

Predictors of Nonattendance of Intake Appointments Among Five Asian American Client Groups

Phillip D. Akutsu, Garyn K. Tsuru, and Joyce P. Chu
University of Michigan

The authors examined the relationship of demographic, clinical, and service program factors with preintake attrition rates, or the nonattendance of intake appointments, among 5 Asian American groups at an ethnic-specific program. The results show that younger age, earlier appointment, Asian language match with the prescreening interviewer, and assignment of the prescreening interviewer as the intake therapist increased; however, gender match with prescreening interviewer decreased—the likelihood of intake attendance. As hypothesized, Southeast Asians (Cambodian, Lu Mien, and Vietnamese Americans to a lesser degree) reported higher intake attendance rates than more established East Asian groups (Chinese and Korean Americans). Specific implications of these results to program evaluation and to development and improvements in service delivery to Asian American groups are discussed.

Although service-delivery research targeting Asian Americans has focused on issues of treatment dropout and duration (e.g., Flaskerud, 1986; Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Zane, Hatanaka, Park, & Akutsu, 1994), little attention has been given to the critical issue of preintake attrition or the nonattendance of intake appointments for prospective Asian American clients. Indeed, over the past several decades, preintake attrition has become of increasing concern for service delivery, with reported rates ranging from 15% to 55% at multiple clinical settings (e.g., Chen, 1991; Kruse, Rohland, & Wu, 2002; Rosenberg & Raynes, 1976).

This issue of preintake attrition invariably may be of greatest importance to Asian American communities. For decades, the literature has reported the consistent low use of mental health services by Asian American groups (e.g., Akutsu, 1997; U.S. Department of Health and Human Services [DHHS], 2001; Zhang, Snowden, & Sue, 1998). What has not been examined, however, is the extent to which this low use may be due to a failure to initiate contact with service providers or a result of nonattendance of an intake session after initial contact was made. This distinction would inform largely disparate service priorities and provide practical implications. For example, if underuse was occurring because of a failure to initially seek out services, then changes would need to take place in community education and public outreach, whereas low service use because of a high rate of preintake attrition would suggest a need to improve service connectivity and program development.

Preintake attrition is clearly a critical issue to examine for Asian Americans. In response to low service use concerns, several changes to mental health systems have already been adopted, including the development of ethnic-specific programs and the increased hiring of bicultural and bilingual staff at more traditional programs (Chin, 1998; Chun & Akutsu, 1999). Although recent studies have provided some evidence of the benefits of such culturally responsive strategies (Akutsu, Snowden, & Organista, 1996; Hu, Snowden, Jerrell, & Nguyen, 1991; Sue et al., 1991), to our knowledge none have examined whether specific aspects of these service programs contribute to increased attendance of intake appointments. Furthermore, these studies have not considered whether these programs address the different needs of Asian American subgroups, which is a question of particular importance in light of evidence suggesting that there are varying needs for seeking mental health services within the Asian American community.

Given a lack of research about preintake attrition in Asian American populations, we formed speculations about this pretreatment issue from completed studies in the preintake attrition literature from general client populations combined with a review of the literature on nonattendance after the intake appointment for Asian American clientele. Research that has addressed preintake attrition in the general client population points to a number of factors that may contribute to a decreased likelihood for a client to attend an intake session, including being Hispanic (Kruse et al., 2002), being non-White (Kruse & Rohland, 2002), being younger in age (Carpenter, Morrow, Del Gaudio, & Ritzler, 1981; Kruse et al., 2002), having lower levels of distress or nonurgency of care (Grunebaum et al., 1996), and waiting a longer period of time from the initial call to the scheduled intake appointment (Carpenter et al., 1981; Grunebaum et al., 1996; Hicks & Hickman, 1994; Livianos-Aldana, Vila-Gomez, Rojo-Moreno, & Luengo-Lopez, 1999; Orme & Boswell, 1991). Previous mental health treatment also appears to influence attendance of intake appointment, though the direction of this influence differs between studies. For example, some researchers have found that previous mental health treatment is associated with decreased attendance (Glyngdal, 2002;

Phillip D. Akutsu, Garyn K. Tsuru, and Joyce P. Chu, Department of Psychology, University of Michigan.

We acknowledge the technical assistance and support of Yifci Ma at the Center for Mental Health Services Research, University of California, Berkeley. We also thank Han Yun, N. Sharron Sue, Alan Shinn, and all the clients and staff at the Asian Community Mental Health Services in Oakland, California, for their continued support and assistance on this research project.

Correspondence concerning this article should be addressed to Phillip D. Akutsu, University of Michigan, Department of Psychology, 525 East University, Ann Arbor, MI 48109-1109. E-mail: akutsu@umich.edu

Trepka, 1986), whereas other researchers have reported increased attendance (Carpenter et al., 1981). With regard to presenting problem or diagnosis, patients with greater vagueness of complaint (Carpenter et al., 1981), a personality disorder (Matas, Staley, & Griffin, 1992), drug abuse or addiction (Glyngdal, 2002; Matas et al., 1992), or psychosis (Glyngdal, 2002) were less likely to attend their intake session. Also, the interaction between gender and time of initial interview appears to influence rates of preintake attrition, with men and women more likely to miss appointments at differing times of the day (Livianos-Aldana et al., 1999). In contrast to studies involving general client populations, researchers conducting studies with Asian American clients have found that both an ethnicity and a language match between the client and therapist have predicted lower dropout rates after the intake session and have led to longer attendance (Fujino, Okazaki, & Young, 1994; Sue et al., 1991). The literature clearly suggests the importance of ethnicity and culturally responsive programmatic features as constructs to consider when examining issues of preintake attrition.

In the present study, we examined the relationship of several demographic (ethnicity, gender, age, and acculturation), clinical (previous mental health experience, urgency of care or the need for an earlier appointment, and number and type of presenting problems; e.g., depression, suicidality, psychotic symptoms, violent behaviors, physical–sexual abuse, family–marital conflicts, somatic symptoms, and anxiety), and client–prescreening interviewer (ethnicity, Asian language, gender match, and continuity of care or the assignment of the prescreening interviewer as the intake therapist) factors with rates of preintake attrition among five Asian American groups at an ethnic-specific mental health program.

Given past reports of Southeast Asians experiencing higher rates of trauma and distress (e.g., Blair, 2000; DHHS, 2001), we hypothesized that Southeast Asians (Vietnamese, Cambodians, and Lu Mien) would have higher rates of intake attendance than more established East Asian American groups (Chinese and Koreans). We also hypothesized that culturally responsive aspects of the ethnic-specific program (gender, ethnicity, Asian language match with the prescreening interviewer, and the assignment of the prescreening interviewer as the intake therapist) would predict higher rates of intake attendance for the Asian American clients.

Method

Participants

The sample consisted of 983 Asian American adult clients (185 Cambodian, 281 Chinese, 150 Korean, 177 Lu Mien, and 190 Vietnamese Americans) who contacted an Asian-oriented ethnic-specific mental health program in northern California from January 1, 1988 to December 31, 1995. Only those clients who satisfied the following criteria were included in this study: (a) self-identification from a single Asian American ethnic group category (to create an ethnicity match variable with the prescreening interviewer), (b) valid information on all variables of interest, and (c) assignment to an intake appointment at the clinic rather than a referral elsewhere. In addition, only Asian American groups that provided a sufficient number of clients ($n = 150$) for the statistical analyses were included in the final sample.

Table 1 provides a summary of the sample characteristics. The average client in the study was a 41-year-old woman who spoke an Asian language as her primary language of choice, which suggested a lower level of acculturation. Seeking little mental health care in the past, the typical client reported about two presenting problems but was not determined to require

urgent care. The most commonly reported problems were depression, suicidality, and psychotic symptoms. Comparing the client with the prescreening interviewer, two thirds of the clients were of the same ethnicity as the prescreening interviewer, three quarters of the clients spoke the same Asian language as the prescreening interviewer, and about half of the clients were of the same gender as the prescreening interviewer. For the intake appointment, about two fifths of the clients continued with their prescreening interviewer. At this ethnic-specific program, slightly more than two thirds of the Asian American clients attended their scheduled intake appointments.

Variables

For this study, there were 11 independent variables of interest: (a) client gender, (b) client age, (c) a proxy acculturation measure (English vs. Asian language as the client's language of choice), (d) previous mental health experience, (e) number of reported problems, (f) type of reported problems (depression, suicidality, psychotic symptoms, violent behaviors, physical–sexual abuse, family–marital conflicts, somatic symptoms, and anxiety), (g) the need for urgent care or the earliest intake appointment, (h) gender match with the prescreening interviewer, (i) ethnicity match with the prescreening interviewer, (j) Asian language match with the prescreening interviewer, and (k) continuity of care or the assignment of the prescreening interviewer as the intake therapist. The dependent variable assessed whether the client attended the intake appointment.

Procedures

In this study, we performed secondary data analyses on client, staff, and program information recorded in the management information system at this ethnic-specific program. After a prospective client contacted the clinic, the support staff requested the client's language of choice and then contacted a staff member to conduct a prescreening interview in the client's preferred language. Each clinic staff member was trained to complete the prescreening interview using a standardized form and protocol of questions. Although the majority of prescreening interviews were completed by telephone, a small percentage (estimated by the support staff to be about 5%–10%) were completed face to face with a staff member at the clinic. Procedures for collecting data in the face-to-face condition did not deviate from the standardized procedures outlined above for completing the interviews over the phone. On the basis of the data from this interview, an intake therapist was assigned by the clinic staff to contact the client and schedule an intake appointment.

Results

To determine whether there were significant group differences on demographic, clinical, or program variables between clients who had attended intake appointments versus clients who had not attended intake appointments, we performed a series of chi-square analyses and *t* tests. Several key differences were found between attendees and nonattendees of intake appointments (see Table 1). Specifically, attendees reported lower percentages than nonattendees in the following variables: (a) English as their language of choice, (b) reported family–marital problems, and (c) gender match with their prescreening interviewer. In contrast, attendees reported higher percentages than nonattendees in the following variables: (a) number of presenting problems, (b) reported depression and suicidal problems, (c) having the need for urgent care or an earlier appointment, and (d) ethnicity and language matching with their prescreening interviewer. Also, the attendees were found to be slightly older than the nonattendees. No other significant group differences were found between the attendees and nonat-

Table 1
Demographic, Clinical, and Programmatic Characteristics Between Attendees and Nonattendees of Intake Appointments

Variable	Overall characteristics (<i>N</i> = 983)	Attendance of intake appointment	
		Nonattendees (<i>n</i> = 290)	Attendees (<i>n</i> = 693)
Gender (%)			
Women	64.40	64.10	64.50
Men	35.60	35.90	35.50
Age (in years)	40.48 (13.57)	38.43 (13.22)	41.33 (13.62)**
Level of acculturation (%)			
High acculturated	8.70	16.20	5.60***
Low acculturated	91.30	83.80	94.40
Previous mental health treatment (%)			
Yes	12.30	12.40	12.30
No	87.70	87.60	87.70
No. of reported problems	1.71 (0.45)	1.64 (0.48)	1.75 (0.44)***
Presenting problems (%)			
Depression			
Yes	69.30	60.70	72.90***
No	30.70	39.30	27.10
Suicidality			
Yes	23.60	14.10	27.60***
No	76.40	85.90	72.40
Psychotic symptoms			
Yes	18.90	21.00	18.00
No	81.10	79.00	82.00
Violent behaviors			
Yes	3.00	2.80	3.00
No	97.00	97.20	97.00
Physical–sexual abuse			
Yes	4.30	4.50	4.20
No	95.70	95.50	95.80
Family–marital problems			
Yes	11.40	15.50	9.70**
No	88.60	84.50	90.30
Somatic symptoms			
Yes	15.80	14.80	16.20
No	84.20	85.20	83.80
Anxiety			
Yes	14.60	17.90	13.30
No	85.40	82.10	86.70
Urgency of care (%)			
Urgent	43.40	30.70	48.80***
Nonurgent	56.60	69.30	51.20
Matching with prescreening interviewer (%)			
Gender match			
Match	56.10	63.10	53.10**
Nonmatch	43.90	36.90	46.90
Language match			
Match	74.40	58.60	81.00***
Nonmatch	25.60	41.40	19.00
Ethnicity match			
Match	66.60	60.30	69.30**
Nonmatch	33.40	39.70	30.70
Prescreening interviewer assigned to be intake interviewer (%)			
Assigned	41.00	38.60	42.00
Not assigned	59.00	61.40	58.00

Note. Asterisks denote a significant difference between attendees and nonattendees of intake appointment for each specific variable. For continuous variables, *t* tests were performed. For categorical variables, chi-square tests for pairwise comparisons were performed. Standard deviations for age and number of reported problems are presented within parentheses.

p* < .01. *p* < .001.

tendees with regard to gender, previous mental health experience, other presenting problems (psychotic symptoms, violent behaviors, physical–sexual abuse, somatic symptoms, and anxiety), and continuity of care.

To determine whether significant group differences existed for preintake attrition rates among the Asian American groups, we performed an overall chi-square analysis and a series of pairwise comparisons using a more restrictive cutoff point ($p < .005$) that was determined by a Bonferroni correction (see Table 2). The overall chi-square analysis indicated a significant difference among the five Asian American groups in preintake attrition rate. The pairwise comparisons indicated that the Cambodian and Lu Mien clients had higher rates of intake attendance than the Chinese and Korean clients. The Cambodian clients also reported higher rates of intake attendance than the Vietnamese clients.

A series of logistic regressions were performed to determine which of the demographic, clinical, or program variables would continue to be significantly related to intake attendance after controlling for the contribution of each of these same variables. The analyses yielded a significant overall logistic regression model with a correct-classification rate of 73.8% in predicting attendance of an intake appointment for Asian American clients at this ethnic-specific program. Results for these logistic regression analyses are reported in Table 3.

The need for urgent care or an earlier appointment, having an Asian language match with the prescreening interviewer, and continuity of care or the assignment of the prescreening interviewer as the intake therapist were all significantly related to client attendance of the intake appointment. However, having a gender match with the prescreening interviewer was negatively related to client attendance of the intake appointment. Age was also found to be positively related to intake appointment attendance.

With regard to significant group differences in preintake attrition among the five Asian American groups, the Cambodian and Lu Mien clients continued to report intake attendance at higher rates than the Vietnamese, Chinese, and Korean clients. Also, the Vietnamese clients reported higher attendance rates for intake sessions than the Korean clients. Combined with the results in Table 2,

Table 2
Percentages of Attendees and Nonattendees of Intake Appointments by Asian American Group

Variable	Nonattendees ($n = 290$)	Attendees ($n = 693$)
Ethnicity (%)***		
Cambodian	13.50	86.50 _a
Lu Mien	22.60	77.40 _{a,b}
Vietnamese	30.00	70.00 _{b,c}
Chinese	38.80	61.20 _c
Korean	39.30	60.70 _c

Note. A series of chi-square analyses indicated an overall significant difference of preintake attrition across the five Asian American groups and a number of significant pairwise comparisons between two Asian American groups. The percentages with different subscripts indicate a significant difference between two Asian American groups with regard to preintake attrition. Adjustments were made to the level of significance to account for multiple pairwise comparisons in the analysis (Bonferroni: $p < .005$). *** $p < .001$.

Table 3
Logistic Regression Analyses for Variables Predicting Client Attendance of Intake Appointment at an Ethnic Specific Program (N = 983)

Variable	B	SE	Wald
Gender ^a	0.075	0.189	0.157
Age (years)	0.015	0.006	6.025*
Level of acculturation ^b	-0.173	0.285	0.370
Previous mental health treatment ^c	0.011	0.241	0.002
No. of reported problems	0.380	0.292	1.692
Presenting problems			
Depression ^c	-0.016	0.262	0.004
Suicidality ^c	-0.130	0.330	0.155
Psychotic symptoms ^c	-0.224	0.316	0.501
Violent behaviors ^c	-0.563	0.518	1.182
Physical/sexual abuse ^c	-0.225	0.437	0.265
Family/marital problems ^c	-0.145	0.332	0.191
Somatic symptoms ^c	-0.573	0.336	2.910
Anxiety ^c	-0.440	0.304	2.095
Urgency of care ^c	0.756	0.194	15.154***
Matching with prescreening interviewer			
Gender match ^c	-0.442	0.185	5.678*
Language match ^c	0.661	0.249	7.030**
Ethnicity match ^c	0.246	0.286	0.739
Prescreening interviewer assigned to be intake interviewer ^c	0.501	0.185	7.362**
Cambodian baseline comparison group			
Ethnicity			
Lu Mien	0.015	0.384	0.002
Vietnamese	-0.761	0.315	5.853*
Chinese	-1.180	0.300	15.502***
Korean	-1.559	0.332	22.101***
Iu Mien baseline comparison group			
Ethnicity			
Vietnamese	-0.776	0.343	5.112*
Chinese	-1.195	0.388	9.478**
Korean	-1.574	0.396	15.803***
Vietnamese baseline comparison group			
Ethnicity			
Chinese	-0.419	0.245	2.931
Korean	-0.798	0.285	7.813**
Chinese baseline comparison group			
Ethnicity			
Korean	-0.379	0.257	2.175

Note. The overall correct classification of this analysis was 73.8%.
^a 1 = men, 2 = women. ^b Variable defined as English as a primary language: 0 = no, 1 = yes. ^c 0 = no, 1 = yes.
* $p < .05$. ** $p < .01$. *** $p < .001$.

these findings provide partial support for the hypothesis that Southeast Asians attend intake appointments at higher rates than the East Asian groups.

Discussion

The present findings suggest that specific program components and decision making at an ethnic-specific program may facilitate a reduction in preintake attrition by Asian American clients. Not only did this study provide evidence to support the intuitive finding that clients benefit more from intake appointments that soon follow initial contact with a clinic, but the results also

indicate that prescreening interviewers can play a critical role in determining intake attendance. Specifically, a prescreening interviewer's ability to converse in the client's native Asian language and the option for this staff member to continue as the client's intake therapist were two of the significant predictors of intake attendance. Because an ethnicity match with the prescreening interviewer was found to be a significant predictor of intake attendance in the chi-square analysis, but not in the logistic regression analyses, we suggest that language match may be a more important factor in the initial stages of developing a therapeutic bond for prospective Asian American clients.

Contrary to expectations and some evidence in past literature (e.g., Fujino et al., 1994), gender match with the prescreening interviewer was found to reduce the likelihood for intake attendance. In an effort to explain these contrary findings, we performed post hoc analyses on male and female clients. These findings suggest that both Asian American men and women experienced gender match with the prescreening interviewer in a similar fashion. That is, same-gender pairings with the prescreening interviewer were negatively related to intake attendance, but these trends were not found to be significant. It is possible that different role expectations about mental health services and professionals in general (e.g., the female clients expecting or preferring male authority figures and the male clients expecting or preferring female providers because of cultural expectations that they may be more caring) may have contributed to this negative pattern of response.

We find it particularly surprising that this mental health program specifically designed to serve Asian American clients and their communities reported relatively high preintake attrition rates (30%). Although these figures are not striking in relation to reported rates of failed attendance in the general literature, these findings may provide further support of the cultural stigma and negative bias that Asian Americans have toward seeking mental health services. As such, recent findings that trumpet the significant advances made in treatment interventions for Asian Americans may be somewhat premature. It is therefore imperative that service providers take special measures to encourage Asian Americans to attend their intake appointment after they make the first difficult and courageous step to contact a service provider.

Possible methodological limitations of the current study include the following. First, the current study lacked an important variable often mentioned in past studies of failed intake attendance—the length of time between initial contact and the scheduled intake appointment. This study, however, included an urgency of care variable, which had a significant influence on decisions about scheduling earlier appointments for such clients and most likely captured the importance of this essential time period. Second, it is important to further study preintake attrition with other Asian American groups to determine whether these findings may generalize to other ethnic groups and clinical settings. This is to our knowledge one of the first empirical investigations of this unique problem for Asian Americans and thus requires future research attention.

In conclusion, this study suggests that existent research may not present a comprehensive picture of the treatment barriers that still exist for many Asian American clients. Specifically, the current focus on treatment compliance and maintenance for ethnic-minority client groups in the service literature fails to consider that

service providers may be treating only a select group of clients because many prospective clients do not initiate contact with a service agency or fail to attend scheduled intake appointments. As such, past figures reported about the high rate of clinical dropout from therapy by Asian Americans may be severely underestimating the problems in service access for various Asian American groups.

In an era of cost-cutting efforts in private and public mental health systems, it is critical for these systems of care to examine multiple aspects of treatment effectiveness in serving ethnic-minority groups such as Asian Americans. Our hopes are to foster the construction of new strategies of mental health care to increase attendance, thereby reducing the costs caused by preintake attrition.

References

- Akutsu, P. D. (1997). Mental health care delivery to Asian Americans: Review of the literature. In E. Lee (Ed.), *Working with Asian Americans: A guide for clinicians* (pp. 464–476). New York: Guilford Press.
- Akutsu, P. D., Snowden, L. R., & Organista, K. C. (1996). Referral patterns in ethnic-specific and mainstream programs for ethnic minorities and Whites. *Journal of Counseling Psychology, 43*, 56–64.
- Blair, R. G. (2000). Risk factors associated with PTSD and major depression among Cambodian refugees. *Health and Social Work, 25*, 23–30.
- Carpenter, P. J., Morrow, G. R., Del Gaudio, A. C., & Ritzler, B. A. (1981). Who keeps the first outpatient appointment? *American Journal of Psychiatry, 138*, 102–105.
- Chen, A. (1991). Non-compliance in community psychiatry: A review of clinical interventions. *Hospital & Community Psychiatry, 42*, 282–287.
- Chin, J. L. (1998). Mental health services and treatment. In L. C. Lee & N. W. S. Zane (Eds.), *Handbook of Asian American psychology* (pp. 485–504). Thousand Oaks, CA: Sage.
- Chun, K. M., & Akutsu, P. D. (1999). Utilization of mental health services. In E. J. Kramer, S. L. Ivey, & Y. Ying (Eds.), *Immigrant women's health: Problems and solutions* (pp. 54–64). San Francisco: Jossey-Bass.
- Flaskerud, J. H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority clients. *Community Mental Health Journal, 22*, 127–141.
- Fujino, D. C., Okazaki, S., & Young, K. (1994). Asian-American women in the mental health system: An examination of ethnic and gender match between therapist and client [Special issue]. *Journal of Community Psychology, 22*, 164–176.
- Glyngdal, P. (2002). Non-compliance in community psychiatry: Failed appointments in the referral system to psychiatric outpatient treatment. *Nordic Journal of Psychiatry, 56*, 151–156.
- Grunebaum, M., Luber, P., Callahan, M., Leon, A. C., Olfson, M., & Portera, L. (1996). Predictors of missed appointments for psychiatric consultations in a primary care clinic. *Psychiatric Services, 47*, 848–852.
- Hicks, C., & Hickman, G. (1994). The impact of waiting-list times on client attendance for relationship counseling. *British Journal of Guidance & Counseling, 22*, 175–182.
- Hu, T. W., Snowden, L. R., Jerrell, J. M., & Nguyen, T. D. (1991). Ethnic populations in public mental health: Services choice and level of use. *American Journal of Public Health, 81*, 1429–1434.
- Kruse, G. R., & Rohland, B. M. (2002). Factors associated with attendance at a first appointment after discharge from a psychiatric hospital. *Psychiatric Services, 53*, 473–476.
- Kruse, G. R., Rohland, B. M., & Wu, X. (2002). Factors associated with missed first appointments at a psychiatric clinic. *Psychiatric Services, 53*, 1173–1176.

- Livianos-Aldana, L., Vila-Gomez, M., Rojo-Moreno, L., & Luengo-Lopez, M. A. (1999). Patients who miss initial appointments in community psychiatry? A Spanish community analysis. *International Journal of Social Psychiatry, 45*, 198–206.
- Matas, M., Staley, D., & Griffin, W. (1992). A profile of the noncompliant patient: A thirty-month review of outpatient psychiatry referrals. *General Hospital Psychiatry, 14*, 124–130.
- Orme, D. R., & Boswell, D. (1991). The pre-intake drop-out at a community mental health center. *Community Mental Health Journal, 27*, 375–379.
- Rosenberg, C., & Raynes, A. (1976). *Keeping patients in psychiatric treatment*. Cambridge, MA: Ballinger Publishing.
- Sue, S., Fujino, D. C., Hu, L. T., Takeuchi, D. T., & Zane, N. W. S. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Counseling Psychology, 59*, 533–540.
- Trepka, C. (1986). Attrition from an outpatient psychology clinic. *British Journal of Medical Psychology, 59*, 181–186.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity. A supplement to Mental health: A report of the Surgeon General*. Rockville, MD: Author.
- Zane, N., Hatanaka, H., Park, S. S., & Akutsu, P. (1994). Ethnic-specific mental health services: Evaluation of the parallel approach for Asian American clients. *Journal of Community Psychology, 22*, 68–81.
- Zhang, A. Y., Snowden, L. R., & Sue, S. (1998). Differences between Asian and White Americans' help-seeking and utilization patterns in the Los Angeles area. *Journal of Community Psychology, 26*, 317–326.

Received April 23, 2003

Revision received October 27, 2003

Accepted November 19, 2003 ■

E-Mail Notification of Your Latest Issue Online!

Would you like to know when the next issue of your favorite APA journal will be available online? This service is now available to you. Sign up at <http://watson.apa.org/notify/> and you will be notified by e-mail when issues of interest to you become available!