

INTREPID II

March 2021 newsletter



Part of the INTREPID II catchment area in Trinidad

INTREPID II stands for the **INT**ernational **RE**search programme on **Psy**chosis **In** **D**iverse settings, which is investigating psychotic disorders in three settings: **Nigeria**, **India** and **Trinidad**.

A new phase of INTREPID II

We have completed several milestones in the past year. Case-finding finished in July 2020 (two months after we had originally planned to finish, due to COVID-19) and baseline data collection has now concluded. The INTREPID II teams have now started 2 year follow-up interviews with participants who were recruited in 2018-2019.

The teams have been busy cleaning the data and baseline analyses are now underway. In this issue we will describe the INTREPID II cohort, explore the impact of COVID-19 on the programme, introduce the junior researchers who are leading the current analyses, and announce new international collaborations.

If you would like to read more about the programme, visit our [website](#) where you can also read our previous newsletters.

IN THIS ISSUE

PROGRAMME UPDATE

COHORT PROFILE

**PSYCHOSIS RESEARCH:
THE NEXT GENERATION**

COVID-19 IMPACT

**INTERVIEW WITH
DR TUNDE AYINDE**

**SPOTLIGHT ON
TRINIDAD**

GLOBAL NETWORKS

WHO'S WHO



COHORT PROFILE

Case-finding and recruitment are now complete, thanks to a huge amount of hard work by the field teams.

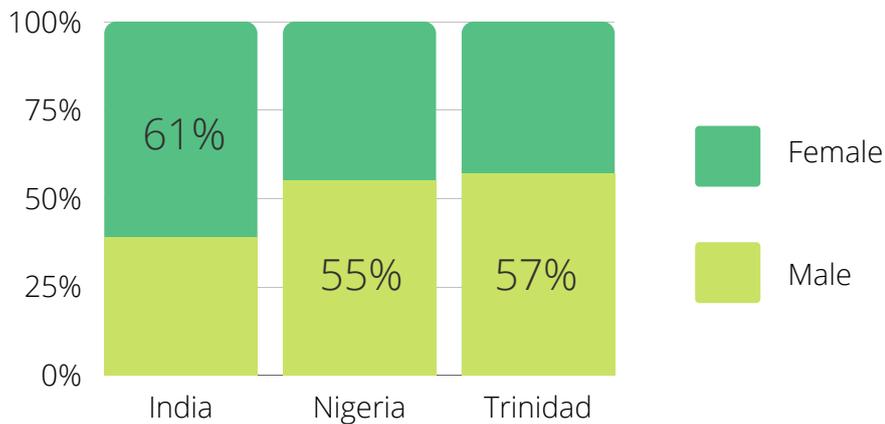
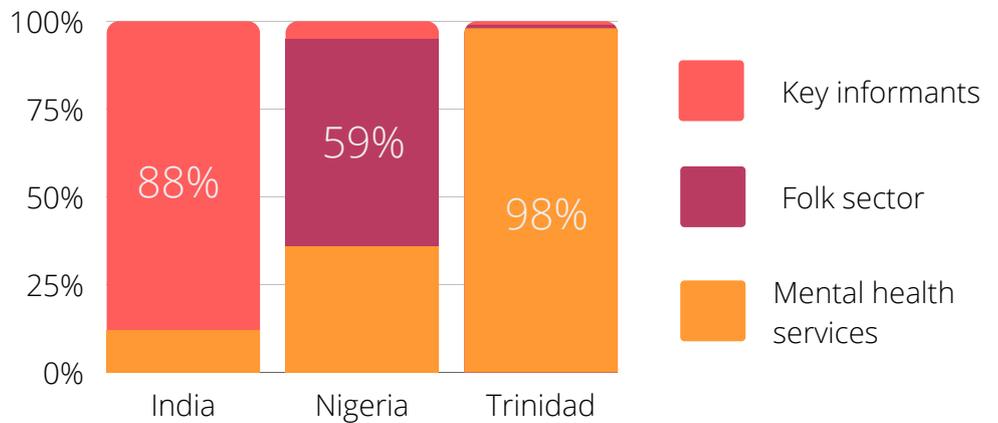
here are our final participant numbers!



	Cases	Controls	Relatives
India	221	221	217
Nigeria	209	209	205
Trinidad	212	212	141

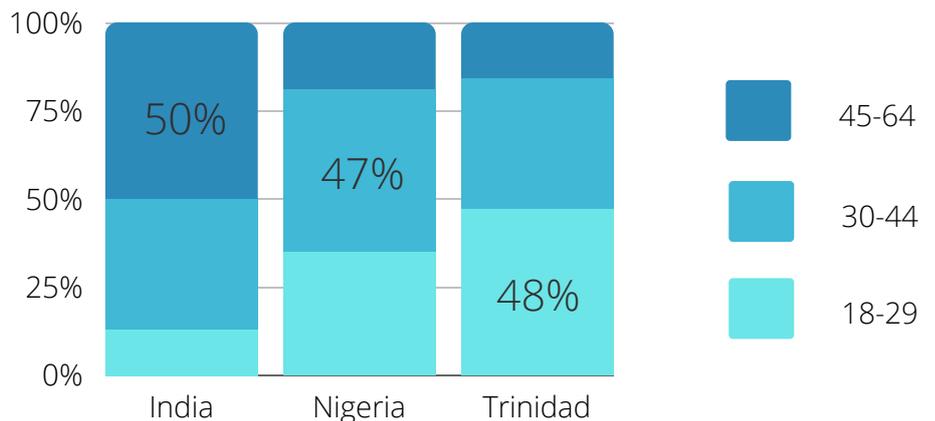
The cohorts vary between sites in terms of age, gender and sector of identification.

Where did we identify participants?



What was the gender of participants?

What was the age of participants?



PSYCHOSIS RESEARCH: THE NEXT GENERATION

Analyses of the baseline data are being led by early career researchers from each INTREPID partner institution, and they will be presenting their findings at the **Schizophrenia International Research Society conference** in April 2021 at a symposium entitled *"Psychosis around the Globe: Novel Insights from a 3 Country Programme in the Global South (INTREPID)"*.

Dr Joni Lee Pow from the University of the West Indies in Trinidad is analysing the baseline data on **cannabis use** and risk of psychosis.



Dr Olatunde Ayinde from the University of Ibadan in Nigeria is analysing the baseline data on **neurodevelopmental markers** of psychosis such as cognitive impairment and premorbid functioning, and their relation to family history of psychosis.



Dr Vijaya Raghavan from the Schizophrenia Research Foundation in India is analysing the data on patterns of **help-seeking** for psychosis and pathways to care.



Dr Tessa Roberts from the Institute of Psychiatry, Psychology and Neuroscience (King's College London, UK) is analysing the data on **incidence of psychosis**, with a particular interest in the effect of urbanicity.



Dr Akin Ojagbemi from the University of Ibadan in Nigeria is analysing the baseline data on **physical health** of people with psychosis.



Casswina Donald from the University of the West Indies in Trinidad is analysing variation in the **presentation (symptomatology)** of psychosis across sites, and in relation to specific risk factors such as trauma.



To support these analyses, the King's College London team have run a virtual course in **Statistics and Epidemiology for Mental Health Research**, and we have had webinars on specific analytical approaches of relevance to the INTREPID II data courtesy of **Professor Helen Weiss** at the London School of Hygiene & Tropical Medicine.



Keep an eye on our website and Twitter account for the published journal articles once accepted...



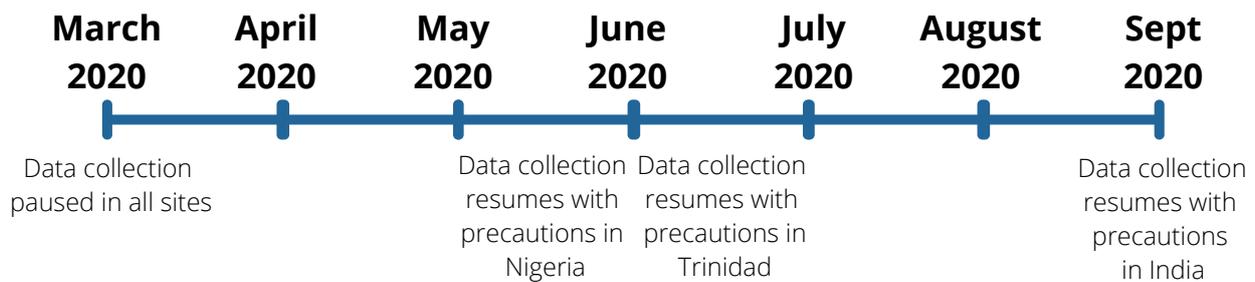
COVID-19 IMPACT



The COVID-19 pandemic and associated restrictions disrupted many aspects of life in 2020-2021, and INTREPID II was no exception. **Strict measures were imposed in all study sites** in March 2020 (lockdowns, curfews, travel restrictions, and the closure of universities and other institutions) to control the spread of the virus, and **data collection had to be temporarily suspended**.

In Trinidad it was possible to conduct some participant recruitment and data collection remotely during this period, using social media to recruit control participants and interviewing some participants using teleconferencing, although this wasn't feasible in all cases (nor was this feasible in the Indian and Nigerian study sites). **Telephone contact was maintained with participants wherever possible** during the restrictions, and the research teams used the time to focus on data entry, data cleaning, training and transcription of qualitative interviews.

Thankfully, **the situation in the areas where INTREPID II is ongoing gradually improved** over the following months, and **it has now been possible to resume most research activities in all sites**, with appropriate precautions such as social distancing, personal protective equipment, interviewing participants outdoors, and of course following local guidance.



An interview with Dr Olatunde Olayinka Ayinde, University of Ibadan, Nigeria



As a psychiatrist working on INTREPID II, my role is to support **project implementation**, provide **clinical and training support** to the Nigerian site research assistants and support the research participants when needed.

Knowledge about psychoses has broadened in recent decades, but **most of this knowledge comes from high-income countries** in Europe and North America. The **University of Ibadan** has a **long history of participating in multi-centre psychosis research**, but old findings need to be updated as the context evolve, new knowledge emerges, and methods improve.

My hope is that the **INTREPID II programme leads to policy development and the scale-up of services** for persons with psychosis in Nigeria. The programme is an opportunity to **showcase Ibadan's expertise** in carrying out **cutting-edge psychosis research**. It has already helped to **develop the research capacity of junior researchers** like me because of the direct mentorship from senior investigators.



One of the **biggest challenges** in carrying out this project in Nigeria is that a **large proportion of participants are recruited from traditional and faith healers**, where there are **little or no written records**. We **rely on the goodwill of these healers** to recruit individuals with psychosis, and overcome any **mistrust that they have for biomedical practitioners**, who they assume might take away their "customers". We have been able to surmount this challenge by virtue of a **long working relationship** established with them over time.

Psychotic disorders are associated with **enormous personal and communal suffering**, disability, and **cost to the health system**. Robust and timely data on these disorders are **needed to inform policy** and services.

I enjoy working with partners across cultural and geographical barriers: One gets to learn from colleagues from diverse research cultures. It is also gratifying to know that your work has the potential to **impact the lives of many people with psychoses**.



A SPOTLIGHT ON: TRINIDAD

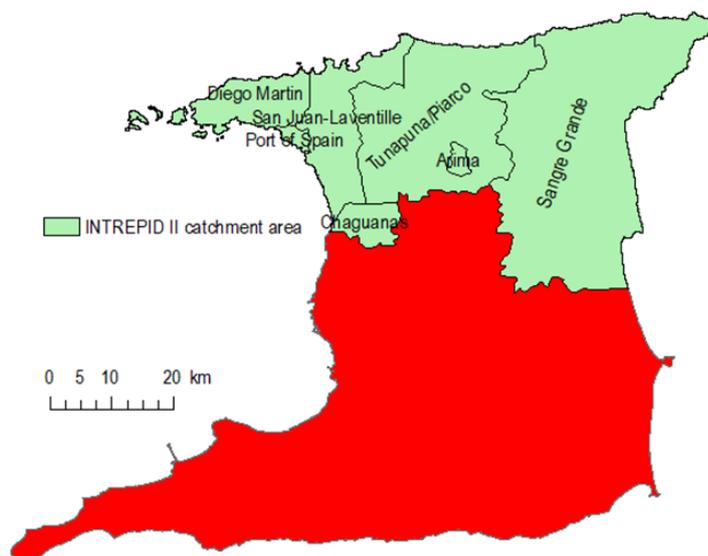


National context

- Trinidad is the larger of the two major islands of the nation of Trinidad and Tobago. It is the **southernmost island in the Caribbean** and lies 11km off the coast of Venezuela, with a population of approximately **1.3 million people**.
- It is classified by the World Bank as a **high-income country**, and for much of the 20th century its economy was based largely on oil and natural gas, although it is increasingly diversified.
- The average **life expectancy is 73 years**.
- Almost **99% of the population is literate**.
- Trinidad is an **ethnically and culturally diverse** society, with large Protestant, Catholic, Hindu and Muslim populations, as well as smaller numbers of followers of traditional Caribbean religions such as Spiritual Baptists and Orisha. There are approximately equal numbers of people who identify as Afro-Trinidadian and Indo-Trinidadian (around 37% of the total population each) and many citizens have a mixed ethnic heritage.
- Trinidad and Tobago has the **sixth-highest crime rate in the world**.

The INTREPID II catchment area

The INTREPID II catchment area in Trinidad comprises 7 **municipalities** in the Northern half of the country. The total population of this area is approximately **554,051 people**, with **66% of residents age between the ages of 18 and 64 years** (the age group of interest for INTREPID II).



In Trinidad, public mental health services are offered for free through catchment area-based clinics, one psychiatric hospital, and a psychiatric ward in a general hospital, which facilitates case-finding. We have found almost all of the participants with psychosis through these services. Although there are also religious and spiritual providers such as Obeah practitioners, those who have been identified through these services were all found to be in contact with formal mental health services as well.

Service user organisations in Trinidad & Tobago

Persons With Mental Illness (PWMI) is a newly established non-profit organization, founded by peer and lived experience advocate and activist Katrina McIntosh from Trinidad and Tobago. PWMI seeks to support persons living with mental health conditions by delivering digital interventions through collaboration between mental health professionals and people with lived experience of mental illness. PWMI emphasizes diversity and inclusion, with recovery as the goal. You can read more about PWMI on their website: <https://standwithpwmi.org/>





GLOBAL NETWORKS: **Links with international collaborators to advance psychosis research in diverse settings**

Given the relative lack of population-based research on psychosis from outside Western Europe and North America, our vision for the INTREPID programme is to use this as a platform to develop global research networks to further this area of research and support the generation of population-based evidence on psychoses across more diverse settings. Below we highlight a few initiatives linked to INTREPID II that form part of this agenda.

PSYMAP-ZN

PSYMAP-ZN is a 3 year MRC-funded research programme in South Africa, led by Professor Bonga Chiliza and Professor Jonathan Burns. The programme is deliberately aligned with the INTREPID methodology, and we have been coordinating closely between the two programmes to ensure the comparability of the data generated. Data collection was delayed due to COVID-19 but is poised to start in May 2021.

SIRS research harmonisation group

The Schizophrenia International Research Society (SIRS) has established a working group to facilitate harmonisation of data relating to psychotic disorders, both in terms of examining the potential for harmonisation of existing datasets to enable pooled analyses (i.e. retrospective harmonisation), and generating recommendations for core measures to be used in future research to increase comparability across studies (i.e. prospective harmonisation). This working group includes several members of the INTREPID II research team, and is co-led by Professor Craig Morgan and Professor Wim Veling.

Lancet Psychiatry Commission on psychoses in global context

Professor Craig Morgan is also leading a Lancet Psychiatry Commission, along with leading experts from around the globe including several INTREPID co-investigators and experts by experience, that aims to review the global evidence on psychoses, identify current gaps in our knowledge and set out a roadmap for researchers, funders, service planners and policymakers to address key challenges in reducing the global burden of psychotic disorders. The final report will be launched in April 2022.

Extending the INTREPID approach to additional settings

We are also collaborating with researchers at leading universities in the global south to apply the INTREPID methodology in diverse settings where population-based data on psychotic disorders are scarce. This will generate epidemiological evidence in additional sites that is directly comparable to the data from INTREPID II sites, and will support the development and evaluation of interventions for people with psychosis, based on this evidence. We hope to be able to announce a new research programme shortly that takes this approach shortly, which will extend our knowledge of psychoses around the globe by increasing the diversity of contexts studied.

Watch this space for more details on the progress of these initiatives...



WHO'S WHO?

Meet the research teams



Introducing the Indian research team...

The India team is led by **Dr. Thara** of the Schizophrenia Research Foundation, in Chennai, who we introduced in our first newsletter. In this issue, we introduce the rest of the INTREPID team at SCARF, without whom the study would not be possible.

Field team and community team

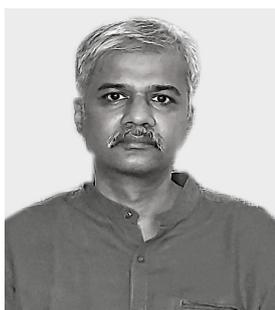


[From left to right] Recruitment and quantitative data collection are carried out by **Kulandesu, Kruthika Devanathan, Karthick, Abirami, and Ayankaran**. **Dr. Padmavati** conducts qualitative data collection for the study, and **Subhashini Gopal** collects cognitive data.

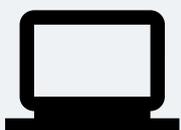
[From left to right] Community case-finding is carried out by **Selvi, Kalaiselvi, Tamilselvi, Ellammal, Lilly Pushpam, and Shanthi**.



Coordinating team



[From left to right] **Sujit John** coordinates the INTREPID II study activities. **Dr. Ramesh Kumar** is the psychiatrist in charge of overseeing the quality of the clinical data collected by the field team and assigning clinical diagnoses to participants. **Premalatha** is responsible for accurate data entry.



Visit our Website
www.intrepidresearch.org



Follow us on Twitter
[@INTREPID_Psych](https://twitter.com/INTREPID_Psych)



Sign up for future
Newsletters