

A classical painting depicting a scene with Ariadne. She is shown in a yellow dress with a red sash, sitting on a stone ledge. In the background, a ship with two sails is on the sea. To the right, a green and yellow parrot is perched on a red stand. In the foreground, there is a large white vase with black stripes and a bowl of fruit including grapes and pomegranates. The floor is checkered.

**ARIADNE: Improving mental health care for people from minority ethnic groups**

***Disclaimer:***

*The study is funded by the **NIHR Policy Research Programme (PRP: ARIADNE ref, NIHR202670)**. The views expressed in this presentation are those of the team, and not necessarily those of the NIHR or the Department of Health and Social Care.*

*Prof. Domenico Giacco is also supported by the NIHR Applied Research Collaboration-West Midlands.*

# Collaborators & research team

Professor Domenico Giacco

Professor Swaran Singh

Dr Catherine Winsper

Noreen Khan

Donna Franklin

Zara Motala

Emily Paquini

Steve Gilbert

Professor Kam Bhui

Professor Dawn Edge

Professor Graeme Currie

Professor Scott Weich

Professor Harbinder Sandhu

Professor Robin Miller

Professor Paramjit Gill

Dr David Ellard

Dr Rahul Bhattacharya

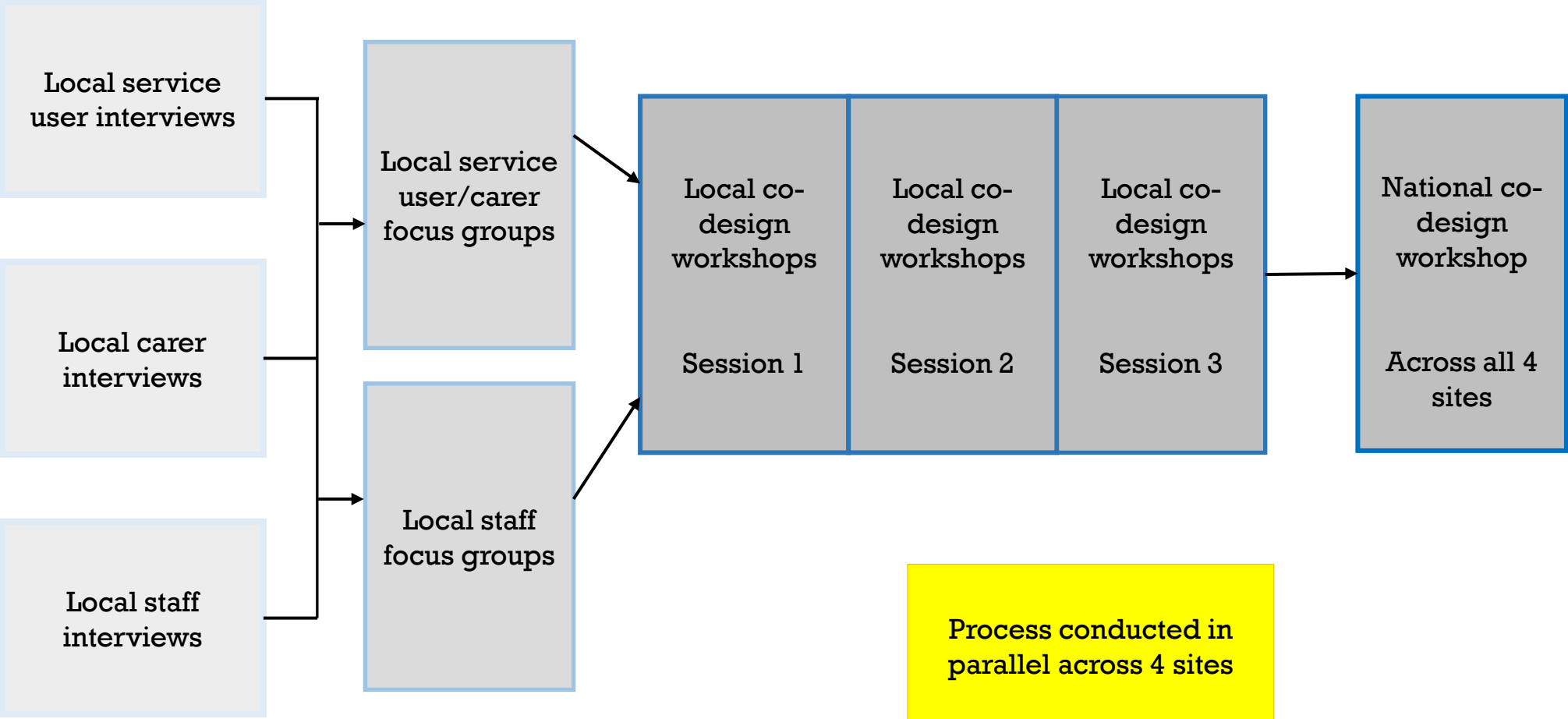
Dr Vanessa Pinfold

# Methodology: EBCD

Interviews (broad views)

Focus groups  
(selecting)

Workshops  
(refining)



# Results

**Experiences and COVID-19 pandemic impact**



# COVID-19 negative impacts

## Individual barriers

- Mistrust of services, supernatural illness attribution, MH literacy, stigma

## Service level barriers

- Monocultural model, racial prejudice and discrimination, negative clinical encounters, NHS landscape

## COVID-19 impacts

- Reduction of routine community care, remote delivery
- Risk/expectations on minority ethnic groups staff
- Closure of community organisations, media scaremongering

# **Results**

**Co-produced  
improvement actions**



# Locally co-produced actions

## Trust 1

- Building a culturally sensitive community centred network of care
- Cross-cultural creative school initiatives on mental well-being to educate young people & families

## Trust 2

- Creative methods to engage youths (e.g., community hubs providing information to youths at risk on mental health, whilst involving them in creative or outdoorsy activities)
- Communication of investigations on suicide and deaths related to mental health to service users & the public in general
- Providing information & resources on non-pharmacological and peer-led treatment options

## Trust 3

- Providing neutral community safe spaces for service users, families & carers
- Development of an app for automatic translation & information sharing
- Educational campaign on ethnicity, racism & culture to increase acceptance & awareness

## Trust 4

- Recruitment incorporating the importance of lived experience
- Introducing more effective diversity & inclusion training
- Having teams with more staff from minority ethnic backgrounds & promoting leadership roles for them

# Overlapping actions across sites

## Outreaching to communities

Creative methods to engage youths (e.g., community hubs)

Providing neutral community safe spaces

Building a “culturally sensitive community network of care”

## Diversifying the mental healthcare offer

Recruitment incorporating the importance of lived experience

Providing information & resources on non-pharmacological and peer-led treatment options

## Enabling open discussions on ethnicity, culture, and racism.

Introducing more effective diversity & inclusion training

Educational campaign on ethnicity, racism & culture to increase acceptance & awareness

Cross-cultural creative school initiatives on mental well-being to educate young people & families

# Parameters example: Recruitment incorporating the importance of lived experience

Status Quo	Resourcing	Jurisdiction	Workforce
<ul style="list-style-type: none"> <li>-Peer support worker lead</li> <li>-Rethink &amp; Mind initiatives</li> <li>-Peer support trainers</li> <li>-External expert by experience training</li> <li>-Co-production consultant (one role across the Trust)</li> <li>-Staff networks (e.g., service users present lived experience to board)</li> </ul>	<ul style="list-style-type: none"> <li>-Advertising: radio/magazines</li> <li>-Community drop-ins</li> <li>-Recommendations from clinicians and support workers</li> <li>-Religious organisations</li> <li>-Specific (minority ethnic) charity organisations</li> </ul>	<ul style="list-style-type: none"> <li>-Needs careful use of language (e.g., “lived experience is desirable,” provide assurance of confidentiality)</li> <li>-Support for mental health</li> <li>-Long-term roles</li> <li>-Good quality supervision</li> <li>-Explicit developmental progression with leadership opportunities</li> </ul>	<ul style="list-style-type: none"> <li>-People with lived experience: some will have specialist knowledge (e.g., medical degree) &amp; some will need training (e.g., towards clinical roles)</li> <li>-Good pay &amp; conditions, including flexible hours, fair sickness policy</li> <li>-Supervisor from a higher band (either with or without lived experience)</li> <li>-Training for interview panel (e.g., unconscious bias training)</li> <li>-Staff networks</li> </ul>

# **Cross-site actions**

- **Development of a national hub to bring about a social movement**
- **Recognition of the power of user-led research**

# Reflections

## Research

- Administrative hurdles
- Tight timelines
- Maintaining relationships

## Reach

- Good with Black and South Asian groups
- Not as satisfactory with other groups
- Urban/rural

## Broader landscape

- Rapid service changes
- Wider societal issues

# Conclusions

- The COVID-19 pandemic impacts may be long lasting
- They are also a reflection of what happens when community services and initiatives are reduced
- What service users want fits well with the ethos of integrated care systems and boards
- Our action plans can help going from theory to practice, but this may require maintaining a national movement