



Position Statement Equitable Care for Diverse Communities

People who belong to marginalized communities are at increased risk of developing schizophrenia.

Ethnoracial minorities are up to five times more likely to develop schizophrenia than their White counterparts.¹⁻⁴ Additionally, immigrants are estimated to have a threefold increase in risk compared with native-born individuals.^{4,5} Emerging evidence also suggests that the LGBTQ+ community is at heightened risk of schizophrenia.⁶ There is no evidence to support underlying genetic, neurodevelopmental or substance use-related explanations for this increased risk.³ Instead, a variety of environmental risk factors, such as urban living conditions, social isolation, adverse childhood experiences, poverty and discrimination^{3,7,8} are thought to be the causes. These environmental stressors are thought to trigger a cascade of harmful processes in the body, including genetic changes, harm from chronic stress, increased inflammation and changes in digestive-system bacteria.⁹ These changes then can influence the brain's structure, function and chemistry, increasing the risk of schizophrenia.⁹

People with schizophrenia from marginalized communities face heightened barriers to accessing care.

Pathways to care for people of color with schizophrenia are generally more convoluted and coercive than those of their White counterparts, including more frequent emergency room visits, involuntary hospitalizations and police encounters.^{10,11} Moreover, due in part to historical and ongoing medical discrimination, people of color in the United States have a heightened distrust of the healthcare system, making them less likely to seek care.¹²⁻¹⁶ Communities of color and rural populations also may confront significant stigma surrounding schizophrenia and mental illness, and consequently may feel shame about seeking mental healthcare.^{13,18,19} Lastly, those in marginalized communities tend to have lower socioeconomic status and fewer resources, hindering access to care due to practical barriers such as transportation.¹³ All of these barriers can lead to a long period of untreated psychosis for people from marginalized groups, which is a key predictor of poor long-term outcomes.²⁰

Marginalized people with schizophrenia often face disparities in the quality of healthcare they receive.

For instance, Black people in the United States who have mood disorders are at increased risk of being misdiagnosed with schizophrenia.² This has been partially attributed to interviewer bias and underuse of structured diagnostic methods.^{2,21} Both Black and Latinx people in the United States who have psychosis are less likely to receive newer (second-generation) antipsychotics^{22,23} and the medication clozapine²⁴ – even though these treatments in many cases can be more effective than other medicines. Essential treatments such as therapy and family psychoeducation also are underused in these populations.²⁵ Language barriers are especially prevalent among immigrants, and can limit understanding and communication between care providers and clients, exacerbating many

of these disparities.¹³ The paucity of specialized treatment in schizophrenia is also more pronounced in rural areas.^{17,26,27}

Research suggests that disparities in outcomes are reduced when marginalized communities receive care aligned with best practices, but much more study is needed.^{25,26,28}

For example, Black individuals in the United States with schizophrenia have higher rates of incarceration, unemployment and homelessness^{29,30} – but when they are engaged in optimal care, preliminary evidence suggests that they show symptomatic improvement similar to their White counterparts.²⁵ Similarly, immigrants appear to show higher rates of remission than native-born individuals, but higher rates of involuntary hospitalization.²⁸ In general, findings are mixed, but seem to indicate that when marginalized communities receive best-practice care, disparities in outcomes are ameliorated.^{25,26,28} However, much remains to be learned about how marginalization affects schizophrenia outcomes for different communities.

Call to Action

S&PAA supports funding from the relevant federal, state and/or local resources to accomplish the following aims:

1. Increased research to understand disparities, points of intervention and treatment outcomes for schizophrenia within marginalized communities.
2. Directed resources to increase the pipeline of diverse and multilingual healthcare professionals, and to train healthcare professionals to use culturally sensitive and structured diagnostic methods and treatments for schizophrenia.
3. Greater promotion of community awareness programs to promote trust, reduce stigma and deliver education about schizophrenia in underserved communities.
4. Policies that ensure equitable access to mental health resources, including those that support timely detection of psychotic symptoms, early intervention and equitable treatment.

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