

ETHNO-RACIAL DIFFERENCES IN COERCIVE INTERVENTIONS AND ITS INFLUENCE ON HELP-SEEKING BEHAVIOURS AMONG BLACK FIRST EPISODE PSYCHOSIS PATIENTS

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Background: Previous literature in the UK and US shows that Black patients are disproportionately diagnosed with psychosis and are more likely to be involuntarily admitted to psychiatric hospitals. Whether these findings may also hold true in Canada, and how these experiences may have influenced Black patient attitudes towards mental health services are poorly understood.

Objectives: Using a mixed-methods design, the objectives of this study are: 1) to determine whether Black first episode psychosis (FEP) patients are at a higher risk of coercive referral and coercive intervention than non-Black FEP patients, 2) to examine the experiences of Black FEP patients who underwent coercive interventions, and 3) to explore how these experiences may have influenced help-seeking behaviours.

Methods: Retrospective data from patients referred to a First-Episode Psychosis program from 2015-2018 was collected via chart review (N = 279). A sample of five English-speaking male FEP patients, who self-identify as Black, and are actively being followed by FEPP were recruited for the study. Participants were interviewed and asked a series of open-ended questions related to their treatment experience for psychosis. Chi-square tests explored the relationship between ethnicity, diagnosis of psychosis and coercive intervention. Thematic analysis guided the analysis of the qualitative data.

Results: Results showed that Black FEP patients are significantly more likely to be coercively referred ($\chi^2 = 9.25$, $df = 2$, $p = .01$) and coercively treated ($\chi^2 = 9.21$, $df = 2$, $p = .01$) than non-Black FEP patients. The patients also reported that they perceived loneliness, feeling unheard, police contact and forced medication as contributing to reduced help-seeking behaviours.

Discussion: Information from this study can be used to improve clinical interventions and triage procedures so patients can participate in treatment decisions. The study can also be used to inform policymakers how to promote patient welfare and autonomy in clinical settings.

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Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to identify what medical coercion is and list three risk factors for coercive treatment
2. Participants will be able to interpret the influence of coercion on help-seeking behaviours among Black first-episode psychosis patients.

References

Anderson, K. K., Flora, N., Ferrari, M., Tuck, A., Archie, S., Kidd, S., Tang, T., Kirmayer, L. J., & McKenzie, K. (2015). Pathways to first-episode care for psychosis in African-, Caribbean-, and European-origin groups in Ontario. *The Canadian Journal of Psychiatry*, 60(5), 223-231.

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