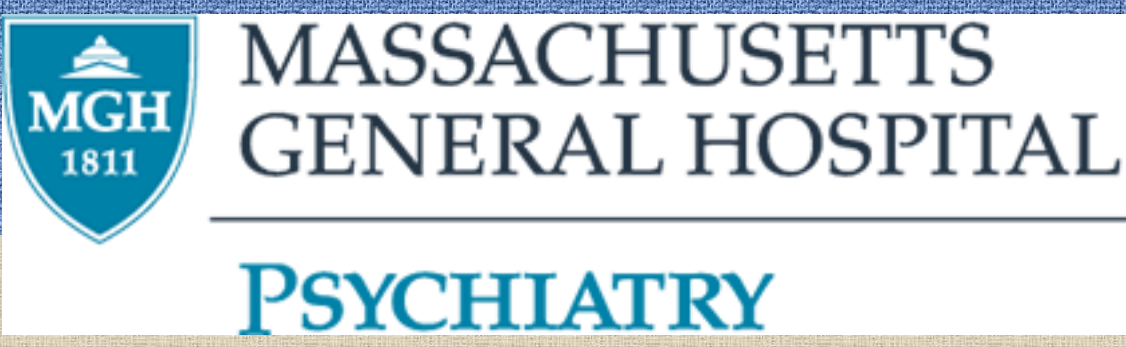


Black Americans and Clinical Outcomes in the Recovery After an Initial Schizophrenia Episode Early Treatment Program (RAISE-ETP) Study

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Background

- Black Americans are **2.4 times more likely to be diagnosed with schizophrenia** than White Americans¹.
- They are at higher risk for worse outcomes including...



- These disparities have generally been attributed to **cultural and racism-related factors that disproportionately impact Black Americans**².
- Few studies have examined whether treatments for psychosis are cross-culturally effective.

The purpose of this secondary data analysis is to compare the effectiveness of NAVIGATE (a gold standard treatment for first-episode psychosis) and care as usual for Black and White Americans on quality of life, symptomatology, and self-reported mental health.

Methods

- This was a secondary data analysis of the Recovery After an Initial Schizophrenia Episode Early Treatment Program (RAISE-ETP), a two-year clinical trial that compared a coordinated specialty care intervention called NAVIGATE to community care as usual (CC) in 34 sites across the US³.
- We compared two-year clinical outcomes (quality of life, symptomatology, and self-reported mental health) between 139 non-Latinx Black and 172 non-Latinx White participants with first-episode psychosis in NAVIGATE and CC using linear mixed models, adjusting for age, gender, education level, and duration of untreated psychosis.

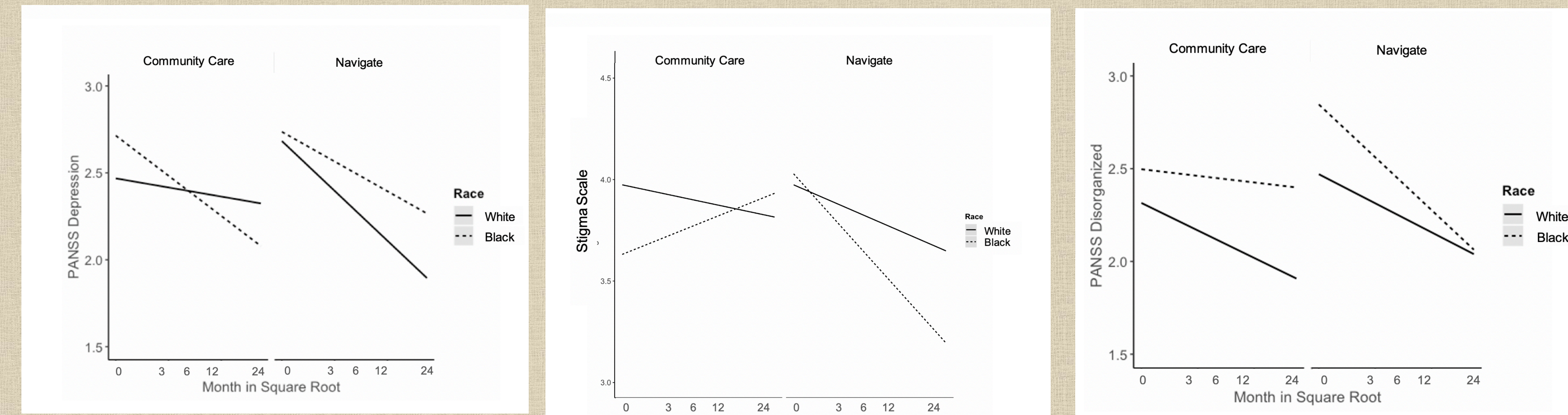
Sample

	Black Participants	White Participants
Age	23.49 (5.04)	23.48 (4.95)
Male Gender	92 (66.2%)	129 (75.0%)
Duration of Untreated Psychosis (quartiles, days)		
1 st (<16)	39 (28.1%)	45 (26.2%)
2 nd (16-73.50)	29 (20.9%)	43 (25.0%)
3 rd (73.51-217.25)	30 (21.6%)	46 (26.7%)
4 th (>217.25)	40 (28.8%)	38 (22.1%)
Education**		
< High School	56 (40.3%)	45 (26.2%)
High School Graduate	45 (32.4%)	58 (33.7%)
> High School	37 (26.6%)	69 (40.1%)

**p<.01

Results

- At baseline, Black participants received slightly lower scores in quality of life than White participants. However, these differences were too small to be clinically meaningful. Black participants had better mental health recovery and lower stigma. There were no differences in symptomatology, depression, and well-being.
- Over the course of two years, there were significant differences in treatment outcomes for **depression, stigma, and disorganization**. Post-hoc analyses revealed that Black participants in NAVIGATE showed significantly higher disorganization at baseline than White participants, and that a greater proportion of Black than White participants in CC had major depressive disorder.



Discussion

Over the course of two years, there were few racial treatment outcome differences for clinical variables between Black and White participants, regardless of whether they were in NAVIGATE or CC.

- For the three variables that did show longitudinal differences in treatment effectiveness by race – stigma, depression, and disorganization – either NAVIGATE was more effective than CC (stigma), or the findings could be explained by baseline differences (depression and disorganization).
- The most striking racial difference in this study emerged for stigma:
 - In CC, Black consumers reported an increase in stigma while White consumers reported a decrease. Black consumers may experience more discrimination than White consumers due to combined exposure to both racism and mental health stigma, consistent with the **double jeopardy hypothesis**⁴. Additionally, Black consumers may be more **attuned to subtle manifestations of stigma** as they are far more likely to have lifetime experiences of racism⁵.
 - In NAVIGATE, Black and White consumers showed a similar rate of decrease in stigma over two years. This may be because openly discussing and challenging stigma is foundational to individual therapy in NAVIGATE, and in particular an intervention called individual resiliency training. The **focus on resilience** may have resonated more with Black than White consumers, as resilience is a value that is also emphasized in Black communities as a way to cope with pervasive anti-Black racism in the US⁶.

Our findings cannot speak to why large-scale studies show that Black Americans with psychotic disorders have higher rates of unemployment, incarceration, homelessness, and hospitalizations, and reveal the need for research into when these disparities emerge, and how racist policies may impact these outcomes.

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