

Management of Schizophrenia and Acute Psychosis in a patient of Fulani (Peul) culture with non-English Language Preference

Estelle Viaud-Murat, Nita Bhatt, M.D., M.P.H.
Wright State University Boonshoft School of Medicine; Department of Psychiatry

INTRODUCTION

Refugees are 2.9 more likely to develop Schizophrenia compared to the general population [1]. Refugee men face an even higher risk [2].

In 2019, over 2 million immigrants (e.g., refugees, asylum seekers, migrants) came to the US from Sub-Saharan Africa. Almost half came from West Africa. These numbers are projected to continue increasing. [3]

Fulani people, also called Peuls are traditionally a nomad, pastoral, Muslim people group present throughout West Africa (Figure 1). Today, this ethnic group is represented by around 20 million people.

Disparities in both access to and quality of psychiatric care are well documented among racial and ethnic minorities in the US. [4]

This case report aims to raise awareness about cultural sensitive psychiatric care for ethnic and cultural minorities.



Figure 1: Distribution of Fulani people (Peuls) across West Africa

CASE PRESENTATION

HPI

Patient is a 31 years old West African Fulani male with a past psychiatric history of **unspecified Schizophrenia** and **PTSD** who presents to our behavioral healthcare hospital for competency restoration to stand trial for abduction and gross sexual imposition. On presentation, he endorses auditory hallucinations and denies speaking or understanding English. Interviews are conducted through a phone interpreter.

Past Psychiatric History: Unspecified Schizophrenia, PTSD.

Past Medical History: None on file. Describes a recent history of headaches developing secondary to **strong smells** and allergies described as “decreased spit” to the headache medication given to him in jail.

Psychosocial History

-Born and raised West Africa, he experienced **physical abuse** from his father and **poverty**.
-Completed 10th grade.
-Came to the US as an **undocumented migrant** four years prior to admission, to find employment.
-Spent time in **refugee camps** in West Africa before traveling through South America to the Mexican-American border.
-Caught at the border and sent to **jail** for illegal documents. -Developed acute psychosis after incarceration while in house arrest, and diagnosed with Schizophrenia later.

CASE PRESENTATION

Hospital Course

Week 1: Patient **refuses all medications**, becomes agitated during an interview in which he says to be frustrated by recent vital sign intakes, frequent interviews and **unpleasant, strong smells**. He receives IM Haldol.

Week 2: Patient sexually assaults a nurse. Staff learns he can speak and understand some English. He develops **lower back pain**, for which he agrees to take Tylenol. After discussion, he consents to take Olanzapine concomitant to Tylenol. He is becomes stable on Olanzapine 20mg QHS.

Cultural components

Traditionally, Fulani culture categorizes pain based on two locations:

-*Above the waist:* attributed to hard work and part of “being Fulani”.

-*Below the waist:* attributed to spiritual conflict and not behaving “like a Fulani”, particularly relating to sexual conduct.

Denied English proficiency but later found to have some proficiency.

Refused to take psychiatric medications until combined with a medication addressing physical symptoms (Tylenol for back pain).

CONCLUSIONS

While refugees are at a higher risk for Schizophrenia, gaps in culturally sensitive psychiatric care are common among minorities in the US.

This case study highlights **special considerations** of treating patients with **Schizophrenia** in addition to a **language and culture** unknown to the provider and aims to bring awareness to the importance of providing **culturally sensitive care** to patients of all backgrounds, particularly **Fulani, or Peul patients**.

WORK CITED

- Hollander AC, Dal H, Lewis G, Magnusson C, Kirkbride JB, Dalman C. Refugee migration and risk of schizophrenia and other non-affective psychoses: cohort study of 1.3 million people in Sweden. *BMJ*. 2016;352:i1030. doi:10.1136/bmj.i1030
- Dapunt J, Kluge U, Heinz A. Risk of psychosis in refugees: a literature review. *Transl Psychiatry*. 2017;7(6):e1149-e1149. doi:10.1038/tp.2017.119
- Batalova JBL and J. Sub-Saharan African Immigrants in the United States. migrationpolicy.org. Published May 10, 2022. Accessed January 23, 2023. <https://www.migrationpolicy.org/article/sub-saharan-african-immigrant-ants-united-states>
- Disparities in Mental Health Treatment in U.S. Racial and Ethnic Minority Groups: Implications for Psychiatrists | Psychiatric Services. <https://doi.org/10.1176/appi.ps.56.12.1600>