

Interventions designed to improve therapeutic communications between black and minority ethnic people and professionals working in psychiatric services: a systematic review of the evidence for their effectiveness

Kamaldeep Bhui,^{1*} Rabbea'h W Aslam,¹
Andrea Palinski,¹ Rose McCabe,^{1,2} Mark RD Johnson,³
Scott Weich,⁴ Swaran Preet Singh,⁴ Martin Knapp,⁵
Vittoria Ardino⁵ and Ala Szczepura⁶

¹Centre for Psychiatry, Wolfson Institute of Preventive Medicine, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK

²Institute of Health Research, University of Exeter Medical School, Exeter, UK

³School of Applied Social Science, Faculty of Health and Life Sciences, De Montfort University Leicester, Leicester, UK

⁴Division of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Coventry, UK

⁵Personal Social Services Research Unit, London School of Economics and Political Science, London, UK

⁶Centre for Technology Enabled Health Research, Faculty of Health and Life Sciences, Coventry University, Coventry, UK

*Corresponding author

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Plain English summary

Communications between BME people and psychiatric service professionals

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Plain English summary

Black and minority ethnic patients in contact with psychiatric services tend to have less than optimal experiences and outcomes. This report presents the findings of a detailed review of research into interventions to improve communications between black and minority ethnic patients and professionals working in psychiatric services in order to benefit patients' mental health. We searched for scientific publications in established databases as well as unpublished sources (grey literature), we surveyed professional experts to improve our search, and we asked a group of patients and carers to comment on the findings and their willingness to use those interventions that seemed to show promise.

Over 7000 scientific publications were scrutinised; of these 3733 were found to be potentially relevant and examined in detail, but only 21 were found to be relevant to the review. The extensive grey literature search yielded 608 sources, of which two were included in the review. Overall, 12 studies were experimental trials that used randomisation to deal with potential biases; this type of experiment is the gold standard for testing interventions. Helpful interventions were communications training for the professional, culturally adapted psychological therapies, education for patients, packages of care that involve community non-health agencies and specially adapted methods of interviewing black and minority ethnic patients. The tailoring of specific therapies to meet the needs of particular ethnic groups was favoured by patients and carers, as were methods to assess beliefs and empower people to make decisions.

The other nine studies provided sufficient evidence to indicate that some of their proposed interventions are worth testing in the future, for example training of professionals in communications with black and minority ethnic patients, and different ways of assessing beliefs and traditions in a social context. Only two sources included information about the costs and benefits of interventions, so more economic evaluations are needed.

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Editorial contact: nihredit@southampton.ac.uk

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This report

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