Psychosis in BME communities in Lambeth - incidence and access

SLaM report to the Lambeth Black Mental Health Commission

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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.
Incidence 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 proportions of people with risk factors including unemployment, trauma, BME communities, social adversity and cannabis use.
Number of cases in Lambeth age 18-35

• Actual figures to 2007 and projected based on GLA population estimates (2011 round)
• Lambeth young adult population rose 15% 2006 - 2011 from 93,706 -107,856
• Suggests 42% cumulative increase in cases 2007-2011
• 1342 referrals 749 diagnosed psychosis 405 diagnosed schizophrenia 2000 up to 2007
• Suggests 952 referrals, 532 new psychosis cases and 287 new schizophrenia cases in 4 years (2008 -2011) from demographic change alone
Lambeth 2001 - 2011

• Lambeth Early Onset study 18-35 age group 2000-2007
• rates schizophrenia 54.6 per 100,000
• rates treated psychosis 100.9 per 100,000
• Evidence of approx 10% increase in rates 2004-2007 compared to 2000-2003
Risk Factors for Psychosis

• BME communities up to 9 x more likely to have psychosis.

• Unemployment - people 12 x more likely to become psychotic Black Caribbean unemployed people 60 x more likely than white employed people (Boydell at 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)
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:

- Increased rates of major risk factors, including traumatic experiences (including racism/perceived racism), family breakdown, unemployment and social adversity

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).
Predicted new cases: London Boroughs

New cases (16-64) - 2009

Data from PsyMaptic
Kirkbride et al, BMJ Open (Feb 2013)
The abandoned illness – extract from summary
a report by the Schizophrenia Commission. November 2012

- People with severe mental illness such as schizophrenia 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
- Increase access to psychological therapies - 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
- Extend the popular Early Intervention for Psychosis services
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.’
Services in Lambeth

Early detection and high-risk service: OASIS

The OASIS service 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.
First episode service: LEO

• The Lambeth Early Onset Crisis Assessment Team (LEO CAT) is part of the LEO service, which includes the inpatient unit and community teams

• LEO CAT provides home-based assessment for people, aged 16-35, who are experiencing mental illness for the first time and who live in Lambeth

• LEO CAT provides assessment, treatment and advice to maintain people’s health in crisis or recovery.
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 an 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
CBT for Psychosis

• Our outcome data indicate 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
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
“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.”

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.