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DEVELOPING CULTURALLY SENSITIVE COGNITIVE BEHAVIOUR THERAPY FOR PSYCHOSIS FOR ETHNIC MINORITY PATIENTS

S. Rathod<sup>1</sup>, P. Phiri<sup>2</sup>, D. Kingdon<sup>2</sup>

<sup>1</sup>Hampshire Partnership NHS Foundation Trust, Winchester, <sup>2</sup>Clinical Neurosciences, University of Southampton, Southampton, UK

Introduction: Studies of cognitive behaviour therapy (CBT) for psychosis demonstrate that African-Caribbean and Black African patients have higher dropout rates and poor outcomes from treatment (Rathod et al., 2005).

Aims & objectives: The main aim of the study was to produce a culturally sensitive adaption of an existing CBT manual for therapists working with patients with psychosis from specified ethnic minority communities (African-Caribbean, Black-African/Black British, and South Asian Muslims). This will be based on gaining understanding of the way members (lay and service users) of these minority communities view psychosis, its origin, and management including their cultural influences, values and attitudes.

Method: This qualitative study consisted of individual semi-structured interviews with patients with psychosis (n=15); focus groups with lay members from selected ethnic communities (n=52); focus groups or semi-structured interviews with CBT therapists (n=22) and mental health practitioners who work with patients from the ethnic communities (n=25). Data was analysed thematically using evolving themes and content analysis. NVivo 8 was used to manage and explore data.

Results: Respondent groups agreed that CBT would be an acceptable treatment if culturally adapted. This would incorporate culturally-based patient health beliefs, attributions concerning psychosis, attention to help seeking pathways and technical adjustments.

Conclusions: While individualization of therapy is generally accepted as a principle, in practice, therapists require an understanding of patient-related factors that are culturally bound and influence the way the patient perceives or responds to therapy.