

South Asians
Psychosis and

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What is Psychosis?

Multi-factorial

Range of symptoms

Occurs in “episodes”

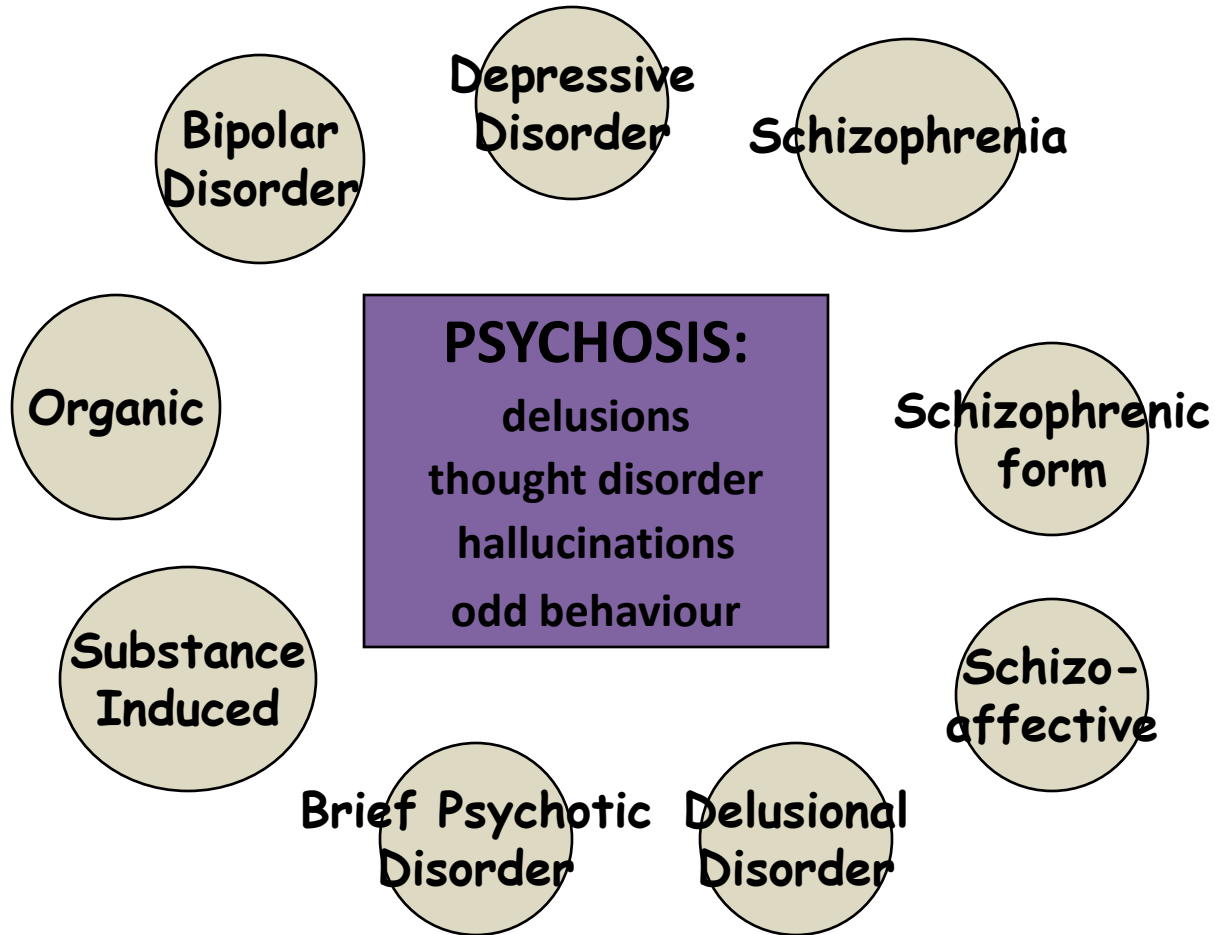
Loss of contact with reality

Can be part of other mental disorders

Who gets Psychosis?

- **≈ 3% of population with an episode in their lifetime**
- **In all cultures, income and education levels**
- **Affects males/females equally**
- **1st episode ≈ late teens and mid-twenties**

Diagnostic Circles



Components of Schizophrenia

Positive Symptoms

Hallucinations
Delusions
Disorganized Thought

Negative Symptoms

Affective Blunting
Alogia
Avolition
Anhedonia

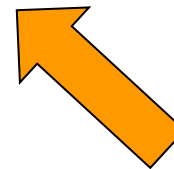
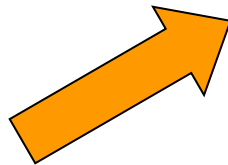
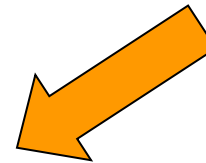
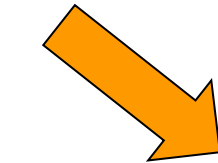
FUNCTIONING

Cognition

New Learning
Memory

Mood Symptoms

Insight
Demoralization
Suicide



Culture and Mental Illness

- **Cultural beliefs about nature, cause and “cure” of illness affect:**
 - Awareness of symptoms
 - Behaviour response
- **For South Asians, presentation of illness may change based on:**
 - Country of origin
 - Degree of Acculturation

South Asians and Psychosis

- Ancient Hindu texts and epics make references to disorganized thinking and psychotic states
- In Sikh scriptures, comments re. alcohol and drugs causing mental disorders
- Schizophrenia and Bipolar Disorder (vs. depression/anxiety) more accepted as mental illnesses in Indians

– Asha Kumar and Jeffrey S. Nevid, 2010

Beliefs about Causes

- A South India study showed attribution of illness to a hostile person, spirit possession, planetary positions, sins of past lives etc.
(Padmavati, Thara & Corin, 2005)
- A North India study showed 74% had delusional explanation of paranormal phenomena and had magico-religious treatment. Common in urban areas with good education levels.
(Kulhara P. et al, 2000)
- 100 % of Bangladeshi immigrants in a London, UK area believed in possession by “Jinns”
(Dein et al, 2008)
- Psychiatrists in Calcutta distinguish between “ordinary and religiously induced madness”
(McDaniel, J. 1989)

Types of Presentation

- Differences based on length of immigration
- Religious preoccupation or confusion
- May carry arm thread, special ring or jewelery to counter “evil influence”
- May recite or sing religious hymns - different from talking to self!
- Likely to read a special religious book in hospital/home

Types of Presentation

- Delusion re: gurus, prophets, saints, imams and other religious and historical figures or events
- Hallucinations (auditory, visual) re: religious themes
- Visit a temple, mosque - inpatients will ask for a “pass” to do that
- Family coping strategies: diversion, religious/positive thinking and avoidance

(Puttamma et al, 1998)

Use of Services

- 30% patients consulted a traditional healer
(Dein & Sembhi, 2001)
- May consult many healers simultaneously (Dein '08)
- 46% of Asians (mainly Sikh), in UK, used traditional healers
(Karmi, 1985)
- Many used traditional remedies plus Western medicine but never shared with GP
(Bhopal 1986)
- Muslims more tolerant of psychosis symptoms and less ready to seek treatment (Pote & Orrell, 2002)

Impact on Course & Outcome

- WHO 5-year follow-up study of Schizophrenia: significantly better clinical and social outcomes in India and Nigeria vs. the Developed countries. Remission rate of 42% (India) vs. 5% (Denmark) (Leff J. et al 1992)
- Relapse and readmission rates lower for South Asians vs. Africans and Caucasians (Birchwood et al 1992)
- Study from Northern India: high family Expressed Emotion linked to poorer outcome (Leff J. et al 1987)
 - Urban vs. rural family EE – 30% vs. 8%

Impact on Course & Outcome

- **Marriage** – (Thara and Srinivasan 1997):
 - Rates of marriage high in Indian patients
 - 80% of marriages intact at 10 year follow up
 - More women had broken marriages
 - Continuous or relapsing course in both sexes reduced the chances of getting married
- **Work:**
 - At least 60% males had good work functioning at 10 years (Srinivasan and Thara 1997)
 - In females, homemaking functioning was equal to paid job

First Episode Psychosis, Early Intervention and Outcome

Evidence For :

Symptom reduction

Reduced relapse rates

Better social functioning

Higher satisfaction with life

Improved treatment adherence/retention

75-85% 1-yr remission rate with treatment

(Ashok Malla et al – Can. J. Psych., Dec. 2005, 50: 881-889)

First Episode Psychosis, Early Intervention and Outcome

Relapse Rates:

- Normal Service: 30% (1 yr.), 80% (5 yr.)
- Early Intervention: 17% (1 yr.), 29% (2 yr.)

Adequate role functioning:

- employment, education, housework, childcare

One-year rates :

- Routine Care (India): 51% (First Episode Schizophrenia)
- Early Intervention (Canada): 59.9% (Schizophrenia spectrum)

Two-year rates: **32% - 40%**

(Ashok Malla et al – Can. J. Psych., Dec. 2005, 50: 881-889)

THANK YOU

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