

Black, Latino and other minoritized youth need better early psychosis care, finds study

April 5 2023



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While youth and teens struggling with psychosis benefit the most with early intervention care, 20 to 40 percent of them drop out of care programs, if they begin them at all. But a recent study shows that

ethnographically minoritized youth, especially, are less likely to utilize an early intervention program and are more likely to drop out once they begin.

What's to blame for the higher dropout rate for care programs among minoritized youth? The study pinpoints factors such as past experience with discrimination and fears that police will be involved. Family culture and language can also play a role.

Led by SMU (Southern Methodist University) Associate Professor of Anthropology Neely Myers, the study looked at disparities in care pathways for youth in Black, Latino, Native American, Asian, and other ethnographically minoritized groups as compared to white youth in the United States.

Researchers from the University of Minnesota, University of Pittsburg, University of California Davis, and Columbia University, as well as SMU undergraduate research assistant Matt Hutnyan, '21, found that youth in ethnographically minoritized groups who started treatment for early psychosis benefitted from culturally sensitive care, but that few studies exist to address the specific needs of youth and families in these groups.

"It is important to engage any young person experiencing symptoms of psychosis in care as early as possible to promote better outcomes and avoid negative long-term consequences," said Myers, who has been studying early psychosis care since 2014 and recently joined [EPINET-TX](#), a research network that advances early psychosis [intervention](#) in Texas.

"It's a [vicious cycle](#) that may be interrupted with strong support early on—if people are willing to seek them out and use them," Myers said.

Among the long-term consequences of this lack of care are worsening

performance at school and work, difficulties with friends and [family](#) and the possibility that psychosis symptoms may result in a crisis, which can lead to police intervention and involuntary hospitalization. The fear of police intervention, in particular, was a barrier to Black and Latino youth seeking early intervention. Cost was another factor; however, as Myers points out, early intervention led to lower overall [health care costs](#) for all racial groups in the study.

The study, published in *Psychiatric Services* looked at research from January 1, 2010, to June 1, 2021 that specifically addressed ethnoracially minoritized youth and early psychosis intervention to better understand the complex factors that feed into healthcare disparities. Myers et al. looked for how the clinical setting, family attitudes and involvement, as well as [cultural factors](#) influence whether youth in minoritized groups use and remain in early intervention care programs.

What the study found

Even though ethnoracially minoritized youths are at higher risk for developing psychosis symptoms and disorders, they have a harder time accessing services. Furthermore, 30 percent of Black youth, 20 percent of Latino, and 23 percent of indigenous youth avoid any kind of medical care because of past experiences of discrimination in the healthcare setting. Even when youth begin an intervention program, 20 percent to 40 percent end up dropping out.

One positive finding was that race and ethnicity did not play a large role in whether youth connected well with their counselor, an important factor in good outcomes. Additionally, among those who completed the intervention programs, most were satisfied with the help they received.

This means clinical delivery is only one part of the story. Family and culture also influence whether youth remain in programs once they have

started on a care pathway. For example, Black youth in care programs tended to drop out more often than other groups, even with increased outreach after the first episode of psychosis.

Additionally, Black youth as well as non-Hispanic white youth are more likely to report persistent cannabis use one year after beginning intervention compared to Hispanic and Asian youth. Cannabis use during the pre-teen and teen years [has been linked](#) to increased likelihood of developing schizophrenia.

One difficulty in the previously completed research that Myers and her team reviewed was how "family" and "culture" were conflated, even though the reasons for family involvement may be different than the cultural issues that affect care outcomes.

For example, Latino youth did better when the clinicians spoke the same primary language as the youth's main support person, while Black families tended to engage less in family treatment and intervention programs than other groups. This is distinct from cultural issues such as incorporating spiritual beliefs, addressing stigma, and fear of police involvement.

Myers says one thing people can do is involve [community members](#) that [young people](#) and their families already recognize and trust, such as librarians, [youth](#) ministers, and coaches.

"If we train them to recognize the early signs and encourage young people and their families to seek support, maybe we could avoid some of the crisis points that leave people feeling alienated and frighten their loved ones," Myers said.

Addressing disparities and racial discrimination can feel daunting, but Myers is hopeful that raising awareness and working together on the

specific issues that minoritized groups face will have lasting effects.

"Improving young persons' mental health is surely a good place to invest in so they can grow up to make strong contributions back to the community and be role models for others who are feeling helpless," says Heather Zeiger.

More information: Neely Myers et al, Pathways Through Early Psychosis Care for U.S. Youths From Ethnically and Racially Minoritized Groups: A Systematic Review, *Psychiatric Services* (2023). [DOI: 10.1176/appi.ps.20220121](https://doi.org/10.1176/appi.ps.20220121)

Provided by Southern Methodist University

Citation: Black, Latino and other minoritized youth need better early psychosis care, finds study (2023, April 5) retrieved 29 April 2024 from <https://medicalxpress.com/news/2023-04-black-latino-minoritized-youth-early.html>

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