



# Community interventions aimed at improving public mental health and wellbeing for minority ethnic groups in the UK: a scoping review

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## About the research

Ethnic minority communities in the United Kingdom (UK) are disproportionately affected by poor mental health. Stigma, discrimination, racism have had an impact on many risk factors for poor mental health including increased risk of living in poverty, being unemployed and having worse housing conditions. The COVID-19 pandemic has exacerbated these risks and has had an unequal impact on ethnic minority groups.

Community interventions may be an effective way to positively affect people's mental health and wellbeing. We defined community interventions to be activities that took place within the community, did not involve clinical professional care, and/ or were delivered by the voluntary sector.

We investigated the impact of community interventions that focussed on improving the public mental health and wellbeing of adults from ethnic minority groups in the UK.

## What we found

There is a disconnect between the scale of community intervention provision for ethnic minority groups and the published evidence. As current evidence is limited and weak, this may imply a bias in terms of scientific priorities and funding.

## Policy recommendations

Consideration should be given to:

- Examining how successful community interventions work to improve public mental health among different minority ethnic groups. Additionally, to consider the role of factors such as gender, age and disability with ethnicity.
- Increasing the financial and technical capacity of community organisations to either conduct or commission the evaluation of their services.
- Expanding research, including economic analysis, on the role of community interventions in preventing mental illness and promoting wellbeing among ethnic minority groups.



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## Key findings

**Cultural adaptation of a programme or talking therapy was a common feature of successful interventions. This was through:**

**Recruiting lay health workers from the same ethnic group and/or life experience as individuals to help them better access services.**

Lay health workers from the same community may be perceived as more accessible and may help reduce the stigma associated with accessing mental health services.

**Building peer-to-peer cultural support and social networks to reduce social isolation and improve mental health and wellbeing.**

Evidence suggests different ethnic minority groups find it easier to start conversations on mental health within their own cultural networks rather than with health professionals.

**Overcoming structural barriers in accessing care can lead to better outcomes among ethnic minority groups.**

Addressing practical considerations, such as translating information and educational leaflets into different languages and providing appropriate transport, increased participation in the intervention/ activities.

**Signposting through community interventions can promote access to mental health services.**

Interventions had a strong emphasis on signposting (linking) individuals to complementary, or additional services. Signposting has been widely adopted in England through social prescribing schemes, but there is a greater need for schemes to be culturally appropriate.

**Knowledge gaps in existing research**

No studies examined interventions targeting men and the focus of the research were interventions that supported Indian, Bengali and Pakistani ethnic groups.

## Further information

This work forms part of the NIHR School for Public Health Research's work on [improving public mental health in adults experiencing psychosocial stresses and life transitions](#)

The BMJ Open journal article detailing this work can be found here: [Community-centred interventions for improving public mental health among adults from ethnic minority populations in the UK: a scoping review](#)



## Contact the researchers

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## About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities

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