

PLAIN ENGLISH SUMMARY

In the UK, more African-Caribbean people are diagnosed with schizophrenia than any other ethnic group but they have worse care and outcomes. Family intervention (FI) helps people with schizophrenia to recover but services struggle to deliver FI. It is especially difficult for people from minority groups to get FI so we do not know if FI would work as well for African-Caribbeans as for White British people. We also do not know if they would like FI, even one made just for them.

Our study aimed to see if:

1. We could work with African-Caribbean people and healthcare staff to change FI to better meet the needs of this community
2. Other people could support services users who were not in contact with their families to take part

We were able to change FI. Thirty-one African-Caribbean service users and their families volunteered to test our new 'Culturally-adapted FI' (CaFI for short). In the end, 26 family units tried CaFI. Nearly all of them (24 out of 26) finished all 10 sessions. Service users, their families, and health staff all said they liked CaFI and would recommend it to other people. As African Caribbean people have had such bad experiences of mental health services, this is a good achievement.

It is now important to find out if CaFI helps people from becoming unwell again and going back into hospital. This would mean testing CaFI with a lot more people in different parts of the country to see if it works. We would need to be sure it worked well before the NHS could fund CaFI. With so many different ethnic groups in Britain, we also need to find out this kind of therapy could be made suitable for people with schizophrenia in all ethnic minority groups (culturally-adaptable).