

# Ending racial inequalities exposed by the COVID-19 pandemic for mental health staff | Recommendations from Task and Finish group for RC Psych



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## Introduction

This Task and Finish group was rapidly convened in April 2020 to explore the disproportionate impact of COVID-19 on Black, Asian and minority ethnic (BAME) healthcare staff, and to make recommendations for risk assessment and mitigation to protect them in mental healthcare settings<sup>1</sup>.

As the group progressed its work, it became clear that alongside immediate action to protect the health of BAME staff during the COVID-19 pandemic, longer term and broader action was needed to address the deeper causes of inequality within the healthcare system, including institutional racism. COVID-19 and the brutal killing of George Floyd in the US have highlighted the impact of inequalities and discrimination, including racism, on health outcomes.

We need policies and processes which are anti-racist, recognise the intersection of racism and other inequalities, and value the strength in diversity and inclusion. It has also been well evidenced that when staff are supported and their wellbeing looked after, patients receive better care<sup>2</sup>. Therefore, caring for staff helps improve the wider system, and brings benefits to all involved.

## Scope of recommendations

The group has explored evidence directly related to the disproportionate impact of COVID-19 on BAME healthcare staff and linked this to reporting from the Workforce Race Equality Standard and wider evidence which demonstrates that BAME healthcare staff are disadvantaged within the UK healthcare system.

**The group has therefore made recommendations to the College that focus on embedding understanding of, and action on, racial inequality within the mental health workforce. Through these recommendations, the group hopes the College can support individual healthcare professionals, and encourage healthcare organisations, and national policy making organisations to drive change.**

These recommendations apply across the UK, although structures in the devolved nations are different.

The recommendations from the group are as follows:

### *Learning from the COVID-19 response to protect and support BAME mental health staff*

1. The College should call for a central convening organisation to collate and review all healthcare worker deaths related to COVID-19, and further develop work to ensure learning from deaths, particularly concerning ethnicity recording in death certificates.<sup>3</sup>

2. The College should support members and mental healthcare providers to implement risk assessments and mitigation for COVID-19 through a whole person<sup>4</sup> and psychologically safe approach for all staff, including all non-permanent staff (i.e. Locally Employed Doctors (LEDs), trainees, and locums). It should also support implementation of sensitively managed returning to work processes for BAME and other vulnerable staff during the COVID-19 pandemic.<sup>5</sup>

### *Wellbeing, support, and progression*

3. The College should explore how it can maximise its role to address differential attainment<sup>6</sup> and improve recruitment processes for BAME health care workers, promote flexible working, and increase equity for career progression.<sup>7</sup> To this aim, it should review supervision and support mechanisms for psychiatrists of all grades.
4. The College should review its Psychiatric Support Service to ensure it is accessible and appropriate for BAME colleagues, including robust feedback and monitoring mechanisms to ensure BAME staff are using the offer and finding it helpful.

### *Training, awareness and understanding*

5. The College should ensure that there is an ongoing process to review its standards for training, curricula and assessments (including for trainers, assessors, and those with clinical management responsibilities) from a broad Equality Diversity and Inclusion (EDI) perspective, including monitoring how EDI training is received by BAME colleagues.
6. The College should develop training materials at all levels (including for trainees, locums, LEDs, and those with particular EDI challenges such as International Medical Graduates (IMGs), Specialty and Associate Specialist (SAS) doctors and those working outside the NHS) to understand and address the role of structural inequalities on patient care, and for educators, leaders and managers to address differential attainment and reflect on their own practice.
7. The College should share stories and narratives about strengths and areas of vulnerability for BAME colleagues from its members, mental health workers, and patients, giving due importance and respect to lived experience. The College should partner with public, private and third sector organisations to better understand and address the negative outcomes associated with structural discrimination.

### *Representative leadership*

8. The College should review its leadership training programmes to ensure that they equip all leaders to become culturally competent and sensitive, and that they actively encourage, support and sponsor BAME and IMG members, including those from SAS and trainee grades into leadership roles. Progress on this should be audited regularly and reported on.
9. The College should make EDI a core part of all College business, ensure diversity and equality issues are routinely discussed within all College structures and

governance systems, and ensure these structures and systems are representative. The College should also ensure that every member in a College role completes enhanced EDI training, starting with those in lead roles.

### *Data and research*

10. The College should adopt a Quality Improvement approach to monitoring and accountability on racial inequalities, include the results in its annual report, and press for decision makers and NHS organisations to do the same.
11. The College should call for further research on racial inequality within the mental health system, and emphasise the importance of ethnicity data recording, both within the College and by NHS organisations and other national bodies. The College should work with the Race and Health Observatory<sup>8</sup> in England, and other relevant research initiatives in the devolved nations.

### **Reflections**

The Task and Finish group recognises that the College is already taking forward some important work on inequalities, including progressing the recommendations of the 2018 Position Statement on Racism and Mental Health, and the Advancing Mental Health Equality tool<sup>9</sup>. We hope that the recommendations set out here will complement and align with current College work in this area, due to its specific focus on workforce.

We hope that the College will take up the recommendations presented within this document to help support the BAME mental health workforce through the COVID-19 pandemic. We also hope that the recommendations will help form the foundation of further action on race equality taken forward by the College, led by the President and the newly announced Race Equality Presidential Leads.

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## References

<sup>1</sup> Royal College of Psychiatrists. Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings: Assessment and management of risk. 2020. Available from: [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings\\_assessment-and-management-of-risk\\_13052020v2.pdf?sfvrsn=1068965\\_2](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings_assessment-and-management-of-risk_13052020v2.pdf?sfvrsn=1068965_2)

Public Health England. Disparities in the risk and outcomes of COVID-19. 2020. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)

Public Health England. Beyond the data: understanding the impact of COVID-19 on BAME groups. 2020. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

<sup>2</sup> Department of Health. Healthcare sector staff wellbeing, service delivery and health outcomes. 2014. Available from : [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277591/Staff\\_wellbeing\\_service\\_delivery\\_and\\_health\\_outcomes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277591/Staff_wellbeing_service_delivery_and_health_outcomes.pdf)

The Health Foundation. Making the case for staff wellbeing in the NHS. 2016. <https://www.health.org.uk/blogs/making-the-case-for-staff-wellbeing-in-the-nhs>

NHS. NHS Health and Well-being final report. 2009. Available from: [https://webarchive.nationalarchives.gov.uk/20130124052412/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_108907.pdf](https://webarchive.nationalarchives.gov.uk/20130124052412/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf)

Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. *PLoS One*. 2016.11(7):e0159015. Published 2016 Jul 8. doi:10.1371/journal.pone.0159015

<sup>3</sup> Royal College of Psychiatrists. Mortality Review Tool and Guidance. Available from: <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/care-review-tool-for-mental-health-trusts>

<sup>4</sup> Mental Health Wales. The Whole Person Approach. 2020. Available from <http://www.mentalhealthwales.net/the-whole-person-approach/> ;

Sminkey, Patrice V. RN. The "Whole-Person" Approach, Professional Case Management. May/June 2015 - Volume 20 - Issue 3 - p 154-155 doi: 10.1097/NCM.0000000000000094

<sup>5</sup> Royal College of Psychiatrists. Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings: Assessment and management of risk. 2020. *And Risk Assessment tool*. 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/risk-mitigation-for-bame-staff>

<sup>6</sup> Definition of differential attainment from the General Medical Council.2020. *Differential attainment (DA) is what we call the gap between attainment levels of different groups of doctors. It occurs across many professions. It exists in both undergraduate and postgraduate contexts, across exam pass rates, recruitment and Annual Review of Competence Progression outcomes and can be an indicator that training and medical education may not be fair. Differentials that exist because of ability are expected and appropriate. Differentials connected solely to age, gender or ethnicity of a particular group are unfair. Our standards require training pathways to be fair for everyone.*

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<sup>7</sup> NHS Workforce Race Equality Standard. WRES 2019/2020 data. 2020. Available from: <https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-2019/> ;

GMC. Fair to refer? Reducing disproportionality in fitness to practise concerns reported to the GMC. 2019. Available from: [https://www.gmc-uk.org/-/media/documents/fair-to-refer-report\\_pdf-79011677.pdf](https://www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf)

<sup>8</sup> NHS Confederation and NHS England announced the launch of an expert research centre on health inequalities in May 2020. More information available from: <https://www.nhsconfed.org/news/2020/05/race-health-observatory>

<sup>9</sup> Royal College of Psychiatrists. Racism and Mental Health. 2018. Available from: [https://www.rcpsych.ac.uk/pdf/PS01\\_18a.pdf](https://www.rcpsych.ac.uk/pdf/PS01_18a.pdf)  
Royal College of Psychiatrists. National Collaborating Centre for Mental Health. Advancing Mental Health Equality tool. 2019. Available from: <https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality>