Treating OCD within Ethnic Minority Groups

OCD PREVALENCE ACROSS ETHNIC MINORITY GROUPS

Obsessive Compulsive Disorder (OCD) is thought to affect between 1 - 4% of the UK population throughout their lifetimes and is considered one of the six common mental health conditions in the UK. Although OCD has been found to have similar prevalence rates across different ethnic groups in Western countries, children and adults from ethnic minorities are underrepresented within clinical settings and mental health services. In one UK study, an obvious discrepancy was identified in the proportion of patients struggling with OCD who were White versus Black and minority ethnic (BME) in the CRIS register (78% v. 22%, respectively), compared with the expected proportions in the catchment area (60% v. 40%, respectively) (de la Cruz et al., 2015). Although there is still little research in this field, this underrepresentation of patients from ethnic minority groups in clinical settings has been widely documented across studies in the UK. It is imperative that this disparity in access be better understood in order to identify what factors are contributing to this underrepresentation and allow for healthcare services to provide better access to these communities and groups in light of relevant barriers.

BARRIERS TO SUPPORT AND TREATMENT

Some common factors that have been identified across the literature with regards to why patients from ethnic minority groups are underrepresented within clinical settings include, but are not limited to: socio-economic barriers, poor knowledge around mental health and/or the healthcare system, distrust in the healthcare system, previous negative experiences of discrimination within healthcare settings, different beliefs around health and healthcare, geographical availability of services, religious beliefs, and existing shame and stigma regarding poor mental health within families and communities.

"THERE'S A LEVEL OF SHAME THAT COMES WITH EXPRESSING EMOTIONS GENERALLY IN MY CULTURE AND WITH OCD SPECIFICALLY, IN MY RELIGIOUS COMMUNITY THE TABOO NATURE OF INTRUSIVE THOUGHTS LEADS TO SILENCE - PEOPLE MAY FACE JUDGEMENT, BE TOLD THEY ARE SINNING FOR THINKING SUCH THOUGHTS, MAY BE OSTRACISED FROM THE COMMUNITY, MAY BE TOLD THEIR CONDITION IS ROOTED IN THEM HAVING LOW FAITH AND TOLD PRAYER IS THE CURE."

Factors such as these have created significant barriers for individuals from ethnic minority groups in feeling able to reach out and talk about their symptoms to get the right help and access treatment for their OCD. Identifying and acknowledging these barriers and how they impact patients from ethnic minority groups is vital in better understanding how communities and healthcare services can better support individuals with OCD so that they feel able to reach out for help. Within the healthcare system, this must involve improvements to services' cultural competence.

"THEY [HEALTHCARE SERVICES] UNDERMINE OUR SYMPTOMS, DON'T FOLLOW UP WITH TREATMENT, EXPECT YOU TO DEAL WITH PAIN, NOT UNDERSTANDING OUR BODIES. IT WAS IMPOSSIBLE TO GET HELP WHEN I HAD ALOPECIA BECAUSE DOCTORS SAID MY HAIR WAS 'NORMAL', BUT THEY DIDN'T UNDERSTAND MY TEXTURE HAD CHANGED, BRUISES AND RASHES ON OUR SKIN ARE MISSED FREQUENTLY."

DEVELOPING CULTURAL COMPETENCE WITHIN HEALTHCARE

Before considering how healthcare services can practice cultural competence, it is first important to understand what this means. Cultural competence within healthcare involves working in accordance with a set of attitudes and policies that enable and promote cross-cultural care across all patients. Cultural competence should inform efforts to reduce racial and ethnic disparities in OCD diagnosis and treatment access, and this involves acknowledging, learning about, and respecting the customs, beliefs, thoughts, feelings, and practices of patients across cultures in order to ensure that care is accessible to all.

In order to be culturally competent, healthcare settings can take certain steps to ensure that patients from ethnic minority groups, who may already struggle to reach out for help, feel encouraged to voice their needs and any accessible requirements that they may have. The key initial step towards practicing and improving cultural competence within the healthcare system for ethnic minority patients with OCD is acknowledging the barriers that already exist for these individuals and the difficulties that these barriers create. It is then imperative that healthcare services actively implement cultural competence policies and attitudes to provide accessibility in light of these barriers and to remove certain barriers altogether.

Examples of this within the wider healthcare system may include employing culturally diverse staff that reflects the community, providing training around race, culture, and ethnicity to staff and providers, integrating signage and instructional literature in patients' languages and consistent with their cultural norms, providing culturally specific healthcare settings, and employing translators for patients who don't speak English as a first language. Providing culturally competent support and information around OCD and its treatments to families and carers of OCD sufferers is also crucial, particularly when there is a barrier with regards to lack of OCD knowledge and how the healthcare system works within families and communities.

"WHEN RECEIVING TREATMENT, ASKING QUESTIONS ABOUT MY CULTURE IS OKAY IF IT IS RELATED TO A BETTER UNDERSTANDING OF MY CONDITION AND THEREFORE TREATMENT. OFTEN IN THE PAST, IT HAS EITHER BEEN COMPLETELY IGNORED (LOSING IMPORTANT PIECES OF THE PUZZLE) OR OUR SESSION HAS BECOME AN EDUCATIONAL EXPERIENCE FOR THEM, RATHER THAN A TREATMENT SESSION FOR ME.

Cultural competence is not only imperative at initial stages of support and referral within healthcare services, but also within treatment and therapy that is being delivered. Therapists and clinical psychologists delivering therapy for OCD should understand the differences between race, ethnicity, and culture and not make assumptions about individual patients based on generalisations or preconceptions around their racial, cultural, ethnic, or religious background. It's also important that therapists and clinical psychologists take the time to learn from their patients what their racial, cultural, and ethnic experiences and customs are whilst also educating themselves around cultural differences and attending relevant trainings so that patients are not needing to educate practitioners themselves. Understanding other barriers that patients might be struggling with is also extremely crucial as this can impact the therapy itself and the individual's progress within treatment. For example, if an OCD sufferer feels unable to share their intrusive thoughts because the nature of these thoughts is considered taboo within their culture or community, this is important information for a therapist or clinical psychologist to have and understand with regards to how they can tailor the therapy and support the individual.

"A GOOD THERAPIST WOULD LOOK AT ALL THE DIFFERENT PSYCHOSOCIAL FACTORS; GENDER, RACE, AGE, SEXUALITY AND SOCIOECONOMIC ISSUES AS WELL. ALL OF THESE ARE REALLY IMPORTANT BECAUSE THEY SHAPE HOW WE SEE THE WORLD AND THEREFORE SHAPE HOW WE SEE OUR CONDITION."

ocd action

it's time to act