**Collaboratives** on addressing
racial inequity in covid recovery

# Mental Health

## Briefing Paper

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# Introduction

Good mental health is recognised as an integral part of a person's wellbeing, embedded in all aspects of their whole life, their beliefs, faith, culture, environment, spirituality, work, housing, education, family and community respect. Mental ill-health is the largest single source of burden of disease in the UK. Almost 23% of the total burden of disease in the UK is attributable to mental disorders, compared to 16.2% for cardiovascular disease and 15.9% for cancer[1]. 1 in 4 families worldwide is likely to have at least one member experiencing mental ill health or behavioural difficulties. People in marginalised groups are at greater risk of mental health problems, including people from Black, Asian and other minority ethnic backgrounds, lesbian, gay, bisexual and transgender people, disabled people and people who have had contact with the criminal justice system, among others.

Evidence shows that prior to the COVID-19 pandemic Black and ethnic minority communities were disproportionately at higher risk of exacerbating mental health inequalities[2], and were unequally impacted by social determinants associated with mental ill health. Barriers to accessing mental health support and the role of cultural beliefs and attitudes have been cited as explanations for existing mental health inequalities that face Black and ethnic minority communities living in the UK[3]. Black and ethnic minority communities, especially Black and South Asian groups experience more adverse pathways to care, higher rates of compulsory admission and treatment, more contact with the police and criminal justice agencies and poorer longer-term outcomes compared with White British people[4].

Although this was known prior to the pandemic, these disparities have been amplified and exacerbated, significantly affecting Black and ethnic minority populations who already had low access to mental health care. Yet large proportions of this population are unable to access treatment for mental health care. The Centre for Mental Health's report[5] on understanding inequalities in mental health during the pandemic is a call to action for policymakers and health professional to improve mental health equality amongst Black and ethnic minority communities, by providing emergency funding for mental health organisations that have adapted their services to be culturally responsive. We have to also focus on the structural conditions that overwhelmingly and disproportionately affect Black and ethnic minority communities such as precarious housing, employment, and political and environmental stressors.

# 1. Impacts on mental health inequalities prior to the COVID-19 pandemic

Black and ethnic minority communities face many of the same challenges as those experienced by the majority white community in mental health care. However, research over the last 50 years has repeatedly shown that Black and ethnic minority communities have more adverse experiences and negative outcomes within mental health care compared to the majority White population in relation to: (1) inequalities (2) access (3) experience of care (4) differences within Black and ethnic minority group differences and (5) differences between Black and minority ethnic groups[6]. It appears that despite targeted programmes such as Delivering Race Equality (DRE) ethnic inequalities within many mental health services have remained entrenched and, if anything, have become consistently worse in almost every area earmarked for improvement. The Count Me In census (focused on the mental health inpatient population in England) over a 5-year period (2005 to 2010) found that there was little or no sustained progress in reducing ethnic disparities in care, especially in the rates of admission, detention under the Mental Health Act or coercive practices such as the use of seclusion[7].

Multiple reasons why mental health services may fail some Black and ethnic minority groups have been highlighted in reports and empirical studies. These include discrimination and stigma associated with mental health, the diversity between various Black and ethnic minority groups and inequalities, and religion and beliefs systems. Furthermore, aspects of identity and experiences of inequality have been found to interact. For example, Black and ethnic minority individuals have been reported as more likely to live in deprived areas, thus experiencing a combination of negative experiences associated with their ethnic identity, socio-economic status and living environment[8]. This is further echoed in the Framework for Mental Health Research[9] which highlighted the evidence of significant inequalities between different groups in the population in relation to mental ill-health. Evidence indicates that exposure to unfavourable social, economic and environmental circumstances, interrelated with ethnicity and gender, increases the risk of developing mental health problems[10].

The extent and nature of the experiences of Black and ethnic minority communities within mental health care are well described. The Lankelly Chase Foundation consultation report[11] on Ethnic mental health highlight that Ethnic differences are apparent in most aspects of mental health care in the UK with significant and ethnic inequalities in: access to care and treatment, pathways into care (both primary and specialist care) diagnosis and risk assessments, choice of treatment and care including psychological therapies, use of the Mental Health Act, quality of emergency care and work with police, local government and providers , referrals to forensic mental health care and coercive treatments, length of stay in hospitals, access to community facilities, quality of care experience, and satisfaction with care. Understanding the barriers that are prevalent for Black and ethnic minority groups is the key for reducing the inequalities that lead to poor access towards care and treatment.

## Barriers to accessing mental health facilities

A qualitative study of 26 adults from Black and ethnic minority backgrounds to understand the perceived barriers that exist in accessing mental health services[12] highlight that personal and environmental factors that impact help-seeking behaviour included the inability to recognise and accept mental health problems. The impact of social networks, reluctance to discuss psychological distress and seek help among men, cultural identity, negative perception and social stigma against mental health and financial factors also create significant barriers. Factors affecting the relationship between service user and health care providers included the impact of long waiting times for initial assessments, language barriers, poor communication between service users and providers, inadequate recognition or response to mental health needs, imbalance of power and authority between users and providers, cultural naivety, insensitivity and discrimination to the needs of Black and ethnic minority users. This is further echoed in a recent study aimed to explore the experiences of accessing and navigating mental health and dementia care services, along with identifying solutions for improving access to such services by BAME communities in the East Midlands[13]. Several Black and ethnic minority communities and groups were targeted (e.g. South Asian, Chinese, African-Caribbean, and asylum seekers), from Leicester, Leicestershire, and Nottingham, in order to capture a broad range of ethnic and socio-cultural perspectives. The findings suggest

that mainstream mental health services need to provide more inclusive, culturally appropriate, and acceptable service models through cultural adaptations to mental health and dementia assessments, interventions, and care services.

## Support and treatment of mental ill-health

Evidence on the patterns and determinants of long-term course and outcome of psychoses by ethnic group following a first episode, over a 10-year period of 532 individuals with first-episode psychosis identified in the UK[14] show that compared with White British, Black Caribbean patients experienced worse, clinical, social and service outcomes and Black African patients experienced worse social and service usage outcomes. Baseline social disadvantage was a contributory factor in these disparities. These findings suggested that ethnic disparities in the incidence of psychoses can extend for some groups to worse outcomes in multiple domains. The inconclusive nature of the research however indicates that it is important to understand the attitudes and beliefs individuals from a Black and ethnic minority background hold towards mental health services, and how better access can be enabled.

The Improving Access to Mental Health in Primary Care (AMP) programme was designed to increase equity in access to high-quality primary mental health services for underserved groups in the UK[15]. Many people with high levels of mental distress are disadvantaged, either due to the lack of care or because their care does not address their needs. According to the AMP programme, mental health expertise needs to be nurtured in the communities through focused community interventions. Additionally, mental health in primary care needs to be focused upon, and psychosocial interventions need to be adapted to meet the needs of underserved groups. Multi-level interventions were recommended by the programme in order to increase the equity of access of high-quality mental health services through primary care.

Evidence indicates that Black women of Caribbean origin rarely consult health professionals regarding symptoms of perinatal depression. Edge[16] found that the perceptions of practitioners, lack of compassion in delivering physical care and the women's inability to develop confiding relationships with the professionals during pregnancy and childbirth were all contributing factors in consulting for depressive symptoms and healthcare needs in general among this group. Suggestions included more collaborative community-based models of care which are in line with the policy, practice and views of members from other ethnic groups. Adopting such approaches could prove useful in improving access and engagement among poorly served groups and could potentially improve maternal and child outcomes among women dealing with perinatal depression.

# 2. Understanding racial disparities in mental health services

The Royal College of Psychiatrists Report[17] argue that inequalities such as racism are rife in mental health services. The quality of mental healthcare needs to improve in such a way that respects the values of diversity and freedom. Racism can exist in many forms including personal, situational, cultural and institutional. A constituted effort to understand and raise awareness regarding the racism prevalent among mental health services, and the impact it has on service usage could be considered a preventative intervention in eliminating inequalities for service among the Black and minority ethnic groups.

We also have ample evidence of how Black people are unfairly treated in our secure mental health settings, with a higher proportion of Black people being admitted to such services. Furthermore, Black and ethnic minority communities tend to report more dissatisfaction with the mainstream mental health care, including secure mental health services compared to community mental health services and voluntary organisations. Mainstream mental health services are often perceived as more likely to misunderstand the situation and experience of Black and ethnic minority communities[18].

Addressing mental health inequalities is back on the agenda for the NHS and the wider health and social care services in England. The NHS Long Term Plan 2019 calls for stronger NHS action on health inequalities. The Commission for Mental Health Equality Briefing Paper[19] highlights the determinants of inequalities experienced by Black and minority ethnic communities in the UK and the authors argue that "voices of people who experience mental health inequalities are still not being heard, and much of the language to describe inequalities in general excludes and often diminishes those who are experiencing it first-hand" (p. 11). Hence, the bridge between lived experiences, policy and sector expertise are essential in addressing mental health inequality.

The guidance issued by the Joint Commissioning Panel for Mental Health[20] state that (1) commissioners need to identify and implement specific measures to reduce ethnic inequalities in mental health; (2) Clinical Commissioning Groups and Health & Wellbeing Boards must develop local strategies and plans for improving mental health and wellbeing amongst BAME communities; (3) service users, carers as well as members of local BME communities must be involved in the commissioning process from the outset; and (4) service providers collect, analyse, report, and act upon data about ethnicity, service use, and outcomes. However, the implementation of these policies and practices around the country is patchy and there is scarcity of good practice examples that would allow for shaping mental health policy and practice.

# 3. Impacts on mental health inequalities during the COVID-19 pandemic

In the beginning politicians and media pundits claimed that we were 'all in it together', citing that there were common shared experiences in combating COVID-19 which united our societies and delivered a sense of unity. A year on, we are now clear that this pandemic has exposed and laid bare the stark realities of existing social and health inequalities that have been especially prevalent amongst Black and minority ethnic communities. However, it is not just the acknowledgement of these harsh realities that are lived by the most marginalized and those who face adversity and hardship daily; it is the amplification of the conditions that threaten to worsen the outcomes of those already living with existing mental health illnesses. These conditions which include social determinants such as precarious employment, crowded accommodations, social isolation, and greater complex care needs also threaten to escalate and entrench inequalities in mental health even further[21].

During this time, there has been a galvanizing of researchers, policymakers and society leaders to draw attention to the need for mental health care for people affected by COVID-19[22]. Although some may be tempted to call this pandemic the great equalizer, despite efforts to raise awareness on mental health issues specifically pertaining to Black and minority ethnic communities, the virus heightened conditions to increase the volatility of an already unstable and unequal social dynamic of those who can go without and those whose life expectancy significantly decrease due to deleterious social conditions brought on by the pandemic.

Researchers have already established that mental health in the UK had already deteriorated compared with pre-COVID-19 trends[23,24]. Women and young adults have been found to have especially experienced significant psychological distress well into the first month of the first lockdown, and heightened mental distress among people of Asian background. Bangladeshi, Indian and Pakistani men were found to have experienced the highest average increase in mental distress when compared to their white counterparts[25]. Research also suggests that race/ethnicity alone does not account for higher prevalence of depressive symptoms within the Black and minority ethnic community during the pandemic[26], but culmination of socioeconomic and psychosocial risks which perpetuate already existing inequalities.

UCL's Covid-19 Social Study (www.covidsocialstudy.org) recently highlighted that people from Black and minority ethnic backgrounds have had higher levels of depression and anxiety throughout the Covid-19 lockdown, as well as lower levels of happiness and life satisfaction. In addition, whilst 21% of people from white backgrounds have reported being often lonely during lockdown, this figure has been 23% amongst those from Black and minority ethnic backgrounds. Thoughts of death, although affecting fewer than 15% of people, have been on average a third higher in Black and minority ethnic groups and whilst fewer than 5% of people have reported self-harming during lockdown, these reports have been around 70% higher amongst Black and minority ethnic groups (4-7% reporting self-harming compared to 3-4%). Similarly, on average fewer than one in 10 people have experienced psychological or physical bullying or abuse during lockdown, but reports have been around 80% higher amongst Black and minority ethnic groups (average 8-12% reporting each week compared to 5-6% in white ethnic groups).

As the pandemic wears on, longer term effects may be considerable. Therefore, it is important to highlight and identify how particular social and economic outcomes significantly impact on Black and minority ethnic groups' mental health and the challenges we as a society will face if immediate and sustainable measures are not urgently put in place. These challenges, if unchecked, will have a substantial short and long term impact on mental health inequalities already experienced by those who have fewer resources and poor health as a result of the direct disease burden from COVID-19 and prolonged and restrictive social distancing measures taken.

## Complicated bereavement

Black and minority ethnic communities are overwhelmingly suffering from bereavement related to the pandemic, and very few individuals will access mental health care. Unequal experiences of grief, loss, and trauma all are contributing to a perfect storm for significant risk factors that will have effects on mental and emotional health

and well-being. There have been a significant number of recorded deaths among Black British, Black African, Bangladeshi and Pakistani communities[27]. In a time when ritualistic mourning is hampered by lockdown restrictions and the closure of places of worship and community centers, this in turn can result in poorer mental health among these communities. This reflects wider structural inequalities where there is a lack of dedicated and culturally appropriate services and as a result there has been an increased demand for Black and Minority ethnic group led bereavement services[28].

## Economic effects

The greatest impact caused by COVID-19 is the economic and financial instability felt by many. Particularly Black and minority ethnic people who are often in precarious jobs or exposed to working conditions that heighten chances of contracting the virus, are especially vulnerable due to living in areas of England where the unemployment rates are highest. Unemployment has well-established negative health impacts in terms of morbidity and mortality, and is disproportionately experienced by those with lower skills or who experience precarious work conditions. Black and ethnic minority households and those in 'other ethnic group' are two times as likely to be in persistent poverty compared to their white counterparts according to the Race Disparity Audit 2018[29]. A recent study by UCL found that people from Black and minority ethnic backgrounds are more concerned about losing their jobs and financial issues. One challenge will be to consider how those in precarious work situations will be covered by the measures already taken to mitigate job and financial loss and safeguard the incomes of low socio-economic backgrounds.

## Social Isolation

Negative psychological effects have been associated with prolonged lockdown as a result of measures to encourage people to self-isolate at home. Harmful restrictions in socialization and support based on the crisis response to COVID-19 have also perpetuated further inequalities[30]. This in turn, has directly impacted those with pre-existing mental health conditions in spite of a review of the Mental Health Act 1983 which called for greater protections to tackle ethnic and other inequalities in mental healthcare. Other than loneliness, which has been commonly reported since the beginning of the pandemic, social isolation has also given rise to serious concerns regarding domestic abuse. Since the initial lockdown restrictions were put in place, there has been a 25% increase in calls to charity hotlines related family violence in the UK[31]. The charity, Refuge, has reported a 61% increase above the baseline (January – March 2020) in calls and contacts between April 2020 – February 2021[32]. Growing tensions in overcrowded domiciles often with multiple generations living in one household also exacerbate mental health inequalities faced predominately by Black and minority ethnic groups, women and children[33]. Mental health and gender-based violence have been documented and it is unclear the disproportionate impact this has had on Black and ethnic minority communities given reluctance to trust authority figures.

## Service access and use

Reduced access to healthcare services has also created difficulty in addressing mental health issues which in turn increase these inequalities among Black and ethnic minority groups. According to Smith et.al[34] limitations on the use of non-traditional or alternative routes to care and support further compounds the impact of restricted services for this group. Key challenges around the use of remote mental health support has been highlighted in a recent report which suggest that digital poverty may serve as a further barrier to accessing psychological support[35]. In addition, the ever-increasing cultural mistrust of health services in general and the current climate of fear surrounding exposure to COVID-19 has left Black and ethnic minority communities particularly weary of accessing face-to-face mental health services that are perceived not to be safe. Moreover, once accessed, it has been reported that they do not receive the treatment they require or expect. This is particularly true for Black communities who have accessed and utilised services during the pandemic. The provision of culturally responsive and sensitive mental health is paramount for communities from Black and minority ethnic backgrounds who are experiencing mental health inequalities and finding the continuity of support challenging at this time.

# 4. Mitigating the mental health inequalities in COVID-19 and beyond

This literature review provided above was not meant to be exhaustive but orients the reader to consider the following mitigation efforts to ensure the pandemic does not cause avoidable determinantal and lasting effects

The key messages are:

1. There are mental health inequalities between Black and ethnic minority and white groups, and between different ethnic minority groups. Research has repeatedly shown that Black and ethnic minority communities have more adverse experiences and negative outcomes within mental health care when compared to their white counterparts.

2. Black and ethnic minority people are more likely to report poor experiences of using mental health services than their white counterparts. What we do know is that the complex interplay of deprivation, environmental, physiological, behavioural and cultural factors all have persisted before and during the pandemic which threaten to escalate and entrench inequalities in mental health even further.

3. The Covid-19 pandemic has had a disproportionate impact on Black and ethnic minority communities, who have experienced higher levels of anxiety and depression rates than the white population. The reasons for this are multi-factorial, and there is overwhelming evidence that existing inequalities compounded by structural racism and discrimination at the face of accessing and utilising services have played a key role in the exacerbation of these inequalities.

4. The time is now to take significant steps towards mitigating the mental health inequalities impacting upon Black and minority ethnic communities. These measures will be necessary in the short and long term.

5. A firm and decisive action from policymakers, commissioners, researchers and sector leaders are required. It is time for a full recognition of the causes of persistent mental health inequalities and a need for open, honest and transparent leadership and resources.

## Policy makers and commissioners

- What is the current strategy on addressing institutional racism in mental health services and to provide better access to introducing socially and culturally sensitive, alternative healing systems and therapies?
- What strategies and mechanisms are in place to increase the representation of ethnically-diverse mental health providers and allied health professionals with a view of increasing the representation of Black and minority ethnic individuals in leadership at all levels?
- How do policy makers and commissioners develop their knowledge, confidence and cultural competencies in order to address ethnic inequalities in mental health?
- What strategies are in place to prioritise and adopt trauma-informed approaches for ALL people whose lives had been affected by covid-19?

## Mental health services

- How do mental health services respond to racism and discrimination and address ‘colour blindness’ and cultural competency in mental health care?
- How do services provide culturally sensitive and appropriate services to users and their families? • How do mental health services collaboratively work with the voluntary sector and community and faith groups to examine different pathways to care and address barriers to service access?

- How do services develop information and psychoeducation packages that are linguistically-sensitive and culturally appropriate to those with English as a second language?

## Researchers

- How do research leaders and the research community plan for specific research focusing on the post-COVID-19 mental health needs of people from the Black and ethnic minority groups.
- How do researchers address the needs and vulnerabilities of diverse ethnic and cultural communities from an intergenerational and heterogeneous perspective? of
- How do researchers apply race equality impact assessment to all research questions and methodology in mental health research?

In the longer term, policy decisions made now will shape the future of mental health in ways that could either improve or damage health inequalities. While current evidence indicates that gaps in mental health inequalities for Black and minority ethnic communities during the pandemic are widening, there are several important and urgent steps that can be taken now. These include decisions about financially supporting services, charities and community groups and how to fund the costs as well as tackling social and economic inequalities that disproportionately impact Black and minority communities. To truly address mental health inequalities in the UK, it is imperative that we do not resume 'business and usual' once the pandemic perceived to be over and realize that stronger and urgent action is needed to ensure that a culturally-responsive and emergent plan is put forward to counteract any further deleterious impact on the mental health and well-being of Black and minority ethnic communities.

## Resources

**The Black, African and Asian Therapy Network**
www.baatn.org.uk/bamestream-bereavement-support-service

On the UK's largest independent organisations to specialise in working psychologically, informed with people who identify as Black, African, South Asian and Caribbean. This organization's primary focus and area of expertise is to support people from these heritages. The aim of this organisation is to address the inequality of access to appropriate psychological services for Black, African, South Asian and Caribbean people through the provision of events and training for network members, the entire therapy community and the wider public.

**Black Thrive**
www.blackthrive.org.uk

Black Thrive is a partnership between communities, statutory organisations, voluntary and private sector. The partnership works together to reduce the inequality and injustices experienced by Black people in mental health services. They address the barriers which lead to poorer outcomes across a range of social factors, such as education, employment, housing, all of which may negatively impact one's health and wellbeing. Their website provides several resources for activities reflect the views of people who are affected by mental health inequalities and that resources are well-coordinated and complementary.

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