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| **Analytical Themes** | **Descriptive Themes** | **Codes**  | **Quote**  |
| **Stigma and shame**  | * **Familial stigma:** Experiences from service users that highlight the stigma received from family members
* **Wider community stigma :** this highlights the potential stigma received form the others outside the family due to fears of being judged negatively by the community
 | Stigma and shame from family Fears of revealing diagnosis to others shame surrounding mental illnessSocietal stigma Cultural explanations of psychosis Punishment due to sinNegative attitudes towards mental illness | If you are healthy, there is no need to visit the doctor. The stigma to get labelled as mad refrainthem from visiting the doctor. When you visit the psychiatrist or live in any rehabilitationcentre it labels you as mad and society does not accept you as a normal person again,although a person is stable on medicine. [Patient 15, Rathod,Javed et al |
| **Accessing support from non-clinical sources** **Seeking alternative support for well being ? these might be first step to gaining support, for some people this is more appropriate and accessible for support .easier to go to religious leaders and community**  | * **Accessing community support :** this theme highlights service users experience of seeking support from voluntary community organisations

**Role of religion and spirituality:** This theme illustrates the importance of religion and spirituality in seeking support for psychosis for service users.**The use of cultural practices:** This theme highlights experiences of service users preferring to access traditional support for their mental health and avoiding mainstream services **Family support:** **Seeking alternatives** | Accessing community organisations for supportbeing referred to voluntary sector organisations for emotional support community organisations are supportive and positiveaccessibility to religious activitiesBenefits of seeking religious supportCombining psychological therapy with faith treatmentrecommendations for psychological support from religious leadersProfessionals to work with religious leadersPreference for traditional and non-scientific supportReligious and cultural support and practicesReturning to country of origin for supportFamily decisions when seeking helpFamily support for mental healthpractical support from family and friendslack of support and cooperation from family | Some service users wanted emotional support and an example was given of counsellors referring South Asian service users back to a voluntary sector organization to receive such “emotional support ( islam et al) .‘This included visiting multiple faith and spiritual healers. For most, this practice proved to be beneficial and positive in bringing solace’( islam et al,2015)Several participants disclosed that prayer was often the first thing they turned to when in distress, even before seeking help from mental health services, friends, or family. I first pray to God, he is the doctor par excellence; and when I am stressed because of school and work I go to the church to seek for hope, my family and the church leaders. User 6, Group ( Lyons et al  |
| **Negative experiences of therapists and wider service**  | **Criticisms of professionals and service provision?:**this highlights barriers related to the competencies of professionals**Lack of trust in services and clinicians** **Negative experiences and expectations:** | Therapists avoidance of discussions related to racismStaff changeoverCritical of cliniciansFeeling controlled by cliniciansUnable to connect with cliniciansRelating to therapistsPsychologists understanding their patientslack of understanding towards patient's cultureTherapists and clinicians focusing on medication compliancevalidation from therapistsDislike for medicationlack of self-disclosure from therapistsLack of trust in servicesLack of trust in therapists Testing therapistsnegative expectations of mental health servicesnegative experiences of using interpreters |  |
| **Perceived benefits of psychological therapies**  | **Perceived benefits of psychological interventions** **Attitudes towards psychological interventions** **Understanding and explanations of psychosis** **Providing knowledge**  | Benefits of CBTBenefits of family therapyBenefits of talking therapiesusing distraction techniques for mental illnessUsing mindfulness techniques to manage distressmanaging illness via a biopsychosocial approachexpectations of psychological treatmentNegative view of psychological interventionsviews of psychological interventionsPreference for psychological interventionsWanting to talk to someoneExplanation of mental illnesslack of knowledge and insight of mental illnessLack of knowledge regarding supportlack of knowledge surrounding psychological interventionsseeking knowledge regarding mental healthProviding education and awareness |  |
|  | **Role of medication:**  | Compliance with medication as a means of staying out of hospital impact of medication on engaging with therapypreference for combination of medication and psychotherapy preferring support from medical doctors |  |
|  | ***Personal barriers*** ***Social and cultural barriers***  | Not accessing therapy due to lack of motivation and symptomsLanguage and communication issuesLow socio-economic status as a barrierLimited access to psychological interventionsNot being offered psychological interventionspractical issues e.g travel flexibility and choiceLack of choiceLength of therapy sessionssatisfaction with referral system |  |

**Coding manual for systematic review**

**Theme 1: Stigma and shame**

Wider community stigma

Familial stigma

**Theme 2:**

The use of cultural

practices

Role of religion and spirituality

**Theme 3 :**

**Theme 4:**

Theme 5?

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| **Themes** | **Articles** | **Example quotes** |
| Stigma and shame  |  |  |
| Accessing support  |  |  |
| Negative experiences  |  |  |
| Perceived benefits  |  |  |
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