CULTURAL COMPETENCE AND INTELLIGENT TRAINING FOR MENTAL HEALTH SERVICE PROVIDERS IN NORTHEAST LINCONSHIRE

CASE STUDY: NAVIGO HEALTH AND SOCIAL CARE CIC

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Executive Summary

Globalisation has increased cultural diversity in England and Wales, as shown by census data from 2001, 2011, and 2021. The rise in mixed, Black, Asian, and other ethnic groups have significant implications for mental health care, where cultural competence is essential for equitable and effective services.

Cultural competence is the ability to provide care that respects diverse cultural backgrounds which is crucial in addressing mental health disparities among Black, Asian, and Minority Ethnic (BAME) communities. Despite NHS initiatives, BAME individuals remain underrepresented in mental health services due to stigma, racial trauma, microaggressions, distrust in healthcare institutions, and the absence of culturally tailored interventions. These factors contribute to the reluctance of BAME individuals to engage with mental health services.

Innovative approaches such as Peer-Led Training systems offer effective solutions by integrating lived experiences and community engagement to enhance cultural competence. These interactive training models equip professionals with the skills necessary to foster trust and increase accessibility for BAME individuals. By adopting such strategies, healthcare systems can improve engagement and ensure inclusive mental health services.

Navigo, a leading mental health service provider in Grimsby, North-East Lincolnshire, is addressing these barriers through initiatives like the Culture of Care and the Mental Health Quality Improvement Project. These programs focus on staff training, patient cultural orientation, and the implementation of NHS England's Patient and Carer Race Equality Framework (PCREF) to improve accessibility and build trust within BAME communities.

A structured questionnaire capturing demographic information, awareness, service usage, personal experiences, barriers, and recommendations for improvement was shared via WhatsApp to residents in Grimsby, North East Lincolnshire. With 42 diverse participants, quantitative data was analysed using SPSS and Microsoft Excel, while qualitative data underwent thematic analysis. Findings highlighted key concerns such as stigma, mistrust, and cultural insensitivity within mental health services. Results indicate that while awareness of mental health services exists, barriers including stigma, lack of cultural sensitivity, and distrust of professionals hinder engagement. Participants emphasized the need for culturally competent care and tailored interventions to improve accessibility and effectiveness.

Key recommendations include enhanced cultural competence training for mental health professionals, increased workforce diversity, and expanded outreach initiatives. Strengthening cultural competence in mental health services is crucial for improving

satisfaction and engagement among BAME communities. By addressing cultural and systemic barriers, healthcare providers can foster greater trust, accessibility, and equity in mental health care.

1.0 Introduction

It's not our differences that divide us, it is our ability to recognize, accept, and celebrate those differences – Audre Lorde.

In workplaces, communities, and society, fostering **understanding, inclusion, and respect** helps bridge gaps and create a more harmonious environment. Instead of allowing differences to separate us, we should embrace them as strengths that enhance our perspectives and experiences.

1.1 Background of the study

Globalisation causes migration and increased migration is one of the most visible and significant aspects of globalisation. The growing numbers of people move within countries and across borders, looking for better employment opportunities and better lifestyles. (2001 world summit paper on globalisation). The 2011 Census revealed that the population in England and Wales had become more ethnically diverse, with all minority groups (except White Irish) experiencing growth since 2001. By 2011, 1.2 million people (2% of the population) identified as having a mixed or multiple ethnicities, a significant increase from 660,000 (1%) in 2001. Mixed/Multiple ethnic groups also had the youngest age profile among all ethnic groups, with 45% under the age of 16, compared to 19% of the overall population. (https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/articles/whatdoesthe2011censustellusaboutinterethnicrelationships/2014-07-03#:~:text=In%202011%2C%20of%20those%20living,from%20the%20same%20ethnic%20group)

2021 Census record that 18% of England and Wales population come from black, Asian, mixed or another ethnic group (https://www.ethnicity-facts-figures.service.gov.uk/).

Between 2011 and 2021, the proportion of White British individuals in NEL decreased from 95.4% to 92.6%, while the overall percentage identifying as white fell from 97.4% to 96.2%. This mirrors a broader trend in England and Wales, where White British representation declined from 80.5% to 75.4%, and the overall white population dropped from 86% to 81.7%. In NEL, "White: Other" was the second largest ethnic group (3.3% of residents), with 44.7% being Polish or Romanian. The third largest group was "Other: Asian" (0.5%), primarily Filipino or Afghan (33.7%). The most significant growth was in the "Any Other Ethnic Group" (671 individuals in 2021), "Black: Other," and "Gypsy or Irish Traveller" groups. *(NE Lincs June 2024 Annual Equality Report*).

Literature suggests an association between migration and mental health disorders. As a result of migration, cultural diversity has therefore become an essential component of societal interactions, particularly in the field of mental health care, where the necessity for culturally competent services is more pressing than ever.

Cultural competence is the capacity of professionals to deliver care that is both responsive and sensitive to the cultural origins of their patients. This concept is crucial for guaranteeing that mental health services are both effective and equitable, particularly for individuals from racially and ethnically diverse backgrounds (Beck, 2019; NHS Race and Health Observatory, 2023). Cultural competence entails comprehending the ways in which cultural factors influence mental health behaviours, symptom presentation, coping mechanisms, and attitudes towards seeking care (Faheem, 2023). The demand for culturally competent mental health services is particularly acute in the United Kingdom, a multicultural society with an increasing number of BAME (Black, Asian, and Minority Ethnic) communities. Personalised treatment that respects the unique perspectives and experiences of individuals from diverse backgrounds is facilitated by the provision of culturally responsive care (Alam, 2024).

In recent years, the significance of cultural competence in enhancing healthcare delivery has been recognised by both mental health professionals and policymakers. Despite the NHS's efforts to address health disparities and improve access to mental health services for marginalised populations, BAME individuals continue to encounter significant barriers to engagement and are under-represented in mental health care (NHS England, 2023). Research has consistently demonstrated that BAME communities in the UK are less likely to engage with mental health services because of a variety of factors, including stigma, cultural misunderstandings, and structural inequalities (NHS Race and Health Observatory, 2023). Alam et al. (2024) discovered that BAME individuals are frequently hesitant to seek mental health care because of negative perceptions of mental illness, fear of discrimination, and mistrust of healthcare providers. A lack of cultural competence among healthcare professionals may further exacerbate these barriers, as they may not have a comprehensive understanding of the cultural factors that influence the mental health experiences of BAME individuals and their propensity to engage with services (Harwood et al., 2023).

Disparities in mental health outcomes between BAME communities and the general population are closely associated with structural inequalities, such as insufficient representation of BAME professionals within the mental health workforce, socioeconomic disadvantages, and discrimination (Dyer, 2019; Beck, 2019). These factors contribute to a general scepticism of mental health services among BAME individuals, who may believe that the system is not designed to accommodate their needs (NHS Race and Health Observatory, 2023). Research suggests that the mental well-being of BAME individuals is negatively affected by experiences of racial trauma, microaggressions, and systemic racism, which further undermines their motivation to seek assistance (Harwood et al., 2023; Williams et al., 2023). Additional obstacles that restrict access and diminish the willingness of BAME individuals to engage with mental health services are created by structural inequalities, including underfunded mental health infrastructure in BAME

communities, language barriers, and culturally inappropriate care (Memon et al., 2016).

An approach that transcends conventional cultural competence training methods is necessary to confront these obstacles. Although cultural competence is acknowledged as essential, contemporary training methodologies frequently neglect to consider the intricacies of cultural sensitivity and the unique requirements of BAME communities (Beck, 2019). There is a disconnect between service providers and potential service consumers because a significant number of mental health professionals lack the depth of understanding necessary to effectively engage with BAME individuals. Innovative solutions, such as Peer-Led Training systems, are emerging to improve cultural competence in mental health care to surmount these obstacles (Faheem, 2023). By simulating real-world scenarios and offering interactive learning experiences, these Peer-Led training system provide personalised, adaptive training experiences that can better equip mental health professionals to work with BAME populations (Williams et al., 2023).

Ultimately, the reluctance of BAME individuals to engage with mental health services is a multifaceted issue that is the result of both individual and systemic factors. The disengagement of BAME communities from mental health services is the result of a lack of trust in the healthcare system, cultural misunderstandings, and the stigma associated with mental illness (Alam, 2024). Mental health professionals can begin to address these barriers by enhancing cultural competence through innovative training methods, thereby making mental health services more welcoming and responsive to the requirements of BAME individuals. The integration of Peer-Led training into cultural competence training is a promising approach to reducing health disparities and ensuring that all individuals,- 5 -irrespective of their background, feel empowered to seek and receive the mental health care they require as the healthcare industry continues to evolve (Faheem, 2023).

1.2 Problem Statement

There is a need for the recognition of significant challenges in the current healthcare system, particularly related to cultural competence and sensitivity.

The aim is to address healthcare disparities influenced by cultural nuances and ensure that services are more effectively tailored to the unique needs of diverse communities.

The project responds to the pressing need for improved understanding and strategies within healthcare systems to bridge cultural gaps, ultimately fostering a more inclusive and equitable healthcare environment.

1.3 Aim and Objectives

1.3.1 Aim

The aim of my project is to develop and implement a comprehensive training program that integrates cultural competence and intelligent methodologies for mental health service providers.

1.3.2 Objectives

Enhance Cultural Competence Training for Mental Health Professionals: Develop and implement interactive, peer-led training programs that incorporate lived experiences of BAME communities to improve cultural sensitivity, reduce bias, and foster trust within mental health services in Northeast Lincolnshire.

Increase Accessibility and Engagement of BAME Communities in Mental Health Services: Address systemic barriers such as stigma, distrust, and lack of awareness by expanding culturally tailored interventions, strengthening community outreach, and integrating frameworks like the Patient and Carer Race Equality Framework (PCREF) to improve service utilization.

Promote Workforce Diversity and Inclusive Mental Health Policies: Advocate for greater representation of BAME professionals within the mental health workforce and implement policies that support culturally responsive care, ensuring long-term systemic improvements in service delivery for diverse populations.

1.4 Justification of the study

Mental health is a global public health burden. The increasing cultural diversity in Northeast Lincolnshire necessitates a conscious shift towards culturally competent mental health care. Despite NHS initiatives, BAME individuals remain underrepresented due to stigma, distrust, and a seemingly lack of culturally tailored interventions. This study is essential to understand these barriers and promote equitable mental health services.

The study's insights will help shape policies and practices that foster trust, inclusivity, and better mental health outcomes for BAME individuals, ensuring healthcare services meet the needs of a diverse population.

2.0 Literature Review

2.1 About Navigo

Navigo is an all-age mental health service provider located in Grimsby, North-East Lincolnshire, United Kingdom. Navigo offers a range of mental health services, including acute and community facilities – as well as specialist support such as older adult's inpatient services; rehabilitation and recovery; community mental health; and an

outstanding specialist eating disorder facility. As the migrant community in Grimsby began to grow, Navigo acknowledges the significance of cultural competence for its staff. Many of these individuals from BAME background experience obstacles such as stigma, distrust, and a lack of care that is culturally sensitive (NHS England, 2023; Beck, 2019). Navigo recognises the relevance of cultural competency in its workforce.

To address these difficulties, Navigo has embarked on two major projects Culture of Care and Mental Health Quality Improvement, both projects focus largely on staff and patient cultural orientation, induction and training. Navigo is also making use of NHS England's first anti-racism framework, the Patient and Carer Race Equality Framework (PCREF) designed to help NHS mental health trusts and service providers to improve services for people from diverse ethnic, racial and cultural backgrounds (https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/).

These ongoing projects are intended to improve the cultural competency of staff, with the goal of assisting in the removal of socioeconomic, linguistic, and cultural barriers that have traditionally hindered people of African, Asian, and minority ethnicity (BAME) from gaining access to mental health services (NHS Race and Health Observatory, 2023). Navigo's goal is to foster trust among BAME communities and encourage their participation in their mental health services by enhancing the diversity and sensitivity of their team.

Despite these efforts, Navigo, together with many other providers of mental health services, is confronted with difficulties in addressing the intricate cultural dynamics of BAME patients using conventional training methods (Faheem, 2023). Although these methods offer useful insights, they frequently fail to capture the more profound cultural variations that influence mental health behaviours, coping mechanisms, and help-seeking tactics among BAME populations (Beck, 2019; Harwood et al., 2023). To provide a higher level of service to these communities, Navigo is continuing to investigate and put into practice several techniques that enhance cultural competency. These initiatives include community engagement and worker education. Navigo prides itself in delivering services that we would be happy for our own family to use.

The continual efforts that Navigo is making to ensure that mental health treatments are accessible, equitable, and sensitive to the specific requirements of BAME individuals reflect the company's commitment to cultural competency. The fact that the organisation is putting so much effort into developing mental health care that considers different cultures is evidence of its commitment to eliminating health disparities and making sure that every community gets the treatment they require.

2.2 Cultural Competence in Mental Health

Cultural competence in mental health is crucial and transformative in mental health assessment and care. As the world becomes more diverse and interconnected, acknowledging the influence of cultural backgrounds on mental health experiences has become increasingly crucial. Cultural competency refers to the ability of individuals, organisations, or systems to effectively interact and engage with people from diverse cultural backgrounds, understanding and respecting their beliefs, values, traditions and practices. (MHM Group).

Research demonstrates that BAME people encounter unique barriers when accessing mental health treatments, which negatively impacts treatment outcomes. Culturally inappropriate care leads to mistrust, underutilisation, and poorer mental health outcomes in these populations (NHS Race and Health Observatory, 2023). Professionals working with BAME (Black, Asian, and Minority Ethnic) communities in the UK must develop cultural competence to enhance the mental health care experience for individuals from diverse ethnic backgrounds.

Many UK mental health facilities have been designed for a homogenous population, neglecting people from ethnically diverse populations. Studies have revealed that culturally insensitive mental health systems hinder BAME people from seeking treatment. Memon et al. (2016) revealed that BAME people are more likely to delay mental health care due to fears that doctors won't understand their culture or give adequate therapy. Alam et al. (2024) found that many BAME people feel alienated by Westernised mental health care methods that may not fit their cultural or religious values. Mistrust of the system and mental health stigma are major barriers in BAME communities. According to Faheem (2023), many ethnic minority cultures view mental health concerns as a sign of weakness, which shames them and prevents them from seeking assistance. The stigma of mental health issues is especially strong in communities where seeking help is taboo (Harwood et al., 2023). BAME people often go untreated or only seek mental health treatment after a crisis.

BAME people also underuse mental health care due to structural inequality. Discrimination and institutional racism in healthcare might make BAME people fear mental health services. BAME patients avoid healthcare due to overt racism or microaggressions, according to the NHS Race and Health Observatory (2023). Socioeconomic disparities make it harder for BAME people to get mental health services due to financial issues such inadequate insurance or excessive private care costs (Beck, 2019). A real example could be a BAME patient who feels ignored or misunderstood by healthcare professionals, which might prevent them from returning for future care. This is particularly relevant in mental health, where trust and rapport between patient and provider are crucial for effective treatment. Culturally competent care is essential for BAME engagement due to these hurdles.

Culturally competent mental health professionals can better understand and meet the needs of various patients. They are trained to recognise cultural, societal, and religious aspects that affect patients' mental health perception, management, and treatment engagement (Alam et al., 2024). To build trust and engagement in care, providers might acknowledge the role of spirituality or community in an individual's mental health journey and adjust their therapies to respect and include these values (Williams et al., 2023).

Research shows that cultural competence training for mental health carers improves BAME patient engagement and results. Memon et al. (2016) observed that cultural competence training helped healthcare personnel create trust and better patient-provider communication with BAME patients. This increased service engagement and treatment adherence. Cultural competency training reduced BAME drop-out rates in mental health treatment, as patients felt understood and appreciated, according to Beck (2019).

Additionally, cultural competence training can help mental health clinicians reduce BAME mental health stigma. Culturally competent carers can engage patients in mental health talks without shame or humiliation, according to Faheem (2023). Culturally relevant language and metaphors can normalise mental health care and encourage individuals to seek help before a crisis (Harwood et al., 2023).

2.3 Training Methods for Cultural Competence

This section examines traditional and Peer-Led training approaches' effects on mental health carers' cultural competency and BAME involvement with services.

2.3.1 Traditional Cultural Competence Training

Conventional cultural competence training includes in-person workshops, seminars, and educational materials to strengthen healthcare personnel' knowledge and understanding of cultural diversity. These strategies aim to improve provider-ethnic patient relations and cultural sensitivity (Beck, 2019). Traditional mental health training attempts to improve understanding of how cultural elements affect patients' experiences, mental health needs, and treatment attitudes (Alam et al., 2024).

Traditional training has been questioned for enhancing BAME community engagement due to its generalised approach. According to Beck (2019), standard cultural competence training can oversimplify cultural differences and leave mental health Workers unprepared to handle BAME mental health patients complicated cultural dynamics. The UK's varied BAME populations may have different cultural needs, making this problematic (NHS Race and Health Observatory, 2023).

Traditional approaches lack ongoing learning and real-world adaptation, which is a major drawback. Traditional programs may not meet BAME communities' changing cultural

needs due to one-time events or static learning modules. Traditional training develops initial awareness, but it does not give ongoing support or real-time feedback to help mental health providers adapt to new cultural issues, according to Faheem (2023). More dynamic training models that reflect BAME communities' complexity and diversity are needed to address this shortcoming (Harwood et al., 2023).

However, some traditional training programs have increased BAME engagement. According to the NHS Race and Health Observatory (2023), mental health facilities that offered BAME-specific cultural competence seminars showed increased patient participation and satisfaction. These seminars used role-playing, real-world case studies, and partnership with BAME community leaders to help healthcare providers understand and meet their patients' cultural requirements (Dyer, 2019). Alam et al. (2024) also stress the need of ongoing reflection and mentoring in conventional cultural competence training. After cultural competence seminars, mental health carers' capacity to engage with BAME patients improved with continuous supervision and feedback. Mental health Workers were better able to create trust with BAME patients, lowering cultural obstacles to care (Williams et al., 2023). Traditional training methods have limits, but with continual support and reinforcement, they can be effective.

2.3.2 Peer-Led Cultural Competence Training

Peer-led cultural competence training is an alternate strategy in which members of BAME communities, community leaders, or mental health professionals with lived experiences lead or co-facilitate training programs. These sessions emphasise the sharing of personal narratives and lived experiences, resulting in a better understanding of cultural elements that influence mental health outcomes. This method promotes reciprocal learning and reflection among healthcare professionals, making them more sensitive to the unique requirements of varied patient populations (Tribe and Morrissey, 2020).

Peer-led training stands out for its ability to provide first hand insights into the barriers that BAME people face while accessing and using mental health services. Unlike traditional approaches, which can be generic or overly theoretical, peer-led training provides practical, community-specific knowledge. According to Memon et al. (2016), this strategy guarantees that mental health clinicians receive culturally appropriate recommendations for the people they serve. Peer-led techniques have been demonstrated to promote empathy, trust, and communication between mental health providers and BAME patients, making them a viable option for increasing service involvement (Alam et al., 2024).

One of the primary benefits of peer-led training is that it promotes reciprocal learning among providers and the community. Beck (2019) contends that peer-led training enables professionals to dispel prejudices and misconceptions about minority groups by

humanising the issues through direct involvement with those who have lived them. Furthermore, incorporating BAME community leaders or peers in the training process fosters teamwork and strengthens the relationship between healthcare providers and the populations they serve (Harwood et al., 2023). This collaboration helps mental health practitioners become more aware of culturally sensitive concerns, such as stigmas or religious beliefs that may influence BAME people's willingness to participate with mental health services (Williams et al., 2023).

The ability to confront misconceptions and bridge knowledge gaps between mental health practitioners and their BAME patients is an important component of peer-led training. Many studies, like one conducted by Tribe and Morrissey (2020), discovered that healthcare providers who engaged in peer-led cultural competence programs were better prepared to manage culturally complicated circumstances and give more personalised treatment.

As a result, patient-provider interactions strengthened, trust levels increased, and patients remained in treatment programs for longer. While peer-led training methods may include more logistical planning and community participation, they provide a unique chance for healthcare professionals to learn directly from individuals who are most affected by inequities in mental health treatment. According to Faheem (2023), training programs that involve peers can provide a better-grounded understanding of real-world cultural dynamics while also encouraging continual learning and adaptive thinking. This contrasts with traditional training approaches, which are frequently static and do not allow for continual engagement with the changing requirements of varied groups.2.3 Challenges and Benefits.

2.4 Challenges Faced by Mental Health Providers in Engaging BAME Populations

UK mental health providers encounter distinct hurdles when working with BAME communities. These issues reduce BAME mental health service involvement, worsening care access and outcomes. Language difficulties hinder provider-patient communication. Non-English speakers find it hard to discuss mental health issues and grasp medical terminology. BAME people may not seek mental health care due to linguistic problems, according to the NHS Race and Health Observatory (2023). Minority ethnic patients often receive misdiagnosed or inadequate mental health care due to a shortage of translators and culturally suitable materials (Memon et al., 2016).

Cultural mental health stigma is another major concern. BAME groups often avoid discussing mental health issues due to cultural or religious beliefs. Mental health treatment is commonly considered as a show of weakness, shameful for individuals and their family (Alam et al., 2024). Faheem (2023) states that cultural stigmas can prevent

BAME people from obtaining mental health care, resulting in worsened mental health. Many BAME people feel that standard mental health facilities do not reflect their cultural beliefs, which perpetuates this stigma (Beck, 2019).

Systemic racism also causes BAME mental health service disengagement. Minority ethnic groups face challenges to healthcare due to systematic racism in the healthcare system and society, according to Harwood et al. (2023). Overt or micro aggression-based healthcare discrimination erodes confidence between BAME patients and mental health practitioners. Research shows that BAME people, especially Black men, are more likely to be sectioned under the Mental Health Act, which increases healthcare system distrust (NHS Race and Health Observatory, 2023).

The socioeconomic variables worsen these issues. Poverty, unemployment, and housing instability are more common in BAME UK populations, which increases mental health issues (Dyer, 2019). Economic hardship affects mental health services due to transportation costs, time constraints, and the inability to take time off work for treatment (Memon et al., 2016). Many BAME people lack mental health insurance or NHS coverage, making it harder for them to get care (Alam et al., 2024). Even when they need mental health services, structural inequities make it hard for BAME people to get them. Limited mental health workforce diversity limits BAME community participation. Faheem (2023) notes that BAME people like to see professionals from their own culture or ethnicity to build trust and understanding. However, the UK mental health workforce is mostly White, making it harder for BAME people to locate providers who understand their culture (Williams et al., 2023). Due to this lack of representation, BAME people may fear that mostly White providers will not understand or appreciate their unique experiences (Beck, 2019).

2.4.1 Benefits of Cultural Competence Training

Mental health providers benefit from cultural competence training, reduces access gaps and boosts BAME involvement. Cultural competence training can help providers overcome many of the issues listed by teaching them how to communicate with people from different cultures.

Language reduction is a major benefit of cultural competency training. Culturally competent carers understand the importance of language in health treatment and are more likely to use interpreters or provide materials in patients' native languages (NHS England, 2023). This improves communication and ensures BAME people receive appropriate care by helping them express their symptoms and concerns. By educating providers on cultural and religious aspects that affect patients' mental health attitudes, cultural competence training addresses cultural stigma (Beck, 2019). Understanding

these cultural factors helps providers create a safe, non-judgmental atmosphere for BAME mental health discussions. Patients are more likely to use services when their values and beliefs are honoured (Faheem, 2023). For instance, Alam et al. (2024) observed that BAME patients who received mental health care from culturally competent practitioners were more satisfied and trusted.

Cultural competence training combats systemic racism in mental health services. Cultural competency training can prevent discrimination by teaching providers on the historical and social aspects that cause BAME health disparities (Harwood et al., 2023). Cultural competence training encourages reflective practice, which challenges prejudices and preconceptions and promotes equitable care (Dyer, 2019). Thus, BAME people trust mental health providers and seek help more often. Positive patient-provider connections are another benefit of cultural competence training. Culturally competent providers provide empathy, respect, and understanding of BAME patients' unique cultural experiences, which strengthens relationships (NHS Race and Health Observatory, 2023). Being understood and supported by providers increases BAME patient engagement, as they are more likely to return for follow-up sessions and follow treatment programs (Williams et al., 2023). Alam et al. (2024) observed that mental health facilities that applied cultural competence training experienced a 15% increase in BAME engagement, improving patient outcomes.

3.0 Methodology

3.1 Research Design

This study employs a community approach methodology that combines both quantitative and qualitative data, to explore the factors influencing the reluctance or hesitancy of Black, Asian, and Minority Ethnic (BAME) groups in the United Kingdom to engage with mental health services. Creswell & Plano Clark, 2018 agrees that mixed-methods research provides a thorough understanding of the topic by combining numerical data and narrative insights, increasing the depth and breadth of the findings. It is also in tune with Johnson et al, (2007) who posited that utilising mixed methods helps to document not only statistical trends in service engagement, but also personal, culturally particular experiences that quantitative data alone may not reveal.

The research tool utilised was a structured questionnaire shared on WhatsApp group to residents in Northeast Lincolnshire which was used to collect quantitative data on respondents' awareness, use, and perceptions of mental health services, as well as qualitative data on their experiences and impediments to engagement. This approach employs both closed ended (e.g., Likert scales, multiple-choice) and open-ended questions, for statistical and thematic analysis of participants' personal narratives, providing voice to the BAME populations under investigation (Bryman, 2016).

3.2 Data Collection

3.2.1 Instrument

The primary data collection tool was a questionnaire called "BAME Community Perspectives on Engagement with Mental Health Services." This tool was developed to gather a diverse range of information across six major sections:

1. **Demographic Information**: Respondents were asked to provide details on their ethnic background, gender, and age. This section allowed for demographic comparisons across groups, highlighting patterns of engagement across different BAME subgroups (Nazroo et al., 2020).

2. **Awareness and Use of Mental Health Services**: This section assessed participants' awareness of mental health services available to them and any past usage. Awareness is a critical first step in accessing services, and this section provided insight into the reach and visibility of mental health services within BAME communities (Mantovani et al., 2017).

3. **Experiences with Mental Health Services**: Respondents who had used mental health services were asked to rate their experiences, specifically regarding the perceived cultural competence of the services. This section provided key insights into how cultural sensitivity, or the lack thereof, may affect satisfaction and continued engagement (Fernando, 2017).

4. **Barriers to Engagement**: This section explored the reasons why participants may have chosen not to engage with mental health services, including cultural, systemic, and personal factors such as stigma, mistrust, language barriers, and financial concerns. These barriers have been widely documented in studies of BAME mental health service utilization (Bhui et al., 2015; Memon et al., 2016).

5. **Willingness to Engage**: The questionnaire included Likert-scale questions to measure the likelihood of future engagement with mental health services, especially if services were made more culturally competent. This section highlights potential solutions to overcoming the barriers identified (Bains et al., 2014).

6. **Improvements in Mental Health Services**: Respondents were asked to provide suggestions for how mental health services could be improved to better meet the needs of the BAME community. This qualitative section allowed participants to voice their thoughts on necessary reforms, reflecting the growing consensus on the importance of culturally tailored care (Tribe & Morrissey, 2020).

The study was able to capture not only general trends but also individual voices because to the utilisation of both Likert scales and open-ended questions. As a result, the study brought about a more comprehensive knowledge of the challenges that BAME populations confront when attempting to gain access to mental health care.

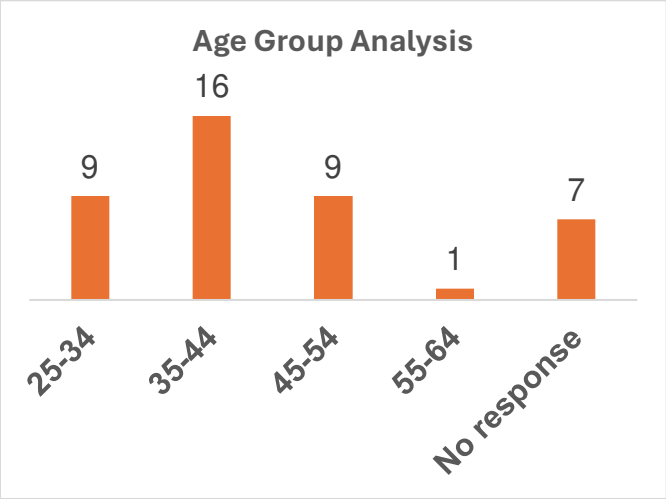
3.2.2 Sampling

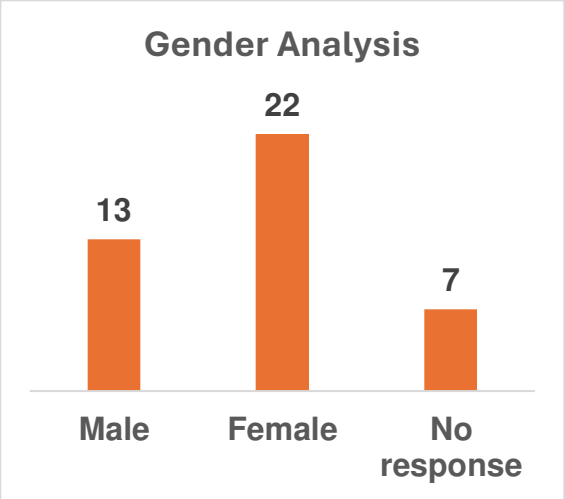
Purposive sampling was used in this study ensuring that only people from BAME backgrounds who had either used mental health services in the UK or that faces a distinct set of issues. This method assures that participants who can contribute pertinent insights are included in the study (Palinkas et al., 2015). Participants were required to meet the inclusion requirements, which included being at least 18 years old and identifying themselves as belonging to a BAME groups. A total of 42 individuals who were from a variety of age groups, ethnic backgrounds, and genders participated in this research.

Table 1: Age and Gender Analysis

Categories	n (%)
➢ **Age**	
25-34	9 (25.71)
35-44	16 (45.71)
45-54	9 (25.71)
55-64	1 (2.86)
➢ **Gender**	
Male	13 (37.14)
Female	22(62.86)

Graph 1





In the context of mental health care utilisation, it has been demonstrated that purposeful sampling is particularly beneficial in research that seek to investigate experiences within certain populations that are frequently marginalised, such as BAME communities (Bhui et al., 2012).

3.3 Data Analysis

3.3.1 Quantitative Data Analysis

The quantitative data collected from the closed-ended questions were analysed using **descriptive statistics**, including frequency distributions, means, and standard deviations. These methods were used to summarize key variables, such as:

- **Awareness and use of mental health services**: Percentages of individuals aware of available services were compared with those who were not, highlighting gaps in service awareness.
- **Experiences with mental health services:** Respondents rated the cultural sensitivity of services using Likert scales, and their satisfaction levels were analysed in relation to their ethnic background and age group.
- **Barriers to engagement:** Frequencies of responses related to specific barriers (e.g., stigma, mistrust, language barriers) were calculated to identify the most common challenges faced by BAME individuals in seeking mental health care.
- **Willingness to engage:** Likert-scale responses measuring the likelihood of future engagement if services were made more culturally competent were analysed to assess the potential impact of improved cultural competence on service utilization (CQC, 2019).

Data analysis was conducted using **SPSS** and **Microsoft Excel**, which allowed for the visualization of trends in the form of tables and charts. Descriptive statistics were selected to provide an overview of the main themes, which could then be explored in more depth using qualitative methods (Field, 2017).

3.3.2 Qualitative Data Analysis

Thematic analysis was utilised for the processing of the qualitative data that was gathered through the usage of open-ended questions. According to Braun and Clarke (2006), this method is particularly beneficial for analysing complicated topics such as cultural sensitivity and participation with mental health care. It is particularly well-suited for spotting patterns in qualitative data, which makes it ideal for analysing such difficulties.

The following are some of the key themes that were identified and analysed in detail: "lack of cultural sensitivity," "stigma within the community," and "mistrust of professionals." A further cross-reference was performed between the responses and demographic data to investigate patterns that were observed across a variety of age ranges, gender identities, and ethnic groups (Mantovani et al., 2017).

To analyse and categorise qualitative data, the software program Microsoft Excel was utilised. This made it possible to perform a methodical organisation of open-ended

responses. This technique made it easier to recognise emergent themes, which were then cross analysed with quantitative data to present a more comprehensive picture of the obstacles to involvement that BAME communities are confronted with (Creswell, 2014).

3.4 Ethical Considerations

As part of my research for the Health Equity Fellowship, I conducted a community engagement survey exploring individuals' experiences with mental health services in Northeast Lincolnshire. This research was designed to gather general perspectives on service access and quality, ensuring full anonymity and minimizing ethical risks.

Each participant was fully informed about the purpose of the study and their rights, including the right to withdraw at any point without any consequences (British Psychological Society, 2018). The sensitive nature of mental health services among marginalized communities, particularly in BAME populations, was acknowledged throughout the study, and care was taken to ensure that participants felt comfortable sharing their experiences.

1. **Anonymity & Confidentiality:**
   - √ No personally identifiable information (e.g., names, addresses, or contact details) was collected.
   - √ Responses were gathered in a way that prevents individual identification.

2. **Minimal Risk & Sensitivity:**
   - √ The survey asked for general descriptions of experiences rather than detailed personal histories.
   - √ Participants were not required to disclose any private or medically sensitive data.

3. **Voluntary Participation:**
   - √ Participation was entirely voluntary, with no coercion or obligation.
   - √ Respondents were free to skip questions or withdraw at any time.

4. **Data Collection Method:**
   - √ The survey was distributed via a WhatsApp group, where participants had control over whether to engage.
   - √ No direct interviews or face-to-face interactions occurred, reducing potential distress.

Ethical Considerations Taken:

- √ Participants were informed of the survey's purpose and use of data.
- √ The data is stored securely and used solely for the research purpose outlined in the fellowship.
- √ No NHS patient records, clinical data, or direct involvement with NHS services were included.

Based on these factors, there are no ethical issues involved with this research, the participants did not receive any payment or reward for completing the survey. The project adheres to ethical research principles while posing minimal risk to participants.

4.0 Data Analysis

This study's data analysis is dedicated to understanding the perceptions and experiences of Black, Asian, and Minority Ethnic (BAME) communities within North-East Lincolnshire with respect to their interaction with mental health services, with a particular emphasis on the significance of cultural competence. The analysis examines critical patterns, including the significance of culturally sensitive care, barriers such as stigma and mistrust, and awareness of mental health services, using both quantitative and qualitative methods. Thematic analysis of open-ended responses offers a more profound understanding of personal experiences, thereby facilitating the identification of areas in which cultural competence training, particularly through innovative methods, can enhance the delivery of mental health services to BAME populations.

4.1 Cultural Competence

To explore the cultural competence as a core focus, this study analyses the Cultural Sensitivity Ratings and "Experiences with Mental Health Services variables, which directly measure the perceptions of cultural competence among BAME community members who have interacted with mental health services. This analysis will be used to examine whether the services are perceived as culturally competent and identify gaps that exist in culturally sensitive care.

Table 2: Cultural Sensitivity Ratings" and Experiences with Mental Health Services

Category	Rating/Experience	Frequency
Cultural Sensitivity Ratings	Neutral	5
	Agree	13
	Strongly Agree	10
	Disagree	5
	Strongly Disagree	4
Experiences with Mental Health Services	Neutral	5
	Positive	18
	Very Positive	12
	Negative	6

The analysis of the survey data (See Appendix I) reveals key insights into the perceptions of cultural sensitivity and experiences with mental health services among the BAME community. For Cultural Sensitivity Ratings, most respondents (23) strongly agreed that mental health services demonstrated cultural sensitivity, suggesting that these services

are perceived as increasingly culturally competent. However, insignificant number of respondents (5) rated their experience as neutral, indicating that there is still room for improvement in how culturally sensitive care is provided. A smaller group (5) disagreed that the services were culturally sensitive, while only respondent strongly disagreed.

When it comes to Experiences with Mental Health Services, most respondents (30) rated their experience as positive, which is a strong indication that many BAME individuals who interacted with mental health services had satisfactory encounters. However, 5 respondents rated their experience as neutral, signalling that some individuals did not feel strongly one way or the other about their experience. Meanwhile, 6 respondents described their experience as negative.

These results indicate that, while there are positive trends in the perceived cultural competence of mental health services, efforts are still required to ensure consistently high levels of satisfaction and cultural sensitivity for all members of the BAME community.

To examine whether correlation exists between the overall experiences and the ratings for cultural sensitivity, the study computed a crosstabulation of the Cultural Sensitivity Ratings and Experiences with Mental Health Services responses and the result is as presented below:

Table 3: Cross-Tabulation of "Cultural Sensitivity Ratings" and "Experiences with Mental Health Services

Cultural Sensitivity Ratings	Negative	Neutral	Positive	Very Positive
Agree	3	5	17	18
Disagree	5	4	1	6
Neutral	8	3	2	9
Strongly Agree	4	9	22	13
Strongly Disagree	6	5	12	7

The exploration of Cultural Sensitivity Ratings across different experiences with mental health services provides further insight into how the BAME community perceives cultural competence.

For respondents who agreed with the statement that mental health services are culturally sensitive, 17 rated their overall experience as positive, while 5 gave a neutral rating. None of the respondents who agreed rated their experience as either negative or very positive. For respondents who disagreed, only 1 rated their experience as positive, while there were no ratings for neutral, negative, or very positive experiences.

Among respondents who rated their cultural sensitivity experience as neutral, 3 individuals rated their overall experience as neutral, while 2 rated their experience as positive. None reported a negative or very positive experience. Interestingly, those who

strongly agreed with the cultural sensitivity of the services showed more favourable experiences, with 6 reporting very positive experiences and 1 reporting a neutral experience. No one in this group rated their experience as negative. Lastly, the one respondent who strongly disagreed with the cultural sensitivity of the services also rated their overall experience as negative.

These findings suggest a strong correlation between positive experiences with mental health services and higher ratings of cultural sensitivity, while negative perceptions of cultural competence are linked to negative overall service experiences.

4.2 Cultural Competence Training and Engagement

To examine whether the perceived lack of cultural competence is linked to reduced engagement or reluctance to use mental health services. This analysis crosstab willingness to engage and cultural sensitivity ratings, this analysis was conducted to establish connections between a service's cultural competence and its impact on BAME community engagement and the result of the analysis is as presented below:

Table 4: Crosstab analysis between ''Willingness to Engage'' and ''Cultural Sensitivity Ratings''

	Agree	Disagree	Neutral	Strongly agree	Strongly disagree
Likely	6	1	7	17	10
Neutral	7	2	2	10	8
Very likely	3	1	5	10	12
Very unlikely	5	2	2	12	4

The crosstab analysis between "Willingness to Engage" and "Cultural Sensitivity Ratings" offers valuable insights into how perceptions of cultural sensitivity influence participants' willingness to engage with mental health services. For participants who indicated they were "Likely" to engage with mental health services, the majority (17) rated cultural sensitivity as "Neutral," while 1 participant rated it as "Strongly Agree" and another as "Disagree." This suggests that even with a neutral perception of cultural sensitivity, there is still a notable willingness to engage.

Among those who expressed "Neutral" feelings towards engaging with services, 2 participants rated cultural sensitivity as "Neutral," and 1 rated it as "Strongly Agree." This indicates that participants who are ambivalent about engaging tend to have mixed perceptions of cultural sensitivity, with some recognizing positive aspects. For participants who were "Very Likely" to engage, 3 rated cultural sensitivity as "Agree," and 5 rated it as "Neutral," indicating that even with moderate perceptions of cultural sensitivity, there is a

strong willingness to engage. Notably, 1 participant strongly disagreed with the cultural sensitivity of services, yet was still willing to engage.

Lastly, participants who were "Very Unlikely" to engage were mostly neutral in their ratings of cultural sensitivity, with 2 participants rating it as "Neutral," and 1 each rating it as "Strongly Agree" or "Strongly Disagree." This highlights that a lack of perceived cultural sensitivity can diminish willingness to engage, though some participants still recognize efforts toward cultural competence. Therefore, higher ratings of cultural sensitivity, particularly "Agree" or "Strongly Agree," generally correlate with a stronger willingness to engage, while lower ratings or neutrality in perceptions tend to align with ambivalence or reluctance to seek mental health services.

4.3 Barriers Specific to the BAME Community

To explore barriers to engagement (such as stigma, mistrust, or lack of cultural sensitivity) specifically within the BAME community which is central to this analysis as it will help provide a clear picture of how culturally competent mental health services could break down these barriers and improve engagement with BAME individuals. The result of the analysis is as provided in the table below:

Table 5: Factors influencing BAME community engagement with mental health services

Category	Variable	Frequency
Barriers to Engagement	Fear of discrimination or racism	4
	Fear of discrimination, Cultural stigma, Lack of awareness	3
	Lack of trust, Fear of discrimination, Cultural stigma, Lack of awareness	2
	Fear of discrimination, Cultural stigma	2
	Cultural stigma	2
	Lack of trust, Fear of discrimination, Cultural stigma, Lack of awareness, Language barriers, financial concerns, Negative past experiences	2
Awareness of Services	Yes	15
	No	10
	Not sure	17
Improvements	Greater cultural understanding from professionals	5
	More staff from diverse backgrounds, better understanding of my culture or religion by providers	4
	More staff from diverse backgrounds	2

Table 5 highlights key factors influencing BAME community engagement with mental health services, focusing on barriers, awareness, and suggested improvements. The most significant barriers include fear of discrimination or racism, cited by multiple respondents, along with cultural stigma, lack of trust, and lack of awareness. These factors suggest that many BAME individuals avoid seeking mental health care due to concerns about being misunderstood, stigmatized, or discriminated against. Additional challenges such as language barriers, financial constraints, and negative past experiences further hinder engagement with mental health services.

In terms of awareness, 15 respondents were aware of the services available, while a significant portion (27 participants) were either unaware or unsure of the available mental health services, indicating a notable gap in outreach and visibility within these communities. To address these challenges, respondents emphasized the importance of greater cultural understanding from professionals and more staff from diverse backgrounds. These suggestions reflect the need for mental health providers to better understand and respect the cultural and religious contexts of BAME patients, which could foster trust and improve service engagement. Ultimately, the findings suggest that improving cultural competence and increasing diversity within the mental health workforce are crucial steps toward reducing barriers and encouraging greater utilization of mental health services by BAME communities.

5.0 Discussion of Results

The results of this study provide a comprehensive view of the perceptions and experiences of Black, Asian, and Minority Ethnic (BAME) communities in the UK regarding their interactions with mental health services. The findings place significant emphasis on the role of cultural competence in shaping these experiences, as well as identifying the barriers that contribute to the reluctance of BAME individuals to engage with mental health services. The analysis also highlights how improvements in cultural sensitivity and service delivery could bridge the gap between mental health providers and BAME communities, potentially improving engagement and mental health outcomes.

5.1 Cultural Competence and Mental Health Services

The analysis of Cultural Sensitivity Ratings and Experiences with Mental Health Services reveals a critical link between the perceived cultural competence of mental health providers and the satisfaction of BAME individuals with their mental health care experiences. The results indicate that a significant number of respondents (23 out of 38) either agreed or strongly agreed that the mental health services they received were culturally sensitive. This suggests that efforts to incorporate cultural competence into mental health care delivery are having a positive impact, with many individuals

recognizing the efforts made by providers to accommodate their cultural needs. However, there remains room for improvement, as 5 respondents rated their experience as neutral, and 4 expressed disagreement or strong disagreement with the cultural sensitivity of the services they received.

These findings align with previous research that emphasizes the importance of cultural competence in healthcare delivery, particularly for minority groups (Faheem, 2023; Beck, 2019). When mental health professionals are culturally competent, they are better equipped to understand the cultural, religious, and social factors that influence how patients perceive and manage their mental health (Alam et al., 2024). This is particularly important for BAME communities, who may have distinct cultural perspectives on mental illness, treatment, and stigma. The positive experiences reported by respondents who perceived mental health services as culturally sensitive suggest that culturally competent care can build trust and foster better engagement with mental health services.

At the same time, the results indicate that not all individuals experience the same level of cultural sensitivity, with 10 respondents expressing neutral, negative, or strongly negative opinions. This discrepancy suggests that while cultural competence is improving, it is not yet consistently applied across all services or to all patients. This finding underscores the need for continued efforts to embed cultural competence training into the fabric of mental health service provision. It also highlights the importance of individualized care, where mental health providers tailor their approach to meet the unique needs of each patient (Harwood et al., 2023).

5.2 The Impact of Cultural Sensitivity on Engagement

The crosstab analysis between Cultural Sensitivity Ratings and Willingness to Engage with mental health services further emphasizes the relationship between perceptions of cultural competence and engagement. Respondents who rated mental health services as culturally sensitive (either "Agree" or "Strongly Agree") were more likely to express a willingness to engage with those services in the future. For example, 17 respondents who agreed that mental health services were culturally competent also expressed a high likelihood of future engagement.

This finding is crucial in understanding how perceptions of cultural sensitivity can directly influence the decision to seek mental health care. BAME individuals who perceive mental health services as culturally appropriate are more likely to trust those services and, consequently, more likely to engage with them when needed. This aligns with previous studies that have shown cultural competence to be a key factor in improving patient-provider relationships and encouraging service utilization among minority groups (Memon et al., 2016).

Conversely, respondents who expressed neutral or negative opinions about the cultural sensitivity of services were more hesitant to engage with mental health services. This is particularly evident in the group of respondents who rated cultural sensitivity as "Neutral" or "Disagree." Among these individuals, there was a higher proportion of respondents who expressed ambivalence or reluctance to engage with mental health services. This suggests that when cultural sensitivity is perceived as lacking, it can act as a barrier to engagement, reinforcing existing disparities in mental health service utilization.

The relationship between cultural sensitivity and willingness to engage highlights the critical role that cultural competence plays in addressing the unique barriers faced by BAME communities. For many BAME individuals, cultural competence is not just a desirable feature of mental health services—it is a necessary component for overcoming mistrust, stigma, and other barriers that prevent them from seeking help (Williams et al., 2023). By improving cultural competence, mental health providers can increase the likelihood that BAME individuals will engage with services and receive the care they need.

5.3 Barriers to Engagement

One of the most striking findings of this study is the range of barriers that prevent BAME individuals from engaging with mental health services. The results indicate that fear of discrimination or racism is one of the most significant barriers, with 4 respondents citing this concern. Additionally, several respondents reported experiencing multiple barriers simultaneously, including fear of discrimination, cultural stigma, and lack of awareness about available services. This combination of barriers suggests that BAME individuals face complex and multifaceted challenges when accessing mental health care.

The prevalence of fear of discrimination among respondents is particularly concerning, as it points to systemic issues within the mental health care system that disproportionately affect BAME communities. Previous research has shown that experiences of racism and discrimination in healthcare settings can erode trust in medical institutions and deter individuals from seeking care (NHS Race and Health Observatory, 2023). For BAME individuals, this fear of discrimination may be compounded by historical and ongoing experiences of racism, both within and outside of the healthcare system (Harwood et al., 2023). As a result, many BAME individuals may feel that mental health services are not designed to meet their needs, leading to disengagement and poorer mental health outcomes.

Cultural stigma is another significant barrier, with multiple respondents citing this as a reason for avoiding mental health services. In many BAME communities, mental illness is still stigmatized, and seeking help for mental health issues can be seen as a sign of weakness or failure (Faheem, 2023). This stigma may be reinforced by cultural or religious beliefs, which can prevent individuals from discussing mental health concerns

openly or seeking professional help. Mental health providers who are not culturally competent may unintentionally reinforce these stigmas, further alienating BAME patients.

The results also indicate that a lack of trust in mental health providers is a key barrier to engagement. This lack of trust may stem from previous negative experiences with mental health services, as well as broader societal mistrust of medical institutions. For some BAME individuals, this mistrust is rooted in historical experiences of medical neglect, exploitation, and abuse, which continue to shape their perceptions of the healthcare system today (Beck, 2019). To address this barrier, mental health providers must actively work to rebuild trust with BAME communities by demonstrating cultural competence, transparency, and a commitment to equity in care delivery.

5.4 Improvements and Recommendations

The results of this study provide several important recommendations for improving engagement with mental health services among BAME communities. The most commonly suggested improvement was the need for greater cultural understanding from professionals, with 5 respondents highlighting this as a key area for change. This finding reinforces the importance of cultural competence training, which equips mental health providers with the knowledge and skills needed to understand the cultural contexts of their patients' lives and experiences (Alam et al., 2024).

Respondents also emphasized the need for more staff from diverse backgrounds, with 4 participants specifically mentioning the importance of having mental health professionals who share their cultural or religious backgrounds. This suggests that increasing diversity within the mental health workforce could help bridge the gap between BAME communities and mental health services. When patients see themselves reflected in their care providers, they may feel more comfortable and understood, which can foster trust and improve engagement (Dyer, 2019).

The study also underscores the importance of addressing structural barriers to engagement, such as language barriers and financial concerns. For many BAME individuals, accessing mental health services is made difficult by logistical challenges, including the availability of services in their native languages and the cost of care. By addressing these structural barriers, mental health providers can create a more inclusive and accessible environment for BAME individuals (Memon et al., 2016).

6.0 Conclusion

The growing diversity in Northeast Lincolnshire underscores the urgent need for culturally competent mental health services. Migration has reshaped demographic landscapes, making it imperative for healthcare systems to adapt to the needs of racially and ethnically

diverse populations. However, BAME communities seen to continue to face significant barriers to mental health care, including stigma, cultural misunderstandings, and systemic discrimination. Addressing these challenges requires a shift beyond traditional cultural competence training towards more interactive and community-driven solutions. Peer-Led Training systems present a promising approach by fostering real-world learning experiences that enhance professionals' ability to engage effectively with diverse populations. As mental health services evolve, embracing innovative, culturally responsive training will be key to reducing health disparities and ensuring equitable care for all individuals, regardless of their background.

Navigo's commitment to enhancing cultural competence in mental health services reflects a broader effort to address disparities affecting BAME communities. While traditional training methods provide foundational knowledge, peer-led and experiential learning approaches offer more practical solutions to overcoming cultural barriers. By prioritizing continuous staff education, engaging with community leaders, and leveraging frameworks like PCREF, Navigo aims to build trust, improve service accessibility, and ensure mental health care is inclusive and effective for all individuals. Opportunities to scale up the Culture of Care, MHA QI, and PCREF initiatives present an avenue for wider implementation of culturally competent practices. Expanding these programs across additional mental health settings can drive systemic improvements, enhance workforce diversity, and create sustained engagement with BAME communities. By continuously evolving its training methodologies and addressing systemic obstacles, Navigo is setting a precedent for culturally sensitive care that can be adopted across the wider healthcare sector.

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8.0 Appendix

Understanding Engagement with Mental Health Services and Cultural Competence Training

This questionnaire is designed to gather insights into the engagement of individuals with mental health services, particularly in relation to cultural competence. The responses collected will help identify barriers to access, perceptions of cultural competence in mental health services, and areas where improvements can be made.

Your participation is completely voluntary, and all responses will be kept confidential. The information you provide will be used solely for research and analysis purposes. Please answer each question as accurately as possible based on your experiences and perspectives. Your input is valuable in shaping culturally competent and inclusive mental health services.

SECTION 1: DEMOGRAPHIC INFORMATION

What is your gender?

Male Female

What is your age group?

18–24 25–34 35–44 45–54 55–64 65 and above

What is your role in the mental health service?

Psychiatrist Psychologist Social Worker Counsellor Nurse Support staff

How many years have you worked in mental health services?

0–2 years 3–5 years 6–10 years 11–15 years 16 years and above

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SECTION 2: UNDERSTANDING OF CULTURAL COMPETENCE

How familiar are you with the concept of cultural competence in mental health care?

Very familiar Familiar Neutral Unfamiliar Very unfamiliar

To what extent do you feel confident in providing culturally competent care to patients from diverse backgrounds?

Strongly agree Agree Neutral Disagree Strongly disagree

SECTION 3: CULTURAL COMPETENCE IN PRACTISE

To what extent do cultural differences impact your interactions with patients?

A great deal A lot Somewhat Very little Not at all

How often are cultural considerations integrated into patient treatment plans at your organization?

Always Often Sometimes Rarely Never

How comfortable are you in addressing cultural differences during mental health assessments?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

How often do you encounter individuals from culturally diverse backgrounds who do not engage with mental health services?

Very often Often Sometimes Rarely Never

In your opinion, what are the main reasons individuals from diverse cultural backgrounds might not engage with mental health services?

Lack of trust in the system Stigma around mental health in their culture
Language barriers Lack of culturally competent professionals
Fear of discrimination Financial constraints

To what extent do you agree with the following statement: "Cultural stigma is a significant barrier to individuals seeking mental health services."

Strongly disagree Disagree Neutral Agree Strongly agree

To what extent do you agree that a lack of cultural competence in mental health services contributes to disengagement from treatment?

Strongly agree Agree Neutral Disagree Strongly disagree

How effective are current efforts in your organization to address the reasons why individuals might not engage with mental health services?

Very effective Effective Neutral Ineffective Very ineffective

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SECTION 4: TRAINING PROGRAMS AND INTELLIGENT TOOLS

How effective do you find the current cultural competence training programs at your organization?

Very effective Effective Neutral Ineffective Very ineffective

If you participated in intelligent (AI-driven) training tools, how would you rate their effectiveness in enhancing your skills?

Very effective Effective Neutral Ineffective Very ineffective

To what extent do you agree that AI-driven tools can improve cultural competence training for mental health providers?

Strongly disagree Disagree Neutral Agree Strongly agree

SECTION 5: OVERALL ASSESSMENT

How would you rate the overall cultural competence of mental health services at your organization?

Excellent Good Fair Poor Very poor

Please rate the following statement: "My organization's cultural competence training programs adequately prepare staff to provide culturally competent care."

Strongly disagree Disagree Neutral Agree Strongly agree
