

Community interventions to improve public mental health among adults from Black, Asian and Minority Ethnic communities

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Background



Poor mental health disproportionately affects people from minority ethnic populations in the UK

- varies among ethnic groups
- associated with societal, structural and institutional factors
- exacerbation of public mental health during COVID-19



Community interventions may be a cost-effective way to increase access to mental health support and improve health outcomes

We defined community interventions as:

- non-clinical programme or activity
- taking place within a community or being delivered by the community and/or voluntary sector
- seeking to support mental health and wellbeing of minority ethnic people





Research question(s)/aim



What is the evidence for community interventions that aim to improve the mental health and wellbeing of Black, Asian and minority ethnic communities in the UK?

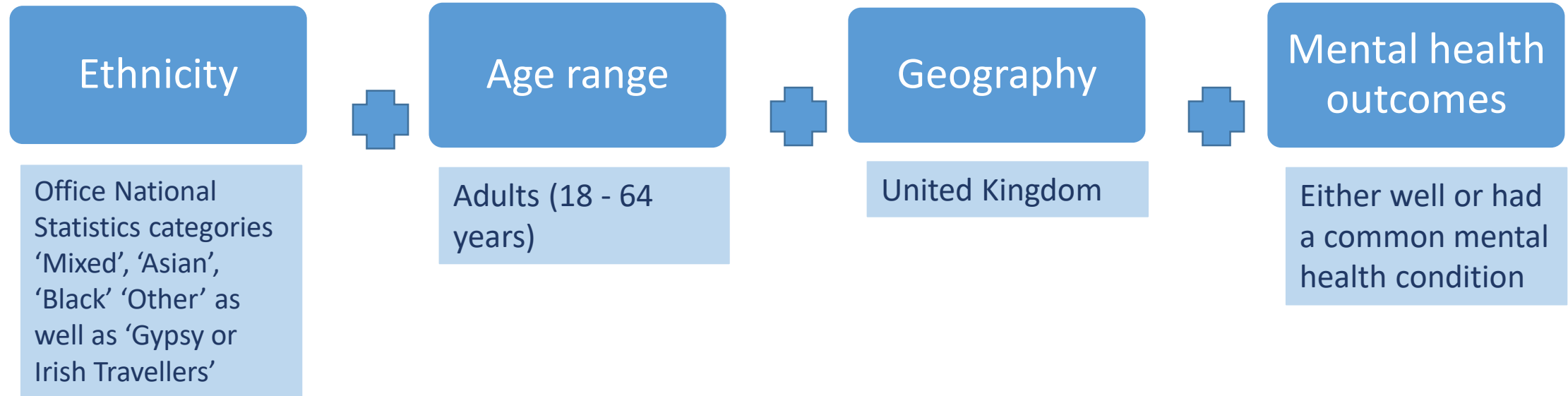




What we did (methods)



The search strategy



- 6 electronic academic databases January 1990- September 2019: Medline, Embase, PsychINFO, Scopus, CINAHL, Cochrane.
- PRISMA, TIDieR and Cochrane Risk of Bias tools used for intervention description, data extraction and quality assessment.
- Grey literature excluded due to numerous small community interventions and absence of publicly available data.





Key findings



7 peer reviewed articles were found

Interventions:

- therapy-style sessions delivered by lay health workers
- peer-support groups
- educational leaflet
- free gym access
- family services programme



Four key interventional characteristics emerged

1. Addressing social isolation by building peer-to-peer support and social networks has potential to improve wellbeing.

Evidence suggests people from minority ethnic backgrounds find it easier and more appropriate to talk within their social network rather than to mental health professionals.



2. Recruiting lay health workers of the same ethnicity and/or life experience as participants may help them access services

Recruiting facilitators or lay health workers with the same language and culture as participants may help individuals from minority ethnic groups better communicate their mental health needs, help improve access, and reduce the stigma in accessing mental health services.



3. Overcoming cultural and other barriers in accessing care can lead to better outcomes among minority ethnic groups

Addressing practical considerations, such as travel and translation of written educational material increased participation. Additionally, cultural adaptation of the programme or talking therapy was a common feature across all community interventions.



4. Signposting in the community can promote access to mental health services.

The interventions had a strong emphasis on signposting (linking) to complementary, or additional services.

This has been widely adopted in England through social prescribing schemes *but* to date there has been little emphasis on cultural appropriateness.





Implications



Implications

Current evidence is limited and weak methodologically

- we need sufficient resources and joint collaborative action to conduct evaluations

Little examination into differences within groups

- the BAME label masks heterogeneity between populations
- focus on South Asian women

Little promoting positive mental health and primary prevention

- five studies specifically targeted participants diagnosed with anxiety or depression
- little on the structural and institutional factors



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Questions?





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