves as responsible for their own situations, hence the conflict (David & Nadal, 2013).

Sanchez and Gaw (2007) also stressed that group thinking hinders an individual's actions and that adolescent Filipino Americans have been taught to constantly consider and respect their family's way of thinking. It is also strongly believed within the Filipino community that those with mental illness are unpredictable and shameful, and Filipino Americans need to keep in mind the cultural views of mental health when and if deciding to voice their emotional needs (Sanchez & Gaw, 2007). Filipino Americans also prefer to keep familial issues private, as a result, the belief that mental health treatment is synonymous to shame can deter the youth from receiving help. It is widely seen that families simply want to show that they have a harmonious demeanor as to not bring too much attention to their family; one study revealed that counseling did not reflect positively on the family (Javier, Supan, Lansang, Beyer, Kubicek, & Palinkas, 2014). Acculturation and family values play an immense role in mental health for Filipino Americans,

due to these stressful circumstances. It is through this research that Filipino Americans constantly need to consider varying factors before thinking about their own mental health.

Since the younger generation of Filipino Americans are a part of the larger population of American and Asian American youth, one has to consider how to engage with them in an informative and effective manner. Studies have shown that millennials are attracted to convenience and that the use of the internet allow not only for instant information but convenient engagement (Hawthorne, 2014). As it relates to mental health, social media is an attractive means of interaction by creating, sharing, and exchanging information within their networks in a private or social manner. Wong et al (2014) stated that social media platforms allow adolescents to choose how they share and receive information pertaining to their health, through avenues such as Twitter chats or online support groups. Keeping in mind the benefits of online platforms and social media for adolescents and millennials alike, it is logical to theorize that an online mental health resource could be a valuable engagement tool for younger Filipino Americans.

Although some sources considered access to information through social media or online resources as an enhanced manner to inform viewers, one study found that social media may have adverse effects on younger Filipino Americans. Leung (2105) noted that social media has a tendency to alter one's perception of self and culture, which in turn may affect their acculturation process. Individuals may look to social media to understand a culture but as a result, adopt values deemed inappropriate to their own culture. Regardless, social media and online platforms may still have a positive effect in delivering and informing a targeted population.

Psychological stress pertaining to stigma and cultural belief are clearly factors in affecting the emotional well-being of young Filipino Americans. However, currently there have been some progress in shedding light to the issue.

## **Current Perspectives on Filipino American Mental Health**

The *Filipino Intercollegiate Networking Dialogue Blog (FINDInk)* publishes several posts that is widely seen by Filipino American college students; this blog has shared personal stories of authors who have underwent depression or other mental health challenges. A recent post from FINDInk Contributor Julie Jimenez (2017) recalls that during her adolescent years she was experiencing depression, but conditioned herself to seem “okay” around her family. Even though Filipino culture is very focused on family, she felt she could not express her feelings around them. By utilizing a national online platform she shed light on some of the harsh realities of growing up Filipino American to share with her college readers. Her post urges readers to embrace Filipino culture while being advocates to fix the views of severe mental health issues of her peers.

Personal blogs that capture the attention of young Filipino Americans are immensely helpful because they are based on personal experience that a reader can resonate with. On the other hand, blog posts may still not be as powerful as policy changes. On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act. The act resulted in the development of the National Institute on Minority Health and Health Disparities (NIHMD), whose mission is to promote minority health and eliminate health disparities, including mental health, for ethnic minority groups (“National Institute on Minority health and Health Disparities”, n.d.). Further national health organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA) are bringing more awareness to Asian American behavioral health issues; in 2017, SAMHSA published a brief on strategies for practitioners, educators, and community leaders to help address behavioral or mental health issues common among Asian American boys and men. This brief acknowledged Filipino American mental

health and promoted best practices that were culturally appropriate in treating this population (Substance Abuse and Mental Health Services Administration, 2017). Together with personal blogs, policy changes, and health organization publications, Filipino Americans can find some security in knowing that their mental health needs are now being addressed on a national level.

At its present state, mental health awareness among Filipino Americans can be more influential if more campaigns and websites are targeted toward adolescents and millennials. In 2018 alone, it is estimated that 88% of individuals in the United States, between the ages of 18 through 29, are on at least one social media site (“Demographics of Social Media Users and Adoption in the United States”, 2018). Although, there have not been current statistics on the usage of social media from younger Filipino Americans, an assumption can be made that due to the large majority of younger Americans online, a great number of them are Filipino Americans. Research also shows that young people have a pro-social, civic-centered mindset (Barakat, 2014). Therefore in order to influence this population, marketing social impact issues need to be adjusted in order to ensure they can identify with causes they care deeply about. Along with policy changes, new research, and national blog posts, digital marketing of these resources can help normalize the conversation around Filipino American mental health. Mental health awareness among young Filipino American groups can be a cause they support and are committed to change if they were exposed to more targeted campaigns or online resources.

Access to mental health education can be readily available through the development of an educational online platform, however, some research emphasizes that the accuracy and sensitivity of distributed information can be misleading or misinterpreted. Since mental health is a delicate topic, content within an online platform needs to be regularly updated and monitored by practitioners or academic researchers (Wong et al., 2014). Furthermore, because social media

is popular among adolescents and millennials, marketing has to be relevant to their population. For example, branding is a significant term that is presently used in marketing; branding is an all-encompassing act that influences how an audience forms their image of what is being marketed. Current research about latest trends in digital marketing and social media along with accurate information derived from academic research needs to be kept in mind while establishing any online platform for Filipino Americans.

The research highlighted within this chapter display current perspectives of mental health within Filipino Americans and technological trends that may pave the way to help the community understand mental health awareness better. Advocates such as Dr. E.J.R. David, has said that there has been an increased amount of present day studies around Filipino American mental health, contributing greatly to understanding the overall group's psychology (David, 2016). I believe that issues surrounding Filipino American mental health can be tackled utilizing systems thinking. Stroh (2015) states that systems thinking can align diverse stories to fit into a larger picture where individuals can see their piece in relation to the whole, thereby motivating them to work together to create a new narrative (p. 32). Therefore, building a platform for Filipino Americans to listen to diverse stories relevant to their culture may result in change. Listening to the stories may help them to recognize how their thinking may be contributing to mental health stigma, and how it impacts their actions and the overall Filipino American community. Hopefully, it could also be a healing experience to motivate them to speak out about their emotional well-being and move the issue forward for change within themselves and the community.

### **Future Perspectives on Filipino American Mental Health**

There has been progress of mental health awareness within the Filipino American community, however, there is still a need to advocate and better understand the psychological factors that contribute to Filipino American mental health issues. According to a cohort of researchers, younger Filipino Americans still have the lowest rates of mental health care and preventative care utilization among Asian American youth (Coffey, David, Lopez, Sepulveda-Matthew, & Javier, 2018). Due to the fact that there is already an increased amount of scholarly and community attention being paid to Filipino American mental health, there are immense opportunities to strengthen the understanding of the emotional needs of younger Filipino Americans.

Javier et al (2014) believed that community-based approaches are effective for reaching out to the Filipino community. Several approaches are to address the intergenerational gap between Filipino parents and children, provide evidence-based parenting programs, collaborate with churches, and acknowledge the mental health needs of Filipino American parents. Such approaches aid not only in tackling mental health issues of Filipino Americans, but also from preventing mental health issues to surface or worsen. For example, religious teachings set the tone for Filipino values, beliefs, and way of life. Therefore, collaboration with a church group with an active Filipino congregation would allow for the community to adapt easier to mental health awareness, since it is in collaboration with and supported by their local church. As a result, collaborating with churches could be beneficial as a community-based approach because religion is an essential piece in Filipino culture.

Community-based approaches are immersive in nature, but practitioners who have individual clinical sessions with Filipino Americans also need to be aware of culturally sensitive

aspects within their own practices. In an interview with Dr. E.J.R David, he notes that internalized oppression affected him growing up as a Filipino American because when he received discrimination for who he was, he began to resent his heritage and discriminate against immigrants who he felt were not “American enough” (Chythlook, 2018); he acknowledged that practitioners need to address internalized oppression within this population and utilize cognitive behavioral therapy to help these individuals have a sense of pride of who they are. Practitioners need to continue educating themselves on culturally sensitive approaches to understand issues such as internalized oppression during individualized clinical sessions.

While community-based and clinical approaches seek to provide a more face-to-face manner in normalizing mental health among Filipino Americans, emphasizing cultural awareness in development of future social policies or practices can be intensified and supported by online techniques. Social media plays a great deal in young adult culture and has influenced health reform, for example, it been known to substantially influence young people to take action within the U.S. government as seen through President Obama’s presidential campaigns. Using social media, President Obama was able to engage with young people quickly and urge them to vote, asserting that their voice mattered (Small, 2017). Social media may have the power to shape a mental health model by pointing out community-based approaches, culturally sensitive mental health policies, and personal stories. The holistic approach to tackling the issue of young Filipino American mental health may lead to a better empathetic and scientific understanding of the population’s mental health needs.

### **Stakeholder Perspectives on Filipino American Mental Health**

In collecting participants for the project, I looked to David Stroh’s *Systems Thinking for*

*Social Change*. Stroh (2015) highlighted the importance of conducting interviews when facing the current reality of a situation. When seeking out stakeholders to be participants, Stroh states that one has to identify individuals that will allow one to gain a wide range of views (p. 92). Therefore, I began speaking to several individuals with different educational and financial backgrounds, but had one thing in common, they were all Filipino American.

To introduce the project to the Filipino American individuals, I started with a brief summary of what my capstone focused on. Upon explaining the focus, I asked them whether they would be comfortable in being interviewed as part of the project. I did not have to ask detailed questions to frame the project, I simply said that I was doing a project around Filipino American mental health and wanted to interview them on their background and mental health awareness. While I did not go into the specific facets of the project process, I did stress that all interviews would be anonymously recorded and posted online. Therefore, if they did not want their voices to be recognized, I could modify the audio in order for it to be unidentifiable. To my surprise, all of the participants I asked to interview immediately said yes to participating and did not want their voices to be modulated. I found it very empowering that even before going into further detail of the project goals, all of the participants were motivated to tell their story without fear of being recognized.

As I began interviewing the participants one by one, I noticed that there were similar Filipino cultural experiences between them that may have contributed to their view of why mental health stigma is prevalent in the Filipino American community. For example, all four of the interviewees see religion as a factor in mental health stigma within Filipinos. One of the participants noted that they were told to “pray about it” as opposed to seeking therapeutic care when voicing out their concerns regarding their mental health. Assessing the commonalities

within the interviewee's experiences, I realized that a great deal of my research either confirmed or supported their view of Filipino American mental health. In Filipino culture, it is well known that religion and religious leaders have authority in their lives (Nadal, 2011); for my interviewees, they grew up with their family emphasizing the importance of faith and that illnesses such as depression could be overcome with prayer, speaking to a religious leader, or by attending church. Based on that finding, there were definite trends emerging within the interview process. As seen in this chapter, my participants have aided my project in profound ways; it is with their stories that I am able to build a website based on experiences that may be relatable to other stakeholders, my listeners.

## **Conclusion**

Dr. Kevin Nadal is a well-respected advocate of mental health awareness in the Filipino American community. Nadal has written several books, published various academic research, and writes blog posts for websites such as *The Huffington Post* and *Buzzfeed*. It is noteworthy to mention Nadal because a great deal of my research on Filipino American psychology was inspired by his works. It is difficult to distinguish only certain pieces of work that were significant to my research because they were all connected and most mentioned Nadal; however, his handbook *Filipino American Psychology* was a resource I used to further examine how concepts like identity, religion, and cultural values impacted Filipino Americans. Therefore, if I were to highlight a resource it would be Nadal's handbook because it addresses the mental health needs of the Filipino American population. His handbook motivated me to speak openly about my own mental health challenges during dialogues with the participants and have a deeper appreciation for *kuwentuhan*.

As I was speaking to the participants during the interview process, it became more of a dialogue rather than an interview. Interviews normally provoke specific answers while I believe a dialogue enables a more open and honest discussion. Through my dialogues, I was able to connect to the lived experiences of my participants as if it was a contribution to a collective story we all shared. Prior to the interview process, I relied on David Stroh's notion of applying storytelling to systems thinking. I did not cite David Stroh's *Systems Thinking for Social Change* frequently in my literature review, however, his guide on systems thinking created the foundation for my project methods and plans. Before beginning the project, I wanted to build a sustainable resource for my community. Therefore, I referenced his book as a guide to storytelling or *kuwentuhan*, because one ideal I appreciated from Stroh (2015) was that listening to other's stories had the ability to increase self-awareness. As a result, focus can be shifted from one's own experience to understanding another's experience. It is my hope that through the dialogues and participant stories that I feature on the website, listeners can challenge themselves to help reduce mental health stigma.

Gathering all of the literature and increasing my knowledge of certain theories and cultural values, set the tone of the two questions I hope to answer as a result of speaking to the participants and building *The Kuwentuhan Project* website. My literature review did not change the way I framed the issue. Instead, it reinforced my framing of the issue. After reading academic research on Filipino culture and mental health, I still believe that more attention needs to be paid to the issue. Together with my newfound knowledge, appreciation for storytelling, and creative skill set, I believe I can make a lasting impact in my community.

## **CHAPTER 3 - Methods Determined with Participants**

### **Project Goal Determined by Researcher and Participants**

Goals for the project were determined primarily by myself as the researcher. However, as the project progressed the goals became enhanced due to participant feedback. The original goals of the project are to reduce mental health stigma among the Filipino American community and encourage dialogue. While those goals seem straightforward, after speaking to the participants, I realized that mental health stigma within the Filipino American community is complex because it is composed of several pieces. All the participants I interviewed were in agreement that mental health stigma existed, but the stigma may be directly correlated to certain cultural aspects; for example, according to one participant, preserving family ideals could be a contributing factor to mental health stigma (Participant 2, personal communication, October 4, 2018). In the Philippine culture preventing shame within the family is critical, it is common not to speak of what is deemed shameful, such as mental illness (Nadal, 2011). Therefore, the goal of reducing mental health stigma blended with the secondary goal of encouraging dialogue. The initial conversations, interviews, and follow-up conversations with the interviewees revealed diverse topics of mental health stigma and Philippine culture that I believe will inspire dialogue and help listeners answer the research questions: “How have these dialogues encouraged you to speak up about your emotional well-being?” and “How have the dialogues enlightened your perception of mental health?”

While I framed the goals of the project, its development was very much a collaborative effort. As a collaborative team we are trying to influence Filipino Americans to be comfortable in speaking up about their emotional well-being and increase their awareness of mental health.

Each conversation I had with the participants was a step forward in developing *The Kuwentuhan Project* (See Appendix B).

To guide my methods, I used the theory of change template provided by Acumen (“Measuring Your Impact”, n.d.). I predict that if I show the website to my audience, then it will positively affect their view of mental health and encourage dialogue among themselves and their peers, subsequently reducing mental health stigma. Using the template provided by Acumen, I was able to clarify the social impact I intend to make. In my theory of change, the primary product provided is the website and it will be shown through online marketing efforts and at a meetup. As a result of showing the website, the audience will be able to change their perception of mental health and become motivated to have dialogue around mental health.

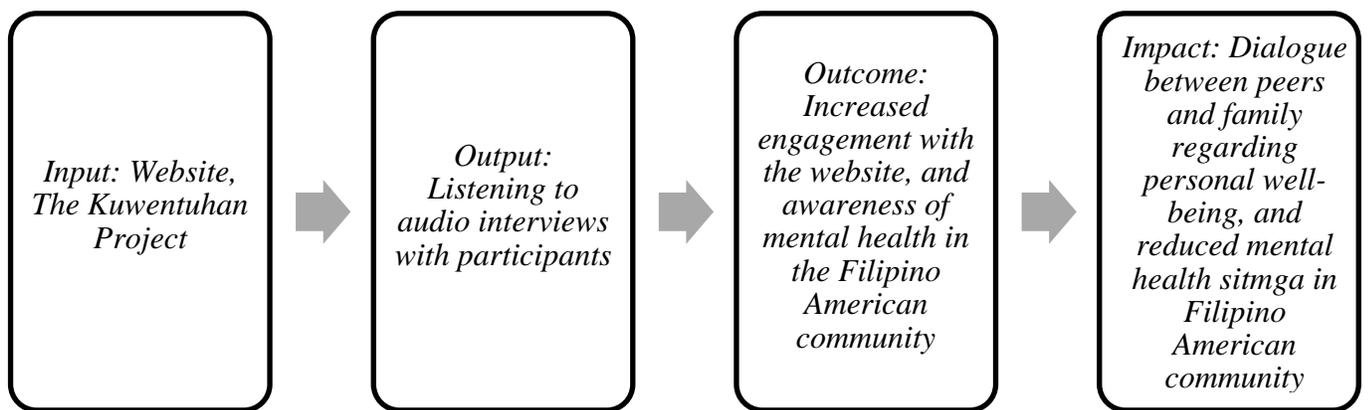


Figure 1. Theory of change for capstone project.

### **Project Methods Determined by Researcher and Participants**

To accomplish the goals of the project, a website featuring four audio interviews will be shared targeting Filipino Americans ages 18 through 35. Developing a website to share via online efforts allows me to reach a large amount of individuals, and it also provides a way to store audio to broadcast quickly. It is noteworthy to mention that prior to interviewing the

participants, I took a general interview approach. This approach guided my interviews because it enabled me to collect general information while also permitting freedom, flexibility, and adaptability from the interviewees (Valenzauel & Shrivastava, n.d.). Therefore, the dialogue I had with the interviewees had a significant impact in how I constructed the website. The interviews will be highlighted by topic as each participant emphasized specific cultural pieces significant to Filipino American culture.

Upon publishing the final audio and completing the website known as *The Kuwentuhan Project*, the website will be publicly shared to different social media channels such as Facebook and Instagram. The viewers of the website will be invited to listen to the various audio interviews around Filipino American culture and mental health, and encouraged to provide feedback through an online “yes or no” survey within the website. The survey questions on the survey serve as quantitative data that will eventually support the qualitative data to be collected. In addition, the survey questions were constructed with the intention to receive a more efficient response from online visitors. The specific questions on the survey are as follows:

- Has the content, including the featured interviews, broadened your view of mental health as it relates to the Filipino American community?
- Do you relate to the interviews?
- Would you be willing to share this website as a resource to others?
- Does this website or audio interviews encourage you to speak out about your own mental health to family and peers?

In order to gain more specific qualitative feedback, the website will also be shown during a meetup to a small group of individuals, similar to a validation group. According to McNiff, a validation group is a formal gathering including individuals that provide feedback on the

potential validity of the research (2014). My small validation group will include college friends who held active roles in the Filipino American Student Association and took part in cultural activities. It is through this meetup that I will ask open-ended questions that will stir dialogue, hopefully helping me to answer my research questions.

### **Timeline of Events:**

#### Week 1:

- Solidify interviewees and collect consent forms
- Conduct 3 interviews/dialogues
- Layout web frame for website
- Begin editing audio for conducted interviews

#### Week 2:

- Conduct final interviews
- Continue editing audio from interviews
- Add content from research to website that addresses culturally sensitive topics to Filipino Americans
- Design website
- Draft marketing plan of website

#### Week 3:

- Create social media handles for capstone project
- Continue editing interview audio and website
- Share final cut versions of audio to interviewees to obtain approval
- Begin posting interviews to website upon approval

- Contact local Filipino American meetups to host website launch and feedback

Week 4:

- Launch website publicly
- Implement marketing plan
- Begin tracking metrics using google analytics and other platforms

Week 5:

- Check-in with interviewees to update them on analytics
- Solidify date for meetup
- Incorporate feedback from interviewees and adjust website based on metrics

Week 6:

- Attend meetup and show website to attendees to survey
- Incorporate feedback from survey to website
- Collect survey results and analyze

Week 7:

- Collect and interpret all analytics that would indicate the engagement and success of the resource

Week 8 and 9:

- Determine how initial research questions were answered
- Communicate results to participants

Week 10:

- Self-reflection log

### **Project Measurements Determined by Researcher and Participants**

Success of the goals will be determined by several measurements. In speaking to some of the participants, the most important question I derived regarding success was “Will the listeners walk away encouraged?” Our collaborative group hopes that as our audience listens to the interviews, they will gain a sense of relief, healing, or awareness that will catalyze dialogue with their peers or family. Through the validation group, I will be able to solicit qualitative feedback and opinions that will help to assess social impact. Since the website also has built-in analytics, it will track level of engagement as a performance indicator. For example, online analytics will indicate the number of visitors per a span of time and where they originate from; if there are a great deal of visitors in a short amount of time when the website is shared, it demonstrates a high level of engagement. Furthermore, surveying visitors of the website will illustrate how well the audio interviews impacted their perception of Filipino American mental health. Since the online survey asks only “yes or no” questions, it will serve as quantitative feedback specifying the number of individuals who feel the website encouraged them to speak about their mental health or changed their perception of mental health, thus reducing stigma.

Determining the indicators to measure required working with a thought partner throughout the course of the project. My thought partner reminded me of the power of storytelling or *kuwentuhan* as a means to influence others. Therefore, a significant piece of the performance indicators was around qualitative data. I am asking the validation group my research questions to gain data that also tells a story while also using online analytics to obtain statistical information that may identify patterns or behaviors that will dictate future online marketing efforts. Using both quantitative and qualitative indicators will produce a full picture of the effectiveness of the website and help me to evaluate the overall social impact of the project.

## **CHAPTER 4 - Results: Evidence of Change through Project Implementation**

### **Actions Taken by Researcher and Participants**

In order to collect data and assess results in a limited amount of time, I had to complete the foundational steps of the project within the first three weeks of the capstone period. The foundational steps included scheduling interviews, conducting interviews, acquiring research that supported the dialogue I was having with the interviewees, and begin editing the hours of audio I gathered. In week four and five, I mainly focused on editing audio and constructing a website that would house the interviews. Although I planned to complete development of the website by week five to make it public, it became apparent that the list of tasks to be done for the site could not be finished in as little as five weeks. To begin collecting data by week six and seven, I hosted a few meetups where participants would act as my validation group. These participants would give me critical feedback on the interviews as well as the aesthetics of the website to ensure that it is user-friendly. However because of the amount of incomplete tasks, I could only show the validation group a website that was eighty percent developed. On the other hand, I managed to edit the audio in time and therefore was able to have the validation group listen to give feedback.

For weeks eight through ten, it was my plan to market the website to different social media channels, such as Facebook. While marketing on a social network would enable a wider reach, one of my interviewees suggested to fine-tune the website, audio, and online marketing plan. Because of the sensitivity of mental health, they were concerned that the website was simply not ready for an immense amount of attention. After some consideration, I agreed to delay the public launch of the website in order to take time in improving its delivery, content, and overall quality. The purpose of marketing the website to social media was to anonymously

survey viewers on the impact of listening to the interviews. Since I was not able to publish the site on these social networks, the data I obtained would primarily be from the participants of the organized meetups.

Table 1

*Capstone Class Action Log: Weeks 1-10*

Date	Participants Involved	Actions Taken
Week One	Researcher, interviewees	Scheduled interviews, collected consent forms, conducted three interviews.
Week Two	Researcher, interviewees	Began editing audio from previous interviews, conducted last interview, began developing a website.
Week Three	Researcher, interviewees, validation group participants	Scheduled meetups, continued to edit audio, collected literature to support the interviews.
Week Four	Researcher, interviewees	Shared rough-cut versions of audio to interviewees to obtain permission to upload on website.
Week Five	Researcher	Edited audio per interviewee feedback, added content to website.
Week Six	Research, validation group participants	Hosted meetup to acquire feedback on interviews.
Week Seven	Research, validation group participants	Hosted meetup to acquire feedback on interviews.
Week Eight	Researcher, interviewees, validation group participants	Shared data from meetups and website.
Week Nine	Researcher	Analyze all data collected and continue editing website to share.
Week Ten	Researcher, interviewees	Shared assessment of impact.

## Measurements of Results

During the first meetup, an open-ended questionnaire was given to the validation group. The questions that were addressed are my research questions “How have these dialogues encouraged you to speak up about your emotional well-being?” and “How have the dialogues enlightened your perception of mental health?” Most, if not all, of the six participants felt that the dialogues encouraged them to speak up about their emotional well-being; one participant felt they are already open about their mental health thus they felt the question did not apply to them. Regardless, all of the participants felt the dialogues were relatable and gave them courage to share thoughts as it relates to their mental health. One participant shared that they were motivated to seek help for an obsessive compulsive disorder that they had been brushing off.

In terms of the second question, it was clear that all of the participants felt the dialogues were relatable to their own experiences yet mental health conversations were still not happening enough in the Filipino American community. The enlightening notion is that the Filipino American community needs to understand what mental health is, why its important, and start to normalize it. Per a participant, “Mental health isn’t just illness, its how one lives their best lives. I don’t think its understood well among Filipino Americans. If there are more sharing of experiences, empathy, and understanding, it may be easier to incorporate tools to help others.” The responses showed an agreement that mental health stigma still greatly affects the community and one way to combat it is to continue talking about it to make others aware of its significance.

Along with the questionnaire, I surveyed a second set of validation group participants to obtain quantitative data to support the open-ended questions that were administered. Within the survey were two statements that measured levels of disagreement or agreement, and the last two

were yes or no questions: “Would you be willing to share this website as a resource to others?” and “Do the interviews encourage you to speak out about your own mental health to family and peers?” For the yes or no questions, all of the participants answered “yes”, while there were some variety for the likert scale statements as seen in Table 2.

Table 2

*Participant responses to statements*

Participant Responses (n=6)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Statement 1	0%	0%	0%	75%	25%
Statement 2	0%	0%	25%	25%	50%

*Note:* The first statement was “The featured kuwentuhan/stories broadened my view of mental health as it relates to the Filipino American community.” The second statement was “I related to the interviews.”

**Communication of Results to Participants**

Results were only provided to interviewees as they were my direct collaborative team that helped me to implement project plans. Communicating the results were done via a “thank you” email as seen in Appendix C. Within the email, I thanked the interviewees for their participation and shared the progress of the website. Furthermore, I included quotes from the feedback I received in the meetup.

### **Assessment of Goal Achievement**

The goals of my project were to reduce mental health stigma and encourage dialogue of the topic. I believe that reducing mental health stigma entails education of the importance of mental health as well as showing compassion for those who may be struggling with a mental health illness or challenge. After assessing the responses of the questionnaire and reviewing the feedback from the online survey, I can confidently say that the dialogues have not only increased mental health awareness but understanding of how mental health stigma affects actions and feelings. One of the statements on the likert scale was around whether survey participants' views of mental health were broadened; the responses for that statement were either agree or strongly agree. Although the online survey responses were merely quantitative, one of the participants shared that the stories were transferable to their own life, widening their understanding of their mental health. Overall, the responses of the validation group were positive in that they appreciated the relatable dialogues and the opportunity to listen to honest stories that gave them courage to speak openly about their thoughts in a welcoming atmosphere. Therefore, the most important change that occurred was that the dialogues empowered the listeners to be more aware and open of their mental health to encourage others in the Filipino American community to do the same.

## CHAPTER 5 - Final Reflections and Recommendations

### Overall Project Summary

Initially the goals of my project were to reduce mental health stigma and encourage dialogue within the Filipino American community. After weeks of research, collaborative efforts with my team, and implementing my project plan, I believe that I have accomplished my goals. To determine whether I did attain them, I asked participants of my meetups two open-ended research questions: “How have these dialogues encouraged you to speak up about your emotional well-being?” and “How have the dialogues enlightened your perception of mental health?” All of my participants had positive responses regarding emotional well-being because they believed that listening to the interviews inspired them to speak about their mental health and affirmed the importance of free expression. The participants repeatedly mentioned that they were able to relate to the interviews and that helped with recognizing their own feelings.

I believe that the project was a positive and influential experience not only for the listeners but also for the interviewees. The interviewees were engaged throughout the whole process which showed in their thoughts of how to best implement the project. Their involvement influenced the delivery of the website to my validation group listeners, and helped me to conclude that one of the major measurements of the project was whether listeners walked away encouraged. After informing the interviewees of the validation group’s answers to the open-ended questions, an interviewee responded with a message saying they were proud to be a part of a project that encouraged another to be mentally healthy. My interviewees served as my main collaborative team and their participation was a testament to the success of the project.

### **Consistency of Guiding Values**

Jean McNiff (2014) states that in doing action research we are contributing our learning freely without asking for anything in return and our contribution is to share that knowledge so others can learn and develop from it (p. 248). The values that drove me to this project were respect, responsibility, and mental health advocacy. Drawing on McNiff's notion, I believe that throughout this project my largest motivator was that at the very least I would be contributing my understanding to hopefully influence another individual to act. I respected the stories that were being told, suspended my opinions, and most importantly appreciated that storytelling could be a difficult process. Regardless, my whole team of participants including the interviewees and validation group, felt that telling these stories of mental health was important to share in the Filipino American community; having others listen to the stories have become our collective responsibility. In my own way I also tried to follow the concept of *utang ng loob*, which means "debt, responsibility or loyalty to the family and others," I feel that I owed it to myself and others to share how impactful mental health stories can be, thus my creation of *The Kuwentuhan Project*. Additionally, I know that I fulfilled a social responsibility to the interviewees by advocating for their mental health.

I also believe that in collaborating with my team of participants, and applying their feedback to the project, I have done my best to follow Claremont Lincoln University's (2018) golden rule of "treat others as they would like to be treated." While there were times where I did not agree with a participant, I was mindful and considerate of their views to maintain a welcoming atmosphere. I feel that all of my participants understood that their thoughts were always going to be recognized.

### **Project Impact on the Researcher**

In a recent Instagram post by President Barack Obama, he describes the act of sharing a story as the ability to see the world through that storyteller's eyes. It is in that moment that we are also able to see that we are bound with a common hope and we all want to build a better community even if we do not have the same ideas on how to do so (Obama, 2018). President Obama's thought on storytelling was exactly the type of impact *The Kuwentuhan Project* had on me. I gained a new respect for the friends who entrusted me with telling their stories to others and recognized that the dialogues we were having gave me hope. Collaborating on the different factors of the project strengthened our dialogues and inspired me to act with intention to eliminate mental health stigma. Many times during conversations with the interviewees, I caught myself practicing mindfulness techniques that I read about during my time at Claremont Lincoln University (CLU) such as the ability to let judgements roll by. During the Mindfulness course, I had a difficult time calming my mind and was frustrated that my mind would wander. However, during the interviews I noticed that as my judgments arose, I let them pass and reflected on the present moment to be completely aware of what was occurring in front of me. The project coupled with the techniques I learned at CLU fostered behaviors that I thought I could only read about, yet I learned how to have proper dialogue and become mindful during these times.

### **Project Impact on the Participants**

For this project, I had two sets of participants: interviewees and validation group participants. The four interviewees had an immense role in the success of the project because not only were they sharing their personal stories but also had a say in the delivery of the audio to the

public. Due to their roles, the interviewees were in agreement that the project was a therapeutic process. After the conclusion of each interview, the interviewees told me in different ways that speaking about their mental health was cathartic and necessary. Moreover, I reminded the interviewees that I had the ability to modulate their voices and each one of them were very adamant that they wanted their voice to be heard, not masked. It was not until I asked one of the participants why they would prefer their voices not to be altered did I understand the power of storytelling and the project. One interviewee shared that if I masked their voice, it would devalue their feelings as if they were scared to share them. They also wanted people to understand that mental health stigma can be eliminated if the community were more honest and open to listening with empathy because as storytelling suggests, sharing these experiences connects us and bridges differences. The whole project was a therapeutic experience for the interviewees since it allowed them to speak their truth without fear of judgment or stigma.

With my meetups, I gathered a second set of participants which was my validation group. The purpose of this group was to gain feedback on the interviewee's stories and how listening made an impact in reducing mental health stigma. During the meetups, I constantly watched the reaction of my participants as they listened to the interviews. I noticed the participants would nod at certain periods, and during these moments I would pay close attention to what they were responding to. They were nodding to various cultural tendencies, such as the belief of being told to "just pray about it" when in distress. McKay and Davis (1995) suggested body movements to convey certain attitudes and feelings because they serve as illustrators; since they were nodding, I theorized that it illustrated they either agreed with what was being said by the interviewees or related to it. Their body movement confirmed the notion that within Filipino culture, individuals may use religion as an excuse to not seek mental health treatment because praying was enough to

combat mental illness (Nadal, 2011). After listening to all four interviews, the participants voluntarily discussed them without being prompted. Their actions showed me that the interviews were impactful enough to catalyze dialogue and influence their thoughts.

### **Overall Project Assessment**

The major strength of the project was the concept of *kuwentuhan*. *Kuwentuhan* is storytelling in English but the word itself carries culture specific connotations that does not do justice to the act of *kuwentuhan* (Nadal, 2014). In Filipino culture, *kuwentuhan* is the way in which Filipinos share their stories, and how listeners are able to be completely present in mind and heart cultivating appreciation. The storytelling aspect of the project was its strength because it set the tone for the interviewees to express their experiences without inhibitions. As a result, listeners were able to take in genuine stories that showed vulnerability and bravery. In a feedback survey, one of the participants of the validation group mentioned “There were countless moments in all the interviews where I identified with what they were feeling.. its inspring me to speak about my own mental health to exchange experiences.” Their feedback shows that storytelling unveils a shared identity that can motivate and give strength.

I also believe that collaborating with the interviewees supported the project in ways I was not expecting as a researcher. Initially, I had planned for the interviewees to simply be a part of the project by providing the main component, the audio to listen to. However, their participation showed me that they were passionate about the purpose of the project and wanted their stories to be emotionally engaging that would motivate listeners to act.

Although I do believe that the project was a success, there were a couple of weaknesses that became apparent as weeks passed. Prior to implementing the project, I developed a timeline

that contained numerous technical tasks: editing audio, building a website, and constructing an online marketing plan. I did not account for error or scheduling conflicts with the interviewees that would affect my timeline and simply put - I was overconfident. Therefore, I did not complete certain tasks in time such as my website. My website, [www.kproject.info](http://www.kproject.info) also known as *The Kuwentuhan Project* features the interviews but does not include 20% of the content that I wanted to include. Retrospectively, I would have tried to be more realistic in what I could complete in less than ten weeks of action research. Instead of spending hours editing audio myself, I should have looked to my collaborative team for aid. There were several times where they asked me if I needed help and whether it was my pride or guilt, I felt that I needed to handle all of the major pieces myself. I needed to remember one of the common themes of action research, which is the fact that it is collaborative and democratic (McNiff, 2014).

Regardless of its weaknesses, in assessing the project I can confirm that the interviews and responses from the validation group participants supported the research from my literature review. Each interviewee spoke about why they felt mental health stigma still existed in the Filipino American community and the underlying theme that resonated within each of them was the fact that Filipinos see mental illness as shameful. This opinion is seen throughout many research articles verifying the idea that mental illness causes shame to the family because it is unpredictable (Sanchez & Gaw, 2007). Furthermore, the validation group participants reiterated the notion of religion being a powerful influence in Filipino American mental health (Nadal, 2011); some of the participants had direct experiences of being told that their religious leader would be able to solve their mental health challenges, and it would not be necessary to seek a medical professional. The literature review and this project reinforced the idea that mental health stigma still exists in the Filipino American community yet increased awareness can help to

combat it.

### **Recommendations for Future Projects**

In the future, I hope that the project will progress to include *kuwentuhan* or storytelling outside of mental health and onto other social impact issues. Including other topics such as LGBTQ experiences, or varying political and religious views may have the same effect as mental health has had on *The Kuwentuhan Project*. I believe that *kuwentuhan* allows us to be empathetic of one another and that empathy can be contagious. Recently I revisited my own immigration story by reflecting on my feelings of culture shock and assimilation. Although I had a difficult time, reflecting on my feelings inspired me to ask about my mother's immigration story. Though I knew of it, I had not genuinely asked her how she felt during that time. My mother immigrated to America alone when I was two years old, leaving her family, my dad, brother and I in the Philippines; it was a time lacking social media, FaceTime, or any form of instant communication. While I will not go into every facet of how she felt, listening to her story, acknowledging her feelings, and giving her the space to be open made me respect her hardship more.

I believe that during these divisive political times, taking the time to listen to an immigration story, a veteran experience, or differing political view may help us to understand how an individual's story is part of a larger picture that could shape our present. Therefore, I would like *The Kuwentuhan Project* to touch on different social impact issues involving varying age groups and reaching new audiences. It is only through these stories that we may be able to seek comfort in our commonalities and respect our differences.

Other than additional social topics to be included in *The Kuwentuhan Project*, one major recommendation that I received from one of the interviewees was to reach out to the Filipino Intercollegiate Networking Dialogue, Inc. (FIND) to feature the project on their website. This interviewee reminded me that I was a part of a Filipino American college group that attended FIND's conferences. Each conference dealt with social issues affecting the Filipino American community and how young people, particularly college students, had the ability to be social drivers for change. Reaching out to FIND may be beneficial to market the project to young Filipino Americans because FIND has a large dedicated group of followers. Thus, the project may be seen as more credible and influential with the support of FIND. With various powerful stories and the support of a large organization, *The Kuwentuhan Project* may continue to impact the Filipino American community in such a way that topics such as mental health stigma may no longer be stigmatized.

## REFERENCES

- Barakat, C. (2014, February 01). Cause-Related Marketing and the Millennial Mindset. Retrieved from <http://www.adweek.com/digital/cause-related-marketing-millennial-mindset/>
- Chythlook, F. (2018, March). As Heard on Morning Line: Dr. EJR David's New Book "We Have Not Stopped Trembling Yet". Retrieved from <http://www.knba.org/post/heard-morning-line-dr-ejr-davids-new-book-we-have-not-stopped-trembling-yet>
- Coffey, D., PsyD, David, J., MS, Lopez, H., MD, Sepulveda-Matthew, A., MS, & Javier, J., MPH. (2018). Prevention of Behavioral Health Disparities in an Immigrant Community Through Community Partnerships: Creating a Culture of Mental Health. Retrieved October 24, 2018, from <http://clinicalscholarsnli.org/projects/prevention-of-behavioral-health-disparities-in-an-immigrant-community-through-community-partnerships-creating-a-culture-of-mental-health/>
- David, E. J. (2010). Cultural mistrust and mental health help-seeking attitudes among Filipino Americans. *Asian American Journal of Psychology, 1*(1), 57-66. doi:10.1037/a0018814
- David, E. (2008). A Colonial Mentality Model of Depression for Filipino-Americans. *Cultural Diversity and Ethnic Minority Psychology, 14*(2), 118-127. doi:10.1037/e518462014-001
- David, E., Ph.D. (2016, January 29). Celebrating the Rapid Growth of Filipino American Psychology [Web log post]. Retrieved October 24, 2018, from <https://www.psychologytoday.com/ca/blog/unseen-and-unheard/201601/celebrating-the-rapid-growth-filipino-american-psychology?amp>
- David, E. J., & Nadal, K. L. (2013). The colonial context of Filipino American immigrants' psychological experiences. *Cultural Diversity and Ethnic Minority Psychology, 19*(3), 298-309. doi:10.1037/a0032903
- Demographics of Social Media Users and Adoption in the United States. (2018, February 05). Retrieved from <http://www.pewinternet.org/fact-sheet/social-media/>
- Flores, N., Supan, J., Kreutzer, C. B., Samson, A., Coffey, D. M., & Javier, J. R. (2015). Prevention of Filipino Youth Behavioral Health Disparities: Identifying Barriers and Facilitators to Participating in "Incredible Years," an Evidence-Based Parenting Intervention, Los Angeles, California, 2012. *Preventing Chronic Disease, 12*. doi:10.5888/pcd12.150186
- Hawthorne, R. (2014, May 30). Understanding What Motivates Millennials to Give to Your NPO. Retrieved December 27, 2016, from <https://nonprofithub.org/fundraising/understanding-motivates-millennials-give-npo/>

- James, E., Slater, T., & Bucknam, A. *Action research for business, nonprofit, and public administration: A tool for complex times*. London: SAGE, 2012.
- Javier, J. R., Supan, J., Lansang, A., Beyer, W., Kubicek, K., & Palinkas, L. A. (2014). Preventing Filipino mental health disparities: Perspectives from adolescents, caregivers, providers, and advocates. *Asian American Journal of Psychology*, 5(4), 316-324. doi:10.1037/a0036479
- Jimenez, J. (2017, October 12). Mental Health in a Filipino American Household [Web log post]. Retrieved October 24, 2018, from <http://www.findinc.org/findink/2017/10/12/mental-health-in-a-filipino-american-household>
- Leung, R. (2015). Using Social Media to Address Asian Immigrants' Mental Health Needs: A Systematic Literature Review. *Journal of Nature and Science*, 1(4). Retrieved from <http://www.jnsoci.org/files/article/e66.pdf>
- McNiff, J. (2014). *Writing and doing action research*. London: SAGE Publications.
- Nadal, K. L. (2011). *Filipino American psychology: A handbook of theory, research, and clinical practice*. Hoboken, NJ: Wiley.
- National Institute on Minority Health and Health Disparities (NIMHD). (2018, June 20). Retrieved from <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-minority-health-health-disparities-nimhd>
- Obama, Barack "When someone shares their story, we see the world through their eyes." *Instagram*, November 18, 2018, ([www.instagram.com/p/BqVxT-FgiCf/](http://www.instagram.com/p/BqVxT-FgiCf/)).
- Parekh, R., M.D., M.P.H. (2018, August). What is mental illness? Retrieved October, 12, from <https://www.psychiatry.org/patients-families/what-is-mental-illness>
- Rungduin, T., Rungduin, D. C., Aninacion, J. G., Catindig, R. B., Jr., & Gallogo, L. S. (2016). The Filipino character strength of utang na loob: Exploring contextual associations with gratitude. *International Journal of Research Studies in Psychology*, 5(1), 13-23. Retrieved September 29, 2018, from [https://www.researchgate.net/publication/284433972\\_The\\_Filipino\\_character\\_strength\\_of\\_utang\\_na\\_loob\\_Exploring\\_contextual\\_associations\\_with\\_gratitude](https://www.researchgate.net/publication/284433972_The_Filipino_character_strength_of_utang_na_loob_Exploring_contextual_associations_with_gratitude).
- Sanchez, F., M.D., & Gaw, A., M.D. (2007). Mental Health Care of Filipino Americans. *Psychiatric Services*, 58(6), 810-815. doi:10.1176/appi.ps.58.6.810
- Small, N. (2017, June 27). 7 Online Donation Tools to Delight Your Donors. Retrieved from <https://nonprohithub.org/nonprofit-technology/5-online-donation-tools-to-delight-your-donors/>

Socially Conscious Online Master's Degrees. (2018, October 29). Retrieved from <https://www.claremontlincoln.edu/>

Substance Abuse and Mental Health Services Administration. (2017). *Advancing Best Practices in Behavioral Health for Asian American, Native Hawaiian, and Pacific Island Boys and Men*. Rockville, MD: HHS.

Stroh, D. P. (2015). *Systems thinking for social change: A practical guide to solving complex problems, avoiding unintended consequences, and achieving lasting results*. White River Junction, VT: Chelsea Green Publishing.

Valenzuel, D. & Shrivastava, P. *Interview as a Method for Qualitative Research* [PDF document]. Retrieved from <http://www.public.asu.edu/~kroel/www500/Interview%20Fri.pdf>

Wong, C. A., Merchant, R. M., & Moreno, M. A. (2014). Using social media to engage adolescents and young adults with their health. *Healthcare*, 2(4), 220-224. doi:10.1016/j.hjdsi.2014.10.005

## **APPENDIX A: Ethical Guidelines**

### **Steps Ensuring Ethical Treatment of Participants**

1. Described project through text or phone conversation and their role as participants.
2. Asked participants to volunteer their time to contribute to the project and to be interviewed on Filipino culture and mental health.
  1. Told participants that there was an option to modulate their voices so it would not be recognized.
3. Sent and obtained written consent from participants detailing project participation.
4. Scheduled private interviews with participants; participants had the option of being interviewed via phone or in-person privately.
5. Prior to conducting interviews in a private setting, I reiterated the purpose of the project to the participants as well as their option of stopping the interview when they felt any form of discomfort. I also made sure to communicate that I was not a clinical practitioner and that they would need to seek aid from their doctor or a licensed clinical therapist if necessary.
6. Recorded audio of the interviews and stored on a USB drive.
7. Sent edited version of the audio to the participants and received permission to publish publicly.
8. Published audio on website without names or other identifiable information.

## **Consent Form**

### **Invitation**

You are being asked to take part in a research/dialogue project. It will explore the impact of promoting a website featuring stories and culturally sensitive approaches on mental health awareness within the Filipino American community. It is being conducted by Khimee Leong who is studying towards a M.A. Social Impact at Claremont Lincoln University.

### **What Will Happen**

Participants will be interviewed on their experience about being Filipino American and how it has affected their mental health; interviews will be featured on a website as content. Interviews will be conducted and voice recorded via google hangouts or over the phone and sent to the participants for feedback or edits prior to it being uploaded on a website. The website will be publicly promoted online.

All featured interviews will only be kept on the website for six months, and kept in a private, secure google drive accessible only to Khimee Leong. Upon two years, all interviews will be permanently deleted from the google drive.

Note: All identifiable information, including names, locations, and photos will be kept out of the website, only voices of the participants will be utilized. However, if the participant chooses to mask their voice, alterations can be made to the file.

### **Potential Risks/Benefits**

Potential risks include emotional distress that may arise due to the interviews. The interviews will be conducted with personal questions that may trigger unpleasant or unwelcome emotions. However, interviews can be stopped at any point in time per the request of the interviewee or at any sign of distress from the interviewee. If extreme distress occurs, all participants can contact their primary care physician, therapist, or dial 911 for help.

The largest benefit of participating in the project is the ability to share relatable stories and cultivate understanding around Filipino American mental health. Participants are also mental health advocates who are voluntarily telling their story to viewers/listeners who may have struggled from similar mental health challenges in the past, consequently empowering their audience, encouraging dialogue, and reducing mental health stigma.

### **Time Commitment**

For the interviewees, the time commitment involved is as follows:

- 30 minutes to 1 hour interview that will be conducted within the first two weeks of October 2018

- 2 hours of discussion regarding overall content of website

For Dr. BJ Gonzalo, the time commitment involved is as follows:

- 45 minutes bi-weekly for check-ins regarding overall project progress
- 10-15 hours total within ten weeks beginning October 2, 2018 for feedback and sharing of culturally sensitive approaches to add to website

### **Participants' Rights/Confidentiality**

I will give priority to your interests at all times. To protect your interests in my final report, I promise the following:

- Your identity will be protected at all times in my final report unless you give me specific permission to use your name.
- You are free at any time to withdraw from the research project, whereupon I will destroy all data relating to you. I will report that a participant decided to leave the project, and reflect on ways the project might have been more conducive to all participants.

Individuals must be 18 years of age or older to participate.

### **Cost, Reimbursement, and Compensation**

Your participation in this study is voluntary. You will NOT receive any compensation nor will you be asked to pay fees of any kind.

### **Informed Consent Signature Line**

By signing below, you agree that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, and (3) you are taking part in this research study voluntarily (without coercion).

Researcher's Name \_Khimee Leong\_      Date \_\_\_Oct 2, 2018\_\_\_

Participants Name (Printed) \_\_\_\_\_

Signed \_\_\_\_\_      Date \_\_\_\_\_

### **Follow Up After Completion of the Project**

I would like follow-up on this project. Please email me the final report of the CAP.

Do nothing. I absolve the researchers of any obligation to contact me about this project.

NOTE: If at any time you have any questions or concerns about the project, you may contact the Dean of Capstone Studies at Claremont Lincoln University, Dr. Stan Ward. Please contact him by email: [sward@claremontlincoln.edu](mailto:sward@claremontlincoln.edu), or call the university: 909-667-4400.

**APPENDIX B: Stakeholder Collaboration Log**

Date	Purpose	Participants	Actions and Outcomes
Sept 20, 2018	Initial contact with possible participants as interviewees	Four interviewees	Texted participants to describe project and gauge interest. Three out of four participants were immediately interested; one participant was uncomfortable at first, but when I explained that participant names would not be made public, and it was possible to modulate voices, they agreed to participate.
Sept 20, 2018	Initial explanation of <i>The Kuwentuhan Project website</i>	Thought partner	Had a call with thought partner to share the purpose of the project and share ideas on storytelling as a means of influencing others. Thought partner also shared credible resources on Filipino American mental health as references for research.
Oct 1	Obtain consent	Group of interviewees	Sent an email to the four interviewees reiterating the project and to obtain written consent for their participation.
Oct 2	Interview Participant	Participant 1	Interviewed first participant and spoke about their inability to understand Philippine language, Tagalog, and how it affected her life.
Oct 4	Interview Participant	Participant 2	Interviewed second participant and spoke about identity.
Oct 9	Interview Participant	Participant 3	Interviewed third participant and spoke about community.
Oct 9	Interview Participant	Participant 4	Interviewed fourth participant and spoke about the influence of Philippine media.
Oct13	Shared edited version of Participant 1 audio	Participant 1	Shared edited version of Participant 1's audio interview and they gave me some feedback on unnecessary information to cut out.

Oct 16	Call with thought partner	Thought Partner	Spoke to Thought Partner about including a recent blog published on <i>Positively Filipino</i> to <i>The Kuwentuhan Project</i> to add content about storytelling.
Oct 23	Shared edited version of Participant 2 audio	Participant 2	Shared edited version of Participant 2's audio interview and they told me that it was good to share publicly.
Nov 12	Shared results of first validation group's responses	Interviewees	Shared the results with my collaborative team from meetup
Nov 20	Shared second set of results of validation group survey responses	Interviewees	Shared second set of results with collaborative team from meetup, decided to only do meetups as opposed to marketing website online

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**APPENDIX C: Thank you email**

Subject: THANK YOU SO MUCH! – KPROJECT

Hi Friends of the Kuwentuhan Project,

As I wrap up The Kuwentuhan Project, I wanted to say thank you to each one of you. Your participation and constant support in the last eight weeks or so have been incredible. If it weren't for your strength, compassion, and advocacy this project would not be possible.

Many of you know, I did not complete the website in time. But, I did manage to have a group of other young Filipino Americans listen to the interviews (and showed them the website 80% finished). The response was more than I could ask for! Not one of the participants gave me a negative review or feedback. After listening they shared their thoughts with me and also filled out a survey. Here's some of the feedback I received:

- "It's refreshing to know other people have experienced the same or similar mental health struggles as myself, I'm not alone"
- "I found that the dialogues are a small, but impactful, piece of conversation. Being able to have a safe environment to have these conversations is important. In this day and age, we have to tell our stories. I truly believe this can create a ripple effect."
- "Communication like this broadens the horizon into other topics. Mental health is such a difficult topic and doing this has just opened doors."

As you can see, we're clearly making an impact! Although the project only reached a few, I know that with more work we can influence others to open their minds and listen as well. Thank you again and I'll reach out to you all personally to chat soon.

-Khimee