

SIGNIFICANT INFLUENCE OF PARTICIPATION IN ETHNIC-SPECIFIC PROGRAMS ON CLINICAL DIAGNOSIS FOR ASIAN AMERICANS¹

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Summary.—Asian American clients (*N* = 1528) in the Los Angeles County mental health system who were seen at ethnic-specific (Asian) clinics by Asian therapists were diagnosed with significantly lower percentages of psychotic disorders and other major psychiatric disorders and significantly higher percentages of nonpsychiatric disorders than were Asian clients who were seen by Asian and white therapists at mainstream clinics.

Significant differences in the psychiatric diagnoses of various ethnic groups compared to whites have been reported with African-Americans and Asians receiving more severe diagnoses (Atkinson, 1983, 1985; Flaskerud & Hu, 1992; Li-Repac, 1980). These differences have been attributed to problems associated with acculturation, language proficiency, and lack of an ethnic match between client and therapist (Adebimpe, 1981). However, there has been very little research on the possible influence that treatment at ethnic-specific or parallel programs may have on the decision-making process. Flaskerud (1986) found significant differences in the percentages of psychotic disorders at four mental health agencies that employed clinical staff whose ethnicity and language were similar to those of the patients. Conversely, Zane, Hatanaka, and Akutsu (1993) reported few significant differences in rates of clinical diagnosis between Asians and white patients at an Asian parallel program. Since patient-therapist ethnic match was not controlled in these studies, it was difficult to judge whether differential rates of psychotic disorders were related to patients' ethnicity, therapists' ethnicity, or a combination of these.

This study examined the possible influence of treatment in Asian parallel programs on the clinical diagnoses of Asian outpatients in Los Angeles County. Covariates examined were age, gender, socioeconomic status, patient-therapist gender match, mental health referral, and therapists' discipline.

Method.—The sample consisted of 1528 adult (18 years and older) Asian (Chinese, Japanese, Korean, Pilipino) outpatients who received services from either Asian or white therapists in Los Angeles County mental health facilities between January 1983 and August 1988. Subjects were categorized as (1) Asian patients who were seen by Asian therapists at mainstream programs, (2) Asian patients who were seen by white therapists at mainstream programs, and (3) Asian patients who were seen by Asian therapists at ethnic-specific programs.

The mean age of the sample was 37.0 yr; the gender distribution of the sample was 59.3% female and 40.7% male; 70% of the sample were eligible for Medi-Cal (had extremely low incomes). Of the total sample, 10.2% were referrals from another mental health agency and 89.8% were not. Patient-therapist gender match was 53.4% match and 46.6% nonmatch.

Results.—There were significant differences in the general distribution of clinical diagnoses across the three groups of Asian patients. Asian patients at parallel programs were given a significantly lower percentage of schizophrenia/psychosis diagnoses than Asian patients

at mainstream programs. Asian patients at parallel programs had a much higher percentage of nonpsychiatric disorders than Asian patients at mainstream programs. Asian patients seen by white therapists at mainstream programs had a slightly higher percentage of other serious or major psychiatric disorders than the other Asian patient groups.

A set of logistic regression analyses were performed to assess whether the significant ethnic differences for schizophrenia/psychosis, nonpsychiatric, and other major psychiatric disorders were related to patient-therapist ethnic match or participation in Asian programs. To control for the significance of other patient and treatment factors, a number of predictor variables were entered into the regression analyses: gender, age, Medi-Cal eligibility, mental health referral, and gender match of patient and therapist.

The table shows the estimated effects and significance of each individual variable, while controlling for the effects of all other variables, in predicting the odds ratio of receiving a particular clinical diagnosis. Analysis indicates that Asian patients seen at Asian parallel programs received a lower percentage of schizophrenia/psychotic diagnoses than Asian patients seen at mainstream programs when other important characteristics of patients are controlled. Other significant predictors of a psychotic diagnosis were being male, of younger age, Medi-Cal eligible, and referred from a mental health clinic.

ESTIMATED EFFECT FOR SERVICE PROVIDER VARIABLES AND COVARIATES PREDICTING CLINICAL DIAGNOSIS FOR ASIAN PATIENTS

Variable	Clinical Diagnosis					
	Schizo/ Psychotic	Major Depression	Other Affective	Anxiety Disorder	Non- psychiatric	Other Psychiatric
Female	0.57‡	1.40*	1.95‡	1.26	1.06	0.69‡
Age	0.99‡	1.02‡	0.98*	0.99*	1.01*	1.01
Medi-Cal eligible	1.39*	1.32	0.87	0.85	0.52‡	1.26
Gender match	1.08	0.68*	1.39*	1.07	1.09	0.87
Mental health referral	1.78‡	1.99‡	1.34	0.59*	0.32‡	0.72
Asian therapist, mainstream clinic	1.62*	1.15	1.31	0.98	0.41‡	0.96
White therapist, mainstream clinic	1.38*	1.00	1.16	0.97	0.33‡	1.52‡
Asian therapist, parallel clinic	1.00	1.00	1.00	1.00	1.00	1.00

**p* < .05. †*p* < .01. ‡*p* < .001.

Asian patients seen at Asian parallel programs did not differ in percentage of major depression from Asian patients seen at mainstream clinics. Being female, of older age, the opposite sex as the therapist, and referred from another mental health clinic were significant predictors of a diagnosis of major depression. Asian patients seen at Asian parallel programs also did not differ in their percentage of diagnoses of manic-depressive or other affective disorders from Asian patients seen at mainstream clinics. Other significant predictors of a diagnosis of manic-depression or other affective disorders were being female, of younger age, and of the same sex as the therapist.

Furthermore, Asian patients seen at parallel programs did not differ in their percentage of anxiety disorders from Asian patients at mainstream clinics. Other significant predictors of a diagnosis of an anxiety disorder were being a younger age and not referred from another mental health clinic. However, Asian patients seen at parallel programs received a much higher percentage of nonpsychiatric disorders than Asian patients at mainstream clinics. Other significant pre-

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dictors were being of an older age, not Medi-Cal eligible, and not referred from a mental health clinic. Finally, Asian patients at parallel clinics received a much lower percentage of other major psychiatric disorders than Asian patients who were seen by white therapists at mainstream clinics. Being male was also a significant predictor of this diagnostic category.

These findings suggest that Asian Americans who are treated at parallel programs are receiving milder forms of clinical diagnoses than Asians at mainstream clinics. It may be that the diagnostic process at parallel programs is different from that at mainstream clinics. Asian therapists at parallel clinics may be collecting more complete information by conversing in the client's own language or dialect and using their cultural understanding of the presenting symptoms to formulate a more accurate diagnosis. Second, parallel clinics may be more acceptable in the Asian community resulting in more Asians seeking treatment at earlier stages of disturbance or for less troubling problems. Finally, many Asian therapists at parallel programs were recently hired and may be more in-tune with the needs of special populations such as people of color. At a time of fiscal constraint, these findings suggest that mental health officials must have clear criteria when ascertaining which programs should remain intact in the mental health system.

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