Culturally Informed Care in Early Psychosis Intervention: Health Equity and Worldly Perspectives

Nicholas Buekea, Jorge Ramirez Garcia, and Megan Sage
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Learning Objectives

- Understand current findings with regard to early psychosis intervention engagement and treatment with diverse populations

- Learn strategies and principles used by early psychosis intervention teams in their work with diverse populations
CULTURE COUNTS, CULTURE MATTERS

MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY

A SUPPLEMENT TO
MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL
Culture: what? Where?

ANTHROPOLOGY

- Over 160 definitions of Culture
- What is at stake in individual’s social world? (Kleinman)
  - Shared subjective meanings
    - Prescribed values and behavioral norms (expectations of behavior)

Kral, Ramírez García et al., 2011
What influences health?
Upstream and downstream determinants

Economic and social opportunities and resources
Living and working conditions in homes and communities
Medical care
Personal behavior

HEALTH

Braveman et al. 2011
Culture and Ecology

MACROSYSYTEM

EXOSYSYTEM
Parents' Social Support
Parents' Work Stress

Family Microsystem
Parent-adolescent communication about sex
Parent-adolescent bonding/connectedness
Family support of youth
Family conflict

Family-School Mesosystem
Parental involvement in school
Monitoring homework

School Microsystem
School Bonding
Academic Achievement

Family-Peer Mesosystem
Parental monitoring of peers
Supervision of adolescent's peer activities

Peer Microsystem
Substance use with friends
Sexually active friends
Prosocial friends

Culture

Language

Immigration Policy

Values

Pantin et al. 2004
## NIMHD Minority Health and Health Disparities Research Framework

**Health Disparity Populations:** Race/Ethnicity, Low SES, Rural, Sexual/Gender Minority  
**Other Fundamental Characteristics:** Sex/Gender, Disability, Geographic Region

<table>
<thead>
<tr>
<th>Domains of Influence</th>
<th>Levels of Influence</th>
<th>Influence</th>
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<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Interpersonal</td>
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<td>Biological</td>
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<td>Behavioral</td>
<td>Health Behaviors</td>
<td>Caregiver-Child Interaction</td>
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<td></td>
<td>Coping Strategies</td>
<td>Family Functioning School/Work Functioning</td>
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<td>Physical/Built Environment</td>
<td>Personal Environment</td>
<td>Household Environment School/Work Environment</td>
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<tr>
<td>Sociocultural Environment</td>
<td>Sociodemographics</td>
<td>Social Networks Family/Peer Norms Interpersonal Discrimination</td>
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<td>Limited English</td>
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<td></td>
<td>Cultural Identity</td>
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<td>Response to Discrimination</td>
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<td>Healthcare System</td>
<td>Insurance Coverage</td>
<td>Patient-Clinician Relationship Medical Decision-Making</td>
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<td>Health Literacy</td>
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<td>Treatment Preferences</td>
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<tr>
<td>Health Outcomes</td>
<td>Individual Health</td>
<td>Family/Organizational Health</td>
</tr>
</tbody>
</table>
PSYCHOSIS & CULTURE:

Family Relationship examples
Course of Schizophrenia Model

Fig. 1. A tentative heuristic framework for possible psychobiological vulnerability factors, nonspecific environmental stressors and protective factors in schizophrenic relapse and illness course. Adapted from Nuechterlein (13) and Nuechterlein et al. (14).
PSYCHIATRIC DISCHARGE: LIVING WITH PATIENT


![Bar chart showing the percentage of patients living with family, living alone, and living in residential services for Latinos and Europeans.](image-url)
PERCENTAGE OF HIGH EE BY ETHNO-CULTURAL GROUPS

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Anglo Americans</td>
<td>80</td>
</tr>
<tr>
<td>Montreal</td>
<td>60</td>
</tr>
<tr>
<td>British</td>
<td>50</td>
</tr>
<tr>
<td>Mexican Americans</td>
<td>40</td>
</tr>
<tr>
<td>East Indians</td>
<td>20</td>
</tr>
</tbody>
</table>
EE SUBTYPES
(LÓPEZ, RAMÍREZ GARCÍA ET AL. 2009)

- Criticism/Hostility
- Emotional Overinvolvement
- CH and EOI

- Mexican Americans
- Anglo Americans
### Multivariate Prediction of Med Usage

(Ramírez García, Chang, et al., 2006)

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Odds Ratios</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Symptoms</td>
<td>2.4</td>
<td>.5, 13.0</td>
</tr>
<tr>
<td>Years Ill</td>
<td>2.4</td>
<td>.8, 8.4</td>
</tr>
<tr>
<td>Criticisms</td>
<td>2.0</td>
<td>.6, 7.1</td>
</tr>
<tr>
<td>Emotional Over involvement</td>
<td>.1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.1, 1.1</td>
</tr>
<tr>
<td>Instrumental Support</td>
<td>4.8*</td>
<td>1.1, 21.7</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>.1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.0, 1.5</td>
</tr>
</tbody>
</table>
## Instrumental Support – Qualitative findings
(Marquez & Ramírez García, 2011)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Category</th>
<th>Narrative Examples</th>
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</thead>
<tbody>
<tr>
<td>I. Monitoring and knowledge of relative’s psychiatric medication usage</td>
<td>A. Assistance with medication usage style: “hands-on” and “hands-off”</td>
<td>Hands-on assistance example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interviewer: “So you know which medication he is supposed to take?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caregiver S58: “Yes, I give them to him. I keep them locked in my room.... He has taken them regularly because I give them to him.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hands-off assistance example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interviewer: “Do you know of any efforts by anybody else that try to get him to take his medication. Maybe you don’t remind him but maybe somebody else, like your husband?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caregiver E43: “Nobody. Only the doctor from the clinic and the stuff.”</td>
</tr>
<tr>
<td></td>
<td>B. Knowledge of relative’s medication usage</td>
<td>Caregiver S55: “She takes 3 of these, 2 of these, 1 of these, and 3 of these. Every day in the morning she has to take them. These are the ones given by the psychiatrist, and this one is for her thyroid. So the ones from the psychiatrist are important, she can’t miss taking these.”</td>
</tr>
</tbody>
</table>
Early Psychosis Literature: Emerging Patterns
Diversity and Early Psychosis: Where is Culture?  
(Compton et al. 2011)
Determinants of DUP

- **Family/Social Related Variables**
  - Family Involvement in Help-Seeking
  - Living with Family
  - Level of Tolerance/Coping Capacity
  - Knowledge and Awareness of Mental Illness
  - Discouragement of Treatment Seeking
  - Parental Burden
  - Emotional Over Involvement
  - Education Level of Parents
  - Help-Seeking Within One’s Religious Community/Degree of Religious Practice
  - Etiological Misconceptions
  - Family History of Psychosis
  - Family Structure
  - Misattribution of Symptoms/Uncertainty
  - Views About Personal Autonomy

- **Attitudinal/Knowledge Variables**
  - Attitudes Towards Psychiatric Treatments & Antipsychotic Medication
  - Knowledge/Awareness of Mental Illnesses & Services
  - Lack of Motivation/Will

- **Coping Related Variables**
  - Poor Coping
  - Internal health-related locus of control
  - Purpose in life

- **Onset Related Variables**
  - Early Onset
  - Age at Onset
  - Mode of Onset
  - Longer Prodrome

- **Positive Symptom**
  - Stigma

- **Poor Insight**

- **Onset of Symptoms**

- **Onset of Psychosis**

- **DUP**

- **Premorbid**

- **Prodrome**

- **Demographic Variables**
  - Male Gender
  - Ethnic Minority Status
  - Culture
  - Protestant Religious Affiliation
  - Low Socioeconomic Status
  - Level of Education
  - Poor Social Support

- **Premorbid Functioning Variables**
  - Poor Premorbid Functioning
  - Decline in Social Functioning Since Childhood
  - Premorbid Personality Features
  - Asocial Behavior/Adjustment in Adolescence

- **Other Illness Related**
  - Negative Symptoms/Social Withdrawal

- **Substance Use**
  - Substance Use
  - Age at first use

- **Health Service Related**
Culture & Context in MH help seeking for youth
(Cauce et al. 2002)
Culture & Early Psychosis: Emerging Patterns

- Ethnicity is the leading “cultural variable”… but in many cases not examined (~ 1 : 3 ) ratio

- Culture in narratives and knowledge of psychosis

- Culture in Family Relationships
Psychosis & Cultural Responsiveness
Integrate cultural views of the provider and of the participant

Engagement
Assessment
Theory
Interv. Method

Lopez et al., 2002
Findings with Regional Populations: Successes, Barriers, and Challenges

Recent Needs Assessment
Overview of Needs Assessment

- 61 EASA Providers and Program Managers/Supervisors
  - 24 EASA Program sites across
    - Metro, Eastern, Southern and Mid-Valley regions
- 4 one-hour focus groups
- 61 Paper-pencil surveys prior to focus groups
- Highlight findings are in aggregate across ALL sites and state regions (do NOT single out any region or site)
# Needs & Barriers – Engagement & Retention

<table>
<thead>
<tr>
<th>Focus Groups</th>
<th>Survey – Youth focused</th>
<th>Survey-Caregiver focused</th>
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<tbody>
<tr>
<td>Family &amp; Culture</td>
<td>Family / Culture</td>
<td>Knowledge of Psychosis</td>
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<tr>
<td>Beliefs</td>
<td>Transportation (SDOH)</td>
<td>Burden</td>
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<tr>
<td></td>
<td>Symptoms-Illness</td>
<td>Family relationships</td>
</tr>
<tr>
<td>Transportation/Phone (SDOH)</td>
<td>Time, School</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>Social Support (lack)</td>
<td>Culture &amp; Beliefs</td>
</tr>
<tr>
<td></td>
<td>Person factors</td>
<td>Caregiver Support</td>
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</tbody>
</table>
## Outreach & Referral Process

<table>
<thead>
<tr>
<th>Focus groups – Challenges in Outreach</th>
<th>Surveys – Strengthening Referral Process</th>
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<tbody>
<tr>
<td>Structural/Organizational</td>
<td>Structural/Organizational</td>
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<tr>
<td>Community Education</td>
<td>Community Education</td>
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<tr>
<td>Collaborative Relationships</td>
<td>CLAS</td>
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<tr>
<td>Key Venues/Locations</td>
<td>Key venues/locations</td>
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<td></td>
<td>Complex clinical cases</td>
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</table>
## Provider-Reported *Facilitators* of Engagement

<table>
<thead>
<tr>
<th>For Youth</th>
<th>For Caregivers</th>
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<tbody>
<tr>
<td>Services</td>
<td>Services</td>
</tr>
<tr>
<td>Family &amp; Support</td>
<td>Family &amp; Support</td>
</tr>
<tr>
<td>Person (youth)-Focused</td>
<td>Knowledge</td>
</tr>
</tbody>
</table>
Strategies and Principles Used by Early Psychosis Intervention Teams
- Utilizing social justice lens that focuses on:
  - Historical trauma and oppression
  - Institutional and systemic inequities and barriers
- Community education that uses specific messaging tailored to different audiences based on strengths and needs
- Understanding cultural context: meaning, values, beliefs
- Developing partnerships that focus on long-term relationships
- Early and ongoing focus on engagement and outreach
- Longer assessment period
- Use of Cultural Formulation Interview (CFI)
- Transparency
- Shared explanatory model
- Shared Decision Making
- Culture of feedback on all levels
Case Illustrations

Different perspectives on health and mental health in different communities (Jones & Shattell, 2018)

Culture affects presentation, attributions, and outcomes in schizophrenia (Dein, 2017)

Early psychosis implementation with indigenous health workers in indigenous communities in Australia (Catts, et al. 2013)

Effective interventions in tribal communities must integrate components of evidence-based practice with cultural knowledge and expertise (Belone, et. al, 2017)
Next Steps
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Bibliography


Bibliography


