

An exploratory study of the under-use of child and adolescent mental health services (CAMHS) by people of South Asian descent.

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Introduction

A case note review of a community-based child and adolescent mental health service (CAMHS) showed the under-representation of patients of South Asian origin and suggested that the route of referral and eventual outcome differed compared to the ethnic majority (Minnis et al 2003). This study sought to describe potential barriers to service uptake identified by a community sample.

Methods

Six focus group discussions were convened with 35 people of South Asian origin who had child-care responsibilities and no contact with CAMHS. Participants were presented with vignettes of three emotional or behavioural problems typically referred to CAMHS and asked about potential sources of advice and suitable courses of action. All six groups were convened by a multi-lingual researcher, who audio-recorded, translated and transcribed the material. The transcripts were coded for the types of advice, solution or treatment offered and for barriers that might hinder their pursuit.

Results

All participants mentioned the General Practitioner as a pivotal figure for help-seeking and lack of a common language was identified as a serious barrier to consultation. Despite identifying the standard referral route for CAMHS (via primary care), health and social care services were said to be unsuitable for problems that were **not** straightforward illness and the problems described in the vignettes were seen as having a complex social background. The main barrier identified to using health services for children's emotional and behavioural problems was the fear of gossip and stigma. That the quality of services might be irrelevant to their uptake by this minority group suggests that barriers to service-use are more complex than simply providing good linguistic interpretation. Participants queried the culture of service provision and posed serious questions about the moral and family values of the service providers.

Further work

Interviews with users of the CAMHS service and with families identified as potentially needing, but not yet having received such a service, are currently being analysed.

Key message

Provision of interpretation services in the NHS is known to be patchy and uptake of CAMHS has been shown to vary by ethnic group. This study suggests that under-use of CAMHS by people of South Asian descent is not because the referral

route via the GP is unknown to service-users, nor that it is simply a matter of the poor provision of interpretation services.

Reference

Helen Minnis et al. (2003) 'The use of Child Psychiatry by South Asian families in South Glasgow' *Clinical Child Psychology and Psychiatry* 8, 2 179-186.