

CHAPTER 3 – Methods and Search Strategy

3.1 Introduction

This chapter outlines the methodology employed to investigate barriers to accessing mental health care services among the African community in the United Kingdom. The study adopts a designed to critically analyse existing research rather than conduct primary data collection. This method enables the identification of recurring themes, gaps, and insights within current scholarship to address the research question effectively (Snyder, 2019).

The research design was guided by an academic method framework that structured the process into distinct stages: identifying keywords, developing a search strategy, applying inclusion and exclusion criteria, and thematically analysing the selected literature. This approach ensured a systematic and transparent process of gathering and interpreting evidence to underpin the findings presented in Chapter 4.

3.2 Search Strategy

Developing Keywords

Keywords were directly derived from the dissertation title, “Barriers in accessing health care services for mental health in the African community in the UK.” Primary terms included “mental health,” “healthcare,” “African community,” and “UK.” To enhance comprehensiveness, synonyms, and related phrases such as “health services,” “medical access,” “cultural barriers,” and “ethnic minority health” were also integrated (Booth et al., 2021).

Boolean Operators

Boolean operators such as AND, OR, and NOT were used to refine search results (Gumley, 2010). For example, searches like “*mental health AND healthcare AND UK*” focused results, while “*African OR Black British*” expanded the scope to include related ethnic descriptors. The NOT operator excluded irrelevant studies (e.g., those focused on non-UK populations). This systematic combination of terms ensured relevant literature.

Structured Search Plan

A structured plan was created to track keywords, database usage, and successful search combinations. This log allowed iterative refinement as new terms or themes appeared (Hart, 2018). Recording search outcomes also improved research transparency and reproducibility.

3.3 Searching for Information

Databases and Platforms

Sources were gathered from credible academic databases including Google Scholar, PubMed, and the University of Wales Trinity Saint David (UWTSD) Library. Google Scholar offered a wide disciplinary scope, while PubMed provided access to health and psychology-focused studies. The UWTSD Library helped access to subscription-based, peer-reviewed journals ensuring academic integrity (Grant and Booth, 2009).

Using Filters

Filters were applied to limit results to publications from 2015–2025, prioritising peer-reviewed articles and UK-based research for contextual relevance. Country and

date filters ensured that the literature reflected current healthcare structures, policies, and sociocultural dynamics.

Search Process

The search process was repetitive. Initial searches often produced overly broad results, needing refinement by adding contextual keywords like “*access barriers*,” “*ethnic disparities*,” or “*mental health stigma*.” Citation tracking was also used to find seminal and highly cited works (Denyer and Tranfield, 2009). A source tracking table was developed to summarise each study’s relevance, methodology, and key findings.

3.4 Research Validation

Skimming and Screening

Each identified article was initially skimmed by reviewing its title, abstract, and conclusion to assess relevance. Only articles that directly addressed mental health care access or cultural factors influencing African or minority communities in the UK were kept.

CRAAP Test Application

The CRAAP test—Currency, Relevance, Authority, Accuracy, and Purpose—was applied to assess quality (Blakeslee, 2004). Currency and relevance were prioritised, excluding outdated studies unless foundational. Authority ensured that sources were authored by experts in healthcare, sociology, or psychology.

Decision-Making

Sources lacking peer review or academic credibility were excluded. Preference was given to studies offering empirical data, conceptual clarity, or strong theoretical frameworks relevant to UK healthcare access.

3.5 Inclusion and Exclusion Criteria

Inclusion Criteria

Included sources were:

- Peer-reviewed journal articles (2015–2025).
- Focused on mental health care access, patient experience, or healthcare outcomes.
- Conducted in UK settings or comparable health systems.
- Written in English and offering cultural or systemic insights related to the African community.

Exclusion Criteria

Excluded sources were:

- Non-academic materials such as blogs or non-peer-reviewed reports.
- Outdated studies (pre-2015) without historical value.
- Research unrelated to the UK or not addressing ethnic minority populations.

Justification

These criteria ensured the inclusion of credible, current, and contextually relevant research to support valid conclusions and maintain methodological rigour (Jesson et al., 2011).

3.6 Analysing Research

Thematic Coding Approach

The analysis adopted a **thematic coding** method, allowing systematic identification of recurring concepts and patterns across the literature (Braun and Clarke, 2019). Initial codes, such as “*stigma*,” “*systemic barriers*,” and “*trust in healthcare*,” were extracted from the data and then clustered into broader themes.

Developing Themes

Themes were refined to align with the central research objectives. For example, codes on “*patient satisfaction*” and “*care quality*” were merged under “*Healthcare Experience*.” Themes were iteratively reviewed to ensure internal consistency and conceptual clarity (Nowell et al., 2017).

Organisation

Spreadsheets and colour-coded tables were used to track articles and highlight thematic connections. This organisational strategy improved analytical transparency and facilitated the synthesis presented in Chapter 4.

3.7 Ethical Considerations

Secondary Research Ethics

As this study relies solely on **secondary data**, no direct contact with participants occurred. However, ethical principles guided the research, ensuring respect for data, integrity, and accurate citation (BERA, 2018).

Academic Integrity and Transparency

All ideas, data, and quotations were appropriately referenced following the **Harvard referencing style**. The analysis was conducted without bias, prioritising objectivity in data interpretation.

Data Protection and Research Standards

The research adhered to the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018, ensuring compliance with national ethical standards (GOV.UK, 2024). Preference was given to studies showing informed consent, confidentiality, and harm reduction (Xu et al., 2020). Institutional ethical clearance was granted prior to the commencement of the study.

3.8 Chapter Conclusion

In summary, this chapter detailed the desk-based methodological approach employed to explore barriers to mental health care access among the African community in the UK. Through a systematic search strategy, rigorous screening, and thematic analysis, the study ensured the inclusion of relevant and credible sources. Ethical principles, academic integrity, and transparency were central to each stage of the research process. The themes emerging from this methodology form the foundation for the findings and discussion presented in Chapter 4.

References (Harvard Style)

- Blakeslee, S. (2004) *The CRAAP Test: Evaluating Sources for Credibility*. Meriam Library, California State University.
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- Denyer, D. and Tranfield, D. (2009) 'Producing a systematic review', in Buchanan, D.A. and Bryman, A. (eds.) *The Sage Handbook of Organizational Research Methods*. London: Sage, pp. 671–689.
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methodologies', *Health Information & Libraries Journal*, 26(2), pp. 91–108.

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Nowell, L.S. et al. (2017) 'Thematic analysis: Striving to meet the trustworthiness criteria', *International Journal of Qualitative Methods*, 16(1), pp. 1–13.

Snyder, H. (2019) 'Literature review as a research methodology: An overview and guidelines', *Journal of Business Research*, 104, pp. 333–339.

Xu, B. et al. (2020) 'Ethical considerations in secondary data analysis: Challenges and opportunities', *BMC Medical Ethics*, 21(1), pp. 1–7.

POSTER

CHAPTER 3 – METHODS AND SEARCH STRATEGY

3.1 Introduction

This chapter outlines the research method used to examine barriers to accessing mental health care services among the African community in the United Kingdom. The study adopts a secondary research design, relying on the review and analysis of existing academic literature. This approach allows the identification of common themes, research gaps, and insights without the need for primary data collection. It provides a cost-effective and ethical means of exploring the topic using credible, peer-reviewed evidence (Snyder, 2019).

3.2 Search Strategy

A systematic search strategy was used to identify and retrieve relevant studies. Searches were conducted using Google Scholar, PubMed, and the University of Wales Trinity Saint David (UWTSD) Library databases. Keywords were drawn from the dissertation title, including “mental health,” “African community,” “healthcare access,” and “United Kingdom.” Related terms such as “cultural barriers,” “stigma,” and “ethnic minority health” were added to ensure inclusivity (Booth et al., 2021). Boolean operators (AND, OR, NOT) refined the search, for example, “mental health AND healthcare AND UK” to focus results, and “African OR Black British” to widen scope.

Search filters were applied to limit studies to peer-reviewed journal articles published between 2015 and 2025 and conducted in the UK. This ensured the evidence reflected current healthcare systems and sociocultural dynamics. Each search outcome was documented to promote transparency and replicability (Hart, 2018).

3.3 Research Validation and Quality Assessment

All identified sources were screened for relevance by reviewing titles, abstracts, and conclusions. Articles that focused on mental health service access, cultural or systemic barriers, or African and Black British populations were retained. The CRAAP test—assessing Currency, Relevance, Authority, Accuracy, and Purpose—was used to evaluate quality (Blakeslee, 2004). Outdated or non-academic materials such as blogs, news articles, or opinion pieces were excluded. Only reliable, peer-reviewed studies authored by

credible researchers were included to ensure methodological rigour.

3.4 Data Analysis

A thematic analysis method was employed to identify and categorise patterns across the reviewed literature (Braun and Clarke, 2019). Recurring concepts such as stigma, mistrust of healthcare professionals, cultural beliefs, and systemic discrimination were coded and grouped into broader themes. These themes were then refined to ensure they accurately reflected the barriers faced by African communities in accessing mental health services. Tables and summary notes were used to organise information, ensuring clear interpretation and synthesis of the evidence.

3.5 Ethical Considerations

As a desk-based study, no direct human participation was involved. However, the research followed strict ethical guidelines regarding data protection, citation, and intellectual property. The study complied with the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018, ensuring respect for confidentiality and academic honesty (GOV.UK, 2024). Only studies that demonstrated informed consent, participant protection, and confidentiality were used. All sources were correctly cited using the Harvard referencing style to maintain academic integrity.

3.6 Chapter Summary

In summary, this chapter described the secondary research methods used to explore the barriers affecting the African community's access to mental health care in the UK. Through

a systematic search strategy, rigorous quality screening, and thematic analysis, the study ensured that all data were credible, relevant, and ethically sound. The following chapter will present the findings derived from this process.

References

- Blakeslee, S. (2004) The CRAAP Test, California State University, Chico.
- Booth, A., Sutton, A. and Papaioannou, D. (2021) Systematic Approaches to a Successful Literature Review. London: SAGE.
- Braun, V. and Clarke, V. (2019) ‘Reflecting on reflexive thematic analysis’, *Qualitative Research in Sport, Exercise and Health*, 11(4), pp. 589–597.
- GOV.UK (2024) Data Protection Act 2018. Available at: <https://www.gov.uk/data-protection> (Accessed: 13 September 2024).
- Snyder, H. (2019) ‘Literature review as a research methodology: An overview and guidelines’, *Journal of Business Research*, 104, pp. 333–339.

Saved?	Author & Year	Title	Summary	CRAAP Notes	File Name / Link
✓	Memon et al., 2016	Perceived barriers to accessing mental health services among black and minority ethnic communities: a qualitative study	Identifies stigma, distrust, lack of awareness, and communication challenges as barriers across BME groups in England. Strong qualitative themes for lit review.	Currency: 2016 but still widely cited. Relevance: Very relevant. Authority: BMJ Open. Accuracy: Peer-reviewed. Purpose: Research evidence.	https://doi.org/10.1136/bmjopen-2016-022222
✓	Mantovani et al., 2017	Exploring the relationship between stigma	Focuses specifically on African-	Currency: Good. Relevance: Directly relevant.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5401111/

Saved?	Author & Year	Title	Summary	CRAAP Notes	File Name / Link
		and help-seeking for mental illness in African-descended populations in the UK	descended groups. Shows how stigma and cultural beliefs delay help-seeking. Useful for theory and cultural context.	Authority: Peer-reviewed. Accuracy: Qualitative depth. Purpose: Academic research.	
✓	Bansal et al., 2022	Understanding ethnic inequalities in mental healthcare in the UK	Broad analysis of ethnic inequalities, including access barriers, structural issues, and outcomes. Strong for background stats.	Currency: Very recent. Relevance: High. Authority: PLOS Medicine. Accuracy: Peer-reviewed. Purpose: Research summary.	https://doi.org/10.1371/journal.p
✓	Alam et al., 2024	Barriers to mental health support for racially-minoritised people within the UK: a systematic review	Synthesises qualitative research on barriers: stigma, lack of trust, cultural mismatches, institutional racism.	Currency: Very current. Relevance: High. Authority: Cambridge University Press. Accuracy: Systematic review.	https://doi.org/10.1017/S175447
✓	Bassey et al., 2024	Barriers to mental health service utilisation among African populations...	Empirical study focusing specifically on African communities. Provides culturally specific insights and recommendations.	Currency: Very current. Relevance: Directly relevant. Authority: Public Health journal. Accuracy: Peer-reviewed.	(Use journal link or your PDF)
✓	Healthwatch Southwark, 2025	Rethinking mental health services for Black African and Caribbean communities	Community-based report with focus groups. Identifies trust issues, representation concerns, and gaps in culturally tailored care.	Currency: 2025. Relevance: Very high. Authority: Public sector/community data. Accuracy: Local evidence but reliable. Purpose: Service improvement.	https://www.healthwatchsouthwark.org.uk/data title)

Saved?	Author & Year	Title	Summary	CRAAP Notes	File Name / Link
✓	NIHR, 2025	Barriers and facilitators to implementation of culturally appropriate mental health services	Looks at system-level barriers in implementing culturally sensitive mental health care. Good for recommendations chapter.	Currency: 2025. Relevance: High. Authority: NIHR. Accuracy: Robust. Purpose: Implementation research.	https://www.nihr.ac.uk/
✓	Race Equality Foundation, 2024	Racial disparities in mental health: literature & evidence review	Summarises evidence on inequalities, systemic racism, socioeconomic factors, and community-specific barriers.	Currency: 2024. Relevance: Strong. Authority: REF. Accuracy: Evidence-based.	https://raceequalityfoundation.org
✓	McLean, Campbell & Cornish, 2003	African-Caribbean interactions with mental health services in the UK	Foundational study describing historical and cultural issues in service access and experiences.	Currency: Older but foundational. Relevance: Moderate-high. Authority: Soc Sci Med. Accuracy: Peer-reviewed.	https://doi.org/10.1016/S0277-95
✓	Alleyne, 2024	Exploring Black British African and Caribbean peoples' experiences of mental health services (Thesis)	Provides modern qualitative insights, interviews, and current service experiences. Great for localised evidence and practical examples.	Currency: 2024. Relevance: High. Authority: University-level thesis. Accuracy: Academic but not peer-reviewed.	University thesis repository

Theme	Description	Supporting Articles
1. Stigma & Cultural Beliefs	Stigma, spiritual explanations, shame, and cultural interpretations reduce help-seeking.	Mantovani 2017, Memon 2016, Bassey 2024, Alam 2024, REF 2024
2. Mistrust & Poor Service Experience	Perceived discrimination, lack of cultural competence, past negative interactions create mistrust.	Healthwatch 2025, McLean 2003, Bansal 2022, NIHR 2025, Memon 2016

Theme	Description	Supporting Articles
3. Structural/Systemic Barriers	Socioeconomic barriers, long waits, lack of awareness, and poor service design limit access.	Bansal 2022, Alam 2024, Memon 2016, REF 2024, Bassey 2024, Healthwatch 2025

THEME 1: Stigma, Cultural Beliefs, and Help-Seeking

Definition

Stigma refers to the negative social attitudes, stereotypes and prejudices attached to mental illness that lead individuals to internalise shame, avoid disclosure and resist seeking help.

In African communities, stigma often intersects with cultural beliefs, religious interpretations, and community expectations. Cultural beliefs within African populations may include spiritual explanations for mental illness, perceptions of psychological distress as a moral failing, or assumptions that emotional problems should be managed privately within the family. These beliefs influence how mental health problems are interpreted, who is approached for help, and whether formal mental health services are perceived as appropriate or necessary.

Background Information

Stigma surrounding mental illness has historical roots across African contexts, tracing back to traditional interpretations of health that often combine spiritual, communal, and moral frameworks. Colonisation, migration, and racialised experiences in the UK have shaped how African communities perceive institutional systems—including healthcare. Historically, African migrants in Britain experienced discrimination, unequal treatment, and racial stereotyping in mental health services, shaping long-held distrust and stigma within communities. In many African cultures, mental illness can carry significant social

consequences such as isolation, reduced marriage prospects, or damage to family reputation. These beliefs have been reinforced intergenerationally and remain prevalent among African communities in the UK today, shaping help-seeking behaviours.

As newer waves of migrants arrive from various African countries, including Nigeria, Ghana, Somalia, and Eritrea, cultural explanations for mental health continue to interact with UK mental health narratives, sometimes creating confusion, conflict, or resistance. These cultural foundations, combined with experiences of racism and discrimination in British society, contribute to a hegemonic stigma that is deeply embedded and difficult to challenge.

Impact on Research Question

This theme directly impacts your dissertation question: “Barriers to accessing mental health services for African communities in the UK?” Stigma has repeatedly been identified as one of the most powerful and pervasive barriers. If individuals fear judgement, rejection, or negative labelling, they are significantly less likely to seek support from mental health services. This avoidance can delay diagnosis, treatment, and early intervention.

Cultural beliefs also influence whether mental health symptoms are recognised as medical conditions or interpreted as spiritual, family-related, or social issues. Where belief systems do not align with biomedical understandings, individuals may be less likely to engage with NHS mental health services. Therefore, understanding stigma and cultural beliefs is essential to explaining why African communities remain underrepresented in accessing mental health care despite high levels of need.

Statistical Information

Research has consistently shown lower rates of help-seeking among African individuals despite disproportionately high levels of psychological distress. While Black African groups are more likely to experience common mental disorders, they are less likely to access primary mental health support such as talking therapies. Mantovani et al. (2017) found high levels of internalised stigma and shame among African-descended participants, resulting in delayed help-seeking. Public Health England reports similarly indicate that stigma remains a central reason for non-engagement among Black African communities.

Furthermore, Bansal et al. (2022) found that Black communities experience higher rates of crisis-based contact, meaning that individuals often reach services only when symptoms escalate severely. This pattern suggests that stigma-driven avoidance may contribute to late intervention, worsening outcomes and increasing reliance on emergency or compulsory services.

Theories, Policies, and Legislation

Theoretical Framework

The Health Belief Model and the Stigma Theory by Erving Goffman provide useful theoretical grounding.

- Goffman's Stigma Theory explains how individuals internalise negative social messages, creating barriers to disclosure and help-seeking.
- The Health Belief Model explains how perceptions of severity, susceptibility, and cultural beliefs shape whether individuals believe treatment is necessary.

These theories highlight how cultural interpretations and fear of social judgement directly shape help-seeking pathways among African populations.

Policy and Legislation

UK mental health policy encourages culturally competent practice through frameworks such as the NHS Long Term Plan (2019), the Equality Act (2010), and the Advancing Mental Health Equalities Strategy. These policies acknowledge stigma but often do not fully integrate African cultural contexts. Although policies advocate for anti-stigma interventions (e.g., Time to Change), studies such as Bassey et al. (2024) suggest that these campaigns have limited reach into African communities due to cultural and linguistic barriers.

Implications

Positive Implications

- Increasing awareness of how stigma operates can inform targeted mental health promotion.
- Community-led anti-stigma campaigns can empower African groups to reshape conversations around mental health.
- Collaboration with churches, cultural organisations, and African-led charities can help reframe mental illness in culturally appropriate ways.

Negative Implications

- Stigma prevents early intervention and delays access to treatment.
- Individuals may seek unregulated or unsafe alternative remedies.
- Shame and secrecy can exacerbate symptoms and worsen family relationships.
- Stigma interacts with mistrust, deepening disengagement from formal services and contributing to crisis-driven interactions.

Examples from Your Articles

Mantovani et al. (2017) found that stigma was a major barrier in African-descended populations, with participants expressing fear of being labelled “mad” and concerns about community judgement. This aligns directly with the theme by demonstrating how shame and cultural beliefs impact help-seeking.

Memon et al. (2016) identified stigma as a cross-cutting barrier across BME groups, including African communities. Their participants highlighted fear of judgement and preference for private, family-based coping strategies.

Bassey et al. (2024) specifically explored African community experiences and found that many viewed mental illness through spiritual or cultural lenses, leading to delays in accessing care and a preference for religious or community healing approaches. These articles collectively support the theme by demonstrating that stigma is consistent, culturally embedded, and powerful across African groups.

Connections to Other Themes

Stigma interacts strongly with the second theme, mistrust, because cultural beliefs often reinforce perceptions that mental health services are not safe, culturally compatible, or trustworthy. Stigma also intersects with structural barriers in Theme 3, as individuals who already face poverty, language barriers or long waiting times may be even less motivated to overcome these obstacles due to cultural shame or fear.

THEME 2: Mistrust, Negative Experiences, and Lack of Cultural Competence

Definition

Mistrust refers to the lack of confidence or belief that mental health services will provide fair, respectful, and effective support. Among African communities, mistrust often arises from historical injustices, negative personal or family experiences, and perceptions of systemic racism. Cultural competence refers to mental health providers' ability to understand, respect, and respond appropriately to diverse cultural backgrounds. A lack of cultural competence can lead to miscommunication, misdiagnosis, dissatisfaction, and withdrawal from services.

Background Information

Historically, Black African and Caribbean groups have experienced unequal and discriminatory treatment in UK mental health services. Studies from the early 2000s, such as McLean et al. (2003), identified patterns of racial bias, coercion, and overrepresentation of Black patients in compulsory admissions. These historical patterns have created generational memories that influence contemporary attitudes toward services.

African migrants also bring prior healthcare experiences from their home countries, where mental health services may differ widely in approach, accessibility, and cultural relevance. Some individuals associate mental health systems with punitive or stigmatising practices, further reinforcing reluctance to engage. Within the UK, experiences of racism across institutions—including policing, education, employment, and healthcare—have fuelled a broader sense of institutional mistrust.

This context is important because mistrust is not simply an individual attitude but a collective, socially-produced barrier strongly shaped by structural forces.

Impact on Research Question

Research question seeks to explore barriers to mental health access among African communities. Mistrust is central to this inquiry because individuals who lack trust in services are unlikely to engage with them, regardless of need or severity. Mistrust influences whether people book appointments, share symptoms openly, follow treatment plans, or return after negative encounters. If African communities perceive services as biased or culturally insensitive, they may avoid them entirely, relying instead on informal support networks.

This theme therefore directly impacts your dissertation by explaining a major psychological and social barrier that shapes underutilisation of mental health services among African groups.

Statistical Information

Several studies report unequal experiences among Black African patients. Bansal et al. (2022) found that Black individuals in the UK are more likely to enter mental health care through crisis pathways, police contact, or involuntary detention—patterns associated with fear, mistrust, and negative experiences. NHS data consistently shows lower uptake of talking therapies among African groups compared to White British populations.

Healthwatch Southwark (2025) highlighted that many African and Caribbean service users reported feeling unheard or misunderstood in therapeutic settings. The NIHR (2025) similarly found that implementation of culturally-appropriate services is inconsistent across the UK, contributing to a sense of invisibility or neglect among African communities.

Theories, Policies, and Legislation

Theoretical Framework

Several theories explain mistrust:

- Cultural Competence Theory argues that effective service delivery requires understanding clients' cultural contexts. A lack of this competence leads to alienation and poor engagement.
- Critical Race Theory helps explain how structural inequality and racism shape negative experiences within healthcare.
- Intersectionality highlights how overlapping identities (race, migration status, class, gender) influence how African individuals experience mental health services.

Policy and Legislation

The Equality Act (2010) mandates non-discriminatory service provision, yet disparities persist. The NHS Advancing Mental Health Equalities Strategy (2019) acknowledges the need for anti-racist practice and improved cultural competence. However, studies such as NIHR (2025) show that these policies have not fully translated into practice, resulting in service gaps and continued mistrust.

Implications

Positive Implications

- Highlighting mistrust encourages mental health services to improve cultural competence.
- It supports the development of community-led interventions.
- It encourages more African representation in the mental health workforce.

Negative Implications

- Mistrust leads to delayed care, poorer outcomes, and crisis-driven service contact.
- It contributes to escalation of symptoms and increased use of involuntary interventions.
- It undermines long-term therapeutic relationships.

Examples from Articles

Healthwatch Southwark (2025) reported widespread dissatisfaction among Black African residents, who felt that clinicians failed to understand cultural expressions of distress. This mistrust reduced engagement with therapy and support groups.

McLean et al. (2003) provided early evidence of negative interactions between African-Caribbean individuals and mental health systems, setting the foundation for understanding long-term mistrust.

Bansal et al. (2022) demonstrated that ethnic inequalities persist, with Black groups experiencing more coercive or negative service pathways, reinforcing mistrust and disengagement.

These articles collectively show how mistrust forms through both lived experiences and structural inequality.

Connections to Other Themes

This theme connects closely to Theme 1, since stigma reinforces fears of being mistreated or misunderstood. It also links to Theme 3, as structural barriers—such as lack of representation and poor access—further contribute to mistrust.

THEME 3: Structural and Systemic Barriers

Definition

Structural barriers are external, systemic obstacles that hinder access to mental health services. These include long waiting times, socioeconomic disadvantage, language barriers, service location, and limited availability of culturally appropriate services. Systemic barriers

arise from institutional practices that unintentionally disadvantage African groups due to racism, inequality, or bureaucratic inefficiency.

Background Information

Structural inequalities affecting African communities in the UK are shaped by historical racism, economic disparities, and migration patterns. African populations often live in urban areas with overstretched services, face higher rates of low income, and encounter difficulties navigating the complex UK mental health system. Many African migrants must adapt to a system where mental health care is highly medicalised compared to holistic approaches familiar in African contexts.

In addition, the NHS faces significant workforce shortages, particularly in talking therapies, which disproportionately affects marginalised communities. Lack of culturally-adapted services means African individuals may face long waits before seeing someone who understands their cultural background.

Impact on Research Question

Your dissertation question seeks to identify barriers to mental health access among African communities. Structural barriers are central to this, as they explain why even motivated individuals may struggle to reach services. Long waiting times discourage engagement, while socioeconomic challenges make accessing appointments difficult. Systemic racism may impact diagnosis and treatment quality. Therefore, this theme provides crucial insight into how the environment and health systems themselves create inequalities.

Statistical Information

Bansal et al. (2022) noted persistent ethnic inequalities across care pathways, with Black groups less likely to receive early intervention and more likely to enter through crisis services. The Race Equality Foundation (2024) reported that African communities face higher rates of poverty, overcrowded housing, and precarious employment—all risk factors for poor mental health and reduced access to care. Memon et al. (2016) identified language

barriers and lack of awareness as key structural obstacles affecting BME groups, including Africans.

Theories, Policies, and Legislation

Theoretical Framework

- The Social Determinants of Health Framework explains how socioeconomic status influences access to care.
- Structural Racism Theory highlights how policies, institutional practices, and societal structures advantage some groups over others.
- Andersen's Behavioural Model of Health Service Use identifies enabling and disabling factors that shape access, many of which are structural.

Policies

Policies such as the NHS Long Term Plan aim to reduce inequalities, while the Equality Act (2010) addresses discrimination. However, studies like Alam et al. (2024) suggest that structural barriers persist due to poor implementation and insufficient funding for culturally appropriate services.

Implications

Positive Implications

- Identifying structural barriers encourages the NHS to redesign services.
- It supports development of community-based mental health hubs.
- It provides evidence for policy reform and resource allocation.

Negative Implications

- Barriers reduce access and contribute to worsening health outcomes.
- They increase reliance on emergency or compulsory treatment.
- They reinforce stigma and mistrust, deepening disengagement.

Examples from Articles

Bansal et al. (2022) identified ethnic inequalities rooted in institutional structures, including unequal access to psychological therapies.

Alam et al. (2024) highlighted long waiting times, limited culturally-adapted support, and systemic discrimination as key barriers.

Memon et al. (2016) found that lack of awareness, language challenges, and limited support availability reduced engagement among African and other BME communities.

These studies collectively demonstrate how systemic structures shape unequal pathways into care.

WConnections to Other Themes

Structural barriers connect to Theme 1, as cultural stigma may deter individuals from navigating complex systems. They also link to Theme 2, as negative experiences rooted in systemic inequality generate mistrust, reinforcing disengagement.
