Reaching the ‘Hard to Reach’

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‘Hard to Reach’ Groups

• ‘Hard to Reach’: groups that are underserved, slip through the net, service resistant (Doherty et al. 2004)

• Lack of clarity reflecting ‘Hard to Reach’ groups (Brackertz, 2007)
  • Minority groups (e.g. ethnic, religious, LGBTIQA+)
  • Hidden (e.g. drug users, criminal background)
  • Broader population segments (e.g. Armed Forces veterans, older people, informal caregivers, people with dementia, disabilities)
Enhancing Representation and Visibility

• Engage community stakeholders from ‘Hard-to-Reach’ communities to inform research programmes high priority (Woolf et al., 2016)
  • Proposals to develop effective strategies to proactively engage and learn from communities to inform development of community-partnered research (Cowan & Oliver, 2016)
• Sub-group analysis in quantitative approaches
Homogeneity

- Problem with term ‘Hard to Reach’ reflects a level of homogeneity within distinct groups, which does not necessarily exist (Brackertz, 2007)
  - South Asian teenagers tracing descent to India, Pakistan or Bangladesh (Bradby et al., 2007)
  - Inner city culturally excluded groups (Milbourne, 2010)
  - Black, Asian and Minority Ethnic women (Delanerolle et al, 2022)
  - South Asian Muslims (Naeem, 2015)
Recruitment

• Methodologically ‘Hard to Reach’ groups may be treated as a single group
  • Differences overlooked resulting in problematic research designs, conclusions and implementation
  • Inclusion criteria too general ‘Muslim’, ‘Asian’, ‘BAME’

• Public involvement groups
  • Established to make research more representative and inform research in needed areas

• Sampling methods identified to support study recruitment
  • But ‘limited generalisability’ often identified as a limitation
Research Example: ‘Muslim Population’

- Classification as ‘Muslim’ fails to account for massive variation in religion and associated culture
- Common feature all believe in Quran
- Differences in religiosity, interpretation and beliefs influence behaviour
- Variation by country
  - Pork and alcohol forbidden
    - Korea 25% alcohol, 14% pork (Kim, 2003)
- Acculturalisation (Han et al., 2016)
Research Example: ‘Muslim Population’

• Classification as ‘Muslim’ fails to account for large variations in religion and associated culture
• Variation by Islamic school
  • Follow Quran but different sub-rulings and sub-methods of worship (Alsonaiea, 2005)
• Sunni and Shia largest schools within Islam
  • Largest school of Sunni depends on sayings of Prophet Muhammad in the Quran to guide actions
  • Shias rely on ayatollahs interpretations of the Prophet Muhammed (Alkateb, 2007)
But that’s not where differences by school ends!

- Sunni: further sub-groups – Hanbali, Hanafi, Maliki, Shafii (Alkateb, 2007).
  - Vary by country:
    - KSA-Hanbali
    - UK-Hanafi
    - Source of Sharia law:
      - Hanbali: Local custom of people
      - Hanafi: No role for local custom
Muslims as a ‘Hard to Reach’ group

• Systematic review (Alharbi, Farrand, Laidlaw, 2021)
  • Understanding mental health beliefs and attitudes and CBT acceptability
    • 14 studies included in analysis
      • None differentiated based on school
      • Studies located in different countries
    • Muslims treated as single group across all studies
  • Conclusions and recommendations reached for Muslims
Muslims as a ‘Hard to Reach’ group

- Qualitative study (Alharbi, Farrand & Laidlaw, under review)
  - Understanding Access Barriers and Usefulness of CBT
  - Sunni Muslims in KSA and UK

<table>
<thead>
<tr>
<th>Sub-group</th>
<th>Group Description</th>
<th>Predominant country</th>
<th>Participants number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accepted psychotherapy but must be combined with Islamic treatment</td>
<td>KSA and UK</td>
<td>KSA1, KSA2, KSA3, KSA9, KSA10, KSA12, UK14, UK15, UK18, UK20</td>
</tr>
<tr>
<td>2</td>
<td>Emphasised the importance of Islamic treatment only completely refusing psychotherapy</td>
<td>UK</td>
<td>UK16, UK17, UK19, UK21, UK23</td>
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<tr>
<td>3</td>
<td>Only wanted pure psychotherapy without any Islamic treatment</td>
<td>KSA</td>
<td>KSA4, KSA5, KSA6, KSA7, KSA8, KSA11, KSA13, UK22</td>
</tr>
</tbody>
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Research Implications

• Cannot treat Muslims as a single ‘Hard to Reach’ Group
  • Methodological implications
  • Public involvement groups
• Wider considerations
  • Greater consideration to heterogeneity within ‘Hard to Reach’ Groups
    • Saudi Hanbali Sunni Muslim
      • Or look for within group differences
  • Membership of research teams, steering groups, involvement groups
Wider Implications

• Consideration needed regarding policy and implementation
  • *recent evidence from IAPT services that Muslim service users have markedly worse outcomes than white English and BAME service users from other religious backgrounds* (Baker 2018)
    • Data: UK Sunni
      • Majority: Islamic only ‘treatment’ (Hanafi**) - Separation
      • Minority: CBT with Islamic adaptations (Hanbali**) - Integration
    • Lower access rates may reflect Hanafi desire only for Islamic treatment
  • Challenges categorisation of ‘Hard to Reach’
    • Homogeneity
Any questions?