

**MENTAL HEALTH STANDARDS OF CARE
FOR ASIAN AND PACIFIC ISLANDER
AMERICAN POPULATIONS**

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**MENTAL HEALTH STANDARDS OF CARE
LITERATURE REVIEW FOR
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Table of Contents

I.	Introduction and Process of Literature Review	1
II.	Comments and Recommendations	3
	A. Client Characteristics	3
	B. Utilization	4
	C. Provider Characteristics	5
	D. Provider Competence	5
	E. Assessment	6
	F. Treatment Modalities	6
	G. Mental Health Structure	7
	H. Training and Development.....	8
III.	Literature Relating to Overall System Guidelines	9
	A. Client Characteristics	9
	B. Utilization	33
	C. Provider Characteristics	42
	D. Provider Competence	45
	E. Assessment	55
	F. Treatment Modalities	61
	G. Mental Health Structure	65
	H. Training and Development.....	71

MENTAL HEALTH STANDARDS OF CARE LITERATURE REVIEW FOR ASIAN AND PACIFIC ISLANDER AMERICAN POPULATIONS

I. Introduction and Process of Literature Review

This report is one of several that reviews the mental health literature of ethnic minority groups. It was undertaken at the request of the Western Interstate Commission for Higher Education and is part of the CMHS Managed Care Initiative in conjunction with the University of Pennsylvania Center for Mental Health Services Research. This particular review examines the literature on Asian and Pacific Islander Americans.

Asian Americans (including Pacific Islander Americans) are, in terms of percentage increase, the fastest growing ethnic group in the United States. In 1980, the population of Asian Americans exceeded 3.7 million, easily doubling the 1.5 million figure in 1970; the 1990 population was about 7.3 million, nearly double that of 1980. Projections are that by the year 2020, the population will be 20 million. The three largest groups are Chinese, Japanese, and Filipinos; significant numbers of Asian Indians, Koreans, Southeast Asians (e.g., Vietnamese, Cambodians, Laotians, and Hmong), and Pacific Islanders are also included in the Asian American category. The Asian American population is not only the fastest growing but also the most diverse group in terms of cultural background, country of origin, and circumstances for coming to the United States. For example, more than 50 ethnic groups, which may primarily speak one of more than 30 different languages, are included in the Asian American category.

As noted in this review, the accumulating evidence suggests that, contrary to public belief, Asian Americans are experiencing significant mental health problems. Findings indicate that rates of psychopathology have been underestimated; that because of cultural factors, Asian Americans are not likely to seek treatment in the mental health system; and that service providers have difficulty in working and devising effective treatments with Asian American clients. For example, Southeast Asians have been found to exhibit exceedingly high rates of mental disorders, and Asian Americans are much more likely to underutilize mental health services than are African Americans, American Indians, Latinos, and White Americans.

The available evidence is only suggestive because of the paucity of research on Asian Americans. Given the relatively small and diverse nature of the population, relatively little research has been devoted to Asian Americans, even compared to other ethnic minority groups. As mentioned earlier, very basic questions have been, and continue to be, unanswered: What are the rates of mental disorders among Asian Americans? How do Asian Americans deal with emotional distress and what social and cultural resources are available to them? How can the utilization and effectiveness of mental health services be enhanced? In addition to having basic and significant unanswered questions, other issues or problems have plagued Asian American research: The relative lack of researchers involved in Asian American research, the problems in finding culturally-appropriate assessment measures and research strategies, the difficulties in building on

the work of others because of the lack of established networks, etc. The gaps in our knowledge and the lack of researchers point to the importance of conducting systematic and programmatic research, forming collaborative research ties, increasing the knowledge base by which to develop theories and service programs, and training more researchers for work on Asian Americans.

This review is intended to lay the groundwork for the formulation of managed care guidelines for mental health services to Asian Americans. It was conducted by several members of the Panel on Mental Health Services to Asian American Populations. Other members of the Panel provided input and suggestions. An attempt was made to find recent literature pertinent to mental health services for Asian Americans. Research having relevance to mental health service research for Asian Americans (e.g., assessment research, studies of other ethnic populations, etc.) was sometimes included. Panel members identified key terms and then conducted searches on MEDLINE and PsycINFO for references. They also found recent publications on Asian American mental health and searched for pertinent publications cited in the lists of references. It should be noted that the literature presented in this review was not intended to be exhaustive. Rather, the goal was to examine those publications that could form the basis for generating guidelines for practice and that were representative of the most advanced research work.

The general format of the current review is similar to that used by the Latino Panel in that the literature is divided into categories, an abstract is presented, and then comments are made on the literature within a category. However, we arrived at some different categories, perhaps reflecting slight differences in the nature of the literature and our own preferences. The review is divided into literature that examines:

- (1) client characteristics
- (2) utilization of services
- (3) provider characteristics
- (4) provider competence
- (5) assessment
- (6) treatment modalities
- (7) mental health structure
- (8) training and development

It should be noted that the abstracts were obtained from two primary sources, MEDLINE and PsycINFO, although some abstracts were modified and others abstracted by the researchers who conducted the literature review. The exact sources are indicated throughout the document as follows: ¹ MEDLINE, ² MEDLINE modified, ³ PsycINFO, ⁴ PsycINFO modified, ⁵ abstracted by literature review researchers. Furthermore, some of the literature might be pertinent to more than one category. In this case, the abstract was only listed under the category where it first appeared although the publication was cited in all categories. An asterisk indicates sources that the Panel recommends for their comprehensive review of research, practical applications, or because they address critical issues not covered elsewhere.

II. Comments and Recommendations

A. Client Characteristics

The information available on the many Asian American subpopulations are mixed in terms of breadth and accuracy of knowledge. Studies are limited to certain populations: majority Chinese Americans, first and second-generation Japanese Americans, and only few studies on Korean, Vietnamese, Samoan, Cambodian. Moreover, few studies have examined characteristics of children, adolescents, or elderly populations.

Sociodemographics for many Asian American subgroups are informative for understanding the context of social and psychological problems and issues. Reports consistently indicate that financial difficulties are problems for many Asian American subgroups. For instance, Vietnamese Americans in 1980 had the largest family size (5.2 persons) compared to other Asian and Pacific Islander Americans (APIA), and had the lowest participation in the labor force of 57.3 percent compared to all APIA groups and lower than the national average of 62 percent. Vietnamese Americans also fell substantially below the national median family income level (\$12,000 compared to \$19,000 nationally), and reported a poverty rate that was approximately three times higher than the national average (35.5 percent compared to 12 percent nationally).

Somewhat less understood are the pre-migration, migration and post-migration experiences and their associations to mental health status. Reports indicate separation from families, intergenerational conflict, family system and role relationship changes, acculturation conflict, ethnic identification, lack of English language proficiency, insufficient income, employment problems, and discrimination are among the primary mental health related concerns. Even less understood are the mental health conditions and prevalences of mental illness among these APIA populations. Few studies have been done that examine these important questions of culturally-specific expression of mental distress and prevalence rates of known psychiatric diagnoses, and often methodological shortcomings require us to use caution when interpreting the findings.

Among studies that examine rates of disorders based on measures of psychopathology (e.g., Self-Rating Depression Scale and the Symptom Checklist-90) rather than mental health service utilization rates, high prevalences and severity levels were recorded among Asian and Pacific Islander samples. Moreover, recent immigrants were more likely to display anxiety on a personality inventory than were immigrants who had been in the U.S. longer. The cultural value and belief systems of these groups underlie many of these issues such as degree of acculturation conflict and impact on mental health status, and culturally-specific manifestations of psychiatric distress. A fairly extensive knowledge of cultural value and belief systems, including some recognized culturally-specific symptom expression and mental health beliefs are represented in the literature.

One particular methodological criticism is the over use of clinical samples for our knowledge base. It is important to also study the general community population in order to understand how social and cultural factors influence mental health among non-clinical populations. Also, findings indicating diagnostic differences between APIA groups underscore the dangers of examining all APIA groups as a homogeneous population. The literature recommends more studies be conducted to examine the entire health status of the individual because of the tendency

for APIA cultures to think more holistically. Studies are unanimously cross-sectional and no longitudinal investigations are available in the literature.

B. Utilization

There is convergent evidence that Asian Americans underutilize mental health services based on reports that compare Asian American service user rates to their proportions in the larger population. For instance, regardless of service type or source (state and county mental hospitals, private psychiatric hospitals, Veterans Administration psychiatric services, residential treatment centers for emotionally disturbed children, non-federal psychiatric services in general hospitals, outpatient psychiatric clinics, multi-service mental health programs, psychiatric day/night services, and other residential programs in the U.S.), utilization of services by Asian Pacific Americans was low. The low utilization rate existed regardless of their population density in various U.S. states. Several studies also report that Asian American clients exhibit more severe disturbances compared to non-Asian clients. Studies show that APIAs are more likely to endure stress for a long time only coming to the attention of the mental health system at the point of acute breakdown and crisis. However, longitudinal studies are needed to better understand the course of events in relation to the illness process and help-seeking.

Further studies show that Asian Pacific Islander Americans are more likely to drop out after initial contact or terminate prematurely from in existing mainstream service settings. Studies link these findings of mental health service underutilization to the shame, stigma, and other cultural factors that influence symptom expression and conceptions of illness. It is important to consider the client's treatment agenda before interpreting early drop-out as unsuccessful treatment outcome. Although findings are mixed, some studies report that higher levels of acculturation, defined by years lived in the U.S. and English language proficiency, are associated with higher utilization rates. In addition, lack of awareness of the availability of local mental health services is a problem related to service underutilization by Asian American groups. Many argue that these findings indicate that existing services are not responding to the needs of APIAs and that there are inadequate resources and services for APIAs. Moreover, evidence indicates that services specifically designed by and targeted to APIA's increases utilization. Worth noting is the ethnic specific center in Seattle that in a single year saw at least equal to the total reported by a combined 18 community mental health centers serving the same catchment area over a three-year period.

A better understanding is needed of help-seeking patterns. For instance, seeking help, rather than self-help, may be culturally incongruent for many Chinese Americans. Studies of seeking help through physical health care and other human services, self-help and use of natural community resources that are more holistic and often considered alternative to traditional Western mental health services including herbalists, acupuncturists, and other indigenous healers, and other pathways to mental health services are needed. One study also points to the tendency for APIAs to overlap in the usage of traditional and Western health care methods.

More studies are needed that compare outcomes of different treatment modalities to changes in utilization rates. Finally, studies of the general community population could shed light on intention to use mental health services, which in turn would improve our understanding of how design more accessible service delivery systems.

C. Provider Characteristics

The available evidence points to some advantages in having staff who are matched on ethnicity and gender to their clientele. Studies show that ethnic clients tend to prefer or view more positively ethnically similar therapists, and view therapists who acknowledge and deal with cultural issues to be more competent. Ethnic match was found to be significantly related to reduced premature termination and increased length of treatment, even after other sociodemographic and clinical variables were controlled. In fact, in one study, Asian Americans matched with a therapist of the same ethnicity were five times less likely to leave treatment prematurely as compared to non-ethnically-matched Asian American clients. Some reports also suggest hiring paraprofessionals, indigenous resources, to aid in establishing effective working relationships with ethnic communities. Others report that matching on the basis of the client's preference for the provider's education, attitudes, and values is more beneficial than ethnic matching. Information is sparse on other provider characteristics such as socio-economic factors or age which may also be important to consider for client-provider match. In a few studies, APIAs preferred same-sex therapists. Another area that has not been adequately investigated is whether ethnic and gender matches are related to treatment process and outcomes in comparison to other provider variables.

D. Provider Competence

There is convergence of opinion that provider cultural competencies are invaluable treatment factors. Provider cultural competencies include such things as providing treatment in the client's preferred language, and providing treatment that respects and accommodates, and even uses the client's cultural customs, values, and belief systems. Societal and familial sex-roles are an important consideration when designing interventions. For instance, a provider attempting to be respectful of Samoan cultural values would consider designing services that focus on the family rather than on the individual in order to secure support for and successful implementation of the intervention.

It is argued that use of bilingual and bicultural staff encourages ethnic group members to seek out services initially, aids in establishing rapport and helps to build trust among the client, the service provider, and the agency in general, and puts the provider in a much better position to understand the symbolism, non-verbal communication, nuances, and life experiences of his or her clients and therefore better able to provide appropriate services. The use of interpreters may hinder the treatment process due to problems in miscommunication and improper translations.

Similarly, accommodating the customs, values and beliefs of the client could involve including indigenous healers or religious leaders in treatment. Understanding of the client's life experiences should include pre-migration, migration and post-migration experiences, as well as the integration of Eastern and Western cultures. In addition, provider's should incorporate the client's experiences of racial discrimination and oppression into their framework of assessment, and treatment processes and goals. However, there are few empirical investigations that have attempted to prove that provider cultural competencies are related to treatment process or outcome. The empirical evidence that does exist supports the argument for culturally competent providers and treatments.

Cultural responsiveness in mental health services can increase service utilization, length of treatment, client's assessment of satisfaction with treatment, therapy outcomes, and can decrease premature termination from treatment. Moreover, ethnic clients who attended ethnic specific services, as compared to ethnic clients who attended mainstream services, stayed in treatment longer. The literature also cautions that in as much as we should encourage culturally competent interventions, we should not over-generalize cultural factors to all APIA clients

E. Assessment

There is a lack of assessment tools translated and standardized in other languages and appropriately normed for clients of Asian American backgrounds. Guidelines for approaching assessment of Asian American clients are available in the literature. It is recommended that assessment consist of the individual's migration history, pre- and post-migration social, economic, and familial circumstances, interpersonal relations, and acculturation level including beliefs and expectations regarding intervention, in order to place the test results in the proper cultural context. Culture influences people's cognitive frames for understanding illness such as the cause, how the problems works, and the type of treatment that is effective. Exploring the client's cognitive frames as part of the assessment procedure can help the provider to understand the degrees to which culture interacts with symptom expression, help-seeking pathways, and the treatment process. It is recommended to use consultants who are familiar with the client's ethnic and background.

Regarding the psychiatric assessments themselves, it is necessary to use tests that can be linguistically understood by the client. Linguistic understanding in this case means more than just translation into the client's language, but also the appropriate dialect and educational level for that client. The literature cautions the use of interpreters when administering assessment tools, and also cautions about the interference of provider's cultural background bias in evaluating ethnic clients (both over and under pathologizing), and problems with non-equivalent diagnostic concepts and symptom expression as problem in assessment.

It is important to note that APIAs may tend to avoid endorsement of the extreme metric on measurement scales such as Likert scales. In addition to using instruments that have been appropriately translated, standardized and normed on the group of the client or using caution when interpreting results if such an instrument is not available, it is recommended that the evaluator administer multiple measures or multimethod procedures to see if tests provide convergent results. Finally, it is also recommended to use test findings as hypotheses for further testing rather than as conclusive evidence when the validity of tests for a particular ethnic client are uncertain.

F. Treatment Modalities

The literature outlines several strategies for building rapport and working with the Asian American client. It is of foremost importance that the client's and provider's goals and expectations for treatment are matched. In the initial treatment sessions it is recommended that the provider establish credibility through exercising status and prestige. Also in the initial treatment sessions a strategy labeled "giving", which means to help the client feel that something has been accomplished. It is important to name or explain the disorder or gratify the need for acceptance and warmth.

Generally, innovation in designing treatments is important with ethnic clients, including a flexible definition of the role of the treater. For instance, treaters should be comfortable stepping outside the traditional role of psychotherapist or counselor and include education, community outreach, participation and ownership as part of the intervention model.

The literature includes guidelines for specific strategies for working with Asian American clients. For recently immigrated Southeast Asians it is especially important to help them work through events of trauma and loss. The provider should use skills that focus on reliving, analyzing, and working through the event of trauma and loss of loved ones and experiences that are contributing to feelings of guilt or depression. The goal of treatment should be to allow the client to accept the conditions or to aim toward a reconceptualization of the events that took place in order to reduce the possible feelings of self-blame. The client should then be encouraged to move away from the stressful events and the associated thoughts. Behavioral approaches can be used to allow clients to realize their domain of control over situations, to encourage clients to set realistic goals and then advance along a series of short attainable steps toward the goal. This would include assertiveness training for some who believe that life events are unchangeable and beyond their control.

Most agree that family therapy should be used whenever possible to accommodate Asian Americans' family-orientation. It is speculated that due to the strong family-orientation of most Asian American groups a family treatment model would be more cost-effective. Family therapy is also useful for addressing the structural realignments that often occur in recently immigrated families that create turmoil and distress.

Empirical findings indicate that there are significant improvements and successful treatments of depression and PTSD through psychotherapy and psychopharmacotherapy. This evidence is based on indicators such as client self-report and therapist-rated outcome measures, GAS scores, etc. On the other hand, there is no difference in outcomes comparing Asian Americans to other ethnic minority groups and White Americans. However, client satisfaction with service or progress was higher among Asian Americans in some studies.

G. Mental Health Structure

There are ample recommendations for improving the service delivery systems and structure for ethnic clients. Unfortunately empirical investigations to confirm how these systemic and structural components may relate to treatment success are sparse. Structural recommendations include locating the service agency so that it is geographically accessible to the targeted ethnic clients, as well as appropriately naming the agency and making the physical appearance appealing, welcoming and comfortable for ethnic clients. Providing flexible hours of operation such as drop-in hours in conjunction with appointments, and evening or weekend hours will help to accommodate recent immigrant and refugee families that tend to have extended work hours because of multiple jobs and multiple working family members. Other structural recommendations include providing bilingual, friendly and informative assistance on the first telephone contact and type of services provided. Staffing the service agency with ethnic staff is important. However, agencies must be more cognizant of intragroup differences within the APIA population, and hire multiethnic APIA staff.

Community education is recommended to facilitate the services' acceptability by the targeted ethnic clients, and outreach services such as in-home services may aid reaching Asian Pacific Islander clients concerned about stigma and shame. One study reports that community-based mental health services lead to increased usage, however no one has assessed whether these services lead to accessing services earlier in the course of their illness. Community-based services may additionally encourage the development of empathy, understanding, and rapport on the part of the mental health professional. This is a result of the professional gaining a realistic understanding of the client's daily demands, and a more accurate needs assessment picture, and consequently aiding the professional to set more effective treatment strategies and goals. Pretreatment or pretherapy is also recommended for ethnic clients and consists of explaining services, giving information on the process of treatment, and correcting stereotypes of treatment. Regarding types of services, ethnic specific treatment should be available to ethnic clients especially those who are unacculturated or who hold very traditional ethnic values that are discrepant from Western values that guide mainstream services. However, to the extent the ethnic specific services may perpetuate segregation, the mental health system should aim to design effective services for all groups to produce a web of integrated services.

Mental health service delivery systems recommendations include providing flexible processes for entry into the system, such as not requiring individuals to make appointments for themselves, and developing effective and sensitive systems of handling issues of cost determination. Coordination of services and developing treatment plans jointly are very important for Asian Pacific Islander American groups especially for those who have arrived to this country more recently or as refugees and so are receiving multiple services such as social services assessment, financial assistance, vocational training, and so forth. For instance, costs should be parallel to the client's ability to pay, especially in the case of immigrants desiring permanent legal status as residents in the U.S. for whom participation in government-supported services may be at odds with their goals. Finally, an important criticism is the absence of research on mental health services targeted for women. More attention is recommended for research and services designed to address APIA women's mental health needs.

H. Training and Development

Those who promote the importance of culturally responsive services sometimes also recommend that training and consultation be integrated into settings where the cultural backgrounds of the providers are dissimilar to the client population. Those goals of training and consultation should be to increase provider's understanding and knowledge of the client's culture, and to involve the provider in the ethnic community. Training and consultation for therapists who are unfamiliar with the cultural backgrounds of their clients can assist providers in providing culturally sensitive treatment settings and interventions. Proper courses and curricula, available reading lists of literature, training programs, seminars, workshops, guest lectures, films, videotapes, and actual training experiences in treating ethnic clients are among the training and development strategies that are highly recommended. Unfortunately there is a dearth of literature on specific guidelines for developing and efficacy of training programs.

III. Literature Relating to Overall Systems Guidelines

A. Client Characteristics

Aponte, J. F., Morrow, C. A. (1995). Community approaches with ethnic groups. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp.128-144). Boston: Allyn & Bacon. (Also provider competence, mental health structure, provider characteristics, treatment modalities, and client characteristics) ⁴

This chapter focus on the community mental health and community psychology models used to enhance human welfare and the strategies inherent in them. These approaches extend their interventions beyond "troubled individuals" to the community as reflected in the community mental health model, and to social systems that are important in socializing, supporting, and controlling people (e.g., school system, churches, prisons, judicial system) as exemplified in the community psychology model. A discussion of community mental health approaches and their effectiveness with ethnic clientele is followed by a description of community psychology and alternative service delivery models and their common elements. Emphasis is placed on prevention and consultation efforts which are elements that cut across these models. They discuss illustrative programs created for ethnic populations (African American, Hispanic, Asian American and Native American) that exemplify these common elements and present guidelines for providing community-based services and intervention strategies.

Atkinson, D., & Gim, R. (1989). Asian American cultural identity and attitudes toward mental health services. Journal of Counseling Psychology, 36 (2), 209-212. (Also utilization) ³

557 Asian-American students (263 Chinese Americans, 185 Japanese Americans, and 109 Korean Americans) completed a survey consisting of a demographic questionnaire, a modified version of the Suinn-Lew Asia Self-Identity Acculturation Scale, and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPHS). A 3 * 2 * 2 multivariate analysis with main effects of ethnicity, gender, and level of acculturation and the 4 subscales of the ATSPHS as the dependent variables resulted in a significant F value for acculturation effect and nonsignificant F values for all other main and interaction effects. Regardless of ethnicity and gender, the most acculturated students were: (a) most likely to recognize personal need for professional psychological help, (b) most tolerant of the stigma associated with psychological help, and (c) most open to discussing their problems with a psychologist.

Atkinson, D. R., Jennings, R. G., & Liongson, L. (1990). Minority students' reasons for not seeking counseling and suggestions for improving services. Journal of College Student Development, 31, 342-350. (Also utilization and provider competence) ³

Surveyed 61 Blacks, 45 Native Americans, 81 Latino-Americans, 58 Filipino-Americans, and 52 multi-ethnic Subjects on reasons for not using counseling services (CSs) in the past and solicited suggestions for improving the CSs. All Subjects were aged 16-41 yrs. The perceived unavailability of culturally similar or sensitive counselors was a more important deterrent for ethnic-identified minority Subjects than it was for bicultural or mainstream-identified minority Subjects. All 3 groups prioritized the availability of counselors who value and respect cultural differences as a means of improving CSs. Cultural commitment appears to be an important measure of within-group differences among minorities that can be applied across various groups.

Atkinson, D., Poston, W., Carlos, F. M., & Mercado, P. (1989). Ethnic group preferences for counselor characteristics. Journal of Counseling Psychology, 36, 68-72. (Also provider competence and provider characteristics)³

A questionnaire using a paired-comparison procedure to measure preferences for 14 counselor characteristics was administered to 500 students in introductory psychology and business classes at two state universities on the West Coast. A total of 339 usable responses were received from 118 Asian-American students, 64 Mexican-American students, and 157 Caucasian-American students. Rank order preferences for counselor characteristics were almost identical across the three ethnic groups. Preferences for a counselor who had similar attitudes, similar personality, and more education, and was older than the respondent ranked among the top four counselor characteristics for all ethnic groups.

Barker, L. A., & Adelman, H. S. (1994). Mental health and help-seeking among ethnic minority adolescents. Journal of Adolescence, 17 (3), 251-263. (Also utilization)³

Reports on the mental health status and professional help-seeking behavior of 471 adolescents (aged 16-20 yrs) predominantly representing a sample of lower SES, ethnic minority backgrounds. A self-report survey was administered to collect data on sociodemographic/ethnic characteristics, mental health needs, help-seeking behavior, social support, cognitive-affective factors, environmental factors, and social desirability. Psychological distress, truancy, alcohol use, stealing, and aggressive acting out were most commonly reported. Findings revealed low levels of utilization of services with more frequent use by females and those with high levels of psychological distress. Cognitive-affective factors appeared to be the best predictors of help-seeking behavior. School-based services and medical personnel were the most frequently reported to be seen for handling mental health needs.

Bendix, E. H. (1995). Unspoken assumptions in communicating about inner states: Chinese external versus internal. In L. L. Adler & B. R. Mukherji (Eds.), Spirit versus scalpel: Traditional healing and modern psychotherapy (pp. 25-37). Westport, CT: Bergin & Garvey/Greenwood.⁴

Analyzes phrases used by Chinese patients in a clinical setting when attempting to describe their physical and psychological states. It explores the problem inherent in the diagnosis of illness given that cultural presuppositions affect the interpretation of utterances used in describing symptoms. Several aspects of communication are elaborated, specifically the expressions of external and internal perspectives, as for example found in the Chinese-language data. The author argues that successful communication in the medical setting depends crucially on shared, unspoken background assumptions for interpreting what is actually uttered. Inter- and intracultural variation in conceptions of the inner person, how such differences in background knowledge may affect communication, and, in particular, what the implications are for cross-cultural communication in mental health settings are discussed.

Brower, I. C. (1980). Counseling Vietnamese. Personnel & Guidance Journal, 58 (10), 646-652. (Also provider competence)³

Presents specific information to help the counselor establish rapport, avoid misunderstandings in explicit and implicit communication, minimize transference dangers, and deal with Vietnamese attitudes toward sex roles and the individual/family relationship. Socioeconomic and ethnic differences among the Vietnamese and some war-related mental health problems are discussed. Practical matters, such as the proper use of Vietnamese names, are explained.

Browne, C., Fong, R., & Mokuau, N. (1994). The mental health of Asian and Pacific Island elders: implications for research and mental health administration. Journal of Mental Health Administration, 21 (1), 52-9. (Also utilization) ¹

According to the 1990 census, the highly diverse Asian and Pacific Islander (API) American population has doubled in size from 1980 to 1990, and is now the nation's fastest growing minority group. Several studies have documented this population's comparative underuse of mental health services. A review of recent studies on the mental health of Asian and Pacific Island elders identifies a number of risk factors and protectors. Elder APIs appear to have poorer mental health compared to white counterparts, but not the poorest mental health within their own ethnic group. Within-group differences emerge, with recent immigrant groups and colonized populations appearing as most at-risk for mental health problems. A critical variable on this population's mental health status appears to be socioeconomic status, and yet an analysis of other demographic variables, notably nativity and gender, remain contradictory. A research agenda is proposed and implications for mental health administrators are suggested.

Caknipe, J. (1987). More on counseling Japanese-Americans. Journal of Counseling & Development, 65 (6), 332. (Also provider competence) ⁴

Elaborates several aspects of Japanese culture described in W. A. Henkin's (1985) article on "Toward Counseling the Japanese in America: A Cross-Cultural Primer" such as the issues of familial piety, obligations to others, role of the mother and confrontation.

Chin, J. L. (1983). Diagnostic considerations in working with Asian-Americans. American Journal of Orthopsychiatry, 53, 100-109. (Also assessment) ³

Discusses Asian-American cultural views and values with respect to their influence on the assessment of intellectual and personality functioning. It is proposed that the diagnostic process include a focus on the adaptive potential of particular forms of cultural behavior.

Chung, R., & Okazaki, S. (1991). Counseling Americans of Southeast Asian descent: The impact of the refugee experience. In C. Lee & B. Richardson (Eds.), Multicultural issues in counseling: New approaches to diversity (pp. 107-126). Alexandria, Virginia: American Association for Counseling and Development. (Also mental health structure and treatment modalities) ⁴

Examines the cultures of Southeast Asia and the refugee experience of many Americans from that part of the world and discusses how the refugee experience presents mental health challenges to these people. Specific approaches to counseling Americans of Southeast Asian descent that employ important aspects of Asian culture are provided. Common beliefs and practices, psychosocial adjustment, preparation for counseling, and approaches to counseling are discussed.

Crystal, D. (1989). Asian Americans and the myth of the model minority. Social Casework, 70 (7), 405-413. (Also treatment modalities and mental health structure) ³

Explores the nature of the model minority myth and its effects on the delivery of mental health services to Asian-Americans. The fallacies of this myth are discussed, and the social and cultural forces that contribute to its propagation are examined. Practical solutions to problems in the delivery of mental health services to this population are delineated, with an emphasis on the areas of culturally relevant interventions, communication styles, the dependent role, family dynamics, informal support systems, and strengthening the family unit.

Damron-Rodriguez, J., Wallace, S., & Kington, R. (1994). Service utilization and minority elderly: Appropriateness, accessibility and acceptability. Special Issue: Cultural diversity and geriatric care: Challenges to the health professions. Gerontology & Geriatrics Education, 15 (1), 45-63. (Also provider competence and mental health structure) ³

Examines factors affecting health care service utilization by minority (e.g., African American, Asian/Pacific American, Latino) elderly. Problems include minorities' use of emergency rooms for primary care, inferior treatment despite equal doctor visits, underuse of hospitals and community-based services, and underestimation of needs for external support due to cultural expectations for family care provision. Structural (external) barriers to service delivery, such as racism, and cultural (internal) barriers, such as family dynamics and cultural bias, are examined. Cultural barriers have been related to ethnic identity, acculturation, and ethnic attitudes, such as fatalism and an external locus of control. Services need to be suited to ethnic elders' levels of functioning and congruent with ethnic expectations.

*** Dinges, N. G., & Cherry, D. (1995). Symptom expression and the use of mental health services among American ethnic minorities. In J. F. Aponte, R. Y. Rivers, & Julian Wohl (Eds.), Psychological interventions and cultural diversity (pp.40-56). Boston, MA: Allyn & Bacon. (Also utilization) ⁴**

Integrates interrelated aspects of symptom expression and the use of mental health services among ethnic minorities. It focuses on similarities and differences in psychological symptom expression within and across the following ethnic minorities in the US: Black, Hispanic, Asian American, and Native American. It describes symptom expression for anxiety disorders, mood disorders, and schizophrenia and discusses the impact of symptom expression on the client's clinical presentation, particularly as it may influence pathways to treatment for different ethnic minorities. They draw on the broader literature concerning culture and psychopathology to provide differing conceptual frameworks within which the service provider and the clinician can understand the influence of ethnicity on behaviors relevant to diagnosis, treatment planning, intervention, and outcome evaluation. It illustrates how the symptom expression and clinical presentation of ethnic minority clients may determine the avenues through which they enter the mental health system, as well as the course of posttreatment reintegration with their communities. The authors suggest that ethnic group norms in large part may determine when referrals are made, community perceptions of symptom severity, and posttreatment acceptance of symptomatic persons into the community.

Flaskerud, J. (1986a). Diagnostic and treatment differences among five ethnic groups. Psychological Reports, 58, 219-235. (Also utilization, assessment, and treatment modalities) ⁴

Compared the diagnosis and treatment of 68 White American psychiatric patients with those of 54 Black-, 70 Mexican-, 51 Vietnamese-, and 50 Philipino (Filipino)-American psychiatric patients in 4 public mental health agencies. Aspects examined were primary psychiatric diagnosis, somatic complaints, social, legal, and economic problems, treatment modality, duration of treatment, frequency of treatment, number of visits, and therapists' disciplines. Results show that although differences among groups emerged, the pronounced differences in diagnosis and treatment reported in the literature between Whites and ethnic minorities were not supported. This is partially attributed to the similarity of economic class among the Subjects.

Flaskerud, J. (1986b). The effects of cultural-compatible intervention on the utilization of mental health services by minority clients. Community Mental Health Journal, 22 (2), 127-141. (Also utilization, provider characteristics, and mental health structure)³

Examined the relationship between a culture-compatible approach to mental health service and utilization as measured by dropout and total number of outpatient visits in 4 public community mental health agencies in a metropolitan area. The sample (N = 300) was 23.5% Mexican, 22.8% White, 18.1% Black, 17.1% Vietnamese, 16.8% Filipino, and 1.7% other ethnic group. A culture-compatible approach was effective in increasing utilization. Three culture-compatibility components were the best predictors of dropout status: language match of therapists and clients, ethnic/racial match of therapists and clients, and agency location in the ethnic/racial community. Pharmacotherapy, education, previous treatment, and a diagnosis of psychosis were significantly related to remaining in therapy.

*** Flaskerud, J. H. (1990). Matching client and therapist ethnicity, language and gender: A review of research. Issues in Mental Health Nursing, 11, 321-336. (Also utilization and provider characteristics)³**

Examines whether therapy process and outcome are influenced by a client-therapist ethnicity, language, or gender match. A review of research in this area since 1970 does not demonstrate support for a client-therapist match on any of these variables. The methodological problems and unresolved conceptual issues involved in this research may limit the findings. The ethical and political context of the research and the implications for mental health nursing are explored.

Flaskerud, J., & Anh, N. T. (1988). Mental health needs of Vietnamese refugees. Hospital and Community Psychiatry, 39, 435-437. (Also mental health structure)³

Compared the mental health problems and needs of 81 Vietnamese refugees seen at 2 mental health centers (based on data from their clinical records) with other psychiatric patients. Among the Vietnamese, 25 somatic complaints (e.g., sleep problems, anorexia, headaches, suicidal thoughts) and 23 psychological problems (e.g., violence, hallucinations, withdrawal, depression) were identified. Refugee and war experiences and separation from family members created trauma and stresses. It is suggested that location of such refugees within an ethnic community would enhance the development of a social support network.

Flaskerud J. H., & Hu, L.T. (1992a). Racial/ethnic identity and amount and type of psychiatric treatment. American Journal of Psychiatry, 149 (3), 379-84. (Also assessment and mental health structure)⁴

The purpose of this study was to examine the relationship of racial/ethnic identity to the amount and type of psychiatric treatment received by white, black, Latino, and Asian patients in the Los Angeles County mental health system. The patients studied (N = 19,400) consisted of all adult inpatients and outpatients seen in all county mental health facilities between January 1983 and August 1988. Multiple regression analysis was used to test the relationship between race/ethnicity and four measures of treatment received: number of treatment sessions, treatment modality, treatment setting, and therapist's discipline. The covariates included in the analyses were age, sex, socioeconomic status, primary language, diagnosis, and measures of treatment when these were logical predictors and were not acting as dependent variables. Results show that race/ethnicity did not have a consistent significant relationship to the treatment variables studied. However, diagnosis had a consistent and highly significant relationship to all four measures of treatment. A psychotic diagnosis was related to receiving more treatment sessions, greater use of medication, greater use of inpatient treatment, and less treatment by a professional therapist. Socioeconomic status and

primary language also had consistent and significant relationships to three of the treatment variables. The authors conclude that in considering modifications to the service delivery system, clinicians must evaluate whether the type of treatment provided to psychotic patients is the treatment of choice in terms of effectiveness and efficiency or whether it involves bias in service delivery. Similarly, the issue of bias in treatment of lower socioeconomic patients must be addressed.

Flaskerud, J.H., & Hu, L. (1994). Participation in and outcome of treatment for major depression among low income Asian Americans. Psychiatry Research, 53, 289-300. (Also provider characteristics and treatment modalities)³

Examined the relationship of 4 aspects of psychiatric treatment (use of medication, client-therapist ethnic match, treatment in an Asian-specific clinic, and professional therapist) to participation in treatment and outcome in 273 (66% female; aged 18-73 yrs) low-income Asian-American clients diagnosed with major depression. Results showed that treatment with medication had a significant relationship to total number of treatment sessions (participation) and improvement in the admission-discharge Global Assessment Scale (GAS) score (outcome). Treatment by a therapist of the same ethnicity and treatment in an agency designated to provide services to Asian clients both had significant relationships to the number of treatment sessions but not to GAS score improvement. Treatment by a professional therapist had no relationship to either dependent variable.

Flaskerud, J., & Liu, P. Y. (1990). Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients. The International Journal of Social Psychiatry, 36, 18-29. (Also utilization, provider characteristics, and provider competence)³

Examined the relationship of Southeast Asian client-therapist ethnicity match (EM) and language match (LM) on 3 therapy outcomes: number of sessions with primary therapist, dropout from therapy, and admission-discharge difference in global assessment scale (GAS; J. Endicott et al, 1979) scores. The sample consisted of 543 Southeast Asian client episodes. Either therapist-client LM or EM significantly increased the number of client sessions with the primary therapist. Dropout from therapy was significantly affected by an LM in the Cambodian sample (20%) only but the effect was to increase dropout. Neither EM nor LM was significantly related to GAS score gain.

Flaskerud, J., & Liu, P. Y. (1991). Effects of an Asian client-therapist language, ethnicity, and gender match on client outcomes. Community Mental Health Journal, 27, 31-42. (Also utilization, provider characteristics, and provider competence)³

Examined the relationship of Asian client-therapist (CT) ethnicity, language, and gender match on 3 variables: number of sessions with primary therapist, dropout from therapy, and admission-discharge difference in Global Assessment Scale (GAS) scores. Subjects were 1,746 Asian clients in county mental health facilities between January 1983 and August 1988. Multiple regression analyses were used to investigate the relationship of language, ethnicity, and gender match to the 3 dependent variables and to 8 sociodemographic variables. CT language match and ethnic match significantly increased the number of client sessions with the primary therapist. Ethnicity match had a significant effect on dropout rate. Gain in GAS admission-discharge score was not affected by CT ethnicity or language match. Gender match had no consistent effect on the dependent variables. Only therapist discipline (social worker) had a consistent effect on the dependent variables.

Flaskerud, J. H., & Soldevilla, E. Q. (1986). Philipino and Vietnamese clients: Utilizing an Asian mental health center. Journal of Psychosocial Nursing & Mental Health Services, 24 (8), 32-36. (Also provider competence and treatment modalities) ³

Reviews research on Philipinos and Vietnamese in the US, noting that in order to provide psychiatric nursing care for these Subjects, mental health nurses must understand their history, special problems, and ideas of health and illness. These Asian Americans are at high risk for mental disorder due to the stresses of immigration, relocation, separation from family, and loss of status and self-esteem due to discrimination in the US; and trauma associated with forced evacuation, refugee camps, and war. Studies on causes for admission to mental health clinics, sociodemographic characteristics, somatization, and use and components of services are discussed. Staff were most successful when using a culture-compatible approach addressing accessibility and availability; and involving shared language and culture of therapists and clients, appropriate treatment modalities, use of adjunctive services and caregivers, and community outreach.

*** 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. Journal of Community Psychology, 22, 164-176. (Also provider characteristics and mental health structure) ³**

Explored the simultaneous effects of ethnic and gender therapist-client match on mental health services. Subjects consisted of 1,132 Asian-American women who received mental health services at Los Angeles County facilities in the mid-1980s. Findings indicate that ethnic and/or gender match conditions were significantly associated with reduced premature termination, increased treatment duration, and the assignment of higher functioning at admission in comparison to the no-match condition. Neither ethnic nor gender match was a significant predictor of initial diagnoses or client functioning at discharge. Ethnic and gender match was found to be more important for Asian-American women than for Asian-American men, White-American women, or White-American men.

Ganesan, S., Fine, S., & Lin, T. (1989). Psychiatric symptoms in refugee families from Southeast Asia: Therapeutic challenges. American Journal of Psychotherapy, 43 (2), 218-228. (Also provider competence) ³

Predisposing factors in the development of psychiatric symptoms in Southeast Asian refugee families are reviewed and their attitudes toward mental illness and reluctance in obtaining and accepting treatment are discussed. Two cases are presented. The 1st case illustrates the stresses on a peasant family isolated in a rural area and the ineffectiveness of the helping agencies. The 2nd case involves the reenactment of previous family schisms in the host country. Management of these cases involved taking a careful history of previous lifestyles and determining the circumstances of their leaving their country of origin, and arriving in the host country. A support system that includes people from the refugees' ethnic group should be arranged in the host country.

Gaw, A. (1982). Chinese Americans. In A Gaw (Ed.), Cross-cultural psychiatry (pp. 1-29). Boston, MA: John Wright. (Also mental health structure) ⁵

Chinese American communities, like many United States ethnic communities, are in a state of sociocultural transition. Mental health problems commonly associated with the impact of immigration, social change, acculturation, and racism that beset the United States minorities are also present in the Chinese American communities. In a way, their problems are compounded and

complicated by the tendency of Chinese Americans to keep things to themselves and by governmental neglect. Training curricula should include culturally relevant materials that reflect the experience of Chinese in America and the world.

Gim, R. H., Atkinson, D. R., & Kim, S. J. (1991). Asian-American acculturation, counselor ethnicity and cultural sensitivity, and ratings of counselors. Journal of Counseling Psychology, 38 (1), 57-62. (Also provider characteristics and provider competence) ³

Examined the effects of counselor ethnicity and cultural sensitivity and participant sex and acculturation on perceptions of counselor credibility and cultural competence. Asian-Americans attending a major west coast university listened to a tape-recorded counseling session in which the counselor was described as either Asian-American or Caucasian-American and portrayed as either culture-sensitive or culture-blind. The counselor was rated as more credible and culturally competent under the culture-sensitive portrayal than under the culture-blind portrayal and when introduced as Asian-American than when introduced as Caucasian-American. Although no main effect was found for participant sex or level of acculturation, both variables contributed to several significant interactions. Possible explanations and implications of these results are discussed.

Gold award: Mental health treatment that transcends cultural barriers: Indochinese Psychiatric Clinic, Oregon Health Sciences University, Portland. (1986). Hospital & Community Psychiatry, 37 (11), 1144-1147. (Also provider competence and assessment)

Describes a mental health clinic in Oregon designed to help Indochinese refugees to cope with the consequences of severe emotional and physical trauma and to adjust to a foreign culture. The clinic's psychiatrists take a more active and direct role in relieving symptoms than the typical Western psychiatrist. The medical model of psychiatry practiced at the clinic emphasizes reducing symptoms, alleviating pain, and curing illness. Psychological interpretations are kept to a minimum. ³

*** Gong-Guy, E. (1987). California Southeast Asian mental health needs assessment. Oakland, California: Asian Community Mental Health Services. (Also utilization, provider characteristics, provider competence, assessment, treatment modalities, mental health structure, and training & development) ⁵**

This is a report of a study initiated by the Asian Community Mental Health Services under the contract of the California Department of Mental Health. The project utilized epidemiological techniques to assess 2773 participants between the ages of 18 and 68 years. The sample of Southeast Asian refugees consisted of Kampuchean, Hmong, Chinese-Vietnamese, Vietnamese and Lao. The overall goal of the project was the improvement of the system of mental health care for Southeast Asians through statewide planning, needs assessment, training, networking, resource development, and services coordination. The results of the study indicate that the mental health needs of this population in the state are great at all levels of the service. Based on the findings, the authors recommend interim measures to improve the immediate provision of culturally appropriate and accessible services. Their recommendations refer specifically to mental health services for Southeast Asian refugees and their families for the development of networks with other services to ensure the appropriate utilization of needed mental health services.

Henkin, W. A. (1985). Toward counseling the Japanese in America: A cross-cultural primer. Journal of Counseling & Development, 63 (8), 500-503. (Also provider characteristics, provider competence, assessment, treatment modalities, and mental health structure)³

Offers pragmatic observations and insights concerning the counseling of Japanese-Americans in the US, noting that the meditative self-examination that is characteristic of Japanese coping mechanisms is in sharp contrast to the more open and verbal styles of US counselors. It is suggested that the low incidence of emotional disturbance among Japanese-Americans may derive from figures of reported problems rather than from the actual occurrences of disturbances: Because mental illness tends to be viewed in the Japanese community as a shameful weakness, disturbed Japanese-Americans may avoid counseling. It is noted that the Japanese have had more generations in the US than any other Asian people and that, unique among all immigrant groups, they have named each American generation. Problems unique to each of these generations are described. Counseling solutions are discussed, and the importance of the family and of nonverbal communication in the Japanese culture is stressed. Suggestions from US counselors with Japanese heritages are also presented, with an emphasis on patience, confidentiality, and clear explanations of the counseling process provided by the counselor.

Ho, M. K. (1976). Social work with Asian Americans. Social Casework, 57 (3), 195-201. (Also provider competence and treatment modalities)³

Emphasizes need for sensitivity to Asian-American cultural values in therapeutic work with this group. Admitting the existence of problems is seen by this group as a lack of self-control. They value inhibition of feelings, parental dominance, deference to authority, and subordination of the individual to the group, and they are intolerant of aggression or deviance from social norms.

Ho, M. K. (1984). Social group work with Asian/Pacific-Americans. Ethnicity in Group Work Practice, 7, 49-61. (Also provider competence)³

Presents suggestions to (1) help group workers better understand Asian/Pacific-American clients, (2) capitalize on their unique strengths such as their sense of obligation, and (3) minimize limitations such as oversensitivity to criticism and reluctance to admit to having problems. Issues discussed include the selection of clients for group work, clients' perceptions of group purposes, group composition and structure, the selection of treatment goals, and termination.

Hoberman H. M. (1992). Ethnic minority status and adolescent mental health services utilization. Journal of Mental Health Administration, 19 (3), 246-67. (Also utilization and mental health structure)¹

Adolescents who are members of ethnic minority groups constitute a large and ever increasing proportion of the population. While the information base regarding mental health problems and mental health services utilization in adolescents in general is slowly increasing, relatively little knowledge has accumulated about the particular needs and practices of youth of color. The purpose of this article is to review the available literature about adolescent mental health needs and service utilization as well as literature regarding adult ethnicity and mental health service utilization. The conclusion of this review is that significant gaps exist in our knowledge base regarding ethnicity in adolescents and its implications for the utilization of mental health services. The limited data available suggest that significant numbers of adolescents of color have multiple needs for mental health care and that a complex set of barriers exists to prevent them from obtaining appropriate services. A variety of suggestions are offered to improve the opportunities for and the quality of mental health services for ethnic minority adolescents.

Hu, T. W., Snowden, L. R., Jerrell, J. M. (1992). Costs and use of public mental health services by ethnicity. Special Issue: Multicultural mental health and substance abuse services. Journal of Mental Health Administration, 19 (3), 278-287. (Also mental health structure) ³

Examined the costs and use of public mental health services among ethnic populations (Asians, Blacks, Hispanics, and Whites). 12,436 unduplicated users of services (aged 18+ yrs) served as Subjects. Whites had the highest per capita costs, while Asians incurred the lowest. However, after controlling for other demographic characteristics, the study found that Asians incurred higher costs than Whites. Asians had the highest median costs and Hispanics had the lowest. The top 5% of users incurred about 50% of the total public mental health costs.

*** Huang, K. (1991). Chinese Americans. In N Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 79-96). New York: Greenwood Press. (Also provider competence, mental health structure, and provider characteristics) ⁵**

This chapter presents an historical overview of Chinese American immigration and resettlement experiences set within political and social contexts. A review of sociodemographic facts indicate economic need and associated stressors among a considerable portion of this population today. The traditional Chinese value and belief system which emphasizes a holistic worldview, the family unit, shame, and avoidant coping strategies are explained, as well as their implications for mental health help-seeking patterns and social and psychological problems and issues. Models for social service interventions are presented.

Huang, L. N. (1989). Southeast Asian refugee children and adolescents. In J. T. Gibbs, L. N. Huang, & Associates (Eds.), Children of color: Psychological interventions with minority children (pp. 278-321). San Francisco: Jossey-Bass. (Also provider competence) ⁴

Given that few crises are as traumatizing as rapid uprooting and forced migration due to war, it is important to understand the effects of this event on the development and mental health of children and adolescents. This chapter focuses on these issues for refugee youth from Southeast Asia and presents their current demographic, epidemiological, and cultural information toward the goal of deeper understanding of these groups and development of appropriate psychosocial assessment and intervention strategies.

Huang, L. N. & Ying, Y. W. (1989). Chinese American children and adolescents. In J. T. Gibbs, L. N. Huang, & Associates (Eds.), Children of color: Psychological interventions with minority children (pp. 30-66). San Francisco: Jossey-Bass. (Also provider competence and mental health structure) ⁴

The objective of this chapter is to familiarize the reader with the Chinese American population in the United States and to highlight mental health issues and intervention strategies for children and adolescents in that population. Chinese Americans are an extremely heterogeneous group--socially, politically, and culturally. Although it is impossible to provide a picture of the "typical Chinese American," it is reasonable to try to present a framework for examining the Chinese experience in America. One such framework that allows for multiple levels of analysis is an ecological systems approach which enables one to examine the interaction between individual and environment; to understand the experience of Chinese American youth in this country. It is necessary not only to understand child-rearing strategies to Chinese and Chinese American parents but to comprehend the impact of restrictive immigration laws in the 1900s, of miscegenation and exclusion laws, which were only recently repealed in the 1960s, and of racism and discrimination.

Kim L. S., & Chun, C. A. (1993). Ethnic differences in psychiatric diagnosis among Asian American adolescents. Journal of Nervous and Mental Disease, 181 (10), 612-7. (Also assessment and treatment modalities) ³

This is the first investigation of the psychiatric diagnosis of Asian American adolescents using data from the Los Angeles County Department of Mental Health. It was hypothesized that Asian American adolescents receive different diagnoses than Caucasian adolescents, and furthermore, that there are intra-Asian differences in diagnosis among the Asian subgroups. Asian American adolescents were categorized in the following subgroups: Chinese, Japanese, Korean, Filipino, Vietnamese, and other Asians (i.e., Southeast Asians and Pacific Islanders). Separate comparisons were made for male and female adolescents. The findings strongly support the presence of ethnic differences between Asian and Caucasian adolescents and also among Asian subgroups in both male and female groups. In the Asian-Caucasian comparison, Asian males and females received significantly more nonpsychiatric diagnosis than Caucasians. Asian males were more often diagnosed with nonpsychiatric disorder and less often with affective disorders than Caucasian males. Asian females were more frequently diagnosed with major depression and nonpsychiatric disorder than Caucasian females. Among Asian American adolescents, Chinese and Japanese adolescents received similar diagnoses while Korean and Vietnamese also showed similar patterns in diagnosis. The implications of intra-Asian differences are discussed.

Kim-Goh, M. (1993). Conceptualization of mental illness among Korean-American clergymen and implications for mental health service delivery. Community Mental Health Journal, 29 (5), 405-412. (Also provider competence) ³

Examined the relationship between conceptualization of mental illness and referral intent among 50 male Korean-American clergymen (aged 30-67 yrs). Subjects were presented vignettes depicting depression, psychotic symptoms with religious delusions, and psychotic symptoms with persecutory delusions. The vignettes were followed by questions assessing problem conceptualization, cause attribution, and referral intent of mental health treatment. Subjects with a psychological conceptualization were significantly more willing to make a referral than were those who held a religious conceptualization.

Kinzie, J. D. (1985a). Cultural aspects of psychiatric treatment with Indochinese refugees. 137th Annual Meeting of the American Psychiatric Association (1984, Los Angeles, California). American Journal of Social Psychiatry, 5 (1), 47-53. (Also utilization, provider competence and treatment modalities) ³

Describes some basic values of Indo-Chinese refugee patients and how these values may conflict with prevailing values of US psychotherapists. Generally, Southeast Asians, although of various ethnic groups, reflect an interdependent and holistic Eastern culture with traditional family values and a fear of mental illness. Their approach to medical problems and mental illness follows both the scholarly tradition of China and the local folk tradition. No cultural analogy to psychological therapy exists, and the decision to see a psychiatrist is made only after other treatment options have been exhausted. The author advocates a medical approach for treating such patients, with emphasis on thorough history taking and reduction of symptoms. A long-term supportive approach to therapy is considered the most helpful. Problem areas in therapy are discussed. Suggestions are based on data from over 350 Indo-Chinese refugees who visited a university psychiatric clinic. Their continuing attendance at the clinic shows that when appropriate approaches, with the support of trained mental health counselors, are used, Indo-Chinese will use psychiatric services.

Kinzie, J.D. (1985b). Overview of clinical issues in the treatment of Southeast Asian refugees. In T. C. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 113-136). Washington, DC: US Government Printing Office. (Also provider competence, assessment, and mental health structure) ⁵

This chapter reviews the psychiatric treatment of Southeast Asian refugees at the weekly Indochinese Psychiatric Clinic since 1978 at the Department of Psychiatry, Oregon Health Sciences University. Based on the author's experience, they present the basic requirements for an Indochinese clinic and discuss the cultural aspects of psychotherapy and psychopharmacology for Southeast Asian refugees. They recommend a full range of services be provided for refugees by a competent, well-trained staff who have the empathy and knowledge of Asian cultures necessary to deal effectively and sensitively with refugees. It is likely that problems in the treatment of some Asian patients have to do with philosophical and cultural differences between them and the American psychiatrist. The author suggests an open-ended therapy with outpatients, since many of the problems faced by refugees are chronic and adjustment to a new culture requires a long-term supportive therapy and should be flexible in dealing with crises when they occur. The author recommends a good education, frequent follow-up visits, and monitoring of compliance and dosage to deal with problems of noncompliance with psychotropic medication.

Kinzie, J. D., & Tseng, W. S. (1978). Cultural aspects of psychiatric clinic utilization: A cross-cultural study in Hawaii. International Journal of Social Psychiatry, 24 (3), 177-188. (Also utilization) ³

Data were obtained by ethnic status from 411 outpatients at a Honolulu psychiatric clinic and were analyzed according to demographic variables, welfare status, source of referral, primary complaints or symptoms, diagnosis, and duration of treatment received. Clinic utilization was highly related to ethnicity, with Caucasians over-represented in proportion to the population, and other groups, especially Japanese, being underrepresented. The Caucasians were more likely to be self-referred, to have symptoms of anxiety and depression, and to receive a neurotic diagnosis. The Japanese, and to some extent all other groups, were more often referred after a crisis or severe mental illness, displayed more socially disruptive symptoms, and had a higher percentage of schizophrenic diagnoses. Review of therapist case loads and analysis of duration of treatment revealed no ethnic difference in the clinic's response to patients.

Kitano, H. (1970). Mental illness in four cultures. Journal of Social Psychology, 80, 121-134. (Also treatment modalities) ³

Compared mental illness (schizophrenia) among the Japanese in Los Angeles, Hawaii, Okinawa, and Japan. The emphasis was on the "process"; therefore comparisons started with the onset of the illness definitions, the resources, and the paths to the mental hospital constituted Phase 1. Phase 2 dealt with the hospitalization itself. Although there were many subcultural variations, the definitions, the reactions, and the treatment were much more similar than expected. The nature of the illness, schizophrenia, may explain the similarities.

Kuo, C. L., & Kavanagh, K. H. (1994). Chinese perspectives on culture and mental health. Issues in Mental Health Nursing, 15 (6), 551-67. (Also provider competence) ¹

Central to providing culturally appropriate nursing care is sensitivity to and knowledge about the group being cared for. Although "mental health" and "mental illness" are artificial concepts among people who do not differentiate and treat mind, body, and spirit separately, and who may not differentiate illness from other problems of living, many individuals ethnically rooted in one or more Asian cultures enter Western mental health care systems. Quality nursing care requires

understanding and respect for traditional values, beliefs, and practices that may differ significantly from those typical of Western European-based societies. Whether clients are traditional in orientation or highly acculturated to Western ways, nurses are responsible for providing culturally appropriate care. This article discusses mental health and nursing care from various perspectives of Asian and Asian-American clients, and in particular those of Chinese descent.

Lee, E., & Lu, F. (1989). Assessment and treatment of Asian-American survivors of mass violence. Journal of Traumatic Stress, 2, 93-120. (Also provider competence, assessment, treatment modalities, mental health structure, and training and development)³

Outlines traumatic historical events with demonstrated relationship to posttraumatic stress disorder (PTSD) and reviews categories of traumatic events of the past 40 yrs that are likely to predispose Asian survivors to PTSD or other psychopathology. The article discusses functional and dysfunctional coping strategies of Asian immigrants and refugees and presents 4 guiding principles for the psychiatric assessment of Asian immigrants and refugees who may have PTSD. Culturally specific treatment strategies are discussed including crisis intervention; supportive, behavioral, and psychopharmacological approaches; amytal and hypnosis; and folk healing. Recommendations are given for treatment modalities, clinical service, training, and research.

Leong, F. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. Journal of Counseling Psychology, 33, 196-206. (Also provider competence, assessment, provider characteristics, and treatment modalities)³

Reviews the existing literature on counseling and psychotherapy with Asian-Americans and discusses research needs and recommendations for future research. Diagnosis and assessment issues include symptom expression, therapist bias, problems with the use of interpreters, and problems with the use of clinical and personality tests. Client variables in counseling and psychotherapy involve the personality of Asian-Americans, language problems, the acculturation process, and counseling expectations. Therapist variables involve therapist bias, training bias, lack of intercultural skills, and culture-specific knowledge. In a discussion of process and outcome, the author reviews empirical studies, clinical case studies, and articles with treatment strategies and recommendations. Research recommendations for each of the areas reviewed are identified.

*** Lin, K. M, Inui, T. S., Kleinman, A. M., & Womack, W. M. (1982). Sociocultural determinants of the help-seeking behavior of patients with mental illness. Journal of Nervous & Mental Disease, 170 (2), 78-85. (Also utilization, mental health structure)**³

48 psychiatric patients (18 Whites, 15 Blacks, and 15 Asians) were interviewed about previous help-seeking behavior, and sociodemographic information was recorded. Degrees of modernity, alienation, and parochialism were measured by questionnaire. The help-seeking process was considered to have 2 stages: The 1st stage starts from the recognition of initial symptoms and ends in the 1st contact with a mental health professional. The 2nd stage is that time between the 1st contact and participation in a planned treatment program. In both stages, patients typically go through phases of lay consultation, nonpsychiatric professional consultation, and referral. The multiple steps often result in significant delay of both mental health contact and treatment. The help-seeking process was found to correlate strongly with ethnicity. Both Asians and Blacks showed more extended family involvement, and the involvement of key family members tended to be persistent and intensive in Asians. Ethnicity was also associated with the length of delay, with Asians showing the longest delay and Whites the shortest. Although modernity and parochialism were also correlated with delay, they appeared to exert an influence independent from that of ethnicity.

Lin, K. M., Lau, J., Yamamoto, J., Zheng, Y. P., Kim, H.S., Cho, K.H., & Nakasaki, G. (1992). Hwa-Byung: A Community Survey of Korean Americans. Journal of Nervous and Mental Diseases, 180 (6), 386-391.³

109 Korean Americans were interviewed by phone regarding their experiences with hwa-byung (HB), a Korean folk illness label commonly used by Koreans with a myriad of physiological and psychological complaints. During these interviews, standard instruments were also used to assess Subjects' depressive and somatic symptoms. 11.9% of the Subjects labeled themselves as having suffered from HB. While no apparent sociodemographic differences were found between HB and non-HB Subjects, significantly more HB Subjects fulfilled the Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III) diagnosis of major depression and also had previous diagnoses of depression. The HB Subjects also had significantly higher scores for the total, depressive, and somatic subscales and 16 of the 20 individual items of the Center for Epidemiologic Studies Depression Scale. HB may be a culturally patterned way of expression for Koreans experiencing major depression and related conditions.

Lin, T. J., & Lin, M. C. (1978). Service delivery issues in Asian-North American communities. American Journal of Psychiatry, 135, 454-456. (Also provider competence and mental health structure)⁴

Describes some of the sociocultural factors such as, moralistic, religious, psychological, and familial characteristics that influence the help-seeking behavior of Chinese psychiatric patients in North America. A replicable approach is proposed for investigating sociocultural patterns relevant to service delivery to Chinese in other communities.

Lippincott, J. A., & Mierzwa, J. A. (1995). Propensity for seeking counseling services: a comparison of Asian and American undergraduates. Journal of American College Health, 43 (5), 201-4. (Also utilization)¹

The authors used the somaticization scale of the Brief Symptom Inventory to study Asian and American college students' propensity for seeking counseling at an American university. They found that the Asian students were more likely than the American students were to report that they would seek counseling services when they experience somatic discomfort. The Asian students scored significantly higher on inclination for seeking counseling than did the American students.

Loo, C., Tong, B., & True, R. (1989). A bitter bean: Mental health status and attitudes in Chinatown. Journal of Community Psychology, 17 (4), 283-296. (Also utilization)³

Interviewed 108 Chinese-American adults living in San Francisco's Chinatown to examine the issue of underutilization of mental health service by this population. Results show that use of mental health service was extremely low, with only 5% of Subjects seeking such service, a proportion close to that of a national sample of Americans who sought mental health care 30 yrs ago. Underutilization may be due to several factors, including lack of knowledge, the belief that mental disorders cannot be prevented, and strict adherence to self-help as a means of solving problems. Underutilization was not, however, due to unwillingness to admit to specific symptoms of psychological distress (e.g., depression).

Lorenzo, M. K., & Adler, D. A. (1984). Mental health services for Chinese in a community health center. Social Casework, 65, 600-609. (Also provider competence)³

Describes the present author's experience in providing mental health services to Chinese patients in a community health center in Boston's (Massachusetts) Chinatown/South Cove community. A description of the population served and a summary of the cultural issues encountered are

presented. A profile of the group of patients treated and the modifications in clinical practices that were adopted to meet the mental health needs of this group are discussed. Several case histories are included to illustrate the issues presented by the Chinese patients.

Mason, J. L., Benjamin, M. P., & Lewis, S. A. (1996). The cultural competence model: Implications for child and family mental health services. In C. A. Heflinger & C. T. Nixon (Eds.), Families and the mental health system for children and adolescents: Policy, services, and research Children's mental health services: Vol. 2 (pp. 165-190) Thousand Oaks, CA: Sage Publications. (Also provider competence and mental health structure) ⁴

In an attempt to shed light on issues of cultural diversity, this chapter provides insight into the Child and Adolescent Service System Program through a cultural competence model. It covers the rationale for cultural relevance in the delivery of human services to children and youth of color and their families. Theoretical barriers to implementing or using culturally appropriate service delivery models, and implications for human service professionals and service delivery systems in providing child and family services are discussed.

*** Matsuoka, J. (1991). Vietnamese Americans. In N. Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 117-130). New York: Greenwood Press. (Also provider competence and treatment modalities) ⁵**

This chapter presents an historical overview of Vietnamese American pre-migration war experiences and refugee experiences. A review of sociodemographics indicate the highest economic need along with Samoans compared to all other Asian Pacific Islander American groups. In addition to financial strain, acculturation and disruption in the family system and role relationships are among the social and psychological problems this population faces. A conceptual model for intervention is presented.

*** Meinhardt, K. (1990). Contribution of epidemiological surveys to planning and evaluating clinical services. In W. H. Holtzman & T. H. Bornemann (Eds.), Mental health of immigrants and refugees (pp.185-189). Austin, TX: Hogg Foundation for Mental Health. (Also training and development) ⁴**

A public health approach using epidemiological population surveys can be valuable not only for a sociological understanding of disorders and their interrelationships with societal characteristics, but also to anticipate what disorders may appear most frequently in clinics and what segments of the population may have highest priority for limited mental health services. The application of population surveys of certain Asian refugee groups can be illustrated by a few examples drawn from surveys carried out in Santa Clara County, California, in the past decade. A few examples of findings useful for program planning and evaluation, prevalence findings of depression, anxiety, and impairment of everyday functioning, refugee and immigrant, employment, sources of depression are discussed.

Mokuau, N. (1987). Social workers' perceptions of counseling effectiveness for Asian American clients. Social Work, 32, 331-335. (Also utilization, provider characteristics, provider competence, and treatment modalities) ³

Evaluated White and Asian social workers' perceptions of counseling effectiveness for Asian clients when there was variation in ethnicity, counseling style, and the presenting problem, using 56 White and 56 Asian social workers (aged 24-63 yrs). Audiotapes of counseling situations and a questionnaire assessing perceptions of counseling effectiveness (based on measures of knowledge, warmth, congruence, and empathy) were analyzed. Results show no significant differences on the dimensions examined. It is suggested that the similarity of perception may relate to the acculturated

status of the Asian respondents, or may be a result of the White respondents' increased understanding of Asian cultural norms and values.

*** Mokuau, N., & Chang, N. (1991). Samoans. In N. Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 151-169). New York: Greenwood Press. (Also provider competence and treatment modalities) ⁵**

This chapter presents an overview of major historical events in the Samoan Islands since the first Western cultural occupation by the Dutch in 1722 and through the Samoan migration to the U.S. in the early 1950's. A review of sociodemographics indicate the highest economic need along with Vietnamese Americans compared to all other Asian Pacific Islander American groups. Dominant values and behavioral norms in the Samoan culture focus on the family, communal relationship, and the church. A profile of social and psychological problems and issues including child abuse, financial stress, and mental illness is presented along with a culturally-relevant model for social intervention.

Mollica, R. F. (1989). Developing effective mental health policies and services for traumatized refugee patients. In D. R. Koslow & E. P. Salet (Eds.), Crossing cultures in mental health (pp. 101-115). Washington, DC: SIETAR International. (Also provider competence, assessment, treatment modalities and mental health structure) ⁴

Presents an overview of the major public policy and clinical issues inherent in providing effective mental health services to Southeast Asian refugee communities. The impact of language and cultural differences on health-seeking behavior among this high-risk, geographically scattered populations are discussed. Refugees as public and "low-status" patients face clinical barriers to mental health services. The psychosocial characteristics of Indochinese refugee patients such as trauma/torture, family support, community trust, social problems, medical disorders, psychiatric disorders, and social functioning are discussed. The paper also deals with treatment concerns such as evaluation and diagnosis, duration and intensity of treatment, the use of Indochinese paraprofessionals, psychopharmacology, and psychotherapy.

Mollica, R., & Lavelle, J. (1988). Southeast Asian refugees. In L. Comas-Diaz & E. Griffith (Eds.), Clinical guidelines in cross-cultural mental health (pp. 262-293). New York: Wiley & Sons. (Also utilization, assessment, treatment modalities and mental health structure) ⁴

Provides the political background, history of U.S. refugee policy, trends in refugee resettlement, refugee admissions to the United States, and federal and state expenditures for domestic refugee resettlement programs. The authors review psychosocial issues relating to health and mental health status such as, life history, traumatic experiences, family disruption, and socioeconomic status. The chapter elaborates on prevalence and diagnosis of medical and psychiatric disorders, including depression, suicide, posttraumatic stress disorder (PTSD), and discusses the somatization controversy. The authors discuss the use of the Hopkins Symptom Checklist 25 (HSCL-25) for psychiatric evaluation. They highlight service utilization patterns including choice of medical intervention, and the psychological mindedness of Asian and Indochinese patients, that indicate primary care facilities as the proper setting for a refugee clinic. Guidelines for treatment include concrete services, family involvement, transcultural co-therapy, a team approach, psychopharmacology and psychotherapy. A 6-month treatment outcome study is reported. Attention is given to the special treatment needs of sexually abused women.

O'Sullivan, M. J., Peterson, P. D., Cox, G. B., & Kirkeby, J. (1989). Ethnic populations: Community mental health services ten years later. American Journal of Community Psychology, 17 (1), 17-30. (Also utilization and mental health structure) ⁴

Replicated a series of studies conducted by S. Sue and colleagues (published 1974-1978). Demographic and service data were retrieved for the Seattle-King County area from the Washington Mental Health Information System. Data on Caucasian clients were compared with those on Asian, Black, Hispanic, and Native American client groups, and, where possible, with the findings among the same population group reported earlier by Sue. Findings include the following: (a) failure-to-return rates were lower for the current sample than for Sue's and not greatly different for minorities than for Caucasians, (b) variability in failure-to-return rates was most strongly related to level of functioning rather than minority status, and (c) Asian-Americans still averaged fewer services than Caucasians. Other minorities did not differ significantly from Caucasians. The mean number of services had increased substantially for all groups, more for minorities than for Caucasians.

Ong A. (1995). Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California. Social Science and Medicine, 40 (9), 1243-57. (Also provider characteristics, provider competence, and mental health structure) ²

Linking the health profession to the normalization of citizenship, scholars influenced by Michael Foucault claim that while biomedicine attends to the health of bodies, it is also constitutive of the social and bureaucratic practices that socialize subjects of the modern welfare state. Yet, we seldom learn about how patients themselves draw the medical gaze, nor how their resistances to biomedical intervention both invite and deflect control. This is shown this by means of clinicians' and Khmer refugees' interpretations of their encounters. This study illustrates that refugee medicine is a mix of good intentions, desire to control diseased and deviant populations, and the exigencies of limited resources which often favor medicalization. Californian clinicians, many of them Asian-Americans, display a deep faith in the efficacy of modern medicine for Third World patients so that they can function in the new country. Khmer refugees, in contrast, seek rather specific resources while wishing to elude control over the body and mind that goes with medical care. It is argued that the biomedical gaze is not such a diffused hegemonic power but is itself generated by the complex contestation of refugee subjects pursuing their own goals. Clinicians and refugees are equally caught up in webs of power involving control and subterfuge, appropriation and resistance, negotiation and learning that constitute biopolitical lessons of what becoming American may entail for an underprivileged Asian group.

Pedersen, P. (1990). The multicultural perspective as a fourth force in counseling. Journal of Mental Health Counseling, 12 (1), 93-95. ³

Explores the influence of multiculturalism on the field of mental health counseling, focusing on the complexity and dynamism of the multicultural perspective. Various uses of the term culture are addressed. The pervasive influence of culture through the very assumptions underlying one's thinking makes the multicultural perspective a 4th powerful force in counseling.

*** Penn, N. E., Kar, S., Kramer, J., Skinner, J., & Zambrana, R. E. (1995). Ethnic minorities, health care systems, and behavior. Health Psychology, 14 (7), 641-6. (Also provider competence, assessment, treatment modalities, and mental health structure) ¹**

This article presents an overview of research on health care use and provider behavior, on doctor-patient relationships, adherence to medical regimens, self-care, practices and avoidance health care behaviors, and attitudes of 4 ethnoracial groups: African Americans, American Indians, Asian

Americans, and Latinos. Although issues within the groups varied, common themes between the groups emerged. It became apparent, after discussion, that whatever the issues and health problems, these can be resolved most effectively when addressed within the social contexts of each ethnoracial group.

Primas, M. E., & Harper, M. S. (1991). Psychosocial care for racial and ethnic minority elderly. In M. S. Harper (Ed.), Management and care of the elderly: Psychosocial perspectives (pp. 157-174) Newbury Park, CA: Sage Publications. ⁴

A comprehensive review of the research literature of the health and mental health problems of minority elderly in the United States yielded several apparent factors. Minority elderly tend to be: (a) poor and dependent primarily on Social Security income; (b) prone not to seek health care at health service provider systems; (c) less educated than their white peers; (d) dependent on their family, church, friends, and neighbors for social support; and (e) heavily reliant on family for health care assistance, most of which is provided in the home setting.

Roberts, N., & Cawthorpe, D. (1995). Immigrant child and adolescent psychiatric referrals: a five-year retrospective study of Asian and Caucasian families. Canadian Journal of Psychiatry, 40 (5), 252-6. (Also provider competence and assessment) ²

Referrals to the Bradford (England) Child and Family Psychiatric Clinic were studied over a five-year period with the purpose of comparing native Caucasian and immigrant groups. Punjabi Moslems of Pakistani descent formed a majority of immigrant referrals. This immigrant sample was compared with native Caucasians matched for age and sex. Differences between these groups were found in the rates and sources of referral, together with family composition, diagnosis and adherence to treatment. These results are discussed in terms of the influence of cultural background and gender socialization. This report makes suggestions with respect to service provision and the assessment of individuals from linguistically unassimilated ethnic minorities.

Robillard, A. B., & Marsella, Anthony J., (Eds.). (1987). Contemporary issues in mental health research in the Pacific Islands. Honolulu, HI: University of Hawaii Press. (Also provider competence and mental health structure) ⁴

The topics covered in this volume are representative of the critical issues regarding mental health in the present-day Pacific islands, issues that can reasonably be traced to rapid social changes triggered by modernization. The problems discussed in these papers are not likely to disappear on their own. Nor is it likely that a gathering of academic and social service workers talking about the problems will bring any immediate solutions. It can be hoped, however, that the focus on these issues provided by the Conference and this volume will serve to create a greater awareness of the situation, and will help in guiding mental health service agencies and practitioners in their efforts to resolve some of the problems of societies that have been tilted out of balance by the winds of change. This book is about mental health of and mental health services for indigenous Pacific Islanders. The primary focus is upon Micronesians and Native Hawaiians. Not all of Micronesia is included, however; the independent nation-states of Kiribati and Nauru are not included. Primary attention is given to the Republic of the Marshall Islands, the Federated States of Micronesia (FSM), the Republic of Belau, the Territory of Guam and the Commonwealth of the Northern Marianas Islands (CNMI).

Suan, L., & Tyler, J. (1990). Mental health values and preference for mental health resources of Japanese-American and Caucasian-American students. Professional Psychology: Research and Practice, 21, 291-296. (Also utilization) ³

The authors investigated Asian-American underuse of mental health resources as a function of attitudes about the nature of mental health (mental health values) and resource preference for assistance with serious personal problems, with 91 Caucasian-American and 90 Japanese-American undergraduates. Results from a mental health values questionnaire (MHVQ) revealed that Japanese Americans more strongly related several MHVQ scales to mental health (good interpersonal relations, trustworthiness, and absence of negative personal traits) than did Caucasian Americans. Nevertheless, they were less likely than Caucasian Americans to rank mental health professionals as first choice for assistance with serious interpersonal/emotional problems and more likely to prefer close friends for assistance. Mental health values and attitudes about appropriate help-seeking behavior are discussed in relation to the Asian-American underuse phenomenon.

Sue, D., & Sue, D. W. (1991). Counseling strategies for Chinese Americans. In C. Lee & B. Richardson (Eds.), Multicultural Issues in Counseling: New Approaches to Diversity (pp. 79-87). Alexandria, Virginia: American Association for Counseling and Development. (Also provider competence and assessment) ⁴

Examines some important Chinese cultural values and their impact on Chinese American development. It presents a case study that illustrates the importance of these values and their influence on the counseling process. An assertiveness training group for Chinese Americans is also described. Chinese American cultural values include filial piety, stress on family bonds and unity, roles and status, and influence somatization versus psychologization, control over strong emotions, and academic and career orientation, which need to be accounted for in the counseling process.

Sue, D. W. (1989). Racial/cultural identity development among Asian Americans: Counseling/therapy implications. Journal of the Asian American Psychological Association, 13 (1), 80-86. ³

Discusses the minority identity development model (MID), which defines 5 stages (conformity, dissonance, resistance and immersion, introspection, synergetic articulation and awareness) of development that oppressed people may experience as they struggle to understand themselves in terms of their own minority culture, the dominant culture, and the relationship between the 2 cultures. The 5 stages are presented with corresponding attitudes that may assist the counselor. Each attitude is believed to be an integral part of the Asian-American's identity. The attitude toward self, toward others of the same minority, toward others of different minority, and toward the dominant group change with each stage of development.

Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. American Psychologist, 32, 616-624. (Also utilization, provider competence, and mental health structure) ³

Notes that for many years, researchers and practitioners have found that minority-group clients who seek psychotherapeutic services receive discriminatory treatment from White therapists. Underlying this finding is the implicit assumption that the mental health delivery system should strive to provide equal and nondiscriminatory services for all clients. An analysis of the services received by 13,198 minority clients in 17 community mental health facilities suggested that Blacks received differential treatment and poorer outcomes than Whites. However, Asian-American, Chicano, and native American clients who tended to receive treatment equal to that of White clients

also had poorer outcomes as measured by premature termination rates. It is suggested that a time may well come when minority clients receive equal but unresponsive services, and that primary attention should be placed on the delivery of responsive services rather than on the demonstration of inequities.

Sue, S. (1991). Ethnicity and culture in psychological research and practice. In J. D. Goodchilds (Ed.), Psychological perspectives on human diversity in America. The Master lectures (pp. 51-85). Washington, DC: American Psychological Association. (Also provider competence, assessment, provider characteristics, treatment modalities, and utilization) ⁴

This chapter addresses a general audience of psychologists and students, especially practitioners, who are interested in ethnicity and who want to begin the important task of integrating ethnic minority issues in teaching, research, and practice. A brief description of the status of different ethnic groups (primarily American Indians, Asian Americans, Blacks, and Latinos) is presented in order to illustrate contemporary issues of concern. The concepts of culture, ethnicity, and minority group status are introduced. These concepts are used to examine acculturation, personality development, mental health, and mental health services. Value conflicts that are pertinent to the understanding of ethnic minority groups are presented and recommendations for teaching, research, and practice are given.

*** Sue, S. (1994). Mental health. In N. Zane, D.T. Takeuchi, & K. Young (Eds.), Confronting critical health issues of Asian and Pacific Islander Americans (pp. 266-288). Newbury Park, CA: Sage. (Also provider competence, treatment modalities, training & development, and utilization) ⁵**

For decades, a popular belief among the general U.S. public has been that Asian Pacific Americans are extremely well adjusted, as reflected in their low rates of social deviance and divorce as well as high socioeconomic mobility. Although there is increasing recognition that the popular conception of well-adjusted Asian Pacific Americans is actually a stereotype, little knowledge exists on the mental health problems experienced by members of this community or on strategies to increase the availability and effectiveness of services for this population. The intent of this chapter is to review the available data and literature on mental disorders and intervention programs or services for Asian Pacific Americans.

Sue, S., Chun, C., & Gee, K. (1995). Ethnic minority intervention and treatment research. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp. 266-282). Boston: Allyn and Bacon. (Also provider competence, mental health structure, provider characteristics, treatment modalities, and utilization) ⁵

The chapter deals with research issues concerning ethnic minority interventions and treatment. Focuses on (1) conceptual and methodological research issues, (2) psychotherapeutic outcome and process findings, and (3) applications of research to treatment and mental health practices. It attempts to present issues and research findings as well as suggests how to use these findings.

*** Sue, S., Fujino, D., Hu, L. T., Takeuchi, D., & Zane, N. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. Journal of Consulting and Clinical Psychology, 59 (4), 533-540. (Also utilization, provider competence, and mental health structure) ³**

Investigated services received, length of treatment, and outcomes of thousands of Asian-American, African-American, Mexican-American, and White clients using outpatient services in the Los Angeles County mental health system. It tested the hypothesis that therapist-client matches in ethnicity and language are beneficial to clients. Results indicate that Asian Americans and Mexican

Americans underutilized, whereas African Americans overutilized, services. African Americans also exhibited less positive treatment outcomes. Furthermore, ethnic match was related to length of treatment for all groups. It was associated with treatment outcomes for Mexican Americans. Among clients who did not speak English as a primary language, ethnic and language match was a predictor of length and outcome of treatment. Thus, the cultural responsiveness hypothesis was partially supported.

Takeuchi, D. T., Leaf, P. J., Kuo, H. S. (1988). Ethnic differences in the perception of barriers to help-seeking. Social Psychiatry & Psychiatric Epidemiology, 23 (4), 273-280. (Also utilization) ³

Explored differences among 4 ethnic groups (Caucasian, Filipino, Japanese, and native Hawaiian) in their perception of barriers to help seeking. Data were drawn from a Hawaii statewide survey conducted in 1984; 2,503 adult residents were interviewed. The major dependent variable was the perception of barriers for 2 distinct types of problems: alcoholism and severe emotional problems. Caucasians perceived less barriers for both types of problems than the 3 minority ethnic groups. A logistic regression analysis found that this ethnic difference held when controlled for other demographic variables.

*** Takeuchi, D. T., Sue, S., & Yeh, M. (1995). Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles. American Journal of Public Health, 85 (5), 638-43. (Also provider competence and mental health structure) ²**

The present study compared the return rate, length of treatment, and treatment outcome of ethnic minority adults who received services from ethnicity-specific or mainstream programs. The sample consisted of 1516 African Americans, 1888 Asian Americans, and 1306 Mexican Americans who used 1 of 36 predominantly White (mainstream) or 18 ethnicity-specific mental health centers in Los Angeles County over a 6-year period. Predictor variables included type of program (ethnicity specific vs mainstream), disorder, ethnic match (whether or not clients had a therapist of the same ethnicity), gender, age, and Medi-Cal eligibility. The criterion variables were return after one session, total number of sessions, and treatment outcome. The study indicated that ethnic clients who attended ethnicity-specific programs had a higher return rate and stayed in the treatment longer than those using mainstream services. The data analyses were less clear cut when treatment outcome was examined. The findings support the notion that ethnicity-specific programs seem to increase the continued use of mental health services among ethnic minority groups.

*** Takeuchi, D.T., & Uehara, E. (1996). Ethnic minority mental health services: Current research and future conceptual directions. In B. L. Levin and J. Petrila (Eds.), Mental health services: A public health perspective. New York: Oxford Press. (Also provider competence, mental health structure, provider characteristics, and utilization) ⁵**

Over the past two decades, the United States has witnessed a massive transformation in the size and composition of its ethnic minority populations. The changing demography of the United States has turned the attention of service providers and policy makers to an increasingly important issues: How can we provide mental health (and other) services that are responsive to the need of ethnic minority groups. This chapter reviews what is currently known about the use of mental health services among ethnic minorities and some past attempts to remedy the problems and obstacles in serving these populations.

True, R. H., & Guillermo, T. (1996). Asian/Pacific Islander American women. In M. Bayne-Smith (Ed.), Race, gender, and health (pp. 94-120), (Vol. 15). Thousand Oaks: Sage Publications, Inc. (Also provider competence and mental health structure) ⁴

Review the information available on health and mental health issues among A/PIA (Asian/Pacific Islander American) women. Identifies gaps in the knowledge base and service accessibility. It suggests action strategies to improve the quality of care provided for them. A background of A/PIA women including a historical background, demographic characteristics, sociocultural characteristics, economic characteristics, health status data, substance use and abuse, domestic violence, suicides, mental health status, and access to health care services is provided.

Tung, M. (1991). Insight-oriented psychotherapy for the Chinese patient. American Journal of Orthopsychiatry, 61 (2), 186-194. (Also treatment modalities) ³

Examines the applicability of psychodynamic psychotherapy to Chinese-American patients. The interdependent nature of the world of the Chinese "self" is discussed, along with culturally characteristic coping styles. Modifications entailed in conducting insight-oriented therapy with this population are discussed, with reference to the content of the therapy and the therapeutic relationship. Three issues regarding insight-oriented psychotherapy and the Chinese patient are addressed: the territory of psychological exploration, the therapeutic relationship, and the role of didactic teaching. Clinical vignettes from China and from the Chinese-American community are used as illustrations.

Tung, T. M. (1985). Psychiatric care for Southeast Asians: How different is different? In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 5-40). Washington, D.C.: U.S. Department of Health and Human Services. (Also provider competence and training and development) ⁵

This chapter points out that feelings and emotional problems are rarely considered proper reasons for seeking professional assistance and that psychological reasons are not accepted by Southeast Asians. Psychiatric diseases are often seen by this population as extraordinary, supernatural, or magical phenomena. For those reasons, the Southeast Asian people often turn to their families, friends, community leaders, priests, and shamans for assistance and rarely seek professional psychiatric services. Consequently, Southeast Asian refugees are reluctant to engage the American system of professional mental health services and seek assistance only when problems seem overwhelming. The author recommends that the mental health system has to be tailored in some way to benefit this clientele. From the official establishment, there should be a sense of purpose, along with tangible commitments in terms of research and active programs; from the practitioners, tolerance, perseverance, and concern for the special ordeal this group of patients has undergone.

*** Uba, L. (1992). Cultural barriers to American health care among Southeast Asian refugees. Public Health Reports, 107 (5), 544-548. (Also provider competence and mental health structure) ¹**

Many Southeast Asians now living in the United States experience severe health problems, attributable to physical trauma and inadequate health care in Asia, and low socioeconomic status in this country. Evidence indicates that despite their health problems, Southeast Asian refugees underuse the American health care system. Cultural reasons for this underuse are examined. Southeast Asian cultural attitudes toward suffering, such as beliefs that suffering is inevitable or that one's life span is predetermined, can cause Southeast Asians not to seek health care. Cultural beliefs about the sources of illness and correspondingly appropriate forms of treatment can be a barrier to Western health care. Many lack familiarity with Western diagnostic techniques and

treatments and thus are apprehensive. Health care providers' ignorance of Southeast Asian cultures can interfere with communication with patients, resulting in culturally irrelevant services or misinterpretation of side effects of Southeast Asian folk medicines. Southeast Asians' lack of familiarity with American culture can make health care services geographically and economically inaccessible and can cause Southeast Asians to be ignorant of available services or how to access them. An understanding of Southeast Asian cultures and additional outreach efforts by Western medical practitioners and health care providers are needed to improve the use of health care services by Southeast Asian refugees in this country.

Uba, L. (1994). Asian Americans: Personality patterns, identity, and mental health. New York, NY: Guilford Press. (Also utilization, provider competence, assessment, and treatment modalities) ⁴

This volume is a review of psychological research on Asian Americans. This book is divided into three sections. The first section, comprising Chapters 1 through 5, looks at Asian American personality patterns and their antecedents. The second section of the book, comprising Chapters 6 and 7, reviews the sources of stress for Asian Americans. The third section, Chapters 8 through 10, focuses on the mental health needs of Asian Americans.

Uomoto, J., & Gorsuch, R. (1984). Japanese American response to psychological disorder: Referral patterns, attitudes, and subjective norms. American Journal of Community Psychology, 12, 537-550. (Also utilization and training & development) ⁴

Investigated the referral patterns of 50 2nd-generation Japanese-Americans (mean age 52 yrs) and 56 3rd-generation Japanese-Americans in response to psychological disorders and evaluated their attitudes and social norms in relation to mental health and non-mental health referrals, using the Fishbein-Ajzen model (1980) of attitude-behavior relationships. Subjects responded to 4 vignettes describing disorders (paranoid schizophrenia, major depression, agoraphobia, and marital and family problems). Results indicate that self-resources were the most commonly mentioned referral across disorders and generations and that non-mental health referrals were significantly more frequent than mental health resources. Attitudes were as favorable for psychologists as preferred intentions, though subjective norms were less favorable for psychologists. More severe disorders yielded more favorable attitudes and more permissible social norms than disorders of a lesser degree. Data suggest implementing mental health education programs in Japanese-American and other Asian-Pacific communities to increase service utilization by increasing awareness of--and social norms in support of--mental health personnel as resources.

Westermeyer, J. (1979). Folk concepts of mental disorder among the Lao: Continuities with similar concepts in other cultures and in psychiatry. Culture, Medicine, and Psychiatry, 3, 301-317. ⁵

Folk concepts for mental disorder were studied among rural Lao people. While predominantly inferring etiology (e.g. spirit-caused disorder), certain terms also emphasized particular descriptive psychopathology or behavioral abnormality. Preventive strategies were stressed for insanity due to "excessive worry" or "broken taboo". These include psychosis, mania, neurosis, organic brain syndrome, mental retardation, cerebral palsy, epilepsy, and childhood autism. Lao folk terms for mental disorder also closely resembled those of other Southeast Asian cultures, although illiterate tribal peoples appeared to have fewer terms than literate peasant peoples. Folk terms from more distant regions had broad similarity to those of southeast Asia, but lacked the specificity found within the region.

Williams, C. L. (1985). The Southeast Asian refugees and community mental health. Journal of Community Psychology, 13 (3), 258-269. (Also provider competence, mental health structure, and training & development) ³

Summarizes the descriptive information currently available to community mental health workers about the Southeast Asian refugees. A brief overview of what is known about mental health and migration and refugee status is followed by a consideration of the psychological adjustment of the Southeast Asian refugees and a description of recent mental health intervention strategies for this population. It is argued that community mental health can play an important and needed role in providing services to Southeast Asians and other refugee groups. Students in mental health training need both didactic and practicum experiences in working in cross-cultural settings, and more attention is needed in the training and use of indigenous paraprofessionals. Educational programs about the refugee's culture and ways to foster adjustment, as well as efforts to encourage interaction among the host community and refugees, are also needed.

*** Wong, H. Z. (1985). Asian and Pacific Americans. In L. R. Snowden (Ed.), Reaching the underserved: Mental health needs of neglected populations. Beverly Hills, California: Sage Publications. (Also mental health structure) ⁵**

The Asian and Pacific American population has grown dramatically in recent years. A large segment of this population is made up of immigrants or refugees. These newly arrived face language barriers, culture shock, unemployment and underemployment, role and status reversal, intergenerational conflicts, and lack of community support systems. At present the most vulnerable and high-risk Asian immigrants are Indochinese refugees. Unfortunately, the degree and significance of the mental health needs of Asian and Pacific Americans largely have been ignored or misunderstood, and the service and programmatic responses have often been piecemeal and uncoordinated. In this chapter, the state of the art is reviewed with respect to the delivery of mental health services for Asian and Pacific Americans. Recommendations are made with respect to models for mental health service delivery.

Ying, Y. W., & Miller, L. S. (1992). Help-seeking behavior and attitude of Chinese Americans regarding psychological problems. American Journal of Community Psychology, 20 (4), 549-56. (Also utilization) ¹

Investigated the help-seeking behavior and attitude regarding psychological problems as mediated by mental health status, acculturation level, and sociodemographic characteristics in a community sample of Chinese Americans. Of the 128 respondents, 17 (13.3%) had consulted professional help for a nervous or emotional problem. Compared to the others, they reported significantly poorer mental health status (i.e., had more physical symptoms, had once come close to experiencing a "nervous breakdown," and had a relative who had been in treatment), and were more likely to be American-born. For those who had not previously sought help, attitude toward help seeking was examined. A positive attitude was mediated by superior English ability, being younger, married, and from a lower SES background. The findings suggested help-seeking behavior is primarily mediated by presence of need, whereas attitude reflected a general propensity. Acculturation was an important predictor of both behavior and attitude, with the less acculturated most in need of education about the utility of mental health service.

Zane, N., Enomoto, K., & Chun, C. (1994). Treatment outcomes of Asian- and White-American clients in outpatient therapy. Journal of Community Psychology, 22, 177-191. (Also provider competence, assessment, provider characteristics, treatment modalities, and utilization)³

Evaluated the short-term effects of outpatient individual psychotherapy for 20 Asian-American clients and 65 White Americans in mental health treatment. Results indicate poorer short-term treatment outcomes for Asian-American Subjects. Asian Subjects were less satisfied than White Subjects on 5 satisfaction indices and reported greater depression, hostility, and anxiety after 4 treatment sessions. No ethnic differences were found on the therapist-rated outcome measures, but there was a tendency for therapists to evaluate Asian clients as having lower levels of psychosocial functioning than White clients after short-term treatment. Findings underscore the need for culturally responsive therapies because Asian-American clients are experiencing worse outcomes, and these outcomes cannot be attributed to cultural differences between Asian and White clients that exist prior to treatment.

Zane, N., Hatanaka, H., Park, 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. (Also mental health structure, treatment modalities, and utilization)³

Examined ethnic-specific parallel services for Asian-American outpatients with respect to client characteristics, types of services utilized, and service effectiveness. Data were collected on 885 outpatients at a community mental health center. The heterogeneity of the Asian-American clientele was affirmed. Numerous Asian-White and inter-Asian differences were found in terms of demographic and clinical characteristics. There was little evidence of differential care provided to Whites and Asians as reflected in the types of services received. Few significant ethnic group differences were found in premature termination, early termination, treatment duration, or clinical outcome. Findings suggest that for most Asian-American groups, equitable care and service effectiveness can be achieved through the use of ethnic-specific services.

B. Utilization

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 (1), 56-64.³

The present study examined the referral patterns of 1,095 African, 2,168 Asian, 1,385 Hispanic, and 2,273 White Americans (18 years of age and older) in a public mental health system to determine whether group differences in help-seeking and referral patterns were related to participation in ethnic-specific versus mainstream programs. Results indicated that (a) ethnic minorities in both mainstream and ethnic-specific programs were more likely than Whites to have been referred by natural help-giving and lay referral sources (e.g., family or friends, health services, and social services) and (b) ethnic minorities in ethnic-specific programs were more likely than ethnic minorities in mainstream programs to have been referred by natural help-giving and lay referral sources if they were Asian and Hispanic Americans and self-referred if they were African Americans.

Atkinson, D., & Gim, R. (1989). Asian American cultural identity and attitudes toward mental health services. Journal of Counseling Psychology, 36 (2), 209-212. (Also client characteristics)

Atkinson, D. R., Jennings, R. G., & Liongson, L. (1990). Minority students' reasons for not seeking counseling and suggestions for improving services. Journal of College Student Development, 31, 342-350. (Also client characteristics and provider competence)

Barker, L. A., & Adelman, H. S. (1994). Mental health and help-seeking among ethnic minority adolescents. Journal of Adolescence, 17 (3), 251-263. (Also client characteristics)

Brinson, J. A., & Kottler, J. A. (1995). Minorities' underutilization of counseling centers' mental health services: A case for outreach and consultation. Journal of Mental Health Counseling, 17 (4), 371-385. ⁴

Discusses why minority students often underutilize university counseling centers, focusing primarily on 2 factors. One factor is the basic incongruence between mainstream and minority worldviews with respect to definitions of mental health and socially appropriate behavior. The other factor is the impact of racial and cultural ethnic identity development relative to the use of counseling centers. For the purposes of this article, the terms minority and majority are understood to mean racial and ethnic groups. The authors review proactive steps that can be taken to enhance minorities' use of such counseling centers. These include minority mentoring programs, consultation and outreach, minority-professional involvement, and alternative counseling models. These suggestions can be modified in many cases and used in a variety of mental health facilities and settings.

Browne, C., Fong, R., & Mokuau, N. (1994). The mental health of Asian and Pacific Island elders: implications for research and mental health administration. Journal of Mental Health Administration, 21 (1), 52-9. (Also client characteristics)

Bui, K. V., & Takeuchi, D. T. (1992). Ethnic minority adolescents and the use of community mental health care services. American Journal of Community Psychology, 20 (4), 403-17. ²

Examined the utilization rates, treatment dropout rates, and length of treatment for minority adolescents in the mental health care system. Data from the Los Angeles County Department of Mental Health from 1983 to 1988 were used. Subjects were 853 African Americans, 704 Asian Americans, 964 Hispanics, and 670 Whites. Analyses showed that Asian Americans and Hispanics are underrepresented in existing public mental health facilities while African Americans are overrepresented. For dropout rates, no ethnic differences are found between minority groups and Whites, but, for length of treatment, Asian Americans tend to stay longer in treatment while African Americans tend to stay in treatment for a shorter period of time than Whites. African Americans also have more outpatient episodes than whites. Implications of the results are discussed, and recommendations for future research are suggested.

*** Cheung, F. K., & Snowden, L. R. (1990). Community mental health and ethnic minority populations. Community Mental Health Journal, 26 (3), 277-291. (Also assessment and mental health structure) ³**

Reviews national trends in minority use of mental health services, drawing on data from 1972 to 1978 on community mental health center use in the US, data on types of mental health treatment received by different races, and data on admissions to mental institutions between 1950 and 1980.

In relation to their representation in the population, Blacks used services more than expected, and Asian American/Pacific Islanders used services less; use by Hispanics and Native American/Alaska Islanders varied according to type of service. Hospitalization accounted for part of the increase in minority use. Barriers to service use by minority clients include inadequacies in the organization and financing of care and cultural incongruity.

Chung, R., & Lin, K. M. (1994). Help-seeking behavior among Southeast Asian refugees. Journal of Community Psychology, 22, 109-120. ³

Examined the help-seeking behavior of 2,773 Vietnamese, Cambodian, Lao, Hmong, and Chinese-Vietnamese refugees (aged 18-68 yrs) and compared the help-seeking patterns employed by these groups in their native country with those currently used after resettlement in the US. Intergroup differences in help-seeking behavior were found in Asia and also in the US. In Asia, Vietnamese were more likely to utilize Western medicine and the Hmong least likely to do so. In the US, Cambodians were more likely to utilize mainstream services and the Hmong were less likely to do so. For all groups there was a dramatic change from prominently utilizing traditional medicine in their home country to a higher usage of mainstream services in the US. Regardless of the significant increase in the use of Western medicine, traditional medicine continued to be important for all 5 Southeast Asian refugee groups after resettlement.

Dinges, N. G., & Cherry, D. (1995). Symptom expression and the use of mental health services among American ethnic minorities. In J. F. Aponte, R. Y. Rivers, & Julian Wohl (Eds.), Psychological interventions and cultural diversity (pp.40-56). Boston, MA: Allyn & Bacon. (Also client characteristics)

Flaskerud, J. H. (1982). Community mental health nursing: Its unique role in the delivery of services to ethnic minorities. Perspectives in Psychiatric Care, 20 (1), 37-43. (Also provider characteristics and provider competence) ³

Reviews research on the utilization of mental health facilities by Hispanic Americans, Asian Americans, Native Americans, and Blacks. Shared characteristics (e.g., all victims of oppression) and distinguishing features among these 4 groups are considered in light of culture-related interventions. Mental health nurses should have a public health background, be nonthreatening, and be well versed in a variety of treatment modalities. Cultural content should also be included in the curricula of community health nursing programs.

Flaskerud, J. (1986a). Diagnostic and treatment differences among five ethnic groups. Psychological Reports, 58, 219-235. (Also client characteristics, assessment, and treatment modalities)

Flaskerud, J. (1986b). The effects of cultural-compatible intervention on the utilization of mental health services by minority clients. Community Mental Health Journal, 22 (2), 127-141. (Also client characteristics, provider characteristics, and mental health structure)

Flaskerud, J. H. (1990). Matching client and therapist ethnicity, language and gender: A review of research. Issues in Mental Health Nursing, 11, 321-336. (Also client characteristics and provider characteristics)

Flaskerud, J., & Liu, P. Y. (1990). Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients. The International Journal of Social Psychiatry, 36, 18-29. (Also client characteristics, provider characteristics, and provider competence)

*** Flaskerud, J., & Liu, P. Y. (1991). Effects of an Asian client-therapist language, ethnicity, and gender match on client outcomes. Community Mental Health Journal, 27, 31-42. (Also client characteristics, provider characteristics, and provider competence)**

*** Gong-Guy, E. (1987). California Southeast Asian mental health needs assessment. Oakland, California: Asian Community Mental Health Services. (Also client characteristics, provider characteristics, provider competence, assessment, treatment modalities, mental health structure, and training & development)**

Gottesfeld, H. (1995). Community context and the underutilization of mental health services by minority patients. Psychological Reports, 76 (1), 207-210. (Also provider competence)³

Studied community context and the underutilization of mental health services by minority patients. For 1 yr, records of the duration of stay of minority patients in continued treatment were kept. Using 3 mo as a criterion for staying in treatment, it was found that 82% of the minority patients (91 of 111 patients) of the community mental health teams were still in treatment after 3 mo, but only 32% (53 of 167 patients) from the psychiatric division were in treatment. The results obtained suggest that adoption of community context in actions as well as attitudes is related to continuance or dropping out of treatment by these minority patients.

Hoberman H. M. (1992). Ethnic minority status and adolescent mental health services utilization. Journal of Mental Health Administration, 19 (3), 246-67. (Also client characteristics and mental health structure)

Hong, G. K. (1988). A general family practitioner approach for Asian-American mental health services. Professional Psychology: Research & Practice, 19 (6), 600-605. (Also treatment modalities)⁴

A psychologist in general family practice functions as a primary care provider, who is similar to the traditional family doctor who provides treatment for clients and their families. The psychologist has an ongoing interaction with the family and serves as a resource for the family to consult when in difficulty. He or she uses knowledge of the client, as well as knowledge of the client's family, community, and social environment. This approach seems particularly suitable for Asian Americans whose culture emphasizes the role of the family. It helps to minimize the client's inhibition against seeking mental health services and provides the psychologist with certain clinical advantages. Two cases are presented to illustrate the application of this approach to Asian American clients. Situations in which family members should not be seen by the same psychologist and the issues of transference, countertransference, and confidentiality are also considered.

Kinzie, J. D. (1985a). Cultural aspects of psychiatric treatment with Indochinese refugees. 137th Annual Meeting of the American Psychiatric Association (1984, Los Angeles, California). American Journal of Social Psychiatry, 5 (1), 47-53. (Also client characteristics, provider competence and treatment modalities)

Kinzie, J. D., & Tseng, W. S. (1978). Cultural aspects of psychiatric clinic utilization: A cross-cultural study in Hawaii. International Journal of Social Psychiatry, 24 (3), 177-188. (Also client characteristics)

*** Leong, F.T. (1994). Asian Americans' differential patterns of utilization of inpatient and outpatient public mental health services in Hawaii. Journal of Community Psychology, 22, 82-96. ³**

Examined Asian Americans' differential patterns of utilization of mental health services in Hawaii. Using a data set from the state of Hawaii's Department of Health, mental health service utilization rates for 3 Asian-American groups (773 Chinese, 3,707 Japanese, and 3,097 Filipino) were compared to each other and to those of 15,275 White Americans. There were ethnic subgroup (e.g., Chinese vs. Filipino) and intergroup differences (i.e., Asian vs White) in the utilization of inpatient and outpatient mental health services, and in sources of referral into the mental health system.

*** Lin, K. M, Inui, T. S., Kleinman, A. M., & Womack, W. M. (1982). Sociocultural determinants of the help-seeking behavior of patients with mental illness. Journal of Nervous & Mental Disease, 170 (2), 78-85. (Also client characteristics and mental health structure)**

Lippincott, J. A., & Mierzwa, J. A. (1995). Propensity for seeking counseling services: a comparison of Asian and American undergraduates. Journal of American College Health, 43 (5), 201-4. (Also client characteristics)

Loo, C., Tong, B., & True, R. (1989). A bitter bean: Mental health status and attitudes in Chinatown. Journal of Community Psychology, 17 (4), 283-296. (Also client characteristics)

Mokuau, N. (1987). Social workers' perceptions of counseling effectiveness for Asian American clients. Social Work, 32, 331-335. (Also client characteristics, provider characteristics, provider competence, and treatment modalities)

Mollica, R., & Lavelle, J. (1988). Southeast Asian refugees. In L. Comas-Diaz & E. Griffith (Eds.), Clinical guidelines in cross-cultural mental health (pp. 262-293). New York: Wiley & Sons. (Also client characteristics, assessment, treatment modalities and mental health structure)

Narikiyo, T., & Kameoka, V. (1992). Attributions of mental illness and judgments about help seeking among Japanese-American and White American students. Journal of Counseling Psychology, 39 (3), 363-369. ³

Perceived causes of mental illness and help-seeking preferences among Japanese-American and White American college students (72 men and 72 women in each ethnic group) were compared in order to investigate the reported underuse of mental health services by Japanese Americans. Results of a 2 (ethnicity of Subject) * 2(severity of disorder) * 2(gender of person with disorder) * 2(gender of Subject) multivariate analysis of variance (MANOVA) revealed that Japanese-American students were more likely than White American students to attribute mental illness to social causes, to resolve problems on their own, and to seek help from family members or friends or both. Possible barriers to use of services by this sample of Japanese Americans include both a preference for informal resources and the stigmatization of mental illness.

O'Sullivan, M. J., Peterson, P. D., Cox, G. B., & Kirkeby, J. (1989). Ethnic populations: Community mental health services ten years later. American Journal of Community Psychology, 17 (1), 17-30. (Also client characteristics and mental health structure)

Root, M. (1989). Guidelines for facilitating therapy with Asian American clients. In D. Atkinson, G. Morten, & D. Sue (Eds.), Counseling American minorities: A cross-cultural perspective (pp. 116-128). Dubuque, Iowa: William C. Brown. (Also provider competence and mental health structure)⁵

It has been documented that the diverse Asian American population underutilized mental health services, not necessarily out of lack of need but because of cultural, social, and service barriers. Often, the importance of the individual's cultural context, as it is involved in the referral of someone for therapy, their hesitation to come in, premature termination, or successful treatment is not recognized. This article outlines the importance of the need for therapists to be sensitive to the cultural and ethnic heritage of Asian and Pacific Americans as they influence the etiology, manifestation, and treatment of psychological distress. Suggestions and guidelines are offered for working in a systems framework with sensitivity to the cultural and familial rules whether treatment involves a single individual, couple, or family.

Snowden, L. R., & Cheung, F. K. (1990). Use of inpatient mental health services by members of ethnic minority groups. American Psychologist, 45 (3), 347-355.³

National data on psychiatric hospitalization point to marked ethnic-related differences. Blacks and Native Americans are considerably more likely than Whites to be hospitalized, Blacks are more likely than Whites to be admitted as schizophrenic and less likely to be diagnosed as having an affective disorder. Asian Americans/Pacific Islanders are less likely than Whites to be admitted, but remain for a lengthier stay, at least in state and county mental hospitals. Differences are clearcut, but they ignore a major source of care: psychiatric hospitalization in placements other than psychiatric units and hospitals. Explanations for observed minority-White differences in hospitalization can be evaluated only partially or not at all. Such explanations included ethnic-related differences in socioeconomic standing and in the prevalence of major psychopathology; differential stigma, or capacity to tolerate or support a dysfunctional significant other; access and use of alternative services; and bias in the behavior of gatekeepers, especially practitioners assigning diagnostic labels and making involuntary commitment decisions. More research is needed to help explain these striking differences in utilization.

Suan, L., & Tyler, J. (1990). Mental health values and preference for mental health resources of Japanese-American and Caucasian-American students. Professional Psychology: Research and Practice, 21, 291-296. (Also client characteristics)

Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. American Psychologist, 32, 616-624. (Also client characteristics, provider competence, and mental health structure)

Sue, S. (1991). Ethnicity and culture in psychological research and practice. In J. D. Goodchilds (Ed.), Psychological perspectives on human diversity in America. The Master lectures (pp. 51-85). Washington, DC: American Psychological Association. (Also provider competence, assessment, provider characteristics, treatment modalities, and client characteristics)

Sue, S. (1994). Mental health. In N. Zane, D.T. Takeuchi, & K. Young (Eds.), Confronting critical health issues of Asian and Pacific Islander Americans (pp. 266-288). Newbury Park, CA: Sage. (Also provider competence, treatment modalities, client characteristics, , and training & development)

Sue, S. (1995). The implications of diversity for scientific standards of practice. In S.C. Hayes, V. M. Follette, R.M. Dawes, & K.E. Grady (Eds.), Scientific standards of psychological practice: Issues and recommendations (pp. 265-279). Reno, NV: Content Press. (Also provider competence, mental health structure, and provider characteristics) ⁴

The principle that scientific standards should underlie clinical practice is widely accepted. As we contemplate the application of scientific standards to practice with diverse populations, a number of important and interesting policy, practice, research, and political issues arise. Addresses the policy, socio-political, and research issues. Research and policy dilemmas including, empirical evidence, cultural interventions, policy/psychotherapy issues, as well as implications for psychotherapy and research are addressed.

*** Sue, S., Chun, C., & Gee, K. (1995). Ethnic minority intervention and treatment research. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp. 266-282). Boston: Allyn and Bacon. (Also provider competence, mental health structure, provider characteristics, treatment modalities, and client characteristics)**

*** Sue, S., Fujino, D., Hu, L. T., Takeuchi, D., & Zane, N. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. Journal of Consulting and Clinical Psychology, *59* (4), 533-540. (Also client characteristics, provider competence, and mental health structure)**

Takeuchi, D., Bui, K.T., & Kim, L. (1993). The referral of minority adolescents to community mental health centers. Journal of Health and Social Behavior, *34*, 153-164. ³

Uses mental health clinic data from a large metropolitan area to explore whether African Americans and Mexican Americans entering mental health care do so through referrals that are more coercive than those made for Whites. The total sample consisted of 2,460 adolescents (aged 13-17 yrs). Results indicate that African-American adolescents are more likely than Whites to be referred by an external agency. African Americans enter community mental health care more often than Whites through referrals from social agencies; Mexican Americans enter more often than Whites through school referrals. Among all variables considered, poverty status demonstrated the most consistent and powerful association with coercive referrals.

Takeuchi, D. T., Leaf, P. J., Kuo, H. S. (1988). Ethnic differences in the perception of barriers to help-seeking. Social Psychiatry & Psychiatric Epidemiology, *23* (4), 273-280. (Also client characteristics)

*** Takeuchi, D.T., & Uehara, E. (1996). Ethnic minority mental health services: Current research and future conceptual directions. In B. L. Levin and J. Petrila (Eds.), Mental health services: A public health perspective. New York: Oxford Press. (Also provider competence, mental health structure, provider characteristics, and client characteristics)**

Tracey, T. J., Leong, F. T. L., & Glidden, C. (1986). Help seeking and problem perception among Asian Americans. Journal of Counseling Psychology, 33 (3), 331-336. ³

Compared the presenting concerns of 3,050 counseling center clients (undergraduate and graduate students) as those concerns varied by ethnicity, gender, and previous counseling experience. Asian-American clients were much more likely to perceive themselves as having educational or vocational concerns, whereas White clients were disproportionately more likely to admit to personal or emotional concerns. The comparison among 7 different Asian-American groups revealed that Filipino-American and Asian-American/White mixed clients were more likely to endorse personal or emotional concerns than other Asian-American groups. Gender and previous counseling experience were found to be related to the presenting concern, but the effects were the same in each ethnic comparison. Results are interpreted with respect to (1) what counselors should be aware of in interacting with Asian-American clients and (2) how they differ both from White clients and among themselves.

Uba, L. (1994). Asian Americans: Personality patterns, identity, and mental health. New York, NY: Guilford Press. (Also client characteristics, provider competence, assessment, and treatment modalities)

*** Uomoto, J., & Gorsuch, R. (1984). Japanese American response to psychological disorder: Referral patterns, attitudes, and subjective norms. American Journal of Community Psychology, 12, 537-550. (Also client characteristics and training & development)**

Wallen, J. (1992). Providing culturally appropriate mental health services for minorities. Special Issue: Multicultural mental health and substance abuse services. Journal of Mental Health Administration, 19 (3), 288-295. (Also mental health structure) ³

Research on the use of outpatient mental health services shows lower rates of utilization by minorities. Barriers include economic considerations, access difficulties, and cultural factors. Promoting the use of outpatient mental health services by minorities can have a positive effect on the overall cost of health and mental health care, and can increase access to care and quality of care for minority populations. Advantages and disadvantages of approaches to providing culturally appropriate programming in mental health services are discussed.

Yamamoto, J. (1978). Research priorities in Asian-American mental health delivery. American Journal of Psychiatry, 135 (4), 457-458. (Also mental health structure and treatment modalities) ³

Cites statistics which show that Asian-Americans underutilize mental health services. It is suggested that more research is needed regarding the effects of such mental health delivery factors as language difference, familial reaction, community education, cultural changes, cross-cultural misdiagnosis, and therapeutic method.

Yeh, M., Eastman, K., & Cheung, M.K. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter? Special Issue: Asian-American mental health. Journal of Community Psychology, 22, 153-163. (Also provider competence and provider characteristics) ³

Explored the effect of language and ethnic therapist-client match on the mental health treatment of 4,616 Asian-American, Mexican-American, African-American, and Caucasian-American children and adolescents (aged 6-17 yrs) in the Los Angeles County Mental Health System. Some validity for the hypothesis among adolescents is indicated. Ethnic match was a significant predictor of

African, Mexican, and Asian adolescent dropout after 1 session. When language match was added to the model for Mexican adolescents, language match was a significant predictor of dropout after 1 session and total number of sessions, whereas ethnic match was no longer a significant predictor. However, when language match was added to the model for Asian adolescents, language match was not a significant predictor of dropout after 1 session or total number of sessions, whereas ethnic match remained a significant predictor for both variables.

Yeh, M., Takeuchi, D.T., & Sue, S. (1994). Asian American children in the mental health system: A comparison of parallel and mainstream outpatient service centers. Journal of Clinical Child Psychology, 23, 5-12. (Also provider competence and mental health structure) ³

Examined differences between ethnic-specific and mainstream outpatient mental health service centers for 912 Asian-American children (aged <18 yrs). Measures of client characteristics, mental health program characteristics, utilization of services, and outcome after discharge were obtained. Findings show that Subjects who received services at ethnic-specific centers were less likely to drop out of services after the 1st session, utilized more services, and had higher functioning scores at discharge than did those who attended mainstream centers. This was true even when variables including social class and functioning score at admission were controlled. Centers were also compared on population characteristics and therapist-client ethnicity match. Findings suggest that ethnic-specific mental health centers are effective in serving the Asian-American child community.

Ying, Y. W., & Hu, L. T. (1994). Public outpatient mental health services: use and outcome among Asian Americans. American Journal of Orthopsychiatry, 64 (3), 448-55. (Also provider characteristics) ¹

Use of public outpatient mental health services and treatment outcomes were studied among Chinese, Japanese, Filipino, Korean, and Southeast-Asian Americans in Los Angeles County. Filipinos were underrepresented in the system, whereas Southeast Asians were overrepresented and had higher utilization rates, but showed less improvement, than did the other groups. The influence of therapist-client ethnic match and of clinicians' professional status were assessed, and recommendations are made for further research based on present findings.

*** Ying, Y. W., & Miller, L. S. (1992). Help-seeking behavior and attitude of Chinese Americans regarding psychological problems. American Journal of Community Psychology, 20 (4), 549-56. (Also client characteristics)**

Zane, N., Enomoto, K., & Chun, C. (1994). Treatment outcomes of Asian- and White-American clients in outpatient therapy. Journal of Community Psychology, 22, 177-191. (Also provider competence, assessment, provider characteristics, treatment modalities, and client characteristics)

Zane, N., Hatanaka, H., Park, 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. (Also mental health structure, treatment modalities, and client characteristics)

C. Provider Characteristics

Aponte, J.F., Morrow, C.A. (1995). **Community approaches with ethnic groups.** In J.F. Aponte, R.Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp.128-144). Boston: Allyn & Bacon. (Also provider competence, mental health structure, treatment modalities, and client characteristics)

Atkinson, D., Maruyama, M., & Matsui, S. (1978). **The effects of counselor race and counseling approach on Asian Americans' perceptions of counselor credibility and utility.** Journal of Counseling Psychology, 25, 76-83. ³

Conducted 2 studies in which Asian Americans rated a counselor's performance in a simulated counseling session with an Asian American student. Two tape recordings of a contrived counseling session were prepared in which the client responses were identical but the counselor responses differed, 1 depicting a "directive" counseling approach and 1 a "nondirective" approach. Each tape recording was paired with 2 different introductions, 1 in which the counselor was identified as Asian American and 1 in which the counselor was described as Caucasian American. In the 1st study, 52 Asian American university students were randomly assigned to 1 of the 4 introduction-approach combinations. In the 2nd study, 48 Japanese Americans who were members of the Young Buddhist Association were randomly assigned to the 4 introduction-approach combinations. In both studies, the counselor was rated as more credible and approachable when employing the directive counseling approach than when using the nondirective counseling approach. Evidence was found that Asian American university students see Asian American counselors as more credible and approachable than Caucasian American counselors, while the association members viewed them as equally credible and approachable.

Atkinson, D., Poston, W., Carlos, F. M., & Mercado, P. (1989). **Ethnic group preferences for counselor characteristics.** Journal of Counseling Psychology, 36, 68-72. (Also client characteristics and provider competence)

Durvasula, R. S., & Mylvaganam, G. A. (1994). **Mental health of Asian Indians: Relevant issues and community implications.** Journal of Community Psychology, 22, 97-108. (Also treatment modalities and mental health structure) ³

Examines how the unique aspects of Asian Indian culture may differentially impinge on mental health issues such as acculturation, rates of psychopathology, and manifestation of psychiatric symptoms. The ramifications of these factors for the construction of community mental health models for these groups are also addressed. Therapy with Asian Indians should be geared toward achieving a balance between the individualistic demands of Western culture and the interdependence of the Asian Indian family.

Flaskerud, J. H. (1982). **Community mental health nursing: Its unique role in the delivery of services to ethnic minorities.** Perspectives in Psychiatric Care, 20 (1), 37-43. (Also utilization and provider competence)

Flaskerud, J. (1986b). **The effects of cultural-compatible intervention on the utilization of mental health services by minority clients.** Community Mental Health Journal, 22 (2), 127-141. (Also client characteristics, utilization, and mental health structure)

Flaskerud, J. H. (1990). Matching client and therapist ethnicity, language and gender: A review of research. Issues in Mental Health Nursing, 11, 321-336. (Also client characteristics and utilization)

* Flaskerud, J.H., & Hu, L. (1994). Participation in and outcome of treatment for major depression among low income Asian Americans. Psychiatry Research, 53, 289-300. (Also client characteristics and treatment modalities)

Flaskerud, J., & Liu, P. Y. (1990). Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients. The International Journal of Social Psychiatry, 36, 18-29. (Also client characteristics, utilization, and provider competence)

Flaskerud, J., & Liu, P. Y. (1991). Effects of an Asian client-therapist language, ethnicity, and gender match on client outcomes. Community Mental Health Journal, 27, 31-42. (Also client characteristics, utilization, and provider competence)

* 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. Journal of Community Psychology, 22, 164-176. (Also client characteristics and mental health structure)

Gim, R. H., Atkinson, D. R., & Kim, S. J. (1991). Asian-American acculturation, counselor ethnicity and cultural sensitivity, and ratings of counselors. Journal of Counseling Psychology, 38 (1), 57-62. (Also client characteristics and provider competence)

Gong-Guy, E. (1987). California Southeast Asian mental health needs assessment. Oakland, California: Asian Community Mental Health Services. (Also client characteristics, utilization, provider competence, assessment, treatment modalities, mental health structure, and training & development)

Henkin, W. A. (1985). Toward counseling the Japanese in America: A cross-cultural primer. Journal of Counseling & Development, 63 (8), 500-503. (Also client characteristics, provider competence, assessment, treatment modalities, and mental health structure)

Huang, K. (1991). Chinese Americans. In N Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 79-96). New York: Greenwood Press. (Also provider competence, mental health structure, and client characteristics)

Leong, F. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. Journal of Counseling Psychology, 33, 196-206. (Also provider competence, assessment, treatment modalities, and client characteristics)

* Lin, K. M. (1990). Assessment and diagnostic issues in the psychiatric care of refugee patients. In W. Holtzman & T. Bornemann (Eds.), Mental health of immigrants and refugees (pp. 198-206). Austin, Texas: Hogg Foundation for Mental Health. (Also assessment)⁴

The issues relevant to the evaluation of refugee patients are highlighted and briefly discussed. These include, conceptual issues (cultural sensitivity vs. stereotyping, commonalities of the refugee experiences), assessment issues (the establishment of rapport), and diagnostic issues

(depression and somatization, post-traumatic stress disorder, reactive psychoses, paranoid tendency and paranoid psychosis, hysterical conversion, dissociation, and catatonic symptoms).

Lo, H. T., & Lee, R. (1993). Community mental health--The Hong Fook model. In R. Masi, L. L. Mensah, & K. A. McLeod (Eds.), Health and cultures: Programs, services and care: Vol. 2 (pp. 169-185). Oakville, ON, Canada: Mosaic Press. (Also provider competence, mental health structure, assessment, treatment modalities, and training & development) ⁴

Present a detailed description of a particular community mental health service delivery model (the Hong Fook model) in practice. It has evolved in Metropolitan Toronto, Canada, over the past decade to address the mental health needs of the Chinese and Southeast Asian populations. Discusses the development of Hong Fook model including problems in service delivery, community resources, establishment of the Hong Fook Mental Health Association, operation of the Model (individual casework, group programs, community education, professional development, interagency linkages, collaboration and advocacy), and characteristics of the Model.

Mokuau, N. (1987). Social workers' perceptions of counseling effectiveness for Asian American clients. Social Work, 32, 331-335. (Also client characteristics, utilization, provider competence, and treatment modalities)

Ong A. (1995). Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California. Social Science and Medicine, 40 (9), 1243-57. (Also client characteristics, provider competence, and mental health structure)

Russell, G. L., Fujino, D., Sue, S., Cheung, M., & Snowden, L. (1996). The effects of therapist-client ethnic match in the assessment of mental health functioning. Journal of Cross-Cultural Psychology, 27, 598-615. (Also assessment) ³

Examined the relationship between therapist-client ethnic match and the therapists' evaluations of overall client functioning based on the Global Assessment Scale. The sample consisted of 2,436 African-, 1,522 Asian-, 2,337 Mexican-, and 2,832 White American outpatients (aged 18 yrs. and older) in the Los Angeles County mental health system, 1985-1988. Findings indicate that ethnically matched therapists judged Subjects to have higher mental health functioning than did mismatched therapists. After controlling for other variables (e.g., age, gender, marital status, and referral source), this effect persisted for African- and Asian-American Subjects. For both groups, ethnic match significantly predicted ratings of higher client functioning when combining all diagnoses. Within diagnostic category, ethnic match significantly predicted ratings of higher client functioning for African-, Asian-, and Mexican-American clients to varying degrees.

Sue, S. (1991). Ethnicity and culture in psychological research and practice. In J. D. Goodchilds (Ed.), Psychological perspectives on human diversity in America. The Master lectures (pp. 51-85). Washington, DC: American Psychological Association. (Also provider competence, assessment, treatment modalities, client characteristics, and utilization)

Sue, S. (1995). The implications of diversity for scientific standards of practice. In S.C. Hayes, V. M. Follette, R.M. Dawes, & K.E. Grady (Eds.), Scientific standards of psychological practice: Issues and recommendations (pp. 265-279). Reno, NV: Content Press. (Also provider competence, mental health structure, and utilization)

Sue, S., Chun, C., & Gee, K. (1995). Ethnic minority intervention and treatment research. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp. 266-282). Boston: Allyn and Bacon. (Also provider competence, mental health structure, treatment modalities, client characteristics, and utilization)

* Sue, S., Fujino, D., Hu, L. T., Takeuchi, D., & Zane, N. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. Journal of Consulting and Clinical Psychology, 59 (4), 533-540. (Also client characteristics, utilization, and mental health structure)

Takeuchi, D.T., & Uehara, E. (1996). Ethnic minority mental health services: Current research and future conceptual directions. In B. L. Levin and J. Petrila (Eds.), Mental health services: A public health perspective. New York: Oxford Press. (Also provider competence, mental health structure, client characteristics, and utilization)

Yeh, M., Eastman, K., & Cheung, M.K. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter? Special Issue: Asian-American mental health. Journal of Community Psychology, 22, 153-163. (Also provider competence and utilization)

Ying, Y. W., & Hu, L. T. (1994). Public outpatient mental health services: use and outcome among Asian Americans. American Journal of Orthopsychiatry, 64 (3), 448-55. (Also utilization)

Zane, N., Enomoto, K., & Chun, C. (1994). Treatment outcomes of Asian- and White-American clients in outpatient therapy. Journal of Community Psychology, 22, 177-191. (Also provider competence, assessment, treatment modalities, client characteristics, and utilization)

D. Provider Competence

Abe-Kim, J., & Takeuchi, D. (1996). Cultural competence and quality of care: Issues for mental health service delivery in managed care. Clinical Psychology: Science and Practice, 3 (4), 273-295. (Also mental health structure and assessment)

Aponte, J. F., Morrow, C. A. (1995). Community approaches with ethnic groups. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp.128-144). Boston: Allyn & Bacon. (Also mental health structure, provider characteristics, treatment modalities, and client characteristics)

Atkinson, D. R., Jennings, R. G., & Liongson, L. (1990). Minority students' reasons for not seeking counseling and suggestions for improving services. Journal of College Student Development, 31, 342-350. (Also client characteristics and utilization)

Atkinson, D., Poston, W., Carlos, F. M., & Mercado, P. (1989). Ethnic group preferences for counselor characteristics. Journal of Counseling Psychology, 36, 68-72. (Also client characteristics and provider characteristics)

* Brower, I. C. (1980). Counseling Vietnamese. Personnel & Guidance Journal, 58 (10), 646-652. (Also client characteristics)

Caknipe, J. (1987). More on counseling Japanese-Americans. Journal of Counseling & Development, 65 (6), 332. (Also client characteristics)

Cheung, F. K. (1991). The use of mental health services by ethnic minorities. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia, (Eds.), Ethnic minority perspectives on clinical training and services in psychology (pp. 23- 31). Washington, DC: American Psychological Association. (Also assessment, mental health structure, and training) ⁴

Provides an in-depth review and discussion of the available literature on the use of mental health services by ethnic minority populations. Barriers to service utilization including institutional or structural barriers, cultural barriers, language barriers, economic barriers are reviewed. Recommendations for education, service delivery, research, and training are discussed.

Chin, J. L. (1990). Training to meet the needs of Asian-American children, youth, and families. In P. R. Magrab & P. Wohlford (Eds.), Improving psychological services for children and adolescents with severe mental disorders: Clinical training in psychology (pp. 173-176). Washington, DC: American Psychological Association. (Also training and development) ⁴

Most university training programs do not offer specialty training with child clinical or ethnic minority populations. In training to meet the psychological service needs of Asian-American children and families, several questions need to be examined: What kind of training settings facilitate learning about the needs of Asian-American populations? What kind of academic curricula are needed to train culturally sensitive psychologists? What kind of skills are needed to provide culturally relevant services?

Damron-Rodriguez, J., Wallace, S., & Kington, R. (1994). Service utilization and minority elderly: Appropriateness, accessibility and acceptability. Special Issue: Cultural diversity and geriatric care: Challenges to the health professions. Gerontology & Geriatrics Education, 15 (1), 45-63. (Also client characteristics and mental health structure)

Flaskerud, J. H. (1982). Community mental health nursing: Its unique role in the delivery of services to ethnic minorities. Perspectives in Psychiatric Care, 20 (1), 37-43. (Also utilization and provider characteristics)

Flaskerud, J., & Liu, P. Y. (1990). Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients. The International Journal of Social Psychiatry, 36, 18-29. (Also client characteristics, utilization, and provider characteristics)

* Flaskerud, J., & Liu, P. Y. (1991). Effects of an Asian client-therapist language, ethnicity, and gender match on client outcomes. Community Mental Health Journal, 27, 31-42. (Also client characteristics, utilization, and provider characteristics)

Flaskerud, J. H., & Soldevilla, E. Q. (1986). **Philipino and Vietnamese clients: Utilizing an Asian mental health center.** Journal of Psychosocial Nursing & Mental Health Services, 24 (8), 32-36. (Also client characteristics and treatment modalities)

Ganesan, S., Fine, S., & Lin, T. (1989). **Psychiatric symptoms in refugee families from Southeast Asia: Therapeutic challenges.** American Journal of Psychotherapy, 43 (2), 218-228. (Also client characteristics)

Gim, R. H., Atkinson, D. R., & Kim, S. J. (1991). **Asian-American acculturation, counselor ethnicity and cultural sensitivity, and ratings of counselors.** Journal of Counseling Psychology, 38 (1), 57-62. (Also client characteristics and provider characteristics)

Gold award: Mental health treatment that transcends cultural barriers: Indochinese Psychiatric Clinic, Oregon Health Sciences University, Portland. (1986). Hospital & Community Psychiatry, 37 (11), 1144-1147. (Also client characteristics and assessment)

Gong-Guy, E. (1987). **California Southeast Asian mental health needs assessment.** Oakland, California: Asian Community Mental Health Services. (Also client characteristics, utilization, provider characteristics, assessment, treatment modalities, mental health structure, and training & development)

Gottesfeld, H. (1995). **Community context and the underutilization of mental health services by minority patients.** Psychological Reports, 76 (1), 207-210. (Also utilization)

*** Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. (1993).** American Psychologist, 48 (1), 45-48. ³

Presents guidelines formulated by the American Psychological Association to provide psychological service providers with the requisite skills for multicultural assessment and intervention and to assist them in understanding the role that culture and ethnicity/race play in the sociopsychological and economic development of culturally diverse populations. The guidelines are intended to enlighten all areas of service delivery, not simply clinical or counseling endeavors.

Henkin, W. A. (1985). **Toward counseling the Japanese in America: A cross-cultural primer.** Journal of Counseling & Development, 63 (8), 500-503. (Also client characteristics, provider characteristics, assessment, treatment modalities, and mental health structure)

Higginbotham, N. (1987). **The culture accommodation of mental health services for Native Hawaiians.** In A. B. Robillard & A. J. Marsella (Eds.), Contemporary issues in mental health research in the Pacific Islands (pp. 94-126). Honolulu, HI: University of Hawaii Press. (Also mental health structure) ⁴

Reports initial observations regarding the availability for Native Hawaiians of culturally sensitive mental health care within Hawaii's formal service agencies. Research objectives were to determine the extent of which mental health institutions provide care continuous with culturally patterned health behavior and culturally determined expectations of healing that clients bring with them to therapy.

Ho, M. K. (1976). Social work with Asian Americans. Social Casework, 57 (3), 195-201. (Also client characteristics and treatment modalities)

Ho, M. K. (1984). Social group work with Asian/Pacific-Americans. Ethnicity in Group Work Practice, 7, 49-61. (Also client characteristics)

Huang, K. (1991). Chinese Americans. In N Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 79-96). New York: Greenwood Press. (Also mental health structure, provider characteristics, and client characteristics)

Huang, L. N. (1989). Southeast Asian refugee children and adolescents. In J. T. Gibbs, L. N. Huang, & Associates (Eds.), Children of color: Psychological interventions with minority children (pp. 278-321). San Francisco: Jossey-Bass. (Also client characteristics)

Huang, L. N. & Ying, Y. W. (1989). Chinese American children and adolescents. In J. T. Gibbs, L. N. Huang, & Associates (Eds.), Children of color: Psychological interventions with minority children (pp. 30-66). San Francisco: Jossey-Bass. (Also client characteristics and mental health structure)

Ishisaka, H., Nguyen, Q., & Okimoto, J. (1985). The role of culture in the mental health treatment of Indochinese refugees. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 41-63). Washington, DC: U.S. Department of Health and Human Services. (Also assessment and treatment modalities) ⁵

The chapter notes that despite the increasing recognition of the vital role played by culture in both the manifestation of behavioral dysfunction and its treatment, the use of cultural knowledge in clinical work continues to be problematic. Mental health services have moved from an era of disregard for cultural variables to a time of excessive reliance on simple models of cultural determinism. The clinical approaches addressed here relies on a thorough assessment that seeks to identify the relative contribution of traditional culture to client functioning. Among the Indochinese clients, a practice approach such as normalization has been found to be useful with the majority of clients because of widespread unfamiliarity with the use of American mental health services. It should be emphasized that these approaches must be individualized in their use in any given case and should not be viewed as applying across the board.

Kim, S. C. (1981). The utilization of cultural variables in the training of clinical-community psychologists. Journal of Community Psychology, 9, 298-300. (Also treatment modalities and training and development) ³

Discusses the integration of multicultural factors in training clinical-community psychologists at the National Asian American Psychology Training Center in San Francisco. The Center stresses (1) knowledge of the culture, (2) experience with the cultural group, and (3) the ability to use intervention tactics that are culturally consistent.

*** Kim, Y. J., Snyder, B. O., Lai-Bitker, A. Y. (1996). Culturally responsive psychiatric case management with Southeast Asians. In P. Manoleas (Ed.), The cross-cultural practice of clinical case management in mental health. Haworth social work practice (pp. 145-168). New York, Haworth Press. (Also mental health structure, assessment, and treatment modalities) ⁴**

Working with Southeast Asian refugee groups poses a special challenge to service providers. The Southeast Asian refugee groups present not only migration stresses common among an immigrant

population, but also unprecedented trauma that compounds adjustment and the recovery process. It attempts to help professions to better understand these groups and (suggests) some intervention strategies. Asian Community Mental Health Services (ACMHS) is a multi-service outpatient program located in Oakland, California, which serves the diverse Asian-American population of the East Bay area. The authors discuss culturally responsive service delivery strategies derived from their experiences at ACMHS and supported by literature on this subject. Issues related to lack of service availability, service delivery strategies for the refugee population, case management issues, cultural appreciation and assessment of service needs, components of culturally competent assessment, dependence vs empowerment, trust-building, culture-syntonic treatment intervention, and advocacy are discussed.

Kim-Goh, M. (1993). Conceptualization of mental illness among Korean-American clergymen and implications for mental health service delivery. Community Mental Health Journal, 29 (5), 405-412. (Also client characteristics)

Kinzie, J. D. (1985a). Cultural aspects of psychiatric treatment with Indochinese refugees. 137th Annual Meeting of the American Psychiatric Association (1984, Los Angeles, California). American Journal of Social Psychiatry, 5 (1), 47-53. (Also client characteristics, utilization and treatment modalities)

Kinzie, J.D. (1985b). Overview of clinical issues in the treatment of Southeast Asian refugees. In T. C. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 113-136). Washington, DC: US Government Printing Office. (Also client characteristics, assessment, and mental health structure)

*** Kleinman, A. (1988). Rethinking psychiatry: From cultural category to personal experience. New York: Free Press. (Also assessment and mental health structure) ⁴**

Building on the premise that pathology stems from interaction between the patient's psychobiology and his or her social world, Kleinman argues that a full, accurate diagnosis of a disorder and its consequent treatment requires a complete understanding of patients' experiences of distress in different life settings, their beliefs about their conditions, and the practitioner's critical self-reflection on his professional categories and cultural biases. The book draws on international epidemiological and medical anthropological research to compare and contrast the prevalence, nature, and treatments of various mental disorders among the world's cultures. It examines Chinese, Japanese, Indian, African, Hispanic American, and other cultures to explore psychiatry's central assumptions and paradigms of practice, as well as the institutions, roles, and systems of training involved. Providing a substantial reevaluation of the social ramifications of mental illness and psychiatric care, the author offers an effective program integrating medicine and social science which can be used for educating health care professionals at all levels, for practicing psychiatrists, and for those working with special cases such as refugees and members of ethnic minorities, to increase awareness of individual patient needs and provide culturally appropriate care.

Kuo, C. L., & Kavanagh, K. H. (1994). Chinese perspectives on culture and mental health. Issues in Mental Health Nursing, 15 (6), 551-67. (Also client characteristics)

Lee, E. (1985). Inpatient psychiatric services for Southeast Asian refugees. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 307-327). Washington, DC: U.S. Department of Health and Human Services. (Also mental health structure) ⁵

The Southeast Asian projects offering bilingual, bicultural services has been developed through demonstration project funding from the Department of Health and Human Services, Office of Refugee Health, Social Security Administration. These projects were aimed almost exclusively at outpatient services, with little or no attention directed to the critical need for inpatient services for Southeast Asian refugees, especially those with severe psychiatric illness. This chapter illuminates the importance of integrating inpatient services into the overall mental health services delivery that is targeted to the Southeast Asian refugees. It identifies lack of funding and appropriately trained, bilingual professionals as the main reasons for the difficulty in linking of the mental health providers to the refugees. In addition, the author discusses the stigma attached to mental illness and psychological problems as an additional barrier.

Lee, E., & Lu, F. (1989). Assessment and treatment of Asian-American survivors of mass violence. Journal of Traumatic Stress, 2, 93-120. (Also client characteristics, assessment, treatment modalities, mental health structure, and training and development)

Leong, F. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. Journal of Counseling Psychology, 33, 196-206. (Also assessment, provider characteristics, treatment modalities, and client characteristics)

Leung P. K., Faulkner, L. R., McFarland, B. H., & Riley, C. (1993). Indochinese patients in the civil commitment process. Bulletin of the American Academy of Psychiatry and the Law, 21 (1), 81-9. (Also mental health structure) ¹

This paper examines in detail the involvement of a group of Indochinese patients in the Oregon Civil Commitment process in the calendar years of 1985 and 1986. The authors found that there was no apparent difference in the rate of commitment as contrasted to the overall commitment rate of the general population. The results also indicated that there was heavy reliance on the Indochinese Psychiatric Program and staff to divert the involuntary Indochinese patients out of the commitment process. Furthermore, comparing the involuntary Indochinese patients to a randomly selected cohort of Indochinese patients hospitalized in the same period revealed no differences in demographic data, diagnosis, and treatment history except that the involuntary group was significantly younger and predominantly male. Finally, the follow-up study of the two cohorts showed high rates of hospitalization, noncompliance, and treatment drop-out.

Lin, K.M., Demonteverde, L., & Nuccio, I. (1990). Religion, healing, and mental health among Filipino Americans. International Journal of Mental Health, 19 (3),40-44. (Also assessment) ³

Describes the Santo Nino healing method followed by many Filipinos and Filipino-Americans, in which prayer sessions are held to worship the baby Jesus. These sessions are led by a healer who goes into a trance and then behaves like a baby. The cases of a 21-yr-old Filipina woman who became disturbed after breaking up with her boyfriend and of a 28-yr-old Filipina woman with cancer, both of whom attended Santo Nino healing sessions, are described. In the latter case, the healer consistently advocated a theory of synergism between religious healing and modern medicine. The need for Western medical professionals to acknowledge indigenous health beliefs is emphasized.

Lin, T. J., & Lin, M. C. (1978). Service delivery issues in Asian-North American communities. American Journal of Psychiatry, 135, 454-456. (Also client characteristics and mental health structure)

Li-Repac, D. (1980). Cultural influences on clinical perception: A comparison between Caucasian and Chinese-American therapists. Journal of Cross-Cultural Psychology, 11, 327-342. (Also assessment)³

Compared 5 White and 5 Chinese-American therapists on their conceptions of normality, empathic ability, and perceptions of the same Chinese and White clients seen on a videotaped interview. Results show that (1) the 2 therapist groups basically agreed in their conceptions of normality; (2) White Subjects were more accurate in predicting self-descriptive responses of White than of Chinese clients; and (3) there were significant differences between ratings of the same clients given by White and Chinese-American Subjects. Ratings given by the 2 groups of therapists were compared on 6 rational clusters. Chinese clients were rated higher on a Depression/Inhibition cluster and lower on a Social Poise/Interpersonal Capacity cluster by White Subjects than by Chinese-American Subjects. Chinese-American Subjects judged the White clients to be more severely disturbed than did the White Subjects. Differences are interpreted as reflections of therapists' biases as well as their own world view.

Lo, H. T., & Lee, R. (1993). Community mental health--The Hong Fook model. In R. Masi, L. L. Mensah, & K. A. McLeod (Eds.), Health and cultures: Programs, services and care: Vol. 2 (pp. 169-185). Oakville, ON, Canada: Mosaic Press. (Also mental health structure, assessment, provider characteristics, treatment modalities, and training & development)

Lorenzo, M. K., & Adler, D. A. (1984). Mental health services for Chinese in a community health center. Social Casework, 65, 600-609. (Also client characteristics)

Mason, J. L., Benjamin, M. P., & Lewis, S. A. (1996). The cultural competence model: Implications for child and family mental health services. In C. A. Heflinger & C. T. Nixon (Eds.), Families and the mental health system for children and adolescents: Policy, services, and research Children's mental health services: Vol. 2 (pp. 165-190) Thousand Oaks, CA: Sage Publications. (Also client characteristics and mental health structure)

Matsuoka, J. (1991). Vietnamese Americans. In N. Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 117-130). New York: Greenwood Press. (Also treatment modalities and client characteristics)

Mokuau, N. (1987). Social workers' perceptions of counseling effectiveness for Asian American clients. Social Work, 32, 331-335. (Also client characteristics, utilization, provider characteristics, and treatment modalities)

Mokuau, N., & Chang, N. (1991). Samoans. In N. Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 151-169). New York: Greenwood Press. (Also treatment modalities and client characteristics)

Mollica, R. F. (1989). Developing effective mental health policies and services for traumatized refugee patients. In D. R. Koslow & E. P. Salet (Eds.), Crossing cultures in mental health (pp. 101-115). Washington, DC: SIETAR International. (Also client characteristics, assessment, treatment modalities and mental health structure)

Ong A. (1995). Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California. Social Science and Medicine, 40 (9), 1243-57. (Also client characteristics, provider characteristics, and mental health structure)

Penn, N. E., Kar, S., Kramer, J., Skinner, J., & Zambrana, R. E. (1995). Ethnic minorities, health care systems, and behavior. Health Psychology, 14 (7), 641-6. (Also client characteristics, assessment, treatment modalities, and mental health structure)

Phillips, J. N. (1994). Future management opportunities for minorities in managed care. Journal of Health Care for the Poor and Underserved, 5 (3), 247-51. (Also mental health structure and training and development)¹

Current proposals for health care reform emphasize managed care in an effort to achieve universal coverage and access to health care for all Americans. One of the many strategies to achieve this goal is to create a new health care workforce by supporting the recruitment and education of health professionals from population groups underrepresented in health care. To help insure that the managed care industry will be adequately prepared to face the challenges of reform, the Group Health Foundation of the Group Health Association of America, Inc., has crafted an innovative Minority Training Program--a management training program in the field of managed care. The program involves resident fellows who will train in select health maintenance organizations (HMOs) in the Washington, DC/Baltimore metropolitan area. To augment training, the fellows will simultaneously participate in a comprehensive didactic program especially designed to prepare each fellow for a first or middle-management position in an HMO or a similar managed care organization. Following successful completion of the first years in Washington, DC, the program will be broadened to other geographical areas.

Roberts, N, & Cawthorpe, D. (1995). Immigrant child and adolescent psychiatric referrals: a five-year retrospective study of Asian and Caucasian families. Canadian Journal of Psychiatry, 40 (5), 252-6. (Also client characteristics and assessment)

Robillard, A. B., & Marsella, Anthony J., (Eds.). (1987). Contemporary issues in mental health research in the Pacific Islands. Honolulu, HI: University of Hawaii Press. (Also client characteristics and mental health structure)

*** Root, M. (1989). Guidelines for facilitating therapy with Asian American clients. In D. Atkinson, G. Morten, & D. Sue (Eds.), Counseling American minorities: A cross-cultural perspective (pp. 116-128). Dubuque, Iowa: William C. Brown. (Also utilization and mental health structure)**

Root, M. P., Ho, C., & Sue, S. (1986). Issues in the training of counselors for Asian Americans. In H. Letley & P. Pedersen (Eds.), Cross-cultural training for mental health professionals (pp. 199-209). Springfield, Illinois: Charles Thomas. (Also training and development) ⁴

This chapter is dedicated to an overview of the Asian-American needs and the steps that can be taken in the training of counselors to work with Asian Americans. It tries to indicate the inadequacies of the mental health system in the provision of services for Asian American-Pacific Americans.

Sue, D., & Sue, D. W. (1991). Counseling strategies for Chinese Americans. In C. Lee & B. Richardson (Eds.), Multicultural Issues in Counseling: New Approaches to Diversity (pp. 79-87). Alexandria, Virginia: American Association for Counseling and Development. (Also client characteristics and assessment)

Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. American Psychologist, *32*, 616-624. (Also client characteristics, utilization, and mental health structure)

Sue, S. (1991). Ethnicity and culture in psychological research and practice. In J. D. Goodchilds (Ed.), Psychological perspectives on human diversity in America. The Master lectures (pp. 51-85). Washington, DC: American Psychological Association. (Also assessment, provider characteristics, treatment modalities, client characteristics, and utilization)

Sue, S. (1994). Mental health. In N. Zane, D.T. Takeuchi, & K. Young (Eds.), Confronting critical health issues of Asian and Pacific Islander Americans (pp. 266-288). Newbury Park, CA: Sage. (Also treatment modalities, client characteristics, training & development, and utilization)

Sue, S. (1995). The implications of diversity for scientific standards of practice. In S.C. Hayes, V. M. Follette, R.M. Dawes, & K.E. Grady (Eds.), Scientific standards of psychological practice: Issues and recommendations (pp. 265-279). Reno, NV: Content Press. (Also mental health structure, provider characteristics, and utilization)

Sue, S., Akutsu, P., & Higashi, C. (1985). Training issues in conducting therapy with ethnic minority group clients. In P. Pedersen (Ed.), Handbook for cross-cultural counseling and therapy (pp. 275-280). Westport, CT: Greenwood Press. (Also training & development) ⁴

The purpose of this chapter is to offer some suggestions on how to train individuals, especially non-minorities, to work with ethnic-minority groups. Knowledge of culture and status, actual experience, and innovative strategies are recommended.

Sue, S., Chun, C., & Gee, K. (1995). Ethnic minority intervention and treatment research. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp. 266-282). Boston: Allyn and Bacon. (Also mental health structure, provider characteristics, treatment modalities, client characteristics, and utilization)

*** Takeuchi, D. T., Sue, S., & Yeh, M. (1995). Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles. American Journal of Public Health, *85* (5), 638-43. (Also client characteristics and mental health structure)**

Takeuchi, D.T., & Uehara, E. (1996). Ethnic minority mental health services: Current research and future conceptual directions. In B. L. Levin and J. Petrila (Eds.), Mental health services: A public health perspective. New York: Oxford Press. (Also mental health structure, provider characteristics, client characteristics, and utilization)

True, R. H., & Guillermo, T. (1996). Asian/Pacific Islander American women. In M. Bayne-Smith (Ed.), Race, gender, and health (pp. 94-120), (Vol. 15). Thousand Oaks: Sage Publications, Inc. (Also client characteristics and mental health structure)

Tung, T. M. (1985). Psychiatric care for Southeast Asians: How different is different? In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 5-40). Washington, D.C.: U.S. Department of Health and Human Services. (Also client characteristics and training and development)

* 1992). Cultural barriers to American health care among Southeast Asian refugees. Public Health Reports, 107 (5), 544-548. (Also client characteristics and mental health structure)

Uba, L. (1994). Asian Americans: Personality patterns, identity, and mental health. New York, NY: Guilford Press. (Also client characteristics, utilization, assessment, and treatment modalities)

Westermeyer, J. (1987). Prevention of mental disorder among Hmong refugees in the United States. Social Science and Medicine, 25 (8), 941-947. (Also mental health structure) 3

Addresses the mental health effects of policies, procedures, and programs designed for refugees and evaluates the role of the US government in matters of refugee relocation and readjustment within its borders. Much of the actual implementation of policy and procedures is left to state governments and the mental health of refugees has been neglected or made worse by some state-initiated programs. Data on the Hmong refugees in the US are used to illustrate these policies. Federal policy limiting the number of persons in a migrating family, scattering refugees throughout the US, shifting responsibility from federal to state governments in 18-36 mo, and neglecting health and nutrition problems has affected refugees' mental health. Secondary and tertiary prevention for mentally disabled refugees is discussed. Williams, C. L. (1985). The Southeast Asian refugee and community mental

of Community Psychology, 13 (3), 258-269. (Also client characteristics, mental health structure, and training & development)

Yeh, M., Eastman, K., & Cheung, M.K. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter? Special Issue: Asian-American mental health. Journal of Community Psychology, 22, 153-163. (Also provider characteristics and utilization)

Yeh, M., Takeuchi, D.T., & Sue, S. (1994). Asian American children in the mental health system: A comparison of parallel and mainstream outpatient service centers. Journal of Clinical Child Psychology, 23, 5-12. (Also utilization and mental health structure)

Zane, N., Enomoto, K., & Chun, C. (1994). Treatment outcomes of Asian- and White-American clients in outpatient therapy. Journal of Community Psychology, *22*, 177-191. (Also assessment, provider characteristics, treatment modalities, client characteristics, and utilization)

Zane, N., Sue, S. (1991). Culturally responsive mental health services for Asian Americans: Treatment and training issues. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia (Eds.), Ethnic minority perspectives on clinical training and services in psychology (pp. 49-58). Washington, DC: American Psychological Association. (Also treatment modalities and training & development) ⁴

In an effort to articulate specific training strategies that would enhance mental health care for Asian Americans, we will (a) review the mental health research on Asian Americans for the purpose of extracting useful implications for training, (b) identify important methodological and conceptual problems of clinical research that have impeded the development of effective training strategies, and (c) propose certain training approaches that may effectively prepare practitioners for their work with Asian Americans.

E. Assessment

Abe-Kim, J., & Takeuchi, D. (1996). Cultural competence and quality of care: Issues for mental health service delivery in managed care. Clinical Psychology: Science and Practice, *3* (4), 273-295. (Also provider competence and mental health structure)

Cheung, F. K. (1991). The use of mental health services by ethnic minorities. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia, (Eds.), Ethnic minority perspectives on clinical training and services in psychology (pp. 23- 31). Washington, DC: American Psychological Association. (Also provider competence, mental health structure, and training)

Cheung, F. K., & Snowden, L. R. (1990). Community mental health and ethnic minority populations. Community Mental Health Journal, *26* (3), 277-291. (Also utilization and mental health structure)

Chin, J. L. (1983). Diagnostic considerations in working with Asian-Americans. American Journal of Orthopsychiatry, *53*, 100-109. (Also client characteristics)

Flaskerud, J. (1986a). Diagnostic and treatment differences among five ethnic groups. Psychological Reports, *58*, 219-235. (Also client characteristics, utilization, and treatment modalities)

Flaskerud J. H., & Hu, L.T. (1992a). Racial/ethnic identity and amount and type of psychiatric treatment. American Journal of Psychiatry, *149* (3), 379-84. (Also client characteristics and mental health structure)

Flaskerud, J., & Hu, L. (1992b). Relationship of ethnicity to psychiatric diagnosis. Journal of Nervous and Mental Disease, *180* (5), 296-303. ³

Examined the relationship of ethnic identity to psychiatric diagnosis in 26,400 adult White, Black, Latino, and Asian clients of a county mental health system. Covariates included in the analysis

were age, gender, socioeconomic status (SES), and primary language. Black and Asian clients had a greater proportion of psychotic diagnoses than Whites, and Latinos a lesser proportion than Whites. None of the covariates included in the analysis had a consistent relationship to diagnosis. Whites and Asians received more diagnoses of major affective disorders than Blacks or Latinos; Blacks and Asians received more diagnoses of schizophrenia and other psychoses than Whites, and Latinos received fewer of these diagnoses than Whites. Substance abuse was lower for Asians than for the other 3 groups.

Gold award: Mental health treatment that transcends cultural barriers: Indochinese Psychiatric Clinic, Oregon Health Sciences University, Portland. (1986). Hospital & Community Psychiatry, 37 (11), 1144-1147. (Also client characteristics and provider competence)

Gong-Guy, E. (1987). California Southeast Asian mental health needs assessment. Oakland, California: Asian Community Mental Health Services. (Also client characteristics, utilization, provider characteristics, provider competence, treatment modalities, mental health structure, and training & development)

Henkin, W. A. (1985). Toward counseling the Japanese in America: A cross-cultural primer. Journal of Counseling & Development, 63 (8), 500-503. (Also client characteristics, provider characteristics, provider competence, treatment modalities, and mental health structure)

*** Ishisaka, H., Nguyen, Q., & Okimoto, J. (1985). The role of culture in the mental health treatment of Indochinese refugees. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 41-63). Washington, DC: U.S. Department of Health and Human Services. (Also provider competence and treatment modalities)**

*** Kagawa-Singer, M., & Chung, R. (1994). A paradigm for culturally based care in ethnic minority populations. Journal of Community Psychology, 22, 192-208. (Also treatment modalities)³**

Examines fundamental sources of variation in cultural beliefs that affect individual mental health. A model is proposed of why culture makes a difference in how problems are perceived and appropriate responses defined. Humans have 3 basic needs: safety and security, integrity, and a sense of belonging. Each culture uniquely frames each of these needs and prescribes the sanctioned means to achieve them. In the struggle to define culturally competent or culturally based care, this fundamental aspect is often overlooked. Instead, the Western worldview, structure, and definitions are used as the template to assess dysfunction, diagnose a disorder, and prescribe appropriate care. The theoretical underpinnings of indigenous concepts of self and symbolic interactionism are integrated to clarify these cultural misconceptions and to construct a paradigm for providing effective and acceptable mental health care.

Kim L. S., & Chun, C. A. (1993). Ethnic differences in psychiatric diagnosis among Asian American adolescents. Journal of Nervous and Mental Disease, 181 (10), 612-7. (Also client characteristics and treatment modalities)

Kim, Y. J., Snyder, B. O., Lai-Bitker, A. Y. (1996). Culturally responsive psychiatric case management with Southeast Asians. In P. Manoleas (Ed.), The cross-cultural practice of clinical case management in ental health. Haworth social work practice (pp. 145-168). New York, Haworth Press. (Also provider competence, mental health structure, and treatment modalities)

Kim-Goh, M., Suh, C., Blake, D. D., & Hiley-Young, B. (1995). Psychological impact of the Los Angeles riots on Korean-American victims: Implications for treatment. American Journal of Orthopsychiatry, **65**, 138-146. (Also treatment modalities) ³

Investigated the psychological impact of the 1992 Los Angeles riots on 202 Korean-American victims who sustained financial loss or physical injury. Subjects completed a questionnaire assessing demographic data, and 2 self-report measures of psychological distress, the SCL-90 (Revised) and the PTSD Symptom Checklist-Civilian Version. Results indicate that the majority of the Subjects underwent severe distress and experienced symptoms of posttraumatic stress disorder (PTSD). Additionally, older Subjects evidenced more severe psychological reactions than did younger Subjects. Related research on trauma survivors is reviewed. Treatment implications include empowering victims by helping them regain a sense of control over their lives and restoring a sense of trust among riot victims.

Kinzie, J.D. (1985b). Overview of clinical issues in the treatment of Southeast Asian refugees. In T. C. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 113-136). Washington, DC: US Government Printing Office. (Also client characteristics, provider competence, and mental heal structure)

Kleinman, A. (1988). Rethinking psychiatry: From cultural category to personal experience. New York: Free Press. (Also provider competence and mental health structure)

Lee, E. (1990). Family therapy with Southeast Asian families. In M.P. Mirkin (Ed.), The social and political contexts of family therapy. (pp.331-354). Needham Heights, MA: Allyn and Bacon. (Also treatment modalities) ⁵

The purpose of this chapter is to identify special cultural and environmental issues relevant to the experience of Southeast Asian families. A model for diagnostic assessment and treatment is recommended. This chapter is divided into two parts. The first part explores the impact of war, family interactional patterns, and the effects of cultural transirion on the Southeast Asian family system. The second part attempts to translate our understanding of the refugee experiences into effective clinical strategies.

Lee, E. (1996) . Asian American families - An overview. In M. McGoldrick & J. Giordano (Eds.), Ethnicity and family therapy (2nd ed.), (pp.227-248). New York: Guilford Press. (Also training and development) ⁵

The aim of this chapter is to present a conceptual framework in assessing and treating Asian American families - with special emphasis on immigrants and refugees. The first objective is to expand the clinician's knowledge of Asian American family structure and dynamics. The second is to provide the clinician with culturally competent skills in working with this population.

Lee, E., & Lu, F. (1989). Assessment and treatment of Asian-American survivors of mass violence. Journal of Traumatic Stress, **2**, 93-120. (Also client characteristics, provider competence, treatment modalities, mental health structure, and training and development)

* Leong, F. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. Journal of Counseling Psychology, 33, 196-206. (Also provider competence, provider characteristics, treatment modalities, and client characteristics)

Li-Repac, D. (1980). Cultural influences on clinical perception: A comparison between Caucasian and Chinese-American therapists. Journal of Cross-Cultural Psychology, 11, 327-342. (Also provider competence)

Lo, H. T., & Lee, R. (1993). Community mental health--The Hong Fook model. In R. Masi, L. L. Mensah, & K. A. McLeod (Eds.), Health and cultures: Programs, services and care: Vol. 2 (pp. 169-185). Oakville, ON, Canada: Mosaic Press. (Also provider competence, mental health structure, provider characteristics, treatment modalities, and training & development)

Lin, K. M. (1990). Assessment and diagnostic issues in the psychiatric care of refugee patients. In W. Holtzman & T. Bornemann (Eds.), Mental health of immigrants and refugees (pp. 198-206). Austin, Texas: Hogg Foundation for Mental Health. (Also provider characteristics)

Lin, K.M., Demonteverde, L., & Nuccio, I. (1990). Religion, healing, and mental health among Filipino Americans. International Journal of Mental Health, 19 (3),40-44. (Also provider competence)

Mollica, R. F. (1989). Developing effective mental health policies and services for traumatized refugee patients. In D. R. Koslow & E. P. Salet (Eds.), Crossing cultures in mental health (pp. 101-115). Washington, DC: SIETAR International. (Also client characteristics, provider competence, treatment modalities and mental health structure)

Mollica, R., & Lavelle, J. (1988). Southeast Asian refugees. In L. Comas-Diaz & E. Griffith (Eds.), Clinical guidelines in cross-cultural mental health (pp. 262-293). New York: Wiley & Sons. (Also client characteristics, utilization, treatment modalities and mental health structure)

Nidorf, J. (1985). Mental health and refugee youths: A model for diagnostic training. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 391-429). Washington, DC: U.S. Dept. of Health and Human Services.⁵

The chapter suggests that the Southeast Asian refugee's psychological experience must be grasped within the context of the refugee situation. Refugee mental health training should be guided by a contextualized theory of development that allows for the influence of specific cultural and environmental variables. The purpose of this chapter is to challenge the practitioner to innovate, refine, and advance therapeutic tools for dealing with this special population. It reflects the perspective that the Southeast Asian refugee adolescent must be viewed within the context of four cultural belief systems that are in continuous interplay with each other; namely the Southeast Asian, the American, the refugee, and the adolescent in a rapidly changing world. The passage from childhood to adulthood, and the psychological resolution of that passage, become comprehensible only through an understanding of the culture and background within which they are encompassed and through which they are experienced.

*** Okazaki, S., & Sue, S. (1995). Cultural considerations in psychological assessment of Asian Americans. In J. N. Butcher (Ed.), Clinical personality assessment: Practical approaches (pp. 107-119). New York: Oxford University Press. ⁵**

The purpose of this chapter is to render a guideline for practical considerations in conducting a personality assessment of persons of Asian descent. The authors recommend that a clinician must first assess the individual's cultural context and obtain an extensive and detailed historical background information and level of acculturation on the client which will be helpful in placing the person, and thus the personality assessment responses, in his or her culture or sociocultural context. Since translation equivalence has been established, the testing procedure poses a particular problem among Asian Americans. The best course of action, then is not to rely on any single measure of personality but to use multiple sources for information. Also, when the testing clinician is not familiar with the client's culture, it is imperative to contact an ethnic consultant regarding the assessment results regarding the conceptual equivalence of the measure and the client's responses. Since cultural stereotyping may have a subtle but important role in clinical evaluation of a client, it is important for the testing clinician to be aware of possible biases in making clinical observations and judgments on those that are culturally different. The authors caution that the clinician must be careful not to adhere rigidly to Western standard of mental health or assume that acculturation to American culture is the sole definition of adaptive personality functioning, but instead consider what is socially and culturally functional for the given individual.

Penn, N. E., Kar, S., Kramer, J., Skinner, J., & Zambrana, R. E. (1995). Ethnic minorities, health care systems, and behavior. Health Psychology, 14 (7), 641-6. (Also client characteristics, provider competence, treatment modalities, and mental health structure)

Roberts, N., & Cawthorpe, D. (1995). Immigrant child and adolescent psychiatric referrals: a five-year retrospective study of Asian and Caucasian families. Canadian Journal of Psychiatry, 40 (5), 252-6. (Also client characteristics and provider competence)

Russell, G. L., Fujino, D., Sue, S., Cheung, M., & Snowden, L. (1996). The effects of therapist-client ethnic match in the assessment of mental health functioning. Journal of Cross-Cultural Psychology, 27, 598-615. (Also provider characteristics)

Sue, D., & Sue, D. W. (1991). Counseling strategies for Chinese Americans. In C. Lee & B. Richardson (Eds.), Multicultural Issues in Counseling: New Approaches to Diversity (pp. 79-87). Alexandria, Virginia: American Association for Counseling and Development. (Also client characteristics and provider competence)

*** Sue, D. & Sue, S. (1987). Cultural factors in the clinical assessment of Asian Americans. Journal of Consulting and Clinical Psychology, 55, 479-487. ³**

In view of the growing interest in the influence of cultural factors in psychological assessment, this article critically evaluates assessment issues with Asian American populations. Examined are issues in (a) the extent and symptoms of psychopathology, (b) personality assessment, and (c) face-to-face clinical assessment. It is argued that, without understanding cultural factors, researchers and practitioners may draw inappropriate and invalid conclusions. Cultural factors are important not only in providing a context for interpreting assessment outcomes but also in suggesting appropriate conceptual and methodological strategies. Suggestions are made for improving assessment strategies and for testing the limitations and generality of constructs.

Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. Professional Psychology: Research and Practice, 21 (6), 424-433. (Also mental health structure) ³

The author addresses the need to develop culture-specific strategies in working with racial-ethnic minorities. Conceptual frameworks providing a rationale for such recommendations have not been well elucidated. A review of the literature revealed 3 major domains from which such justifications can be drawn: (a) culture-bound communications styles, (b) sociopolitical facets of nonverbal communication, and (c) counseling as a subset of communication style or temporary cultures. Implications for counselor practice, training, and research are discussed.

*** Sue, D. W., & Sue, D. (1990). Counseling the culturally different: Theory and practice. (2nd ed.) New York: Wiley & Sons. (Also treatment modalities and training & development) ⁴**

This book opens new doors and lays the groundwork for exciting new directions on assumptions, needs, and biases of culturally different clients. There is heightened emphasis on the damaging effects of political and racial biases inherent in the mental health field and on the need for developing culture-specific communication/helping styles for culturally different clients. Also highlighted are the key issues of ethnic and racial identity formation and culturally specific concepts of the family and their relationship to counseling. The book moves from the theoretical to the practical in three sections covering: Issues and Concepts--provides a conceptual framework with which to view the complex interplay of values, expectations, and social and political forces in the counselor-client relationship and the practice of cross-cultural counseling in public schools, mental health agencies, industries, and correctional institutions. Counseling Specific Populations--guidelines and detailed methods for counseling specific minority groups (including African Americans, Hispanics, American Indians and Asian Americans). Critical Incidents--a series of case vignettes portraying typical issues and dilemmas. Combining a sound conceptual framework for multicultural counseling with proven therapeutic methods for specific groups. It prepares students, for the rigors of counseling in the "real world" and at the same time, is a source of enlightenment and guidance for professionals.

Sue, S. (1991). Ethnicity and culture in psychological research and practice. In J. D. Goodchilds (Ed.), Psychological perspectives on human diversity in America. The Master lectures (pp. 51-85). Washington, DC: American Psychological Association. (Also provider competence, provider characteristics, treatment modalities, client characteristics, and utilization)

Toupin, E. A. (1980). Counseling Asians: Psychotherapy in the context of racism and Asian-American history. American Journal of Orthopsychiatry, 50 (1), 76-86. (Also treatment modalities) ³

Discusses the historical status of Japanese, Chinese, Korean, and Filipino immigrants in the US and the impact of cultural experiences and differences on psychotherapy for Asian-Americans. The major roles of shame and self-discipline in Asian cultures present difficulties for therapeutic work; personal feelings, failures, and weaknesses are discussed in the family or not at all. Attitudes toward mental illness are also connected with shame, because it is regarded as genetic rather than social in origin. Group discussion of such matters is especially distressing for Asians, and group therapy is counterindicated. The well-developed Asian system of nonverbal cues is helpful in psychotherapy, although it differs from European systems. The therapist should be familiar with it so that it can be a help rather than a block to communication.

Uba, L. (1994). Asian Americans: Personality patterns, identity, and mental health. New York, NY: Guilford Press. (Also client characteristics, utilization, provider competence, and treatment modalities)

Uehara, E. S., Takeuchi, D. T., & Smukler, M. (1994). Effects of combining disparate groups in the analysis of ethnic differences: variations among Asian American mental health service consumers in level of community functioning. American Journal of Community Psychology, 22 (1), 83-99. ¹

The Asian American population comprises historically, socially, and culturally diverse ethnic groups. Given this diversity, investigators caution that combining disparate ethnic groups together may lead to erroneous conclusions. Whether by choice or necessity, however, mental health studies still typically consider Asian Americans as a single ethnic category rather than as separate ethnic groups. Few investigations have addressed the consequences of this practice. This paper examines the implications of conceptualizing Asian Americans as an ethnic category versus ethnic groups, in an investigation of the community functioning status of clients in publicly funded mental health programs in King County, Washington. When treated as a single ethnic category in a multivariate linear regression model, Asian Americans are found to have a lower level of functioning difficulty than their white counterparts. However, when treated as separate ethnic groups (e.g., Vietnamese, Japanese), only one of five Asian ethnic groups has a significantly lower level of difficulty. In a separate analysis of the Asian American subsample, groups are found to differ significantly from one another with respect to functional status. Several factors, including refugee status, account for this difference.

Zane, N., Enomoto, K., & Chun, C. (1994). Treatment outcomes of Asian- and White-American clients in outpatient therapy. Journal of Community Psychology, 22, 177-191. (Also provider competence, provider characteristics, treatment modalities, client characteristics, and utilization)

F. Treatment Modalities

Aponte, J. F., Morrow, C. A. (1995). Community approaches with ethnic groups. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp.128-144). Boston: Allyn & Bacon. (Also provider competence, mental health structure, provider characteristics, and client characteristics)

Chung, R., & Okazaki, S. (1991). Counseling Americans of Southeast Asian descent: The impact of the refugee experience. In C. Lee & B. Richardson (Eds.), Multicultural issues in counseling: New approaches to diversity (pp. 107-126). Alexandria, Virginia: American Association for Counseling and Development. (Also mental health structure and client characteristics)

Crystal, D. (1989). Asian Americans and the myth of the model minority. Social Casework, 70 (7), 405-413. (Also client characteristics and mental health structure)

Durvasula, R. S., & Mylvaganam, G. A. (1994). Mental health of Asian Indians: Relevant issues and community implications. Journal of Community Psychology, 22, 97-108. (Provider characteristics and mental health structure)

Flaskerud, J. (1986a). Diagnostic and treatment differences among five ethnic groups. Psychological Reports, 58, 219-235. (Also client characteristics, utilization, and assessment)

Flaskerud, J.H., & Hu, L. (1994). Participation in and outcome of treatment for major depression among low income Asian Americans. Psychiatry Research, 53, 289-300. (Also client characteristics and provider characteristics)

Flaskerud, J. H., & Soldevilla, E. Q. (1986). Philipino and Vietnamese clients: Utilizing an Asian mental health center. Journal of Psychosocial Nursing & Mental Health Services, 24 (8), 32-36. (Also client characteristics and provider competence)

Gong-Guy, E. (1987). California Southeast Asian mental health needs assessment. Oakland, California: Asian Community Mental Health Services. (Also client characteristics, utilization, provider characteristics, provider competence, assessment, mental health structure, and training & development)

Henkin, W. A. (1985). Toward counseling the Japanese in America: A cross-cultural primer. Journal of Counseling & Development, 63 (8), 500-503. (Also client characteristics, provider characteristics, provider competence, assessment, and mental health structure)

Ho, M. K. (1976). Social work with Asian Americans. Social Casework, 57 (3), 195-201. (Also client characteristics and provider competence)

Hong, G. K. (1988). A general family practitioner approach for Asian-American mental health services. Professional Psychology: Research & Practice, 19 (6), 600-605. (Also utilization)

Ishisaka, H., Nguyen, Q., & Okimoto, J. (1985). The role of culture in the mental health treatment of Indochinese refugees. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 41-63). Washington, DC: U.S. Department of Health and Human Services. (Also provider competence and assessment)

* Kagawa-Singer, M., & Chung, R. (1994). A paradigm for culturally based care in ethnic minority populations. Journal of Community Psychology, 22, 192-208. (Also assessment)

Kim, L. S., & Chun, C. A. (1993). Ethnic differences in psychiatric diagnosis among Asian American adolescents. Journal of Nervous and Mental Disease, 181 (10), 612-7. (Also client characteristics and assessment)

Kim, S. C. (1981). The utilization of cultural variables in the training of clinical-community psychologists. Journal of Community Psychology, 9, 298-300. (Also provider competence and training and development)

* Kim, Y. J., Snyder, B. O., Lai-Bitker, A. Y. (1996). Culturally responsive psychiatric case management with Southeast Asians. In P. Manoleas (Ed.), The cross-cultural practice of clinical case management in ental health. Haworth social work practice (pp. 145-168). New York, Haworth Press. (Also provider competence, mental health structure, and assessment)

Kim-Goh, M., Suh, C., Blake, D. D., & Hiley-Young, B. (1995). Psychological impact of the Los Angeles riots on Korean-American victims: Implications for treatment. American Journal of Orthopsychiatry, 65, 138-146. (Also assessment)

Kinzie, J. D. (1985a). Cultural aspects of psychiatric treatment with Indochinese refugees. 137th Annual Meeting of the American Psychiatric Association (1984, Los Angeles, California). American Journal of Social Psychiatry, 5 (1), 47-53. (Also client characteristics, utilization and provider competence)

Kitano, H. (1970). Mental illness in four cultures. Journal of Social Psychology, 80, 121-134. (Also client characteristics)

Lee, E. (1990). Family therapy with Southeast Asian families. In M.P. Mirkin (Ed.), The social and political contexts of family therapy. (pp.331-354). Needham Heights, MA: Allyn and Bacon. (Also assessment)

Lee, E., & Lu, F. (1989). Assessment and treatment of Asian-American survivors of mass violence. Journal of Traumatic Stress, 2, 93-120. (Also client characteristics, provider competence, assessment, mental health structure, and training and development)

Leong, F. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. Journal of Counseling Psychology, 33, 196-206. (Also provider competence, assessment, provider characteristics, and client characteristics)

Lo, H. T., & Lee, R. (1993). Community mental health--The Hong Fook model. In R. Masi, L. L. Mensah, & K. A. McLeod (Eds.), Health and cultures: Programs, services and care: Vol. 2 (pp. 169-185). Oakville, ON, Canada: Mosaic Press. (Also provider competence, mental health structure, assessment, provider characteristics, and training & development)

Matsuoka, J. (1991). Vietnamese Americans. In N. Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 117-130). New York: Greenwood Press. (Also provider competence and client characteristics)

Mokuau, N. (1987). Social workers' perceptions of counseling effectiveness for Asian American clients. Social Work, 32, 331-335. (Also client characteristics, utilization, provider characteristics, and provider competence)

Mokuau, N., & Chang, N. (1991). Samoans. In N. Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 151-169). New York: Greenwood Press. (Also provider competence and client characteristics)

Mollica, R. F. (1989). Developing effective mental health policies and services for traumatized refugee patients. In D. R. Koslow & E. P. Salet (Eds.), Crossing cultures in mental health (pp. 101-115). Washington, DC: SIETAR International. (Also client characteristics, provider competence, assessment and mental health structure)

Mollica, R., & Lavelle, J. (1988). Southeast Asian refugees. In L. Comas-Diaz & E. Griffith (Eds.), Clinical guidelines in cross-cultural mental health (pp. 262-293). New York: Wiley & Sons. (Also client characteristics, utilization, assessment and mental health structure)

Penn, N. E., Kar, S., Kramer, J., Skinner, J., & Zambrana, R. E. (1995). Ethnic minorities, health care systems, and behavior. Health Psychology, 14 (7), 641-6. (Also client characteristics, provider competence, assessment, and mental health structure)

* Sue, D. W., & Sue, D. (1990). Counseling the culturally different: Theory and practice. (2nd ed.) New York: Wiley & Sons. (Also assessment and training & development)

Sue, S. (1991). Ethnicity and culture in psychological research and practice. In J. D. Goodchilds (Ed.), Psychological perspectives on human diversity in America. The Master lectures (pp. 51-85). Washington, DC: American Psychological Association. (Also provider competence, assessment, provider characteristics, client characteristics, and utilization)

Sue, S. (1994). Mental health. In N. Zane, D.T. Takeuchi, & K. Young (Eds.), Confronting critical health issues of Asian and Pacific Islander Americans (pp. 266-288). Newbury Park, CA: Sage. (Also provider competence, client characteristics, training & development, and utilization)

* Sue, S., Chun, C., & Gee, K. (1995). Ethnic minority intervention and treatment research. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp. 266-282). Boston: Allyn and Bacon. (Also provider competence, mental health structure, provider characteristics, client characteristics, and utilization)

Toupin, E. A. (1980). Counseling Asians: Psychotherapy in the context of racism and Asian-American history. American Journal of Orthopsychiatry, 50 (1), 76-86. (Also assessment)

Tung, M. (1991). Insight-oriented psychotherapy for the Chinese patient. American Journal of Orthopsychiatry, 61 (2), 186-194. (Also client characteristics)

Uba, L. (1994). Asian Americans: Personality patterns, identity, and mental health. New York, NY: Guilford Press. (Also client characteristics, utilization, provider competence, and assessment)

Yamamoto, J. (1978). Research priorities in Asian-American mental health delivery. American Journal of Psychiatry, 135 (4), 457-458. (Also utilization and mental health structure)

Zane, N., Enomoto, K., & Chun, C. (1994). Treatment outcomes of Asian- and White-American clients in outpatient therapy. Journal of Community Psychology, 22, 177-191. (Also provider competence, assessment, provider characteristics, client characteristics, and utilization)

Zane, N., Hatanaka, H., Park, 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. (Also mental health structure, client characteristics, and utilization)

* Zane, N., Sue, S. (1991). Culturally responsive mental health services for Asian Americans: Treatment and training issues. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia (Eds.), Ethnic minority perspectives on clinical training and services in psychology (pp. 49-58). Washington, DC: American Psychological Association. (Also provider competence and training & development)

G. Mental Health Structure

* Abe-Kim, J., & Takeuchi, D. (1996). Cultural competence and quality of care: Issues for mental health service delivery in managed care. Clinical Psychology: Science and Practice, 3 (4), 273-295. (Also provider competence and assessment)

* Aponte, J. F., Morrow, C. A. (1995). Community approaches with ethnic groups. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp.128-144). Boston: Allyn & Bacon. (Also provider competence, provider characteristics, treatment modalities, and client characteristics)

* Bayne-Smith, M., & McBarnette, L. S. (1996). Redefining health in the 21st century. In M. Bayne-Smith (Ed.), Race, gender, and health. Sage series on race and ethnic relations: Vol. 15 (pp. 172-194) Thousand Oaks, CA: Sage Publications. ⁴

Considers the potential adverse effects of managed competition on the services provided to women of color (African American, American Indian and Alaska Native, Asian/Pacific Islander American, and Latinos) and encourages the development of new paradigms that will improve the delivery of health services not only for women of color but for everyone. Suggestions are made for health redefinition, health care reform and the health status of women of color, and improving socioeconomic and health status of women of color. Policy recommendations such as, social reform vs. welfare or health reform, tax reform for the poor, work reform, a new research agenda, and future plans are discussed.

* Cheung, F. K. (1991). The use of mental health services by ethnic minorities. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia, (Eds.), Ethnic minority perspectives on clinical training and services in psychology (pp. 23- 31). Washington, DC: American Psychological Association. (Also provider competence, assessment, and training)

Cheung, F. K., & Snowden, L. R. (1990). Community mental health and ethnic minority populations. Community Mental Health Journal, 26 (3), 277-291. (Also utilization and assessment)

Chung, R., & Okazaki, S. (1991). Counseling Americans of Southeast Asian descent: The impact of the refugee experience. In C. Lee & B. Richardson (Eds.), Multicultural issues in counseling: New approaches to diversity (pp. 107-126). Alexandria, Virginia: American Association for Counseling and Development. (Also treatment modalities and client characteristics)

Crystal, D. (1989). Asian Americans and the myth of the model minority. Social Casework, 70 (7), 405-413. (Also client characteristics and treatment modalities)

Damron-Rodriguez, J., Wallace, S., & Kington, R. (1994). Service utilization and minority elderly: Appropriateness, accessibility and acceptability. Special Issue: Cultural diversity and geriatric care: Challenges to the health professions. Gerontology & Geriatrics Education, 15 (1), 45-63. (Also client characteristics and provider competence)

Durvasula, R. S., & Mylvaganam, G. A. (1994). Mental health of Asian Indians: Relevant issues and community implications. Journal of Community Psychology, 22, 97-108. (Provider characteristics and treatment modalities)

Flaskerud, J. (1986b). The effects of cultural-compatible intervention on the utilization of mental health services by minority clients. Community Mental Health Journal, 22 (2), 127-141. (Also client characteristics, utilization, and provider characteristics)

Flaskerud, J., & Anh, N. T. (1988). Mental health needs of Vietnamese refugees. Hospital and Community Psychiatry, 39, 435-437. (Also client characteristics)

Flaskerud J. H., & Hu, L.T. (1992a). Racial/ethnic identity and amount and type of psychiatric treatment. American Journal of Psychiatry, 149 (3), 379-84. (Also client characteristics and assessment)

* 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. Journal of Community Psychology, 22, 164-176. (Also client characteristics and provider characteristics)

Gaw, A. (1982). Chinese Americans. In A. Gaw (Ed.), Cross-cultural psychiatry (pp. 1-29). Boston, MA: John Wright. (Also client characteristics)

* Gong-Guy, E. (1987). California Southeast Asian mental health needs assessment. Oakland, California: Asian Community Mental Health Services. (Also client characteristics, utilization, provider characteristics, provider competence, assessment, treatment modalities, and training & development)

Henkin, W. A. (1985). Toward counseling the Japanese in America: A cross-cultural primer. Journal of Counseling & Development, 63 (8), 500-503. (Also client characteristics, provider characteristics, provider competence, assessment, and treatment modalities)

* Higginbotham, N. (1987). The culture accommodation of mental health services for Native Hawaiians. In A. B. Robillard & A. J. Marsella (Eds.), Contemporary issues in mental health research in the Pacific Islands (pp. 94-126). Honolulu, HI: University of Hawaii

Press. (Also provider competence)

Hoberman H. M. (1992). Ethnic minority status and adolescent mental health services utilization. Journal of Mental Health Administration, 19 (3), 246-67. (Also client characteristics and utilization)

Hu, T. W., Snowden, L. R., Jerrell, J. M. (1992). Costs and use of public mental health services by ethnicity. Special Issue: Multicultural mental health and substance abuse services. Journal of Mental Health Administration, 19 (3), 278-287. (Also client characteristics)

Huang, K. (1991). Chinese Americans. In N Mokuau (Ed.), Handbook of social services for Asian and Pacific Islanders (pp. 79-96). New York: Greenwood Press. (Also provider competence, provider characteristics, and client characteristics)

Huang, L. N. & Ying, Y. W. (1989). Chinese American children and adolescents. In J. T. Gibbs, L. N. Huang, & Associates (Eds.), Children of color: Psychological interventions with minority children (pp. 30-66). San Francisco: Jossey-Bass. (Also client characteristics and provider competence)

Kim, Y. J., Snyder, B. O., Lai-Bitker, A. Y. (1996). Culturally responsive psychiatric case management with Southeast Asians. In P. Manoleas (Ed.), The cross-cultural practice of clinical case management in mental health. Haworth social work practice (pp. 145-168). New York, Haworth Press. (Also provider competence, assessment, and treatment modalities)

Kinzie, J.D. (1985b). Overview of clinical issues in the treatment of Southeast Asian refugees. In T. C. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 113-136). Washington, DC: US Government Printing Office. (Also client characteristics, provider competence, and assessment)

Kleinman, A. (1988). Rethinking psychiatry: From cultural category to personal experience. New York: Free Press. (Also provider competence and assessment)

Lee, E. (1985). Inpatient psychiatric services for Southeast Asian refugees. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 307-327). Washington, DC: U.S. Department of Health and Human Services. (Also provider competence)

Lee, E., & Lu, F. (1989). Assessment and treatment of Asian-American survivors of mass violence. Journal of Traumatic Stress, 2, 93-120. (Also client characteristics, provider competence, assessment, treatment modalities, and training and development)

Leung P. K., Faulkner, L. R., McFarland, B. H., & Riley, C. (1993). Indochinese patients in the civil commitment process. Bulletin of the American Academy of Psychiatry and the Law, 21 (1), 81-9. (Also provider competence)

* Lin, K. M, Inui, T. S., Kleinman, A. M., & Womack, W. M. (1982). Sociocultural determinants of the help-seeking behavior of patients with mental illness. Journal of Nervous & Mental Disease, 170 (2), 78-85. (Also client characteristic and utilization)

Lin, T. J., & Lin, M. C. (1978). Service delivery issues in Asian-North American communities. American Journal of Psychiatry, 135, 454-456. (Also client characteristics and provider competence)

Lo, H. T., & Lee, R. (1993). Community mental health--The Hong Fook model. In R. Masi, L. L. Mensah, & K. A. McLeod (Eds.), Health and cultures: Programs, services and care: Vol. 2 (pp. 169-185). Oakville, ON, Canada: Mosaic Press. (Also provider competence, assessment, provider characteristics, treatment modalities, and training & development)

Lum, R. (1985). A community-based mental health service to Southeast Asians refugees. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 283-306). Washington, DC: U.S. Department of Health and Human Services. ⁵

Although there are numerous acceptable and appropriate community mental health models, the profession is currently in the midst of constructing new models suitable for a particular clustering of new Americans: the Southeast Asian refugees. This chapter examines the service design issues and review the development of Asian American Community Mental Health Services (ACMHS), one of the few programs almost exclusively devoted to serving Asian immigrants and Southeast Asian refugees. In designing these services the ACMHS has found it useful to consider the degree of match, or "fit," between client and provider, integration and linking of these services with other support systems, accessibility and utilization, accountability and community participation issues, staff recruitment and training, funding and client community population characteristics. The recommendation is that funding diversification should be the first order of business, preferably through the garnering of funding from those departments or agencies that have historically and legislatively been responsible for mental health care.

Mason, J. L., Benjamin, M. P., & Lewis, S. A. (1996). The cultural competence model: Implications for child and family mental health services. In C. A. Heflinger & C. T. Nixon (Eds.), Families and the mental health system for children and adolescents: Policy, services, and research Children's mental health services: Vol. 2 (pp. 165-190) Thousand Oaks, CA: Sage Publications. (Also client characteristics and provider competence)

Mollica, R. F. (1989). Developing effective mental health policies and services for traumatized refugee patients. In D. R. Koslow & E. P. Salet (Eds.), Crossing cultures in mental health (pp. 101-115). Washington, DC: SIETAR International. (Also client characteristics, provider competence, assessment and treatment modalities)

Mollica, R., & Lavelle, J. (1988). Southeast Asian refugees. In L. Comas-Diaz & E. Griffith (Eds.), Clinical guidelines in cross-cultural mental health (pp. 262-293). New York: Wiley & Sons. (Also client characteristics, utilization, assessment and treatment modalities)

Murase, K. (1992). Models of service delivery in Asian American communities. In S. M. Furuto, R. Biswas, D. K. Chung, K. Murase, & Fariyal Ross-Sheriff (Eds.), Social work practice with Asian Americans. Sage sourcebooks for the human services series: Vol. 20 (pp. 101-120). Newbury Park, CA: Sage Publications. ⁴

This chapter is based on an exploratory study of 49 Asian community-based agencies that are delivering mental health and mental health-related services in four cities on the West Coast--Los Angeles, San Diego, San Francisco, and Seattle. The study was undertaken in response to findings of previous research, which have documented a pervasive pattern of differential treatment, based

on race and ethnicity, in mental health services to Asian and other ethnic minority communities. It identifies and defines the response of Asians to mental health and mental health-related needs by developing alternative models of service delivery that address the problems of denial, inaccessibility, and inappropriateness of services to members of their communities.

O'Sullivan, M. J., Peterson, P. D., Cox, G. B., & Kirkeby, J. (1989). Ethnic populations: Community mental health services ten years later. American Journal of Community Psychology, 17 (1), 17-30. (Also client characteristics and utilization)

Ong A. (1995). Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California. Social Science and Medicine, 40 (9), 1243-57. (Also client characteristics, provider characteristics, and provider competence)

Owan, T. (1985). Southeast Asian mental health: Transition from treatment to prevention-- A new direction. In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 141-167). Washington, DC: U.S. Department of Health and Human Services.⁵

This chapter describes an alternative approach to mental health services for Southeast Asians; namely, prevention intervention programs and research. Primary prevention concepts are suggested as a way to launch a new direction in mental health services addressing the diverse needs of multiethnic populations, such as, the Southeast Asians. The proposed prevention efforts featuring the community model combined with the use of mass media represent the cutting edge of new knowledge on primary prevention. It involves a number of prevention principles appropriate to broad segments of the public, including early intervention; involvement of a large numbers of people; belief in the competence of people to help themselves, solve problems, and learn to cope in response to psychoeducational approaches; and the use of the social support systems, and important resource in minority neighborhoods.

Penn, N. E., Kar, S., Kramer, J., Skinner, J., & Zambrana, R. E. (1995). Ethnic minorities, health care systems, and behavior. Health Psychology, 14 (7), 641-6. (Also client characteristics, provider competence, assessment, and treatment modalities)

Phillips, J. N. (1994). Future management opportunities for minorities in managed care. Journal of Health Care for the Poor and Underserved, 5 (3), 247-51. (Also provider competence and training and development)

Robillard, A. B., & Marsella, Anthony J., (Eds.). (1987). Contemporary issues in mental health research in the Pacific Islands. Honolulu, HI: University of Hawaii Press. (Also client characteristics and provider competence)

Root, M. (1989). Guidelines for facilitating therapy with Asian American clients. In D. Atkinson, G. Morten, & D. Sue (Eds.), Counseling American minorities: A cross-cultural perspective (pp. 116-128). Dubuque, Iowa: William C. Brown. (Also utilization and provider competence)

Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. Professional Psychology: Research and Practice, 21 (6), 424-433. (Also assessment)

Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. American Psychologist, 32, 616-624. (Also client characteristics, utilization, and provider competence)

Sue, S. (1992). Ethnicity and mental health: Research and policy issues. Journal of Social Issues, 48, 187-205. ³

Argues that there has been too much focus in the social sciences on the issue of whether or not solid data should precede policy recommendations. The important aspect is not which comes first, but that the 2 are intertwined. To demonstrate the importance of this cyclic relationship between research and policy advocacy, the author reviews some of his own work and the research of others on ethnicity and mental health services. This review illustrates how advocating for programs in the public interest was done despite the absence of truly definitive research, and how the programs have led to the reformulation of research and issues.

Sue, S. (1995). The implications of diversity for scientific standards of practice. In S.C. Hayes, V. M. Follette, R.M. Dawes, & K.E. Grady (Eds.), Scientific standards of psychological practice: Issues and recommendations (pp. 265-279). Reno, NV: Content Press. (Also provider competence, provider characteristics, and utilization)

Sue, S., Chun, C., & Gee, K. (1995). Ethnic minority intervention and treatment research. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), Psychological interventions and cultural diversity (pp. 266-282). Boston: Allyn and Bacon. (Also provider competence, provider characteristics, treatment modalities, client characteristics, and utilization)

*** Sue, S., Fujino, D., Hu, L. T., Takeuchi, D., & Zane, N. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. Journal of Consulting and Clinical Psychology, 59 (4), 533-540. (Also client characteristics, utilization, and provider competence)**

Takeuchi, D. T., Mokuau, N., & Chun, C. A. (1992). Mental health services for Asian Americans and Pacific Islanders. Journal of Mental Health Administration, 19 (3), 237-45. ¹
Inquiries over the past three decades have shown that ethnic minorities drop out of treatment early and tend to have poorer outcomes in psychotherapy. Despite the widespread acceptance that culturally responsive therapy and programs will produce better treatment outcomes for ethnic minorities, few studies have empirically tested this proposition. This paper reviews two types of interventions, ethnic match and parallel programs, to make the mental health system more responsive to the needs of Asian Americans and Pacific Islanders.

*** Takeuchi, D. T., Sue, S., & Yeh, M. (1995). Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles. American Journal of Public Health, 85 (5), 638-43. (Also client characteristics and provider competence)**

Takeuchi, D.T., & Uehara, E. (1996). Ethnic minority mental health services: Current research and future conceptual directions. In B. L. Levin and J. Petrila (Eds.), Mental health services: A public health perspective. New York: Oxford Press. (Also provider competence, provider characteristics, client characteristics, and utilization)

True, R. H., & Guillermo, T. (1996). Asian/Pacific Islander American women. In M. Bayne-Smith (Ed.), Race, gender, and health (pp. 94-120), (Vol. 15). Thousand Oaks: Sage Publications, Inc. (Also client characteristics and provider competence)

* Uba, L. (1992). Cultural barriers to American health care among Southeast Asian refugees. Public Health Reports, 107 (5), 544-548. (Also client characteristics and provider competence)

Wallen, J. (1992). Providing culturally appropriate mental health services for minorities. Special Issue: Multicultural mental health and substance abuse services. Journal of Mental Health Administration, 19 (3), 288-295. (Also utilization)

Westermeyer, J. (1987). Prevention of mental disorder among Hmong refugees in the United States. Social Science and Medicine, 25 (8), 941-947. (Also provider competence)

Williams, C. L. (1985). The Southeast Asian refugees and community mental health. Journal of Community Psychology, 13 (3), 258-269. (Also client characteristics, provider competence, and training & development)

Wong, H. Z. (1985). Asian and Pacific Americans. In L. R. Snowden (Ed.), Reaching the underserved: Mental health needs of neglected populations. Beverly Hills, California: Sage Publications. (Also client characteristics)

Yamamoto, J. (1978). Research priorities in Asian-American mental health delivery. American Journal of Psychiatry, 135 (4), 457-458. (Also utilization and treatment modalities)

Yeh, M., Takeuchi, D.T., & Sue, S. (1994). Asian American children in the mental health system: A comparison of parallel and mainstream outpatient service centers. Journal of Clinical Child Psychology, 23, 5-12. (Also utilization and provider competence)

Zane, N., Hatanaka, H., Park, 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. (Also treatment modalities, client characteristics, and utilization)

H. Training and Development

Cheung, F. K. (1991). The use of mental health services by ethnic minorities. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia, (Eds.), Ethnic minority perspectives on clinical training and services in psychology (pp. 23- 31). Washington, DC: American Psychological Association. (Also provider competence, assessment, and mental health structure)

Chin, J. L. (1990). Training to meet the needs of Asian-American children, youth, and families. In P. R. Magrab & P. Wohlford (Eds.), Improving psychological services for children and adolescents with severe mental disorders: Clinical training in psychology (pp. 173-176). Washington, DC: American Psychological Association. (Also provider competence)

Dong, T., Wong, H., Callao, M., Nishihara, A., & Chin, R. (1978). National Asian American Psychology Training Conference. American Psychologist, 33 (7), 691-692. ³

Describes a conference convened to explore problems and issues in training psychologists to serve Asian Americans and their communities and to provide a setting for administrators, faculty, practitioners, and students to share perspectives on the mental health needs of Asian Americans.

Among the outcomes were recommendations concerned with appropriate models and approaches of psychology for Asian Americans and appropriate training of psychologists for Asian-American communities.

Gong-Guy, E. (1987). California Southeast Asian mental health needs assessment. Oakland, California: Asian Community Mental Health Services. (Also client characteristics, utilization, provider characteristics, provider competence, assessment, treatment modalities, and mental health structure)

Kim, S. C. (1981). The utilization of cultural variables in the training of clinical-community psychologists. Journal of Community Psychology, 9, 298-300. (Also provider competence and treatment modalities)

Lee, E. (1996) . Asian American families - An overview. In M. McGoldrick & J. Giordano (Eds.), Ethnicity and family therapy (2nd ed.), (pp.227-248). New York: Guilford Press. (Also assessment)

Lee, E., & Lu, F. (1989). Assessment and treatment of Asian-American survivors of mass violence. Journal of Traumatic Stress, 2, 93-120. (Also client characteristics, provider competence, assessment, treatment modalities, and mental health structure)

Lo, H. T., & Lee, R. (1993). Community mental health--The Hong Fook model. In R. Masi, L. L. Mensah, & K. A. McLeod (Eds.), Health and cultures: Programs, services and care: Vol. 2 (pp. 169-185). Oakville, ON, Canada: Mosaic Press. (Also provider competence, mental health structure, assessment, provider characteristics, and treatment modalities)

Meinhardt, K. (1990). Contribution of epidemiological surveys to planning and evaluating clinical services. In W. H. Holtzman & T. H. Bornemann (Eds.), Mental health of immigrants and refugees (pp.185-189). Austin, TX: Hogg Foundation for Mental Health. (Also client characteristics)

Phillips, J. N. (1994). Future management opportunities for minorities in managed care. Journal of Health Care for the Poor and Underserved, 5 (3), 247-51. (Also provider competence and mental health structure)

Root, M. P., Ho, C., & Sue, S. (1986). Issues in the training of counselors for Asian Americans. In H. Letley & P. Pedersen (Eds.), Cross-cultural training for mental health professionals (pp. 199-209). Springfield, Illinois: Charles Thomas. (Also provider competence)

* Sue, D. W., & Sue, D. (1990). Counseling the culturally different: Theory and practice. (2nd ed.) New York: Wiley & Sons. (Also assessment and treatment modalities)

Sue, S. (1994). Mental health. In N. Zane, D.T. Takeuchi, & K. Young (Eds.), Confronting critical health issues of Asian and Pacific Islander Americans (pp. 266-288). Newbury Park, CA: Sage. (Also provider competence, treatment modalities, client characteristics, and utilization)

* Sue, S., Akutsu, P., & Higashi, C. (1985). Training issues in conducting therapy with ethnic minority group clients. In P. Pedersen (Ed.), Handbook for cross-cultural counseling and therapy (pp. 275-280). Westport, CT: Greenwood Press. (Also provider competence)

Tung, T. M. (1985). Psychiatric care for Southeast Asians: How different is different? In T. Owan (Ed.), Southeast Asian mental health: Treatment, prevention, services, training, and research (pp. 5-40). Washington, D.C.: U.S. Department of Health and Human Services. (Also client characteristics and provider competence)

Uomoto, J., & Gorsuch, R. (1984). Japanese American response to psychological disorder: Referral patterns, attitudes, and subjective norms. American Journal of Community Psychology, 12, 537-550. (Also client characteristics and utilization)

Williams, C. L. (1985). The Southeast Asian refugees and community mental health. Journal of Community Psychology, 13 (3), 258-269. (Also client characteristics, provider competence, and mental health structure)

Wong, H. Z. (1985). Training for mental health service providers to Southeast Asian refugees: Models, strategies, and curricula. In T. Owan (Ed.), Southeast Asian mental Health: Treatment, prevention, services, training, and research (pp. 345-390). Washington, DC: U.S. Department of Health and Human Services.⁵

This chapter explores some of the conceptual models and concrete programs for providing mental health providers for Southeast Asian refugee mental health services. After a review of past and current training programs, the author makes seven recommendations, (1) significant participation of Southeast Asian refugees be implemented at all levels of decision making and program implementation; (2) adequate coordination and collaboration among the multiple training and service efforts; (3) ongoing consultations with government agencies; (4) funding be allocated to training programs for bilingual, bicultural Southeast Asian refugee profession and nonprofessional personnel; (5) mobile and flexible bilingual, bicultural service teams be encouraged in training; (6) prevention intervention training programs be supported; and (7) community-based, ethnic operated programs be supported for training and service consortiums.

* Zane, N., Sue, S. (1991). Culturally responsive mental health services for Asian Americans: Treatment and training issues. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia (Eds.), Ethnic minority perspectives on clinical training and services in psychology (pp. 49-58). Washington, DC: American Psychological Association. (Also provider competence and treatment modalities)