

Indigenous Communities, Early Psychosis, and Cultural Considerations



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Background

- **Psychosis:** difficulty telling what is real versus not real
 - Positive symptoms: hallucinations, unusual thoughts, grandiosity, suspiciousness, & disorganized speech
- Early psychosis
 - **Clinical high risk for psychosis (CHR-P):** a person's ability to doubt most commonly, sub-threshold (“attenuated”) positive symptoms
 - **First episode psychosis (FEP):** when a person has fully psychotic symptoms, or loses insight into psychosis symptoms
 - Racial/ethnic background: important context for CHR-P symptoms endorsed during clinical interviews, help avoid bias & over-pathologizing (Bridgewater et al., 2023)
- **Indigenous (Aboriginal) people:** descendants of the earliest inhabitants of an area, especially those that were colonized
- Mental health research with Indigenous groups:
 - Evidence of high rates of suicidality, substance use difficulties (MHA, 2023)
 - Early psychosis
 - FEP: Varying exposure to social environmental risk provides insight into disproportionate rates of psychosis for Indigenous groups (Carr et al., 2023)
 - CHR-P: no known research

Objective



Objective 1: To investigate for evidence of bias against Indigenous people in CHR-P evaluation / treatment:

- Do Indigenous clients have equal access to CHR-P care?
- Do clinicians over-label Indigenous clients with CHR-P symptoms?
- Does clinician race impact CHR-P assessment results for Indigenous clients?

Objective 2: Develop adaptations of CHR-P assessments/treatments for Indigenous clients:

- What are recommended adaptations for CHR-P assessments for Indigenous clients?
- What are recommended adaptations for CHR-P treatments for Indigenous clients?

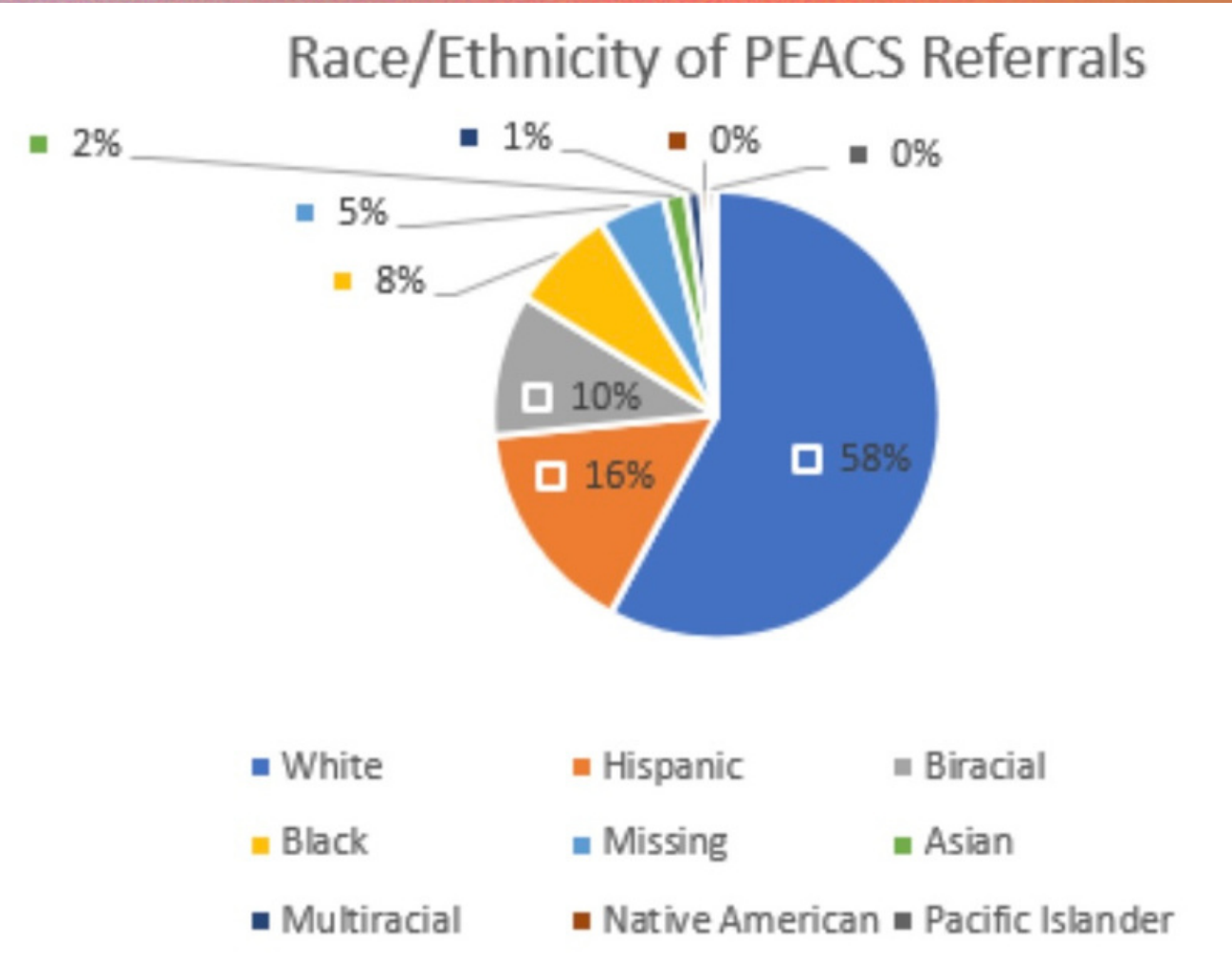
Pilot Data

Methods: Investigated archival data (referral & clinical assessment) in PEACS, a CHR-P clinic at CU, as a preliminary consideration of Indigenous clients experiencing possible psychosis risk

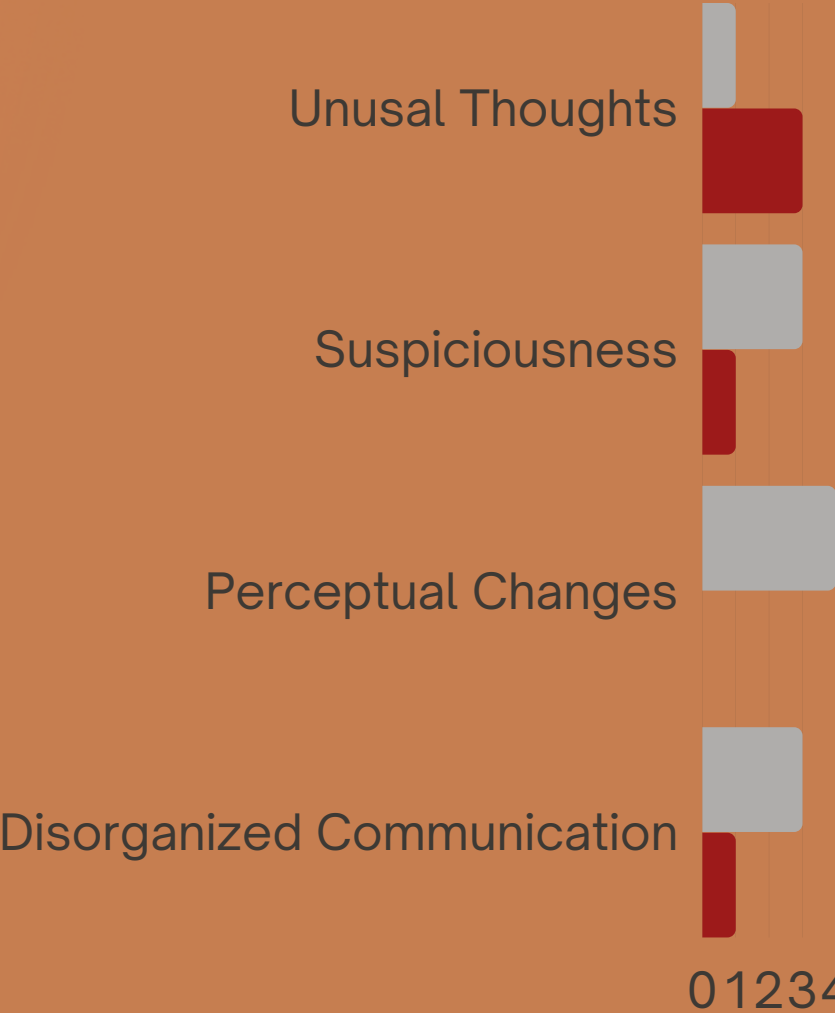
Referral Data Explored referral data (N=185), investigating proportion of Indigenous clients referred to PEACS & characteristics of the small number (N=4) of referred Indigenous clients

Demographics of Referred Indigenous Clients

Client	Age	Gender	Race
A	11	Cis-female	Biracial Hispanic, Native American
B	12	Cis-female	Biracial Hispanic, Native American
C	13	Cis-female	Native American
D	17	Cis-male	Multiracial Black, Native American, white



P Symptoms Reported by Referred Indigenous Clients



Y = Gray N = Red

Evaluation Data

Methods: Reviewed PEACS clinician assessment data (focus on positive psychosis symptoms) for the very small sample of clients (N=2) seen for evaluation & identify as Indigenous

Assessments: *Structured Interview for Psychosis-risk Syndromes (SIPS)*: semi-structured clinical interview of CHR-P symptoms & syndromes

Clinician-Rated P Symptoms of Evaluated Indigenous Clients

SIPS Ratings	Client C	Client D
P1	4	2
P2	4	6
P3	0	3
P4	5	6
P5	2	6



Case Example



- 13 yo cis-female
- P1 – Unusual thought content/delusional ideas
 - Endorsed thinking her thoughts are disappearing, going out into the world, or being said out loud; thinks it might be a person or force taking them
- P2 Suspiciousness/persecutory ideas
 - Endorsed thinking people may be intending to harm her, coming after her, coming to get her
- P3 – Grandiose ideas (none)
- P4 – Perceptual abnormalities/hallucinations
 - Endorsed hearing, seeing, & speaking with well-formed people; they say many things (e.g., that someone is coming after her, that they will hurt people, mean things); wakes her up at night; mostly mumbling; scared they will hurt someone; they get louder around church; has named them; exact number unknown
 - Endorsed seeing a figure that touched her twin sister's head (sister said she felt it but couldn't see the person)
- P5 – Disorganized communication
 - Endorsed having trouble getting her point across and losing her train of thought (rarely observed)
 - Tended towards vague answers (age appropriate)

Future Research Study

Purpose

- Conduct a small, qualitative study to investigate the impact of clinician race/ethnicity and client race/ethnicity on early psychosis assessment (SIPS). Review for evidence of bias and for SIPS assessment adaptations for Indigenous clients.

Participants

- 3 SIPS-trained clinicians (Indigenous, Black, & White) & 3 mock clients (Indigenous, Black, & White)

Measures

- Structured Interview for Psychosis Risk Syndromes (SIPS): clinicians use the SIPS to interview clients
- Qualitative Interview: to gather information from clinicians & clients

Procedures

- Researchers will train the 3 mock clients about CHR-P & co-develop the character they will role play
- Clinicians complete SIPS interviews & ratings with all 3 mock clients
- Clinicians & mock clients all complete qualitative interviews (e.g., bias concerns, adaptations)

Analyses

- SIPS Ratings: Compare ratings across clients/clinicians (sample too small for significance testing)
- Qualitative analyses: conduct thematic analysis of qualitative interviews with clinicians & clients, create summative statements

Anticipated Results

- We expect to see to White clinician tending to over-label psychosis symptoms for non-White clients
- We expected to learn of recommended SIPS adaptations for Indigenous clients

Discussion



Limitations

- PEACS databases included small number of Indigenous individuals (consistent with affiliate programs we contacted)
- Proposed research study has obstacles to successful completion

Takeaways

- Likely that early psychosis/ CHR-P programs are not sufficiently connecting with Indigenous groups
- History of racial disparities, over-diagnosis, & mis-diagnosis within the healthcare system
- Important to increase knowledge & awareness of the sociocultural context in which psychotic experiences occur, plus how to appropriately adapt CHR-P assessments & treatments

References

Bridgewater, Miranda A., et al. "Review of Factors Resulting in Systemic Biases in the Screening, Assessment, and Treatment of Individuals at Clinical High-Risk for Psychosis in the United States." *Frontiers*, 20 Feb. 2023, www.frontiersin.org/articles/10.3389/fpsy.2023.1117022/full.

Carr, G., Cunningham, R., Petrović-van der Deen, F. S., ... & Lacey, C. (2023). Evolution of first episode psychosis diagnoses and health service use among young Māori and non-Māori-A New Zealand national cohort study. *Early intervention in psychiatry*, 17(3), 290–298.

Hunter, Ernest, et al. "Psychosis and Its Correlates in a Remote Indigenous Population." *The Royal Australian and New Zealand College of Psychiatrists*, Oct. 2011, journals.sagepub.com/doi/10.3109/10398562.2011.583068.

Mental Health America. "Native and Indigenous Communities and Mental Health." www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health. Accessed 14 July 2023.

Schwartz, Robert C, and David M Blankenship. "Racial Disparities in Psychotic Disorder Diagnosis: A Review of Empirical Literature." *World Journal of Psychiatry*, 22 Dec. 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4274585/.

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