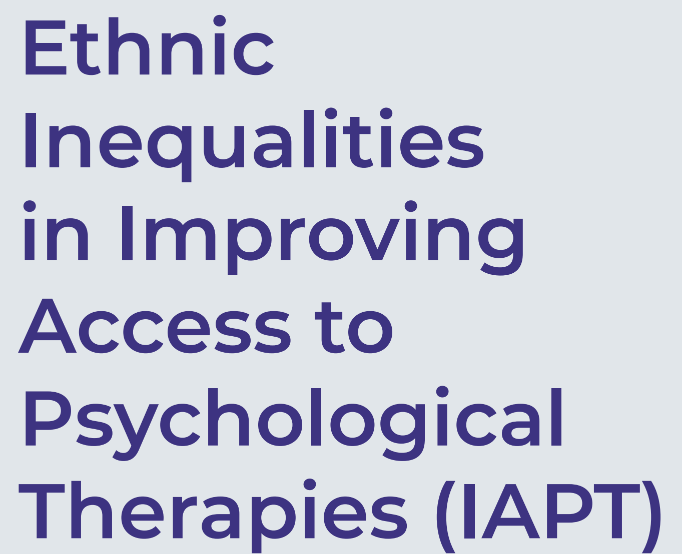

Executive summary and recommendations

Prepared by the NCCMH on behalf of the NHS Race and Health Observatory

NATIONAL COLLABORATING CENTRE FOR **MENTAL HEALTH**

NHS RACE & HEALTH OBSERVATORY

Executive summary

For many years, there have been concerns that people from minoritised ethnic groups[a] have poorer access to, experience of and outcomes from mental health services, including talking therapies compared with people from White British groups.

This review of ethnic inequalities in the Improving Access to Psychological Therapies (IAPT) programme in England tells a story of some progress and improved outcomes for minoritised ethnic groups, but with continued inequalities including between different minoritised ethnic groups.

The review also found intersectional differences (for example, when other demographic characteristics, such as gender, socioeconomic status and age were taken into account).

Key findings were:

In comparison with White British people, with the exception of Chinese people, people from minoritised ethnic groups (including non-British White people):

- **experienced worse outcomes, although this has narrowed in recent years**
- **waited longer for assessment**
- **were less likely to receive a course of treatment following assessment.**

[a] See Terminology section, on language used in this report around ethnicity.

2

There were differences between minoritised ethnic groups. Of note:

- 'Bangladeshi', 'Pakistani' and 'Other Asian' (not including 'Indian' and 'Chinese') ethnic groups, as well as people from 'Mixed White' and 'Black Caribbean' ethnic groups, and 'Other Ethnic Group', have worse outcomes than other minoritised ethnic groups.

3

Inequalities in outcome for people from minoritised ethnic groups are associated with:

- increased symptom severity at initial assessment
- living in areas with higher levels of deprivation, and higher unemployment
- waiting longer for assessment, waiting longer between treatment.

4

The IAPT Black, Asian and Minority Ethnic Service User Positive Practice Guide (PPG), published in 2019 was well received by services, but:

- does not appear to be used consistently across services
- commissioners did not report good knowledge of the PPG's recommendations when compared with IAPT staff and leads.

Note: The most recent aggregated IAPT data from NHS Digital, for which we could not access individual patient data, appears to show further improvements for a number of minoritised ethnic groups (especially for the 'Black: African', 'Black: Caribbean', 'Asian: Indian' and 'Other: Chinese' groups, as well as 'White: Other White Background'). This highlights some positive action taken by IAPT services in narrowing the gap for minoritised ethnic groups, and it is hoped these positive findings will continue in the coming year(s).

Recommendations

The recommendations have been developed for NHS Talking Therapies, for anxiety and depression, services, but the principles that underpin them are also relevant to other healthcare settings and should be applied to service delivery across the mental health care pathway.

Influencing system leaders

Integrated care boards (ICBs)[b] and those in leadership roles in mental health services, should:

a. **respond to the inequalities highlighted in this report, and**

b. **use local data to understand the needs of minoritised ethnic communities in their local area, and**

c. **identify the resources and funding that can be used to implement these recommendations and address those inequalities. This includes monitoring the population and reporting specifically on outcomes.**

ICBs and other system leaders should undergo training to improve their understanding of mental health inequalities, with regard to the needs of people from minoritised ethnic backgrounds. The training should include:

a. **an overview of wider societal ethnic inequalities, and**

b. **how ethnic discrimination impacts experiences of healthcare, and**

c. **how person-centred care that takes people's experiences of inequality into account can improve engagement and outcomes.**

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[b] And organisations providing NHS Talking Therapies services.

Implementing the IAPT Black, Asian and Minority Ethnic Service User Positive Practice Guide

3

NHS Talking Therapies, for anxiety and depression services should fully implement the Positive Practice Guide. All ICBs should take full account of the recommendations of the Positive Practice Guide when commissioning services, including budgeting for the additional resources needed.

Meeting the aims of the Patient and Carer Race Equality Framework (PCREF), through:

Community engagement

4

Designated staff should support services to engage with communities, to:

a. co-produce culturally informed pathways into care, and

b. engage with and gain understanding of local communities to promote the benefits of psychological therapy, the types of support available and how treatment can be accessed, to facilitate referral.

Providing culturally sensitive care

5

Services should ensure that all interventions are provided in a culturally sensitive way, including:

a. an awareness that some people from minoritised ethnic communities may need extra sessions, to ensure that they and their therapist can develop a full understanding of the sociocultural and discriminatory factors that may impact their experience of mental health problems

b. working jointly with providers of interpreter services to ensure that the same interpreter can be available over the course of treatment, for therapeutic consistency

c. training for all staff in the most effective ways to work with interpreters so that the best treatment can be provided to people for whom the English language is a barrier

d. the provision of extra time for service staff, therapists and service users, to enable the additional work associated with the use of interpreters and the locations of care

e. cultural sensitivity should be embedded in the training, supervision and daily practice of the service, and

f. ensuring that staff and people using services[c] have access to co-produced materials and resources across a range of media (for example, face-to-face and online).

Advancing equality

Services should use their own data, alongside nationally available reporting to develop and evaluate programmes of work with communities and other stakeholders to address access and outcome inequalities (such as those that persist for certain minoritised ethnic communities, for example the Bangladeshi community), ideally:

a. local data could identify communities for whom inequalities exist, and the impact of service-led initiatives could then be monitored over time, and

b. publicly available national data could be used to benchmark against outcomes for individual minoritised ethnic communities, and identify services who demonstrate reduced inequalities, which might inform the sharing of service models.

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[c] See Terminology section, on language used in this report around people using IAPT services.

Workforce: training and competence

7

Education providers and services, in co-production with people with lived experience who belong to minoritised ethnic communities, should design and deliver ongoing continuing professional development (CPD) for all NHS Talking Therapies for anxiety and depression staff to provide a therapeutic environment that is culturally safe for the communities that clinicians are working with; the training should include a focus on understanding the impact of institutional racism on the experiences of people from minoritised ethnic groups.

Workforce: recruitment and retention

8

Services should recruit, train and retain a diverse staff workforce that is reflective of and able to respond to the needs of the local community.

9

National efforts should be made to increase the sociodemographic (sex, ethnicity, age) representation of the workforce (for example, recruiting more men may help to increase engagement and uptake of NHS Talking Therapies for anxiety and depression by men from some minoritised ethnic backgrounds)

10

Services should take ongoing action to address inequalities in opportunities for minoritised staff to progress into senior leadership roles, including positive action to reduce systemic barriers to promotion.

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