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Culturally appropriate care and reduction of restrictive practices in mental health

Dear Editor,

As mental health nursing researchers in the field of coercion and restrictive practice use, we would like to acknowledge the efforts made by Aragonés-Calleja and Sánchez-Martínez (2023) in synthesising current evidence across systematic reviews in this regard. Their comprehensive synthesis includes 46 review studies, and the authors conclude that their synthesis provides useful insights into the wide variety of aspects encompassed by coercion and restrictive practices in mental health practice. We agree with this perspective and see their synthesis as an important contribution that provides structured overview, especially for new and early-career researchers interested in the field.

Furthermore, the authors emphasise that a focus on culturally appropriate care can help address concerns in low- and middle-income countries that people from ethnic minority backgrounds experience higher levels of restrictive practice use during admission to inpatient mental health services than majority populations do. Cultural appropriate care, tailored to the cultural background, beliefs, values and preferences of individuals, may be paramount in mental health practice (Pedersen et al., 2023, Williams and Etkins, 2021). A lack of cultural competency and awareness among mental health professionals and services may affect restrictive practice use differently between people from diverse ethnic backgrounds due to, for example, misinterpretation of behaviour, communication issues and discrimination (Pedersen et al., 2023). In this paper, we would like to elaborate on this issue and raise some further reflections related to the field of ethnicity and restrictive practice use.

First, we agree with the authors that potential ethnic disparities in restrictive practice use in low- and middle-income countries should be addressed. Focusing on providing culturally appropriate care may be a useful way to manage such problems, for example, through staff training programmes as suggested by the authors. However, ethnic disparities in restrictive practice use seem to be a widespread problem, suggesting that it may be a fundamental challenge in mental health services globally. Several recently published review studies encompassing a wide spectrum of adult mental health inpatient settings report associations between ethnic minority backgrounds and various types of restrictive practices, such as restraint, seclusion and rapid tranquillisation (Beames and Onwumere, 2022, Pedersen et al., 2023). Despite comprehensive search strategies with a broad international outlook, only research studies from mainly high-income countries were included in these syntheses (Beames and Onwumere, 2022, Pedersen et al., 2023), emphasising the need for a focus on providing culturally appropriate care to reduce restrictive practice use among people from ethnic minority backgrounds across various countries, regardless of their income levels. This situation also highlights the existence of a knowledge gap and a need for further published primary research from low- and middle-income countries concerning ethnicity and restrictive practice use to better understand the extent of the problem in these regions. As of now, there appears to be no clear evidence-based documentation in existing research literature on this domain. However, it is possible that a substantial body of research has not been covered by existing review studies on restrictive practice use in specific countries. For instance, the term 'pasung' is used in various countries, particularly in Africa and Asia, to refer to certain community-based restrictive practices (Hidayat et al., 2020). Regrettably, this term is often excluded as a search criterion, like in the study by Aragonés-Calleja and Sánchez-Martínez (2023). Consequently, gaining a comprehensive global understanding of ethnicity and restrictive practice use necessitates the development of more inclusive search strategies, including the exploration of grey literature searches, which may be the only means of fully comprehending the scope of such issues (Hidayat et al., 2020, Pedersen et al., 2023).

Second, the focus on culturally appropriate care should be a high priority in mental health practice overall, extending beyond addressing the way restrictive practices are used. Ethnic disparities in the way mental health services provide care and treatment extend to various aspects of mental healthcare, from differential diagnosis rates to access to culturally sensitive communication (Williams and Etkins, 2021). As suggested by others, a pressing need exists for comprehensive and diverse initiatives in the field of mental health to better understand and ensure that an individual's ethnicity and cultural background do not negatively impact their access to, experience of or outcomes

from mental health services (Williams and Etkins, 2021). Culturally appropriate care may play a crucial role in bridging such gaps and ensuring that people from diverse ethnic backgrounds receive equitable and effective mental health support, ultimately promoting their success in the journey toward well-being. Additionally, factors such as those mentioned above, for example diagnosis, communication, access to care and severity of outcomes, may contribute to the ethnic disparities in restrictive practice use in mental health services (Pedersen et al., 2023, Beames and Onwumere, 2022).

In conclusion, addressing ethnic disparities in mental health care is a multifaceted challenge, and we advocate for an approach that incorporates culturally appropriate care across all aspects and settings of mental health services. This will not only improve overall care and treatment for people from ethnic minority groups but may also reduce restrictive practice use towards such individuals during mental health services. We appreciate the author's efforts in conducting this synthesis and addressing this critical issue.

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