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
  - 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
  - Indigenous & 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

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?

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

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 Risk-Syndrome Disorders (SIPS): semi-structured interview of clinical high-risk (CHR) symptoms & syndromes

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.

Participants

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

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

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

Anticipated Results

We expect to see to the white clinician tendency to over-label psychosis symptoms for non-White clients.

We expected to learn of recommended SIPS adaptations for Indigenous clients

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

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Yunliang (Lily) Luo, Director PURPLE Program
Shanna Trott, Office of Education & Training
Merlin Ariefdijohan, Psychiatry Research Innovations PEACS Team

Cultural Considerations

Indigenous groups & early psychosis have high rates of suicidality, substance use, colonized 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: Indigenous & 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.

Demographics 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>
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P Symptoms Reported by Referred Indigenous Clients

<table>
<thead>
<tr>
<th></th>
<th>SIPS Ratings</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unusual Thoughts</td>
<td>P1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Perceptual Changes</td>
<td>P2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Disorganized Communication</td>
<td>P3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>P4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>P5</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

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