

# THE WHEELS OF RACE EQUALITY WITHIN ORGANISATIONS-THEY ARE A- TURNING

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and Covid-19**

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# Before the journey

- A moment to pause, feel and regroup
- **#SouthAsianHistoryMonth**
- **#Black History Month**



# Differential impact of Covid-19 on the BAME population

- After taking into account age, measures of self-reported health and disability, and other socio-demographic characteristics, BAME people were still up to twice as likely as white people to die a COVID-19-related death.
- The PHE review found that 'after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had about twice the risk of death when compared to people of White British ethnicity.
- Comparing to previous years, all-cause mortality was almost 4 times higher than expected among Black males for this period, almost 3 times higher in Asian males and almost 2 times higher in White males.
- Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females.

# Differential impact on mental health

- Our findings suggest that being young, a woman, and living with children, especially preschool age children, have had a particularly strong influence on the extent to which mental distress increased under the conditions of the pandemic.



- The substantial increase in mental distress in the UK population has not affected all groups equally. Established health inequalities persist, with prevalence of mental distress higher in people with pre-existing health conditions, those living in low-income homes, and people of Asian ethnicity (Pierce et al, 2020, The Lancet Psychiatry).

# Covid-19 and the healthcare workforce

- BAME people - @14% of population
- - @20% of NHS workforce
- - @40% of doctors
- - @60-70% of healthcare worker deaths  
(?almost 90% of doctors)
- UK among highest COVID-19 health and care worker deaths (540) in the world – Amnesty UK, July 2020
- Among White people who have died in the UK, they are people from minority groups for e.g. Eastern European immigrants

# The immigrant story

- “When compared to previous years, we also found a particularly high increase in all cause deaths among those born outside the UK and Ireland; those in a range of caring occupations including social care and nursing auxiliaries and assistants...;” - PHE report on disparities
- International Medical Graduates: **GMC states that for the first time there are more new doctors who have qualified abroad than in the UK**
- Filipino nurses have died in high numbers

# Mental healthcare workforce

- As per the HSJ article 19/5/20, 11 per cent of individuals who died due to Covid-19 worked in a mental health setting
- Mental health staff account for 18 per cent of NHS staff.
- 39% of RCPsych members and 33.3% of doctors on the GMC register are from a BAME background

# *Staying silent is not an option.*

- *“Injustice anywhere is a threat to justice everywhere”. – MLK Jnr*
- *For those who have the voice and energy to stand up for colleagues, friends, families and communities, the time is now to do what we can in our sphere of influence*
- **Language has to has the power of honesty, hope and healing**



# My story

- Dualism at the heart of it
- Indian and British Heritage
- A tale of two mother(lands)
- Strengths and vulnerabilities
- Discrimination and kindness
- Privilege and prejudice
- Still earning to be authentic & proud of my identity



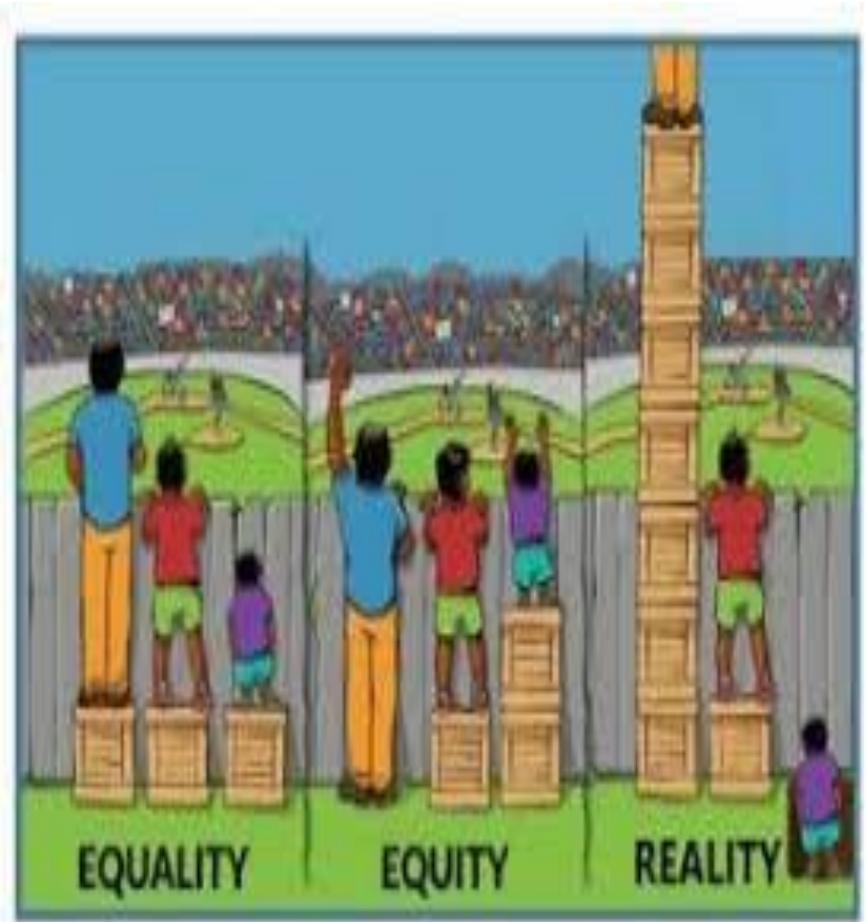
# A word about terminology

- Black, Asian and Minority Ethnic (BAME) does not refer to a homogenous group of people
- Be careful that terms don't exclude, 'other' or depersonalise people.
- Racial equality/ Anti-racism
- Unconscious bias
- Micro-aggressions
- Institutional, structural, systemic racism
- Equality, inequalities, equity
- “We need to remember that racism, not race is the driver for health inequalities



# Understanding inequalities - 1

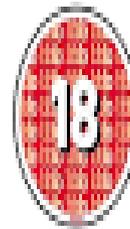
- **Need to remember:**
- Inequality leading to inequity
- The **intersectional and interactive** nature
- The intergenerational effects
- Gap between 



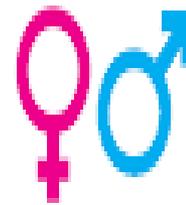
# Understanding inequalities

- In the public sector, inequality viewed mainly through the lens of the Equality Act 2010.
- The protected characteristics, and related discrimination and vulnerability
- Is it necessary (yes) and sufficient (no)?
- One example- migration status contributes significantly to current inequalities, not mentioned in the Act

## Protected Characteristics



Age



Sex



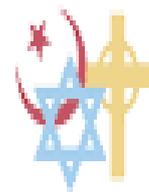
Disability



Ethnicity



Gender Reassignment



Religion / Belief



Sexual Orientation



Marriage / Civil Partnership

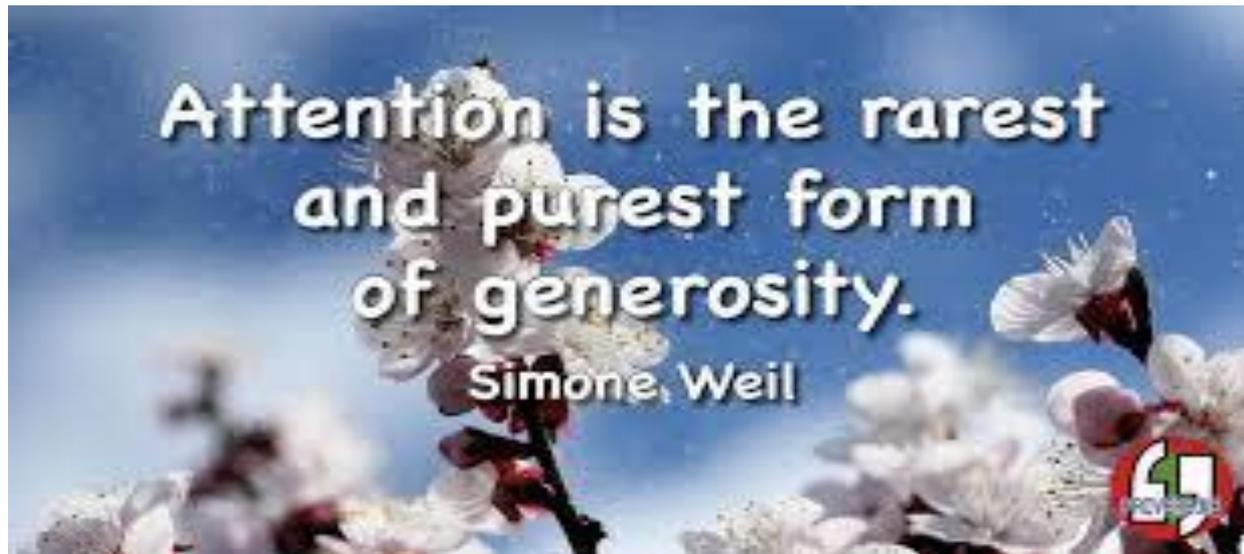


Pregnancy / Maternity

# The story of racial discrimination and abuse began with...

- Inequality of attention

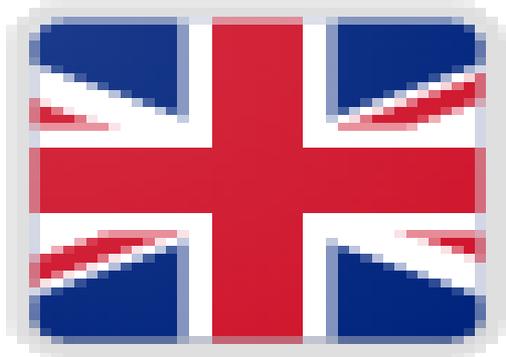
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- Inequality of power/system leadership/representation

# We then encountered...

- #Brexit
- #Windrush
- #BlackLivesMatter
- #Covid-19
- Covid-19 (data on 15.10.20)



**Total  
cases  
674K**

**+  
19,724**

**Deaths  
43,293**

**+137**

# Break in the journey...

- We are now at a crossroads – make or break



# Leadership by RCPsych

- **Clear statement:** Zero tolerance to racism, acknowledge trauma to people, need to address it
  - **Accountability:** One of the President's priorities
  - **Quick action – at the start of his Presidency, Race and Equality Leads appointed at the start**
  - ,
  - **Leadership** – Co-Chairs the Race and Equality Taskforce at the College:
- RCPsych President Adrian James' priorities:
  - **Addressing racism and inequality.** ...
  - Achieving equity between physical and mental health. ...
  - Supporting the workforce. ...
  - Putting sustainability at the heart of all College work.

# RCPsych reports on BAME staff and Covid-19 – Task and Finish Group

- **The first report on risk assessment and management**
- [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings-report-2020.pdf?sfvrsn=22a9083a\\_2](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings-report-2020.pdf?sfvrsn=22a9083a_2)
- **The risk assessment tool**
- [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/risk\\_assessment\\_tool\\_covid19.pdf](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/risk_assessment_tool_covid19.pdf)
- **The second report on recommendations for organisations to help end racial discrimination:**
- [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/recommendations\\_ending-racial-inequalities-exposed-by-covid-19-for-mh-staff\\_t-f-group\\_220720\\_final.pdf?sfvrsn=ecd0ef\\_2](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/recommendations_ending-racial-inequalities-exposed-by-covid-19-for-mh-staff_t-f-group_220720_final.pdf?sfvrsn=ecd0ef_2)

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## Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings | assessment and management of risk



**Updated evidence added 24 June 2020: see report/addendum**

**Original date of publication: 13 May 2020**

**Notes:** The staff referred to in the report include all staff (doctors, trainees and students, nurses, allied health professionals, social workers and support staff) working in the NHS and the independent sector in mental healthcare settings

Black, Asian and Minority Ethnic (BAME, used in this report), or Black and Minority Ethnic (BME) refer to individuals from various ethnic backgrounds other than White.<sup>1</sup> We recognise that within BAME groups, there are some groups which may be more at risk than others, and data is emerging on this issue.

Due to a rapidly evolving situation, and the absence of complete data on this topic across the nations of the UK, some references in this report relate to England based data and guidance. However, the report and its recommendations have been developed to be relevant and applicable across the UK.

### Introduction

The Royal College of Psychiatrists (RCPsych) has responded to the urgent issue of the high and disproportionate numbers of deaths of BAME staff due to COVID-19, by producing initial

# How do we identify and understand the impact of structural inequalities and discrimination?

<b>Paradigm for understanding the impact of inequalities on BAME staff:</b>	
<b>Established inequalities for BAME/BME staff</b>	<b><i>Potential</i> impact during pandemic, and possible increased Covid-19 related risks</b>
<b>Workforce Race Equality Standard (WRES) 2019 (all NHS staff)</b>	
More likely to report personal experience of discrimination	Less likely to raise concerns for e.g. re Personal Protective Equipment (PPE). Less likely to report unacceptable, discriminatory behaviours, Less likely to request redeployment. May face discrimination around FIT testing for PPE for e.g. due to beards, veils, turbans
Formal disciplinary processes more likely	More likely to fear being reported or warned for raising concerns around Covid-19 risks or asking for safer work alternatives
Experiencing bullying and harassment from staff more likely	Adverse psychological impact, isolation at workplace, reduced input into rota design, less likely to call out inappropriate practice
Experiencing bullying and harassment from patients and relatives more likely	May wear less PPE so as not to cover their face - may affect ability to deliver safe care
Fewer BAME leadership role models	May be a barrier to raising concerns by BAME staff who may not feel understood or taken seriously. May prevent an open discussion around options and

# Risk assessment tool

- **Risk Assessment tool for staff during the COVID-19 pandemic:** [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/risk\\_assessment\\_tool\\_covid19.pdf](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/risk_assessment_tool_covid19.pdf)
- **What it is:**
  - An aid to a sensitive collaborative conversation
  - To provide structure and guidance to agree on a plan of action to reduce risk
- **What it is not:**
  - Not for use as a tick box exercise
  - Not an end in itself
  - Not a categorical tool
  - Not a scoring checklist
- **Need to reframe and rephrase?**



**Risk mitigation for BAME staff**



testing/uniforms/scrubs

Redeployment

Working from home

Issue identified as a quality and safety risk at Trust level

Creating psychological safety

Health and wellbeing support

HR policies- risk stratification, staff testing

Board engaging with staff

Safe rotas/staffing

Aids for remote working

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1 of 5 | - + ↻ | A Read aloud | ▾ Draw ▾ ▾ Highlight ▾ ✂ Erase | 🖨 📄 ↗

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

**Date of publication: 22 July 2020**



### 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

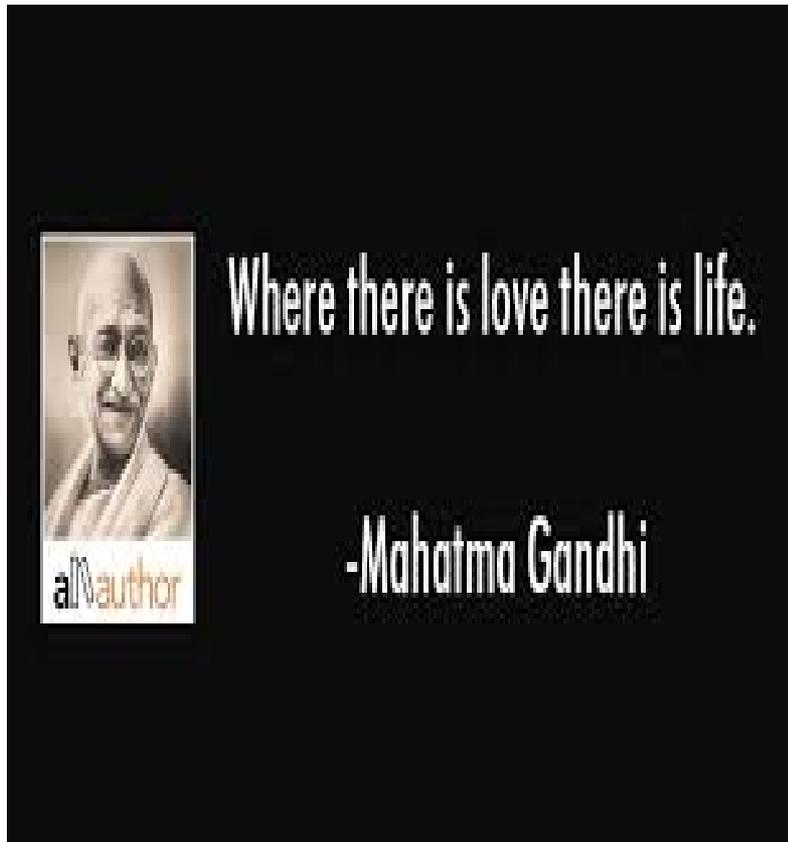
The group has explored evidence directly related to the disproportionate impact of COVID-19 on BAME healthcare staff and linked this to reporting from the Workforce Race Equality Standard and wider evidence which demonstrates that BAME healthcare staff are disadvantaged within the UK healthcare system.

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# Recommendations

- Learning from the COVID-19 response to protect and support BAME mental health staff
- Wellbeing, support, and progression
- Training, awareness and understanding
- Representative leadership
- Data and research

# Being loved for who you are



- Being loved and valued for who you are, be kept in an organisation's thoughts, to belong, to be able to be your authentic self, to speak out and speak up, can be the difference between life and death

# The impact of systemic racism and anti-racism work, the role of wellbeing support

- Recognising moral injury and its impact important
- This notion that inequality is a problem to be solved by those most likely to suffer from it, and that equality and inclusion are bolt-on luxuries to be abandoned when the going gets tough, rather than hardwired into a culture that states: “How we do things around here.”
- This is a moral injury and an inequity in itself and that’s why allyship is so important
- Emotional burden
- Long distance grieving
- Loyalty to NHS versus family
- Stigma racism Abuse
- Resourcing anti-racism work appropriately
- For those who are victims of racism, discrimination, harassment, bullying, abuse, providing a safe space very key
- The central role of ensuring wellbeing of workers

# The power of allyship

- Allyship is about building relationships of trust, consistency and accountability with marginalised individuals and/or groups of people.
- Although you might not be a member of an underinvested or oppressed group, you can support them and make the effort to understand their struggle and use your voice alongside theirs.

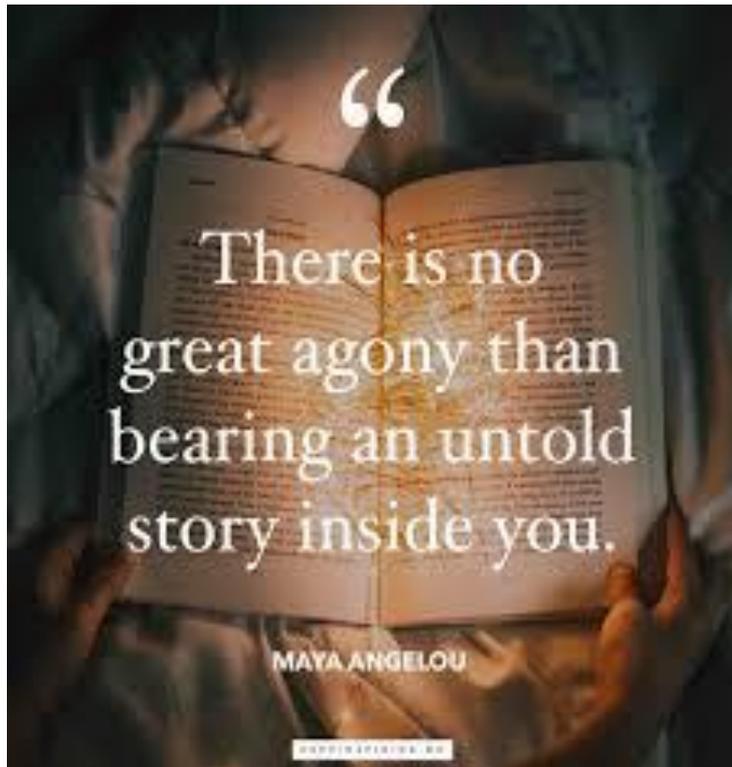


# Develop diverse and representative leadership

- The average NHS provider board has eight men and six women, one member from a black, Asian or ethnic minority (BAME) community and one disabled person.
- 43%: proportion of women on NHS provider trust boards
- 77%: proportion of women in the NHS workforce
- 7.7%: proportion of NHS provider board members from BAME communities
- 20 %: people from BAME communities in the NHS workforce (BAME doctors are around 40% of all doctors in the NHS)
- 5.3%: proportion of board members



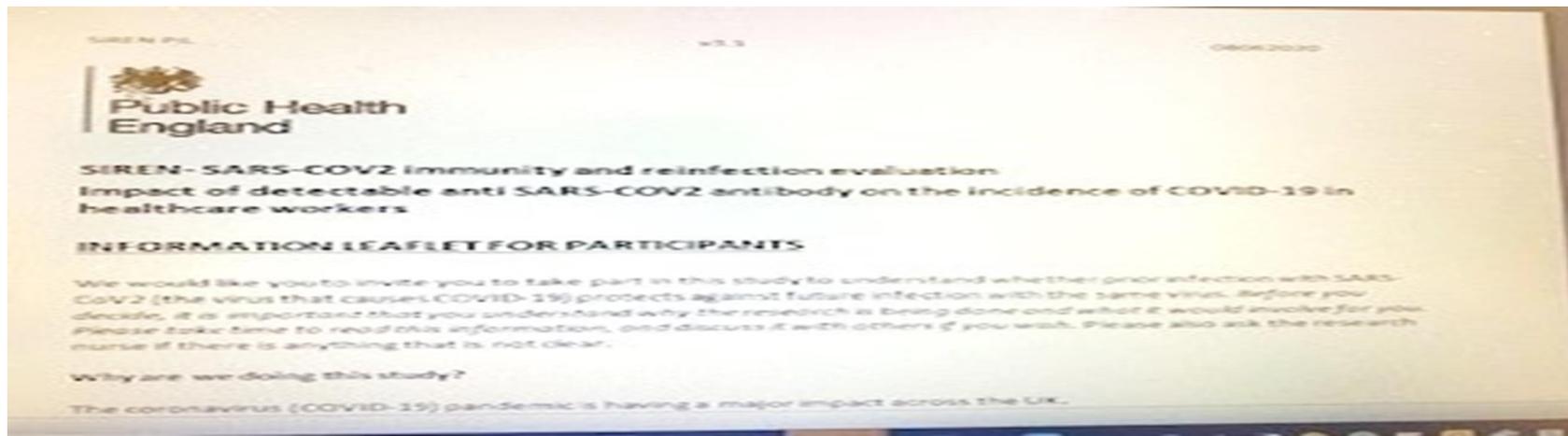
# The stories need to be told...



- **Mahashweta Devi** – “History is power. What Kind of history do we want to bequeath to the next generation? I had such a great **asthirata** in me, such a restlessness; **udbeg** and I have to write...So that I can face myself without any sense of guilt and shame.”

# Data, policy and research

- Accurate data on staff and patient Covid-19 deaths - who collects and has oversight?
- **Ethnicity recording on death certificates.**
- Prof Louis Appleby: “In the future we should have no public database that can’t be analysed by ethnicity”
- Learning from deaths
- Medical WRES data now being rolled out
- Promoting BAME participation in research – e.g. SIREN study below



# Lift as you climb

“ I tell my students, 'When you get these jobs that you have been so brilliantly trained for, just remember that your real job is that if you are free, you need to free somebody else. If you have some power, then your job is to empower somebody else.’”

**| TONI MORRISON**



# Journey's end (for now)

- *Time to recharge*
- *So we are all of us cogs in the wheel of justice, and are branches of the tree of equity that provides succour and strength*



# Thank you

- Questions and comments
- @adave\_NHS - twitter