

# 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

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## Scientific summary

### **Communications between BME people and psychiatric service professionals**

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# Scientific summary

## Background

Therapeutic communications (TCs) between black and minority ethnic (BME) patients and the professionals in psychiatric services have come under scrutiny as a possible cause of poorer care experiences for these patients.

## Objectives

This report presents the findings of a systematic review of studies that have investigated interventions designed to improve TCs between BME patients and professionals working in psychiatric services (also called specialist mental health services).

## Methods

The peer-reviewed scientific literature, the 'grey' literature, a survey of experts and a consultation with patients and carers all contributed to the synthesis and recommendations. Databases were searched from their inception to 4 February 2013. Databases searched included MEDLINE, Applied Social Sciences Index and Abstracts, The Cochrane Library, Social Science, Citation Index, Allied and Complementary Medicine Database, PsycINFO, Cumulative Index to Nursing and Allied Health Literature, EMBASE, The Campbell Collaboration and ProQuest for dissertations. Studies were included if they reported evaluation data about interventions designed to improve therapeutic outcomes by improving communication between BME patients and psychiatric professionals. Qualitative studies and reports in the grey literature were included only if they gave a critical evaluative statement. Two members of the team selected studies against pre-established criteria and any differences were resolved by consensus or by a third reviewer, if necessary. Data were extracted independently by two people and summarised in tables by specific study designs. The database searches yielded 7329 hits on repeat searching; 3733 records were found to be potentially relevant after removing duplicates. An extensive search of the grey literature yielded 608 sources after removing duplicates.

Studies were subjected to a narrative synthesis that included a thematic analysis contrasting populations, countries and the strength of evidence for any intervention. The components of the interventions were compared. Patient perspectives on acceptability were considered alongside quality scores and methodological strengths and weaknesses.

## Results

A total of 21 publications met all the inclusion criteria: 12 trials, two observational studies, three case series (one of which was from the grey literature and one of which had a qualitative component that was separately extracted), a qualitative study and three case studies. The trials (only one of which included children) examined interventions to prepare patients for further therapy, variable levels of ethnic matching of patient to professional, cultural adaptation of therapies, and interventions that included social systems in the assessment process and access to services (stepped care). The interventions with evidence of benefit were culturally adapted psychotherapies (cognitive-behavioural therapy and family therapies); ethnographic and motivational interviewing; communications skills training; community-based stepped care and case finding by including social venues in the care pathway; role induction and education for patients;

and telepsychiatry that included ethnic matching. Studies were not suitable for meta-analyses. The case series and case studies involved novel interventions that were promising enough for them to be subject to more formal trials assessing explanatory models; cultural consultation; and using community consultation to adapt existing interventions. Only two studies included an economic component: a pilot randomised controlled trial of stepped care following community engagement in social venues and a cultural consultation case series. In both instances the interventions were reported to be cost-effective, although the sample sizes were small. The setting for the studies varied from psychiatric outpatient departments and community venues, to specialist psychiatric service outreach into primary care.

## Conclusions

Adapted psychotherapies, complex models of care that involve community agencies and improved assessment and interview methods before a psychological intervention, show sufficient evidence to warrant further testing, adaptation and future trials, and were favoured by patients and carers.

## Limitations

Studies tended to have small sample sizes or to be pilot studies, and to use proxy rather than direct measures for TCs.

## Study registration

The study is registered as PROSPERO CRD42011001661.

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