

### Department of Psychiatry SCHOOL OF MEDICINE UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



# Background







- **Psychosis** is defined as difficulty telling the difference between what is real and not real
- May include hallucinations (perceptual experiences) and delusions (incorrect beliefs)
- **Clinical high risk for psychosis (CHR-P)** indicates a high risk of developing a psychotic disorder
- Race can impact mental health symptoms and diagnosis in many ways
  - There is bias in mental health diagnosis
- **People of color** are 2.4 times more likely to be diagnosed with psychotic disorders [2].
- Cognition (thinking abilities like memory, processing) is investigated in many domains
- Cognition is impacted in psychotic disorders (e.g., schizophrenia)
- CHR-P is associated with cognitive deficits (e.g., processing speed, working memory, executive functions, attention, social cognition [1]).
- Research finds cognitive differences across racial groups, which is complicated to interpret (e.g., bias in tests, impact of socioeconomic disparities).
- Some research exists on cognition and race for psychotic disorders, but not specifically for CHR-P.
- Research on cognitive patterns in non-White participants with psychotic disorders exists.
- It is important to understand unique ways in which psychosis may vary based on race/ethnicity
- Unique cultural context can impact experience, expression, and diagnosis of psychosis.



## Hypothesis & Objective

I hypothesize that there will be a significant difference between races (Non-White versus White) in cognition-related variables (role functioning, executive functioning, word reading, IQ estimate) for people experiencing CHR-P.

**Compare** cognition-related variables across racial/ethnic groups (Non-White versus White).

# **Racial Differences in Cognition Among Individuals at Clinical High Risk for Psychosis (CHR-P): Pilot Data**

Sequoia McNeil<sup>1</sup>, Michelle L. West, Ph.D.<sup>2</sup> <sup>1</sup>Psychiatry Undergraduate Research Program and Learning Experience (PURPLE) <sup>2</sup>Department of Psychiatry, University of Colorado Anschutz Medical Campus

# PEACS Pilot Data

## PEACS Methods

### **Participants**

- Adolescents and young adults (n= 243) who were seen for evaluation at CU's specialist CHR-P clinic ("PEACS ") and had sufficiently complete baseline clinical assessment data (3/29/2021-7/12/2024)**Procedures**
- This project is a de-identified archival analysis of PEACS baseline clinical assessment data (e.g., clinician assessments), which PEACS aims to collect for all clients seen for evaluation (COMIRB approved) • This project recoded race into 2 groups (White and Non-White) and selected analyzed baseline data
- extreme role dysfunction to 10=superior functioning)

## Measures • Demographics questionnaire. Self-reported age, gender, race, etc. • Global Functioning: Role (GF: R). Clinician-rated measure of role functioning designed for CHR-P research (1= **PEACS** Results Race/Ethnicity (PEACS) American Indian or Alaskan Native Black or African American Hispanic or Latino White Mixed (two or more of the above) Other ANOVA (PEACS) Global Functioning (role functioning InVEST Pilot Data InVEST Methods

### **Participants**

• Youth ages 12-22, who participated in the InVEST randomized clinical trial (RCT; n=25) **Procedures** 

- This is a small pilot trial (RCT) of InVEST
- Participants complete baseline assessments, engaged in InVEST or 4-month waitlist control, then complete follow-up assessments

This project recoded race into 2 groups (White and Non-White) and analyzed baseline data Measures

- Global Functioning: Role (GF: R): Clinician-rated measure of role functioning designed for CHR-P research (see above) WRAT (Wide Range Achievement Test): Designed to measure basic academic skills, this project used the Word Reading subtest,
- focused on T scores (raw scores adjusted based on age norms, mean of 100 and standard deviation of 15). WASI (Wechsler Abbreviated Scale of Intelligence): A brief measure of general cognitive ability (IQ), focused on T-Scores
- (standardized scores, mean of 50 and a standard deviation of 10, derived from raw scores).
- on T scores (60-64 is mild, 65-69 potentially clinical, 70+ clinically elevated)

## InVEST Results

Asian (e.g., Chinese, Japanese, Korean)

- South Asian (e.g., East Indian, Pakistani, Sri
- Lankan) Black (e.g., African African Caribbean

White (European)

- Central / South
- American

Multiracial

Race/Ethnicity (InVEST





## Discussion

This project is a preliminary investigation of whether 2cognition differs across racial groups in people at risk for psychosis (CHR-P) using data from existing research and

PEACS

In these pilot samples, there were no significant differences between non-White and White participants in included

This project aims to highlight the critical issue of the historical overdiagnosis of psychosis in ethnic

Unique cultural context can impact the experience and expression of psychosis.

Cognitive assessments underscore the potential for **bias in** diagnostic assessments; cultural meanings may not be considered enough in diagnoses or interpreted incorrectly [3]. Assessment of cognition across racial groups is complicated; if differences exist, the meaning of such differences would be

Although not specifically investigated here, some considerations for assessment and care include:

• Individualized delivery of assessment and treatment can provide culturally sensitive support to create a more

inclusive and effective framework for mental health care across different ethnic groups and individuals at CHR-P. • Improve the quality of life through ethnically diverse and culturally sensitive treatments.

Develop specialized testing batteries that account for cultural differences.

Increase diversity of providers in hopes of enhancing ability to relate to and understand clients from diverse cultural backgrounds.

### Limitations & Future Research

The PEACS and InVEST data were **not sufficient** to 2 examine cognitive functioning differences between racial groups (e.g., small sample size, need to dichotomize race, limited cognitive assessments)

Need for larger sample sizes in future research. Longitudinal studies are crucial for better understanding cognitive changes over time across racial/ethnic groups and provide insight into **racial** differences in cognitive changes for CHR-P. Developing and testing **specialized testing batteries** that consider cultural differences is imperative.

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**References:** A complete reference list is available (see QR code)

