Predictors of intake attendance for Asian American youth at an Asian-oriented ethnic-specific mental health program

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Service use
- Lower use of mental health care
  - Location type: Asian Americans < Whites
    - Community MH centers, hospital psychiatric emergency units, student counseling services, private therapists, self-help groups, etc.
  - Sample characteristics: Asian Americans < Other ethnic groups
    - Students & non-students, inpatients & outpatients, children & adults, or residence inside or outside Asian American communities

- 2001 Surgeon General Report
  - Seek professional help?
    - Only 17% of Asian Americans with a mental health problem sought help
    - Less than 6% contacted a mental health provider

- Outpatient treatment
  - Only ¼ the rate of Whites and ⅙ the rate of Blacks and Latins

Background
- Limited research on intake non-attendance
  - General samples
    - Intake non-attendance as high as 53%-58% for children, adolescents, & their families
  - Asian American samples
    - About 34% of Asian American children and youth failed to attend their intake appointment

Operational definitions
- Asian American groups
  - East Asians: Chinese, Japanese, Korean, Filipino
  - Southeast Asians: Vietnamese, Lao, Cambodian, Hmong, Iu Mien

- Interview type
  - Prescreening interview: Phone interview usually with support staff
  - Intake interview: Face-to-face interview usually with clinical staff

- Ethnic-specific program
  - Special clinics with bilingual/bicultural Asian American staff and administrators

Method
- Sample
  - 179 Asian American adolescent clients (Ages 12-17) in an Asian-oriented ethnic-specific mental health program
- Independent variables
  - Demographic variables
    - Gender, Age, English as primary language, Ethnicity (East vs. Southeast Asian)
  - Clinical variables
    - Previous mental health care
    - Number of presenting problems
    - Type of presenting problems: Depression, Behavioral/Oppositional, Family/Marital
  - Program variables
    - Prescreening interview: Need for earliest intake assignment
    - Prescreening interview: Gender Match, Language Match, Ethnic Match
    - Prescreening interview: assigned as the intake therapist
- Dependent variable: Attendance of intake appointment

Demographic, clinical, & program variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Attendance of Intake Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>N (%)</td>
</tr>
<tr>
<td>Prescreening Interviewer Match</td>
<td>10.60 (3.56)</td>
</tr>
<tr>
<td>Prescreening Interviewer Language Match</td>
<td>19.90</td>
</tr>
<tr>
<td>Prescreening Interviewer Ethnic Match</td>
<td>18.60</td>
</tr>
<tr>
<td>Number of Presenting Problems</td>
<td>17.10 (5.60)</td>
</tr>
<tr>
<td>Depression</td>
<td>N (%)</td>
</tr>
<tr>
<td>Behavioral/Oppositional</td>
<td>16.60</td>
</tr>
<tr>
<td>Family/Marital</td>
<td>18.60</td>
</tr>
<tr>
<td>Previous Mental Health Care</td>
<td>N (%)</td>
</tr>
<tr>
<td>English Language Match</td>
<td>18.90</td>
</tr>
<tr>
<td>Ethnic Match</td>
<td>19.90</td>
</tr>
<tr>
<td>Gender Match</td>
<td>18.60</td>
</tr>
<tr>
<td>Previous Interview Match</td>
<td>18.60</td>
</tr>
</tbody>
</table>

*p < .10, *p < .05, **p < .01
Logistic regression: Predicting intake attendance

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.85*</td>
<td>0.78-0.93</td>
</tr>
<tr>
<td>Need for the Earliest Intake Assignment</td>
<td>2.46***</td>
<td>1.02-5.95</td>
</tr>
<tr>
<td>Match with prescreening interviewer</td>
<td>1.80</td>
<td>1.18-2.75</td>
</tr>
<tr>
<td>Gender Match</td>
<td>0.30</td>
<td>0.18-0.46</td>
</tr>
<tr>
<td>Ethnic Match</td>
<td>0.37</td>
<td>0.19-0.73</td>
</tr>
<tr>
<td>Positioning Interviewer Assigned as Intake Interviewer</td>
<td>1.64*</td>
<td>1.14-2.35</td>
</tr>
</tbody>
</table>

Note: Overall correct classification = 68.7%.

*p < .10; **p < .05.

Summary

Significance of program factors
- Decisions by clinic staff and mental health providers can impact intake attendance

Implications
- Staff training & education
  - Increase cultural responsiveness to service inquiries
  - Identify “gate-keeping” problems in early stages of treatment
- Case management & continuity of care
  - Monitor effectiveness of program and staff management of early system response
  - Consider the importance of continuity of care