Journal of Mental Health & Well-being (JMHWB)

VOLUME 2 ISSUE 1 (2026)

PUBLISHED BY
E-PALLI PUBLISHERS, DELAWARE, USA

Journal of Mental Health & Well-being (JMHWB)

Volume 2 Issue 1, Year 2026
https://journals.e-palli.com/home/index.php/jmhwb

Cultural Competence in the NHS: Adapting to Contemporary Demands of Diversity, Equality and Inclusion in UK Mental Health Services

Michael Jude Denis[1*]

Article Information

Received: November 20, 2025

Accepted: April 07, 2025

Published: April 28, 2026

Keywords

Cultural Competence, Diversity, Equality, Inclusion, Mental Health

ABSTRACT

This article examines how the UK mental health services respond to current demands of diversity, equality and inclusion (DEI), and its implications for cultural competence in the NHS. The method of qualitative critical analysis and narrative policy review were adopted in examining relevant literature on cultural competence and mental health, together with important NHS frameworks such as the Workforce Race Equality Standard (WRES), the Patient and Carer Race Equality Framework (PCREF)was adopted in examining relevant literature on cultural competence and mental health, together with important NHS frameworks such as the Workforce Race Equality Standard (WRES), the Patient and Carer Race Equality Framework (PCREF), and the Advancing Mental Health Equalities Strategy. Findings reveals that while NHS initiatives have boosted accountability and general involvement, their impact is inhibited by numerous issues such as bumpy implementation of policies, insufficient or one-off cultural competency training, the under-representation of the minorities in administrative roles, higher rates of detention of patients from the minority ethnic groups and the priority given to Eurocentric model of treatments. The study recommends that student engagement with community, anti-racist or inequality frameworks together with culturally suitable therapy strategies are indispensable for adequate responds to DEI in UK mental health services.

INTRODUCTION

Diversity, equality and inclusion (DEI) are fundamental concepts in contemporary discourses on public service delivery in the United Kingdom. According to Özbilgin and Erbil (2023), diversity refers to recognising the differences among individuals and groups from various backgrounds, including biological, social and cultural identities or atypical individuals that could make up the workforce. On the other hand, equality involves treating everyone justly or giving fair access to opportunities in such a manner that no one is discriminated against based on their specific traits, such as sexual orientation, identity, race, age, disability or religion (Pyper & Uwazurike, 2024). Inclusion, as defined by Özbilgin and Erbil (2023), means promoting safe environments where people of diverse cultures could freely inhabit, feel accepted and respected or where they can fully participate in decision making as equals in an organisation without facing barriers. Within mental health services, these three concepts are closely linked with the phenomenon of cultural competence, which involves the ability of practitioners and institutions to work effectively with people whose cultural experiences differ from their own (Bhui *et al.*, 2018).

Cultural factors significantly influence mental health needs and patient behaviours within the National Health Service (NHS), which, based on its framework is dedicated to providing universal health care (Kirmayer & Pedersen, 2014). Hence, barriers such as misunderstanding, mistrust and disengagement tend to develop when services lack cultural competence, thereby lowering the efficacy of care (Fernando, 2017).

The aim of this study is consequently fourfold: first, to examine how DEI practice within the UK mental health services impact cultural competence in the NHS; second, to explore socio-historical and institutional contexts that shape DEI; third, to analyse how organisational perspectives address relevant challenges confronting DEI within the mental health services and finally offer recommendations for the industry and for students preparing to be future professionals.

LITERATURE REVIEW

Historical Background to the study and Ongoing Concerns

Over the years, numerous historical, social, and institutional factors have impacted diversity, equity and inclusion practice within the UK mental health services. After the second World War, the country's population became increasingly diversified due to the influx of people from the Caribbean, South Asia, and Africa, yet public services, including the mental health sector, were slow in adopting culturally suitable measures to serve these communities (Fernando, 2017). Littlewood and Lipsedge (1982) reports that according to early research carried out in the 1970s and 1980s, black patients suffered more incarceration, more likely misdiagnosed with

[1] Conflict Research Society, United Kingdom
[*] Corresponding author's e-mail: odudumikedenis@gmail.com

schizophrenia and also exposed to inhumane treatments. Hence, these inadequacies occasioned an enduring mistrust between minority ethnic groups and mental health institutions.

The mental health industry also faces serious pressure due to social variables such as poor housing, socio-economic deprivations and bias which mostly affect the minority races (Marmot, 2020). These are underlying factors or triggers which enable an increase in the number of mental illnesses within these communities (Williams *et al.*, 2018). To worsen the situation, cultural stigma connected with mental illness and lack of trust in mental health services discourage a lot of patients from seeking timely help (Kalathil *et al.*, 2020).

West *et al.* (2020) further observes that the NHS has also been criticized based on few inadequacies at the institutional level, such as experiences of discrimination, workforce disparities and the under-representation of personnel from minority ethnic groups in senior leadership positions. Notwithstanding, the introduction of legislative and policy measures such as the Workforce Race Equality Standard (WRES) and the Equality Act 2010 meant to mitigate this anomaly, the outcome has been slow and uneven (NHS England, 2022). Data reveals that the black population is four times more likely to be confined under the Mental Health Act than White British people, highlighting the ongoing struggles to overcome institutional bias and structural inequality (NHS Digital, 2023).

Diversity, equality and inclusion (DEI) efforts in mental health continue to encounter several challenges due structural and systemic inequities. One of the key challenges is institutional racism which influences recruitment, leadership, clinical practice and limits the contribution and growth of professionals from the minority (Fernando, 2017; Metzl & Roberts, 2014). Secondly, dominant Eurocentric clinical models that fail to consider the experiences of other ethnic groups often lead to high risk of misdiagnosis, ignoring of peculiar expressions of distress and improper medical treatment (Kirmayer & Pedersen, 2014). Furthermore, these minority populations are frequently susceptible to mental illnesses due to established social factors, thereby mounting undue pressure on the health system (Williams *et al.*, 2018).

These challenges have brought about a number of controversies which continues to characterize discussions on DEI in the UK mental health services. Critics claim that enough opportunity has not been created for those who use the industry's service to share their lived experiences whereby their useful input could bring about positive reforms (Kalathil *et al.*, 2020). Fricker's (2007) concept of epistemic injustice explains how lived experience is often undervalued in professional contexts. Furthermore, there is also the debate that within the professional circle and clinical settings, much attention has not been given to issues such as racial trauma, which is believed to be an important risk factor for mental illnesses. Hence, scholars like Williams *et al.*, (2018), suggest that this shows a great deficit in service design and the training of professionals. Remarkably, Ben-Zeev (2019) decries that emerging technologies may also reproduce existing human prejudices if they are not configured to produce results that reflect the lived experiences of those on the margins.

Current Practices Towards Addressing Key Challenges

NHS England is one the important organizations that that shapes the practice of mental health services across the UK. Its particular role in management, development and quality assurance in the mental health industry makes it a key organization for assessing how DEI challenges are addressed in practice. One of the several NHS frameworks targeted at mitigating mental health disparities is the Advancing Mental Health Equalities Strategy (2019), which is committed to promoting access, involvement and results for under-privileged groups. It emphasizes co-operation with communities and culturally sensitive formation of staff (NHS England, 2019). The Patient and Carer Race Equality Framework (PCREF) is also a major step towards mainstreaming racial equity in mental health services. Hence, PCREF puts am imperative on every health trust to work with Black and minority ethnic communities in developing blue prints that address local inequalities (NHS England, 2021) Additionally, the NHS also discourages anti-racism policies through the Workforce Race Equality Standard (WRES), while promoting labour force diversity together with leadership representation and reduced discrimination against minority personnel. Hence, research has shown that the nature of the workforce is a critical component of quality assurance since it correlates with patient condition and safety (West *et al.*, 2020).

Strengths of Current Approaches

The NHS England is highly commended for its positive role in acknowledging that inequalities exist and that such requires an intervention that is quite holistic. This is readily seen in the PCREF framework which has progressed from short-term initiatives to an organisational agenda that emphasizes service accountability. Some case studies reveal considerable progress in public engagement and a greater level of sincerity in how the health trust analyze racial inequalities (NHS England, 2021). The prominence of data-driven decision-making in the organization is remarkably another of its strength. Hence, determining gaps and assigning resources depends solely on NHS Digital's disaggregated data on the experiences of patients, rates of detention and access to service (NHS England, 2023). This evidenced-based technique promotes more credible means of identifying, addressing and evaluating the phenomenon of inequalities over a given period of time (West *et al.*, 2020).

MATERIALS AND METHODS

This work is a secondary research study carried using the method of critical analysis and a narrative policy review. The purpose was to evaluate how NHS DEI frameworks influence cultural competence in mantal health care in the United Kingdom. The method of critical analysis was selected because the subject matter requires evaluative and interpretative investigation rather than statistical measurement. This method facilitated an effective review of the various policies concerned. Date was collected from key NHS policy documents such as the Advancing Mental Health Equalities Strategy (2019), the Workforce Race Equality Standard (2022) and the Patient and Carer Race Equality Framework (2021). Information was also drawn from various peer-reviewed articles through a thematic literature review rather than primary empirical data. The narrative policy review was guided by theoretical frameworks such as the theory of epistemic injustice (Fricker 2007) and the cultural humility theory (Tervalon & Murray-Garcia, 1998). Cultural humility proposes a dynamic notion of cultural competence involving continuous self-critique, acknowledgment of practitioner-patient power imbalances and organizational responsibility for equitable care. On the other hand, epistemic injustice holds that injustice occurs when a person's opinion is unfairly less regarded due to bias and also when there are insufficient interpretative resources, depriving particular groups the opportunity means of communicating their experiences.

RESULTS AND DISCUSSION

Institutional Dedication and Advancements in Policy

The study reveals that through structured policy interventions, NHS England officially acknowledges the presence of racial and cultural inequalities. This accountability is reflected in frameworks such as the Advancing Mental Health Equalities Strategy, the WRES and the PCREF. Emphasis on the use of disaggregated data in monitoring detention rates, service access and workforce disparity concretizes these efforts of equality monitoring as an evidence-based project. Compared to earlier years of limited institutional actions, this signifies remarkable progress.

Long-term Structural Defects

Despite the commitments to policy, significant defects still exists in the implementation of DEI initiatives across trusts, risking symbolic compliance rather than meaningful transformation (Bhui & Olufadi, 2021). One-off training sessions have limited impact on implicit bias and long-term behavioural change, underscoring the need for sustained cultural humility approaches (Tervalon & Murray-García, 1998)

Tervalon and Murray-García (1998) further avers people tend to show shallow compliance to stringent competency models but respond more positively to dynamic models. They add that NHS training needs to look into effective training in this model as an integral part of their professional preparation as present situations seem to raise concerns about superficial compliance.

Limited policy impact is still visible in the continued mistrust among minority communities in the different factors that fuels the numerous cases mental health mostly among these communities (NHS Digital, 2023; Fernando, 2017). Also, minority ethnic staff often decry fear of victimization and fear of fewer prospects for career advancement (NHS England, 2022), notwithstanding WRES's heightened awareness. These occurrences may be detrimental to employee stability, self-confidence and quality of care they render to the patient.

Another problem is that clinical practice continues to prioritize Eurocentric treatment models may misconstrue spiritual beliefs, or culturally predisposed conditions of distress and even collective experiences (Fernando, 2017; Kirmayer & Pedersen, 2014).

Furthermore, inadequate resources serve as a serious barrier to the achievement of DEI goals in the UK mental health services. It is difficult for the NHS to promote cultural competency when there are operational deficiencies such as long waiting lists of patients and limited number of personnel likely coupled with high service demand.

Organisational Values and Training

Although, the NHS has increased anti-racism and cultural competency training across numerous health trusts, evidence suggest that one-off training programmes have short term effects (Bhui & Olufadi, 2021). Hence, Tervalon and Murray-Garcia (1998), in their theory of cultural humility emphasize that to achieve the desired goal, such training should be ongoing and also designed to incorporate reflective practice, experiential learning. Such training equips the professionals to better manage cultural differences, refrain from stereotyping and rather form therapeutic connections (Bhui *et al.*, 2018).

Community Collaboration and Epistemic Justice

NHS England has promoted collaboration with the community and volunteer sectors. Mental health institutions work with groups like the Caribbean and African Health Network (CAHN) to formulate treatment procedures or therapies that are culturally sensitive. This findings is corroborated by the work of Keating and Robertson (2004), which reveals that community-based partnership and culturally grounded networking has helped to raise confidence in the NHS mental health services. The PCREF's target of community engagement and collaboration indeed defines a positive pathway in the trust's advancement. However, sustaining collaboration would demand constant funding and executive power, if not, what would have been transformative could become a mere procedure.

Identifiable Constraints

Overall, NHS England demonstrates a clear commitment to DEI and cultural competence through policy

development and strategic frameworks. Despite the reasonable progress, uneven execution, poor enforceability and structural inequities continue to undermine effectiveness (Bhui & Olufadi, 2021; West *et al.*, 2020). This shows a gap between policy objectives and live experience. Hence, cultural competence within this trust is best appreciated as an evolving process rather than a consummated goal. Lasting change could therefore be achieved through continuous funding and collaborative care patterns that tackle the social and clinical factors of mental health.

CONCLUSION

This study examined DEI within UK mental health services, with an emphasis on cultural competency in the NHS. Historical and institutional factors comprising high rate of incarcerations and poor access to culturally sensitive care continue to shape discriminatory experiences for minority ethnic groups. While, NHS initiatives such as the PCREF, WRES and the Advancing Mental Health Equalities Strategy have strengthened accountability, data use, and community engagement, significant gaps still remain. Achieving meaningful equity therefore requires mainstreaming cultural competence as a core organisational value, supported by adequate funding, accountability and sustained commitment to anti-racist practice

Hence, this study recommends that long-term, mandatory anti-racism and cultural humility course should be embedded in professional development and assessment processes. This should be in the form of practical training under strict supervision which involves discussion of real-life cases and service user response. Secondly, culturally relevant interventions and sustained community collaboration should be incorporated into service planning, supported by adequate funding and national monitoring mechanisms. Also, the students should intentionally develop self-consciousness of their own cultural presuppositions and communication styles as part of preparation for mental health career. Such activities like participation in peer group discussions, reflective journaling and volunteering with culturally diverse groups will likely improve the student's capacity to appreciate other cultures and build relationships. Finally, those pursuing career in mental health should be conversant with important frameworks like PCREF, WRES, and the Equality Act 2010, from where they can learn required principles. Current studies on racism and culturally sensitive therapy are also recommended for students, so as to gain credible knowledge to tackle contemporary challenges.

REFRENCES

Ben-Zeev, D. (2019). Digital mental health: Opportunities and challenges. *World Psychiatry, 18*(1), 1–2. https://doi.org/10.1002/wps.20610

Bhui, K., & Olufadi, D. (2021). Cultural competence and mental health care: A critical review of policy and practice. *BJPsych Bulletin, 45*(1), 1–6. https://doi.org/10.1192/bjb.2020.71

Bhui, K., Warfa, N., Edonya, P., McKenzie, K., & Bhugra, D. (2018). Cultural competence in mental health care: A review of model evaluations. *BMC Health Services Research, 18*, article 759. https://doi.org/10.1186/s12913-018-3601-6

Fernando, S. (2017). *Institutional racism in psychiatry and clinical psychology* (2nd ed.). Palgrave Macmillan.

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.

Kalathil, J., Jones, N., & Hopping, J. (2020). *Racialised inequalities in mental health services: Lived experience and recommendations for change*. Centre for Mental Health.

Keating, F., & Robertson, D. (2004). Fear, black people and mental illness: A vicious circle? *Health & Social Care in the Community, 12*(5), 439–447. https://doi.org/10.1111/j.1365-2 2524.2004.00506.x

Kirmayer, L. J., & Pedersen, D. (2014). Toward a new architecture for global mental health. *Transcultural Psychiatry, 51*(6), 759–776. https://doi.org/10.1177/1363461514557202

Littlewood, R., & Lipsedge, M. (1982). *Aliens and alienists: Ethnic minorities and psychiatry*. Allen & Unwin.

Marmot, M. (2020). *Health equity in England: The Marmot Review 10 years on*. Institute of Health Equity.

Metzl, J. M., & Roberts, D. E. (2014). Structural competency meets structural racism: Race, politics, and the structure of medical knowledge. *AMA Journal of Ethics, 16*(9), 674–690. https://doi.org/10.1001/virtualmentor.2014.16.9.spec1-1409

NHS Digital. (2023). *Mental Health Act statistics, annual figures*. NHS Digital.

NHS England. (2019). *Advancing mental health equalities strategy*. NHS England.

NHS England. (2021). *Patient and carer race equality framework* (PCREF): Early implementation guidance. NHS England.

NHS England. (2022). *Workforce race equality standard (WRES) report*. NHS England.

Özbilgin, M., & Erbil, C. (2023). *Managing diversity and inclusion at work*. Edward Elgar Publishing.

Pyper, D., & Uwazurike, O. (2024). *Equality law and public services in the UK*. House of Commons Library.

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes. *Journal of Health Care for the Poor and Underserved, 9*(2), 117–125.

West, M., Dawson, J., & Kaur, M. (2020). *Making the difference: Diversity and inclusion in the NHS*. The King's Fund.

Williams, D. R., Lawrence, J. A., & Davis, B. A. (2018). Racism and health: Evidence and needed research. *Annual Review of Public Health, 40*, 105–125. https://doi.org/10.1146/annurev-publhealth-040218-043750