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*Why are Black people overrepresented in Mental Health Act detention data?"*
*By Lacin Baysen, Masters Student (University of Reading)*

## FOREWARD / DISCLOSURE FROM BHFT

Berkshire Healthcare NHS Foundation Trust (BHFT) is committed to addressing health inequalities and racism in all forms.

This Literature Review has been undertaken as part of our programme of work to understand why Black people within Berkshire experience more detentions under the Mental Health Act than our white British population. We are committed to understanding what is driving the variation and this Literature Review is part of our data gathering exercise.

We recognise however that academic research follows the principles of objectivity and rationality and cannot therefore reflect the principle of decoloniality. We ask the reader to recognise this context when reading this review and to reflect on how racism impacts our communities, research, access to, experience and outcomes of services. We ask that this is done in the spirit of continuous learning and reflection. The wording and quotes contained within the literature review are directly from the academic literature source, and do not reflect the values and principles that BHFT aspires to.

Thank you to our Masters Student, Lacin Baysen, for reviewing all documentation and for compiling this Literature Review, which is an invaluable piece of work for our project.

## INTRODUCTION

The disproportionate representation of Black people in the community United Kingdom (UK) mental health system has become an increasingly concerning issue (Churchill Wall & Hotopf, 1999). Research conducted over the past two decades has highlighted that **patients from Black ethnic populations in the UK are disproportionately detained under both civil and forensic sections of the Mental Health Act** (MHA) 1983 (Churchill, Wall & Hotopf, 1999; Morgan et al, 2004). In the public service union (UNISON), the term "Black" with a capital 'B' is used to encompass individuals in Britain who have historically experienced colonialism, enslavement, and ongoing racism, leading to diminished opportunities in society. It is a broad and inclusive political term that aims to foster unity among diverse communities in their collective struggle against systemic racism and disparities in various aspects of life, including housing, education, employment, and the criminal justice and health systems.

In March 2021, data revealed that BME people were almost five times more likely than their White counterparts to be detained under the MHA (GOV.UK, 2021). The MHA (1983) serves as the primary legislation governing the assessment, treatment, and rights of individuals with mental health disorders in the UK. Section 2 of the MHA allows for the **compulsory admission of a person to a psychiatric hospital** for assessment and treatment if they are experiencing a mental health crisis and it is deemed necessary for their own safety or for the safety of others. This section outlines the grounds on which an application for admission for assessment may be made, the necessary written recommendations, and the maximum period of

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detention allowed, which is 28 days. The patient may be detained for further treatment only if a subsequent application, order, or direction is made before the expiration of the initial 28-day period.

## SETTING THE SCENE

This literature review aims to explore the overrepresentation of Black people in the MHA detention data in the Berkshire Health local scene. The overrepresentation of the Black community is particularly concerning, as **Black people have the highest rate of detention out of all ethnic groups**. Between 2021 to 2023, 10.6% of people detained under the MHA at Berkshire healthcare were white, while 11.1% were Black, indicating a 3.50 times higher representation of Black population compared to the white population as a proportion of the census data. This overrepresentation raises questions about whether people in the Black community are being unfairly discriminated against in the mental health system. The demographic shifts occurring in the UK are reflected in the **changing population composition of Berkshire, with increasing diversity observed across the country**.

This shift highlights the importance of ensuring that all individuals, regardless of their ethnic background, **receive appropriate care and treatment** for their mental health conditions. **However, the significant disparities in detention rates between black and other ethnicities (Asian, white and mixed/other ethnicity) across Berkshire's localities suggest the need for further investigations to identify the underlying causes of these differences**. It is particularly important to address this issue because those who are detained under the MHA often require urgent treatment, and there is a risk that some groups may be unfairly disadvantaged or discriminated against in the mental health system. This literature review seeks to shed light on these issues and provide insights into how they can be addressed.

## STATISTICS

Black community representation has increased in all local authorities in Berkshire, except for Slough. The table shows ethnicity by Locality – 2011 v 2021 Census.

| Local Authority | Black Population | White Population | Asian Population | Mixed/Other Ethnic Population |
|---|---|---|---|---|
| Bracknell | Increased by less than 1% | Decreased by approx. 6% | Increased by approx. 2-3% | Increased by approx. 2-3% |
| Reading | Increased by approx. 1% | Decreased by approx. 10% | Increased by approx. 5% | Increased by approx. 5% |

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| Slough | No Change | Decreased by approx. 14% | Increased by approx. 9% | Increased by approx. 5% |
|---|---|---|---|---|
| West Berkshire | Increased by less than 0.5% | Decreased by approx. 4% | Increased by approx. 1% | Increased by approx. 2% |
| Windsor and Maidenhead | Increased by less than 0.5% | Decreased by approx. 8% | Increased by approx. 4% | Increased by approx. 3% |
| Wokingham | Increased by approx. 1% | Decreased by approx. 10% | Increased by approx. 5% | Increased by approx. 3% |

The table shows the changes in the ethnic composition of the population in different local authorities in Berkshire, UK.

| | Bracknell | % | Reading | % | West Berkshire | % |
|---|---|---|---|---|---|---|
| | | 100 | 174223 | 100 | 161447 | 100 |
| Asian, Asian British or Asian Welsh | | 7.1 | 30841 | 17.7 | 5990 | 3.7 |
| Black, Black British, Black Welsh, Caribbean or African | 2993 | 2.4 | 12532 | 7.2 | 2030 | 1.3 |
| Mixed or Multiple ethnic groups | 3843 | 3.1 | 8962 | 5.1 | 3857 | 2.4 |
| White | 107269 | 86.1 | 116886 | 67.1 | 148384 | 91.9 |
| Other ethnic group | 1621 | 1.3 | 5002 | 2.9 | 1186 | 0.7 |

The table shows the Berkshire census 2021 in Bracknell, Reading and West Berkshire.

| | Wokingham | % | Slough | % | WAM | % |
|---|---|---|---|---|---|---|
| | 177502 | 100 | 158500 | 100 | 153497 | 100 |
| Asian, Asian British or Asian Welsh | 22868 | 12.9 | 74093 | 46.7 | 20072 | 13.1 |
| Black, Black British, Black Welsh, Caribbean or African | 4306 | 2.4 | 11992 | 7.6 | 2358 | 1.5 |
| Mixed or Multiple ethnic groups | 5574 | 3.1 | 6311 | 4 | 5238 | 3.4 |
| White | 141851 | 79.9 | 57134 | 36 | 122551 | 79.8 |
| Other ethnic group | 2903 | 1.6 | 8970 | 5.7 | 3278 | 2.1 |

The table shows the Berkshire census 2021 in Wokingham, Slough and Windsor and Maidenhead.

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The changing population composition in Berkshire reflects the broader demographic shifts occurring in the UK, with increasing diversity being observed across the country. **It is a necessary provision in the mental health system to ensure that people with mental health disorders receive the care and treatment they need to recover and manage their conditions.** However, it is also important that the use of Section 2 is carried out in a way that respects the rights and dignity of the individual and that the detention is not prolonged unnecessarily.

The period spanning 2021 to 2023 saw varying levels of detention rates that differ across broad ethnic categories in different localities in Berkshire.

| Locality | Contrast in the ratio of detention rates between Black and white ethnicity categories 2021-2023 |
|---|---|
| Bracknell | 2.28x |
| Reading | 2.15x |
| Slough | 1.73x |
| Windsor and Maidenhead | 3.97x |
| West Berkshire | 4.96x |
| Wokingham | 3.48x |
| **Average Across Berkshire (Berkshire wide)** | **3.07x** |

These findings underscore the existence of significant disparities in detention rates among Black and white people across Berkshire's localities and compel the need for further investigations to identify the underlying causes of these differences.

Between 2021 and 2023, 11.1% of people detained under the MHA at Berkshire Healthcare NHS Foundation Trust were Black, which is 3.07 times the proportion of White people in the census population. This represents a slight decrease from the 3.50 times higher proportion for the 2016-2020 period. Notably, caseloads remained stable across all localities during this period. Despite an increase in the Black population in Windsor and Maidenhead, the detention rate has dropped slightly. Conversely, Wokingham's detention rate nearly doubled despite no corresponding increase in population growth. Reading experienced a small increase in population growth, but its detention rates decreased slightly.

However, there were interesting trends in some areas. Despite an increase in the Black population in Windsor and Maidenhead, the detention rate has dropped slightly. Conversely, Wokingham's detention rate nearly doubled despite no corresponding increase in population growth. Reading experienced a small increase in population growth, but its detention rates decreased slightly. **These trends suggest that factors other than population growth are influencing detention rates and underscore the need for further research into the underlying causes of racial disparities in mental health detention.**

While the issue has gained attention in recent years, the underlying reasons for this phenomenon remain complex and multifaceted. This literature review aims to

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critically examine five main categories of explanations that have emerged from the studies included in the review to understand the research question: "Why are Black people overrepresented in MHA detention data?"

## KEY HYPOTHESES / THEMES

### 1) PSYCHOSIS

Several studies have reported an increased risk of psychosis among Black community, including people categorised as Black Caribbean and Black African, compared to the white population in the UK (Veling, 2013). The reasons for this increased risk of psychosis are not entirely clear, but some factors that have been proposed include **socio-economic disadvantage, discrimination, and cultural differences**. Socio-economic disadvantage and discrimination may lead to chronic stress and psychological distress, which can increase the risk of developing a psychotic disorder (Codjoe et al., 2013). Additionally, cultural differences in beliefs about mental health and help-seeking behaviours may contribute to delayed or inadequate treatment for psychosis (Selten et al., 2013).

Several studies have found that, like white counterparts, cannabis is the most often used illicit substance in the African-Caribbean community in the United Kingdom (Castleton & Francis, 1996; Mirza et al., 1991; Perera et al., 1993). Crack/cocaine use has also been linked to heroin use (Perera et al., 1993). According to various research, the incidence of heroin usage in the African-Caribbean community ranges between 2% and 4% (Castleton & Francis, 1996). Moreover, it has been suggested that the higher rates of comorbid drug use in Black populations may also contribute to the increased risk of psychosis (Wanigaratne, Abdulrahim & Strang, 2003). **Substance abuse is a well-established risk factor for developing a psychotic disorder (Tucker, 2009)**, and technically Black populations in the UK have been found to have higher rates of cannabis use than the white population (McManus et al., 2016). The perception **that Black people** with psychosis are **more likely to exhibit violent or disturbed behaviour** (Lewis, Croft-Jeffreys, & David, 1990) may also contribute to the higher rates of detention under the MHA. This perception may result from racial stereotypes and discrimination, which can lead to biased judgments by mental health professionals (Selten et al., 2013).

However, it is important to acknowledge that there are several controversies surrounding the higher rates of comorbid drug use in Black populations contribute to an increased risk of psychosis. It remains unclear how other factors may influence these statistics. One key question is whether individuals are developing psychotic disorders because they are using drugs or if drug use is a consequence of their illness.

While the evidence for the association between Black community populations and psychosis is robust, it is important to note that **not all Black people with psychosis are detained under the MHA**. Factors such as **diagnosis and challenging behaviour** also play a role in the decision to detain someone under the Act (Buckland, 2014). However, the overrepresentation of Black people in MHA

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detention data suggests that there may be systemic biases and inequalities in mental health care provision that need to be addressed.

## 2) STIGMA

### a) Racism and stigma

Furthermore, the overrepresentation of Black people in MHA detention data has raised concerns about the impact of systemic racism on mental health care access and delivery. A growing body of research has shown that **societal racism contributes to poor mental health outcomes, such as <u>psychosis</u>**, psychological distress, and poorer mental functioning (Ahmed, Mohammed & Williams, 2007). Specifically, chronic exposure to racial discrimination has been reported to have an incremental negative long-term effect on mental health, including longer psychiatric hospital admission (Devonport et al., 2022). Furthermore, people in **Black communities have reported experiencing racism when accessing mental health services,** leading to **mistrust and disillusionment with mental health professionals and services** (Rabiee & Smith, 2013).

In Memon et al. 's (2016) study, the researchers explored how racism towards the BME' population influenced the expected or desired responses from individuals. Specifically, the study aimed to demonstrate that members of the BME population may feel compelled to demonstrate resilience and avoid appearing as if they have a mental disorder. Because of the stigma associated with mental illness in the community, people were hesitant to openly identify symptoms, limiting access to services. Thus, this may cause participants to get sicker, thus being detained under MHA. One participant explained that "our people cannot go to mental health services because […] he thinks it is only crazy people going there" (Male L. FG2). This experience of stigma and racism can **create a sense of hopelessness and passivity with regard to healthcare** interactions and treatment in 'BME' community: "We have to follow what the professional said. If we do not want to follow what they are saying, it is our problem […]" (Female N. FG1).

Furthermore, negative, and persistent portrayals of a **social fragmentation** of Black community contribute to stressors that impact mental health (Eliacin, 2013). In a study for instance, Hana, a second-generation African-Caribbean in her early twenties, shared the thoughts of many of my participants about the high rates of schizophrenia in the Caribbean population in the following quote:

"I think Black people are more likely to be labelled schizophrenia, [sic]… Having said that, I do think there is something about the society… I don't think you can exclude the experience of people… I think there is a social community aspect that might be quite different as well. For example, here, it is very isolated society, especially London…"

Research studies conducted over the past four decades have consistently revealed high rates of schizophrenia among first and second-generation African-Caribbeans (people from African descent from the Caribbean) residing in England.

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These rates have been estimated to be up to nine times higher compared to the general British population (Fearon et al., 2006). When investigating the causes behind this disparity, epidemiological studies have largely ruled out biological factors and instead focused on social explanations. Factors such as immigration, racism, urban living conditions (urbanicity), and limited social capital have been explored as potential risk factors (Boydell et al., 2001, 2003; McKenzie et al., 2002; Van Os et al., 2003; Cantor-Graae and Selten, 2005; McKenzie, 2008).

Additionally, the qualitative research identified a sense that Black service users **feel trapped by the system**, which has resulted in difficulties in breaking the cycle of service use (Smith, 1985; Lawrence et al., 2021). For example, Lawrence et al. (2021) identified a theme in their study entitled **"losing self within the system,"** where the struggle of being **unable to break the cycle** of service use was evident in the narratives of 64.7% of Black Caribbean patients compared to 20% of white British patients' narratives. Conversely, the theme **"steadying self through the system" presents a belief that recovery from mental illness is possible**, which is evident in the narratives of 93.3% of white British patients and in none of the narratives of Black Caribbean patients (Lawrence et al., 2021).

The research findings from various studies conducted over the past four decades consistently indicate high rates of schizophrenia among first and second-generation African-Caribbeans peoples in England, estimating it to be up to nine times higher than the general British population (Fearon et al., 2006). Interestingly, these elevated rates cannot be solely attributed to biological factors, as epidemiological studies have ruled the black community out. Instead, researchers have turned their attention to social explanations to understand the underlying causes. Factors such as immigration, racism, urban living environments, and a lack of social capital have been explored as potential risk factors contributing to the high prevalence of schizophrenia in Black individuals (Boydell et al., 2001, 2003; McKenzie et al., 2002; Van Os et al., 2003; Cantor-Graae and Selten, 2005; McKenzie, 2008).

In summary, the overrepresentation of the Black community in MHA detention data may be attributed to systemic racism and stigma towards mental health in the Black community. The experience of racism and stigma creates a sense of hopelessness, lack of agency, and feelings of resignation in Black communities, which can result in lower perceptions of effectiveness and reduced commitment with mental health treatments. These factors contribute to lower levels of mental health care access and adherence to treatment, leading to poorer mental health outcomes.

### b) Cultural beliefs and stigma

Moreover, cultural beliefs and associated stigma have been identified as significant factors that contribute to the overrepresentation of Black people in MHA detention data. **Several studies have highlighted the influence of cultural beliefs and attitudes on the understanding and management of mental illness within Black communities (**Suresh & Bhui, 2006; Knifton, 2012). For instance, the stereotype of Black African and African Caribbean women as being 'strong' can

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prevent woman from seeking help (Woods-Giscombé. 2010; Donovan & West, 2015).

Historically, Black women have faced significant adversity, including systemic racism, discrimination, and inequalities in healthcare access and treatment. In the face of these challenges, Black women have often demonstrated resilience and perseverance, which has contributed to the perception of strength within their communities. However, this narrative can become toxic when it leads to a lack of adequate treatment and support. Internalized discrimination may cause Black women to feel the pressure to appear strong and capable, potentially discouraging Black communities from seeking help or expressing vulnerability. It is essential for healthcare professionals to recognize and address this issue, ensuring that Black women receive the necessary care and support without perpetuating harmful stereotypes or assumptions about their ability to cope.

Religious and spiritual practices, while significant and meaningful to many individuals, can sometimes contribute to barriers in recognizing mental illness and seeking mental health services (Mantovani, Pizzolati & Edge, 2017; Islam, Rabiee & Singh, 2015). This is particularly notable within Black communities, where the use of self-sabotaging language to describe mental illness and hospitals can be influenced by prevalent spiritual beliefs in families and the broader community. Such beliefs, while rooted in cultural heritage and traditions, can unintentionally exacerbate the challenges faced by those diagnosed with mental illness, resulting in additional obstacles that hinder their willingness to seek professional help. Alternatively, decrements to self-efficacy can lead to a why try outcome based on the belief the person is not capable of achieving a life goal (Corrigan & Rao, 2013)

"Why should I attempt to live on my own? I am not able to do such independence. I do not have the skills to manage my own home."

Labelling and internalization (self-stigma) are two further instances of stigmatizing language. The Modified Labelling Theory (Link et al., 1989) takes stigma into account when analyzing how a person's racial identification interacts with a. label of mental illness or addiction to predict psychiatric symptoms and help-seeking (Yu and colleagues 2022).

Stigma towards individuals labelled with a mental illness can act as a substantial obstacle to recovery and the provision of care for many people experiencing mental health problems. Several studies have highlighted the **impact of stigma on the duration of untreated psychosis in patients and how it can be counterproductive to recovery** (Devonport et al., 2022). Alternative conceptualizations of mental health and illness, including beliefs about the role of spirituality, have also been identified as contributing **to lower treatment uptake among Black ethnic groups.** Evidence suggests that Black African and Black Caribbean communities may be less likely to seek help for mental health difficulties or, if they do so, may be conflicted between **approaching the church or professional services** (Hays, 2015; Campbell& Littleton, 2018). For example, Black African parents were significantly more likely to agree with seeking help from

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their religious community than white British parents when presented with a vignette describing symptoms of obsessive-compulsive disorder (OCD; Fernández et al., 2016).

> To summarize, obstacles such as cultural beliefs and stigma have been recognized as major barriers that can impede Black people from accessing support in the realm of mental health. These barriers can deter individuals from seeking assistance and hinder their journey towards recovery and receiving proper care for their mental health issues, contributing to the overrepresentation of Black people in MHA detention data.

### 3) SOCIAL SUPPORT

Insufficient levels of social support can exert a profound influence on the mental well-being of individuals, and this impact is particularly pronounced within 'BME' communities, which already encounters multiple challenges in accessing high-quality healthcare services. According to Memon et al. (2016), individuals from 'BME' backgrounds with mental health issues are more susceptible to experiencing social isolation, stemming from factors such as stigma, discrimination, and cultural barriers. In addition to these challenges, poverty significantly contributes to limited access to social networks and support systems within Black communities. Economic hardships faced by people and families can restrict opportunities for social engagement, limit access to mental health resources, and exacerbate feelings of isolation and vulnerability. The intersection of poverty and limited social support further compounds the difficulties faced by Black people in maintaining positive mental health outcomes. Addressing these systemic issues requires comprehensive efforts to improve economic conditions, foster inclusive communities, and ensure equitable access to mental health services for all members of society.

The absence of adequate social support can worsen mental health issues and increase vulnerability to detention under the MHA for individuals within the black people, as well as others facing similar circumstances. For instance, someone with a mental health condition who lacks social support may encounter challenges in accessing suitable care and treatment. Consequently, their condition may deteriorate, leading to the possibility of requiring detention under the MHA due to the escalation of challenging or aggressive behaviours. It is important to note that this applies to individuals regardless of their racial or ethnic background, emphasizing the broader impact on anyone facing a lack of social support in relation to their mental health.

Furthermore, a lack of social support can make it more difficult for people to access services that can prevent Black communities from reaching a crisis point where detention under the MHA becomes necessary. This is because **social networks can play a vital role in early intervention** and in **providing emotional and practical support (**Harrison & Mason, 2015)**. Therefore, a lack of social support can contribute to the overrepresentation of Black community in MHA detention data.

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> In conclusion, the lack of social support among Black communities with mental health problems is a significant contributing factor to the overrepresentation in MHA detention data. It is important to recognize the complex interplay between systemic racism, stigma, and mental health, which can lead to feelings of hopelessness and resignation in Black people. Addressing these underlying issues is necessary to ensure equitable mental healthcare access and delivery for all people.

## 4) STRUCTURAL INEQUALITIES IN THE CRIMINAL JUSTICE SYSTEM

One other key factor is the structural inequalities in the criminal justice system. Black people are disproportionately represented in the criminal justice system, and once Black people **enter the system** (Crow, 1987), they are **more likely to experience negative outcomes**, including MHA detention (Singh, Greenwood, White & Churchill, 2007).This may be due to the higher rates of **police contact and criminalization** of behaviour among Black people, resulting in a greater likelihood of being detained under the MHA.

Research has demonstrated that Black communities are more likely to experience disproportionate rates of police stops and searches compared to their white counterparts, leading to increased contact with law enforcement and potential over-criminalization of their behaviours (Yesuf, 2013). Furthermore, the Black community is more likely to face charges and receive harsher sentences when compared to the white community (Rehavi & Starr, 2014). These patterns can be attributed to a higher likelihood of the public reporting incidents involving the Black community to the police. Consequently, concerns primarily revolve around the issue of over-criminalization rather than solely focusing on a sense of mistrust and fear. Many perceive noncompliance by members of the black community with police orders, even when their citizen rights are violated, as the central factor in these discussions within a significant portion of the social media sphere.

Moreover, research has shown that Black people are more likely to be subjected to the **use of force during detention by the police** (Kramer & Remster, 2018). The use of force can **exacerbate mental health issues and trauma**, making it more difficult for individuals to access appropriate mental health care and support (Herd, 2020).

> To conclude, structural inequalities in the criminal justice system, such as the higher rates of police contact and criminalization of behaviour among people in the Black community, are significant contributing factors. The use of police custody for MHA detention is also a significant issue that disproportionately affects Black communities.

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## 5) TALKING THERAPIES ARE NOT UTILIZED

Several studies have highlighted the underutilization of talking therapies among Black people, indicating potential disparities in the provision of mental health services. This is concerning as talking therapies are one of the most effective treatments for mental health problems and can reduce the risk of detention under the MHA. The underutilization of talking therapies among Black community in the MHA system may be due to various factors, including a lack of culturally competent mental health services, the overreliance on medication, and the perception of talking therapies as a "Western" form of treatment that may not align with the cultural beliefs of Black people (Rathod, Naeem, Phiri and Kingdon, 2008).

A study by Harwood et al., (2021) found that Black people were less likely to be offered talking therapies compared to their white counterparts. This may be due to a lack of awareness of the benefits of talking therapies or biases and stereotypes held by mental health professionals.

Furthermore, the perception of talking therapies as solely a "Western" form of treatment can contribute to the underutilization of such therapies among Black individuals (Lago, 2005). This perspective raises the question of whether there are decolonial or anti-colonial alternatives available. A study conducted by Woods-Giscombe et al. (2016) discovered that cultural beliefs and values significantly influenced the utilization of mental health services among African American women. Participants in the study expressed a preference for treatments that were aligned with their cultural beliefs and values, which may not always align with the traditional talk therapy approach. This highlights the importance of considering and incorporating alternative therapeutic approaches that are culturally sensitive and resonate with the lived experiences of Black individuals, allowing for a more inclusive and effective mental health support system.

To address the underutilization of talking therapies among the Black community, it is essential to develop culturally competent mental health services that embrace decolonial practices. This involves recognizing and challenging historical colonization influences and incorporating diverse cultural beliefs and healing approaches. By centering marginalized voices and promoting autonomy, mental health care can be tailored to meet the unique needs and values of the Black community, fostering equitable and transformative healing.

## 6) DISPARITIES IN ACCESS TO AND OUTCOMES OF EARLY INTERVENTION IN PSYCHOSIS (EIP)

Early Intervention in Psychosis (EIP) services have become increasingly recognized as an effective approach to improve outcomes for individuals experiencing a first episode of psychosis (Aceituno, Vera, Prina & McCrone, 2019). However, research has highlighted disparities in access to and outcomes of EIP services for Black patients. A systematic review of the literature found that Black patients were less likely to access EIP services, had longer duration of untreated

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psychosis, and were more likely to experience involuntary admissions compared to white patients (Anderson et al., 2014). Furthermore, Black patients in EIP services may encounter cultural barriers to care, including mistrust of mental health services, stigma around mental illness, and language barriers (Islam, Rabiee, & Singh, 2015).

These disparities may be attributed to a complex interplay of social, cultural, and systemic factors. Socioeconomic disadvantage, experiences of discrimination, and mistrust of mental health services may contribute to reduced engagement with EIP services (Islam, Rabiee, & Singh, 2015). Moreover, cultural differences in beliefs about mental health and help- seeking behaviours may impact Black patients' engagement with mental health services (Islam, Rabiee, & Singh, 2015). For example, studies have found that Black patients may be more likely to seek help from religious or traditional healers before seeking help from mental health services (Islam, Rabiee, & Singh, 2015).

In addition to reduced access, Black patients may also experience disparities in outcomes in EIP services. A meta-analysis found that Black patients with first-episode psychosis had worse clinical and functional outcomes compared to white patients, even after controlling for potential confounding factors (Morgan et al., 2017). This suggests that there may be underlying factors contributing to these disparities, such as differences in symptom presentation, biological factors, or differences in the response to treatment.

To address these disparities, there is a need for culturally sensitive and appropriate interventions to improve the engagement and outcomes of Black patients in EIP services. Such interventions may include culturally adapted psychoeducation, family interventions, and peer support programs (Morgan et al., 2017). Additionally, there is a need for greater diversity and cultural competency in mental health services to better meet the needs of Black patients in EIP services.

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