









# A rapid review of the effectiveness of interventions to enhance equitable or overall access to mental health services by ethnic minority groups

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## **Background**

Approximately 1 in 4 people will experience poor mental health in their lifetime.



Evidence suggests that interventions improving access and engagement with mental health services may help to reduce disparities affecting ethnic minorities.

#### **Aim**

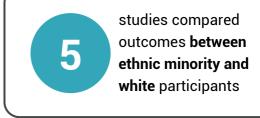
To assess the **effectiveness of interventions** intended to **enhance equal access** to mental health services by ethnic minority groups.

### **Evidence Base**

14 studies published across 17 reports







Participants of the reviews included

- Individuals with specific mental health conditions (i.e. childhood emotional and behavioural disorders, depression (including post-partum), anxiety)
- 'Healthy' participants
- Individuals referred to Improving Access to Psychological Therapy
- Individuals in mental health **crisis**

Interventions were categorised according to change made at the following levels:

- Personal
- Intra-personal
- Community
- Organisation

Information on Gypsy, Traveller and Roma groups was also sought, but there was no research for this specific population available.

# **Key Findings**

In summary, the findings **support**:

care setting.





Interventions delivered in a way that is **culturally appropriate**, using **leaflets**, **videos**, **or presentations** to encourage 'health-seeking' behaviour.



Providing language support (e.g. professional interpreters).

Incorporating speciality mental health services within primary



Trials and longitudinal studies.

**Training to healthcare providers** on cultural sensitivity and competence to raise awareness of disparities in mental healthcare access and outcomes.

Furthermore, it is noted that ethnic minority groups are disproportionately affected by economic determinants of poor mental health, including increased likelihood of low income.

Research Implications and Evidence Gaps

Future research should prioritise rigorous study design, including Randomised Controlled

https://www.medrxiv.org/content/10.1101/2024.05.16.24307468v2.full.pdf