

Project: A focus group looking at factors preventing BME groups from accessing psychology services.

Overview of the project:

A focus group of local BME service users was held in early 2008. Group members were recruited by contacting local service user groups, local groups for people from BME backgrounds, day centres and local Community Mental Health Teams. Interested service users were asked to contact the project lead to reserve a place. Group members were paid £20 for their time and refreshments were provided.

Ten people took part in the discussion, which lasted for approximately 90 minutes. The Psychological Therapies Service referral pathway was presented at the start of the group and comments were then invited from participants. Comments were analysed using Thematic Analysis.

Results:

The major themes extracted from the focus group were summarised as follows:

The NHS and Mental Health System are viewed negatively due to cultural beliefs that BME groups are more likely to be medicated or hospitalised if they present to their GP asking for psychological help. Group members expected to have little say in decisions and felt they were unlikely to access psychological therapies due to the number of barriers present in the referral process. The system is seen as biased and untrustworthy.

Psychological interventions are seen as more favourable than psychiatric treatment and engaging with them is seen as compatible with BME culture. However, the tone of correspondence received from the service and referral process itself was considered to be more likely to put off BME clients, due to its unfriendly, intimidating and authoritarian approach, which could be said to reinforce the cultural expectations of engaging with such a service.

Action:

The opt-in letter used by the service has been revised in the light of these comments.

Project: Client Satisfaction with the Primary Care Psychological Therapies Service

Overview of the project:

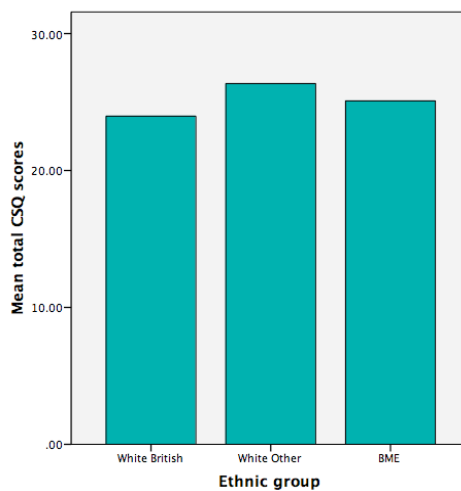
Four hundred and twenty-one service users referred to the service between January and October 2007, who had experienced as a minimum requirement at least one contact with the service, were sent an invitation letter outlining the aims of the survey, a satisfaction questionnaire, an optional reply slip regarding involvement in future service evaluation and a prepaid return envelope.

The satisfaction questionnaire used was the Client Satisfaction Questionnaire – 8 item version (CSQ-8: Larsen, Attkisson, Hargreaves & Nguyen, 1979). This measure taps a number of different dimensions including quality, type, and quantity of service delivery, as well as overall satisfaction.

Results:

Questionnaires were returned by 104 service users, representing a response rate of 24.7%. Of the 104 respondents, 33 (31.7%) were male, 65 (62.5%) were female, and 6 (5.8%) did not disclose their gender. The majority of respondents were White (86.5%), followed by Black (6.8%), Asian (1.9%), and Other (2%) ethnic groups. Two respondents did not provide ethnicity data.

The mean total satisfaction ratings for respondents were broken down into White British (23.97), White other (26.35) and other BME groups (25.08) and are shown in the chart below. There were no significant differences between the groups.



Conclusions:

The results of a slightly higher satisfaction rate (though not statistically significant) amongst BME groups is positive and fits with the findings of the National Patient Survey. However, it will be important to continue to monitor levels of satisfaction and to try to find ways of increasing the response rate.

Project: Ethnicity differences in the Screening of Referrals to the Primary Care Psychological Therapies Service

Overview of the project:

This audit investigated referral screening decisions by examining the services that BME clients and non-BME clients are referred onto if considered not appropriate for the Primary Care Psychological Therapies Service

In the audit four different ethnic groups were compared: White (including White British, White Irish and White Other); Black (including Mixed Black); Asian (including mixed Asian) and Other (including Chinese, Iranian). The alternative services that clients were referred onto were categorised into six groups:

- Secondary Care Psychology Therapies Service
- Other talking therapy
- Specialist services
- Community Mental Health Team or Emergency Psychiatric Service
- Refugee Support Service
- No alternative suggestion given or missing data

Results:

The main results were as follows:

There was a significant difference between the White group and the BME groups combined in terms of the services that were considered more appropriate for them. This difference was largely accounted for by differences in proportions referred on to the Refugee Support Service (25.6% BME vs 0% White) and to Specialist Services (7% BME vs 20.3% White). There do not appear to be major differences in the proportions of the onwards referrals to other services (Secondary Care Psychological Therapies Service, Other Talking Therapy, and CMHT/EPS).

Significant differences were also found when the White group was compared with the Black group and with the Other group. Again, these differences appear to be because a higher proportion of those from the Black and Other groups are referred on to the Refugee Support Service, whilst a higher proportion of the White group are referred on to other Specialist Services.

Conclusions:

The main differences between the White and BME groups lay in their onward referral to Refugee Support Services and Specialist Services. This would seem to be in line with the DRE Action Plan building block of 'Community Engagement', as it involves using the expertise of independent sector BME service providers. However, clients are not always consulted and there is no system in place for receiving feedback as to whether the referral screening decision was the correct one.

Action:

Future work will focus on adapting the psychological therapies service provision, involving service users in the decision-making process and developing closer links with the Community Development Worker Service

