Part III
Adapting Low-Intensity CBT

18

Adapting Low-Intensity CBT to Accommodate Black, Asian and Minority Ethnic Patients

Supporting BAME!

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Learning Objectives

By the end of this chapter you should be able to:

- Appreciate the ethnic and cultural context of patients during assessment, treatment planning and service delivery
- Achieve a level of knowledge of Black, Asian and Minority Ethnic populations necessary for a low-intensity CBT practitioner to provide culturally responsive mental health services
- Critically evaluate the application of a cultural adaptations framework to enhance the acceptability of psychological interventions for Black, Asian and Minority Ethnic populations
- Demonstrate a critical awareness of how a cultural adaptations framework has been applied to inform adaptations to a low-intensity CBT intervention for Black Americans

Background

Across England and Wales, the number of people with a White ethnic background made up 94 per cent of the population in 1991. Twenty years later this had reduced to 86 per cent with the number of people with Black, Asian and Minority Ethnic (BAME) backgrounds increasing from 6 per cent to 14 per cent (Figure 18.1).

With the exception of people with a White Irish background, there was an increase in the number of all other ethnic groups (Figure 18.2).

London represents the most ethnically diverse area in Britain, with an above average number of people from the African (7.0%), Indian (6.6%) and Caribbean (4.2%) BAME populations (Office for National Statistics, 2019).

Common Mental Health Problems Experienced by People from BAME Backgrounds

Little is known about the impact of mental health on people from BAME communities (Mental Health Foundation, 2016). However, compared to the White British

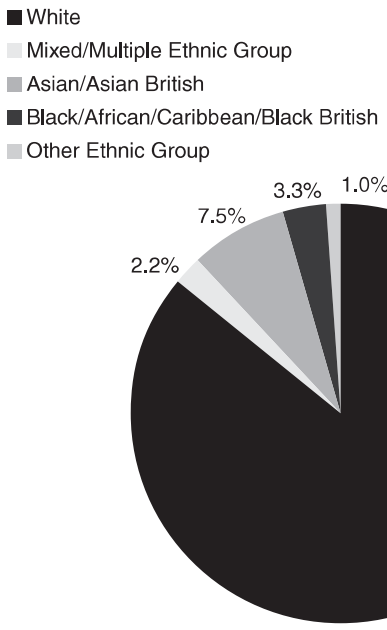

Figure 18.1 Percentages of ethnic groups in England and Wales, 2011 (Office for National Statistics, 2019)

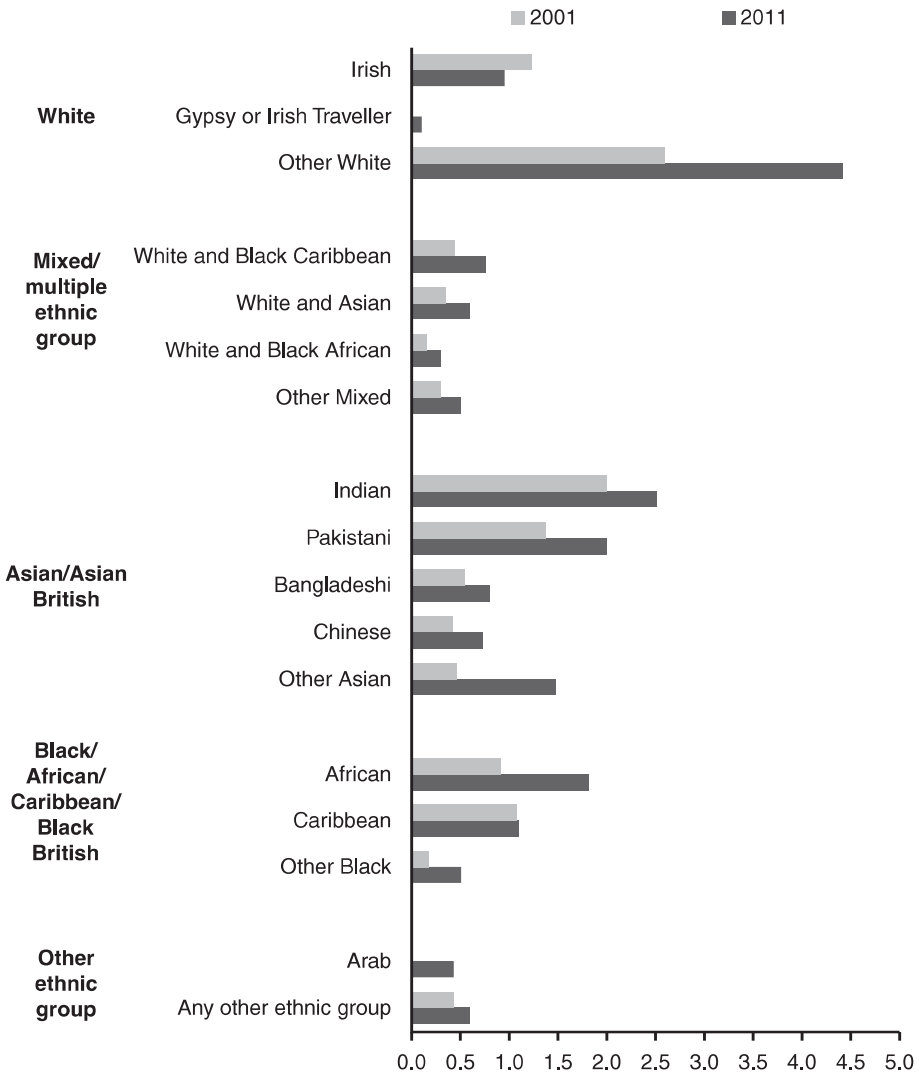

Figure 18.2 Percentage increases in specific ethnic groups in England and Wales, 2011 (Adapted from Office for National Statistics, 2019)

population, these communities have a higher prevalence of common mental health disorders reaching a rate of nearly one in four of the Black and Black British population reporting a problem in the last week (Figure 18.3).

Despite having the highest prevalence, however, Black and Black British adults also experience one of the lowest rates of referral for evidence-based psychological

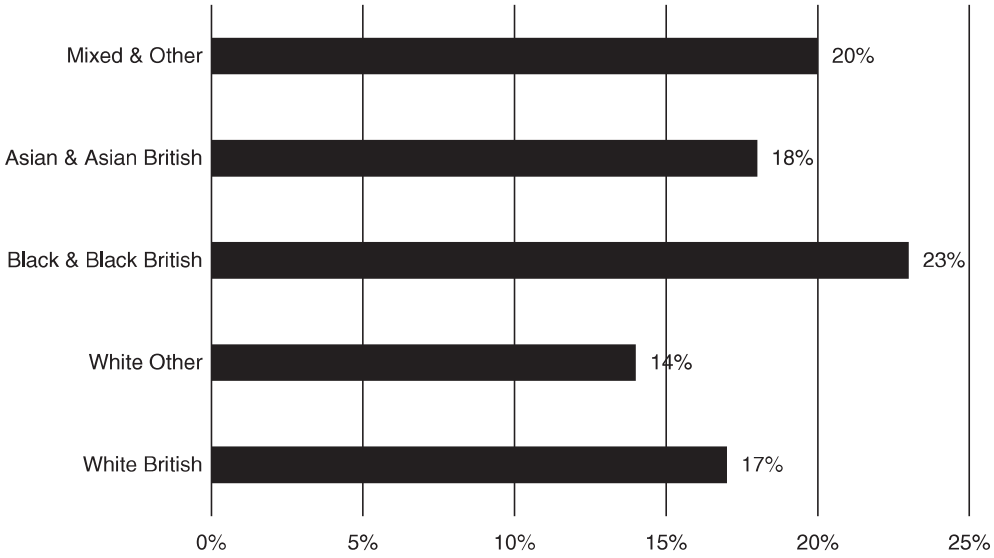

Figure 18.3 Reporting a common mental health problem in the last week by ethnicity, England 2014, age-standardised (McManus et al., 2016).

therapies and are under-represented within Improving Access to Psychological Therapies (IAPT) services (Table 18.1).

Adapting Psychological Therapy to Accommodate BAME Patients

Culturally adapted treatments/interventions (CAT/I) refer to any modification to evidence-based psychological treatments that involve changes in the approach to service delivery to accommodate the target population (Whaley and Davis, 2007).

Table 18.1 Referrals to the IAPT programme by ethnicity in 2016/17 (Baker, 2018)

Ethnic group	Referrals	Entering treatment (%)	Finishing treatment (%)
Asian or Asian British	60,578	78	40
Black or Black British	36,016	75	40
Mixed (Multiple)	29,150	73	39
White	1,016,523	76	46
Other	18,776	75	40

Key Point

Common Changes to Culturally Adapt Treatments and Interventions

- Nature of the therapeutic relationship
- Treatment components to accommodate specific characteristics of the BAME population related to:
  - Appearance and language
  - Cultural beliefs
  - Attitudes
  - Behaviours.

When adapting psychological therapy, it is important to understand the specific needs faced by each population separately and not assume that the same adaptation will equally accommodate all groups. Such an approach to adapt psychological therapies and inform a culturally sensitive mental health service was adopted within the Newham (London) IAPT demonstration site (Department of Health, 2009).

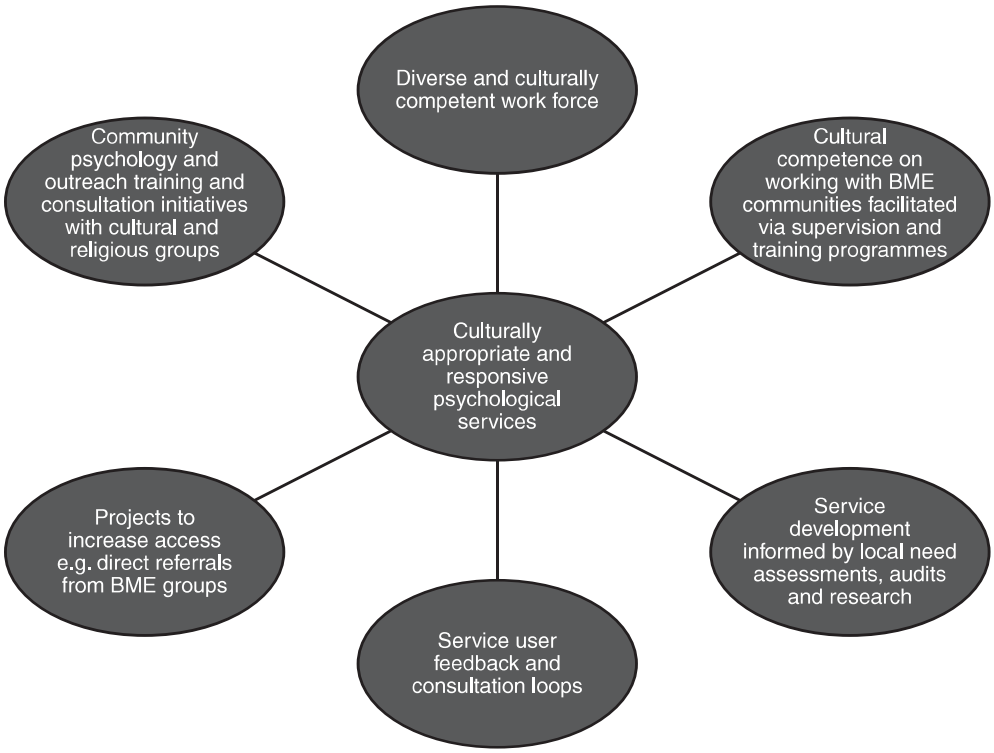

Figure 18.4 Developing a culturally sensitive IAPT service (Department of Health, 2009)

Best Practices

A number of recommendations have been reached to improve access and engagement with mental health services for people from BAME backgrounds (Department of Health, 2009).

Developing Local Care Pathways

Commissioners, managers, primary and secondary care clinicians should develop local care pathways in consultation with service users and community leaders. Collaboration is critical in enabling access to services for a range of under-represented groups. Working in partnership with service users is paramount in order to understand and overcome barriers that might hinder the effective shaping of local care pathways. Additionally, collaborating with voluntary community groups and faith sectors will improve access for BAME patients who may find it more difficult to access services via primary care, as will self-referral into services within the IAPT programme. In the IAPT Newham demonstration site (Department of Health, 2009), 49 per cent of self-referrals came from people from BAME communities, including 25 per cent with an Asian background and 17 per cent a Black background (Clark et al., 2009). The availability of self-referral for people with BAME backgrounds should therefore be actively promoted.

Workforce, Education and Training

Standardising educational curricula, content and training delivery represents a feature of the IAPT programme alongside a commitment for training providers to attract trainees who are representative of all parts of the community (Chapter 1).

Reflection Point

Reflect upon ways you could apply a cultural adaptations framework to improve access and enhance treatment acceptability for patients from a specific BAME community in the area covered by your service.

Key Point

Commissioners and Services

Commissioners and services should consider:

- Commissioning services that have bilingual practitioners who speak the language of local minority groups – practitioners fluent in British Sign Language (BSL) for deaf people, and independent translation services
- Ongoing professional development and training to build capability and cultural competence
- Ensuring people are given a choice in how evidence-based therapy is delivered
- Ensuring an appropriate skill mix and workforce representative of the local population to ensure people have a choice of clinician with respect to characteristics such as gender, physical differences and cultural background.

Adapting Treatments and Delivery for Specific BAME Populations

Ensuring LICBT interventions themselves are adapted to meet the specific needs and preferences of specific BAME populations can improve acceptability and enhance access.

Clinical Practice

Adaptations to Enhance Acceptability

- Provide the patient with the choice of gender and cultural background of the practitioner.
- Consider venues such as job and community centres.
- Adapt promotional materials to improve acceptability and engage with the community to promote the service to improve accessibility.
- Provide prompt and clear routes into the service, avoiding over-complicated referral processes or opt-in systems.
- Adapt session length to accommodate the use of interpreters.
- Include written communication and visual resources for people who do not speak English as their first language.
- Work in partnership with third-sector organisations and faith groups – they often have knowledge about the range of BAME communities within a local area and are often the first point of contact for individuals from BAME communities.

Culturally Adapting an Intervention for Black American Adults: Oh Happy Day Class

The *Oh Happy Day Class* (OHDC) is culturally adapted from the Coping with Depression (CwD) intervention (Ward and Brown, 2015). CwD has been validated within the White population based on research conducted across several countries (Cuijpers et al., 2009a; Lewinsohn et al., 1989). However, adaptations have not currently been made to accommodate a Black American community, which is important given significant disparities in mental healthcare recognised in Black Americans (U.S. Department of Health and Human Services, 2001; Williams et al., 2007).

Key Point

Disparities Affecting Black Americans

- Less access to, and availability of, mental healthcare, resulting in poorer quality mental health services being received (Anderson et al., 2001).
- Greater impact of major depressive disorder (MDD) – in comparison to White Americans, Black American adults (56.5%) report greater severity and disability associated with MDD (38.6%). Despite greater impact however, Black Americans have lower mental health service use.

In an effort to address unmet need regarding the treatment of depression in Black Americans, CwD was selected for adaptation because it is the most studied depression intervention. Adapting psychological therapies for a Black American population is of benefit, as when undertaken to enhance acceptability, positive outcomes are experienced (Griner and Smith, 2006).

Cultural Frameworks Guiding Adaptation of CwD to Create OHDC

Several frameworks exist to inform cultural adaptations of psychological interventions for people from BAME communities (Bernal and Domenech Rodríguez, 2017). These frameworks served to inform adaptation of the CwD programme (Cuijpers et al., 2009a; Lewinsohn et al., 1989) for the Black American community to create the OHDC intervention (Ward et al., 2009; Ward and Brown, 2015).

Framework to Adapt CwD for Black Americans

Afrocentric Paradigm

Nguzo Saba are seven humanistic principles originating in Africa to help facilitate a sense of direction, personal growth and meaning in one's life (Karenga, 1980, 1998).

Key Point

Nguzo Saba Principles

- Unity
- Self-determination
- Collective work
- Responsibility
- Cooperative economics
- Purpose
- Creativity
- Faith.

These principles were specifically created for Black families and have been effectively used with Black Americans in mental health and educational interventions (Bernal et al., 2009; Nicolas et al., 2009).

Ecological Validity and Culturally Sensitive Framework

Culturally sensitive elements can be used to inform the development and delivery of treatment interventions (Bernal et al., 1995; Bernal et al., 2009).

Key Point

Elements

- Language
- Metaphors
- Content
- Concepts
- Goals
- Methods
- Context.

This framework has been used to adapt depression interventions effectively for use with Puerto Rican Americans and Haitian-American youth in the US (Nicolas et al., 2009). Furthermore, it was especially helpful when developing LICBT interventions to target specific populations, such as armed forces veterans (Farrand et al., 2019a).

Cultural Adaptation Process

Several methods were used to culturally adapt the CwD (Cuijpers et al., 2009a; Lewinsohn et al., 1989) intervention to create OHDC for Black American adults. Similar approaches may be helpful when applied to adapt LICBT interventions to meet the needs of other populations.

Key Point

Method Adopted to Culturally Adapt OHDC (Ward et al., 2015)

- Examine attitudes and awareness of Black Americans regarding:
  - Experiences of mental health treatment and interventions (Ward et al., 2009)
  - Effective depression treatments (Beauchamp, et al., 2005)
  - Beliefs about mental illness, perceived stigma and preferred coping behaviours (Ward et al., 2009)
- Integrate study results into the OHDC LICBT intervention
- Review the Ecological Validity and Culturally Sensitive Framework and Nguzo Saba for integration into the OHDC LICBT intervention
- Conduct a series of pilot studies testing preliminary effectiveness, acceptability and feasibility of the OHDC LICBT intervention
- Use data from pilot studies to finalise the OHDC LICBT intervention to potentially examine effectiveness in a Phase III randomised controlled trial (Medical Research Council, 2019).

The cultural adaptation process included strategies identified by Black Americans as necessary for culturally sensitive care and thereby gave them a voice regarding their mental health needs. With respect to the OHDC LICBT intervention, the Black American voice highlighted the following adaptations as improving intervention acceptability (Ward et al., 2009).

Key Point

Recommended Cultural Adaptations

- Broaden reach of the OHDC intervention beyond older female members of the community – to address gross disparities in mental health treatment and outcomes experienced by middle-aged and younger Black American women and men.
- Change the name of the intervention from Oh Happy Day Depression Intervention to Oh Happy Day Class – it was felt that 'class' was less stigmatising than 'treatment sessions'.

Application of Cultural Frameworks

The Nguzo Saba principles and Ecological Validity and Culturally Sensitive Framework helped to inform adaptations to delivery of the OHDC to enhance engagement.

Key Point

Enhancing Engagement with the OHDC LICBT Intervention

- Provide the intervention within a group format with a strong psychoeducation focus
  - The first hour of class is the support group in which participants have the opportunity to share psychosocial issues with which they are struggling
  - The second hour of class consists of the psychoeducation component, which emphasises knowledge about depression, treatment options, healthy coping behaviours, and shifting perceptions of health and disability status.
- Facilitate intervention delivery through two mental health professionals drawn from the Black American community alongside a practitioner
  - Use of competent practitioners working closely with mental health professionals has been linked to positive health outcomes and cost effectiveness (Nicolas et al., 2009).
- Hold classes after work (5:30–7:30 pm).
- Provide food and music to help foster opportunities for social interaction, emotional comfort and group cohesiveness
  - Given the cultural salience of food and music in Black American culture, 30 minutes before intervention delivery, dinner is provided accompanied by jazz music and an instrumental version of 'Oh Happy Day' by the Edwin Hawkins Singers.

Summary

In the past 20 years there has been a large increase in people with Black, Asian and Minority Ethnic (BAME) backgrounds in the UK. Research highlights that whilst members of the BAME population experience higher rates of common mental health difficulties they have lower rates of service use. Given the growth of BAME and increased prevalence of common mental health difficulties it is important to ensure that members of communities representing diversity with respect to spiritual values, cultural norms and personal, family or social circumstances have equal access and benefit to mental health services.

As demonstrated by the development and adaptation of the OHDC (Ward and Brown, 2015), cultural adaptations frameworks have the potential to enhance acceptability of psychological interventions for BAME populations. This may serve to enhance the acceptability of LICBT interventions and improve access to mental health services. Practitioners supporting LICBT interventions with people from BAME communities should pursue professional development opportunities to increase their awareness, knowledge and ability to provide culturally responsive services.

Assessing Your Understanding

Declarative

Multiple Choice Questions

1. Which of the following elements are included in the Ecological Validity and Culturally Sensitive Framework? [Select all that apply]
   (a) Language
   (b) Persons
   (c) Metaphors
   (d) Mission
   (e) Content
2. Members of BAME communities are more likely to seek out which of the following as the first point of contact? [Select all that apply]
   (a) Third-sector organisations
   (b) Faith groups
   (c) Community leaders
   (d) Community nurses
   (e) General practitioners

Procedural

Self-Practice/Self-Reflection

- Contact third sector organisations or faith groups in your area that may be able to help improve access and reflect on factors that may explain any disparities between different BAME populations compared to the White population.

Answers to Assessing Your Understanding questions can be found in the appendix on p. 338.

Further Reading and Resources

Beck, A., Naz, S., Brooks, M. and Jankowska, M. (2019) *Improving Access to Psychological Therapies: Black, Asian and Minority Ethnic Service User Positive Practice Guide*. British Association of Behavioural and Cognitive Psychotherapies. Available at www.babcp.com/files/About/BAME/IAPT-BAME-PPG-2019.pdf (last accessed 2 April 2020).

Bernal, G., Jiménez-Chafey, M. and Domenech Rodríguez, M. (2009) Cultural adaptation of treatments: a resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice,* 40, 361–8.

Department of Health (2009) *Black and Minority Ethnic (BME): Positive Practice Guide*. London: Department of Health.

Ward, E.C. and Brown, R. (2015) A Culturally Adapted Depression Intervention for African American Adults Experiencing Depression: Oh Happy Day. *American Journal of Orthopsychiatry*, 85, 11–22.

To access the online resources accompanying this chapter, please visit: https://study.sagepub.com/farrand