



SCHIZOPHRENIA: THE IMPACT OF RACE ON DIAGNOSIS

Problem: Schizophrenia is a serious mental illness that affects approximately 3 million people in the U.S. Individuals with schizophrenia interpret reality abnormally, often experiencing visual or auditory hallucinations or delusions, disorganized speech or behavior and decreased emotional expression. Epidemiological research suggests that rates of schizophrenia are relatively similar across racial groups. Clinically, however, African Americans tend to be over-diagnosed with schizophrenia and under-diagnosed with mood disorders (e.g., depression, bipolar disorder) compared with non-Hispanic White patients. Research with Asian American and Latino populations is sparse, but suggests possible over-diagnosis of schizophrenia. Misdiagnosis can strongly affect the quality of clinical care. Once diagnosed with schizophrenia, for example, African Americans are more likely than Whites to be hospitalized and to receive higher doses of medication.

Findings: Reasons for these disparities in diagnosis and treatment among African Americans remain unclear. Several important explanations, however, involve issues of culture. The ways in which symptoms of mental illness are expressed is often influenced by an individual's race and ethnicity. For example, African Americans report "first-rank" symptoms of psychosis more frequently than non-Hispanic Whites. These include delusions considered particularly bizarre and indicative of schizophrenia, such as thoughts being inserted or withdrawn from the person's mind. But when these symptoms are evaluated without information on the person's race (such as by transcripts of interviews without any identifying information), African American and White patients are just as likely to receive a diagnosis of schizophrenia. It appears that the lack of race-related cues helps clinicians to consider these symptoms in the context of the person's full presentation and enables them to render a more accurate diagnosis, such as mood disorder with psychotic features.



A second cultural explanation for misdiagnosis is the way in which clinicians obtain and use information during diagnostic interviews, which appears to differ based on a patient's race or ethnicity. For example, symptoms related to mood disorders were recorded less frequently when clinicians interviewed non-White patients than when they interviewed White patients. This resulted in greater likelihood of diagnosis of non-affective psychosis (e.g., schizophrenia) than affective psychosis (e.g., psychotic depression). A third cultural factor affecting diagnostic accuracy in African Americans involves judging normal wariness of the medical establishment as paranoia. This wariness or "cultural mistrust" is attributed to experiences of discrimination and medical mismanagement in the Black community, including the legacy of the Tuskegee experiment. Especially among depressed African American men, this cultural mistrust may be mistaken for a symptom of paranoid schizophrenia.

Implications: Accurate diagnosis is critical to effective clinical care. Misdiagnosis of schizophrenia can lead to unnecessary hospitalization, ineffective treatment, and adverse effects of potentially unnecessary medication. To avoid misdiagnosis, clinicians must remain alert and sensitive to potential bias and stereotypes that may influence their diagnostic decisions. It is essential for clinicians to carry out a thorough evaluation of all patients regardless of their race or ethnicity and to consider alternative diagnoses throughout the diagnostic and treatment process. The persistence of race-related misdiagnosis argues strongly for dissemination of culturally competent diagnostic techniques and instruments as well as increased cultural competence training among clinicians. Additional research is necessary to more fully understand the high rates of schizophrenia diagnosis among African Americans. The Center of Excellence for Cultural Competence at the NY State Psychiatric Institute focuses on improving our understanding of and eliminating disparities such as this and improving culturally and linguistically appropriate healthcare, from diagnosis to treatment.

References:

- Arnold et al. (2004). Ethnicity and first-rank symptoms in patients with psychosis. *Schizophrenia Research*, 67:207-21
- Barnes, A. (2008). Race and hospital diagnoses of schizophrenia and mood disorders. *Social Work*, 53(1), 77-83.
- Flakerud, J. & Hu, L. (1992). Relationship of ethnicity to psychiatric diagnosis. *The Journal of Nervous and Mental Disease*, 180(5), 296-303.
- Strakowski, SM, Hawkins, JM, Keck, PE et al. (1997). The effects of race & information variance on disagreement between psychiatric emergency service & research diagnoses in first-episode psychosis. *Journal of Clinical Psychiatry*, 58(10), 457-463.
- Whaley, AL. (2001). Cultural mistrust: An important psychological construct for diagnosis & treatment of African Americans. *Professional Psychology: Research & Practice*, 32(6):555-562.