COVID-19 AND THE IMPACT ON BAME MENTAL HEALTH

INSIDE

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An exploration of key issues and finding avenues for support

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CareStart is a policy, research and charitable organisation. We use our expertise to support wider society, with a special focus on BAME and Muslim communities, by taking a culturally-sensitive approach to mental health, rehabilitation and social mobility. We aim to help break any stigmas through policy and research, practical support and educational sessions.

Our research agenda is based on key evidence-based issues identified by secondary research and community consultations. We publish primary and secondary evidence-based research reports and policy briefings pertaining to the key issues surrounding BAME and Muslim mental health, rehabilitation and social mobility. Through our research and public consultations, we disseminate key findings to policymakers and practitioners to help influence meaningful change for grassroots initiatives.

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EXECUTIVE SUMMARY

Existing research has shown that whilst the Covid-19 pandemic has had catastrophic effects on all communities, it disproportionately impacted Black Asian and Minority Ethnic (BAME) groups who have experienced unpropitious effects. This ranged from: higher mortality rates; adversities in physical and mental health; and, risk of transmission through housing (overcrowded, multigenerational spaces) and employment (such as occupational exposure on the front-line). However, little research has been carried out on the effects of these various risk factors in relation to BAME mental health.

This report raises these inquiries and provides policy recommendations to better support these communities in the event of future waves and epidemics.

INTRODUCTION

Mental health concerns and adversities have increased exponentially since the start of the pandemic [1], with many mental health organisations being inundated with high volumes of self-referrals. Those from BAME communities face individual and societal challenges that affect mental health conditions, though access to support may be limited [2].

An inquiry by the Office for National Statistics (ONS) in December 2020, used estimates from the Understanding Society: COVID-19 Study, 2020, UK Household Longitudinal Study (UKHLS) and Wealth and Assets Survey (WAS) to explore the social impacts of the Covid-19 pandemic on people from different ethnic groups across Britain [3].

This study indicated that all ethnic groups experienced a significant worsening in mental health. There was also a marked difference amongst certain ethnic groups, for example Indian communities were shown to have more loss of sleep over worry, which suggests greater challenges to their mental wellbeing.

More recent findings have shown that the average increase in mental distress varies by ethnicity and gender, as both women – regardless of their ethnicity – and BAME men experienced a higher average increase in mental distress than White British men [4]. Like all communities, long-term isolation has exacerbated mental health issues and the constraints of quarantine are hindering access to traditional face-to-face support from mental health services, making it more difficult for individuals to access the help they require.

SOCIAL AND CULTURAL INEQUALITIES

BARRIERS TO ACCESSING MENTAL HEALTH SUPPORT

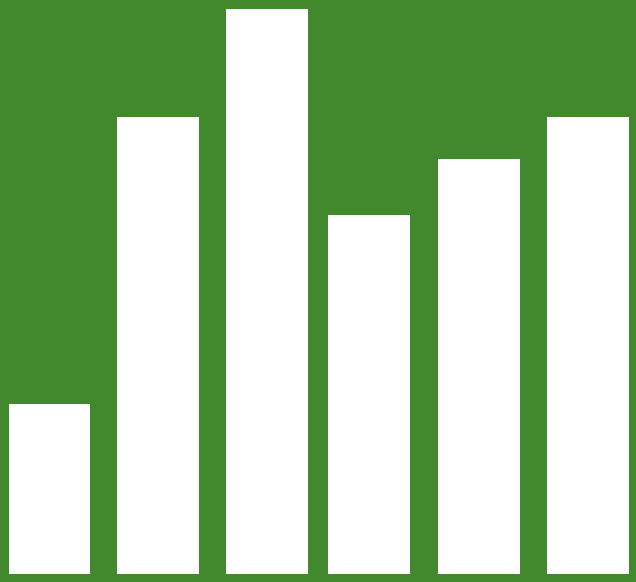
Substantial disparities exist in accessing mental health services across BAME communities [5]. Research has shown that the perceived barriers in accessing mental health support include: mental health being a socially unacceptable topic of discussion; a lack of awareness of the services available within mental healthcare and how to effectively access them; and, unwillingness to get a mental health diagnosis due to cultural shame and stigma associated with these conditions [6].

Furthermore, limited understanding of what constitutes poor mental health results in somatising illnesses (i.e. by explaining mental health through physical health symptoms such as tiredness, headaches, generalised body pains) and communicative limitations causes difficulties in explaining mental health conditions and therefore accessing the necessary support [7]. Social inequalities, such as the lack of health advice available in a variety of languages [8], makes access to health more difficult for those who might not be able to speak or read or speak in fluent English [9].

The late recognition of the need for healthcare support to be communicated in multiple ethnic languages delayed the time it took for vital information to reach BAME communities. There is still a lack of Covid-19 specific guidance on mental health to adequately support these groups. A qualitative study conducted in Southeast England of residents in the city of Brighton and Hove has found that:

- People from BAME backgrounds require considerable mental health literacy and practical support to raise awareness of mental health conditions and combat stigma.
- There is a need for improving information about services and access pathways.
- Healthcare providers need relevant training and support in developing effective communication strategies to deliver individually tailored and culturally sensitive care.
- Improved engagement with people from BAME backgrounds in the development and delivery of culturally appropriate mental health services could facilitate better understanding of mental health conditions and improve access [10].

The work of voluntary and government-funded organisations is a step in the right direction to tackling these concerns, but as the pandemic is adding to pre-existing inequalities, the Government must pledge to continue to fund BAME-focused mental health organisations so that communities can access critical support.



STATISTICS

The Intensive Care National Audit and Research Centre's (ICNARC) latest audit on Covid-19 cases found that around 34 percent of 4,873 critically ill patients were from a BAME background.

COMORBIDITIES AND MORTALITY RATES

Health inequalities are unfair differences between different groups within society. These inequalities may arise because of the conditions in which we are born, grow, live, work and age, [11] which influence and shape our overall mental and physical health and wellbeing. The outcomes of these conditions are considered to be significantly worse for BAME communities and people with disabilities, who are more likely to have existing comorbidities.

BAME groups are known to generally have poorer health than the overall population, with one report finding that 'health disadvantages' are appearing more among elders of South Asians origins; in particular, Pakistani elders are exhibiting the poorest health outcomes [12].

BAME communities also have significantly higher rates of asthma sufferers [13], as well as being at higher risk of developing heart and circulatory diseasesmore than White Europeans.

BAME groups are six times higher at risk of developing diabetes [14].

A further analysis of survival amongst confirmed Covid-19 cases showed that after accounting for the effect of sex, age, deprivation and region, **people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity**. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had **between 10 and 50 per cent higher risk of death when compared to White British populations** [15].

BAME communities faced the highest mortality Covid-19 related mortality rates [16].

An updated inquiry from the ONS on Covid-19 between March - July 2020 found that [17]:

- **Males and females of Black and South Asian ethnic background were shown to have increased risks of death involving the Coronavirus compared with those of White ethnic background.**

- In England and Wales, males of Black African, Black Caribbean and Bangladeshi ethnic background had the highest rates of death involving Covid-19, all exceeding 250 deaths per 100,000 and significantly higher than all other ethnic groups.

- **All ethnic minority groups other than Chinese had higher mortality rates than the White ethnic population for both males and females.**

- In England, based on a statistical model the rate of death among Black African males was 2.3 times higher than those of White background. For males of Bangladeshi, Black Caribbean and Pakistani ethnic background, it was 1.9, 1.7, and 1.6 times greater.

For Black African females the rate was 2.1 times higher, and for Pakistani and Black Caribbean females the rates were 1.5 and 1.3, respectively.

Bereavements and co-morbidities have subsequently led to further mental distress and health anxieties, as well as increases in depression and post-traumatic stress disorder [18].

EMPLOYMENT AND THE BAME WORKFORCE

BAME communities are more likely to work in lower paying occupations as key workers, often in manual roles, and as front-line healthcare workers [19]. In healthcare, 28 per cent of doctors, 19 per cent of nurses and 28 per cent of dentists form part of the BAME workforce. 19 per cent are care workers, 19 per cent are bus and coach drivers and 44 per cent are taxi drivers, the majority of whom may not be eligible for the furlough scheme, increasing their risk of transmission [20].

An independent review of the reported 119 deaths of NHS staff from Covid-19 in April 2020 found [21]:

- A disproportionately high death-rate amongst BAME groups;
- The vast majority of BAME individuals who died had both patient-facing jobs and were actively working during the pandemic
- There is a need for a concerted effort to seek explanations and solutions into the cause of death.

The table below summarises their findings on age, gender and ethnicity according to NHS occupation:

	Nurses and midwives	Healthcare support workers	Doctors and dentists	Other staff
Number	35	27	19	25
Age; yrs median (IQR [range])	51 (46-57 [23-70])	54 (42-64 [21-84])	62 (54-76 [36-79])	51 (34-58 [29-65])
Male; %	39	22	94	55
BAME; %	71	56	94	29
BAME workforce; %	20	17	44	-

Perhaps the most profound finding from the review is that among all staff employed by the NHS, BAME account for approximately 21 per cent, with approximately 20 per cent among nursing and support staff and 44 per cent among medical staff. However, BAME individuals account for 63 per cent, 64 per cent and 95 per cent of deaths in the same staff groups. The data demonstrates that BAME members of the workforce are at a higher risk of losing their lives to Covid-19.

For key workers not eligible for the furlough scheme, the Government must introduce alternative methods to allow them to be able to take time off work during the pandemic and not face financial difficulties by doing so. Providing lateral flow tests to bus drivers and taxi drivers would help to eliminate some of the distress they may face as key workers throughout the pandemic.

More robust research is required into the deaths of the BAME NHS workforce to determine more accurate numbers of mortality rates from Covid-19 and to help protect key workers.

FINANCIAL VULNERABILITIES

Certain BAME communities are more likely to face economic setbacks and reductions in financial capital, which may be causal explanations for differing levels of distress and financial resilience.

According to the Office for National Statistics, when considering a total loss of income (100 per cent) over three months, those of Black African or Other Black ethnicity were significantly less likely (27 per cent) to have assets to cover the income drop than households with heads from the White British (52 per cent), Other White (49 per cent) and Indian (58 per cent) ethnic groups [22].

Households with heads from the Black Caribbean and Pakistani or Bangladeshi ethnic groups were also **less likely to have the resources to cover such an income shock** (32 per cent and 35 per cent respectively) compared with those from the White British and Indian ethnic groups.

Around a quarter of workers aged 16 to 64 years from Black, African, Caribbean or Black British, Pakistani or Bangladeshi and Indian ethnic groups also reported a decrease in their take-home pay following lockdown.

HOUSING

Research from the mental health charity Mind using an online survey of over 25s in England and Wales found that almost one in three (30 per cent) BAME people said problems with housing made their mental health worse during the pandemic, compared to almost one in four (23 per cent) who identified as White. Overall mental health and the impact of the pandemic on wellbeing were around the same for all groups – with around three in five (60 per cent) adults saying their mental health worsened during lockdown.

However there has been limited research on the wider impacts of the extended and multigenerational household systems amongst certain ethnic groups, which may lead to overcrowding, faster rates of transmission and cause more devastating impacts on BAME mental health, especially when attempting to quarantine [24].

Previous research has shown that the average usable floor space per household and per person was lower among minority ethnic households and they are more likely to live in poor housing conditions and face fuel poverty [25]. A 'fuel poor' household was defined as one needing to spend in excess of 10 per cent of its income on all fuel used to achieve a satisfactory standard of warmth. In 2011, of the 2.2 million ethnic minority households around 15 per cent (around 344,000) were in fuel poverty. In 2020, the data that showed Bangladeshi and Black African households were more likely to have damp problems than White British households [26].

Cold and damp conditions have the potential to harm occupants and their visitors, particularly vulnerable people. This can cause greater distress for occupants having to spend more of their time at home during lockdown and quarantine.

POLICY RECOMMENDATIONS

Whilst we have attempted to explore the large overarching issues that impact the mental health of BAME communities, it is important to recognise that amongst ethnic groups there are nuanced social and cultural differences, and inequalities, when accessing mediums for mental wellbeing and healthcare support. We have summarised our key recommendations for policymakers and practitioners, to help overcome some of these challenges:

- **Public inquiries into risk factors, such as those pertaining to health, economy and mortality rates, in relation to BAME mental health.**
- **Culturally-competent mental health training for all healthcare workers, which provides insights into stigma, shame and somatisation of illness across diverse communities. This should outline the substantial disparities in accessing mental health support so that healthcare workers do not equate barriers to accessing mental health support with a lack of determination in wanting to overcome these issues.**
- **Purposeful recruitment of BAME mental health champions and first-aiders in the public domain.**
- **The availability of Counselling and Talking Therapies in a range of diverse community languages.**
- **Data collection on the impacts of BAME housing conditions in relation to mental health during lockdown and quarantine, and using this research to inform policy guidance and regulations.**
- **Funding grassroots BAME mental health organisations. These initiatives will be able to provide the right access, care and advice to BAME communities, and attempt to break down cultural barriers.**
- **A national campaign led by the Government addressing mental health concerns for BAME communities to help tackle the inequalities we have relayed in this paper.**

REFERENCES (1/2)

[1]Pierce, M, Hope, H, Ford, T, Hatch, S, Hotopf, M, John, A, Kontopantelis, E, Webb, R, Wessely, S, McManus, S, Abel, KM. (2020). Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. Found at: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30308-4/fulltext

[2]National Institute for Mental Health in England. (2003). Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England, London, *Department of Health*

[3]Office for National Statistics. 2020 (14 December 2020). Coronavirus and the social impacts on different ethnic groups in the UK. Found at https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/coronavirusandthesocialimpactsondifferentethnicgroupsintheuk/2020.

[4]Proto E, Quintana-Domeque, C. (2021). COVID-19 and mental health deterioration by ethnicity and gender in the UK. *PLoS ONE* 16(1): e0244419. Found at:https://doi.org/10.1371/journal.pone.0244419.

[5]Phiri P, Delanerolle G, Al-Sudani A, Rathod S. (2021). COVID-19 and Black, Asian, and Minority Ethnic Communities: A Complex Relationship Without Just Cause. *JMIR Public Health Surveill* 2021;7(2):e22581. doi:10.2196/22581.

[6]Memon A, Taylor K, Mohebati LM, Sundin, J, Cooper. M, Scanlon, T, Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ* Open 6::e012337. doi: 10.1136/bmjopen-2016-012337.

[7]Meer S and Mir G. (2020). Muslims and depression: the role of religious beliefs in therapy. *J Integr Psychol Ther*. doi: http://dx.doi.org/10.7243/2054-4723-2-2.

[8]Ford, S. (2020). BAME groups at 'higher risk' of getting covid-19 with deprivation among factors. Found at: https://www.nursingtimes.net/news/research-and-innovation/bame-groups-at-higher-risk-of-getting-covid-19-with-deprivation-among-factors-01-06-2020/

[9]Lacobucci G. (2020). Covid-19: Increased risk among ethnic minorities is largely due to poverty and social disparities. Found at: 371 :m4099 doi:10.1136/bmj.m4099

[10]Memon A, Taylor K, Mohebati LM, Sundin, J, Cooper. M, Scanlon, T, Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ* Open 2016;6:e012337. doi: 10.1136/bmjopen-2016-012337.

[11]Allen J, Boyce, T, Grady, M, Geddes, I, Goldblatt P, Marmot M, McNeish, D. (2010). Fairer Society, Healthy Lives: The Marmot Review. *The Institute of Health Equity.* Found at:https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf

[12]Evandrou M, Falkingham J, FengZ, Vlachantoni, A. (2016). Ethnic inequalities in limiting health and self-reported health in later life revisited. *J Epidemiol Community Health* 70:653-662. Found at: https://jech.bmj.com/content/70/7/653

[13]Cumella, A and Haque, A. (2018). On the Edge: How Inequality Affect People with Asthma. Asthma UK. Found at: https://www.asthma.org.uk/globalassets/get-involved/external-affairs-campaigns/publications/health-inequality/auk-health-inequalities-paper.pdf

[14]Stratton IM, Adler AI, Neil HA, Matthews DR, Manley SE, Cull CA, Hadden D, Turner RC, Holman RR. (2000). Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study. *BMJ*. 12;321(7258):405-12. doi: 10.1136/bmj.321.7258.405. PMID: 10938048; PMCID: PMC27454.

REFERENCES (2/2)

[15]Public Health England. (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups. Found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

[16]Aldridge, R, Lewer, D, Katikireddi, SV, Mathur, R, Pathak, N, Burns, PR, Fragaszy, EB, Johnson, AM, Devakumar, D, Abubakar, I, Hayward, A. (2020). Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data. Found at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7317462.2/

[17]Office for National Statistics. 2020 (Updated on 16 October 2020). Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England and Wales: deaths occurring 2 March to 28 July 2020. Found at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020.

[18]Smith K, Bhui K, Cipriani A. (2020). COVID-19, mental health and ethnic minorities. *BMJ* 23:89-90. Found at: https://ebmh.bmj.com/content/23/3/89#ref-3

[19]Catney, G and Sabater, A. (2015). Ethnic Minority Disadvantage in Labour Market. Joseph Rowntree Foundation.

[20]Office for National Statistics. (2020). Which occupations have the highest potential exposure to the coronavirus (COVID-19)? Found at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationshavethehighestpotentialexposuretothecoronaviruscovid19/2020-05-11

[21]Cook, T, Kursumovic, E and Lennane, S (2020). Exclusive: deaths of NHS staff from COVID-19 analysed. Found at: https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article

[22]Office for National Statistics (14 December 2020). Coronavirus and the social impacts on different ethnic groups in the UK: 2020. Found at https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/coronavirusandthesocialimpactsondifferentethnicgroupsintheuk/2020.

[23]Mind (15 July 2020). Press Release- 'Existing inequalities have made mental health of BAME groups worse during pandemic' found at https://www.mind.org.uk/news-campaigns/news/existing-inequalities-have-made-mental-health-of-bame-groups-worse-during-pandemic-says-mind/

[24]Public Health England (August 2020). 'Disparities in the risk and outcomes of Covid-19'.

[25]The Race Equality Foundation. (January 2014). The Housing Conditions of Minority Ethnic Households in England,found athttps://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/housing_briefing_24-final.pdf.

[26]Ethnicity Facts and Figures. (April 2020). 'Housing with damp problems' found at https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/housing-with-damp-problems/latest.

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