

# Psychosis in BME communities [incidence and access]

## SLaM report to Southwark Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

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# Definitions

**Psychosis** - a psychiatric term, which is commonly agreed to include experiences such as hearing or seeing things with no obvious cause (hallucinations), holding strong and unusual beliefs which other people don't experience or share (delusions) and confused or disturbed thoughts

The cause and development of psychosis involves social, psychological and physical factors

## Definitions cont'd...

**First-episode psychosis** - Someone experiencing a first-episode psychosis may not understand what is happening. Symptoms are unfamiliar and frightening, leaving the person confused and distressed. If they do not know the facts and have no real understanding about mental illness, their distress may be increased by negative myths and stereotypes.

A psychotic episode occurs in three phases. The length of each phase varies from person to person.

### **Phase 1: prodrome**

- The early signs of psychosis are vague and sometimes hardly noticeable. There may be changes in the way people describe their feelings, thoughts and perceptions

### **Phase 2: acute**

- Clear psychotic symptoms are experienced, such as disorganised thinking, hallucinations or delusions

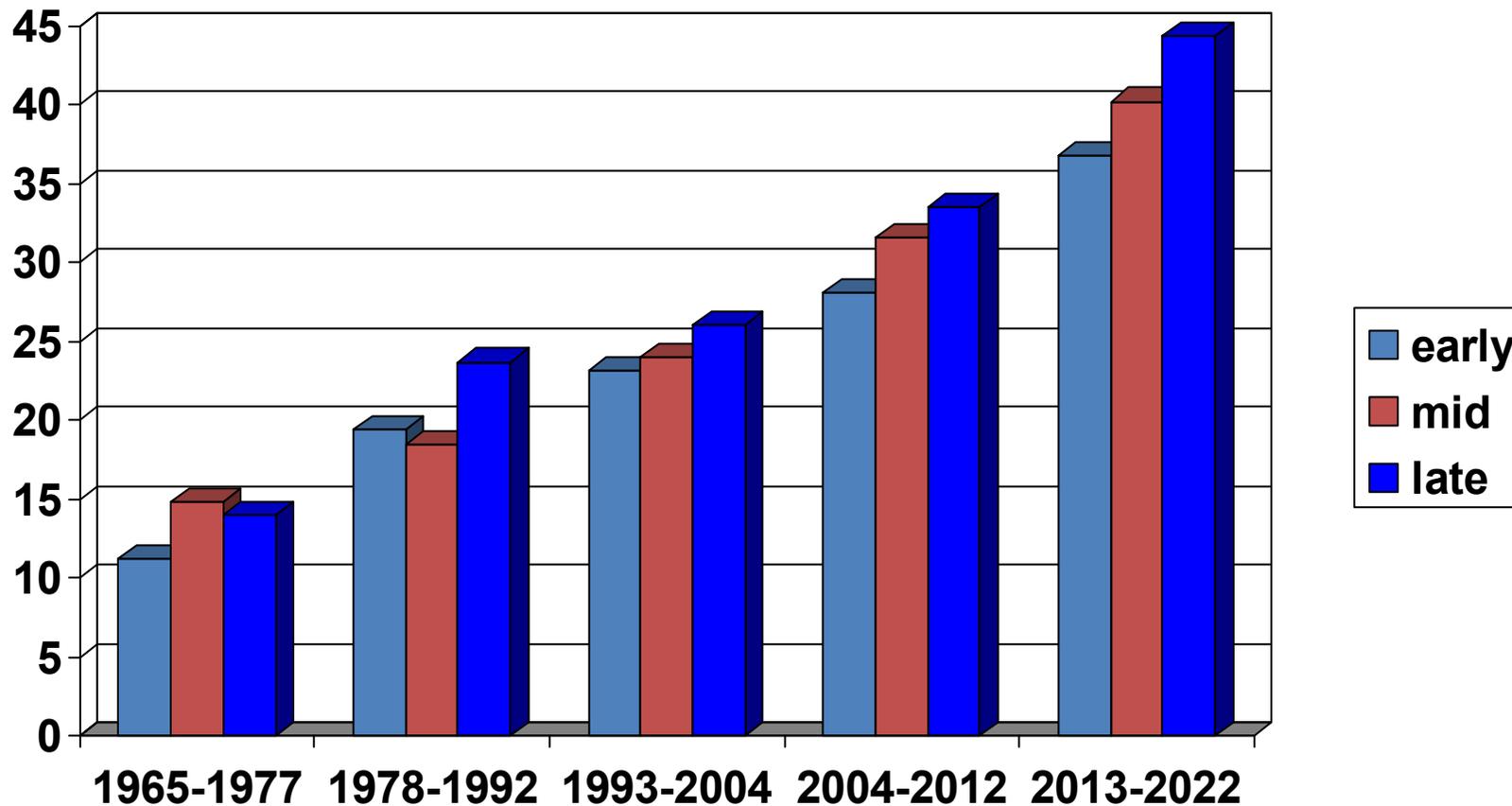
### **Phase 3: recovery**

- Psychosis is treatable and most people recover. The pattern of recovery varies from person to person

## Epidemiology of Psychosis [Boydell, J]

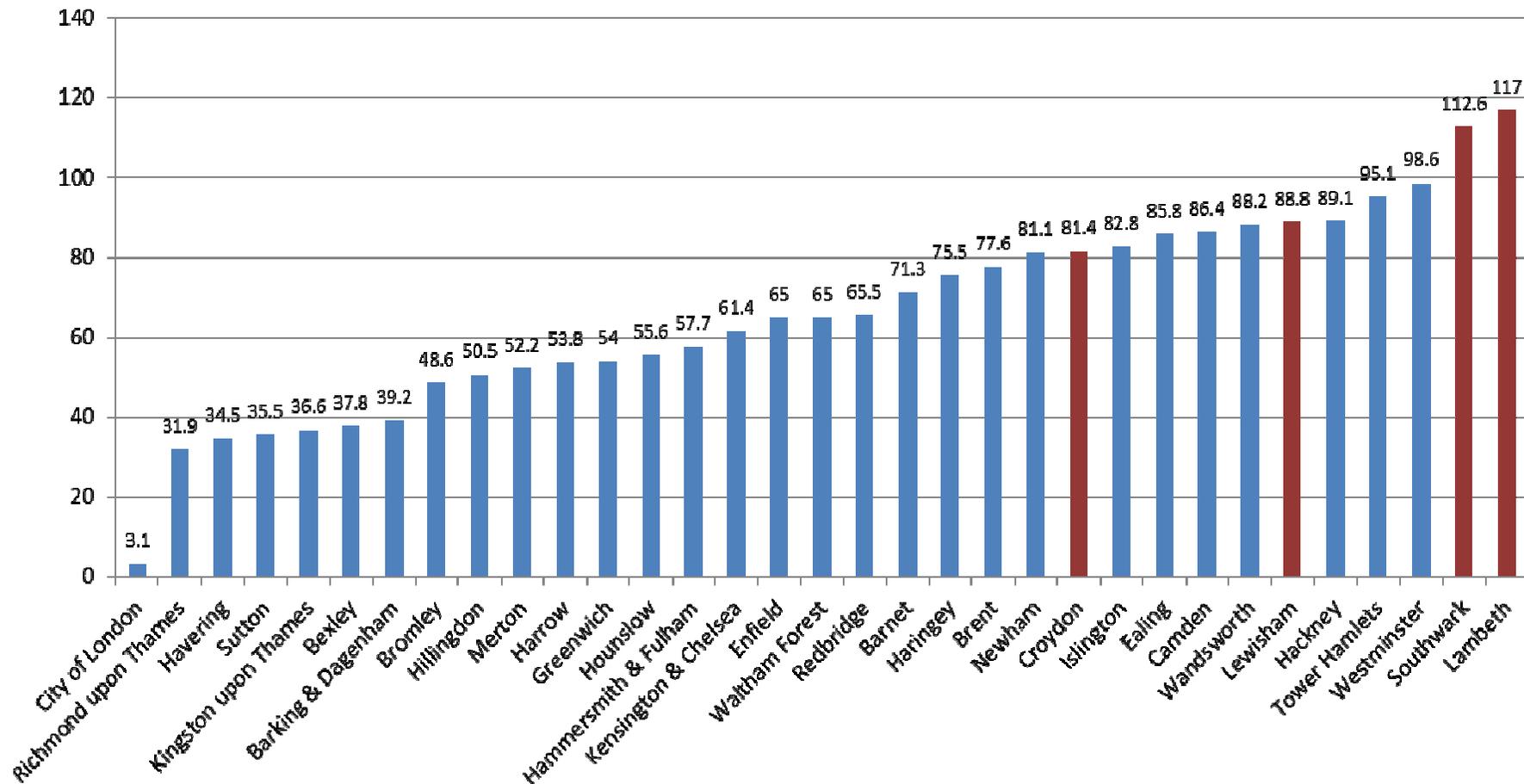
- Clear evidence of increasing incidence from 1965 onwards in South London. This is likely to be the result of:
  - Increasing population size
  - Increased proportion of young people at age at risk (20-35)
  - Increased rates Black ethnic minorities
  - Increased rates with cannabis use
  - Increased rates with unemployment

# Projections: schizophrenia per 100000 Southwark population 2004-2022



# Predicted new cases: London Boroughs

**New cases (16-64) - 2009**



**Data from PsyMaptic**  
 Kirkbride et al, *BMJ Open* (Feb 2013)

# Incidence to Prevalence

- Incidence = number of new cases that develop in a given time
- Prevalence = number of cases that are present in a particular population at a given time
- Prevalence approx = incidence x chronicity

## AESOP results (Fearon et al 2006)

- Incidence of psychosis even higher than previously thought
- Almost all psychoses
- Black minority groups particularly high rates
- For schizophrenia Black Caribbean people had 9.1 times higher rates
- 8 times higher rates for mania in Black Caribbean people
- Similar for other Black Minority Ethnic people
- Recent studies show similar differences in incidences

# Risk Factors

- Unemployment - people 12 x more likely to become psychotic Black Caribbean unemployed people 60 x more likely than white employed people (Boydell et al 2012 – Study in Southwark)
- Crime - very strongly associated. 26% increase in rates of schizophrenia with a 10% increase in crime (Bhavsar submitted 2012)
- Psychosis increases with increasing population density (Mortensen et al 1999)
- Cannabis use - Recent finding cannabis use has a greater effect in inducing psychosis in urban environments - probable synergy (Kuepper et al 2011)
- Poor education

# Black Minority Ethnic Groups

There have been various hypotheses attempting to explain the raised incidence in African and Caribbean groups, including:

- Selective migration
- Misdiagnosis based on racist assumptions

The differences are believed to be related to:

- Traumatic experiences (including racism/perceived racism), family breakdown and social support

A recent study in Lambeth indicated that the increased incidence of psychosis in Black people disappeared once they formed >25% of the population at neighbourhood level (1500 people) (Schofield et al 2011).

# The abandoned illness – extract from summary

a report by the Schizophrenia Commission. November 2012

- People with severe mental illness such as schizophrenia still die 15-20 years earlier than other citizens
- Only 8% of people with schizophrenia are in employment, yet more could and would like to work
- Service users and family members dare not speak about the condition. 87% of service users report experiences of stigma and discrimination
- Greater partnership and shared decision making with service users – valuing their experience and making their preferences central to a recovery focused approach adopted by all services
- Increasing access to psychological therapies in line with NICE guidelines
- CBT reduces re-admission rates in the short, medium and long-term
- Action to address inequalities and meet the cultural needs of all minority groups
- Extending the popular Early Intervention for Psychosis services [not cutting or diluting]

## The abandoned illness cont'd...

### Getting help early is crucial to good outcomes

‘Early intervention services are valued on account of their ethos and approach. Those giving evidence emphasised the value base of early intervention services – their kindness, hopefulness, care, compassion and focus on recovery. They provide treatment in non-stigmatising settings, seek to maintain social support networks while an individual is unwell, take account of the wider needs of the individual and deliver education as a core part of the service to families, staff and service users.’

# The OASIS Team

The OASIS team offers help to people who are at high risk of developing psychosis but who are not yet psychotic [Broome et al 2005].

First service of this type in the country

Without treatment about a third of people with symptoms will develop a first episode of psychosis within 12 months [Yung et al, 2003]

Clients are seen in non-psychiatric community settings to maximise accessibility and minimise stigma

OASIS has been very successful at engaging clients from ethnic minorities, who comprise 2/3rds of the client group. Among those managed by OASIS there are no significant differences between ethnic groups in the rates of psychosis, hospital admission and use of the Mental Health Act.

# The STEP Team

Is a community based multi-disciplinary team which provides a holistic and comprehensive early intervention service to individuals aged 14-35 who are experiencing their first episode of psychosis

The team uses well-researched Early Intervention strategies and works intensively with service users and carers to promote engagement with the team and with treatment and to facilitate social inclusion and recovery

- There is an Adolescent Mental Health worker who is part of the STEP team and who works across both the Child and Adolescent Mental Health Service and STEP team, care co-ordinating the under 18's with psychosis and ensuring a smooth transition to adult services where this is necessary.
- Service users are encouraged to make informed treatment choices and are offered the following interventions:

# Interventions

**Engagement** – flexible; can be seen at GP surgery, home or a community setting

**Immediate contact** – service users are seen within one week of referral

**Supportive and empathic relationship** in which service users' aspirations, strengths, priority need are central

**Psychological interventions** – including Cognitive Behavioural Therapy and individual and group work

**Working with families** – involvement in treatment plans, carers assessments and groups, family interventions

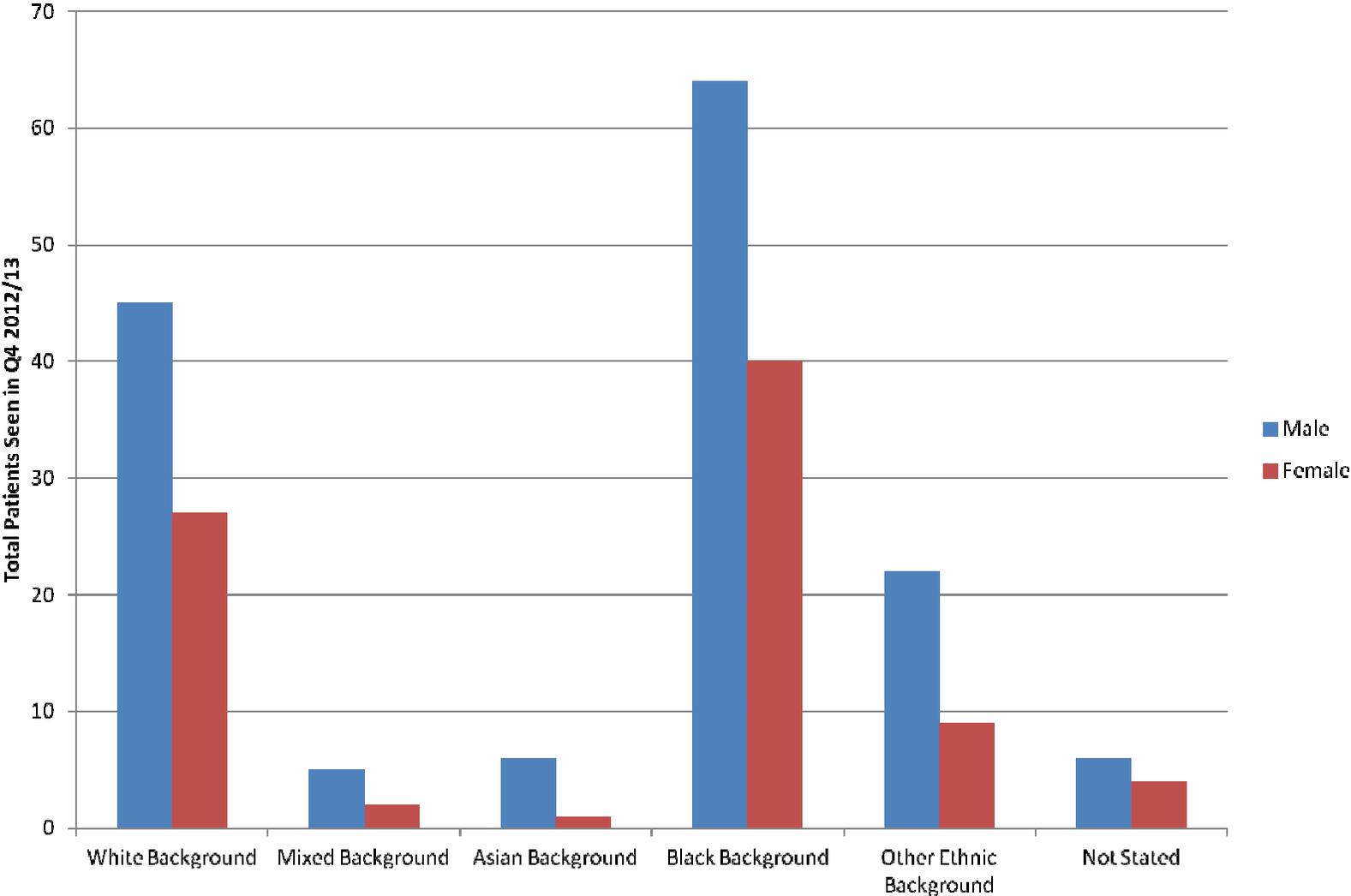
**Social inclusion interventions** – vocational and educational assessment and support, facilitating access to other agencies both mental health and mainstream

**Medication** – this involves use of low dose medication in the first instance with regular review and side effect monitoring

**Relapse prevention** – working to understand and recognise their early warning signs and make plans to prevent relapse where possible

**Physical health** – promotion of healthy lifestyle, physical wellbeing, good communication with primary care

# OASIS and STEP patients seen in Q4 2012/13



## Proportion of service users on CPA with a Schizophrenia spectrum diagnosis who have received CBT for Psychosis in the past year

CAG/Care Pathway	Ethnic Group	Proportion of service users received CBT	%
Overall Psychosis CAG	BME	268/2247	11.9%
	White	145/1240	11.7%
Southwark Early Intervention	BME	26/78	33.3%
	White	5/17	29.4%
Southwark Promoting Recovery	BME	45/336	13.4%
	White	29/212	13.7%
IAPT	BME	16/24	66.7%
	White	8/24	33.3%

## CBT for Psychosis

- Our outcome data indicates that psychological interventions are equally successful with people from BME communities as white people
- However, there are some audit indications that drop-out rates are higher in BME groups and we are working to address this through improving the cultural competency of our psychological workforce

## The abandoned illness

a report by the Schizophrenia Commission. November 2012



**Shubulade Smith**, Member of the Commission and Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust and Clinical Senior Lecturer at the Institute of Psychiatry, King's College London.

“The evidence about social adversity and mental illness was striking. I look after people with severe mental health problems. I am frequently struck by how much they have in common. So many have experienced horrendous emotional trauma and significant social deprivation regardless of whether they were born in the Caribbean, Afghanistan, Surrey or around the corner in Lambeth. All too frequently I wish that someone had intervened when the person was 4 or 5-years old.

All those factors which combined to bring them to my service may have been avoided. Is psychiatry the problem for most of my patients? Not where I work. It is imperative that we work at tackling the social inequalities that cause poor mental health. Doing so will undoubtedly improve the outcome for everyone, including those from BME groups.”

## **Dolly Sen, Service User Consultant**

***“I always asked for some kind of psychological therapy or talking therapy but was told, no, it was too dangerous. I had to wait 20 years for something that was the most beneficial thing. [Therapy] has changed my life basically.”***

Talking to Norman Lamb on 19 December 2012