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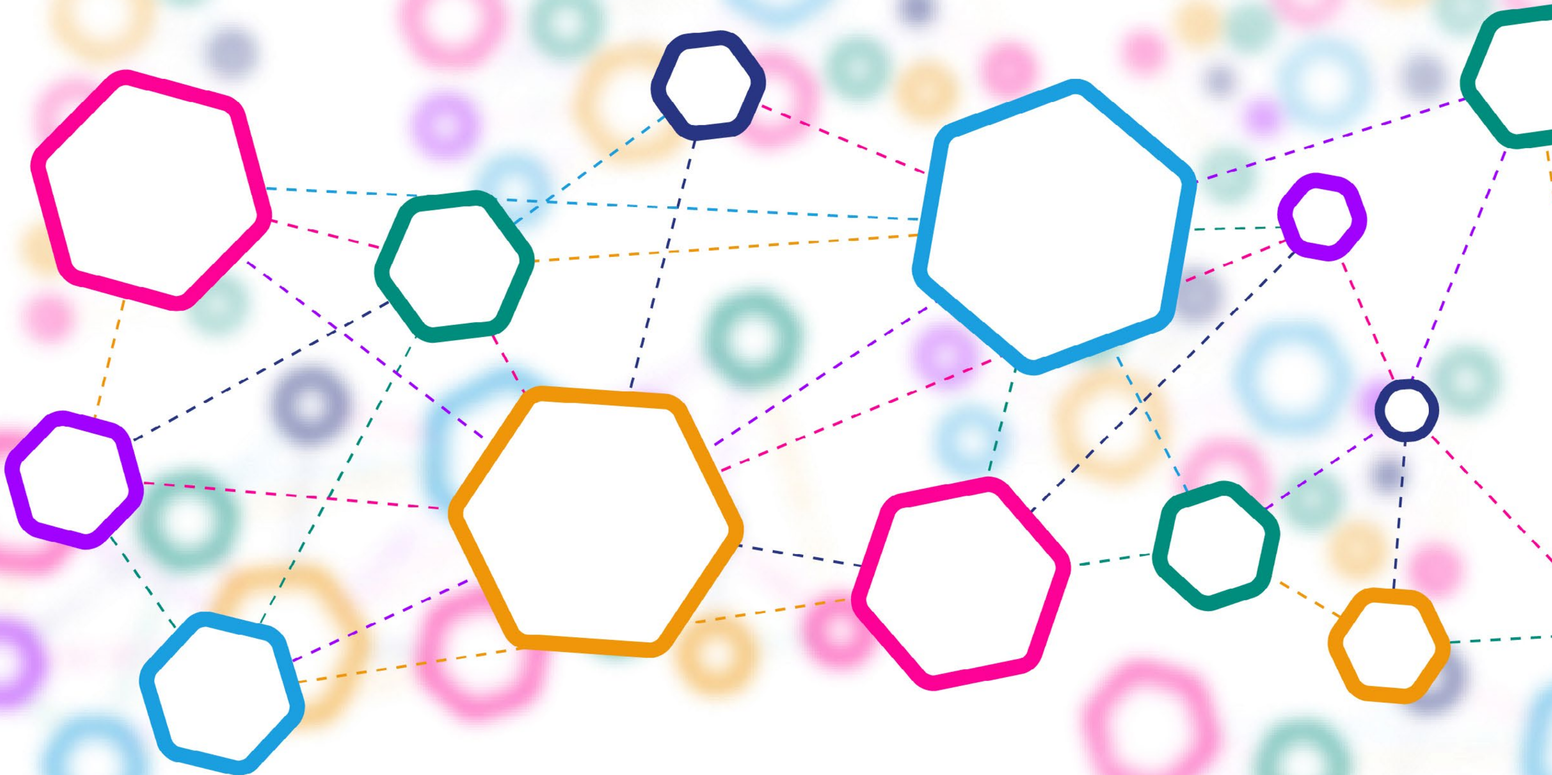
# Good Practice Guidelines

To improve access to, and quality of, psychological interventions for people from Black, Asian and minority ethnic communities

September 2024



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# Executive Summary

## Findings and Specific Recommendations

In 2023, Improvement Cymru (NHS Wales Executive) on behalf of the National Psychological Therapies Management Committee (NPTMC) and the Welsh Government commissioned a rapid review of the literature to establish a contemporary position and support the development of good practice guidelines for practitioners with regard to the accessibility, appropriateness, acceptability of, and outcomes from, psychological interventions for people from Black, Asian and minority ethnic populations. It will also be of interest to planners, commissioners and those responsible for the provision of psychological intervention at a local and national level.

Questions were posed of both the existing research and the grey literature pertaining to individuals across the lifespan. The full methodology and review can be found here. These guidelines for good practice, service development and future research are a synthesis based on the review.[1] Welsh Government commissioned a concurrent review of the effectiveness of interventions to enhance equitable or overall *access* to mental health services by ethnic minority groups. Its findings are helpful in supporting and understanding access in the broader mental health system.

1 Kunorubwe, T., Tyson, P., Molina, J., Davies, N., Gait, S., John, B., Roderique-Davies, G., Lancastle, D. (2024) Summary Report of a Rapid Review, Guidance and an associated action plan to improve access to, and provision of, psychological interventions for people from Black, Asian and minority ethnic communities.

## The overall conclusions of the rapid review of the literature are:

1. A number of barriers have been identified, some of these are client[2] facing (e.g. stigma or mistrust of services), some are service facing (e.g. complex pathways), and some are practitioner facing (e.g. avoidance in discussing cultural factors). Increasing accessibility, appropriateness, acceptability and influencing outcomes require practitioners and service leads to consider all aspects of these levels.
2. Where psychological therapies have been appropriately adapted, these show positive outcomes. However, a particular cultural adaptation cannot be understood as a set of changes that will be relevant to every client, group, or community. Instead, adaptations must be considered in a person-centred way and will vary according to the needs and preferences of different ethnic, faith, and/or cultural backgrounds.
3. Consideration of language is critical. Not only might interventions be delivered through the medium of an interpreter, with the obvious implications of the sensitive nature of the communications, but language and cultural barriers might also affect patient reported outcome measures. Patients and clients might not fully relate to measures developed by and for English speaking, White Western populations, if the language and terminology used, and the life-experiences and priorities, are different to those from other ethnic backgrounds.
4. Imagery, proverbs, metaphor, stories, and other narratives can be important tools for clients to vocalise and understand their experiences and distress, and somatisation of distress is also likely in some ethnic groups. Such approaches to mental health are likely to impact across the whole set of processes involved in the clinical cycle[3].
5. The client's perspective of their safety, both physical (e.g., fear of harm) and psychosocial (e.g., stigma) can undermine treatment effectiveness. Furthermore, some physical threats (e.g., racial attack, repatriation) or psychosocial threats (e.g., community stigma) may be greater threats to clients from some ethnic, cultural, or faith backgrounds than others.
6. Some ethnic, cultural, or faith backgrounds have a more collectivist philosophy towards life and wellbeing than is the case in others. In collectivist societies, family and community are an important part of the client's identity and the involvement of the family and community can be a central component influencing the effectiveness of the intervention.
7. As with people from White backgrounds, people from Black, Asian, and minority ethnic communities seeking help for mental health issues can have other characteristics that might lead to marginalisation in society. Although beyond the scope of this review, issues of intersectionality are crucial, and the evidence suggests that characteristics such as religious faith, sexual orientation, refugee/asylum status, learning disability etc., could confer additional disadvantage in mental health settings[4].

2 Throughout this document, generally the terms 'service user' and 'clients' are used interchangeably to support de-medicalising the language used to describe human distress. It is acknowledged that other terms such as 'patient' (which is often used in mental health legislation and associated codes of practice) and 'citizen' may be preferred language of choice for some.

3 That is assessment, formulation, intervention and evaluation of outcomes.

4 Burnham, J. (2012). Development in the social GGRRAAACCEEESSS: Visible-invisible and voices-unvoiced' in Krause (Ed) Culture and Reflexivity in Systemic Psychotherapy: Mutual Perspectives. London:Karnac.

# Specific Recommendations

## 1. The Therapeutic Process

- **Practitioners should take a proactive approach to establish the client's language preferences.**
- **Practitioners should adopt a collaborative, 'knowledge exchange' approach to intervention when a client's cultural background is unfamiliar to them[5],** to ensure that cultural, spiritual and community factors valued by the client are considered within the formulation and intervention processes and that the intervention tasks are adapted appropriately.
- **Imagery, proverbs, metaphor, stories, and other narratives can be important tools for clients to vocalise and understand their experiences and distress, and somatisation of distress is also more likely in some ethnic groups.** Practitioners should allow space and time at every stage in the clinical cycle for clients to communicate their needs and preferences, using the narrative that is most comfortable for the client.
- **Practitioners should establish the client's perspective on their safety, both physical (e.g., fear of harm, repatriation) and psychosocial (e.g., stigma[6], confidentiality)** and prioritise enhancing safety, in line with the recommendations of Herman (1992) to increase the likelihood that the effectiveness of therapy is not undermined by a client's sense of threat. Practitioners should also be mindful of the potential for other factors (e.g., faith, sexuality, learning disability) that could negatively affect a client's sense of safety and hinder the extent to which a client accesses and benefits from the interventions provided. It is essential to consider the potential cumulative impact where there is intersectionality.
- **Reasonable adjustments should be made** to enable the client to engage effectively with therapy, in particular the consideration of any weekly and daily cultural routines.

## 2. Service Development

- **Practitioners and service leads should consider adopting existing models for developing culturally appropriate interventions,** such as 'bottom-up' models (e.g., Hwang, 2009) and/or 'top-down' (e.g., Bernal, Bonilla and Bellido, 1995). 'Bottom-up' or 'formative' methods involve collaboration with community stakeholders to develop ideas to adapt the therapy. They involve five phases that target developing, testing, and reformulating therapy modifications. Bernal et al's (1995) 'Top-down' Ecological Validity Model includes eight dimensions important in cultural adaptation, for example, offering therapy in the client's preferred language, matching the client and practitioner on salient variables to enhance therapeutic alliance, and applying cultural knowledge about traditions, customs, and values.

5 It is expected that practitioners will, as far as is possible, familiarise themselves with a client's cultural background in broad terms to enable and facilitate a person-centred conversation in respect to the formulation developed and intervention offered.

6 All services have a responsibility for ensuring the provision of a safe and stigma free environment.

- **Community stakeholders (e.g., faith leaders, third sector organisations) should be involved in discussions about developing and delivering interventions (including the development of service pathways).** However, be mindful that clients might welcome or conversely worry about community knowledge and involvement in mental health service provision and reassure those who are concerned about the potential for negative consequences.
- **More broadly actions to increase diversity in the psychological professions workforce in a way that reflects the populations that we service should be developed.**[7]

## 3. Research

The conclusion from the rapid review of both qualitative and quantitative data indicates a low level of experimental rigour and suggests that research into culturally adapted and culturally sensitive interventions is in its infancy. In order to improve this research, the review makes a number of recommendations:

- **There should be utilisation of tools to facilitate a culturally-minded approach to practice and research.** This could involve the adaptation or development of tools to facilitate routine consideration of the unique characteristics, needs, preferences, and cultural contexts of clients and communities. An example of such a tool can be found in Appendix 1. Modifications are not universally applicable because clients and communities are not homogenous, and this tool will help clinicians to confirm the appropriateness of their intervention in the context in which it will be used. The Hexagon model can also provide a useful framework for considering the capture and evaluation of modifications or adaptations to published research for specific populations or communities.
- **A culture of evidence-based practice and practice-based evidence should be embedded across the full scope of mental health services.** These should include audit, research, service evaluation, intervention development, clinical practice, and commissioning of services. This approach will help to build the evidence base of efficacy and effectiveness (including cost effectiveness) by providing clear data about the acceptability, accessibility, outcomes, engagement, and retention associated with culturally adapted and culturally sensitive interventions. Findings from practice-based research should be collated in a national repository.
- **As they become available clinicians should be supported to access and utilise outcome measures that are culturally appropriate.**

The review identified studies that are most appropriately understood as 'modelling' and 'exploratory trials,' as described in the MRC framework or as levels C and D by NICE Guidelines or Matrics Cymru standards (Campbell et al., 2000; Craig et al., 2008; Skivington et al., 2021), and are thus in keeping with the 'bottom-up' and iterative processes advocated by this framework. Once intervention developers have developed sufficient evidence indicating the potential for their interventions to have benefits for Black, Asian and minority ethnic people, we would expect the literature to reflect this by the publication of more high quality RCT evidence, and subsequent systematic reviews and meta-analyses of the effectiveness of culturally relevant interventions against appropriate controls. In short, we would expect the quality of quantitative evidence to improve in the future, and a systematic review and meta-analysis of the evidence would then be appropriate.

7 Tick No More Boxes and If Your Face Fits.

# Background and Context

The most recent census data (ONS, 2023) reveals a rich tapestry of diversity, emphasising Wales' current and historical multicultural fabric and its evolving demographic landscape[8], with language and religious diversity a prominent aspect highlighted[9]. There is a large body of evidence that confirms people from Black, Asian and minority ethnic communities generally experience inequalities in all aspects of healthcare, including mental health services. The Wales Centre for Public Policy states that; 'Racial and ethnic minority people in Wales experience disparities in mental health and wellbeing and access to mental health care, particularly among refugees and asylum seekers' (Policy Briefing March 2021: www.wcpp.org.uk). The Anti-Racist Wales Action Plan seeks to address these disparities by improving access to, and the quality of, mental health support for Black, Asian and minority ethnic people.

A summary of the existing research indicates that individuals from Black, Asian and minority ethnic backgrounds and communities are more likely to experience higher rates of poor mental health. These higher rates appear associated with several predisposing factors including socioeconomic circumstances (e.g. deprivation), experience of stigma and discrimination, contextual factors (uncertainty re: asylum/refugee process) and systemic issues related to mental health access and treatment (e.g. issues with referral process and pathways, Westernised interpretation of distress resulting in misdiagnosis, and ineffective signposting). The draft Mental Health and Wellbeing Strategy for Wales has a number of guiding principles, including the expectation that the design and delivery of services will recognise the impact of the wider determinants of health. Moreover, there is an expectation of equity of access, experience, and outcomes without discrimination: ensuring services and support are accessible and appropriate for all.

One issue of concern relates to the accessibility, appropriateness, and acceptability of psychological interventions to those from minority ethnic communities, as well as the outcomes from such interventions. In order to assess this, a rapid review of the evidence in this area was commissioned to further understand the landscape and consider action that services can take to improve both access to, and outcomes from, psychological interventions.

The review confirmed a relative paucity of research in the UK into access and outcomes from psychological interventions and that there is no specific Wales based intelligence. Data from England's Improving Access to Psychological Therapies (IAPT) services suggests that, despite higher rates of mental health difficulties, individuals from diverse backgrounds tend to have lower access rates, lower completion rates and poorer outcomes from psychological intervention than White British clients (Baker & Kirk-Wade, 2023).

Individuals who identified as White British were more likely to complete treatment and improve than those from any other background (Ahmad et al., 2021). Poorer outcomes were reported for clients from Yemeni, Pakistani and Somali backgrounds (Arafat, 2021) and women of Pakistani backgrounds (Kapadia et al., 2017). In addition, clients from Black Caribbean, Black Other and White Other groups were more likely to be referred to other services than be treated within IAPT (Harwood et al., 2021).

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8 For instance, in terms of high-level ethnic group categories, the percentage of the population who identified as "White" ethnic groups was 93.8%, "Asian, Asian British or Asian Welsh" ethnic groups – 2.9%, "Mixed or Multiple ethnic groups" – 1.6%,"Black, Black British, Black Welsh, Caribbean or African" – 0.9%, "Other ethnic groups" – 0.9%.

9 In Wales, 96.7% of usual residents spoke English or Welsh as their main language. The remainder selecting a variety of other languages, with the top 10 most spoken being Polish, Arabic, Romanian, Bengali, all others being Chinese, Portuguese, Spanish, Bulgarian, Italian, and Turkish. In terms of high-level religious categories, the percentage of the population who identified as No religion was 46.5%, Christian – 43.6%, Muslim – 2.2%, Buddhism – 0.3%, Hinduism – 0.4%, 'Other religious groups' – 0.7%, and not stated – 6.3%.

Bhavsar et al. (2021) noted that individuals residing in the UK for less than 10 years are less likely to engage with IAPT services, even after accounting for factors such as English proficiency or reason for moving.

Whilst these trends may be associated with a variety of causes, Rathod et al., (2015) highlight the risks of clients disengaging or having poorer outcomes when psychological interventions are delivered in a generic way as it creates a perception or experience that the service user's culture or they themselves are not understood. Delivering interventions in a manner that does not account for clients' culture and identity could obstruct the process of change particularly if the practitioners' explanations are contradictory or not acceptable to the client's cultural model (Jameel et al., 2022). For example, something that might seem simple such as enquiring about particular social activities, work or roles, domestic roles would be outside of some clients' experience, or the teachings of their faith, and therefore could run the risk of alienating those clients.

Whilst much of the available research has focussed on the provision of services in England and the IAPT service model, many findings and observations in the context of healthcare, history, and other areas can often be applicable to Wales, given the shared context and race-based history between the two countries.

The provision of psychological interventions in Wales for all adults is guided by Matrics Cymru, which was designed to assist the planning and delivery of evidence-based psychological therapies within the local authorities and health boards of Wales, including commissioned third sector and independent sector services. It provides guidance to support greater quality and consistency in the delivery of psychological interventions. Matrics Plant has been designed for practitioners working in psychological services for children, young people, and families. It aims to assist in the development, planning and delivery of a Wales-wide approach that is ideologically and theoretically aligned to the provision of effective psychologically minded and targeted interventions.

Both guidance documents acknowledge the importance of equitable provision and the need for reasonable adjustments. However, the degree to which the recommended range of psychological interventions are accessible and appropriate for mental health service users and families from Black, Asian and minority ethnic communities is unknown. There is a clear need to supplement current best practice guidelines in Wales with a review of the available evidence relating to these minority communities.

# Terminology

The terminology we use when talking about race and ethnicity can have real world impact and influence on policy. Therefore, due consideration has been given to the language and terminology being used within these guidelines. There is a recognition that terms such as Black, Asian and minority ethnic communities may be unhelpful for some (Milner & Jumbe, 2020); however, alternative terms used to describe racially minoritised populations may not provide a term that conveys the multiple facets of diversity or may not be in common usage (Lawton et al, 2021).

Therefore, in these guidelines, whenever possible, specific language will be utilised to describe ethnic, religious, or linguistic groups. In instances requiring collective terminology, decisions will be guided by the context at hand. If the context does not provide a decisive direction, for the purposes of this document the term 'Black, Asian, and minority ethnic' will be used. Practitioners, researchers, and all other stakeholders in mental health services in Wales are urged to be mindful of the terminology they use to describe people from different ethnic, cultural, and faith groups, and wherever possible, to consult groups and individuals about their preferred terminology.

# Scope of the Review

In 2023, Improvement Cymru (NHS Wales Executive) on behalf of the NPTMC and the Welsh Government, commissioned a rapid review of the literature to establish a contemporary position, and to support the development of good practice guidelines in relation to the accessibility, appropriateness, and acceptability of psychological interventions for people from Black, Asian and minority ethnic populations, as well as the outcomes from such interventions. Questions were posed of both the existing research and the grey literature pertaining to individuals across the lifespan. The full methodology and review can be found here.

These guidelines for good practice, service development and future research are a synthesis based entirely on the review[10].

The rapid review incorporated qualitative and quantitative studies of populations of adults, young people and children based in the UK or identified regions with similar healthcare systems (New England, New South Wales and British Columbia[11]) and incorporated studies of communities from a specific ethnic background, multi-cultural communities, and also the views and experiences of practitioners working with Black, Asian and minority ethnic communities. There were varying degrees of co-production within the studies and where this was present included service users, families, practitioners, and community members.

# Summarised Findings

**Based on the review, the findings are considered from the following perspectives: accessibility, acceptability, appropriateness, and outcomes[12].**

## Accessibility

Findings identified various barriers to accessing and engaging with existing psychological interventions:

- Client-facing barriers involved practical difficulties such as lack of awareness about available services, and challenges related to childcare or transportation costs.
- Community-facing barriers included culturally bound shame, stigma surrounding mental health, and a lack of trust in professionals[13].
- Service-facing barriers encompassed limited resources and training for modifying interventions, as well as a lack of access to interpreters.

10 Kunorubwe, T., Tyson, P., Molina, J., Davies, N., Gait, S., John, B., Roderique-Davies, G., Lancastle, D. (2024) Summary Report of a Rapid Review, Guidance and an associated action plan to improve access to, and provision of, psychological interventions for people from Black, Asian and minority ethnic communities.

11 It is acknowledged that although healthcare systems in these regions are similar, there may be significant difference in societal issues of ethnicity, race and culture.

12 It is of note that there are likely to be issues concerning each of these perspectives in relation to broader mental health services.

13 Time To Change Wales: Insight into Stigma Amongst Black, Asian and Minority Ethnic Communities in Wales.

- Practitioner-facing barriers involved discomfort or avoidance in discussing cultural factors and a need for self-reflection.
- Contextual barriers were related to environmental circumstances, such as uncertainty regarding repatriation or asylum/refugee processes.

By addressing these barriers and implementing modifications to psychological interventions, accessibility improved for clients from Black, Asian, and minority ethnic backgrounds. These modifications had positive effects, including openness to new ideas and behaviour, trust in practitioners, and signs of progress. They also positively impacted the community by combating stigma, normalising therapeutic intervention, increasing awareness of mental health problems, and ensuring confidentiality. Service factors that facilitated access included providing necessary resources, offering appropriate training, providing supervision on cultural consultancy, and ensuring access to interpreters. Despite potential discomfort, practitioners inquiring about clients' culture, being open about cultural differences, and discussing experiences of racism were valued and contributed to positive engagement. Lastly, recognising and addressing contextual barriers through problem-solving or collaboration with other agencies had a positive impact on accessibility.

## Acceptability

In terms of acceptability, the findings from the review emphasized the positive influence of modifying psychological interventions to better suit clients from Black, Asian, and minority ethnic communities. Participants expressed a desire for psychological support that they could relate to, highlighting the importance of incorporating their language, faith, and culture into the intervention. Participants also valued being able to express themselves in their preferred language. Culturally informed content in therapy led to positive learning experiences, increased confidence, and empowerment among participants. Cultural understanding, including awareness of cultural norms and religious practices, was crucial for therapy to be seen as acceptable (and therefore effective). Cultural sensitivity, including modest dressing and interaction, was seen as essential for some.

Building trust and developing a strong therapeutic relationship were also emphasized. Incorporating religious or spiritual beliefs into therapy was generally seen as compatible and beneficial[14]. Collaboration with religious leaders was recommended to address the religious needs of clients. Delivering therapy in accordance with cultural norms and traditions helped reduce stigma and shame associated with mental health and accessing therapy. Group therapy sessions were demonstrated to decrease social isolation and loneliness, leading to increased communication among group members outside of sessions.

The acceptability of therapy was influenced by the clients' ethnic background and the match between the client and practitioner. Some participants preferred an ethnically similar practitioner for easier communication and understanding, while others expressed concerns about judgement and confidentiality. These findings highlight the significance of cultural and linguistic needs, religious beliefs, trust-building, and practitioner-client matching in enhancing the acceptability of therapy. They also highlight the importance of offering choice.

14 It was also found that practitioners should be cautious in distinguishing between normative religious practices and psychopathological behaviour.

## Appropriateness and Outcomes

Qualitative findings regarding outcomes for adapted interventions demonstrated positive effects of psychological intervention for Black, Asian, and minority ethnic communities. Participants reported a reduction in mental health symptoms, improved emotional management, better understanding of grief and trauma, achieving valued goals, and increased psychological well-being. Overall, participants had a positive perception of therapy, with some variance in the degree of focus on culture or religion desired by clients. These findings collectively demonstrate the effectiveness of adapted interventions for minority populations and the need for practitioners to consider cultural practices, individual needs, choice, and adequate tailored support to achieve positive treatment outcomes and address mental health disparities. By recognising and incorporating the unique experiences and perspectives of diverse populations, mental health interventions can be more inclusive, accessible, and effective.

It is important to bear the choice of outcome tool measure in mind when considering and measuring the appropriateness of any intervention. Many outcome measures have not been validated for use in all ethnic groups and cultures and, as such, there could be limits to the validity and reliability of outcomes. For example, clients might not fully relate to measures developed by and for English speaking, White Western populations, if the language and terminology used, and the life-experiences and priorities, are different to those from other ethnic backgrounds.

It is hoped commonly used tools will become validated over time and, as these or others become available, clinicians should be supported to access and utilise outcome measures that are culturally appropriate.

# Modifying Psychological Intervention

## To Meet the Needs of Clients from Black, Asian and Minority Ethnic Communities – Culturally Adapted and Culturally Sensitive Psychological Interventions

The available research indicates that both culturally sensitive and culturally adapted psychological therapies have shown positive results in terms of accessibility, appropriateness, acceptability, and outcomes. It is of note however, that there is still limited research on the efficacy of such interventions across distinct cultural communities. Culturally adapted psychological interventions and culturally sensitive psychological interventions differ in their specific focus and methods, and though the terms are often used interchangeably, it can be helpful to consider these as different approaches (Beck et al., 2019).

Culturally adapted psychological interventions involve retaining fundamental components of the original intervention while integrating the distinctive and culturally influenced aspects of the way in which mental health issues are expressed and comprehended (Beck, 2019). Such adaptations are made to make the psychological intervention more suitable and effective for individuals from diverse cultural backgrounds. This can involve tailoring therapeutic techniques, content, language, and delivery formats to align with the cultural values, beliefs, and practices of the client group. The adaptation process may also involve incorporating culturally relevant examples, metaphors, and activities into the therapy sessions. The goal of culturally adapted therapy is to enhance the accessibility and relevance of the treatment for clients from different cultural backgrounds, thereby improving engagement and outcomes.

On the other hand, culturally sensitive psychological therapy tends to look much more like the psychological therapy provided to the majority of service users, but with modifications made on a case-by-case basis by practitioners, service users or even interpreters (Beck, 2019). This emphasises the importance of cultural awareness and understanding in the individual therapeutic relationship. It involves recognising and respecting the cultural perspectives and experiences of the client, while actively avoiding stereotypes and biases. Culturally sensitive therapists strive to create a safe and inclusive environment where clients are recognised as experts in relation to their experiences and feel understood, validated, and empowered. They may engage in ongoing self-reflection, education, and training to enhance their cultural competence and responsiveness. For example, within individual therapy with a client respecting the client's background, guarding against generalisation or biases, adjusting the therapeutic relationship to suit the client and ensuring the process / interventions are consistent with the clients' background.

Whether approaching the intervention as culturally adapted or culturally sensitive, the rapid review highlighted some common focus of modifications. These included modifying the delivery approach, involvement of significant others, empowering the client and significant others, conceptualisation of the presenting problem, therapeutic modality, therapy content, staff knowledge and integrating culturally influenced aspects of mental health.

## Delivery

Modifying psychological interventions by changing delivery elements can enhance accessibility, acceptability, and effectiveness for clients from Black, Asian and minority ethnic communities. Such modifications may include whether the intervention is delivered as a group versus individual sessions, providing a choice of practitioner, the language in which sessions are delivered, locations, formality of the setting, and even pathways to treatment.

Due to the history and theoretical underpinnings of some psychological interventions, they are often delivered individually for adults or provided to nuclear families for children and young people, thus overlooking a more collectivist nature of some other ethnic groups. However, offering the choice of intervention in group formats, including significant others, extended family members, or members of the community[15], can be more appealing to clients from diverse backgrounds. This may create a sense of community and support as clients can connect with others who may share similar experiences or challenges, whilst reducing feelings of isolation, and providing a space for validation and understanding. Clients may feel more comfortable expressing themselves and exploring their concerns, knowing they are not alone in their struggles.

The review indicates that, when delivered in a culturally adapted way, group intervention can create a safe and supportive environment where individuals can connect with others, support the development of sense of community, a sense of cultural pride and greater cohesion. This fosters a sense of belonging and validation, addressing the unique challenges faced by communities or more collectivistic communities.

Another aspect of delivery may include matching practitioners with clients, when appropriate, to enhance cultural understanding and facilitate a stronger therapeutic alliance. Matching practitioners from similar ethnic or cultural backgrounds[16] can help create a safe and comfortable environment for clients, where they feel understood and validated.

15 The involvement of any others in therapy must always be with the specific informed consent of the client, and their confidentiality paramount.

16 Care should be taken not to make assumptions based on limited knowledge of the service users' ethnic or cultural background.

Practitioners who share similar cultural backgrounds may better comprehend the unique experiences, values, and challenges faced by clients from these communities, thereby fostering a deeper connection and facilitating more positive outcomes. However, this may not be true for all clients as there may be times when clients actively wish to see practitioners from different backgrounds. For instance, where clients may be speaking about topics deemed culturally inappropriate, where there are concerns about culturally based judgements, or even concerns about confidentiality within a small community group.

Language can play a crucial role in the accessibility, acceptability, and outcome of psychological interventions. This is especially true if a person is in distress or, at best, feeling nervous at a first meeting of a process with which they are unfamiliar and should be considered pro-actively, including asking the client which language they would prefer to speak at the earliest practicable point. Providing interventions in the client's preferred language or offering interpreter services[17] ensures effective communication and understanding. By removing language barriers, interventions become more accessible and inclusive, allowing clients to fully engage in the therapeutic process. Equally, for those clients who are accessing psychological interventions in English, consideration about language could mean a more nuanced modification of language, and using descriptions and terminology that are acceptable. For instance, rather than using clinical terminology such as depression, some clients might resonate more with idioms of distress such as 'feeling down' or 'dragged down.'

The location and timing of psychological intervention sessions also plays a vital role in accessibility, acceptability, and outcomes. The timing of therapeutic sessions can be important in acknowledging the client's cultural contexts and needs. Reasonable adjustments should be made to enhance the client's ability to engage effectively with therapy, in particular the consideration of any weekly and daily cultural routines. For some, certain days of the week have specific cultural or religious significance. Offering interventions in convenient locations, such as community centres or places of worship, can help overcome logistical and transportation challenges. Equally, some settings may be more culturally appropriate or relevant which may influence the degree to which some clients may wish to engage.

Reflecting on and modifying pathways to psychological services can facilitate accessibility to clients from diverse backgrounds. Traditional pathways may not always align with the unique cultural values, beliefs, and help seeking behaviours of individuals from different backgrounds, as these typically rely on GP referral. By offering flexible and customizable pathways, psychological intervention can be tailored to meet the specific needs of clients or communities.

This may include incorporating referral routes into other health pathways, creating pathways that do not rely on GPs alone, linking work with community groups, culturally specific promotions or outreach, and even having information about services in community venues. Adapting pathways to psychological services acknowledges and respects the diverse backgrounds of clients, creating a more inclusive and accessible therapeutic experience.

## Modality

Modifications may focus on the choice of modality as a means to enhance accessibility, acceptability, and effectiveness for clients from Black, Asian and minority ethnic communities. The results from the rapid review were from a range of existing psychological interventions such as Cognitive Behavioural Therapy (CBT), counselling, and more integrative therapeutic approaches

17 The Wales Interpretation and Translation Service (WITS) has developed specific training for the public sector on working with interpreters and translators.

(drawing on community psychology, CBT, relational, interpersonal, narrative, expressive, and humanistic therapies), and also developing and piloting new psychological interventions co-created with the target community or faith groups.

One approach is to incorporate culture into existing frameworks and models of therapy, modifying therapeutic techniques, content, and delivery to align with the cultural values, beliefs, and experiences of these populations. This can include using culturally relevant metaphors, incorporating traditional healing practices, and addressing specific cultural stressors. Additionally, ensuring the therapy or intervention is delivered in a culturally sensitive manner, with practitioners who have knowledge and understanding of diverse backgrounds, can enhance the therapeutic alliance and increase client engagement.

An alternative is the development of new approaches specifically for clients from Black, Asian, and minority ethnic backgrounds. This involves recognising the unique experiences and cultural contexts of these populations and tailoring therapeutic approaches accordingly. To achieve this, it is essential to engage in community-based participatory research, involving members from these communities in the development and refinement of therapeutic interventions. Collaborating with community leaders, organisations, and advocates from these backgrounds can inform the development of culturally appropriate interventions. By collaboratively identifying cultural strengths, values, and preferences, practitioners can design interventions that resonate with clients and address their specific needs. Incorporating culturally relevant techniques, such as storytelling, expressive arts, or religious / spiritual practices rooted in cultural traditions, can enhance the acceptability and effectiveness of the intervention.

## Therapy Content

Another domain of modification is focussed on the content of the psychological intervention. Existing therapeutic modalities are utilised and modified to enhance accessibility, acceptability, and outcomes, while staying consistent with the underlying theoretical framework. Various techniques are employed including psychoeducation, exposure response prevention, problem-solving, signposting, stress management, cognitive restructuring, contingency planning, worry management, distress tolerance, active listening, contingency planning, highlighting available resources, celebrating successes, family interventions, safety and stabilisation, active listening, and guided discovery. In addition, careful consideration should be given to what would constitute culturally appropriate behavioural tasks or homework. Regardless of the content selected, it should be modified to align with the client's preferences, goals, cultural norms, values, customs, and traditions. Collaborative efforts should be made to tailor the therapy content appropriately and ensure its acceptability. The review indicated that by incorporating these modifications and promoting collaboration, therapy was made more accessible, acceptable, and effective for clients from diverse backgrounds.

## Involvement of Significant Others

In line with principles already outlined in Matrics Plant, psychological interventions can be modified to enhance accessibility, acceptability, and effectiveness for clients from Black, Asian, and minority ethnic backgrounds by adjusting for the involvement of significant others. This might include engaging community leaders, promoting parental involvement, incorporating family systems, and drawing on teachers and school systems in the therapeutic process.

By involving various significant others such as community leaders, with the client's informed consent, practitioners can access culturally specific knowledge and resources to create a more culturally relevant and acceptable intervention. Parental involvement plays a crucial role in the therapeutic journey as parents can provide valuable insights into the client's background and cultural context. Additionally, training and consultation with teachers can be beneficial in creating a supportive environment for the client both within and outside the therapy setting. Liaison with other agencies, such as schools or community organisations, allows for a comprehensive and holistic approach to addressing the client's needs.

Modifications in the involvement of significant others can take various forms. Firstly, it is important to raise the significant others' ability and confidence in recognising and managing psychological distress, as well as making appropriate referrals when necessary (this is especially important when cultural help-seeking is inhibiting access to care and treatment). Education about the mental health system, culturally specific models of mental illness, and medication effects is essential for clients, caregivers, and practitioners to develop a shared understanding and promote effective collaboration. There are occasions when a culturally sensitive interpretation of distress or difficulty is protective however there are also occasions when this may serve to perpetuate distress and inhibit help seeking in a way that could be detrimental to recovery. The impact of these factors should always be considered from an individual and person-centred perspective.

Moreover, addressing conflicts within families and between caregivers and healthcare professionals is crucial in fostering a supportive and cohesive therapeutic environment. By involving families in therapy sessions and empowering them to provide support at home through homework tasks, the therapeutic impact extends beyond the therapy room. This involvement within the wider community not only benefits the client but also promotes acceptance of interventions and services in the broader community. It is important to note that the degree and nature of involvement will be informed through collaborative discussions and decision-making with the client.

## Empowerment

Empowerment entails providing individuals and communities with the degree of autonomy and self-determination necessary to address systemic inequalities and challenges. In psychological intervention, this can be achieved by recognizing the impact of systemic disempowerment and working towards supporting clients in reclaiming their power and agency.

One way to empower clients is by involving them in the development of therapy plans through collaborative work, ensuring their goals and aspirations are acknowledged and prioritised. Raising awareness plays a crucial role in empowerment where clients, carers, and communities are educated about the mental health system, culturally specific models of mental illness, and the effects of medication. By improving communication and advocacy skills, clients are better equipped to navigate interactions with mental health services and assert their needs effectively.

Recognising the care burden and the possibility of clients caring for their carers is another aspect of empowerment. Practitioners can emphasise the rights and responsibilities of carers, fostering a supportive environment that acknowledges their contributions. Additionally, addressing systematic inequalities involves acknowledging the impact of racism and providing resilience-building strategies to help clients navigate such experiences (see section below on acknowledging racism and its impact).

Therapeutic techniques such as problem-solving booths, exploring strengths, understanding hopes, and proud moments can further contribute to empowerment. By supporting clients in developing resilience and enhancing their sense of self-worth, therapy becomes a space for building strength

and personal growth. For instance, in Hammad et al. 2020, the interventions specifically focussed on these topics, and Edge et al. (2018) took a recovery-based approach that considered strengths and resources.

## Conceptualisation of Presenting Problems and Formulation

When assessing functioning or the impact of presenting problems, considering cultural markers of functioning is important. Practitioners should be encouraged to take a person-centred approach. Any assessment needs to take into account the unique cultural norms, values, and expectations that shape clients' experiences and behaviours. This involves recognising that different cultures may have diverse ways of defining and evaluating mental health and well-being. Practitioners should be attentive to how cultural factors, such as collectivism, respect for authority, family dynamics, and acculturation stress[18], may influence clients' psychological functioning. To effectively consider cultural markers of functioning, practitioners can engage in culturally sensitive assessments that explore the impact of culture on clients' lives. This may involve asking questions about cultural identity, experiences of discrimination or racism, as well as being curious about family traditions and expectations. These early conversations will support the practitioner's overall conceptualisation of distress and help assess the magnitude of need.

It is essential to consider the conceptualisation of distress when working with Black, Asian and minority ethnic service users. For some, this might involve considering presenting problems through a culturally sensitive lens recognising that the manifestation and expression of symptoms and distress may vary across different cultural contexts. For example, across many cultures, physical symptoms are the most common presenting feature and more likely to be expressed than cognitive or emotional symptoms. Therefore, by acknowledging cultural nuances, and understanding the ways in which mental health problems are understood within specific cultural frameworks, practitioners can tailor their assessments and interventions accordingly.

In addition to diagnostic criteria or the presenting problem, practitioners should be aware of culturally bound understandings of mental health problems. This means acknowledging that certain symptoms or experiences (such as hearing voices) may be attributed to cultural factors or specific cultural beliefs which may, in some way, either ameliorate or perpetuate distress. By taking these factors into account, practitioners can gain a more comprehensive understanding of the client's distress and work collaboratively to develop culturally appropriate treatment strategies.

In line with the principles outlined in both Matrics Cymru and Matrics Plant, it is essential to formulate the client's problems as a variety of presenting issues rather than relying solely on a single diagnostic category. This approach allows for a more nuanced exploration of the client's experiences, taking into consideration the influence of culture, identity, and social context. By adopting a broader perspective, practitioners can address the complexity of the client's concerns at all levels of care, and tailor interventions driven by a culturally sensitive formulation of need.

Practitioners can engage in culturally sensitive dialogue with clients to gain insights into their cultural models of illness or health. This includes actively listening to clients' narratives and acknowledging the influence of culture, spirituality, and community on their well-being. By understanding these cultural perspectives, practitioners can tailor interventions and treatment plans that are meaningful and relevant to clients' experiences. Ultimately, a shared collaborative understanding can be reached that incorporates the clients' and more clinical understandings.

18 Acculturative stress refers to the stressors associated with being an immigrant or ethnic minority and going through the acculturation process – the strain that is associated with navigating away from one's culture of origin to another culture (Berry, 2006).

## Integrating Cultural Components

Additional modification can include incorporating specific cultural components into therapy sessions. This includes incorporating traditions, norms, imagery, proverbs, metaphors, and stories that are culturally relevant and meaningful to the clients. By incorporating these cultural components, therapy can enhance shared understanding and engagement. Cultural narratives help bridge the gap between the clients' lived experiences and the therapeutic concepts, making them more relatable and applicable to their specific cultural context. Imagery, for example, can be used to create visual representations that align with clients' cultural backgrounds and beliefs. Traditions and norms can be integrated to establish a sense of familiarity and comfort, providing a foundation for trust and openness in therapy.

## Acknowledging Racism and its Impact

Recognising and addressing experiences of racism is another crucial aspect of making therapy more accessible and acceptable for clients from Black, Asian, and minority ethnic backgrounds. One of the key principles of a trauma informed approach – as outlined in the Trauma-Informed Wales framework – "recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society". It outlines that stigma, inequality and discrimination can be experienced as traumatic and contribute to a higher level of health need and simultaneously reduce access to the services or resources that could ameliorate this.

Practitioners must acknowledge the impact of racism on clients' mental health and wellbeing and create a safe and supportive environment for discussing these experiences. Experiences of discrimination and racism have a cumulative effect and are associated with mental health difficulties. Therefore, practitioners can begin by actively listening to clients' experiences of racism, validating their emotions, and providing a safe space for them to express their thoughts and feelings.

By acknowledging the reality of racism and its effects, practitioners can validate clients' lived experiences and foster a sense of trust and understanding. This may involve discussing the impact of racism on self-esteem, identity development, and relationships. Practitioners can help clients develop coping strategies to navigate and respond to racism, empowering them to assert their agency and challenge discriminatory practices. In addition to individual intervention, group intervention can provide a supportive environment for clients to connect with others who have similar experiences. Group intervention can offer a sense of belonging, validation, and community support, which can be particularly beneficial when addressing experiences of racism.

Cultural humility is essential in addressing experiences of racism. Practitioners should continuously educate themselves about systemic racism, cultural diversity, and the historical context of oppression. Employing organisations should support this. This knowledge helps practitioners better understand the unique challenges faced by clients from diverse backgrounds and guides them in providing culturally sensitive and appropriate interventions.

The Nyth/Nest Framework also recognises: "From a rights based and strengths based perspective, it is crucial that all babies, children and young people are helped to feel that they belong, are important, have a voice and can expect to have the same opportunities and experiences as their peers regardless of their individual characteristics and life circumstances. It is also crucial that they feel safe to express their whole self, and are enabled to celebrate their unique identity. To do this they need to feel seen, represented, accepted and have access to visible role models who they can see themselves in and aspire to."

## Supporting Practitioners

It is vital for practitioners to actively expand their knowledge and understanding of diverse cultures, including their norms, traditions, and values. By immersing themselves in learning about different cultural backgrounds, practitioners can provide therapy that is culturally sensitive and responsive to the unique needs of their clients. Expanding knowledge of challenging social contexts influenced by prejudice, discrimination, and systemic inequalities is essential.

Furthermore, when practitioners enquire about client cultures and influences on therapy, they can better recognise the impact of cultural factors on their clients' psychological wellbeing. Cultural beliefs, values, and traditions shape individuals' identities, worldviews, and coping strategies. By having a deep understanding of these cultural influences, practitioners can tailor their interventions to align with their clients' cultural needs. This not only improves the effectiveness of therapy but also helps clients feel seen, heard, and validated in their cultural identities. By integrating culture into therapy, practitioners can facilitate a more comprehensive and inclusive approach that acknowledges the interconnectedness between a person's cultural background and their mental health. Finally, practitioners and services may inadvertently perpetuate stereotypes, engage in micro-aggressions, or overlook the cultural factors influencing clients' experiences. This can lead to harm and re-traumatisation for clients, further exacerbating their mental health struggles. Supervision and self-reflection help practitioners develop the awareness and sensitivity needed to avoid these pitfalls and ensure that therapy is affirming and supportive. Practitioners can be supported through self-reflection and supervision to minimise micro – and macro aggressions. Practitioners should engage in self-exploration to identify and challenge any preconceived ideas that may hinder their ability to provide culturally sensitive therapy. This self-awareness allows practitioners to approach therapy with an open mind, conscious of their own biases and stereotypes.

# Review Conclusions

### The overall conclusions of the rapid review of the literature are:

1. A number of barriers have been identified, some of these are client[19] facing (e.g. stigma or mistrust of services), some are service facing (e.g. complex pathways), and some are practitioner facing (e.g. avoidance in discussing cultural factors). Increasing accessibility, appropriateness, acceptability and influencing outcomes require practitioners and service leads to consider all aspects of these levels.
2. Where psychological therapies have been appropriately adapted, these show positive outcomes. However, a particular cultural adaptation cannot be understood as a set of changes that will be relevant to every client, group, or community. Instead, adaptations must be considered in a person-centred way and will vary according to the needs and preferences of different ethnic, faith, and/or cultural backgrounds.
3. Consideration of language is critical. Not only might interventions be delivered through the medium of an interpreter, with the obvious implications of the sensitive nature of the communications, but language and cultural barriers might also affect patient reported outcome measures. Patients and clients might not fully relate to measures developed by and for English speaking, White Western populations, if the language and terminology used, and the life-experiences and priorities, are different to those from other ethnic backgrounds.

19 Throughout this document, generally the terms 'service user' and 'clients' are used interchangeably to support de-medicalising the language used to describe human distress. It is acknowledged that other terms such as 'patient' (which is often used in mental health legislation and associated codes of practice) and 'citizen' may be preferred language of choice for some.

4. Imagery, proverbs, metaphor, stories, and other narratives can be important tools for clients to vocalise and understand their experiences and distress, and somatisation of distress is also likely in some ethnic groups. Such approaches to mental health are likely to impact across the whole set of processes involved in the clinical cycle[20].
5. The client's perspective of their safety, both physical (e.g., fear of harm) and psychosocial (e.g., stigma) can undermine treatment effectiveness. Furthermore, some physical threats (e.g., racial attack, repatriation) or psychosocial threats (e.g., community stigma) may be greater threats to clients from some ethnic, cultural, or faith backgrounds than others.
6. Some ethnic, cultural, or faith backgrounds have a more collectivist philosophy towards life and wellbeing than is the case in others. In collectivist societies, family and community are an important part of the client's identity and the involvement of the family and community can be a central component influencing the effectiveness of the intervention.
7. As with people from White backgrounds, people from Black, Asian, and minority ethnic communities seeking help for mental health issues can have other characteristics that might lead to marginalisation in society. Although beyond the scope of this review, issues of intersectionality are crucial, and the evidence suggests that characteristics such as religious faith, sexual orientation, refugee/asylum status, learning disability etc., could confer additional disadvantage in mental health settings[21].

# Specific Recommendations

## 1. The Therapeutic Process

- **Practitioners should take a proactive approach to establish the client's language preferences.**
- **Practitioners should adopt a collaborative, 'knowledge exchange' approach to intervention when a client's cultural background is unfamiliar to them**, to ensure that cultural, spiritual and community factors valued by the client are considered within the formulation and intervention processes and that the intervention tasks are adapted appropriately.
- **Imagery, proverbs, metaphor, stories, and other narratives can be important tools for clients to vocalise and understand their experiences and distress, and somatisation of distress is also more likely in some ethnic groups.** Practitioners should allow space and time at every stage in the clinical cycle for clients to communicate their needs and preferences, using the narrative that is most comfortable for the client.
- **Practitioners should establish the client's perspective on their safety, both physical (e.g., fear of harm, repatriation) and psychosocial (e.g., stigma, confidentiality)** and prioritise enhancing safety, in line with the recommendations of Herman (1992) to increase the likelihood that the effectiveness of therapy is not undermined by a client's sense of threat. Practitioners should also be mindful of the potential for other factors (e.g., faith, sexuality, learning disability) that could negatively affect a client's sense of safety and hinder the extent to which a client accesses and

20 That is assessment, formulation, intervention and evaluation of outcomes.

21 Burnham, J. (2012). Development in the social GGRRAAACCEEESSS: Visible-invisible and voices-unvoiced' in Krause (Ed) Culture and Reflexivity in Systemic Psychotherapy: Mutual Perspectives. London:Karnac.

benefits from the interventions provided. It is essential to consider the potential cumulative impact where there is intersectionality.

- **Reasonable adjustments should be made** to enable the client to engage effectively with therapy, in particular the consideration of any weekly and daily cultural routines.

## 2. Service Development

- **Practitioners and service leads should consider adopting existing models for developing culturally appropriate interventions,** such as 'bottom-up' models (e.g., Hwang, 2009) and/or 'top-down' (e.g., Bernal, Bonilla, & Bellido, 1995). 'Bottom-up' or 'formative' methods involve collaboration with community stakeholders to develop ideas to adapt the therapy. They involve five phases that target developing, testing, and reformulating therapy modifications. Bernal et al.'s 'Top-down' Ecological Validity Model includes eight dimensions important in cultural adaptation, for example, offering therapy in the client's preferred language, matching the client and practitioner on salient variables to enhance therapeutic alliance, and applying cultural knowledge about traditions, customs, and values.
- **Community stakeholders (e.g., faith leaders, third sector organisations) should be involved in discussions about developing and delivering interventions (including the development of service pathways).** However, be mindful that clients might welcome or conversely worry about community knowledge and involvement in mental health service provision and reassure those who are concerned about the potential for negative consequences.
- **More broadly, actions to increase diversity in the psychological professions workforce, in a way that reflects the populations that we service, should be developed[22].**

## 3. Research

The conclusion from the rapid review of both qualitative and quantitative data indicates a low level of experimental rigour and suggests that research into culturally adapted and culturally sensitive interventions is in its infancy. In order to improve this research, the review makes a number of recommendations:

- **There should be utilisation of tools to facilitate a culturally-minded approach to practice and research.** This could involve the adaptation or development of tools to facilitate routine consideration of the unique characteristics, needs, preferences, and cultural contexts of clients and communities. An example of such a tool can be found in Appendix 1. Modifications are not universally applicable because clients and communities are not homogenous, and this tool will help clinicians to confirm the appropriateness of their intervention in the context in which it will be used. The Hexagon model can also provide a useful framework for considering the capture and evaluation of modifications or adaptations to published research for specific populations or communities.

22 Tick No More Boxes and If Your Face Fits.

- **A culture of evidence-based practice and practice-based evidence should be embedded across the full scope of mental health services.** These should include audit, research, service evaluation, intervention development, clinical practice, and commissioning of services. This approach will help to build the evidence base of efficacy and effectiveness (including cost effectiveness) by providing clear data about the acceptability, accessibility, outcomes, engagement, and retention associated with culturally adapted and culturally sensitive interventions. Findings from practice-based research should be collated in a national repository.
- **As they become available, clinicians should be supported to access and utilise outcome measures that are culturally appropriate.**

The review identified studies that are most appropriately understood as 'modelling' and 'exploratory trials', as described in the Medical Research Council (MRC) framework or as Level C or D by NICE Guideline and Matrics Cymru standards (Campbell et al., 2000; Craig et al., 2008; Skivington et al., 2021), and are thus in keeping with the 'bottom-up' and iterative processes advocated by this framework. Once intervention developers have developed sufficient evidence indicating the potential for their interventions to have benefits for Black, Asian and minority ethnic people, we would expect the literature to reflect this by the publication of more high-quality Randomised Control Trial (RCT) evidence, and subsequent systematic reviews and meta-analyses of the effectiveness of culturally relevant interventions against appropriate controls. It is anticipated the quality of quantitative evidence will improve in the future, and a systematic review and meta-analysis of the evidence would then be appropriate.

# Additional Good Practice Guidance Sources

Numerous sources of information (e.g., existing guidelines) have been found during this search, which are beyond the scope of this review. These contain important information about issues facing those of Black, Asian, or minority ethnic backgrounds in mental health services. These sources include some relating to services outside of Wales, but the recommendations and discussions will be of interest and relevance to clinicians and their clients in Wales. Clinicians should therefore familiarise themselves with these sources.

- Links and references for these sources are provided in Appendix 2.

## **Appendix 1:** Example Template to Guide the Development of a Culturally Adapted or Culturally Sensitive Psychological Therapy

| | | **1. Is the aim to deliver a psychological therapy that is culturally adapted or culturally sensitive?** | |
|---|---|---|---|
| | | **Culturally Adapted** | **Culturally Sensitive** |
| **2. What will be the focus of the modifications?** | Delivery | | |
| | Modality | | |
| | Therapy content | | |
| | Significant others | | |
| | Empowerment | | |
| | Conceptualisation of distress | | |
| | Integrating cultural components | | |
| | Supporting staff | | |

## **Appendix 2:** Good Practice Guidance Sources

| Authors: | Good Practice Guidance Sources: |
|---|---|
| American Psychological Association | APA Guidelines for Providers of Services to Ethnic, Linguistic, and Culturally Diverse Populations |
| The Anti-Discrimination Focus (#TADF) | Developing Racial-Cultural Competence: A Call to all therapists |
| Barnett, Jeffrey E; | Culturally Sensitive Treatment and Ethical Practice |
| Beck, Andrew; Naz, Saiqa; Brooks, Michelle; Jankowska, Maja; | IAPT Black Asian and Minority Ethnic Service User Positive Practice Guide |
| British Association for Behavioural & Cognitive Psychotherapies | BABCP Equity, Equality, Diversity and Inclusivity Statement |
| British Psychological Society | BPS – Working with interpreters: Guidelines for psychologists |
| Care Quality Commission | Culturally appropriate care – Care Quality Commission |
| Edwards, Amy; Santhosh, Sindhu; Kunorubwe, Taf; | Cultural Change in IAPT – A Work in Progress |
| Haque, Farzana; Thapa, Binita; Kunorubwe, Taf; | Reflections on Cultural Competence Training in IAPT |
| IAPT | On Racism in IAPT: Part 1 |
| IAPT | On Racism in IAPT: Part 2 |
| Kunorubwe, Taf; Edwards, Amy; Santhosh, Sindhu; | The Struggles of Working in a Culturally Competent or Culturally Sensitive Way within IAPT – Part 1 |
| Kunorubwe, Taf; Edwards, Amy; Santhosh, Sindhu; | The Struggles of Working in a Culturally Competent or Culturally Sensitive Way within IAPT – Part 2 |
| National Institute for Clinical Excellence | NICE: Innovative ways of engaging with Black and Minority Ethnic (BME) communities to improve access to psychological therapies Birmingham and Solihull Mental Health NHS Foundation Trust |
| NHS England | Patient and Carer Race Equality Framework |