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Development of a mental health awareness and stigma reduction intervention for Black faith communities.

Submission date
16/05/2021

Recruitment status
No longer recruiting

Registration date
10/06/2021

Overall study status
Completed

Last Edited
05/03/2024

Condition category
Mental and Behavioural Disorders

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims

There are significant mental health related inequalities for the UK Black community. People from Black African and Caribbean backgrounds are four times more likely to be detained under the Mental Health Act, and consistently have higher rates of psychosis in comparison to other ethnic groups. Additionally, they experience more adverse and coercive pathways to and through care. Access to services is more likely to involve admission through the police and criminal justice system at times of crisis, and less likely to involve contact with primary care services or specialist mental health services at the initial stages of illness. Similarly, the experiences of black people within mental health services are characterised by restrictive interventions, higher doses of medication, longer durations of stay, and less frequent psychological interventions.

The need to improve service access, experience and outcomes for members of Black African and Caribbean groups has been identified as a key priority in national mental health policies for decades. Yet, people from Black African and Caribbean backgrounds continue to experience poorer treatment and recovery outcomes in comparison to other ethnic groups.

Possible factors contributing to these disparities include wider social and economic inequalities and the misdiagnosis of severe mental illness among Black African and Caribbean service users, stemming from bias, prejudice and the misinterpretation of cultural beliefs and practices.

There is evidence that stigma, combined with fear and mistrust of services, may in part explain delayed access among the Black community. Previous research exploring perceptions of mental health and mental health services among the UK Black population found that cultural beliefs and understandings of social and emotional difficulties, coping mechanisms and healing practices may reinforce negative stigmatising attitudes around mental health and illness and prevent people from accessing help from mental health services. Moreover, fear and mistrust of mental health services among the UK Black community were associated with a perception among the Black community that mental health services reinforce the structural position of Black people and racism and discrimination experienced in wider society.

The cultural variations that exist in relation to perceptions of mental health and illness and help-seeking highlight a clear need for more culturally appropriate and responsive interventions, designed to fully address the mental health needs of the Black community. This requires a

multifaceted approach that directly considers the cultural and religious beliefs related to mental health and illness, whilst acknowledging the wider social and cultural factors that maintain barriers to engagement with mental health services among the Black community.
Many Black African and Caribbean service users consider a positive relationship with their faith as central to wellness, rather than adopting a medicalised view of care. During the development of the intervention, fears were expressed about 'the system' and 'sectioning' (i.e. compulsory detention using the Mental Health Act) Black individuals as a method of 'ethnic cleansing'. This is particularly pertinent to South London which hosts the highest proportion of African residents in Britain. The scale of unmet need among Black people with mental health difficulties, and the common use of faith communities as the first point of contact, indicate a requirement for better communication and joint working between NHS services, faith communities and traditional, religious and complementary (TRAC) healers.
Building partnerships between mental health services and Black faith communities to co-produce culturally tailored interventions is an essential step towards improving access to services and reducing stigma among the Black population. Given that Black faith organisations are considered a primary source of emotional and psychological support, they are well-positioned as 'gatekeepers' for services to overcome barriers to engagement and build trusting relationships with the Black community. Joint working provides opportunities for mental health services to improve their understanding of cultural ideas and beliefs relating to mental health and illness, while working together with faith organisations to raise awareness of mental health and services within the wider Black community. This study will develop a collaborative partnership working model between mental health services and the local Black faith communities and establish a network of church leaders as Mental Health Champions who will work closely together to identify and support members of faith communities who experience mental health difficulties.

Who can participate?
Members of Black faith communities living or worshipping in Lambeth or Southwark

What does the study involve?
This will involve attending a 10-week course which is designed to help participants feel more confident in identifying and knowing how to help members of your congregation who may be experiencing mental health difficulties. Over the 10 weeks participants will be invited to attend weekly 2 hour sessions held on a weekly basis. Group sessions will give participants an opportunity to learn about what mental health is, to be provided with an overview of common psychiatric difficulties, to meet clinicians and find out more about their role and how the mental health system works. This course will also help participants to develop skills around active listening and how to speak to and support congregation members who may be experiencing difficulties. We will also discuss wider issues such as stigma, barriers to accessing help within the Black community and creative ways that we can work together to improve this.

What are the possible benefits and risks of participating?
This study will aim to help professionals to better understand the role of religious support for people from the local Black community. It may improve professionals understanding of how different ethnic groups get help for their difficulties and how this is influenced by culture and religion. Participants will be given a £10 voucher for taking part in this study. They will also be provided with a copy of the results of this study once it is complete.
In the event of any issues that may arise over the course of this study (e.g. feeling distressed when talking about mental health issues) the researcher will speak to participants about their concerns and how they can be offered appropriate support. The researchers are aware of the time commitment that this involves and intend to hold the course at times and locations that are convenient for the participants.

Where is the study run from?
The study is run from the Institute of Psychiatry, Psychology and Neurosciences (IoPPN), King's College London (UK). The courses will be held at a local community-based setting within Lambeth or Southwark. The location will be selected based on where participants feel will be the most convenient location.

When is the study starting and how long is it expected to run for?
September 2017 to January 2022

Who is funding the study?
Guy's and St Thomas' Charity (GSTT) (UK)

Who is the main contact?
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Contact information

Type(s)
Public

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Integrated Research Application System (IRAS)
252173

Study information

Scientific Title
Development and evaluation of a manualised mental health awareness and stigma reduction intervention for Black faith communities: study protocol for the Outcomes and Needs of Traditional, Religious and Complementary practitioners (ON TRAC) project

Acronym

ON TRAC

Study objectives
1. The primary objective of the study is to assess the feasibility and acceptability of the intervention.
2. The specific secondary components are:
2.1. Assessment of the acceptability of the intervention to Black faith communities
2.2. Assessment of the capacity of NHS staff to be trained to co-facilitate mental health awareness/stigma reduction groups for Black faith communities
2.3. Assessment of the feasibility of conducting a larger RCT to determine effectiveness with respect to the proposed outcomes of:
2.3.1. Improvements in knowledge related to mental illness among members in faith communities
2.3.2. Improvements in attitudes to people with mental illness among members of Black Majority Churches (BMC)
2.3.3. Reduced stigma towards NHS care among members of Black faith communities
2.3.4. Improved understanding among NHS staff of mental health related views, priorities and preferences of members of Black Majority Church congregations
2.3.5. More appropriate referrals from members of BMC faith communities for mental health care

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 22/05/2019, HRA and Health and Care Research Wales (HCRW, Castlebridge, 5-19 Cowbridge Road East, Cardiff, CF11 9AB, UK; +44 (0)2920 230457; healthandcarereseach@wales.nhs.uk), REC ref: 19/HRAfea/2593

Primary study design
Interventional

Study design
Intervention randomized controlled trial

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Prevention of mental health difficulties in Black communities

Interventions
The study uses a mixed methods approach. A total of 80 participants from four Black Majority Churches (BMC) in South London will be contacted. Parallel-group randomisation of the participants will be at an individual level to either an intervention group (who will participate in the 10-week Mental Health Awareness Course intervention) or to a waiting list control group (who will receive the same intervention 8 weeks after the intervention group). Outcomes for both arms will be collected at baseline, post-intervention and at 4 weeks follow up. In addition, focus group discussions will be conducted with participants in the intervention group, a week following the end of the 10-week course, to investigate the acceptability, potential benefits and appropriateness of the mental health awareness course, and to explore views on whether the

groups improved trust in mental health services and in help-seeking among members of the Black community.

Intervention Type
Behavioural

Primary outcome(s)
The feasibility and acceptability of the intervention measured by the number of participants who consent to participate and complete the 10-week intervention

Key secondary outcome(s)
Measured at baseline, post-intervention and 4 weeks follow up:
1. Knowledge related to mental illness measured by the Mental Health Knowledge Schedule (MAKS)
2. Attitudes to people with mental illness measured using the Community Attitudes toward the Mentally Ill (CAMI) scale 26-item version
3. Stigma towards NHS care measured using the Reported and Intended Behaviour Scale (RIBS)

Completion date
01/01/2022

Eligibility

Key inclusion criteria
1. BMC participants: adults aged 18 or over who are members of, or affiliated with, a Black majority or a Black-led Church based in Southwark or Lambeth and who identify as being from a Black African or Caribbean group
2. Participants will need to have an adequate understanding of English to participate in the intervention and the assessments
3. All participants will be required to give valid written, informed consent

Participant type(s)
Healthy volunteer

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Total final enrolment
72

Key exclusion criteria

1. People who do not attend, or who are not affiliated with, a Black Majority or Black-led Church, or who do not identify as having a Black heritage
2. Participants who do not give written, informed consent

Date of first enrolment
01/01/2019

Date of final enrolment
01/01/2021

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
King's College London (KCL)
Institute of Psychiatry, Psychology and Neurosciences (IoPPN)
David Goldberg Centre
De Crespigny Park
London
United Kingdom
SE5 8AF

Sponsor information

Organisation
King's College London

ROR
https://ror.org/0220mzb33

Funder(s)

Funder type
Charity

Funder Name
Guy's and St Thomas' Charity

Alternative Name(s)
Guy's and St Thomas' Charity, Guy's and St Thomas' Foundation, GSTTFoundation

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be stored in a non-publically available repository within King's College London. In adherence to data protection guidelines, all data will be anonymised throughout the study. Personal identifiable information will be replaced by unique identifiers consisting of alphabetical and numerical digits. All data will be recorded electronically using King's College London's Information Technology systems. Data will be stored on encrypted software, in line with King's College data management procedures and access to data will be restricted to the research team.

IPD sharing plan summary
Stored in repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		27/05/2023	30/05/2023	Yes	No
Protocol article		27/02/2024	05/03/2024	Yes	No