

REVIEW OPEN ACCESS

The Impact of Community-Level Interventions on Improving Help Seeking and Access to Support Among Ethnic Minority People Living With Psychotic Disorders in Non-Secondary Care Settings: A Systematic Review

Nikki Wood¹ | Jo Hodgekins¹ | Sherifat Oduola² 

¹Department of Clinical Psychology and Psychological Therapies, Norwich Medical School, University of East Anglia, Norwich, UK | ²School of Health Sciences, University of East Anglia, Norwich, UK

Correspondence: Sherifat Oduola (s.oduola@uea.ac.uk)

Received: 26 September 2024 | **Revised:** 13 June 2025 | **Accepted:** 25 July 2025

Funding: The authors received no specific funding for this work.

Keywords: ethnic minority groups | help-seeking behaviour | interventions | pathways to care | psychosis

ABSTRACT

Aim: Research has shown that people from ethnic minority backgrounds living with psychosis are less likely to seek support from healthcare professionals (e.g., GP), but more likely to seek support from non-healthcare professionals (e.g., faith leaders). This systematic review assessed the impact of community-level interventions aimed at improving help seeking and access to support for psychosis in non-secondary care settings among ethnic minority populations.

Methods: The EMBASE, PsychINFO, Medline Ultimate, CINAHL Ultimate and Scopus databases were searched in December 2023. Studies were included if published in English, conducted in high-income countries, reported on psychosis and minority ethnic groups aged 18–65 years, and interventions targeted at people from minority ethnic groups with or at risk of psychosis, caregivers, or the general public. Outcomes of interest were changes in help-seeking behaviours, pathways to care characteristics, and barriers and facilitators of intervention implementation.

Results: Five studies (pooled n, participants = 332) reporting two interventions met the inclusion criteria. All studies were conducted in the United States. Narrative synthesis revealed mixed results about the effectiveness of interventions on help seeking and duration of untreated psychosis. The results show promise for professional help-seeking recommendations post-intervention across the studies. Barriers and facilitators were identified for intervention implementation.

Conclusions: Community-level interventions have some success in promoting help-seeking for psychosis in ethnic minority populations. However, research in this area was limited. Future research could include studies across different countries, ethnicities, genders, and socioeconomic status to ensure generalisable results.

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2025 The Author(s). *Early Intervention in Psychiatry* published by John Wiley & Sons Australia, Ltd.

1 | Introduction

1.1 | Research Evidence on the Relationships Between Ethnicity and Help-Seeking for Psychosis

Research has shown ethnic and racial disparities in access to care and treatment for psychosis. For example, people from Black and minority ethnic backgrounds are more likely to be compulsorily admitted (Oduola et al. 2019) and less likely to be offered psychological therapy (Morris et al. 2020) compared with their white ethnic patient counterparts during first episode psychosis. Oluwoye et al. (2018) also discovered that Hispanic participants were more likely to receive 'medication management', and Black (non-Hispanic) participants were less likely than White (non-Hispanic) participants to receive family psychoeducation.

There is evidence that stigma is associated with psychosis, regardless of ethnicity (Pescosolido et al. 2019), and there is a misconception that people living with psychosis are unpredictable and dangerous (Gronholm et al. 2017). Within minoritised ethnic populations, studies have shown accentuated stigma regarding mental illness, due to cultural and other factors (Leamy et al. 2011). For example, concerns differ for different minoritised ethnic groups, including fears of being a burden, bringing dishonour to their families, mental illness being a poor reflection on families and the family having a sense of responsibility or feeling blamed for their family members mental illness (Misra et al. 2021). Therefore, people from minority ethnic groups could be reluctant to seek support, due to worries of further discrimination, alongside service provisions that are inadvertently discriminatory due to poor understanding of cultural and religious factors (Gopalkrishnan 2018; Maraj et al. 2023; Amri 2012).

Furthermore, in some cultures (e.g., people of African, Caribbean or Asian heritage) psychosis symptoms are attributed to supernatural or spiritual causes (McCabe and Priebe 2004). This may result in help-seeking from non-medical sources, e.g., alternative healers or faith leaders (Oluwoye and Weeks 2023; Rashid et al. 2012; Whitley et al. 2006). Whilst some studies have shown that faith leaders may lack the knowledge to independently provide support for mental health difficulties (Fitzgerald and Vaidyanathan 2023), there is evidence that religious support has positive outcomes on recovery (Nolan et al. 2012) and that faith leaders play a crucial role in signposting people to mental health services (Meran 2019). Therefore, collaborative working has been recommended so that clinicians can support recognition and understanding from a biopsychosocial perspective, and faith leaders can support clinicians in understanding the religious means that support recovery (Meran 2019; Rashid et al. 2012).

Evidence suggests that help-seeking via primary care is associated with a reduced chance of inpatient admission and emergency healthcare services (Anderson et al. 2013). However, several studies have identified that minoritised ethnic people, including Black ethnic groups (Anderson et al. 2014; Ghali et al. 2013; Halvorsrud et al. 2018) and White Other ethnic groups (Ghali et al. 2013) are less likely to seek support from primary care. Amri (2012) identifies that historical oppression, discrimination and racism faced by individuals from black populations (which also extends to minority groups such as Latinx,

and Southeast Asian groups) have resulted in cultural mistrust, which extends into healthcare services. This may be further exacerbated by language barriers (Inhorn and Serour 2011; Isaacs et al. 2010) and cultural and religious beliefs (Amri 2012; Inhorn and Serour 2011).

1.2 | Interventions for Improving Access for Psychosis and Other Mental Health Difficulties Among Minority Ethnic Groups

The importance of interventions that reduce stigma (Amri 2012; Ferrari et al. 2015), improve general knowledge of psychosis (Amri 2012) and promote better recognition of signs/symptoms (Ferrari et al. 2015) has been advocated. Indeed, there are interventions/campaigns that aim to improve access to early treatment for psychosis. For example, early intervention for psychosis (EIP) services that target access to secondary mental healthcare (Marshall and Rathbone 2011). EIP services have shown good outcomes, such as improved access, fewer hospital admissions, and improved social functioning (Bird et al. 2010). However, given the key role healthcare professionals in primary care settings and the wider community play in care pathways for psychosis, it is essential that campaigns and interventions aimed at improving access to care not only focus on secondary care but primary care, too. However, such campaigns aimed at improving access to primary care services or community support for psychosis for minority ethnic groups are limited. Of the available research, Sass et al. (2009) in a systematic review evaluated research studies reporting initiatives to enhance pathways to mental health care for black and minority ethnic groups across different mental disorders and services (i.e., across primary and secondary services). They found that the interventions/campaign that included ethnic matching promoted positive PtC in many groups and that an education leaflet increased recovery (Sass et al. 2009). However, the review included only six papers with one paper from the UK, indicating a paucity of research in the area. Another recent review explored interventions to improve access to mental health care across different mental disorders including psychotic disorders, mood disorders, and anxiety disorders among minority racial and ethnic groups (Lee-Tauler et al. 2018). They found that interventions that included integrative and collaborative working with primary care were effective at reducing disparities in the initiation of care in minority and racial ethnic groups.

1.3 | Current Study

In contrast with previous reviews (Lee-Tauler et al. 2018; Sass et al. 2009), the current review focus specifically on psychotic disorders. To our knowledge, no existing systematic reviews have examined community-level interventions that specifically aim to improve help-seeking for psychosis in non-secondary mental health services for minority ethnic groups. This is unexpected, due to the well-documented negative pathways to care (e.g., Inhorn and Serour 2011) and research recommending interventions to resolve them (e.g., Oluwoye and Weeks 2023).

Therefore, this systematic review aimed to answer: *What is the impact of community-level interventions aimed at people from*

TABLE 1 | Search terms.

Study characteristics	Description	Search terms
Population	Psychosis	psychosis OR schizophre ⁿ i* OR psychot*
		AND
	Minority ethnic group	ethnic* OR minorit* OR underserved OR cultur* OR immigrant OR race OR racial OR migrant* OR refugee* OR asylum OR asian OR latin* OR aborigin* OR islander* OR chinese OR indian OR african OR caribbean OR vietnamese OR mexican OR traveller OR gypsy OR native OR malay OR bame OR “black african” OR “black american” OR hispanic
		AND
Intervention	Intervention type	literacy education OR campaign OR symposium OR intervention OR narrative OR workshop* OR communication OR “first aid” OR outreach OR psychoeducation OR knowledge OR awareness OR information OR program* OR training OR advert OR “focus group*” OR poster OR film OR leaflet OR radio OR (worship N3 (place* OR house)) OR faith OR religio* OR (stigma N3 (change OR resilience)) OR family OR relative* OR course* OR church-based OR faith-based OR pastor OR clergy OR “pastoral counselling” OR minister
		AND
Outcome	Improvement in pathway to care	“pathway* to primary care” OR “pathway* to care” OR help-seeking OR (attitudes N3 (support OR treatment)) OR (seeking N3 (support OR treatment)) OR engage* OR willingness
		AND
	Help-seeking or access to support in the community or primary care	“community support” OR care OR clinic OR clinics OR “health* service” OR GP OR physician* OR networks OR charit* OR “voluntary organisation” OR (primary N3 health) OR “professional support”

Note: AND and OR are Boolean operators used during the search process.

minority ethnic groups with or at risk of psychosis, caregivers, or the general public on improving help-seeking or access to community support or primary care? We addressed the following objectives:

- To describe community-level interventions for improving help-seeking or access to support for psychosis in primary care and the community (i.e., non-clinical settings),
- To examine the effectiveness of community-level interventions on help-seeking and pathways to care characteristics including duration of untreated psychosis,
- To identify factors (barriers and facilitators) influencing the interventions implementation as reported in the studies.

2 | Materials and Methods

The systematic review protocol was designed according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher et al. 2009). It was registered with the International Prospective Register of Systematic Reviews (PROSPERO, <https://www.crd.york.ac.uk/prospero/>, registration number CRD42023398682).

The EMBASE, PsychINFO, Medline Ultimate, CINAHL Ultimate and Scopus databases were searched on 16th December

2023. Additional hand searches were completed using the reference lists of the papers that met the inclusion criteria. Table 1 outlines search terms using the PICO framework (Schardt et al. 2007). The search and MeSH/index terms (psychosis, minority groups, psychoeducation, help seeking behaviour, primary healthcare, community) were modified for each database. Search terms were developed with an expert librarian and the search strategy was informed by previous systematic reviews in the field (e.g., Lee-Tauler et al. 2018).

2.1 | Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were structured using the PICO Framework (Schardt et al. 2007) (see Table 2).

2.2 | Quality Appraisal

The methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) (Hong et al. 2018). The MMAT is a firmly established inventory that can be used across quantitative, qualitative, and mixed methodologies. The first two questions are generic measures of quality, followed by five more specific questions tailored to the study designs. Scores were calculated using guidance from Gronholm et al. (2017), which involved summing the points from the criteria checklist and then converting them to percentages (0% no

TABLE 2 | Inclusion and exclusion criteria.

Study characteristics	Inclusion	Exclusion
Population	Adults from ethnic minority background with a diagnosis or at risk of psychotic disorder living in high-income countries (as defined by the World Bank)	Individuals without or not at risk of psychotic disorders. Due to the infrastructural and socio-economic differences in mental health care and treatment, it is difficult to compare studies from low- or middle-income countries with studies from high-income countries
Intervention	Any community-based interventions, campaigns, initiatives aimed at improving help-seeking for psychosis in primary care or within the community. Interventions may also draw on the community's internal resources (e.g., collaboration with religious leaders). Interventions targeted at people from minority ethnic groups with or at risk of psychosis, caregivers, or the general public	Interventions aimed at promoting access and support within secondary or specialist mental health services (e.g., Early Intervention Psychosis Teams, Co-ordinated Speciality Care). Interventions that are focused on other mental health difficulties. Interventions that are not community-based
Comparison	Waitlist control, non-exposed comparison, or pre-post intervention groups	None
Outcome	Information about help-seeking and pathways to care characteristics, including DUP Barriers and facilitators of the interventions that are either measured explicitly as an outcome or reported on in the discussion section	Studies that do not report separate outcomes for psychosis or minority ethnic groups
Study design	Any study design	Grey literature were excluded because as our focus is on peer-reviewed papers
Other	Studies published in English	

criteria met to 100% all criteria met), with a higher percentage indicating better quality studies. NW rated all the papers, and ($n = 2$) of the papers were independently rated by a second rater with 85.7% agreement. Discrepancies were resolved with SO.

2.3 | Data Extraction and Narrative Synthesis

The following data were extracted from included ($n = 5$) studies: study characteristics (design, study objectives, country), sample characteristics (n , mean age, gender, ethnicity, education level, previous experience of mental health difficulties), intervention information (intervention description, duration, and intervention impact). Outcome data also included barriers and facilitators of the interventions' implementation (as measured, reported, or discussed in the methodological strengths and limitations of the included papers), recommendations on help-seeking (for self and others) and duration of untreated psychosis (DUP). We were unable to complete meta-analysis due to the heterogeneity of the study designs.

A narrative synthesis was undertaken in line with guidelines by Popay et al. (2006). This included descriptive summary paragraphs (that included the study design, participants, intervention description, key results) for each of the included studies, which allowed familiarity and initial identification of patterns. During data extraction, data were tabulated. Sex and age data were standardised by calculating the mean age and the percentage of males for each paper to facilitate comparison. Studies were then grouped according to which intervention they reported on; if there were multiple

studies for a single intervention, these were grouped based on any common comparators, outcomes or content, which enabled direct comparison of effectiveness and the identification of themes in the data. Finally, a thematic framework was used to allocate themes and triangulate intervention information, help-seeking outcomes and barriers and facilitators across studies.

3 | Results

Database searches returned 4228 papers (2681 without duplicates). The PRISMA flowchart of the full selection process is shown in Figure 1 (Haddaway et al. 2022; Page et al. 2021). Following title and abstract screening, 81 full-text articles were screened for eligibility. Five papers met the inclusion criteria, reporting on two interventions. No further papers were identified by hand-searching the reference lists of the included papers. Four of the five papers reported on the same intervention (La CLave Campaign) (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2009, 2022) and the remainder reported on the Bringing Psychiatry into the Mosque intervention (Mushtaq et al. 2020). There was a combined sample size of 332.

3.1 | Study and Participants Characteristics

All studies were conducted in the United States. There was one quantitative study (Mushtaq et al. 2020), one qualitative study (Hernandez et al. 2016) and the remaining studies utilised a

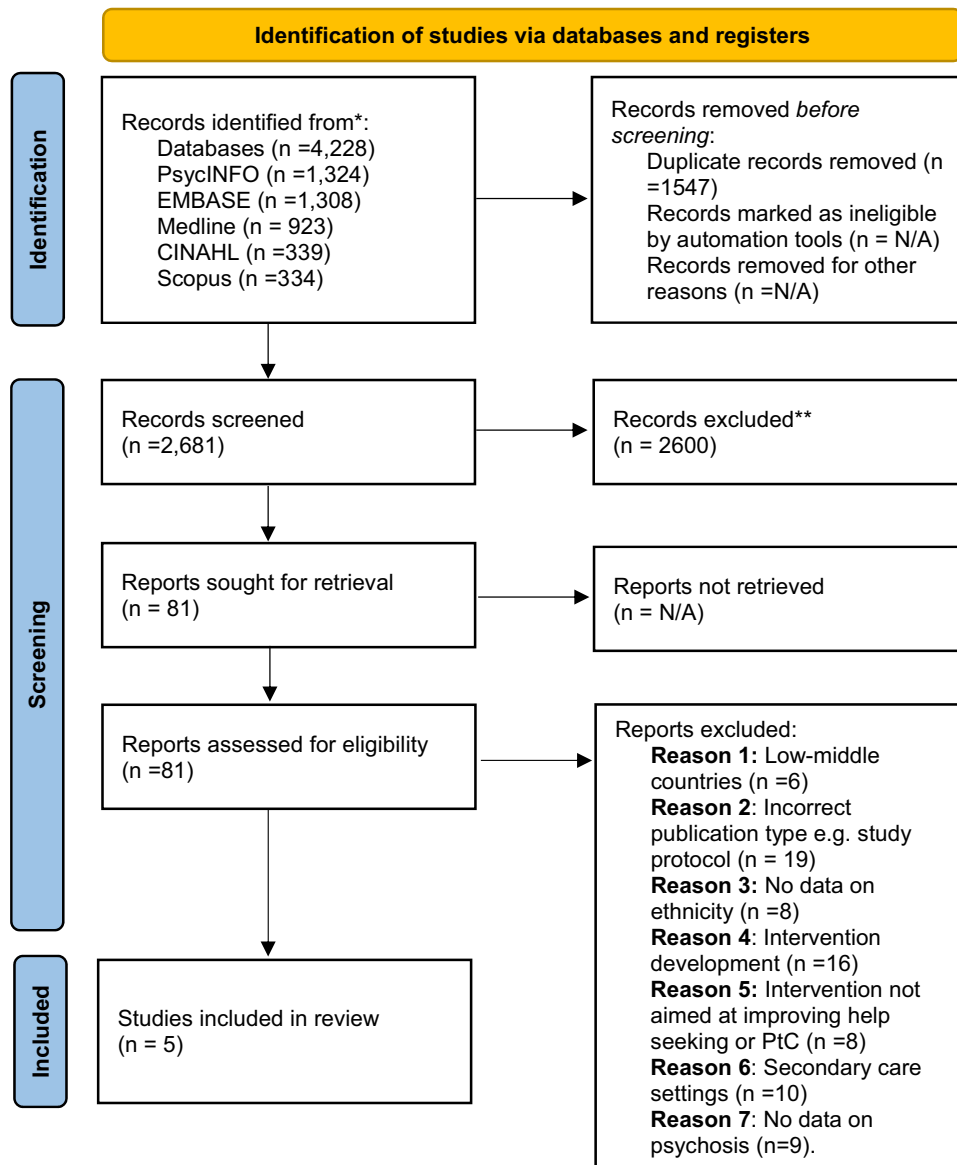


FIGURE 1 | PRISMA diagram.

mixed-design (Calderon et al. 2022; López et al. 2009, 2022). Study sample sizes ranged from 31 (Mushtaq et al. 2020) to 123 (López et al. 2022). Two studies used community residents (Calderon et al. 2022; Mushtaq et al. 2020), two studies used a combination of community residents and caregivers (Hernandez et al. 2016; López et al. 2009) and the final study involved people with first-episode psychosis (FEP) and their caregivers (López et al. 2022). Participants' demographic characteristics are given in Table 3.

3.2 | Intervention Information

3.2.1 | La CLAVE Intervention

The La CLAVE campaign ran from 2015 to 2017 and focused on reducing DUP for the Latinx population (López et al. 2022). Four studies were completed independently and used different samples (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2009; López et al. 2022). López et al. (2022) reported the outcomes of the full campaign. Each study had its own aims and

tested the effectiveness of different intervention components that were also included as part of the overall campaign (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2009). More specifically, all four studies utilised a mnemonic device to support the memory of psychosis symptoms (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2009, 2022). Three studies included a narrative film and discussions (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2022). Two studies included video clips (Calderon et al. 2022; López et al. 2009). López et al. (2009) utilised PowerPoint slides with audio clips and artwork, and the full campaign paper by López et al. (2022) described additional inclusion of liaison with organisations/community leaders, brochures, a booth at public events and the use of multiple media formats (radio, TV, print, advertisements, social media).

The studies that were part of the La CLAVE campaign used a variety of formats that differed in duration. The shortest was a four-minute video (Calderon et al. 2022); the longest intervention was a 35-min PowerPoint presentation (López et al. 2009). The full campaign lasted 24 months (López et al. 2022).

TABLE 3 | Study characteristics.

Intervention	Study	Study design	Study objectives	Country	Participants	N	Mean age (years)	% Male	Ethnicity or racial category
La CLAVE Campaign	Calderon et al. (2022)	Mixed methods	This study evaluated whether the message of the La CLAVE DUP reduction program delivered during the campaign increased the psychosis literacy of a US Latinx community.	United States	Community residents	81	38.8	13.6	Latinx
	Hernandez et al. (2016)	Qualitative	Participants were exposed to a 15-min film titled La CLAVE designed to encourage conversation and help Latinx, particularly caregivers, identify the symptoms of a serious mental illness so that they can seek treatment early.	United States	Community residents and caregivers	40	49.0	12	Latinx
	López et al. (2009)	Mixed Methods	The program uses popular cultural icons derived from music, art, and videos, as well as a mnemonic device—La CLAVE (The Clue)—to increase (a) knowledge of psychosis, (b) efficacy beliefs that one can identify psychosis in others, (c) attributions to mental illness, and (d) professional help-seeking.	United States	60% community residents and 40% caregivers of people with schizophrenia	57	42.0	9.5	Latinx
La CLAVE Campaign	López et al. (2022)	Mixed Methods	To evaluate a communications campaign (La CLAVE) to reduce the duration of untreated psychosis (DUP) in a U.S. Latinx community.	United States	People with first episode psychosis and their caregivers	123	25	72	Latinx
Bringing Psychiatry into the Mosque	Mushtaq et al. (2020)	Quantitative	The objective of this study was to analyse views about psychiatric illness and treatment before and after a mental health symposium at a community mosque led by faith leaders and mental health professionals.	United States	Community residents	31	37	32.3	7% White 17% Black 47% South Asian 30% Middle Eastern

TABLE 4 | Quality appraisal.

Study type		Calderon et al. 2022	Hernandez et al. 2016	López et al. 2009	López et al. 2022	Mushtaq et al. 2020
Screening Questions	Are there clear research questions?	+	+	+	+	+
	Do the collected data allow to address the research questions?	+	+	+	+	+
Quantitative nonrandomized	Are the participants representative of the target population?	n/a	n/a	n/a	n/a	–
	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	n/a	n/a	n/a	n/a	+
	Are there complete outcome data?	n/a	n/a	n/a	n/a	+
	Are the confounders accounted for in the design and analysis?	n/a	n/a	n/a	n/a	+
	During the study period, is the intervention administered (or exposure occurred) as intended?	n/a	n/a	n/a	n/a	+
Qualitative	Is the qualitative approach appropriate to answer the research question?	n/a	+	n/a	n/a	n/a
	Are the qualitative data collection methods adequate to address the research question?	n/a	+	n/a	n/a	n/a
	Are the findings adequately derived from the data?	n/a	+	n/a	n/a	n/a
	Is the interpretation of results sufficiently substantiated by data?	n/a	+	n/a	n/a	n/a
	Is there coherence between qualitative data sources, collection, analysis and interpretation?	n/a	+	n/a	n/a	n/a
Mixed methods	Is there an adequate rationale for using a mixed methods design to address the research question?	?	n/a	?	+	n/a
	Are the different components of the study effectively integrated to answer the research question?	+	n/a	+	+	n/a
	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	+	n/a	+	+	n/a
	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	+	n/a	+	+	n/a
	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	–	n/a	+	?	n/a
Total percentage %		71.4	100	85.7	85.7	87.7

Note: + yes, – no, ? can't tell.

Researchers made cultural adaptations to help meet the specific needs of the population, such as providing interventions in a choice of languages (Spanish or English) (Calderon et al. 2022; López et al. 2009). In the Hernandez et al. (2016) study, it was not clear which language was used. However, the main campaign paper also reported using campaign coordinators with Spanish language skills and lived experience as a Latinx member of the community (López et al. 2022).

Three studies reported on the impact of a fictional account of what it is like to experience the symptoms of psychosis (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2009). Two studies used these accounts to help evaluate the 'intervention'; Calderon et al. (2022) and López et al. (2009) combined the fictional account with a questionnaire that measured psychosis literacy. However, in Hernandez et al. (2016), the fictional account was included as part of the intervention (15-min film) that was used to prompt discussion.

3.2.2 | Bringing Psychiatry Into the Mosque

This intervention used fictional written vignettes and experts by experience with personal experience of psychosis (Mushtaq et al. 2020). It included a group discussion element, information that participants could take away with them about local mental health services and internet resources (Mushtaq et al. 2020). Additionally, the study included facilitators and speakers who shared the same cultural background (Mushtaq et al. 2020). The intervention lasted for half a day.

3.2.3 | La CLaVe Campaign and Bringing Psychiatry Into the Mosque

The La CLaVe campaign and Bringing Psychiatry into the Mosque symposium shared several similarities. Firstly, they both included conversational elements. Secondly, they made use of fictional/non-fictional accounts of what it is like to experience the symptoms of psychosis. However, there were also differences: Bringing Psychiatry into the Mosque Intervention included internet resources, whilst the La CLaVe campaign used a narrative film, PowerPoint, video and audio clips, artwork, liaison with organisations/community leaders, brochures, a booth at public events and media. Both interventions included facilitators/speakers who shared the same cultural background as the intervention's target audience.

3.3 | Quality Appraisal

The outcomes from the MMAT quality assessment can be found in Table 3. Ratings varied between 71.4% (Calderon et al. 2022) and 100% (Hernandez et al. 2016), indicating high quality. Only the qualitative study scored 100% (Hernandez et al. 2016). All studies included clear research questions and the data collected was appropriate for the question (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2009, 2022). The main issue regarding the quantitative study was due to the representativeness of the sample (Mushtaq et al. 2020). The studies that employed a mixed-methods approach scored less due to an absence

of rationales for using the mixed-methods methodology and a lack of adherence to individual qualitative and quantitative methods (Calderon et al. 2022; López et al. 2009).

3.4 | Impact of Interventions on Pathways to Care/Help Seeking Outcomes

3.4.1 | Help-Seeking Outcomes: Help-Seeking Recommendations

All studies reported on the impact of community-level interventions on help-seeking (See Table 4). Two studies (Calderon et al. 2022; López et al. 2009) reported on professional help-seeking recommendations. They used non-standardised self-report questionnaires to collect participants' views on recommending professional help. One found a statistically significant change after the intervention (López et al. 2009); whilst the other study did not find a significant change in professional help-seeking recommendations (Calderon et al. 2022). Notably, López et al. (2009) showed that caregivers and community residents did not differ in recommending professional help-seeking vs. non-professional help-seeking.

The Bringing Psychiatry into the Mosque symposium used non-standardised self-report surveys pre- and post-intervention to examine whether participants reported a change in help-seeking sources (Mushtaq et al. 2020). They found an increase post intervention in the percentage of participants stating that they would seek support from formal routes (medical doctors or therapists) and non-formal routes (Imam, family or friends), but this increase was not statistically significant (Mushtaq et al. 2020). During the quality appraisal, it was identified that there were potential issues with the representativeness of the sample for this study due to the high education level of participants. Mushtaq et al. (2020) found that a higher education level was positively associated at the pre-intervention stage with the willingness to speak with a medical doctor and other sources of professional support. Consequently, a higher education level may explain why the intervention did not show a significant change.

In the final two La CLaVe campaign studies, qualitative data from Hernandez et al. (2016) identified a theme of seeking treatment early, and López et al. (2022) provided two case qualitative examples from a survey that showed the campaign had resulted in professional help-seeking from mental health services. However, caution should be exercised with these outcomes due to the small number of case examples included.

3.4.2 | Duration of Untreated Psychosis

Only one study, López et al. (2022), examined the impact of the La CLaVe campaign on DUP. Data were collected by interviewing people with FEP and their caregivers using a combination of The Positive and Negative Symptom Scale (Kay et al. 1987) and a series of questions to establish the type of treatment and start date. DUP was measured in two ways: (a) onset to start of any treatment and (b) onset to prescription of antipsychotic medication. There was a reduction in the number of weeks for both

TABLE 5 | Intervention information and help-seeking outcomes.

Intervention	Study	Intervention description	Duration	Help-seeking recommendations	DUP	Outcome measures
La Clave Campaign	Calderon et al. (2022)	Video, use of a mnemonic device (La Clave) for symptoms of psychosis, a narrative film, group conversations	Four-minute video (in addition to teaching, narrative film, and conversations)	Professional help seeking recommendation (pre 64.2%, post 72.8%), $p = 0.25$ Non-professional help-seeking recommendation (pre 49.4%, post 25.9%), $p = 0.001$. This was not an intended outcome and may not be a positive finding	Not reported	Non-standardised self-report questionnaire with rating scales and open-ended questions
	Hernandez et al. (2016)	15-min narrative film and group discussion. Included mnemonic device (La Clave) for symptoms of psychosis	15 min (in addition to discussion time)	Seeking early treatment—"I learned that if I see the symptoms in the family, the sooner one seeks treatment the better.."	Not reported	Non-standardised measure with open questions that was delivered to focus groups
	López et al. (2009)	42 PowerPoint slides that included five audio clips, three video clips and four paintings/drawings, use of mnemonic device (La Clave)	35 min	Suggestion of professional solutions (pre 58%, post 80%), $p < 0.008$ Suggestion of personal solutions (pre 73%, post 44%), $p = 0.001$.	Not reported	Non-standardised self-report questionnaire with open questions, rating scales and closed questions
La Clave Campaign	López et al. (2022)	Liaised with organisations and community leaders, distributed brochures, Set up a booth at public events, conversations, narrative film. Workshops, radio, TV, print, advertising, social media, use of mnemonic device (La Clave)	24-month campaign (including 60–90-min workshops and a 15-min narrative film)	The article outlines two case examples in which La Clave led to treatment: Exposure to La Clave prompts both father and police officers to facilitate care, Wife learns of La Clave at a swap meet (a community event where people can sell, trade or buy items they no longer use)	At baseline DUP to any treatment for Spanish speaking persons was approximately 300weeks, during the campaign this reduced to approximately 100weeks and post campaign this was approximately 250 weeks post-campaign, $p = 0.13$ At baseline DUP to prescribed antipsychotic medication for Spanish speaking persons was approximately 400weeks, this reduced to 200weeks during the campaign and was approximately 300weeks post-campaign, $p = 0.43$. There was also no interaction for DUP any treatment and DUP medication $p = 0.63$	Help-seeking case examples were collected from a household survey interview DUP was measured by conducting interviews using The Positive and Negative Symptom Scale and by using a series of questions aimed at identifying the type of treatment and start date.
Bringing Psychiatry into the Mosque	Mushtaq et al. (2020)	Personal stories from two practicing Muslims. A psychiatrist discussed psychiatry and Islam. A panel (psychiatrist, social worker, imam, mosque youth coordinator) discussed experiences working with people with mental health difficulties and their role. A speaker with a background in Islamic sciences. Two group sessions, one aimed at discussion around a hypothetical case and a second around family dynamics. Folder with symptoms, Muslim mental health providers, crisis hotline and internet resources	Half day	For mental health problems I would talk to: Medical doctor (pre 52%, post 70%), $p = 0.10$ Therapist (pre 86%, post 100%), $p = 0.08$ Imam (pre 67%, post 83%), $p = 0.10$ Family (pre 88%, post 92%), $p = 0.56$ Friends (pre 88%, post 92%), $p = 0.56$	Not reported	Non-standardised self-report pre- and post-intervention surveys that included rating scales and closed questions

TABLE 6 | Intervention barriers and facilitators.

Barriers	Facilitators
<p>Suitability of content</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> Despite there being no message of reducing social support, there was a reduction of social support (Calderon et al. 2022; López et al. 2009) Familiar social context may result in people overlooking mental health problems (López et al. 2009) Hypothetical case content may not be generalisable to real life (López et al. 2009) Altering perceptions is challenging and may require additional interventions. May need additional dialogue facilitated by health educators to explore questions (Hernandez et al. 2016) <p>Socioeconomic</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> Multi-faceted campaigns are expensive (Calderon et al. 2022) Digital ads could have been used as a cost-effective method (López et al. 2022) The intervention could be effective, but mental health services are limited and may make the provision of care less likely (López et al. 2009) <p>Cultural</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> Campaigns may be too focused on mental health fields construction of psychosis, rather than cultural constructions that are observed in the community (López et al. 2009) <p>Audience</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> Attendees may have been predisposed/have familiarity/interest in mental health issues which prompted them to attend (Calderon et al. 2022) <p>Bringing Psychiatry to the Mosque</p> <ul style="list-style-type: none"> Possible self-selection and specific interest in symposium attendees (Mushtaq et al. 2020) <p>Delivery format</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> The campaign was missing systematic use of the internet and smartphone applications (López et al. 2022) Training others (e.g., outreach workers) could enhance message permeation (López et al. 2022) Requires a mental health professional to deliver the workshop limits how many can be run (López et al. 2009) 	<p>Suitability of content</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> Social context of mental health difficulties may help construct unfamiliar experiences into familiar ones resulting in understanding and compassion (López et al. 2009) The use of narratives helps identification with characters (Hernandez et al. 2016) <p>Bringing Psychiatry to the Mosque</p> <ul style="list-style-type: none"> Inclusion of personal narratives/lived experiences, included various Muslim professionals (Mushtaq et al. 2020) <p>Socioeconomic</p> <p>None reported</p> <p>Cultural</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> Use of Microsoft PowerPoint can be culturally adapted to regional preferences of Latino communities (López et al. 2009) <p>Audience</p> <p>Bringing Psychiatry to the Mosque</p> <ul style="list-style-type: none"> The event was advertised in flyers, social media, and announcements after routine religious services to reach a wide audience (Mushtaq et al. 2020) <p>Delivery format</p> <p>La CLaVe campaign</p> <ul style="list-style-type: none"> The film was engaging and stimulated dialogue. It also added to other formats of the La CLaVe message (Calderon et al. 2022) Engagement with the film facilitated discussions with participants social networks (Hernandez et al. 2016) Learning was achieved through modelling and the mnemonic device (Hernandez et al. 2016) The campaign included traditional media channels (e.g., radio) (López et al. 2022) Parts of the campaign were adapted to be delivered remotely during the Coronavirus pandemic (López et al. 2022) <p>Bringing Psychiatry to the Mosque</p> <ul style="list-style-type: none"> Collaboration of religious leaders and mental health professionals (Mushtaq et al. 2020)

Note: Barriers and facilitators of interventions were extracted as measured and reported in the papers or as discussed in the methodological strengths and limitations.

DUP outcomes for the La CLaVe campaign, but neither outcome reached statistical significance (Table 6).

3.4.3 | Barriers and Facilitators

Table 5 provides a full breakdown of the barriers and facilitators identified for each intervention, as reported in the studies.

3.4.3.1 | Suitability of Content. The studies linked to the La CLaVe campaign identified that whilst orientating people to symptoms of psychosis using a social context may promote familiarity, compassion, and understanding, this could also result in symptoms of psychosis being overlooked (López et al. 2009). Incorporating narratives may facilitate identification with characters (Hernandez et al. 2016). However, the authors acknowledged that fictional accounts of psychosis may not be generalisable to real life (López et al. 2009). The initial intervention may not be effective enough on its own to make changes to perceptions and may need further follow-up with educators to facilitate further discussions and answer questions (Hernandez et al. 2016). In contrast, the Bringing Psychiatry to the Mosque symposium included personal narratives from people with lived experience, as well as information from culturally-appropriate speakers (e.g., Muslim mental health providers) (Mushtaq et al. 2020).

3.4.3.2 | Socioeconomic. Research from the La CLaVe campaign highlighted the expense of multi-faceted campaigns (Calderon et al. 2022), and it did not make use of digital advertisements, which may have been more cost effective (López et al. 2022). Furthermore, the US healthcare system creates several barriers due to medical bills and gaps in training for primary healthcare providers about serious mental health issues (Coombs et al. 2021). Therefore, whilst the intervention may have been effective, a potential barrier to the whole campaign is that mental health support is limited, and even if participants did seek support, it is possible that care may not be available to them (López et al. 2009).

3.4.3.3 | Cultural. One of the La CLaVe campaign studies identified that using Microsoft PowerPoint is an effective format, as it can be easily adapted to meet the needs of different regional Latinx groups. However, it was also acknowledged that campaigns may be too focused on the medical understanding of psychosis instead of acknowledging and understanding cultural constructions of psychosis across different communities (López et al. 2009).

3.4.3.4 | Audience. The study that reported on Bringing Psychiatry to the Mosque used a variety of methods to advertise the symposium (e.g., flyers) in the hope of reaching a wide audience; but it is also possible that they captured the attention of people with a specific interest (Mushtaq et al. 2020). Similarly, studies from the La CLaVe intervention identified that attendees may have had a familiarity or interest in mental health issues, which may have motivated them to attend (Calderon et al. 2022).

3.4.3.5 | Delivery Format. Studies from the La CLaVe campaign detailed that the campaign did not utilise the internet or smartphone applications. Instead, they used traditional channels (e.g., radio) (López et al. 2022). There was also a

reflection that training other professionals (e.g., community health workers) might enhance the campaign's effectiveness (López et al. 2022). Additionally, some of the workshops were limited because they could only be run by mental health professionals (López et al. 2009). However, using a narrative film appeared to be an engaging format that facilitated dialogue with others (Calderon et al. 2022), which included social networks outside of the workshops (Hernandez et al. 2016). Furthermore, learning appeared to be effective using the mnemonic device and modelling based on fictional accounts (Hernandez et al. 2016). Parts of the campaign were modified to enable remote delivery during the Coronavirus pandemic (López et al. 2022). The Bringing Psychiatry to the Mosque symposium involved the collaboration of religious organisations/leaders and mental health professionals (Mushtaq et al. 2020).

4 | Discussion

4.1 | Main Findings

In this systematic review and narrative synthesis, we examined the impact of community-level interventions aimed at improving help seeking or access to community support or primary care among people from minority ethnic backgrounds in high-income countries. We found five papers reporting on two community-level interventions, and all used a pre-and-post measure of outcomes. Collectively, the included studies showed a trend in favour of the interventions for increasing professional help-seeking recommendations. One study favoured help seeking from non-professionals, for example, from an Imam, friends and family (Mushtaq et al. 2020). In contrast, two of the La CLaVe studies (Calderon et al. 2022; López et al. 2009) found a decrease in help seeking from non-professional/personal sources. Several barriers and facilitators to interventions were identified, which included the suitability of content, socioeconomic factors, cultural factors, target audience and delivery format.

4.2 | Interpretation of Findings

Across both interventions identified within this review, psychoeducation via several media such as film, vignettes, experts by experience, discussion, mnemonic devices, PowerPoints, audio clips, artwork, liaison, brochures, and media (radio, TV, print, social media) were delivered. The interventions included cultural adaptations, such as artwork, and involved experts by experience from a similar cultural background. These were important, as they help participants' sense of being understood (Amri 2012; Inhorn and Serour 2011), and allowed space for reflection on the interaction between cultural beliefs and mental health difficulties. This could potentially result in less discrimination, which is often a reason for hiding symptoms (Ferrari et al. 2015). Additionally, many of the studies considered language. This was likely to promote more engagement due to the removal of language barriers (Inhorn and Serour 2011; Isaacs et al. 2010). The importance of tackling stigma and discrimination to improve help-seeking behaviours was highlighted in the recent Lancet-commissioned report on ending stigma and discrimination in mental health (Thornicroft

et al. 2022). Thornicroft et al. (2022) showed that increasing inclusivity, for example, audio-visual displays and diagrams for people with poor literacy or communication problems; using culturally relevant tools for individuals from different ethnicities or cultures; co-creating interventions with communities; training staff in communicating more effectively with marginalised communities, such as migrants; and involving people with lived experience of mental ill-health while developing interventions and educational materials reduce stigma and improve help-seeking. There were increases in professional help-seeking in the La CLaVe campaign (Calderon et al. 2022; Hernandez et al. 2016; López et al. 2009, 2022) and for seeking support from a medical doctor or therapist in the Bringing Psychiatry to the Mosque intervention (Mushtaq et al. 2020). Additionally, some participants were more aware of the importance of early help-seeking, which is key to improving outcomes (Kitchener and Jorm 2006; Norman et al. 2004; Penttilä et al. 2014; Singh 2010). These results are promising and may indicate that participants had improved levels of trust (Lawrence et al. 2021) and perceptions of support (Whitley et al. 2006) around ideas of seeking support for psychosis.

Interestingly, one intervention (Mushtaq et al. 2020) included collaboration between mental health professionals and religious leaders. In the United Kingdom, Codjoe and colleagues highlighted the need for building partnerships between mental health services and Black faith communities to co-produce culturally tailored interventions, which is an essential step towards improving access to services and reducing stigma among (Codjoe et al. 2024). Research from elsewhere has also shown the potential benefits of faith-health service collaborations (Meran 2019; Rashid et al. 2012). Some participants seemed more likely to seek support for themselves from professional and non-professional sources after the intervention, but these changes were not substantial.

Only one study (La CLaVe campaign) reported on DUP (López et al. 2022) and did not find that delays to antipsychotic medication or any kind of treatment improved for people from a Latinx population post-campaign.

There were several barriers and facilitators identified. One identified barrier was the use of medicalised explanations of psychosis (López et al. 2009). Consequently, cultural explanations of psychosis may be overlooked and result in people feeling that their religion or culture is not understood, which has been identified as a barrier in previous studies (Amri 2012; Inhorn and Serour 2011) and could potentially lead to disengagement. A further barrier identified was unintentional outcomes of the La CLaVe intervention, namely, a significant reduction in recommendations for non-professional help-seeking. This is in contrast to previous research, which suggests that the inclusion of non-professional help-seeking aids PtC (Allan et al. 2021) and leads to results of positive outcomes when combined with professional help-seeking (Nolan et al. 2012).

4.3 | Limitations

The results in this review may be limited by the small number of studies meeting the review criteria. The fact that all the included studies and interventions were conducted in the US means that

caution in interpreting the findings is warranted, as the findings may not be generalisable. It is also possible that some literature may have been missed either due to being contained in grey literature or availability in databases. Furthermore, the MMAT does not include cut-offs; thus, making it difficult to identify how high ratings need to be for a study to be considered good quality.

The ethnic backgrounds of participants in this review were limited to Latinx, Black Americans, South Asian Americans, Middle Eastern Americans and White Americans. Only one study included a follow-up (López et al. 2009). Across both interventions, participants volunteered to participate; therefore, the interventions may have captured people who were familiar with psychosis or took an interest in mental health, rather than those who have less understanding or familiarity and may benefit more. This may have also skewed data, as people with familiarity and interest in mental health may have been more likely to seek support before the intervention. Finally, all the La CLaVe studies included the same group of authors, which may have increased the potential for bias and limited perspectives.

4.4 | Implications for Research

Whilst the findings in this review are not conclusive, the included interventions in this review show promise for improving help seeking for psychosis among ethnic minority patients in non-secondary care settings. Therefore, it will be important to continue research to identify which methods are the most effective for improving help-seeking. Future research would benefit from investigating how best to engage people from minority ethnic groups who are less likely to engage in interventions (e.g., it might help to incorporate mental health teaching into religious services).

The quality of the included studies may have been improved by providing more robust sampling strategies and representative samples. Mixed-methods approaches could have been improved by providing a rationale for the use of mixed-methods approaches, ensuring triangulation of the results and that key quality parameters were adhered to for both qualitative and quantitative methods.

Future research is needed to develop and evaluate interventions that encourage use of primary care services/community resources. Of the included studies, both interventions mentioned working with community leaders, but they did not report on the outcomes of collaborating with faith leaders or community leaders. These relationships are likely to be a valuable source of knowledge that is mutually beneficial and may also result in increased trust from the community. More research from other countries could be helpful for increasing the generalisability of interventions.

4.5 | Recommendation for Clinicians

Recommendation is made cautiously due to the heterogeneity of the studies. That said, based on the finding that professional help-seeking recommendations increased post-intervention

in the majority of the studies, primary care professionals may be well placed to work in collaboration with community organisations, social care, education, and faith-based organisations. Non-profit organisations, such as faith-based groups, mental health charities and community centres or hubs, can promote awareness, offer support and identify at-risk individuals. Additionally, these organisations are knowledgeable of the local area, as well as community needs, and may help to advocate for policy change, especially for underserved communities. Furthermore, schools, colleges and universities have a role in promoting awareness, reducing stigma, and identifying students who may need mental health support. Finally, local media (e.g., newspapers, radio, news broadcasting, social media pages) may have a role in the perception of mental health difficulties in the community and have a role in stigma reduction and help-seeking behaviour.

Our review highlights some promising findings about the positive impact of interventions that included co-production and cultural adaption (Calderon et al. 2022; López et al. 2009, 2022; Mushtaq et al. 2020) on improving help-seeking among ethnic minoritised people. Hence, it is important that healthcare professionals need to be mindful of and curious about their patients' culture. Additionally, professionals need to collaborate with people with lived experience to develop campaigns and strategies that ensure that healthcare services are accessible to and can meet the needs of the community they serve.

5 | Conclusions

To summarise, this review suggests that there is potentially an impact of community-level interventions on help-seeking for psychosis and identified some of the barriers and facilitators of these interventions. More research into the long-term outcomes of these interventions in primary care and community support is warranted. Future research also needs to include studies across different countries, ethnicities, genders and socioeconomic status to ensure that results are generalisable.

Acknowledgements

The authors thank the second reviewer, Charlotte Humphreys. S.O. is supported by the National Institute for Health Research (Ref: NIHR-MHDA 207498).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

References

Allan, S. M., J. Hodgekins, P. Beazley, and S. Oduola. 2021. "Pathways to Care in At-Risk Mental States: A Systematic Review." *Early Intervention in Psychiatry* 15, no. 5: 1092–1103. <https://doi.org/10.1111/eip.13053>.

- Amri, S. B. 2012. "Mental Health Help-Seeking Behaviors of Muslim Immigrants in the United States: Overcoming Social Stigma and Cultural Mistrust." *Journal of Muslim Mental Health* 7, no. 1: 43–63. <https://doi.org/10.3998/jmmh.10381607.0007.104>.
- Anderson, K. K., N. Flora, S. Archie, C. Morgan, and K. McKenzie. 2014. "A Meta-Analysis of Ethnic Differences in Pathways to Care at the First Episode of Psychosis." *Acta Psychiatrica Scandinavica* 130, no. 4: 257–268. <https://doi.org/10.1111/acps.12254>.
- Anderson, K. K., R. Fuhrer, W. Wynant, M. Abrahamowicz, D. L. Buckeridge, and A. Malla. 2013. "Patterns of Health Services Use Prior to a First Diagnosis of Psychosis: The Importance of Primary Care." *Social Psychiatry and Psychiatric Epidemiology* 48, no. 9: 1389–1398. <https://doi.org/10.1007/s00127-013-0665-3>.
- Bird, V., P. Premkumar, T. Kendall, C. Whittington, J. Mitchell, and E. Kuipers. 2010. "Early Intervention Services, Cognitive–Behavioural Therapy and Family Intervention in Early Psychosis: Systematic Review." *British Journal of Psychiatry* 197, no. 5: 350–356. <https://doi.org/10.1192/bjp.bp.109.074526>.
- Calderon, V., R. Cain, E. Torres, and S. R. López. 2022. "Evaluating the Message of an Ongoing Communication Campaign to Reduce the Duration of Untreated Psychosis in a Latinx Community in the United States." *Early Intervention in Psychiatry* 16, no. 2: 147–152. <https://doi.org/10.1111/eip.13140>.
- Codjoe, L. N., C. Henderson, J. N'Danga-Koroma, et al. 2024. "Development and Evaluation of a Manualised Mental Health Awareness and Stigma Reduction Intervention for Black Faith Communities: Study Protocol for the ON TRAC Feasibility Study." *BMJ Open* 14: e059843.
- Coombs, N. C., W. E. Meriwether, J. Carangi, and S. R. Newcomer. 2021. "Barriers to Healthcare Access Among US Adults With Mental Health Challenges: A Population-Based Study." *SSM—Population Health* 15: 100847. <https://doi.org/10.1016/j.ssmph.2021.100847>.
- Ferrari, M., N. Flora, K. K. Anderson, et al. 2015. "The African, Caribbean and European (ACE) Pathways to Care Study: A Qualitative Exploration of Similarities and Differences Between African-Origin, Caribbean-Origin and European-Origin Groups in Pathways to Care for Psychosis." *BMJ Open* 5, no. 1: e006562. <https://doi.org/10.1136/bmjopen-2014-006562>.
- Fitzgerald, C. A., and B. Vaidyanathan. 2023. "Faith Leaders' Views on Collaboration With Mental Health Professionals." *Community Mental Health Journal* 59, no. 3: 477–485. <https://doi.org/10.1007/s10597-022-01031-8>.
- Ghali, S., H. L. Fisher, J. Joyce, et al. 2013. "Ethnic Variations in Pathways Into Early Intervention Services for Psychosis." *British Journal of Psychiatry* 202, no. 4: 277–283. <https://doi.org/10.1192/bjp.bp.111.097865>.
- Gopalkrishnan, N. 2018. "Cultural Diversity and Mental Health: Considerations for Policy and Practice." *Frontiers in Public Health* 6: 308538. <https://doi.org/10.3389/fpubh.2018.00179>.
- Gronholm, P. C., G. Thornicroft, K. R. Laurens, and S. Evans-Lacko. 2017. "Mental Health-Related Stigma and Pathways to Care for People at Risk of Psychotic Disorders or Experiencing First-Episode Psychosis: A Systematic Review." *Psychological Medicine* 47, no. 11: 1867–1879. <https://doi.org/10.1017/S0033291717000344>.
- Haddaway, N. R., M. J. Page, C. C. Pritchard, and L. A. McGuinness. 2022. "PRISMA2020: An R Package and Shiny App for Producing PRISMA 2020-Compliant Flow Diagrams, With Interactivity for Optimised Digital Transparency and Open Synthesis." *Campbell Systematic Reviews* 18, no. 2: e1230. <https://doi.org/10.1002/cl2.1230>.
- Halvorsrud, K., J. Nazroo, M. Otis, E. Brown Hajdukova, and K. Bhui. 2018. "Ethnic Inequalities and Pathways to Care in Psychosis in England: A Systematic Review and Meta-Analysis." *BMC Medicine* 16, no. 1: 223. <https://doi.org/10.1186/s12916-018-1201-9>.

- Hernandez, M. Y., Y. Mejia, D. Mayer, and S. R. López. 2016. "Using a Narrative Film to Increase Knowledge and Interpersonal Communication About Psychosis Among Latinos." *Journal of Health Communication* 21, no. 12: 1236–1243. <https://doi.org/10.1080/10810730.2016.1242670>.
- Hong, Q. N., S. Fàbregues, G. Bartlett, et al. 2018. "The Mixed Methods Appraisal Tool (MMAT) Version 2018 for Information Professionals and Researchers." *Education for Information* 34, no. 4: 285–291. <https://doi.org/10.3233/EFI-180221>.
- Inhorn, M. C., and G. I. Serour. 2011. "Islam, Medicine, and Arab-Muslim Refugee Health in America After 9/11." *Lancet* 378, no. 9794: 935–943. [https://doi.org/10.1016/S0140-6736\(11\)61041-6](https://doi.org/10.1016/S0140-6736(11)61041-6).
- Isaacs, A. N., P. Pyett, M. A. Oakley-Browne, H. Gruis, and P. Waples-Crowe. 2010. "Barriers and Facilitators to the Utilization of Adult Mental Health Services by Australia's Indigenous People: Seeking a Way Forward." *International Journal of Mental Health Nursing* 19, no. 2: 75–82. <https://doi.org/10.1111/j.1447-0349.2009.00647.x>.
- Kay, S. R., A. Fiszbein, and L. A. Opler. 1987. "The Positive and Negative Syndrome Scale (PANSS) for Schizophrenia." *Schizophrenia Bulletin* 13, no. 2: 261–276. <https://doi.org/10.1093/schbul/13.2.261>.
- Kitchener, B. A., and A. F. Jorm. 2006. "Mental Health First Aid Training: Review of Evaluation Studies." *Australian and New Zealand Journal of Psychiatry* 40, no. 1: 6–8. <https://doi.org/10.1080/j.1440-1614.2006.01735.x>.
- Lawrence, V., C. McCombie, G. Nikolakopoulos, and C. Morgan. 2021. "Ethnicity and Power in the Mental Health System: Experiences of White British and Black Caribbean People With Psychosis." *Epidemiology and Psychiatric Sciences* 30: e12. <https://doi.org/10.1017/S2045796020001043>.
- Leamy, M., V. Bird, C. L. Boutillier, J. Williams, and M. Slade. 2011. "Conceptual Framework for Personal Recovery in Mental Health: Systematic Review and Narrative Synthesis." *British Journal of Psychiatry* 199, no. 6: 445–452. <https://doi.org/10.1192/bjp.bp.110.083733>.
- Lee-Tauler, S. Y., J. Eun, D. Corbett, and P. Y. Collins. 2018. "A Systematic Review of Interventions to Improve Initiation of Mental Health Care Among Racial-Ethnic Minority Groups." *Psychiatric Services* 69, no. 6: 628–647. <https://doi.org/10.1176/appi.ps.201700382>.
- López, S. R., A. Kopelowicz, J. Ullman, et al. 2022. "Toward Reducing the Duration of Untreated Psychosis in a Latinx Community." *Journal of Consulting and Clinical Psychology* 90, no. 10: 815–826. <https://doi.org/10.1037/ccp0000729>.
- López, S. R., M. D. C. Lara, A. Kopelowicz, S. Solano, H. Foncerrada, and A. Aguilera. 2009. "La CLAVE to Increase Psychosis Literacy of Spanish-Speaking Community Residents and Family Caregivers." *Journal of Consulting and Clinical Psychology* 77, no. 4: 763–774. <https://doi.org/10.1037/a0016031>.
- Maraj, A., M. Ferrari, K. MacDonald, et al. 2023. "Engaging With Care in an Early Intervention for Psychosis Program: The Role of Language, Communication, and Culture." *Transcultural Psychiatry* 1: 16. <https://doi.org/10.1177/13634615231167067>.
- Marshall, M., and J. Rathbone. 2011. "Early Intervention for Psychosis." *Cochrane Database of Systematic Reviews* 6: CD004718. <https://doi.org/10.1002/14651858.CD004718.pub3>.
- McCabe, R., and S. Priebe. 2004. "Explanatory Models of Illness in Schizophrenia: Comparison of Four Ethnic Groups." *British Journal of Psychiatry* 185, no. 1: 25–30. <https://doi.org/10.1192/bjp.185.1.25>.
- Meran, S. M. 2019. "Muslim Faith Leaders: De Facto Mental Health Providers and Key Allies in Dismantling Barriers Preventing British Muslims From Accessing Mental Health Care." *Journal of Muslim Mental Health* 13, no. 2: 23–44. <https://doi.org/10.3998/jmmh.10381607.0013.202>.
- Misra, S., V. W. Jackson, J. Chong, et al. 2021. "Systematic Review of Cultural Aspects of Stigma and Mental Illness Among Racial and Ethnic Minority Groups in the United States: Implications for Interventions." *American Journal of Community Psychology* 68, no. 3–4: 486–512. <https://doi.org/10.1002/ajcp.12516>.
- Moher, D., A. Liberati, J. Tetzlaff, and D. G. Altman. 2009. "Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement." *PLoS Medicine* 6: e1000097.
- Morris, R. M., W. Sellwood, D. Edge, et al. 2020. "Ethnicity and Impact on the Receipt of Cognitive–Behavioural Therapy in People With Psychosis or Bipolar Disorder: An English Cohort Study." *BMJ Open* 10, no. 12: e034913. <https://doi.org/10.1136/bmjopen-2019-034913>.
- Mushtaq, S. B., E. R. Ayvaci, M. Hashimi, and C. S. North. 2020. "Bringing Psychiatry Into the Mosque: Analysis of a Community Psychoeducation Intervention." *Journal of Psychiatric Practice* 26, no. 3: 249–257. <https://doi.org/10.1097/PRA.0000000000000464>.
- Nolan, J. A., J. P. McEvoy, H. G. Koenig, E. G. Hooten, K. Whetten, and C. F. Pieper. 2012. "Religious Coping and Quality of Life Among Individuals Living With Schizophrenia." *Psychiatric Services* 63, no. 10: 1051–1054. <https://doi.org/10.1176/appi.ps.201000208>.
- Norman, R. M. G., A. K. Malla, M. B. Verdi, L. D. Hassall, and C. Fazekas. 2004. "Understanding Delay in Treatment for First-Episode Psychosis." *Psychological Medicine* 34, no. 2: 255–266. <https://doi.org/10.1017/S0033291703001119>.
- Oduola, S., T. K. J. Craig, J. Das-Munshi, F. Bourque, C. Gayer-Anderson, and C. Morgan. 2019. "Compulsory Admission at First Presentation to Services for Psychosis: Does Ethnicity Still Matter? Findings From Two Population-Based Studies of First Episode Psychosis." *Social Psychiatry and Psychiatric Epidemiology* 54, no. 7: 871–881. <https://doi.org/10.1007/s00127-019-01685-y>.
- Oluwoye, O., B. Stiles, M. Monroe-DeVita, et al. 2018. "Racial-Ethnic Disparities in First-Episode Psychosis Treatment Outcomes From the RAISE-ETP Study." *Psychiatric Services* 69, no. 11: 1138–1145. <https://doi.org/10.1176/appi.ps.201800067>.
- Oluwoye, O., and D. L. Weeks. 2023. "Ethnoracial Differences in Family Members' Early Contact With Formal and Informal Resources on the Pathway to Care During the Early Stages of Psychosis." *Community Mental Health Journal* 60: 244–250. <https://doi.org/10.1007/s10597-023-01163-5>.
- Page, M. J., J. E., McKenzie, P. M., Bossuyt, et al. 2021. "The PRISMA 2020 statement: an updated guideline for reporting systematic reviews." *BMJ* 372: n71. <https://doi.org/10.1136/bmj.n71>.
- Penttilä, M., E. Jääskeläinen, N. Hirvonen, M. Isohanni, and J. Miettinen. 2014. "Duration of Untreated Psychosis as Predictor of Long-Term Outcome in Schizophrenia: Systematic Review and Meta-Analysis." *British Journal of Psychiatry* 205, no. 2: 88–94. <https://doi.org/10.1192/bjp.bp.113.127753>.
- Pescosolido, B. A., B. Manago, and J. Monahan. 2019. "Evolving Public Views on the Likelihood of Violence From People With Mental Illness: Stigma and Its Consequences." *Health Affairs* 38, no. 10: 1735–1743. <https://doi.org/10.1377/hlthaff.2019.00702>.
- Popay, J., H. Roberts, A. Sowden, et al. 2006. Guidance on the Conduct of Narrative Synthesis in Systematic Reviews.
- Rashid, S., A. Copello, and M. Birchwood. 2012. "Muslim Faith Healers' Views on Substance Misuse and Psychosis." *Mental Health, Religion & Culture* 15, no. 6: 653–673. <https://doi.org/10.1080/13674676.2011.613072>.
- Sass, B., J. Moffat, K. Bhui, and K. McKenzie. 2009. "Enhancing Pathways to Care for Black and Minority Ethnic Populations: A Systematic Review." *International Review of Psychiatry* 21, no. 5: 430–438. <https://doi.org/10.1080/09540260802204121>.
- Schardt, C., M. B. Adams, T. Owens, S. Keitz, and P. Fontelo. 2007. "Utilization of the PICO Framework to Improve Searching PubMed for

Clinical Questions.” *BMC Medical Informatics and Decision Making* 7, no. 16: 1–6. <https://doi.org/10.1186/1472-6947-7-16>.

Singh, S. P. 2010. “Early Intervention in Psychosis.” *British Journal of Psychiatry* 196, no. 5: 343–345. <https://doi.org/10.1192/bjp.bp.109.075804>.

Thornicroft, G., C. Sunkel, A. A. Aliev, et al. 2022. “The Lancet Commission on Ending Stigma and Discrimination in Mental Health.” *Lancet* 400: 1438–1480.

Whitley, R., L. J. Kirmayer, and D. Groleau. 2006. “Understanding Immigrants’ Reluctance to Use Mental Health Services: A Qualitative Study From Montreal.” *Canadian Journal of Psychiatry* 51, no. 4: 205–209. <https://doi.org/10.1177/070674370605100401>.