

ISSUES REGARDING THE DELIVERY OF EARLY INTERVENTION PSYCHIATRIC SERVICES TO THE SOUTH ASIAN POPULATION IN ENGLAND

Mark Agius¹, A. Talwar², S. Murphy³ & Rashid Zaman¹

¹ South Essex Partnership University Foundation Trust, Bedfordshire Centre for Mental Health Research in association with the University of Cambridge; Department of Psychiatry University of Cambridge; UK

²New Hall College Cambridge University, UK

³University of Bedfordshire, UK

SUMMARY

Introduction: Little research has been done to ascertain how patients and families of South Asian origin access and use early intervention mental health services today. The aim of this retrospective study is to gain a better understanding of how well South Asian patients engage with standard psycho-social interventions.

Subjects and Methods: In June 2003 an audit was conducted amongst 75 patients from different ethnic groups in Luton. Measures of engagement with mental health services included; number of missed outpatient appointments over one year and compliance with medication regimes.

Results: The results of this audit showed that South Asian patients are more likely to miss appointments and refuse to take medication in comparison to their Caucasian or Afro- Caribbean counter-parts. Further analysis revealed that the Bangladeshi subgroup had missed more appointments and had a greater proportion of medication refusal in comparison to the other Asian subgroups.

Conclusions: These results support the pioneering work by Dr Robin Pinto in the 1970s he observed that Asian patients perceive and utilise mental health services in a different way compared to the Caucasian population. The observations from our study depict the difficulties in engaging ethnic minority patients into existing services. Hence we argue that future interventions should be adapted and tailored to overcome cultural and language barriers with patients and their families.

Key words: early intervention in psychosis – ethnicity - South Asians - epidemiology

* * * * *

INTRODUCTION

In the 1970s, Dr Robin Pinto published the first paper about mental illness in South Asian immigrants in England. He compared a group of South Asian patients suffering with psychosis in Camberwell, with a group of Asians who had no mental health problems and a group of Caucasian psychiatric patients. The study showed that psychiatric morbidity in the Asian population was higher than that of the indigenous population. South Asian immigrants suffering with psychosis appeared to suffer from certain indices of “stress” such as unsatisfactory housing; reduced social status as a result of migration and increased social isolation. There was also evidence that the South Asian patients and the indigenous patients used psychiatric services differently. More indigenous patients referred themselves to hospital; more Asians had a disturbed behaviour before psychiatric referral and there was a longer duration of symptoms before referral in this group. Asian patients also tended to be followed up in outpatient departments for a shorter period of time.

Since his work in the 1970s, the Bedfordshire and Luton NHS Partnership Trust have been running a Pilot Early Intervention Service for Psychosis in Luton for the last six years. It has developed into an established mental health service which is expanding to serve the whole of Bedfordshire.

Early Intervention in Psychosis (Agius et al. 2007, IRIS 1999) has become a very well accepted model for delivering treatment to young people with a psychotic illness. It is now well established across the United Kingdom, and the model offers treatment to young persons with psychotic illness for three years from the diagnosis of the illness. Reports recently published from our group suggest that this model does indeed improve the prognosis in psychotic illness (Agius et al. 2007), and recently drafted guidelines (Agius 2005) have advised that such a service should be available in all community mental health services.

It remains, however, a fact that in drawing up guidelines for Early Intervention in Psychosis services, there has been little attempt to adjust the service provision to the different ethnic groups which will be served by such a service in Multicultural Britain, and in particular to the South Asian Population. Indeed, this population, though constituting a large group within the total population of the UK, has been studied relatively infrequently. WHO has, in its recent Declaration on Mental Health in Europe strongly advised that mental health services should focus on delivering services to marginalised groups such as immigrants (WHO 2004). When we began the development of our service, there were only five studies which we could locate, which considered psychotic illness in the South Asian Population (Bhugra et al. 1997, King et al. 1994,

Birchwood et al. 1992, Cochrane et al. 1987, Carpenter et al. 1980). We have subsequently reported in conference presentations on some of the issues which arise when working with South Asian Patients (Agius et al. 2003, Gallagher et al. 2003), and we have recently published the three year outcomes of our Early Intervention Service regarding these patients (Agius et al. 2008), but we have not, till now, published formally our data on how the South Asian Population have used our service; such data is of fundamental importance in developing a service to work with this group of patients, since it will need to be used to shape the service appropriately. South Asians in our context refers to persons who originate from the Indian Sub-Continent, including Indians, Pakistanis, Bangladeshis, Sri-Lankans, Nepalese, and persons from regions of these countries. Many patients in these communities will be ‘second generation migrants’, having been born in the UK, but may maintain very close links with the country of origin.

The population in Luton includes a rich mixture of many ethnic and cultural groups. In terms of total numbers, the South Asian population is second to the Caucasians in the EI service (Figure 1). Initial observations from this group have revealed that the South Asians have a higher prevalence of psychosis compared to the Caucasians. Since this observation was first made in Camberwell by Dr Pinto, studies have made different conclusions about the prevalence of psychosis in different ethnic groups. Some European studies report the rate of schizophrenia for migrants to other countries as being raised (Selton 1997, Zolkowska 2001). However studies such as the EMPIRIC study (King 2005), a community based prevalence study, have found only a modest association between ethnicity and the likelihood of reported psychotic symptoms. The U.K. AESOP Study (Fearon 2006) has also shown only modestly raised rates of psychosis in the Asian population in comparison to the Afro-Caribbean population where rates are high. Hence this is reflected in the amount of research conducted on this particular ethnic group.

The reality is that little research has been done to ascertain how patients and families of South Asian origin access and use mental health services today. Hence the aim of this study is to continue Pinto’s work looking in particular at how South Asians engage in mental health services.

SUBJECTS AND METHODS

In June 2003, 75 patients (48 males and 27 females) from an array of ethnic groups (Figure 1) between the ages of 14 and 35 years had entered the EI service. The number of missed appointments and refusals to take medication over a one year period were used as surrogate markers of engagement with the patients.

It is important to note that the South Asian ethnic group is also comprised of people from a vast array of cultural and religious backgrounds. Hence the group

was further sub-divided into Bangladeshi, Kashmiri, Pakistani, Punjabi and Gujarati sub-groups for further analysis (Figure 2).

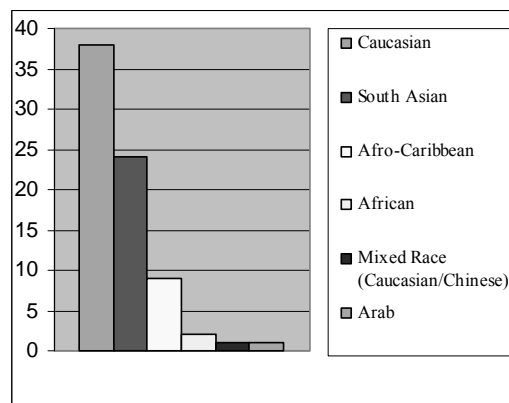


Figure 1. Ethnicity of South Asian Patients in the EI Service- June 2003

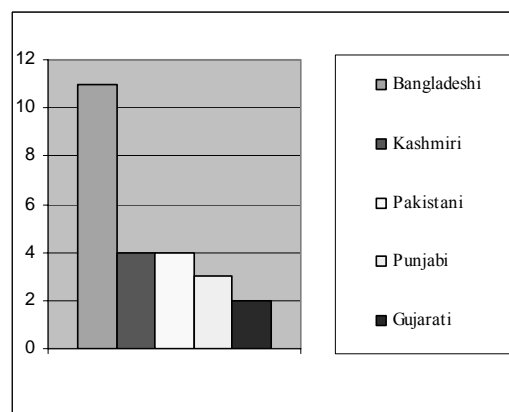


Figure 2. Sub-Groups of South Asian Patients in the EI Service- June 2003

RESULTS

Missed Appointments

Although the numbers of participants in this study is small, some observations can be made. It must be noted that each missed appointment was recorded as one incident. Hence one patient may have generated several missed appointments. However, analysis of the absolute numbers suggests that South Asian patients are missing more outpatient appointments in comparison with their Caucasian and Afro-Caribbean counterparts (Figure 3). When the number of missed appointments is broken down by Ethnic sub-group it appears that the Bangladeshi population missed the most (Figure 4). In total, only one Bangladeshi, one Pakistani and one Punjabi patient kept all of their appointments. However more Caucasian and Afro-Caribbean patients missed appointments compared with any of the Asian sub-groups. Hence one can state that missed appointments are a problem amongst all patients. In terms of proportions however, there are more Caucasians in the EI service than Asians; this needs to be considered.

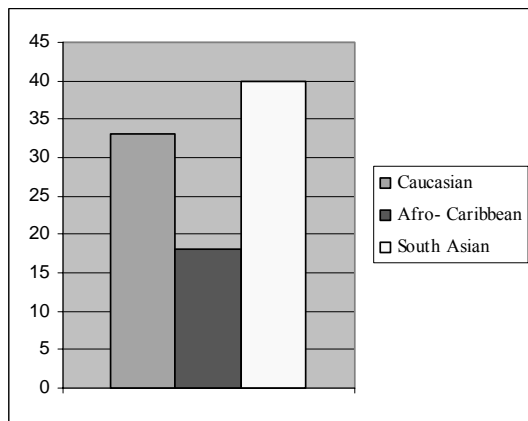


Figure 3. Number of Missed Appointments by Ethnic Group Between 1/7/02-30/6/03

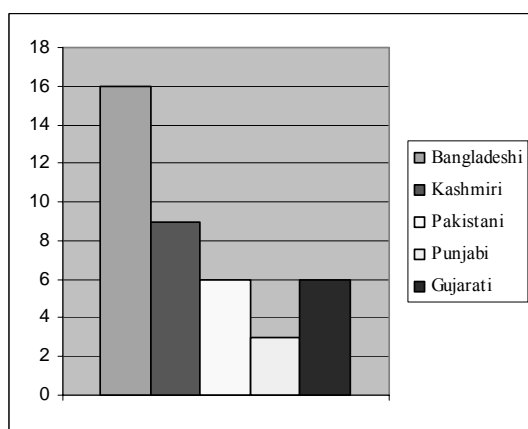


Figure 4. Number of Missed Appointments by South Asian sub-groups Between 1/7/02-30/6/03

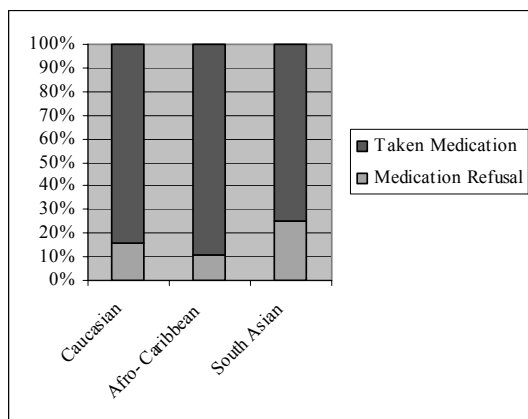


Figure 5. Known Refusers to take Medication by Ethnic Group, Expressed as a Percentage of the Total

Medication Refusal

It is important to note that the numbers of known refusers to take medication is an under-estimate. From past experience, many patients stop taking their medication months before this is admitted to their health care provider. Similarly it is unlikely that 100% of patients have complied with their medication (shown in Figure 6). Hence these factors must be considered.

However the results show that a greater percentage of South Asians refuse to take their medication (Figure 5) and the Bangladeshi subgroup is the largest population of patients not to comply (Figure 6).

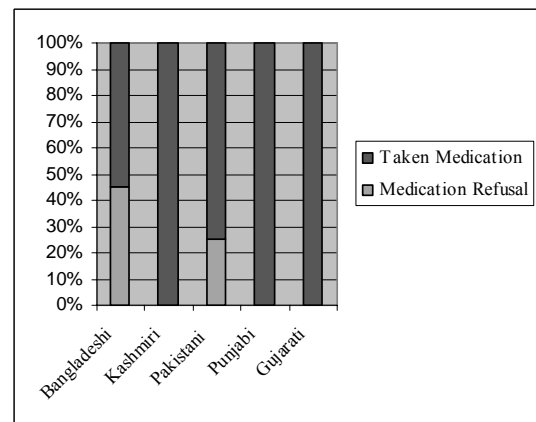


Figure 6. Known Refusers to take Medication by South Asian sub-group, Expressed as a Percentage of the Total

DISCUSSION

The main findings from this study support some of the original conclusions made by Dr Pinto in the 1970s. It appears that there is a need to ensure that mental health services develop more effective methods of engaging with South Asian patients and their families. Difficulty in communication with patients due to language barriers and a lack of knowledge about Asian culture and family dynamics may explain why such patients engage poorly with current services. There is also a lot of stigma attached to mental illness, particularly amongst Asian communities. They also have different views about the aetiology of mental illness. Hence programmes to increase awareness about psychiatric conditions amongst the Asian population as well as encouraging people from a South Asian background to work in mental health services may improve some of the outcomes in this population. Future research will also need to explore the attitudes of second generation Asians which are often an amalgamation of Eastern and Western culture.

This study has also highlighted the particularly high numbers of Bangladeshi patients in the EI service. In Luton itself, there are a large number of Bangladeshi families where the incidence of psychosis is high. This situation may be perpetuated by the custom of consanguineous marriage and could provide interesting information on the genetic aspects of psychosis.

CONCLUSION

We accept that the small number of patients is an important limitation of this study, but these numbers reflect the actual numbers of patients from these populations in a real service in UK which is actually providing care. Early Intervention for Psychosis

Services are now becoming standard parts of Mental Health Services for the population of the United Kingdom. In order that such services be made available equitably to all those who can benefit from them, including those from the South Asian ethnic minorities, it is imperative that the issues which we have raised in this article be considered in the design and delivery of such services.

REFERENCES

1. Agius M, Gallagher O & Zaman R: *Young Asian Psychotic Patients in Luton; The development of an Early Intervention service for Ethnic Minority Patients.. 'Psychiatric care across cultures' First pan-Mediterranean conference on psychiatry and cultures Malta 2003;109 isbn99909-44-23-7.*
2. Agius M, Martic Biocina S, Alptekin K, Rotstein V, Morselli P & Persaud A: *Basic Standards for Management of Patients with Serious Mental Illness in the Community Psychiatrija Danubina 2005; 17:42-57.*
3. Agius M, Shah S, Ramkisson R, Murphy S & Zaman R: *An Early Intervention for Psychosis Service as compared with Treatment as Usual for First Psychotic Episodes in a standard Community Mental Health Team; Basic Concepts and the Service Psychiatria Danubina 2007; 19: 5–9.*
4. Agius M, Shah S, Ramkisson R, Murphy S & Zaman R: *Three year outcomes of an Early Intervention For Psychosis Service as compared with treatment as usual for first psychotic episodes in a standard Community Mental Health Team-Final Results. Psychiatria Danubina, 2007;19:130-138.*
5. Agius M, Shah S, Ramkisson R, Persaud A, Murphy S & Zaman R: *Three year outcomes in an early Intervention Service for Psychosis in a multicultural and multiethnic population. Psychiatria Danubina, 2008; 20:494–499.*
6. Birchwood et al: *The Influence of Ethnicity and family Structure on Relapse in First Episode Schizophrenia B J Psych 1992;161;783-790.*
7. Bhugra L et al.: *Incidence and outcome of schizophrenia in whites, afro-Caribbeans and Asians in London Psychol Med 1997; 27:791-798.*
8. Carpenter and Brockington: *A study of mental illness in Asians, West Indians and Africans living in Manchester BJPsych 1980;137:201-205.*
9. Cochrane and Bal: *Migration and Schizophrenia;an examination of five hypotheses Soc Psych 1987. 22:181-191.*
10. Fearon P, Kirkbride JB, Morgan C et al.: *Incidence of schizophrenia and other psychoses in ethnic minority groups: results from the MRC Aesop Study. Psychological Medicine 2006; 36: 1541-1550.*
11. Gallagher O, Agius M & Zaman R: *Setting up an Early Intervention Service:Adapting Service to Culture, Capability, and Need. 'Psychiatric care across cultures', First pan-Mediterranean conference on psychiatry and cultures 2003;107 Malta isbn99909-44-23-7.*
12. IRIS Guidelines North Birmingham Mental Health Trust 1999.
13. King et al. 1994 *Incidence of psychotic illness in London:comparison of Ethnic groups BMJ. 1994; 309:1115-1119.*
14. King M, Nazroo J, Weich S et al.: *Psychotic symptoms in the general population of England- a comparison of ethnic groups (the EMPIRIC study). Social Psychiatry and Psychiatric Epidemiology 2005;40: 375-381.*
15. Pinto R: *A study of Psychiatric Illness among Asians in the Camberwell Area. M Phil Thesis University of London 1970.*
16. Selton JP, Slaets JP & Kahn RS: *Schizophrenia in Surinamese and Dutch Antillean immigrants in the Netherlands: evidence of an increased incidence Psychological Medicine 1997; 27: 807-811.*
17. WHO declaration on Mental Health in Europe 2004.
18. Zolkowska K, Canter-Grase E & McNeil TF: *Increased rates of psychosis amongst immigrants to Sweden: is migration a risk factor for psychosis? Psychological Medicine 2001; 31: 669.*

Correspondence:

Mark Agius MD
SEPT at Weller Wing, Bedford Hospital
Bedford, Bedfordshire, MK42 9DJ, UK
E-mail: ma393@cam.ac.uk