

Study: Services must adopt anti-racist and holistic models of care to reduce ethnic inequalities in mental health care

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The experiences of people from ethnic minority groups with NHS mental health care are being seriously undermined by failures to consider the everyday realities of people's lives in services in the UK, reports a new study led by researchers at the University of Bristol and Keele

University. The study is published in *PLOS Medicine*.

The research team carried out a comprehensive synthesis of existing evidence to explain the under-use of primary care [mental health services](#) by people in ethnic minority groups and their over-use of crisis care pathways and involuntary admissions to hospital.

The new work is ambitious as it sets out to explain why these inequalities continue to persist despite over five decades of established evidence and government initiatives in this area.

The findings show that prevailing biomedical models of health care which centralize a "European" and "white" experience, to the exclusion of alternative ideas of mental health and health care are major barriers to equitable care.

Participants in the studies included in the review report being reduced to 'labels and symptoms' in their interactions with health services, with little acknowledgement of social, racial, religious, and cultural aspects of illness and how these work together to produce particular experiences of illness or expectations for treatment.

A specific concern was a failure of services to recognize the influence of social factors, particularly racism, both as a cause of mental ill-health and as a driver of poor treatment within health services. This lack of meaningful engagement and a fear that they would experience racist, oppressive, and stigmatizing treatment caused people to disengage from statutory health services.

A sense that the benefits of help-seeking did not outweigh these risks, meant services were only used as a last resort. Similarly, [mental health professionals](#) with ethnic minority backgrounds feel unable to challenge racist practice when it occurs or to introduce approaches to health care

which would be more meaningful and appropriate to their diverse patient group.

Relatedly, the lack of progress in tackling ethnic inequalities in the UK is attributed to failure to ensure authentic community coproduction; and a reluctance to fully implement community recommendations within statutory services and address the dominance of 'white' middle class decision-makers and implementers who are perceived to have little understanding of the needs of people from ethnic minority groups.

Dr. Narinder Bansal, the study's lead author and Honorary Research Fellow at Bristol's Centre for Academic Mental Health, said, "The delivery of safe and equitable person-centered care requires a model of mental health care that is better aligned with social and anti-racist models of care. Assessment and treatment should always consider the intersections between experiences of racism, migration, complex trauma, and religion."

"We found that addressing the overlapping experiences of oppression, such as those related to racism, migration, complex trauma, and English language literacy, is more relevant than approaches based on crude ethnic group classifications in understanding and reducing ethnic inequalities in access, experiences, and outcomes of mental health care."

"While epidemiological and other data has highlighted ethnic inequalities in mental health care in the UK over the past 50 years, the reasons behind these inequalities continue to be under dispute. We found that community voices are not listened to and community recommendations for reducing the adverse experiences are rarely implemented as they are seen as too radical for services."

"Although service providers recognize the importance of coproduction, we found that attempts at coproduction are experienced widely as

superficial, tokenistic and the failure to implement it authentically creates more frustration and further disengagement."

"Our findings call for clear strategies and plans to address individual, systemic, and structural obstacles to authentic and meaningful coproduction and implementation of existing community recommendations in mental [health services](#)."

More information: Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography', *PLoS Medicine* (2022). [DOI: 10.1371/journal.pmed.1004139](https://doi.org/10.1371/journal.pmed.1004139)

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