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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 illness  Societal stigma  Cultural explanations of psychosis  Punishment due to sin  Negative attitudes towards mental illness | If you are healthy, there is no need to visit the doctor. The stigma to get labelled as mad refrain  them from visiting the doctor. When you visit the psychiatrist or live in any rehabilitation  centre 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 support  being referred to voluntary sector organisations for emotional support    community organisations are supportive and positive  accessibility to religious activities  Benefits of seeking religious support  Combining psychological therapy with faith treatment  recommendations for psychological support from religious leaders  Professionals to work with religious leaders  Preference for traditional and non-scientific support  Religious and cultural support and practices  Returning to country of origin for support  Family decisions when seeking help  Family support for mental health  practical support from family and friends  lack 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 racism  Staff changeover  Critical of clinicians  Feeling controlled by clinicians  Unable to connect with clinicians  Relating to therapists  Psychologists understanding their patients  lack of understanding towards patient's culture  Therapists and clinicians focusing on medication compliance  validation from therapists  Dislike for medication  lack of self-disclosure from therapists  Lack of trust in services  Lack of trust in therapists  Testing therapists  negative expectations of mental health services  negative 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 CBT  Benefits of family therapy  Benefits of talking therapies  using distraction techniques for mental illness  Using mindfulness techniques to manage distress  managing illness via a biopsychosocial approach  expectations of psychological treatment  Negative view of psychological interventions  views of psychological interventions  Preference for psychological interventions  Wanting to talk to someone  Explanation of mental illness  lack of knowledge and insight of mental illness  Lack of knowledge regarding support  lack of knowledge surrounding psychological interventions  seeking knowledge regarding mental health  Providing education and awareness |  |
|  | **Role of medication:** | Compliance with medication as a means of staying out of hospital  impact of medication on engaging with therapy  preference 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 symptoms  Language and communication issues  Low socio-economic  status as a barrier  Limited access to psychological interventions  Not being offered psychological interventions  practical issues e.g travel  flexibility and choice  Lack of choice  Length of therapy sessions  satisfaction 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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