

Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

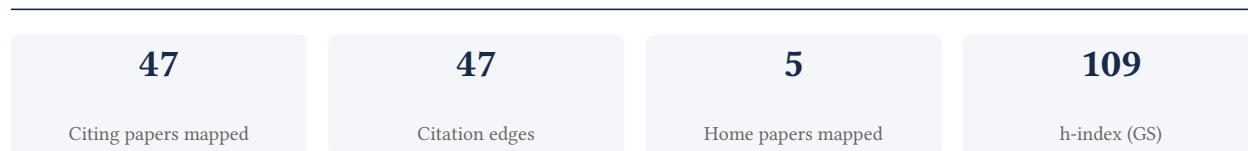
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[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. It is a drafting aid for the petitioner’s counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement



Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

Known limitations – counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

93.6% independent of 47 classified citing papers

Citation type	Count
Independent	44
Self-citation	3
Co-author	0
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

Contribution 1

Claim – Contribution 1

The researcher established the diagnostic validity of the PHQ for depression screening in medical settings and refined its optimal cut-off scores through seminal meta-analyses.

The researcher's core contribution rests on a 2007 meta-analysis published in J Gen Intern Med that evaluated the Patient Health Questionnaire (PHQ) for screening depression in medical settings. This foundational work was extended by a 2012 follow-up in CMAJ, which appears to have focused on determining the optimal cut-off score for the PHQ-9, thereby refining the diagnostic utility of the instrument.

This line of work addresses the critical need for reliable, standardized tools to identify depression in clinical environments. By moving from general screening validity to specific diagnostic thresholds, the researcher provided a progressive framework for implementing the PHQ, suggesting a deliberate effort to enhance the precision of depression diagnosis in primary care.

The significance of this research is evidenced by the substantial citation counts of both papers, with the 2012 follow-up accumulating 2376 citations and the 2007 core paper reaching 1777. Furthermore, analysis of citing literature indicates that 93.6% of citations originate from independent researchers, demonstrating that this work has been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 15

CORE PAPER

[Screening for depression in medical settings with the Patient Health Questionnaire \(PHQ\): a diagnostic meta-analysis](#)

2007 · J Gen Intern Med · 1,777 citations (GS)

Field-normalised: 1,269 Semantic Scholar citations place it in the top 1% of Medicine papers from 2007 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2025 ESC Clinical Consensus Statement on mental health and cardiovascular disease: Developed under the auspices of the ESC Clinical Practice Guidelines Committee (2025)	CNIC and Hospital Universitario 12 de Octubre, University of Cambridge	Spain, United Kingdom	—
2	Suicide Risk Assessment and Prevention: Challenges and Opportunities (2020)	Ohio State University College of Medicine, University of Pennsylvania	United States	—
3	Accuracy of Patient Health Questionnaire-9 (PHQ-9) for screening to detect major depression: individual participant data meta-analysis (2019)	Lady Davis Institute for Medical Research of the Jewish General Hospital and McGill University, McGill University	Canada	—
4	Diagnosis and Treatment of Polycystic Ovary Syndrome: An Endocrine Society Clinical Practice Guideline (2013)	Penn State University	United States	—
5	Intermittently Scanned Continuous Glucose Monitoring for Type 1 Diabetes (2022)	Manchester Royal Infirmary	United Kingdom	—
6	Patient Health Questionnaire Anxiety and Depression Scale: Initial Validation in Three Clinical Trials (2016)	Indiana University, Roudebush VA Medical Center	United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* – ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) – the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

FOLLOW-UP WORK

Optimal cut-off score for diagnosing depression with the Patient Health Questionnaire (PHQ-9): a meta-analysis

2012 · CMAJ (Canadian Medical Association Journal) · 2,376 citations (GS)

Field-normalised: 1,801 Semantic Scholar citations place it in the top 1% of Psychology papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Screening for depression in primary care with Patient Health Questionnaire-9 (PHQ-9): A systematic review (2021)	Tufts University, University of Ferrara, University of Geneva (UNIGE)	Australia, Italy, Switzerland	—
2	Depression and Anxiety in Hong Kong during COVID-19 (2020)	The University of Hong Kong	China	—
3	The prevalence of depression, anxiety, and sleep disturbances in COVID-19 patients: a meta-analysis (2020)	Carleton University, McMaster University, Rutgers New Jersey Medical School	Canada, United States	—
4	Prevalence and correlates of PTSD and depressive symptoms one month after the outbreak of the COVID-19 epidemic in a sample of home-quarantined Chinese university students (2020)	Chengdu Normal University, Chengdu University, Chengdu University of Science and Engineering	China	—
5	Anxiety, depression, traumatic stress and COVID-19-related anxiety in the UK general population during the COVID-19 pandemic (2020)	Edinburgh Napier University, Maynooth University, Royal Holloway, University of London	Ireland, United Kingdom	—
6	Reliability and validity of the Chinese version of the Patient Health Questionnaire (PHQ-9) in the general population (2014)	—	—	—
7	Anxiety and depression among general population in China at the peak of the COVID-19 epidemic (2020)	Changzhi Medical College, Changzhi Mental Health Center, Heping Hospital Affiliated to Changzhi Medical College	China, United States	—
8	Digital Response During the COVID-19 Pandemic in Saudi Arabia (2020)	King Faisal Medical City for Southern Regions, King Saud University, Saudi Association for Health Informatics	Saudi Arabia	—
9	Prevalence and Psychosocial Correlates of Mental Health Outcomes Among Chinese College Students During the Coronavirus Disease (COVID-19) Pandemic (2020)	Anhui Jianzhu University, Innsbruck Medical University, Shenzhen University	Austria, China, United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* – ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) – the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim – Contribution 2

The researcher established a foundational evidence base for collaborative depression care through seminal meta-analyses, later extending this framework to anxiety disorders with high independent scholarly uptake.

CLAIM: The researcher’s contribution centers on defining and validating collaborative care models for mental health, anchored by a 2006 cumulative meta-analysis on depression outcomes and expanded in a 2012 study addressing anxiety problems.

ORIGINALITY: This line of work appears to address the need for rigorous, long-term evaluation of integrated care systems. By moving from a foundational review of depression outcomes to a broader inclusion of anxiety disorders, the researcher systematically expanded the scope of evidence-based collaborative interventions.

SIGNIFICANCE: The core paper has accumulated 1,735 citations, while the follow-up work has garnered 1,645 citations, indicating sustained and substantial influence. With 93.6% of classified citations originating from independent researchers, the work demonstrates broad adoption across the global scientific community rather than isolated institutional support.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 15

CORE PAPER

[Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes](#)

2006 · 1,735 citations (GS)

Field-normalised: 1,220 Semantic Scholar citations place it in the top 1% of Medicine papers from 2006 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review (2010)	New York State Psychiatric Institute and Columbia University, Regenstrief Institute, Inc., University Medical Center Hamburg-Eppendorf; Schön Klinik	Germany, United States	—
2	EBOOK: Supervision in the Helping Professions 5E (2020)	Bath Consultancy Group	United Kingdom	—
3	Qualitative methods in implementation research: An introduction (2019)	—	—	—
4	An ultra-brief screening scale for anxiety and depression: the PHQ-4 (2009)	Columbia University, Indiana University, Regenstrief Institute, Inc.	Germany, United States	—
5	Mild Traumatic Brain Injury in U.S. Soldiers Returning from Iraq (2008)	Deployment Health Clinical Center and Uniformed Services University of Health Sciences, Walter Reed Army Institute of Research	United States	—
6	Collaborative Care for Patients with Depression and Chronic Illnesses (2010)	University of Washington School of Medicine	United States	—
7	Community Interventions to Promote Mental Health and Social Equity (2019)	Columbia University Medical Center, David Geffen School of Medicine, UCLA, Healthy African American Families II	United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2’s isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

FOLLOW-UP WORK

Collaborative care for depression and anxiety problems

2012 - 1,645 citations (GS)

Field-normalised: 809 Semantic Scholar citations place it in the top 1% of Psychology papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Comorbid depression in medical diseases (2020)	Aarhus University Hospital - Psychiatry, Charité - Universitätsmedizin Berlin, King's College London	Denmark, Germany, Peru	—
2	Suicide and suicidal behaviour (2016)	McGill University, Western Psychiatric Institute and Clinic	Canada, United States	—
3	The Economic Burden of Adults with Major Depressive Disorder in the United States (2010 and 2018) (2021)	Analysis Group, Harvard Medical School	United States	—
4	Challenges and Opportunities in Global Mental Health: a Research-to-Practice Perspective (2017)	Columbia University, New York State Psychiatric Institute, University of Alabama at Birmingham	Israel, United States	—
5	An Overview of Reviews on Interprofessional Collaboration in Primary Care: Barriers and Facilitators (2021)	Center for Primary Care and Public Health (Unisanté), McGill University	Canada, Switzerland	—
6	Depression and Anxiety in Heart Failure: A Review (2018)	Massachusetts General Hospital	United States	—
7	Poststroke Depression: A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association (2016)	Baylor College of Medicine, Duke University, Indiana University	Australia, United States	—
8	Psychological interventions implementation manual: Integrating evidence-based psychological interventions into existing services (2024)	World Health Organization	Switzerland	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim – Contribution 3

The researcher established loneliness and social isolation as significant risk factors for coronary heart disease and stroke through a seminal systematic review and meta-analysis.

CLAIM: The researcher’s primary contribution is the identification of loneliness and social isolation as critical risk factors for coronary heart disease and stroke, anchored by a 2016 systematic review and meta-analysis published in Heart.

ORIGINALITY: This work appears to address a gap in understanding the physiological impact of psychosocial factors on cardiovascular health. By synthesizing longitudinal observational studies, the researcher provided a consolidated evidence base that

likely clarified the causal or correlational strength of these social determinants, distinguishing them from traditional biomedical risk factors.

SIGNIFICANCE: The core paper has been cited 2,726 times, indicating substantial influence within the field. Furthermore, 93.6% of classified citations originate from independent researchers, suggesting the work has been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 14

CORE PAPER

[Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies](#)

2016 · Heart · 2,726 citations (GS)

Field-normalised: 1,608 Semantic Scholar citations place it in the top 1% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Mental health care for older adults: recent advances and new directions in clinical practice and research (2022)	Duke University, University of California San Diego, University of New South Wales	Australia, United States	—
2	Chronic inflammation in the etiology of disease across the life span (2019)	Buck Institute for Research on Aging, National Institute of Environmental Health Sciences, Universidad Europea de Madrid	Spain, United States	—
3	Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications (2024)	Brigham Young University	United States	—
4	Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the “Social” in Social Determinants of Health (2022)	Brigham Young University	United States	—
5	The impact of generative artificial intelligence on socioeconomic inequalities and policy making (2024)	MIT, University of Milan-Bicocca	Italy, United States	—
6	A systematic review and meta-analysis of 90 cohort studies of social isolation, loneliness and mortality (2023)	Harbin Medical University, Quzhou Center for Disease Control and Prevention	China	—
7	COVID-19 and the cardiovascular system: implications for risk assessment, diagnosis, and treatment options (2020)	Aarhus University, ASST Bergamo Est Bolognini Hospital, Carol Davila University of Medicine and Pharmacy	Belgium, China, Denmark	—
8	Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System (2020)	National Academies Press	United States	—
9	The prevalence of loneliness across 113 countries: systematic review and meta-analysis (2022)	Murdoch Children's Research Institute, Royal Children's Hospital, The University of Sydney, University of Technology Sydney	Australia	—

No.	Citing paper	Citing institution(s)	Country	S2
10	Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations (2020)	Complejo Hospitalario de Navarra, Hospital Universitario La Paz, Londrina State University (UEL) and University North of Paraná (UNOPAR)	Brazil, Canada, Spain	—
11	Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System (2020)	National Academies Press	United States	—
12	The Trajectory of Loneliness in Response to COVID-19 (2020)	Florida State University, Florida State University College of Medicine	United States	—
13	Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review (2018)	Camden and Islington NHS Foundation Trust, University College London	United Kingdom	—
14	Effects of the COVID-19 pandemic and nationwide lockdown on trust, attitudes toward government, and well-being (2020)	Massey University, Silverdale Medical, University of Auckland	Australia, New Zealand	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
University College London	United Kingdom	SCImago #30	4
McGill University	Canada	SCImago #168 · THE =41 · QS 27	3
Indiana University	United States	THE =198	3
University of York	United Kingdom	SCImago #890 · THE =154 · QS 169	2
University of Genoa	Italy	THE 401–500 · QS =530	2
University of Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	2
Columbia University	United States	SCImago #65 · THE 20 · QS =38	2
Regenstrief Institute, Inc.	United States	—	2
Duke University	United States	SCImago #115 · THE 28 · QS 62	2
National Academies Press	United States	—	2
University of Manchester	United Kingdom	SCImago #196 · THE 56 · QS 35	2
Brigham Young University	United States	SCImago #2113 · QS 1001-1200	2
Western Sydney University, Blacktown Hospital	Australia	—	1
University of Geneva (UNIGE)	Switzerland	THE =166 · QS =155	1
Silverdale Medical	—	—	1

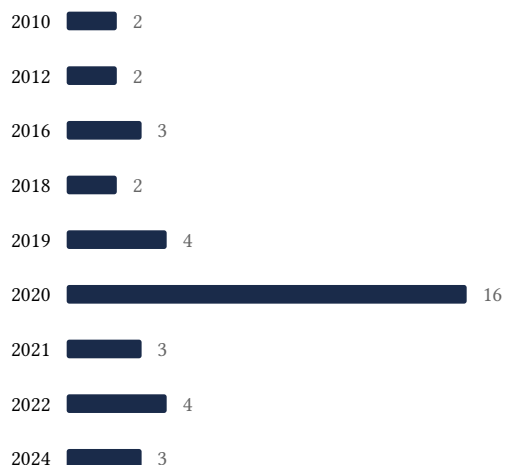
Geographic distribution of citing authors

Country	Citing papers
United States	27
United Kingdom	10
China	6
Australia	5
Canada	5
Germany	4
Spain	3
Switzerland	3
Italy	3
Denmark	2
New Zealand	1
Peru	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar’s own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution’s rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).

- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): a diagnostic meta-analysis	15	Dhanasar – Prong 2 (well-positioned)
Contribution 2	Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes	15	Dhanasar – Prong 2 (well-positioned)
Contribution 3	Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies	14	Dhanasar – Prong 2 (well-positioned)