

# **Introduction to Independent Research**

## **Component 2**

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## Introduction

My report is going to elaborate on my research proposal of why Afro Caribbean minorities in the UK are more likely to avoid help seeking when experiencing mental health problems and the stigma behind taking medication. I want to find out why afro Caribbeans are against accepting help. Looking at challenges faced and experiences of mental health services.

Mental health is a public health concern in the UK and the Afro Caribbean population a lot of the time ethnic minority groups experience challenges when it comes to mental health this could be because of stigma, cultural beliefs and the environment in which they live in can also have an impact on help seeking.

Speaking from a UK Afro Caribbean myself I know that people refer to mental health as a mad person or psychopath so for those reasons a lot of people shy away from help and because of this Afro Caribbeans will have a high (DUP) Duration of untreated psychosis for first episode in psychosis. This means that a person may have gone years without treatment, so in some cases recovery may take longer, and extra support may be needed from multi-disciplinary teams working together to support a service user addressing all needs by creating a care plan.

How care is provided for Afro Caribbean patients in the community and what services are available.

I will be looking at different journals using the scoping review and systematic review to see what support or barriers that the Afro Caribbean community face when having to deal with Mental health issues.

I will be looking at the stigma around mental health and if it has improved over the last 10 years. I will be trying to get a feel for why mental health support is important and what measures may be taken to make sure that the Afro Caribbean community receives the same care.

The aim is to provide the experiences of the Caribbean community's 'concerns about mental health and the policies that have been put in place.

## Background

This report has been put together looking at the racial inequalities in mental health with the Caribbean community in the UK.

Racial disparities in mental health, a project commissioned by NHS England. The project was created to improve the knowledge and understanding of practice to provide an effective service to gain better outcomes for the black minority ethnic (BME) communities' experience of mental health illness.

The BME experiences a lot of different inequalities to do with mental health. This could be to do with the black community being higher at risk of being detained under the mental health act.

Evidence suggests that BME are at higher risks of mental ill health from non-social engagements which impacts the access to treatment. Discrimination is still high in the black community and other ethnic groups.

Evidence also states that Afro Caribbean communities are three times more likely to get diagnosed with schizophrenia and being admitted into hospital.

prevalence data across ethnic groups. Access The evidence shows black, and minority ethnic communities are less likely to access mental health support in primary care (i.e. through their GP) and more likely to end up in crisis care. Black and minority ethnic people are 40 per cent more likely to access mental health services via the criminal justice system than white people. There is a wide range of different barriers for black and minority ethnic communities accessing mental health care. Some of these include a lack of knowledge around mental health care, different cultural attitudes or ideas about mental health, and relationships with healthcare practitioners in the local area. For people without immigration status, who have a gender non-conforming or trans identity, and/or also have a disability, institutional attitudes towards minorities, really serve as a barrier for communities accessing mental health access and treatment. However, it has been shown that services based in the community (and particularly in the voluntary, community and social enterprise sector) are more likely to develop the relationships of

trust that promote access and awareness of mental health services for diverse communities.

In most countries around the world, the average Black Minority (BME) groups still find it hard to access mental health services. There are perceived barriers in accessing the mental health services for minority ethnic groups

A Qualitative study was done by Southeast England

From this study 26 adults from BME backgrounds 13 of which were men and the other 13 was woman aged 18 was invited to attend 2 focus groups and a Thematic analysis was done to identify key reasons why BME still have barriers in accessing mental health services.

From the analysis done participants identified to main reasons that they feel contribute to help seeking one is the environment in which they are in which affect their ability to recognise that they are or can be experiences a first episode in mental health or any other health issues. The main point is that your social network can impact you seeking help. This is also down to the stigma behind mental health for (BME) has a negative impact on speaking out about your feelings.

The second main reason is the relationships built between service user and health care providers this also includes the impact of waiting times for assessment communication breakdown, Language understanding the BME groups without discrimination and cultural backgrounds.

Coming from a BME background, they would require support in understanding mental health and raising awareness of the conditions of illness in mental health and the impact of not seeking help. The information given needs to be improved about services and how to access your local community teams.

Problems of not seeking help can mean deterioration in mental health and at times due to aggression. It can racially discriminate against an ethnic minority and in some cases a service user can end up being detained under the mental health act. It's the rights of a service user who has been sectioned to appeal the decision and the case would be heard at a tribunal which consists of a judge, solicitor, Mental health practitioner and consultant.

Health care professionals gain further training on how to engage ethnic minorities into services by also being sensitive to culture and stigma.

During the covid-19 pandemic ethnic minorities seen an increase in inequalities to access mental health services. ethnic minority.

The Stakeholders implementing plans to improve mental health services for people with Data was looked at from the National Health Service, mental health trust, coventry and Warwickshire, East London and Greater Manchester, Sheffield to collect analysed data from using a interpretivist apptoach to get comfirmation from participants on the actions plans for service users of (BME).

This was done between July 2021 – July 2022

Stakeholders implemented plans that encouraged change needed to increase equality in mental health enabaling them to collaborate with community groups to gain engagement.

## **Methods:**

To do my research i am going to collect data from studies using a systematic review looking at articles collecting information on why Black ethnic minority groups find it hard to seek help when experiencing some form of a mental health breakdown. I am also going to look at Quantative and Qualative stats to get an idea on how ethnic minorities are affected.

A systematic review is a thorough and organized way to bring together research on a specific topic. In this report, the review looks at the barriers Black ethnic minorities in the UK face when trying to access mental health support. The process uses a clear search plan, set rules for what studies to include, careful review of each study, and a step-by-step way to collect and analyze the findings.

Primary research means doing original studies that gather new data straight from people, instead of using only what is already published.

For this report, primary research could include surveys, interviews, or focus groups with Black ethnic minorities in the UK about their experiences with mental health support. This type of research gives more detail and context by sharing firsthand stories, different viewpoints, and new issues that might not show up in existing studies. Adding primary research to the report shows real-life challenges and makes the analysis stronger with direct evidence

This method helps cover all current knowledge, limits bias, and points out where more research is needed. The review finds main issues like cultural stigma, mistrust of services, lack of culturally aware care, and economic inequality, which form the basis for recommendations.

Also looking at primary researcch looking at states and what te impact of not making change will do.

By using a scoping review i can look at the difference between scoping review and systematic and using Primary research.

I need to explain why this subject is relevant so i will look at the issues and barriers that affect (BME) minorites.

I will look at **qualitative research design** using a **narrative literature review** approach.

A **narrative review** was selected because the objective of the study is to explore any existing evidence on the barriers that Black ethnic minorities face when seeking mental health support.

This approach allows the integration of findings from diverse ethnic groups, policy, and clinical sources, enabling a comprehensive understanding of social, cultural, and structural factors (Bryman, 2016).

The research design is interpretivist, assuming that experiences of mental health, stigma, and racial inequality are socially constructed and best understood through qualitative insights (Creswell, 2014). This approach is appropriate because barriers to mental health help-seeking are shaped by beliefs, culture, lived experiences and institutional structures, all of which require interpretative analysis rather than measurement alone.

## Data Sources

- **Peer-reviewed journal articles** published in psychology, psychiatry, sociology, and public health.
- **Government reports**, including NHS Digital, NHS England and the UK Government's Ethnicity Facts and Figures.
- **Books** written by recognised scholars in mental health and racism studies.
- **Policy documents** from mental health organisations such as Mind and the Royal College of Psychiatrists.  
**Grey literature**, including research reports from charities and community organisations.

## Academic databases

Google Scholar  
PubMed

## Results

Analysis of the literature generated several key themes illustrating why Black ethnic minorities in the UK encounter significant barriers when seeking mental health support. The themes identified include cultural stigma, mistrust of mental health services, lack of culturally competent care, socioeconomic inequality, and other factors such as religious beliefs, migration, language barriers, and limited mental health literacy. Cultural stigma emerged as a dominant factor: multiple studies emphasised that mental illness is often perceived negatively within many Black African and Caribbean communities, leading to silence, shame, and reluctance to disclose symptoms outside the family (Memon et al., 2016; Keating & Robertson, 2021). This stigma commonly delays help-seeking until symptoms become severe. Mistrust of mental health services is the second major theme, rooted in experiences of racism. The literature consistently highlights disproportionate rates of compulsory detention, misdiagnosis, and coercive treatment among Black individuals (NHS Digital, 2022; Fernando, 2017). Consequently, many Black service users report feeling unsafe or misunderstood, which discourages voluntary help-seeking. The third theme, lack of culturally competent care, relates to many professionals lacking the training or awareness needed to understand Black cultural expressions of distress, resulting in miscommunication and poor therapeutic relationships (Bhui et al., 2018). Underrepresentation of Black clinicians also contributed to feelings of alienation. Socioeconomic inequality was another major barrier: financial hardship, limited time, and restricted access to private therapy disproportionately affect Black communities (UK Government, 2023), reducing opportunities for early intervention. Finally, factors including reliance on faith-based support, migration and language barriers, and low mental health literacy further reduce engagement. For some individuals, faith is an alternative to clinical services; others may lack awareness of support pathways. Overall, these barriers are multidimensional, interconnected, and shaped by cultural, structural, and social determinants.

## Discussion

The findings from the literature review clarify the complex, layered barriers that hinder Black ethnic minorities in the UK from accessing effective mental health support.

These barriers are multidimensional and arise from the interplay between key themes identified above: cultural attitudes, systemic racism, mental health service design, and broader socioeconomic factors. Discussing these themes together clarifies the urgent need for reform and highlights why intersectional approaches are essential to address mental health inequalities.

Cultural stigma emerged as a major, recurring barrier.

The literature consistently indicates that, within many Black African and Caribbean communities, mental illness is construed as a source of shame (Memon et al., 2016; Keating & Robertson, 2021). This stigma operates collectively and shapes both family dynamics and community expectations. As a result, individuals experiencing psychological distress may suppress symptoms, conceal their struggles, and delay seeking professional help until their condition becomes acute.

The internalization of stigma has far-reaching consequences. It can exacerbate feelings of isolation, hinder open dialogue about mental health, and foster misconceptions about the causes and treatments of mental illness. Moreover, stigma may intersect with gender and age, further complicating help-seeking behaviors among specific subgroups (e.g., young men or elders). Addressing this cultural stigma requires strategies that are both community-driven and culturally sensitive, engaging community leaders, faith groups, and families to foster new narratives around mental health.

Historical and ongoing racism and discrimination underpin pervasive mistrust of mental health services among Black communities. The literature consistently identifies a legacy of disproportionate detentions, misdiagnosis, and coercive practices (Id). These factors sustain perceptions of mental health institutions as punitive, often resulting in avoidance of such services.

This mistrust is compounded by a lack of representation among mental health professionals and the frequent failure of services to acknowledge the impact of racism on mental health. Black service users often report feeling misunderstood, stereotyped, or even endangered within healthcare settings. These factors, taken together, reduce the likelihood of voluntary help-seeking and contribute to a cycle of crisis-driven interventions rather than early, preventive care.

## Lack of Culturally Competent Care

The gap in culturally competent care is another substantial barrier. Many mental health professionals lack the training and awareness required to recognise unique expressions of psychological distress within Black communities. This shortfall leads to frequent miscommunication, inappropriate interventions, and weakened therapeutic alliances (Bhui et al., 2018). Achieving culturally competent care requires ongoing commitment to understanding the lived experiences of service users, including the impacts of racism and migration.

Furthermore, the underrepresentation of Black clinicians within the mental health workforce reinforces feelings of alienation and undermines trust in the system. Service users may be less likely to disclose sensitive information or fully engage in treatment if they do not see themselves reflected in the professionals providing care.

## Socioeconomic Inequality

Socioeconomic disadvantage is a pervasive structural barrier that interacts with cultural and systemic factors. Financial hardship, insecure employment, and limited access to private therapy constrain opportunities for early intervention for mental health (Bhui et al., 2018). Moreover, time constraints and competing demands—such as multiple jobs or caregiving responsibilities—can make it difficult to attend appointments or continue ongoing treatment.

Socioeconomic inequality also intersects with barriers related to service availability and accessibility. Public mental health services are often overstretched, with long waiting times and limited culturally tailored support. As a result, Black individuals may face both greater need and greater barriers to accessing timely, appropriate care.

## **Religious Beliefs, Migration, Language, and Literacy**

Other significant barriers are faith-based support preferences, migration-related challenges, language barriers, and low mental health literacy. Spiritual or religious frameworks sometimes delay engagement with clinical services. Language difficulties and unfamiliarity with the UK mental health system particularly hinder recent migrants or those with limited English proficiency.

Mental health literacy—the ability to recognise symptoms, understand treatment options, and navigate service pathways—remains limited in many Black communities. This reduces the likelihood of early intervention and may perpetuate cycles of crisis and disengagement.

## Interconnectedness of Barriers

It is crucial to recognise that these barriers are not discrete or mutually exclusive; they are deeply interconnected. For instance, cultural stigma may reinforce mistrust in services, and socioeconomic disadvantages can amplify the effects of other barriers. As a result, effective interventions should be holistic and intersectional, addressing multiple determinants simultaneously.

## Recommendations

Considering these findings, the following recommendations are proposed to reduce barriers and improve mental health support for Black ethnic minorities in the UK:

### 1. Community-Led Anti-Stigma Initiatives

- **Develop and fund community-based campaigns** that challenge negative perceptions of mental illness within Black communities. These should be co-designed with community leaders, faith groups, and individuals with lived experience to ensure authenticity and relevance.
- **Facilitate open dialogues and workshops** that normalise mental health conversations, targeting both younger and older generations to bridge gaps in understanding.

### 2. Building Trust and Accountability in Services

- **Implement anti-racism training for all mental health professionals**, emphasising the historical and contemporary realities of racism in healthcare.

**Establish clear accountability mechanisms** to address discrimination and improve service user experiences, including the routine collection and publication of ethnicity-specific service data.

**Increase representation of Black professionals** in the mental health workforce through targeted recruitment, mentoring, and career development programs.

### 3. Enhancing Cultural Competence

- **Embed cultural competence as a core requirement** in mental health service delivery, including ongoing training, reflective practice, and the use of culturally adapted assessment tools.

- **Develop and implement culturally tailored interventions**, such as group therapies or psychoeducational programs that resonate with Black cultural values and traditions.
- **Foster partnerships with Black-led organisations** to co-produce and deliver services that are trusted and accessible.

#### 4. Reducing Structural and Socioeconomic Barriers

- **Increase funding for accessible, community-based mental health services** in areas with high proportions of Black residents, reducing reliance on crisis and inpatient care.
- **Provide flexible appointment options** (e.g., evenings, weekends, digital access) to accommodate work and caregiving responsibilities.

**Expand financial support programs** for those unable to afford private therapy or additional support services.

#### 5. Improving Access for Migrants and Non-English Speakers

- **Ensure provision of language support services**, including interpreters and translated materials, throughout the mental health care pathway.
- **Develop targeted outreach and orientation programs** for recent migrants, explaining available mental health services and how to access them.

#### 6. Enhancing Mental Health Literacy

- **Implement school and community-based education programs** to improve understanding of mental health, symptoms, and help-seeking pathways.
- **Engage trusted community figures** (e.g., religious leaders, youth workers) as mental health champions to disseminate accurate information and combat myths.

#### 7. Integrating Faith and Spirituality

- **Collaborate with faith-based organisations** to provide integrated support, recognising the central role of spirituality in many Black communities.
- **Train mental health professionals in spiritual competence** to better understand and respect service users' beliefs.

## 8. Research, Monitoring, and Co-Production

- **Fund ongoing, participatory research** involving Black service users to monitor progress, identify emerging barriers, and refine interventions. **Promote co-production of services**, ensuring that Black individuals are involved at every stage—from design to delivery and evaluation.

## Conclusion

The barriers to mental health support for Black ethnic minorities in the UK are substantial, entrenched, and multifaceted.

They reflect not only individual attitudes or service shortcomings, but also wider social and structural inequalities. Addressing these challenges demands an intersectional approach, grounded in partnership with Black communities and sustained by systemic change.

The recommendations above offer a roadmap for policymakers, practitioners, and community stakeholders to work collaboratively towards more equitable, effective, and culturally competent mental health care.

## References

Satinsky, E., Fuhr, D.C., Woodward, A., Sondorp, E. and Roberts, B., 2019. Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy*, 123(9), pp.851-863.

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Memon et al., 2016; Keating & Robertson, 2021 Black mens conversation about mental health

Bhui et al., 2018

T Bagnol Racial discrimination in mental health race equality foundation 2019

French P, Lloyd Evans, 2023

Anti-Discrimination in mental health care for older people Jessica Kingsley 2017

Black and ethnic minority carers perception on mental health services and support in the United Kingdom Miller Aula 2021 vol 20

Qualitative insights (Creswell, 2014)

National library of medicine Shanghai Arch Psychiatry 2014 February 26