Implicit Bias in Referrals from Secondary Care to Psychological Therapies

| Codes |
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| Age Bias |
| Clinical consequences of lack of MH treatment |
| Cognitive theories supporting bias |
| Community input into health service administration to reduce bias |
| Cultural divide decreases patient centred care |
| Decreased adherence to guidelines |
| Develop bias assessment tools |
| Difficulty diagnosing and referring elderly patients with physical comorbidities |
| Difficulty in identifying psychological comorbidity in the elderly |
| Effect of implicit bias on health seeking behaviour |
| Effect of racial profiling |
| Effectiveness of education programmes for improved management of psychological morbidity |
| Enhance empathy |
| Female practitioners more likely to refer patients to psychotherapy |
| Future Recommendations |
| Barriers to improvement |
| Better investigative standards |
| Organisational Culture awareness |
| Person-centered services |
| Practitioner track record accessibility |
| Psychologist-practitioner collaboration |
| Healthcare providers must be aware of bias |
| Ideal patient helps the system operate efficiency |
| Informal referrals process |
| Lack of adherence leading to failure to treat |
| Lack of clinicians with skills to support psychological morbidity decreasing referrals in elderly |
| Lack of knowledge of mental health care services for the elderly |
| Medical Issues seen as more superior to Psychiatric illness |
| Mental Health Experience |
| Practitioner |
| Decision Making process |
| Mindset |
| Mental health stigma decreasing help seeking behaviours in elderly |
| Microaggression |
| Misinterpretation of emotional expression |
| Need for multidisciplinary collaboration for post-discharge mental health care planning |
| Negative effect of bias on patient centered care |
| Negative effect of bias on referrals |
| Negative effect on help seeking behaviour |
| Negative impact of bias on treatment adherence |
| Negative impact on help-seeking behaviour |
| Older patients less inclined to accept psychological referrals due to being overwhlemed by multidisciplinary rehabilitation process |
| Pathway guided decision making to ensure appropriate mental health care of the elderly |
| Patients with more severe symptoms seen as more responsive to mental healthcare |
| Poor practitioner training produces negative attitudes in patient treatment |
| Priotitisation of physical illness over psychological morbidity in elderly patients leading to insufficient referrals |
| Psychological morbidity (especially depression) percieved as natural part of ageing and therefore less likely to be addressed clinically |
| Senior level staff more likely to refer patients to psychotherapy |
| Single provider causing bias |
| Underdiagnosis in marginalised communities |
| Usefulness of screening tools to identify morbidity in the elderly |
| Varying degree of bias across professions |