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.

<table>
<thead>
<tr>
<th>Client</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>11</td>
<td>Cis-female</td>
<td>Biracial Hispanic, Native American</td>
</tr>
<tr>
<td>B</td>
<td>12</td>
<td>Cis-female</td>
<td>Biracial Hispanic, Native American</td>
</tr>
<tr>
<td>C</td>
<td>13</td>
<td>Cis-female</td>
<td>Native American</td>
</tr>
<tr>
<td>D</td>
<td>17</td>
<td>Cis-male</td>
<td>Multiracial Black, Native American, white</td>
</tr>
</tbody>
</table>

Demographics of Referred Indigenous Clients

P Symptoms Reported by Referred Indigenous Clients

- Unusual Thoughts
- Suspiciousness
- Perceptual Changes
- Disorganized Communication

Race/Ethnicity of PEACS Referrals

- White
- Hispanic
- Biracial
- Black
- Missing
- Asian
- Multiracial
- Native American
- Pacific Islander

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

<table>
<thead>
<tr>
<th>SIPS Ratings</th>
<th>Client C</th>
<th>Client D</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>P2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>P3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>P4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>P5</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>
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)
## 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 a 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


Thank you!

Acknowledgments
Dr. Michelle West, Director, PEACS
Dr. K. Ron-Li Liaw, Chair of PMHI
Dr. Neill Epperson, Chair of Department of Psychiatry
Dr. Dominic Martinez, Dir. Office of Inclusion and Outreach, CCTSI
Emmaly Perks, Director, PURPLE Program
Yunliang (Lily) Luo, Director PURPLE Program
Shanna Trott, Office of Education & Training
Merlin Ariefdjohan, Psychiatry Research Innovations
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