

DATA SUPPLEMENT 2

Table DS2.1 Articles included in the review

Authors (date)	Study site	Sample source	Sample size <i>n</i>	Mental Health Act sections
Anderson & Parrot (1995)	London	Prisoners on remand	20	Forensic
Audini & Lelliott (2002)	England and Wales	Local authority and NHS trust data	31 702	Civil
Banerjee <i>et al</i> (1995)	London	Prisoners on remand	53	Forensic primarily
Bebbington <i>et al</i> (1994)	London	In-patients	376	Mixture
Bhui <i>et al</i> (1998)	London	Male prisoners on remand	268	Forensic
Birchwood <i>et al</i> (1992)	Birmingham	First-episode schizophrenia	101	Civil primarily
Bowl & Barnes (1990)	Multicentre	Mental Health Act assessments	?	Civil primarily
Browne (1997)	London	Detained in-patients	224	Civil
Burnett <i>et al</i> (1999)	London	First-contact patients	100	Civil primarily
Chen <i>et al</i> (1991)	Nottingham	First-episode patients	80	Civil primarily
Coid <i>et al</i> (2000)	Multicentre	Secure forensic admissions	3152	Forensic primarily
Cole <i>et al</i> (1995)	London	First-episode psychosis	93	Civil primarily
Commander <i>et al</i> (1997a)	Birmingham	Secondary and tertiary services	112	Mixture?
Commander <i>et al</i> (1999)	Birmingham	In-patients (non-affective psychoses)	120	Civil?
Cope & Ndegwa (1991)	West Midlands	In-patients (RSU)	109	Forensic primarily
Crowley & Simmons (1992)	London	In-patients	152	Civil
Davies <i>et al</i> (1996)	London	Multiple sources	413	Mixture
Dean & Webster (1991)	Manchester	First-admission detained in-patients	180	Civil
Dunn & Fahy (1990)	London	Section 136 referrals	253	Civil (section 136)
Fahy <i>et al</i> (1987)	London, Canterbury	Section 136 admission and other detained in-patients	466	Civil
Goater <i>et al</i> (1999)	London	First-contact psychosis	93	Civil primarily
Harrison <i>et al</i> (1999)	Nottingham	First-episode psychosis	166	Mixture
Holloway <i>et al</i> (1988)	London	In-patients	71	Civil primarily
Johnson <i>et al</i> (1998)	London	Patients with psychosis	286	Civil primarily
King <i>et al</i> (1994)	London	First-onset psychosis	93	Civil primarily
Koffman <i>et al</i> (1997)	London (N. & S. Thames)	Acute in-patient and low-level secure in-patients	3769	Mixture
Law-Min <i>et al</i> (2003)	Birmingham	First-admission detained in-patients	168	Civil
Lloyd & Moodley (1992)	London	In-patients	138	Civil primarily
McCreadie <i>et al</i> (1997)	London, Scotland	In-patients, out-patients, GP and CMHT cases	468	Mixture (probably)
McGovern <i>et al</i> (1994)	Birmingham	Community and hospital sources	75	Mixture
McKenzie <i>et al</i> (1995)	London	Recent-onset psychosis in-patients	113	Civil primarily
Moodley & Perkins (1991)	London	In-patients	52	Civil primarily
Moodley & Thornicroft (1988)	London	Detained in-patients	91	Civil
Morgan <i>et al</i> (2005)	London, Nottingham	First-episode psychosis	462	Mixture (probably)
Naismith & Coldwell (1990)	Merseyside (special hospital)	Special hospital (male patients only)	109	Forensic primarily
Owens <i>et al</i> (1991)	Nottingham	In-patients	110	Mixture
Parkman <i>et al</i> (1997)	London	Psychosis	184	Mixture?
Patrick <i>et al</i> (1989)	London	In-patients	60	Mixture
Pipe <i>et al</i> (1991)	London	Mixed	99	Section 136
Reeves <i>et al</i> (2002)	London	New and very late-onset schizophrenia-like psychosis	44	Civil (probably)
Riordan <i>et al</i> (2004)	Birmingham	Hospital order patients in MSU	55	Forensic primarily
Simmons & Hoar (2001)	London	Patients assessed under section 136	90	Civil (section 136)
Singh <i>et al</i> (1998)	Nottingham	In-patients	396	Civil
Takei <i>et al</i> (1998)	London	In-patients	81	Civil primarily
Thomas <i>et al</i> (1993)	Manchester	In-patients	1534	Civil primarily
Tolmac & Hodes (2004)	London	Adolescent in-patients	55	Civil primarily
Turner <i>et al</i> (1992)	London	Section 136 referrals	100	Civil (section 136)
Walsh <i>et al</i> (2002)	Multi-centre	Special hospital and community sample	396	Mixture
Webber & Huxley (2004)	London	In-patient and those assessed under the Mental Health Act	300	Civil

CMHT, community mental health team; GP, general practitioner; MSU, medium secure unit; NHS, National Health Service; RSU, regional secure unit.

Table DS2.2 Patient-related explanations for the excess of detentions of Black and minority ethnic patients under the Mental Health Act

Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Explanation: higher prevalence/diagnosis of psychosis/schizophrenia among Black patients		
Anderson & Parrott (1995)	None	None
Audini & Lelliott (2002)	None	Wall <i>et al</i> (1999) – Systematic review
Banerjee <i>et al</i> (1995)	None	None
Bebbington <i>et al</i> (1994)	With one statistical model, higher rate of compulsory admissions among Black–Caribbean patients could be fully explained by strong interaction between diagnosis and challenging behaviour. In the second model, ‘a small proportion [of the excess] could reflect an increased readiness to admit under compulsion in the case of Black Caribbeans’ (p. 748)	None
Dunn & Fahy (1990) (Section 136 patients)	An association	McGovern & Cope (1987) – An association between being West Indian and a diagnosis of schizophrenia Littlewood & Lipsedge (1981a) – Reported increased rates of schizophrenia in patients from the Caribbean and Africa using data from other research
Fahy <i>et al</i> (1987)	None	Littlewood & Lipsedge (1981a) – As above Rwegellera (1977) – Inception rates for all diagnostic categories except reactive depression and paranoid states were significantly higher among West Africans than West Indians than the British
Goater <i>et al</i> (1999)	An association	None
Owens <i>et al</i> (1991)	None	McGovern & Cope (1987) – Reported an association between being West Indian and the likelihood of receiving a diagnosis of schizophrenia which was twice that for White and Asian patients
Riordan <i>et al</i> (2004)	None	Cochrane (1977) – Suggests possibly the best explanation for differing rates of mental hospital admissions is differential selection for migration – where migration is relatively easy, the less stable members of a population self-select for migration but where migration is relatively difficult, only the most stable can achieve migration (but provides no evidence) Sharpley <i>et al</i> (2001) – Review of explanations for the excess of psychosis among the African–Caribbean population in England Dean <i>et al</i> (1981) – First admissions for schizophrenia were five times the expected number for immigrants from the West Indies. Harrison <i>et al</i> (1984) – Reported an association between being West Indian and being diagnosed with schizophrenia or non-affective psychosis
Turner <i>et al</i> (1992)	None	
Webber & Huxley (2004)	None	Harrison <i>et al</i> (1988) – Rates for schizophrenia were substantially higher in the African–Caribbean community Wessely <i>et al</i> (1991) – The risk of schizophrenia was greater in those of African–Caribbean ethnicity, irrespective of age, gender or place of birth King <i>et al</i> (1994) – The incidence ratio for schizophrenia in all minority ethnic groups compared with the White population was 3.6; the corresponding ratio for non-affective psychosis was 3.7

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Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Explanation: Black patients perceived as at greater risk of violence or disturbed behaviour		
Audini & Lelliott (2002)	None	Wall <i>et al</i> (1999) – Systematic review
Bebbington <i>et al</i> (1994)	High detention rate can be explained by strong interaction between diagnosis and challenging behaviour, but not ethnicity. No interaction between ethnicity and challenging behaviour	None
Browne (1997)	None, but interview data reporting subjective opinion of professionals involved in the MHA	None
Commander <i>et al</i> (1999)	An association	Whaley (1998) – Discussion and review article of the evidence for stereotyping and racism in mental health services in the USA Littlewood (1986) – Discussion paper
Cope & Ndegwa (1991)	None	Hitch & Clegg (1980) – They had the ‘impression’ that New Commonwealth immigrants with schizophrenia ‘seemed to be of a much more overt, physically excitable nature’ (p. 373) and ‘more overtly disturbed than the native-born’ (p. 374)
Dunn & Fahy (1990)	None	Rwegellera (1980) – Compared with English patients, disturbed behaviour prior to psychiatric contact was significantly more often associated with West African patients; although more West Indian patients showed disturbed behaviour than White patients, this was not significant
Lloyd & Moodley (1992)	An association	Harrison <i>et al</i> (1984) – As above Harrison <i>et al</i> (1984) – As above Lewis <i>et al</i> (1990) – Psychiatrists were more likely to see the African–Caribbean patients as potentially violent and criminal proceedings being slightly more appropriate
Pipe <i>et al</i> (1991)	An association	None
Singh <i>et al</i> (1998)	None	None
Webber & Huxley (2004)	None	Rogers (1990) – Police ratings regarding danger to others were the same for African–Caribbeans and other s.136 referrals but psychiatrists were more likely to rate African–Caribbeans as a serious or moderate danger to others Browne (1995) – Reference unavailable Singh <i>et al</i> (1998) – Black patients were more likely to be considered at risk of violence. Authors suggest that perceived ethnicity may influence the perception of dangerousness and decision-making in emergency assessments, but give no primary evidence
Explanation: higher rates of comorbid drug use among Black patients		
Law-Min <i>et al</i> (2003) Refers to Asian males	None	None
Explanation: language difficulties		
Crowley & Simmons (1992)	None	None
Explanation: personality selection in migration		
Fahy <i>et al</i> (1987)	None	London (1986) – Review article with no evidence provided
Explanation: delay in help-seeking/poor social support		
Audini & Lelliott (2002)	None	Wall <i>et al</i> (1999) – Systematic review
Commander <i>et al</i> (1999) Due to differences in social support	None – an association	Lloyd & Moodley (1992) – Suggest that this might be an explanation but no evidence provided
Law-Min <i>et al</i> (2003) Due to differences in social support	None	None

(Continued)

Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Law-Min <i>et al</i> (2003) Asian patients may delay seeking help by going to traditional healers	None	Goldberg (1999) – Mentioned by the author but no primary evidence provided
Lloyd & Moodley (1992)	None	Harrison <i>et al</i> (1989) – Association between ethnicity and greater delays in seeking treatment
Owens <i>et al</i> (1991) Due to differences in social support	None	None
Singh <i>et al</i> (1998)	None	Harrison <i>et al</i> (1989) – As above
Thomas <i>et al</i> (1993) Applied to African–Caribbean but not to Asian patients	An association	None
Webber & Huxley (2004) Lower contact leading to delay in getting help	Lower social support associated with s.4 admission	Thomas <i>et al</i> (1993) – Using age-standardised data, found an association between African–Caribbean patients and lower use of hospital and primary care services compared with Europeans, but this was not true for the Asian patients Ineichen (1991) – Review study with no primary evidence
Evidence against patient-related explanations		
Coid <i>et al</i> (2000) Admissions to an RSU: socio-economic status does not explain the higher detention rates	Both African–Caribbean and Asian patients came from more socio-economically deprived areas, but African–Caribbean patients were more likely to be detained and Asian patients less likely to be detained than White patients	None
Lloyd & Moodley (1992) Disturbed behaviour does not account for the excess	There remained a significant association between ethnicity and compulsory detention, even after adjusting for disturbed behaviour	None
Moodley & Perkins (1991) Higher rates of psychosis do not explain the higher detention rates	Higher rates of psychosis did not account for the higher detention rate	None
Morgan <i>et al</i> (2005) Perceived risk and diagnosis do not account for the excess	Higher detention rates could not be explained by perceived risk or diagnosis	Rwegellera (1980) – As above Owens <i>et al</i> (1991) – No association was found between being African–Caribbean and the amount of publicly manifest disturbance compared with White compulsorily admitted patients, but there were trends towards more behavioural ‘disturbance’ overall Pipe <i>et al</i> (1991) – Among s.136 referrals, there was an association between young African–Caribbean males and Africans and being perceived as threatening, incoherent and disturbed
Morgan <i>et al</i> (2005) Social isolation does not account for the higher rates	Although social isolation was independently associated with compulsory admission, it did not account for the ethnic differences	Szmukler <i>et al</i> (1981) – When compulsorily admitted patients were compared with voluntary ones, there was an association between living alone, being friendless and having had no contact with a relative over the previous 6 months. However, these authors did not look at ethnicity Cole <i>et al</i> (1995) – Variables associated with social support were more important than ethnicity in determining pathways to care Burnett <i>et al</i> (1999) – Unemployment, living alone and living in public housing were all significantly associated with pathways to care and compulsory admission

MHA, Mental Health Act; RSU, regional secure unit.

1. Primary evidence refers to supporting evidence provided direct from the study data. Where the data show correlation between variables without causal interpretations being made, it is categorised as an association.

2. Secondary evidence refers to citations supporting a suggested explanation; a summary of the relevant findings is provided.

Table DS2.3 Illness-related explanations for the excess of detentions of Black and minority ethnic patients under the Mental Health Act

Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Explanation: different expression of illness – more challenging behaviour/violence		
Goater <i>et al</i> (1999)	None – An association	Koffman <i>et al</i> (1997) – Black in-patients were more likely to be in locked wards
Koffman <i>et al</i> (1997)	None	Harrison <i>et al</i> (1984) – As in Table I DS2.2
Cultural expression of distress by Black people increases likelihood of identification by lay people and police arrest		Littlewood & Lipsedge (1982) – A book on mental health and ethnicity
McGovern <i>et al</i> (1994)	None	Harrison <i>et al</i> (1984) – As above
Singh <i>et al</i> (1998)	None	None
Severity of psychopathology		
Explanation: different patterns of criminal behaviour associated with mental illness		
Coid <i>et al</i> (2000)	None	None
Black but not Asian patients admitted to an RSU		
Explanation: Less adherence to medication		
Singh <i>et al</i> (1998)	None	Sellwood & Terrier (1994) – Non-adherence to antipsychotic medication was associated with being African–Caribbean. Logistic regression revealed that gender and ethnicity were significant predictors of extreme non-adherence.
		Wall <i>et al</i> (1999) – Systematic review
Audini & Lelliott (2002)	None	
Explanation: Poorer insight and more denial of illness		
Cole <i>et al</i> (1995)	None	Perkins & Moodley (1993) – African–Caribbean patients were more likely than White patients to say they had no problems and to be compulsorily admitted
Commander <i>et al</i> (1999)	An association	Perkins & Moodley (1993) – As above
Law-Min <i>et al</i> (2003)	None	None
Law-Min <i>et al</i> (2003)	None	None
Denial of illness/insight (Asian patients)		
Singh <i>et al</i> (1998)	None	Perkins & Moodley (1993) – As above
Evidence against suggested explanations		
Owens <i>et al</i> (1991)	No difference between Black and White sectioned patients in 'publicly manifest disturbance'	
McKenzie <i>et al</i> (1995)	An association	None
Not different expression of illness/clinical state		

RSU, regional secure unit.

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Table DS2.4 Service-related explanations for the excess of detentions of Black and minority ethnic patients under the Mental Health Act

Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Explanation: misdiagnosis, underrecognition of psychiatric disturbance, lower likelihood of referral to specialist services		
Crowley & Simmons (1992)	None	None
Dunn & Fahy (1990)	None	None
Section 136 patients: misidentification of mental disorder in African–Caribbean people by the police leading to inappropriate referrals		
Fahy <i>et al</i> (1987)	None	Burke (1984) – Evidence of underdiagnosis of depression in West Indian patients in primary care, and West Indians were under-represented in referrals to out-patient clinics
Goater <i>et al</i> (1999)	None	Odell <i>et al</i> (1997) – GPs were less likely to identify psychological problems in Asian and Black than White patients
Law-Min <i>et al</i> (2003)	None	Wilson & MacCarthy (1994) – GPs were more likely to identify psychiatric morbidity in White than Asian patients, who were more likely to see their problems as physical rather than psychiatric
Misdiagnosis of Asian patients as having a physical illness		Burnett <i>et al</i> (1999) – As above Table DS2.2
Law-Min <i>et al</i> (2003)	None	Commander <i>et al</i> (1997) – White patients were more likely than Black patients to have their mental health problems identified by their GP
A lower likelihood of African–Caribbean patients being referred to specialist services		Commander <i>et al</i> (1997) – As above
Law-Min <i>et al</i> (2003)	None	
Less likelihood of referral of Asian patients to specialist services, causing delay		
McGovern <i>et al</i> (1994)	None	Dunn & Fahy (1990) – Suggestion that overidentification of mental illness by the police was not occurring but they do not know how many mentally ill people are being inappropriately referred to the courts or are being dealt with without psychiatric referral
Under-recognition of mental illness in Black people by the police, with greater risk of arrest and detention		McGovern (1988) – Reference to a conference presentation was unavailable
Takei <i>et al</i> (1998)	None	None
African–Caribbean patients diagnosed with schizophrenia may be suffering from psychosis with underlying affective basis, receiving inappropriate treatment and at greater risk of detention		
Explanation: Black patients have greater contact with the police		
Audini & Lelliott (2002)	None	Wall <i>et al</i> (1999) – Systematic review
Cope & Ndegwa (1991)	None	None
The combination of being mentally ill and ‘arrest-prone’ and the police failing to detect mental illness in those they arrest		
McGovern <i>et al</i> (1994)	None	Harrison <i>et al</i> (1989) – A non-significant association between African–Caribbean ethnicity and greater involvement of the police in the early stages of help-seeking. They also refer to another study ‘in preparation’ which ‘illustrates the role played sometimes by relatives themselves in contacting the police rather than involving other appropriate agencies’ (p. 694)
Greater involvement of the police with members of the Black community		Harrison <i>et al</i> (1984) – An association between African–Caribbean ethnicity and referral to psychiatric services through police agencies and frequent admission from public places following public disturbance
Moodley & Perkins (1991)	None	None
Police involvement leading to a cycle of disengagement		
Turner <i>et al</i> (1992)	None	Harrison <i>et al</i> (1984) – There were significant associations between West Indian ethnicity and police-initiated admission and admission from a public place via a police station, but differences in ‘police involvement’ were non-significant
Police behaviour, e.g. ‘stop and search’		

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Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Explanation: Racial stereotyping, labelling and discrimination, including differential management of patients		
Takei <i>et al</i> (1998) Racial stereotyping may affect clinical management	None	Lewis <i>et al</i> (1990) – A case vignette describing an African–Caribbean psychotic patient was more likely to be seen as potentially violent and to require criminal proceedings than White patients
Takei <i>et al</i> (1998) Specific prejudice against African–Caribbeans with schizophrenia but not those with bipolar disorder	None	None
McGovern <i>et al</i> (1994) Exclusion of African–Caribbean patients from psychiatric system as they are stereotyped as difficult and dangerous	None	Cope & Ndegwa (1991) – Suggest racial stereotyping by psychiatric professionals may lead to rejection, but provide no primary evidence
Banerjee <i>et al</i> (1995) Referring to patients on remand	None	None
Bowl & Barnes (1990) Cultural bias in psychiatry	None	None
Browne (1997)	None	None
Crowley & Simmons (1992) Racism in psychiatry	None	None
Goater <i>et al</i> (1999) Racism or stereotyping in psychiatry	None	Koffman <i>et al</i> (1997) – As above
Goater <i>et al</i> (1999) Mistrust by clinicians and less likely to form collaborative therapeutic relationships	None	None
McGovern <i>et al</i> (1994)	None	Lewis <i>et al</i> (1990) – As above
McGovern <i>et al</i> (1994) Labelling by psychiatrists, with increased hospitalisation leading to more negative symptoms and more stigma	None	None
Lloyd & Moodley (1992)	None	Fernando (1988) – Psychiatry is both implicitly and explicitly racist both in service provision and diagnosis
Pipe <i>et al</i> (1991) Racism in psychiatry and insensitivity to cultural differences	None	Fernando (1988) – As above
Turner <i>et al</i> (1992)	None	Littlewood & Lipsedge (1988) – Review study with no primary evidence of its own
Webber & Huxley (2004)	None	Fernando (2001) – Institutional racism in British psychiatry, no primary evidence
Evidence against suggested explanations		
Bebbington <i>et al</i> (1994)	None	None, but suggest that misdiagnosis is unlikely to be a cause of excess detention
Morgan <i>et al</i> (2005) Not pathways	Criminal justice involvement did not fully account for ethnic variation in detention	None
Turner <i>et al</i> (1992) Not transcultural misdiagnosis	An association – not misdiagnosis: found no major differences in the course and symptoms of psychotic illness between White and African–Caribbean groups	Littlewood & Lipsedge (1981b) – Concluded that the excess diagnosis of schizophrenia might be accounted for at least partially by the occurrence of acute psychotic reactions which are diagnosed as schizophrenia Harvey <i>et al</i> (1990) – No support for the hypothesis that misdiagnosis within the psychoses explains the higher admission rates for schizophrenia of African–Caribbean patients

GP, general practitioner.

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Table DS2.5 Culture-related explanations for the excess of detentions of Black and minority ethnic patients under the Mental Health Act

Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Explanation: different cultural norms of behaviour		
Browne (1997)	None – interview data with police and clinicians who suggested this	None
Riordan <i>et al</i> (2004)	None	Sharpley <i>et al</i> (2001) – Review paper with no primary evidence
Explanation: different explanatory models of illness		
Commander <i>et al</i> (1999)	None	Morley <i>et al</i> (1991) – Attitudes of relatives of African–Caribbean patients admitted voluntarily and compulsorily did not differ. It was concluded that the attitudes of relatives did not contribute to the likelihood of compulsory admission
Fahy <i>et al</i> (1987)	None	Hitch & Clegg (1980) – Discussion of the possible effects of stigma and cultural attitudes to mental illness
Explanation: ethnic disadvantage due to societal racism		
McGovern <i>et al</i> (1994)	None	None
Explanation: attitudes to mental illness and perception of roles of services		
Goater <i>et al</i> (1999)	Yes	None
Owens <i>et al</i> (1991)	None	None
Explanation: greater stigma (leading to non-adherence)		
Cole <i>et al</i> (1995)	None	Harrison <i>et al</i> (1989) – Their evidence ‘suggests that there may be stigmatisation of mental illness in Afro-Caribbeans greater even than in the rest of the community’ (p. 693) but no primary evidence
Stigma associated with mental illness may increase delay in help-seeking		
Law-Min <i>et al</i> (2003)	None	None
Asian patients may fear disgrace or being unable to find a marriage partner		
Explanation: Black people’s ‘social life’ takes place more often in public		
Koffman <i>et al</i> (1997)	None	Bean (1986) – A suggestion with no evidence
Social life takes place more often in public so mental illness is more likely to be detected and dealt with by (e.g.) the police		

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2. Secondary evidence refers to citations to support a suggested explanation; a summary of the relevant findings is provided.

Table DS2.6 Service–patient interface explanations for the excess of detentions of Black and minority ethnic patients under the Mental Health Act

Authors offering explanation	Primary evidence ¹	Secondary evidence ²
Explanation: alienation from services/dissatisfaction/negative perception of services/mistrust		
Audini & Lelliott (2002)	None	Wall <i>et al</i> (1999) – Systematic review
Cole <i>et al</i> (1995)	None	'All Black' television documentary series, BBC2, 1993; not seen
Cope & Ndegwa (1991)	None	Francis <i>et al</i> (1989) – Descriptive discussion paper which comments on the excess of Black patients detained and treated against their will and assumes such patients have negative perceptions of British psychiatry
Commander <i>et al</i> (1999)	An association	Callan & Littlewood (1998) – From interviews, concluded the most significant association with satisfaction was not ethnic origin but concordance between patients' and psychiatrists' explanatory models
Dissatisfaction with admission process		Cole <i>et al</i> (1995) – No primary evidence about satisfaction was provided
		Leavey <i>et al</i> (1997) – There was no difference in satisfaction with services between Black and other patients with first-episode schizophrenia but there were some differences between their relatives; this was an association
Crowley & Simmons (1992)	None	None
Davies <i>et al</i> (1996)	None	McGovern & Cope (1987) – Suggest there might be a poor relationship between West Indian patients and psychiatric and other agencies but do not provide any evidence
Davies <i>et al</i> (1995)	None	Bebbington <i>et al</i> (1994) – Discuss the possible impact of insight or denial of illness but do not directly refer to perceptions of services and delay. No primary evidence provided
Perception of services as un-therapeutic, with delayed help-seeking		McGovern & Cope (1991) – African–Caribbean patients were less likely to make and maintain contact with primary and secondary services voluntarily
Law-Min <i>et al</i> (2003)	None	Francis <i>et al</i> (1989) – Descriptive discussion paper commenting on the excess of Black patients detained and treated against their will and assumes such patients have negative perceptions of British psychiatry
Lloyd & Moodley (1992)	None	None
Perception of services as inaccessible		
Lloyd & Moodley (1992)	None	None
Patient dissatisfaction shaped by previous experience, leading to later presentation		
Owens <i>et al</i> (1991)	None	None
Riordan <i>et al</i> (2004)	None	Audini & Lelliott (2002) – Suggest mistrust is important, but provide no primary evidence
Takei <i>et al</i> (1998)	None	None
Explanation: poor engagement with services		
Singh <i>et al</i> (1998)	None	None
Explanation: absence of GP/unwillingness to consult GP		
Burnett <i>et al</i> (1999)	An association	None
Law-Min <i>et al</i> (2003)	None	Lloyd & St Louis (1996) – Reported low attendance of Black males at a GP surgery and GPs were less likely to report psychological problems in the Black than in the White women
Explanation: services not meeting the needs of ethnic minorities		
Crowley & Simmons (1992)	None	None
Explanation: services lack cultural understanding		
Audini & Lelliott (2002)	None	None
Bowl & Barnes (1990)	None	None

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2. Secondary evidence refers to citations to support a suggested explanation; a summary of the relevant findings is provided.

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