Ethnic Diversity, Primary Care and Pathways to Care for a First Episode of Psychosis

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Pathways to Care

- ‘Pathways to care’
  - are the formal and informal supports and social networks sought to obtain help for a mental health problem.

Outline of Presentation

- Literature Review
- Study Design
- Results
- Implications & conclusions
Pathways to Care
Gatar, Br. J. Psychiatry, 186, 2005

Pathways to care for psychiatric illness in Romania

Treatment Delay
‘Duration of untreated psychosis’
- the time between the onset of psychosis and the date of initiation of treatment.
- Long periods of untreated psychosis are associated with poor outcome

Help-Seeking
‘Initiation of Help-Seeking’
- Self
- Family or friends
- Family physician
- Criminal justice system
Help seeking behaviour in FEP
(Addington 2002)

Pre- and post-onset contacts (Addington 2002)

- Family physicians
- Psychologist
- Teacher/counsellor
- Psychiatrist
- Emergency services

# of pre-onset contacts (%)

# of contacts after onset of psychosis (%)

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Concerning behaviours in the preonset period (Addington et al 2002)

- Depression
- Work or school fx
- Delusions
- Hallucinations
- Drug use
- Made contact (%)
- Did not make contact (%)

Literature Review

- Around the world
- Canada
Inequities in access to care

50% African-Caribbeans
Criminal Justice System

15% of African-Caribbeans
Family Doctors

Ethnicity and compulsory admissions

First Episode Psychosis Patients in Southeast London

<table>
<thead>
<tr>
<th>Mode of admission</th>
<th>White</th>
<th>Caribbean</th>
<th>African</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory</td>
<td>20</td>
<td>10</td>
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First episode psychosis patients from inner city U.S. sample

Service providers

First episode psychosis patients from an inner city sample

Duration of Untreated Psychosis (DUP)

Cumulative probability of contact

Number remaining: 248, 94, 72, 56, 49

No Significant Difference

Fig. 1. Survival curves for main ethnic groups in south east London: ---, White British; ..., Black African; ---, African-Caribbean. DUP, Duration of untreated psychosis.
Types of Care sought by First Nations and Native American Populations

Medical Services 29%

Traditional Supports 21%

12-step Programs 24%

Access to Health Services for Psychological Distress:

- Vietnamese & Filipino immigrants
  - compared to
- Canadian-born citizens
  - from the same community in Montreal.

- Not a FEP sample
Canadian studies

Access to ER Services via ambulance or police:
- ↑ Afro-Canadians
  - compared to
- ↓ Asian or White patients
  - from the same community in Montreal.
- Not a FEP sample

ER use as the first point of contact

Adjusting for age, gender, marital status, education, ethnicity, employment status, diagnosis, and site.

Graph 2. Relative odds ratios of ER use as the first point of contact by demographic factors

Adjusting for age, gender, marital status, education, ethnicity, employment status, diagnosis, and site.
Summary

1. No Significant Differences:
   - Overall pathways to care
   - Initiation of Help-Seeking
   - DUP
2. Family & Family physician involvement
   - High for all groups
3. Non-Medical Contacts
   - High for all groups
   - Less direct pathways to EI services

Limitations

- the design should be viewed as exploratory,
- the results should be considered as preliminary, and
- the findings should be interpreted cautiously.
Implications

- ↑ interpretation services
- ↑ diversity of healthcare providers
- ↑ cultural sensitivity
- ↑ education ethnic leaders

Strategies to improve partnerships within diverse communities (Simunovic, Feb. 18, 2008, CAMH, Introduction to Diversity, Access and equity)

- Try to understand the history of conflicts & intergenerational traumas affecting certain cultural groups
- Improve communication aided by translation services
- Develop shared mandates and goals
- Encourage participation
- Include a diversity of voices

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