Culturally Responsive Engagement of Structurally Oppressed Students Living with Psychosis

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Objectives

- Identify the early signs and symptoms of First Episode Psychosis.
- Recognize the structural disadvantages that impact student engagement and community partnership.
- Identify practices that promote collaboration and connectedness.

Meet Your Presenters

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This project is a collaboration between Northeast Ohio Medical University, The Ohio State University, and Ohio Department Mental Health & Addiction Services

Who is Crystal?

What is important to Crystal?

Who is Nick?

What is important to Nick?

FIRST EPISODE PSYCHOSIS

PSYCHOSIS

"He said that it is psychosis, but I know what I am. Psychosis is a disconnection from reality. I'm not disconnected from reality!"

Myers, et al., 2019

FIRST EPISODE PSYCHOSIS BASICS

- Often begins when a person is in their late teens to mid-twenties – ***College-aged***

- Three out of 100 people will experience psychosis at some time in their lives

- About 100,000 adolescents and young adults in the United States experience a first episode of psychosis each year

NIH, 2015

FIRST EPISODE PSYCHOSIS

- Refers to the first time someone experiences psychotic symptoms or a psychotic episode

- Commonly referred to as FEP

- The word **psychosis** is used to describe conditions that affect the mind, where there has been **some change in perception**

NIH, 2015

FIRST EPISODE PSYCHOSIS BASICS

- People experiencing a first episode of psychosis often do not understand what is happening

- Symptoms can be disturbing and unfamiliar, leaving the person confused and distressed

- Psychosis affects people from all walks of life*

  - (not every experience is equitable)

NIH, 2015

Myths Versus Facts

MYTH	FACT
Individuals Who Have SMI are Prone to Violence	This is a harmful myth that contributes to stigma around SMI. It leads to a false public perception that equates criminality with SMI and other mental health conditions.[6] However, data do not support this perception. Overall, people who have SMI are much more likely to be victims of violent crime than perpetrators. There is some risk for violence linked with schizophrenia,[7] yet most of the excess risk for violence is linked to: ✓ co-occurring substance use disorders[7,8,9] ✓ violence that occurs before the start of treatment[10] ✓ treatment non-adherence[9]

2%
Annual rate of violent behavior for the general population[11]

2%
Annual rate of violent behavior for individuals who have SMI and no history of violent victimization, exposure to violence, or co-occurring disorders[11]

25%
Annual rate that people who have SMI are victims of violent crime each year[12]

11.8x higher
Likelihood for someone who has SMI to be the victim of a violent crime, compared to the general public[12]
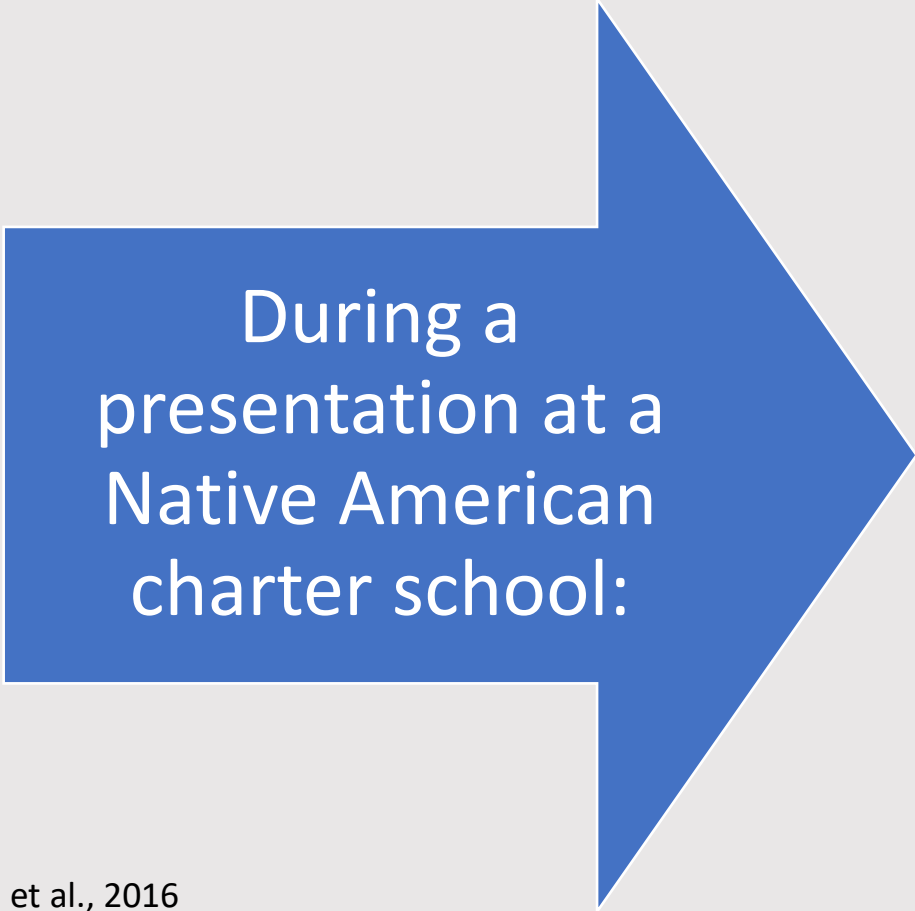
APA, 2021
SMI Myth vs Fact Infographics v1.pdf

Myths Versus Facts

MYTH	FACT
People Who Have SMI Cannot Obtain Competitive Employment or Complete Education	Employment and education provide a sense of purpose that is a critical aspect of life in recovery.[10] In fact, most people who have SMI do want to work and see work as an essential part of their recovery.[6,7] Between 40% and 60% of people who enroll in supported employment obtain competitive employment.[12]

There is ample evidence that employment is not "too stressful" for individuals who have SMI.[13] The benefits of employment and education for people with SMI are well documented.[8] They include improved economic status, increased self-esteem, and symptom reduction. In fact, the detrimental effect of unemployment creates clinical risks for people who have SMI.[9] These are often overlooked.

Supported employment programs can improve outcomes for individuals who have SMI.[14] This includes a higher likelihood that they obtain competitive employment, work more hours per week, maintain employment for a longer period, and have a higher income. In turn, supported education programs can reduce burdens for people who have SMI and want to finish or go back to school.[15] It offers specialized, one-on-one support to help navigate academic settings and link to mental health services.

Individuals should receive encouragement if their recovery goals include employment or education. There are supportive and effective programs to reach these goals and they have considerable benefits. |
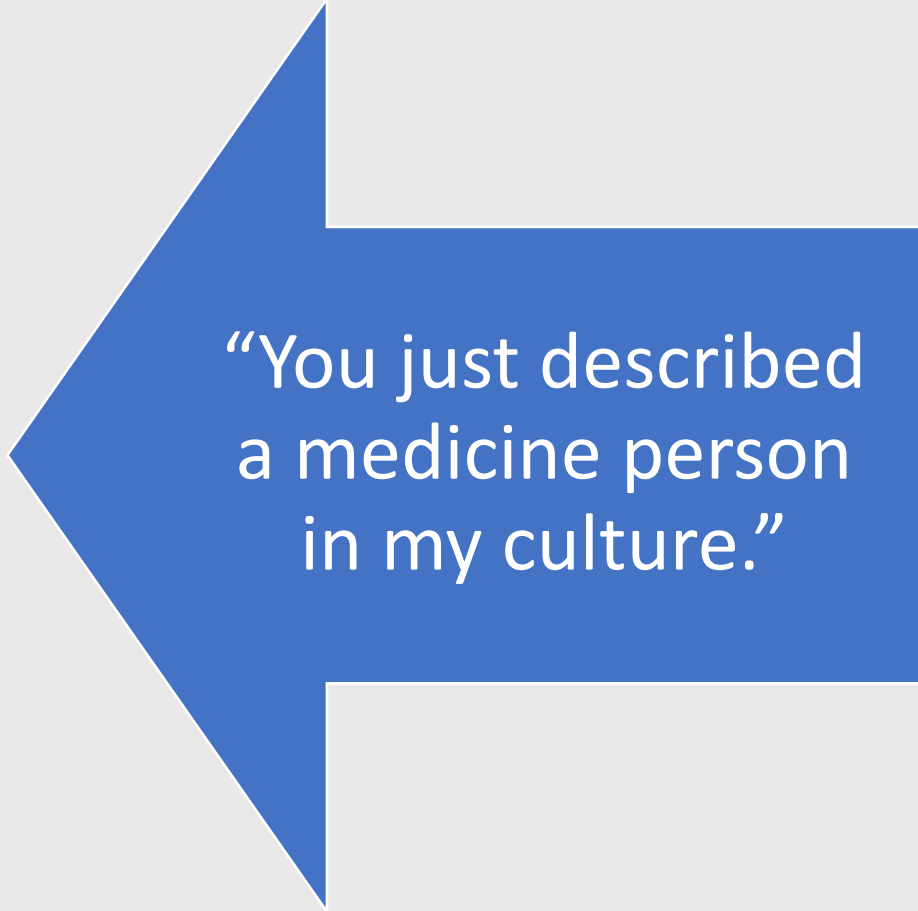
APA, 2021
SMI Myth vs Fact Infographics v1.pdf

Common Challenges Associated with Early Psychosis for Students

Symptoms	Academic, Interpersonal, and/or Environmental Challenges
Disorganized thinking	Difficulty following lectures, tracking conversations, completing reading assignments
Perceptual experiences (e.g., hearing voices, seeing images)	Distraction while trying to concentrate during tests, exams, and presentations
Suspicious or unusual thoughts	Anxiety of fear of others; challenges or withdrawal from relationships and friends, classmates, family, and instructors
Cognitive problems	Trouble with memory, attention, or planning
Depression and/or negative thoughts	Low motivation for self-care, exercise, low self-esteem, demoralization, internalized stigma, fatigue or trouble sleeping, feeling overwhelmed or low stress tolerance, suicide, or self-harm thoughts

NASMHD, 2016

INTERPRETATION OF SIGNS & SYMPTOMS

During a presentation at a Native American charter school:

"You just described a medicine person in my culture."

Lynch et al., 2016

BARRIERS, STIGMA, DISCRIMINATION

Stigma and Discrimination

- Psychosis has been considered one of the most highly stigmatized conditions

- Perceived (actual) discrimination continues to be a barrier to care – linked to poor physical and mental health outcomes

- Disclosure is relevant to a form of internal stigma - impact for delayed help-seeking in mental health more generally

- Most prominent and significant predictor of DUP (duration of untreated psychosis)

Kular, 2018

Barriers

- American Psychiatric Association's Apology to Black, Indigenous, and People of Color for Its Support of Structural Racism in Psychiatry - January 18, 2021

- https://www.psychiatry.org/newsroom/apa-apology-for-its-support-of-structural-racism-in-psychiatry

Inequities in Diagnosis

- Non-Hispanic Black people are five times more likely to be diagnosed with schizophrenia than their white counterparts. (Olowoye et al., 2018)
  - Black people and other people of color living with psychosis are more likely to be involuntarily hospitalized.
- Latinx individuals are three times more likely to receive a diagnosis related to psychosis than their white counterparts. (Schwartz et al., 2014)
- LGBTQ+ individuals have been shown to have an increased risk of psychosis. (Qi et al., 2020)
  - Increased risk of trauma
  - Does not significantly predict probable psychosis

Misdiagnosis

- What we know:
  - Black individuals are significantly more likely than non-Latino white people to be diagnosed with schizophrenia (Strakowski, et al., 1996)

- Gara, et al. (2018) asked:
  - Would African Americans with a diagnosis of schizophrenia be more likely to than similarly diagnosed white people to screen positive for major depression?
    - African Americans were more likely than non-Latino white people to screen positive for moderately severe to severe depression.

Trauma and Discrimination

- Research has highlighted trauma as a potential contributor to developing psychosis.
- 70% of individuals living psychosis have experienced at least one traumatic event.
- Lack of green space and environmental toxins has been shown to correlate with psychosis.
- Individuals that have been pushed to the margins are more likely to live in these environments.
- Perceived (actual) discrimination has been associated with psychosis.

Anglin, 2021: Campodonic, 2022

Why Early Intervention is Important - Concerns with Police Involvement

Young adults expressed distress over police involvement
- Black, First Nation, and Latino men are more likely to be killed by the police than White men.

A bad initial interaction reduces interest in following up in future mental health care

An occurrence before May 25, 2020

Myers at al., 2019

Concerns with Police Involvement

- "I went [to outpatient treatment] maybe one year steady, but I was still not in agreement from my diagnosis, especially the way it all happened—them arresting me and stuff."

Myers & Ziv, 2016

ACCOMMODATIONS AND ACTION STEPS

Accommodations

- Permission for a family, friend, and other ally to accompany the student to meetings in which the individual typically wouldn't be invited to attend
  - Having an ally in the room might help diminish social anxiety, feelings of paranoia or other symptoms
  - Explore chosen family

Accommodations

- Early registration for or preferential placement in internship or practicum of choice
  - Helps ensure that student has access to the internship site most likely to be conducive to his or her success
  - Identify an affirming and cultural responsive placement in the student's community
  - Inquire about physical accommodations such as ramps and accessible/gender neutral restrooms

NASMHD, 2016

Accommodations

- Ability to freely come and go, stand up, sit in an optimal place (preferential seating) or engage in other activities to stay alert
  - Staying active and/or taking breaks may help with concentration, attention and/or fatigue

NASMHD, 2016

Accommodations

- Substituting an individual project for a group project
    - Voices, feelings of paranoia and other symptoms can also render participation in a group project very difficult; some students may find it far easier to manage an individual project and such alterations are unlikely to alter the essential requirements of the course
    - Schedule time with interpreter

EVERYDAY INTERVENTIONS

Collaboration with local faith communities

Faculty/staff participation in nearby community events

Exploration of case management practices

Partner with student health services

Exploration of inequity and power during supervision

Jones & Luhrmann, 2019; Jones et al., 2021

Power of Peer Support

- Allilsa Fernandez (they/them) – Peer advocate and ISPS – US Board Member
  - "I returned to school because of a peer support community. They provided practical recommendations such as listening to music, touching a cold surface to ground myself, and note taking during my classes. They were instrumental in me going on to graduate magna cum laude."
- Emeka Chima (he/him) – Executive Board Secretary for Students with Psychosis
  - "Like minded peers and advocates were helpful during my educational experience. They were people I could relate to in an environment where people were treated like human beings and not just a diagnosis. They looked past my diagnosis and helped me create a community."

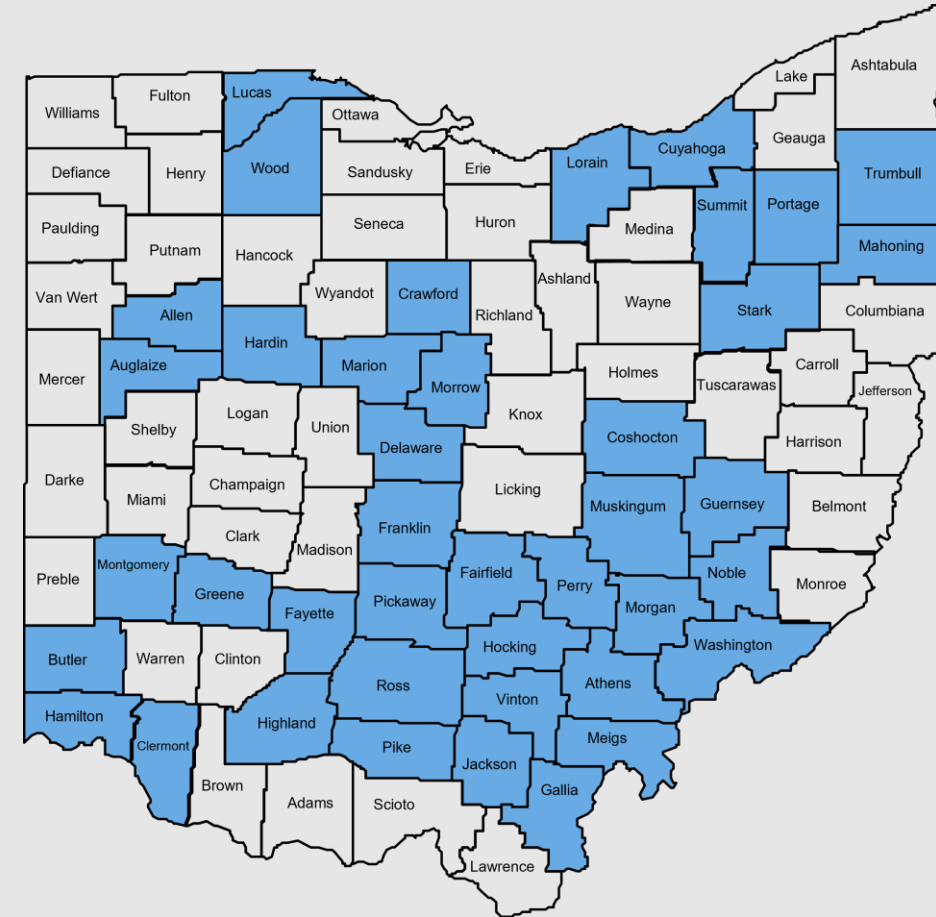# Coordinated Specialty Care for First Episode Psychosis

- CSC for FEP is a treatment approach offered by a team of mental health specialists. Each CSC for FEP specialist works with the participant to create a personal treatment plan based on their goals, needs, and preferences. CSC for FEP is appropriate for students between the ages of **15-35** with a recent onset of psychosis.

- CSC includes:
    - Psychotherapy
    - Medication Management
    - Family Education and Support
    - Supported Education and Employment Services
    - Many CSC programs offer Peer Support and Nursing Services

Get Help Early: Finding Coordinated Specialty Care for First Episode Psychosis in Ohio

Visit:

mha.ohio.gov/GetHelpEarly

- To find contact information for CSC for FEP programs in the highlighted counties

- For counties without CSC for FEP programs, please visit https://findtreatment.gov/locator

Freedom

"I tell my students, 'When you get these jobs that you have been so brilliantly trained for, just remember that your real job is that if you are free, you need to free somebody else. If you have some power, then your job is to empower somebody else." **Toni Morrison**

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Resources

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