EXPLORING SOCIAL MOBILITY AND MENTAL HEALTH AMONGST ETHNIC MINORITY COMMUNITIES IN BRITAIN

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SOCIAL MOBILITY AND THE IMPACT ON MENTAL HEALTH

An exploration of the intersection between poverty and mental health amongst ethnic minority communities

Published: August 2021

CareStart, Bolton
Charity Number: 1192339

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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.

ACKNOWLEDGMENTS

EXECUTIVE SUMMARY

Social mobility is about much more than financial position – it is about social groups, education, social capital, area of residence and more. Many of these are vital factors in how we construct our own identities and form and maintain relationships. Whilst austerity and downward social mobility have a universally harmful impact on mental health, diverse ethnic groups experience different rates of poverty and downward social mobility, and they experience this for different reasons. The social and psychological repercussions of social mobility, both upward and downward, are just as important for mental health as the financial effects, and the subjective nature of these impacts mean that they can vary significantly between people and groups.

Consequently, it is necessary that mental health policy recognises that mental illness is not an isolated phenomenon, but encapsulated by life experiences, privileges and disadvantages. Thus, in order to adopt a preventative approach to mental illness, it must be considered in all aspects of policy, from education and employment, to debt and housing. This holistic approach must be adopted in a culturally sensitive way to counter ethnic minorities' negative experiences of service provision. Fundamentally, mental health is heavily impacted by inequalities, whether these be class or ethnicity based, and policies that aim for a more equal United Kingdom are of vital importance.

Our suggestions centre around the necessity for policies which tackle some of the root causes of mental illness, creating a holistic approach to mental illness, and countering discrimination at all stages of the process such as in service provision, education, employment and, within policy itself.

INTRODUCTION

The relationship between social mobility, mental health and ethnic minorities is an extremely complicated one that goes far beyond the well-known associations between poverty and poor mental health. It rests on the psychology of how individuals construct their narrative identity, experience changes within social circles, and form interpersonal relationships. However, it is also an area that would benefit from significant further research. It is evident from the research that experiences of social mobility and mental health vary significantly between ethnic minority groups, and thus a degree of granularity is needed in this conversation.

This report considers the relationships between poverty, social mobility, ethnicity and mental health. It notes the relationship between poverty and mental health, and the varied trajectories of social mobility throughout education and in employment, before concluding with some policy recommendations.

POVERTY AND MENTAL HEALTH

Prior to exploring the impact of social mobility amongst ethnic groups, there is a need to understand the strong and alarming links between experiencing poverty and mental health difficulties. For example, economically disadvantaged youth are 2-3 times more likely to experience mental health problems in later life, regardless of later economic positions [1]. Government policies around austerity can therefore have a direct impact on mental health: O'Hara studied the impact of the U.K's austerity measures on mental health and in examining calls to a suicide helpline he found that the nature of calls had shifted: "growing numbers of calls were from people who were under escalating financial strain, with many desperate callers saying they were at a breaking point as a result of specific austerity measures" [2]. The UK's largest mental health charity, Mind, reported an unprecedented 50 per cent rise in calls to its national helpline for the 12 months up to March 2013. The distinguishing features of the calls were, first that more of the callers said they were contemplating suicide compared with pre-recession figures and second that severe financial worries were increasingly being cited [2]. Debt, as an aspect of poverty, is particularly associated with mental health problems especially anxiety, stress, depression, self-harm and suicidal thoughts and increased difficulty in interpersonal relationships [3].

It is not only the stresses of poverty that negatively impacts mental health, but also the presence of inequality. Among wealthy nations the rate of mental illness correlates very closely to the level of economic inequality across the society as a whole [4]. This suggests that in addition to the stresses of poverty, feelings of struggling unjustly or being 'less than' contribute to mental difficulties.

Furthermore, lack of work, often considered as simply a cause of poverty, is a factor in its own right in influencing mental health. Davies finds that lacking work has a much more significant negative effect on mental health than can be accounted for simply by the resultant lack of income [4]. **There are numerous reasons for this. Firstly, working can provide a sense of purpose and be an occupier of time. Secondly, employment plays a significant role in how we define ourselves: "I am a plumber", "I am a teacher", "I am unemployed". This, combined with a stigma that exists around long term unemployment, can result in a negative self-image, resentment or self-doubt.**

Both lack of employment and poverty more generally can cause individuals to feel they lack control: "where individuals feel buffeted by forces over which they have no influence – be that managerial discretion, financial insecurity, images of bodily perfection, relentless performance measures …they will not only find it harder to achieve contentment in their lives, but they will also be at a much greater risk of suffering some more drastic breakdown" [5]. **Insecure work offers a similar challenge: "trying to maintain a stable family while income is unpredictable and work is insecure is among the most stressful things a person can do" [5].**

Lower social class more broadly is also associated with lower feelings of control, higher psychological stress and feelings of helplessness or a lack of freedom [6]. In addition to contributing to mental health difficulties, poverty also hinders access to mental health support. Economic hardship "structures unequal access to resources for health, such as knowledge, power, prestige, money, material assets, lifestyle, and social network", contributing to a longer duration of mental health difficulties [7].

SOCIAL MOBILITY AND ETHNICITY

Experiences of poverty and social mobility vary significantly based on ethnicity. The following sections discuss the impact of ethnic and family background on educational and employment outcomes; disparities across secondary and higher education; and, within employment. This leads onto assessing the impact of these factors on mental health.

Education and Family Background

Family background is heavily influential on an individual's social mobility. For example, Sullivan et al find that parents' academic attainment is "consistently the strongest predictors of children's test scores" [8]. However this relationship is not always straightforward; some ethnic groups such as Indian and Bangladeshi children, perform better academically than would be suggested from parental academic attainment. It is worth noting that pupils whose parents are first generation migrants will be influenced by their parents' socio-economic status in their country of origin, which is not picked up in most data. In these cases, while the family may not have the economic status associated with their class of origin, they will be likely to maintain their social capital [9].

Parents and family can also offer practical help for example with homework, using networks to gain work experience or jobs, paying for tuition and influencing aspirations [10]. Strand's 2011 study finds that Indian pupils are more likely than White British pupils to do homework more frequently, while their parents are more likely to pay for private lessons than White British parents. White British parents have lower levels of involvement with their children's engagement than Indian, Bangladeshi, Pakistani, and mixed ethnic groups [11]. With regard to aspirations, Shaw et al find that the importance of education and social mobility is generally more emphasised in South Asian families, which contributes to higher educational attainment [9]. The impact of this alone is unclear as Strand finds that this same emphasis by Black Caribbean and African families does not have the same impact on educational performance [11].

It is worth noting that making conclusions about family influence on social mobility can be difficult due to the "highly complex and often problematic nature of making judgements on the 'level' or 'quality' of parenting offered by a particular ethnic group, particularly in comparison to a white 'norm'" [12].
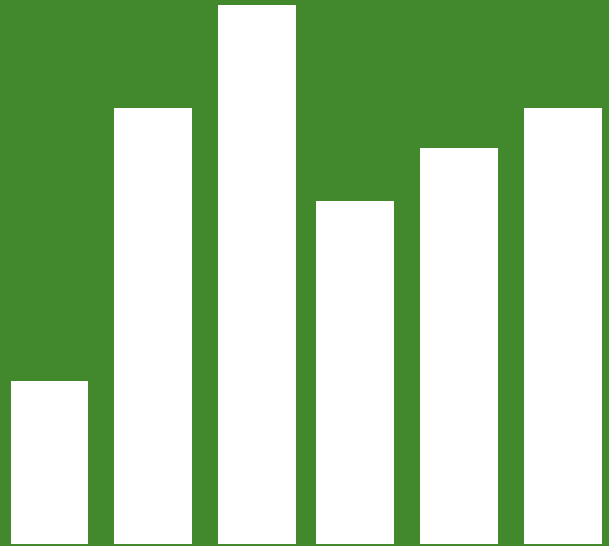
SOCIO-ECONOMIC STATUS, ETHNICITY AND EDUCATIONAL ATTAINMENT

As is well established, a lower socio-economic status (SES) has a significantly limiting impact on educational attainment and future employment, as well as on mental health [13]. Eligibility for Free School Meals applies to 14% of White British pupils, 19% of Pakistani pupils, 23% of Bangladeshi pupils, 25% of Black African pupils, and 28% of Black Caribbean pupils [13]. SES and educational performance also varies by ethnicity, as is evidenced by the data below.

Educational Attainment in school by ethnicity:

● "'Other Asian' pupils are the highest performing ethnic group at almost all stages of education" [14]
● Black students do well in younger stages of school, but this falls off, performing significantly worse at university than White British pupils [9]
● Black students are more likely to drop out of university [9]
● Bangladeshi and Pakistani students perform worse in younger stages of school but improve later on [9]
● White British people attend university at a lower rate than ethnic minority groups, but achieve highly when attending [9].
● In secondary and further education, the best results are achieved by Chinese and Indian Ethnic groups [13]
● Poorer pupils achieve lower grades in secondary, with the disparity between SES and performance being particularly pronounced among White British pupils [9].

Higher Education

Participating in Higher Education (HE) is significantly beneficial to social mobility, correlating with increased future earnings, getting higher in accordance with the class of degree awarded [15]. Social class is heavily influential on university attendance, with the difference between attendance as SES status being most pronounced in Mixed and White British groups and smallest among Black students [9]. Chinese students perform exceptionally well at university, even those "from the lowest SES quintile participate in Higher Education at a higher rate than even the highest quintile of almost all other ethnic groups and five times more young people in this quintile participate in HE compared to White British young people in the same quintile" [16].

Black students drop out at a high rate and perform lower than average [9]. While most ethnic minority groups attend university at a higher rate than White students, Bangladeshi, Black and Pakistani pupils are less likely to attend Russell group universities to an extent which is unreflective of previous educational attainment [9]. This highlights the complexity of the relationship between ethnicity, SES and educational attainment as a determinant of social mobility. It also highlights the inadequacy of the 'BAME' category in examining the varied patterns within the data as the experiences of ethnic minority groups are extremely varied.

Discrimination in education and mental health support in schools

Strand (2011) argues that one reason why Black Caribbean pupils may perform worse in school than would be expected from family involvement and aspiration is because of teacher's prejudice, often characterised by lower expectations [11]. Teachers' perceptions negatively affect pupils with low SES and Black pupils, particularly boys [9].

Brind et al argue that relationships between teachers and Black Caribbean boys are more likely to be characterised by confrontation, lower ability groupings and decreased expectations [12]. Shaw et al suggests that grouping pupils in ability levels decreases the attainments of the middle or bottom sets and although it positively affects top sets it does not increase the overall average attainment [9]. This process also hinders social mobility as "children from low SES backgrounds, ethnic minorities and boys are more likely to be placed in low ability groups" [17]. Hallam and Parsons question the benefits of dividing children into sets in primary school, arguing that teacher's judgments of intelligence can be unreliable, and children put into lower sets can have aspirations limited [18]. Lastly, Strand notes that children are often placed into sets based on the teacher's perception of behaviour, rather than academic ability, which disproportionately affects Black Caribbean pupils [19].

Linked to this perception of poor behaviour, "socio-economically disadvantaged pupils, and Black Caribbean boys and pupils from Gypsy Roma Traveller (GRT) from all SES backgrounds are more often excluded from school compared to other groups" [20]. However, Indian pupils are least likely to be excluded, again highlighting the problems of the 'BAME' grouping, which hides these significant variations [7]. **Exclusion significantly impacts social mobility by limiting ability to progress academically and also causing negative feelings that can hinder trust in such institutions, both of which negatively impact employment [9]. The underrepresentation of ethnic minority groups in the teaching workforce in the UK could be a causal factor for this unequal experience within the schooling system [13].**

Mental health service provision in schools also need regular reviews. Whilst increasingly, educational institutions are sharing informational awareness and providing wellbeing support to counter mental health difficulties amongst young people, there needs to be a better understanding of the nuances of the cultural stigma and shame that is associated with mental health amongst different communities. This is to ensure that the needs of ethnic minority students are included in service provision. Schools should look to adopt policies that emphasise culturally-sensitive support and should recruit mental health ambassadors, chaplains, counsellors, as well as wider wellbeing staff, from a diverse range of backgrounds.

EMPLOYMENT

Differing trajectories of social mobility continue into employment. Despite the comparatively lower percentage of White British young people attending university, unemployment rates are lower among this group, and particularly high among Gypsy and Roma Traveller, Black Caribbean, Pakistani and Bangladeshi groups [21]. As Shaw et al summarise, "returns on education in the form of earnings are relatively low for all ethnic minority groups, and especially so for British-Bangladeshi, Pakistani and Muslim Black African women" [22].

Ethnic minorities are less likely to be promoted than White British groups for example, even when accounting for socio-economic background; Pakistanis are significantly less likely to hold a managerial position. Furthermore, while Chinese males consistently perform especially highly in academia, they, on average, earn 25% less than White male university graduates [23]. The effect of this is that social mobility is significantly hindered by bias within employment.

THE LINK BETWEEN SOCIAL MOBILITY AND MENTAL HEALTH AMONGST ETHNIC MINORITY COMMUNITIES

As with poverty, social mobility, both upward and downward, is impactful on mental health. The disparities between processes of social mobility among ethnic minority groups and the relationship between social mobility and mental health interact during life trajectories characterised by a change in social class. Experiences of downward social mobility are very likely to include some of the negative mental health impacts of experiencing poverty. However, downward social mobility is distinct from financial hardship in that it also involves a transition downward, a loss of financial security and a negative change, which is emotionally different from a lack of financial security. This brings with it additional difficulties which impact mental health, such as, a sense of loss or regret and a fall in status or social standing and a potential straining of relationships [24].

Of all forms of social class change, "long-term unemployment is likely to be the most damaging because it combines the undesirable direction of social mobility (downward) with the fact that the change is outside one's control and often unexpected (psychological shock)" [25]. The mental health charity, Mind, reported similar findings, stating that inequalities in finance, employment and housing have a significant impact on the mental health of ethnic minority groups [26]. This phenomenon is made more problematic by the additional barriers to accessing mental health support experienced by both those from lower SES backgrounds and ethnic minority groups. These interact to create a 'poverty premium' as ethnic minority groups more often report dissatisfaction with mainstream mental health services and higher drop-out rates from these treatments, which can increase the financial burden if it causes people to rely on private paid-for services [27].

Migration is often especially associated with downward social mobility and while, evidently, migrants are not always from ethnic minority groups, the overlap and significant impact of migration on social mobility and mental health means it is worth considering [24]. Ethnic minority migrant communities, in particular, may have higher rates of psychosis which is especially pronounced among Black migrant groups [28]. Das-Munshi et al's extensive study of 5179 participants found that, "migrants to higher income countries who experienced downward mobility or underemployment were more likely to screen positive for common mental disorders, relative to migrants who were upwardly mobile or experienced no changes to socio-economic position" [29]. This reiterates the link between downward social mobility and negative impacts on mental health.

Experiences of mental health difficulties and downward social mobility are even more acute among asylum seekers and refugees [30]. This group is likely to have experienced a disruption in their education, both in their country of origin and caused by more frequent moves within the UK; are more likely to have experienced psychological distress; and, face social and institutional exclusion in the UK [9]. Difficulties in being allowed to work significantly decreases financial security and impedes any upward social mobility; "ethnic minority asylum seekers and refugees have the lowest levels of employment of all groups" [22]. Both pre-migration events and significant difficulties post-migration contribute to particularly high rates of mental health problems, including depression, anxiety and post-traumatic stress disorder [28].

Despite five times the average rates of mental health conditions among this group, they are significantly less likely to get support [31]. Additionally there are numerous barriers to accessing mental health support, such as lacking the documents necessary for registration or fear of having information reported to the Home Office; the NHS requiring proof of documentation; or, payment in hospitals. Furthermore, "experiences and interactions with state institutions can often be a source of retraumatisation for asylum seekers, refugees and people who have no leave to remain" [32]. Bignall et al conclude that many of these barriers are part of the 'Hostile Environment' policy which ultimately has an extremely harmful effect on the physical and mental health of refugees and asylum seekers. However, despite the pejorative impact of government policy on social mobility and mental health among this vulnerable group, there are organisations which offer a more useful model. For example, Touchstone, a community development project, works with asylum seeker and refugee organisations to help them provide better mental health support to those suffering from post-traumatic stress disorders (PTSD) [32].

POLICY RECOMMENDATIONS

Take causal factors into account

The variation of mental illnesses and their prominence between different ethnicities, age groups, genders and socio-economic backgrounds means that the causes of these need to be addressed in any policy aiming to reduce these, and that people experiencing poverty should be recognised as a target group for preventative support [33]. McDaid and Kousoulis argue that mental health policies need to "'move upstream'", aiming to prevent poor mental health at the level of national structures to decrease the occurrence of support only being offered at the "waterfall"; in crisis situations with the sole burden on immediate medical or clinical provision [28]. This means that policies that are considered to impact mental health must be significantly broadened. For example, Grey et al's research, which finds that Black ethnic groups are significantly under represented in employment at levels higher than middle management, and that financial insecurity and discrimination in the workplace significantly impacts mental health, implies that policies which focus on addressing this imbalance such as through countering workplace discrimination or the difficulties faced in education can be considered as part of a mental health policy agenda [33].

Alternatively, the relationship between debt and depression suggests that policies aimed at reducing debt should also be considered as part of a broad mental health approach [3]. These broad causal measures could also include "seeking to reduce income inequality, poverty, unemployment, domestic violence, discrimination and homelessness" [28].

Countering discrimination within policy

Vernon argues that a substantial amount of policy is weakened by taking a deficit approach, which considers the prevalence of mental illness among particular ethnic groups or SES groups, or the lack of social mobility among particular ethnic groups by questioning what is 'wrong' within these groups [34]. This is a harmful discourse that ignores societal inequalities or community assets and contributes to low expectations of ethnic minority communities even in academia and policy [34]. The impact of this is that policy 'solutions' are limited as the 'problem' has been misunderstood. A conscious removal of the deficit approach from policy combined with the use of more comprehensive data would provide a better starting point for policy formulation.

Refugee and asylum seeker communities

Refugees and asylum seekers are particularly vulnerable to poverty and a range of mental health issues. The hostile environment policy employed by the current government needs to be revisited as it can increase these problems and may inhibit access of support, such as NHS services. Within education, additional funding is needed to support these groups, as well as accessible mental health provision in schools [9]. While community programmes and charities do provide useful support to refugees and asylum seekers in a range of areas from mental health to finance, they should receive funding support from government and a more public recognition of the necessity of the work they carry out.

Within Education

Research necessary to understand the higher rates of exclusions of Black students in schools and higher drop-out rates within universities [9]. It is vital that stereotypes of Black students as more badly behaved are countered and prevented from influencing student 'settings' in schools. Furthermore, educational and mental health support in higher education institutes should be easily accessible and culturally sensitive. Shaw et al argues that streaming pupils in primary school should be prevented, as this inhibits social mobility and disproportionately affects pupils from low SES backgrounds or particular ethnicities [9]. Alternative routes into employment, such as apprenticeships, should be clearly outlined for children who are not traditionally academic. Mental health service providers in schools must understand barriers to accessing support, and work with groups that may encounter shame and stigma to ensure all students are enabled to access the support that is available, without essentialising their experiences.

Considering a holistic approach

As discussed, taking causal factors into account demonstrates the necessity for a holistic approach to mental health. This means that mental health training and awareness should not solely be the remit of medical institutions, but also public bodies, from education to criminal justice systems [32]. Wider policies, such as in education, should include more assessments on mental health. This may include more diversity in chaplaincy, therapy and wellbeing support. Policy should not only be holistic in its methods for providing support, but also in its methods for reaching communities. Mental health should not be treated as an isolated aspect of a person, but should be linked to physical health and wellbeing, and, as has been emphasised in this report, socio-economic status and ethnicity [33]. Mental health should be treated and understood as related, and a part of a person's broader life experiences.

REFERENCES (1/3)

[1] see Mossakowski, K. (2008). Dissecting the Influence of Race, Ethnicity and Socioeconomic Status on Mental Health in Young Adulthood. Research on Aging. 30(6). Pp. 649-671. O'Hara, M. (2015). Austerity Bites: A journey into the sharp end of cuts in the UK. Policy Press: Bristol. McDaid, S. and Kousoulis, A. (2020). Tackling social inequalities to reduce mental health problems:How everyone can flourish equally. Mental Health Foundation [Online]. Available at:
https://www.mentalhealth.org.uk/sites/default/files/MHF-tackling-inequalities-report_WEB.pdf
[2] O'Hara, M. (2015). Austerity Bites: A journey into the sharp end of cuts in the UK. Policy Press: Bristol. p167
[3] Mind (2011). Still in the red: Update on debt and mental health [Online]. Available at:
https://www.mind.org.uk/media-a/4348/still-in-the-red.pdf
[4] Davies, W. (2015). The happiness industry: How the government and big business sold us well-being. London: Verso
[5] Davies, W. (2015). The happiness industry: How the government and big business sold us well-being. London: Verso p254
[6] Simandan, D. (2018). Rethinking the health consequences of social class and social mobility. Social Science and Medicine. 200(8). Pp. 256-261.
[7] Mossakowski, K. (2008). Dissecting the Influence of Race, Ethnicity and Socioeconomic Status on Mental Health in Young Adulthood. Research on Aging. 30(6) p650
[8] Sullivan, A., Ketende, S. and Joshi, H. (2013). Social Class and Inequalities in Early Cognitive Scores. Sociology, 47(6), pp.1202
[9] Shaw, B., Menzies., E. and Baars, S (2016). Ethnicity, Gender and Social Mobility. Social Mobility Commission: London
[10] Stokes, L., Rolfe, H. & Hudson-Sharp, N., Stevens, S., (2015). A compendium of evidence on ethnic minority resilience to the effects of deprivation on attainment. London: Department of Education research report. Available at:
http://tonystephens.org.uk/download/5._misc._documents_relating_to_smsc(2)/-Ethnic_minorities_and_attainment_the_effects_of_poverty.pdf
[11] Strand, S .(2011). The Limits of Social Class in Explaining Ethnic Gaps in Educational Attainment. British Educational Research Journal, 37(2), pp.197–229.
[12] Brind, T., Harper, C. & Moore, K., (2008). Education for Migrant , Minority and Marginalised Children in Europe: A report commissioned by the Open Society Institute's Education Support Programme. Open Society Institute. Available at:
http://www.opensocietyfoundations.org/sites/default/files/review_20080131.pdf. P.48
[13] Commission on Race and Ethnic Disparities (2021). Commission on Race and Ethnic Disparities: The Report. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_-_CRED_Report_-_FINAL_-_Web_Accessible.pdf
[14] Shaw, B., Menzies., E. and Baars, S (2016). Ethnicity, Gender and Social Mobility. Social Mobility Commission: London. P12

[15] Conlon, G. and Patrignani, P. (2011). The Returns to Higher Education Qualifications. Department for Business Innovation & Skills, (45), p.116

[16] Shaw, B., Menzies., E. and Baars, S (2016). Ethnicity, Gender and Social Mobility. Social Mobility Commission: London. p25

[17] Shaw, B., Menzies., E. and Baars, S (2016). Ethnicity, Gender and Social Mobility. Social Mobility Commission: London. P27

[18] Hallam, S. and Parsons, S. (2013). The incidence and make up of ability grouped sets in the UK primary school. Research Papers in Education, 28(4), pp.393–420.

[19] Strand, S. (2007). Minority Ethnic Pupils in the Longitudinal Study of Young People in England (LSYPE). DCSF research report 002. Available at: http://www.irr.org.uk/pdf/DCSF_Strand_full.pdf

[20] Shaw, B., Menzies., E. and Baars, S (2016). Ethnicity, Gender and Social Mobility. Social Mobility Commission: London. P38. Also see: Hutchinson, J., Rolfe, H. & Moore, N. (2011). All things being equal? Equality and diversity in careers education, information, advice and guidance. Equality and Human Rights Commission. Available at: http://ezproxy.ouls.ox.ac.uk:4279/uploaded_files/research/71_careers_information.pdf.

[21] Catney, G. and Sabater, A. (2015). Ethnic Minority Disadvantage in the Labour Market. York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/report/ethnic-minoritydisadvantage-labour-market.

[22] Shaw, B., Menzies., E. and Baars, S (2016). Ethnicity, Gender and Social Mobility. Social Mobility Commission: London. p45

[23] Runnymede Trust (2014). When education isn't enough: Labour market outcomes of ethnic minority graduates at elite universities. London: Runnymede Trust. Available at: http://www.runnymedetrust.org/uploads/WhenEducationIsntEnough.pdf

[24] Das-Munshi, J., Leavey, G., Stansfield, S. A. and Prince, M.J. (2011). Migration, social mobility and common mental disorders. Ethnicity and Health. 17 (1-2). Pp. 17-53

[25] Simandan, D. (2018). Rethinking the health consequences of social class and social mobility. Social Science and Medicine. 200(8). P.259

[26] Mind (2020). Existing inequalities have made mental health of BAME groups worse during pandemic, says Mind. [Online] Available at: https://www.mind.org.uk/news-campaigns/news/existing-inequalities-have-made-mental-health-of-bame-groups-worse-during-pandemic-says-mind/

[27] See: Grey, T., Sewell, H., Shapiro, G. and Ashraf F. (2013). Mental Health Inequalities Facing U.K Minority Ethnic Populations. Journal of Psychological Issues in Organisational Culture. 3(1). Pp. 146- 157, Public Health England. (2019). Mental Health: Population Factors. [Online] Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people or NHS (2020). Advancing Mental Health Equalities Strategy. [Online] Available at: https://www.england.nhs.uk/wp-content/uploads/2020/10/00159-advancing-mental-health-equalities-strategy.pdf

[28] McDaid, S. and Kousoulis, A. (2020). Tackling social inequalities to reduce mental health problems:How everyone can flourish equally. Mental Health Foundation [Online]. Available at: https://www.mentalhealth.org.uk/sites/default/files/MHF-tackling-inequalities-report_WEB.pdf

[29] Das-Munshi, J., Leavey, G., Stansfield, S. A. and Prince, M.J. (2011). Migration, social mobility and common mental disorders. Ethnicity and Health. 17 (1-2). P.17

[30] Mental Health Foundation (2021). Black, Asian and minority ethnic (BAME) communities [Online]. Available at: https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities

[31] Bignall, T., Jeraj, S., Helsby, E and Butt, J. (2019). Racial disparities in mental health: Literature and evidence review. Race Equalities Foundation: London. p16

[32] Bignall, T., Jeraj, S., Helsby, E and Butt, J. (2019). Racial disparities in mental health: Literature and evidence review. Race Equalities Foundation: London.

[33] Grey, T., Sewell, H., Shapiro, G. and Ashraf F. (2013). Mental Health Inequalities Facing U.K Minority Ethnic Populations. Journal of Psychological Issues in Organisational Culture. 3(1). Pp. 146- 157, Public Health England. (2019). Mental Health: Population Factors. [Online] Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people

[34] Vernon, P. (2011). Put race equality in mental health back on the agenda.The Guardian [online] Available at http://www .guardian.co.uk/society/joepublic/2011/mar/01/race -equality-mental-healthDuncan, G., Brooks-Gunn, J. and Klebanov, P. (1994). Economic Deprivation and Early-Childhood Development. Child Development 65. Pp. 296-318.

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