

Community Wellness Program (CWP): Reducing Trauma Symptoms, Psychological Distress, and Mental Health Stigma among Cambodian Adults in Long Beach and Santa Ana

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Introduction

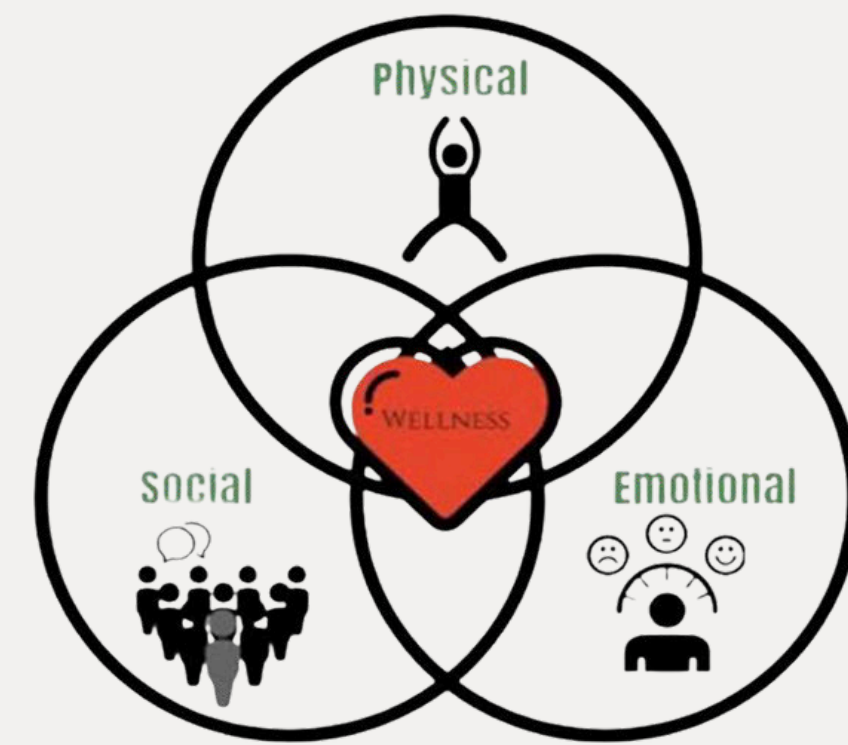
- Cambodian immigrants and refugees in Greater Long Beach and Santa Ana face mental health disparities and limited service access.
- Barriers include limited English proficiency, mental health stigma, and a shortage of culturally appropriate providers.

Program Description

The Community Wellness Program (CWP) is a community-defined, evidence-based practice aimed at promoting holistic wellness and reducing mental health stigma among Cambodian adults. It is based on the Theory of Planned Behavior and Social Cognitive Theory, with bilingual/bicultural Community Health Workers (CHWs) conducting outreach, delivering services, and collecting data to foster trust.

Core components include:

- Outreach & engagement
- Educational workshops
- Strength-based case management
- Social & spiritual activities



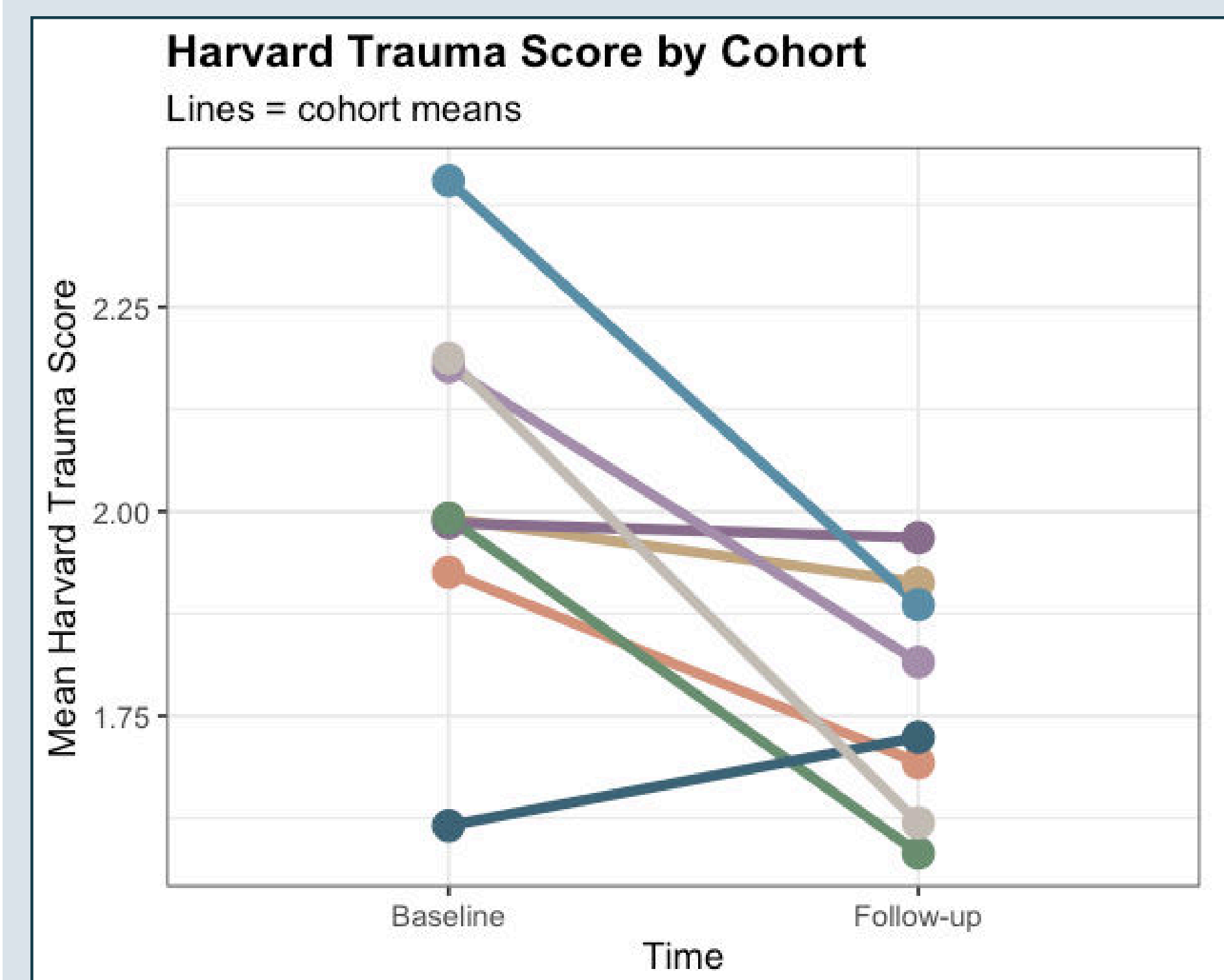
"A CHW has even helped my grandchildren. My grandson stayed in the room and didn't want to come out. Chork talked to him and he came out and now takes part in different resources. It has relieved a lot of my stress."

Methods

- Evaluation Design: Mixed-methods, single-group with double baseline and follow-ups at 3 and 6 months.
- Sample/Timeframe: N=689; outcomes compared at Baseline 2 and Follow-up 2.
- Outcome Measures: Harvard Trauma Questionnaire (trauma), CalMHSA (mental health stigma), and Kessler-6 (psychological distress).
- Analysis: Descriptives and paired t-tests; regressions assessed associations between program participation and outcome changes.

Results / Impact (Baseline 2 → Follow-up 2)

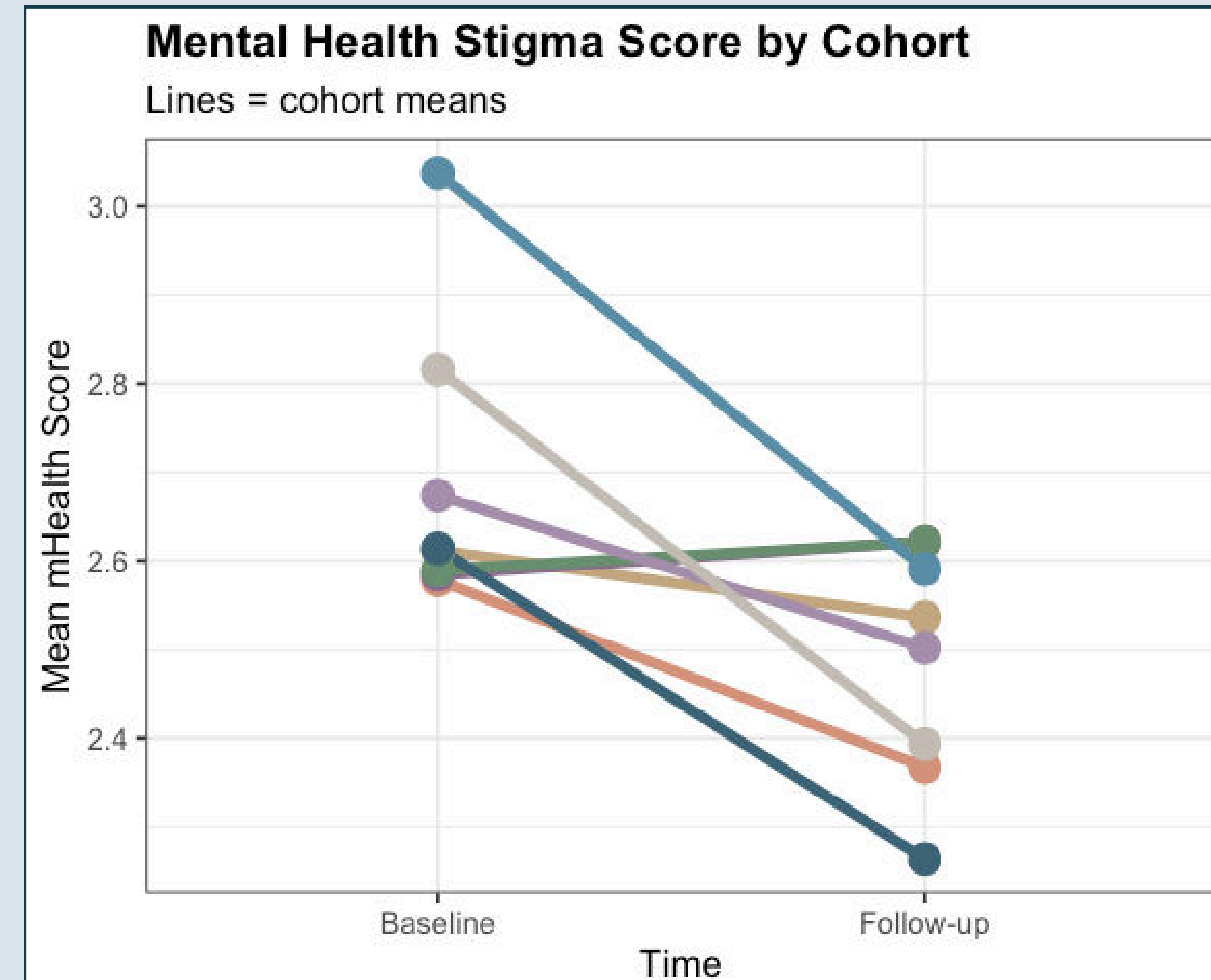
- CWP participants showed significant improvements across all primary outcomes
- Trauma symptoms (HTQ): 2.03 → 1.76 (p < .001)
- Psychological distress (K6): 8.07 → 5.54 (p < .001)
- Mental health stigma (CalMHSA): 2.68 → 2.49 (p < .001)
- Greater participation in CWP activities was associated with improvements across all outcome measures.



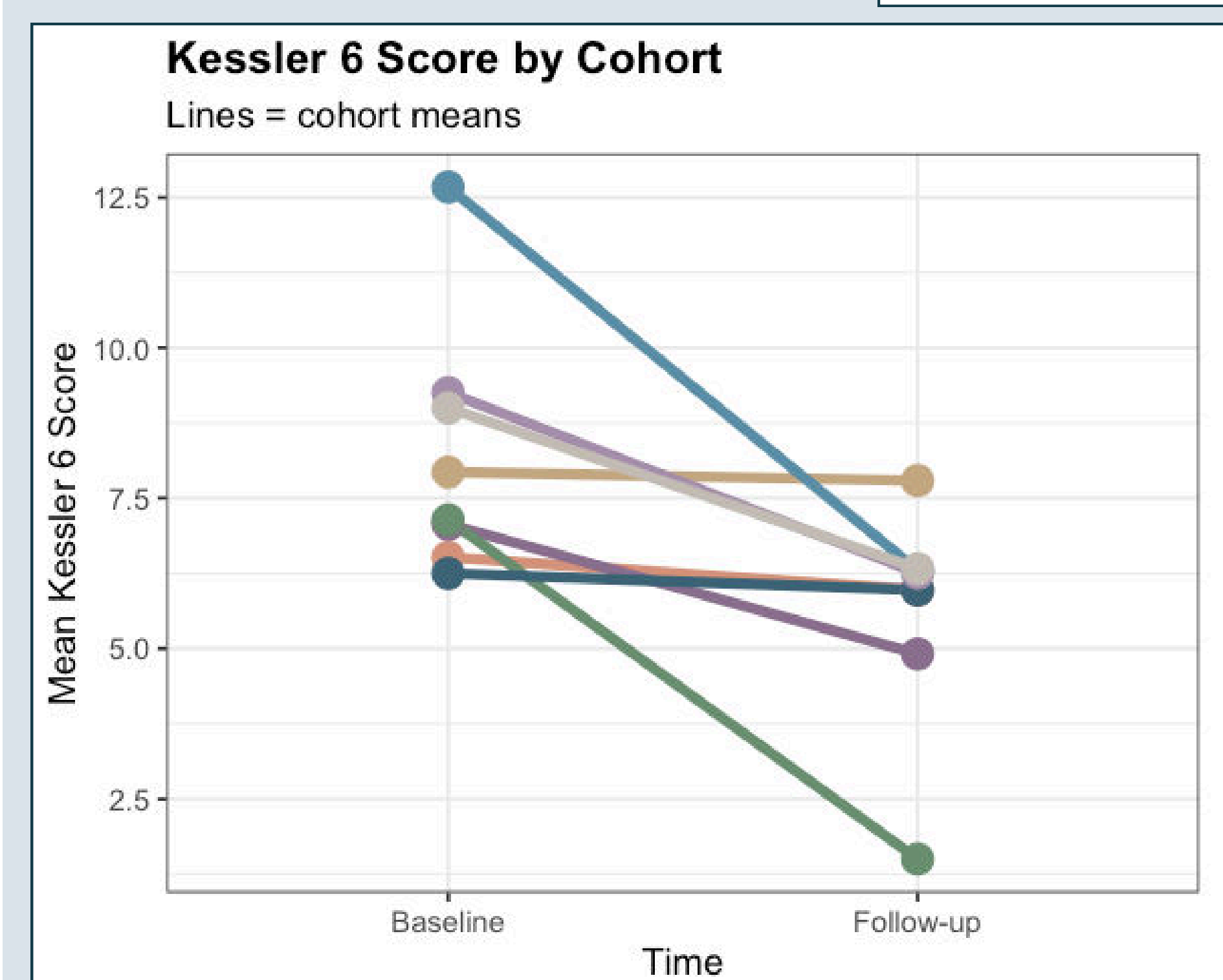
HTQ (left): Most participants saw their trauma symptoms decrease at follow-up, though the amount of improvement varied across cohorts and a few groups showed little change or slight increases.



CalMHSA (right): Most participants showed a reduction in mental health stigma over time, with the majority of cohorts converging toward similar lower scores at follow-up regardless of where they started.



K6 (below): Psychological distress decreased from baseline to follow-up across nearly all cohorts, with the groups that started with the highest distress levels showing the most dramatic improvements.



Cohort Key for all Graphs:

- Cohort (Start Date)**
- 2 (Aug 2018)
 - 3 (May 2019)
 - 4 (Mar 2020)
 - 5 (Nov 2020)
 - 6 (Jun 2022)
 - 7 (Jan 2023)
 - 8 (Jun 2024)
 - 9 (Mar 2025)

Sustainability Plans

- Sustain CWP core components (outreach, workshops, case management, social/spiritual activities) through trusted Cambodian partners.
- Ensure ongoing funding and staffing to boost CHW capacity, enhance referrals to Khmer-speaking providers, and lessen access barriers (e.g., transportation).
- Utilize evaluation results to gain support from decision-makers, expand this community-driven model, and adapt it for other immigrant/refugee communities.

"The program has impacted me tremendously. Since I came to the U.S., I never felt happy. My husband had a stroke and he has since passed away. Joining this program has pushed me to be stronger and to have hope to live."



Lessons Learned

- CWP's healing-centered model, led by trusted CHWs and peer relationships, enhanced connection, reduced isolation, and improved well-being through culturally meaningful activities like meditation and arts.
- Structural barriers such as language access and transportation hinder progress; Cambodian organizations can assist in linking to mainstream services.
- Findings highlight the importance of sustaining and scaling community-defined, culturally grounded CRDP strategies to reduce disparities, supported by evaluation data showing measurable impact.

Acknowledgements

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