

# Indigenous Communities, Early Psychosis, and Cultural Considerations



Miarri Phillips,<sup>1</sup> Shadi Sharif, BA<sup>2</sup>, & Michelle L. West, PhD<sup>2</sup>

<sup>1</sup> The Psychiatry Undergraduate Research Program and Learning Experience (PURPLE), Research Education Core, Psychiatry Research Innovations (PRI)

<sup>2</sup> Department of Psychiatry, University of Colorado Anschutz Medical Campus

## Background

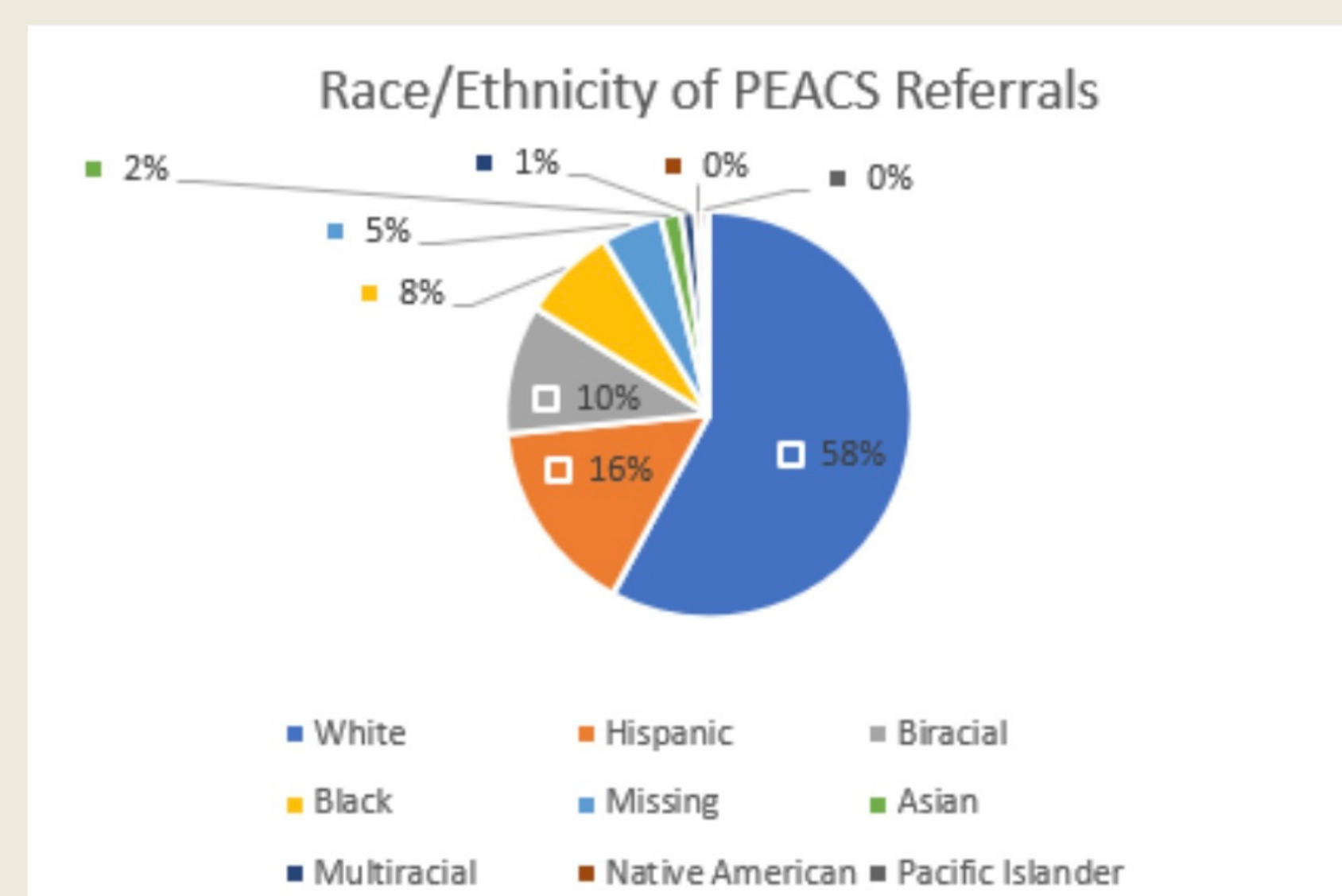
- Psychosis: difficulty telling what is real versus not real
  - Positive symptoms: hallucinations, unusual thoughts, grandiosity, suspiciousness, & disorganized speech
- Early psychosis
  - First episode psychosis (FEP):** when a person has fully psychotic symptoms, or loses insight into psychosis symptoms, for a period of time
  - Clinical high risk for psychosis (CHR-P):** most commonly, sub-threshold (“attenuated”) positive symptoms (e.g., worries that people can hear your thoughts; hears a voice making comments; sees dots, shadows)
- Indigenous (Aboriginal) people: descendants of the earliest inhabitants of an area, especially those that were colonized
- Indigenous mental health: research supporting high rates of suicidality, substance use
- Indigenous groups & early psychosis
  - FEP research: Varying exposure to social environmental risk provides insight into disproportionate rates of psychotic disorders for Indigenous groups (Carr, 2023)
  - CHR-P: no known research

## Pilot Data

**General Methods:** Investigated archival data in PEACS, a CHR-P clinic at CU, as a preliminary consideration of indigenous clients experiencing possible psychosis risk

### Referral Data

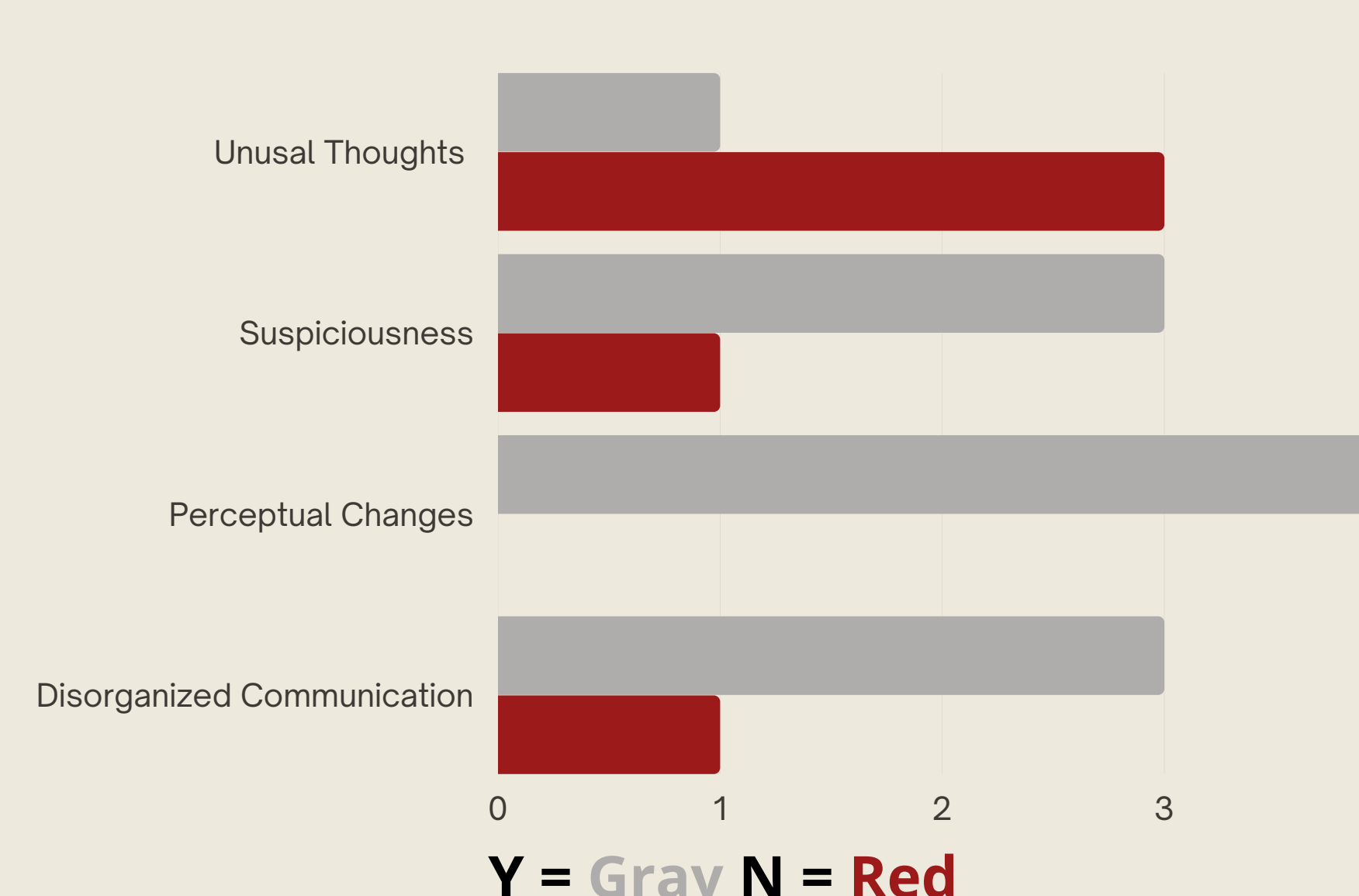
**Methods:** Explored referral data (N=185), investigating proportion of indigenous clients referred to PEACS & characteristics of the small number (N=4) of indigenous clients referred



### 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



### Evaluation Data

**Methods:** Reviewed PEACS clinician assessment data (positive psychosis symptoms) for small sample of clients (N=2) seen for evaluation & identify as indigenous

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

### Clinician-Rated P Symptoms of Evaluated Indigenous Clients

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

## Discussion

### Limitations

- No available CHR-P datasets had enough Indigenous clients for analysis
- Small sample: only 4 Indigenous clients referred, only 2 clients evaluated
- 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

### 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  
 PEACS Team

## Objective

Evidence of bias in CHR-P evaluation/treatment for Indigenous clients:

- Do indigenous clients have equal access to CHR-P care?
- Do clinicians over-label Indigenous clients with CHR-P symptoms?
- Does clinician race impact ratings of CHR-P (positive psychosis symptoms) for Indigenous clients?

Adaptations for CHR-P assessment/treatment with indigenous clients:

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

## Future Study Design

### Purpose

Investigate impact of clinician race/ethnicity and client race/ethnicity on SIPS assessment. Conduct a qualitative study to review for evidence of bias and suggested SIPS adaptations for indigenous clients.



### Procedures

- Researchers 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 & clients all complete qualitative interviews (including bias concerns, possible adaptations)



### Participants

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



### Analyses

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



### Measures/Assessments

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



### Anticipated Results

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

