Barriers to the early identification and intervention of early psychosis among young rural males

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I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.

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Abstract

The literature shows that a lengthy duration of untreated psychosis has been recognised amongst young rural males. Early psychosis has been described as a cluster of symptoms marked by: hallucinations and delusions; thought disorder; and cognitive impairment and it is more prevalent amongst young males than young females. A significant discrepancy of duration of the length of untreated psychosis has been identified between rural and urban communities. This discrepancy has far reaching consequences for young rural men at a significant transitional developmental phase in their lives.

This study, conducted in rural communities in northern New South Wales, sought to understand the lived experiences of young rural males and their families in regard to emergent mental health problems, in an effort to recognise the barriers to earlier identification of early psychosis, and its timely treatment.

A qualitative research study was conducted which utilised an interpretive phenomenological analytical framework. Seventeen in-depth interviews were conducted following a media and snowballing recruitment strategy. Data analysis was conducted utilising thematic analysis. The major finding of this research was the identification of the early help seeking patterns of both the young men with emergent mental health problems and their families. A seven stage process was described whereby families are identified as possessing established skills as helpers. These skills are amendable for inclusion in the collaborative care planning for young men in rural communities.

Rural nurses are well positioned in the clinical spectrum to identify emergent mental health problems in the rural settings and to engage with young rural men usefully. They are rural community assets who have dual roles of nurse and resident community member in rural communities which provide them with a platform to enable early identification and intervention of young rural men and their families with emergent mental health problems.

This research contributes to the nursing and mental health literature, and has identified specific factors which influence the duration of untreated psychosis amongst young rural males. It has provided insight into the social discomforts and the unpredictable course of emergent mental health problems plus it has exposed the burden that is faced by parents who struggle to find help for their sons. Finally, it has highlighted the limitations which exist within rural health systems to adequately communicate mental health promotion messages to rural families and communities, and the failure to sufficiently invite young rural men to engage in early interventions treatment.

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Definitions

The following list of definitions is provided to assist with conveying the meaning of key terms in this thesis.

Rural

Rural is a term that is ambiguous in common usage. Rural is defined by government organisations according to the measures of the Accessibility Remote Index of Australia (ARIA) and/or the Rural Remote and Metropolitan Areas (RRMA) index (Department of Health and Ageing 2009). Northern inland NSW is largely classified as a rural zone according to these measures. However, the researcher notes that in the context of the data collected for this research, rural is whatever the participant says it is. Participants in this study are more likely to consider themselves as *country* people rather than rural people by virtue of their residence in, and connection to northern NSW. While rural is a term that has some specific definitions, in the context of this thesis it is used as a broad term to denote people who live in communities outside of urban jurisdictions.

Early psychosis

A collection of signs and symptoms which are usually characterised by disordered thinking, and/or presence of delusions and /or hallucinations (EPPIC 1998).

Duration of untreated psychosis

Duration of untreated psychosis is the period between emergence of psychosis and the time at which clinical intervention commences to treat psychosis.

Comorbidity

The existence of more than one disorder simultaneously which adversely effects health

	and/or wellbeing. In the context of this thesis, comorbidity is often noted as the dual problems of psychosis and drug use, particularly cannabis use. However, other comorbid conditions are noted in the literature review chapter of this thesis. Comorbidity is sometimes referred to as dual diagnosis. The terms are used interchangeably in the literature.
Prodrome	This term denotes the period of time which precedes the clinical threshold phase of acute psychosis. Prodrome is most obvious in retrospect and is often described as a 'not quite right' phase. This phase is also difficult to distinguish between normal adolescent developmental phases. Thus, prodrome is especially difficult to determine during the prodromal phase (EPPIC 1998).
Young men	Young men are considered to be young within the context of this thesis between the ages of 18-25 years of age.