

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

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A moment to pause, feel and regroup

- #BlackLivesMatter
- *“Injustice anywhere is a threat to justice everywhere”.*
- *Staying silent is not an option.*
- *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*

The report and beyond---

- 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
- It is a starting point, where do we go next?

Mental healthcare workforce

- As per the HSJ article 19/5/20, eighteen (11 per cent) individuals worked in a mental health setting, while 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

What we say and how we say it matters- our approach

- BAME does not refer to a homogenous group of people
- **Need to understand each person's identity and unique story**
- Be careful that terms don't exclude, 'other' or depersonalise people.
- The term 'underlying health conditions' may also indicate underlying or overlying attitudes
- **"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**

Understand the person - a starting point



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

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Paradigm for understanding the impact of inequalities on BAME staff:	
Established inequalities for BAME/BME staff	Potential impact during pandemic, and possible increased Covid-19 related risks
Workforce Race Equality Standard (WRES) 2019 (all NHS staff)	
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

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An organisational approach

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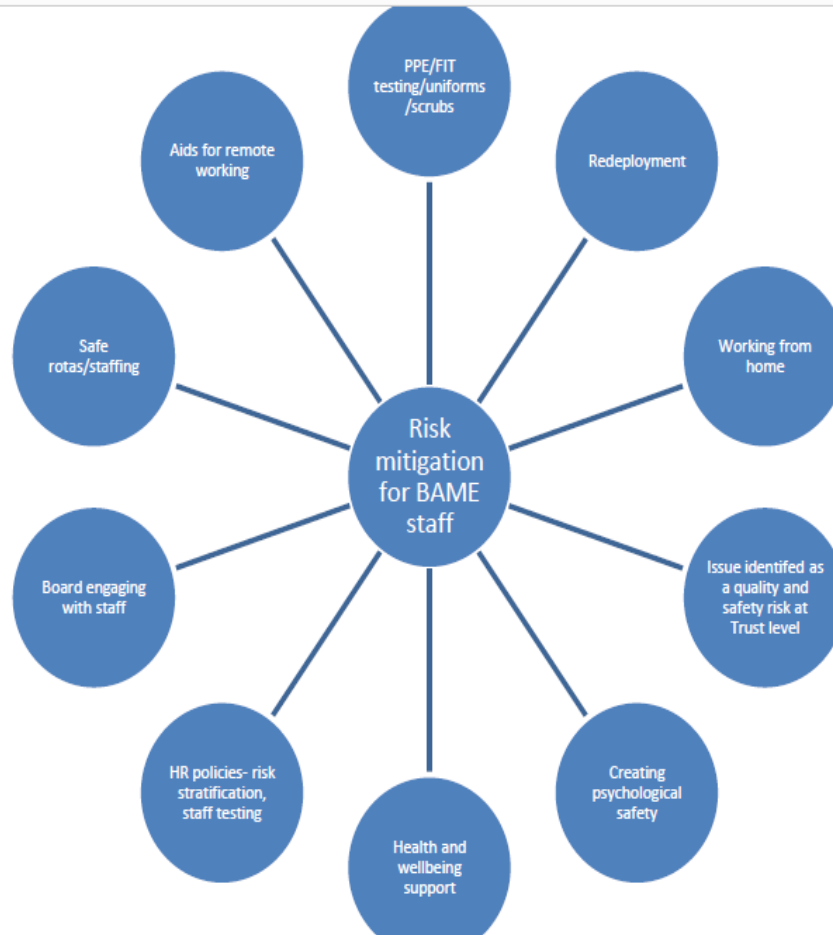
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Risk assessment tool

- **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
- **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?**

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Risk Assessment Tool for Staff during the COVID-19 Pandemic

Please read guidance notes at the end before completing this form.

General Information			
Staff Member's Name(s)		Job Title	
Line manager		Manager's job title	
Location / Ward / Area		Working hours	
Date of Assessment		Review date	
Individual's underlying health condition category / other factors	Please tick appropriate box <input checked="" type="checkbox"/> Working (very high risk group) Age (years) Present if age is over 50 for BMS staff Diabetes Chronic lung disease Chronic heart disease Cancer Pregnancy please tick if over 28 weeks, under 28 weeks if pre-existing risks present Immunosuppression Pre-existing disability that impacts on respiratory mobility Impact of caring duties or concerns about family BMS background Gender (please tick if male BMS above 50)	Current job status <input checked="" type="checkbox"/> Current job status Directly caring for Covid-19 patients (in or out of patient) and undertaking associated generating procedure (ADP) Directly caring for Covid-19 patients (in or out of patient) – not undertaking ADP Directly caring for patients not tested / unknown Covid-19 status but within zones of patient – within key setting Providing care to other colleagues with the care setting (eg, dining, etc), (S) Providing care to colleagues but not directly in the care setting (eg, training)	

What are you already doing?

Intervention	Current Practice	Additional Actions to Reduce Risk
Can this work be done at home? Please refer to guidance notes for more information		
Could alternative work be undertaken at home or elsewhere in the trust (redeployment)? If appropriate, please specify		
Can face to face interactions be limited?		
How arrangements have made for remote working? eg, if facilities for audio and video consultation.		
PPS (for appropriate PPS for theoretical setting) including risk rating		
Plans to work in targeted protection at risk groups and their family members		
Has theoretical had any visitors in the past linked to the health condition?		
Has theoretical had a visitor since showing deficiency?		
What arrangements are you going to put in place to ensure regular contact / wellbeing?		
Other considerations		

Assessment

Person's signature (see guidance notes)	<input checked="" type="checkbox"/>	Monitoring Officer's signature	<input type="checkbox"/>
Person's signature (see guidance notes)	<input type="checkbox"/>	Local Manager's signature and name	<input type="checkbox"/>
Person's signature (see guidance notes)	<input type="checkbox"/>	Connective People team for BMS staff and support	<input type="checkbox"/>
Additional notes			
Please add any additional notes as appropriate following discussion with People team.			
Individual's signature (can be electronic signature or reference to email confirmation)		Date signed	
Print Name			
Line Manager's signature (can be electronic signature or reference to email confirmation)		Line Manager's job title	
Print Name			
HR/People & Culture Officer's signature (can be electronic signature or reference to email confirmation)		HR/People and Culture Officer's job title	
Print Name			

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Recommendations/ways forward -1

- Accurate data on staff 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
- Learning from areas of good practice
- Using the right language matters
- Provide training to develop and support compassionate, collaborative and culturally sensitive leadership behaviours

Recommendations/ways forward -2

- Making the stand against racism and work to end inequalities and inequities a core part of College business. It speaks to the key strategic aims of RCPsych- improving outcomes for patients, sustainable workforce, promoting equality, diversity and inclusion.
- How can we hold ourselves to account and give confidence that we are doing what we can?
- Listening to the voices of people who live the experience, narratives, stories are important
- Speaking truth to power in the national arena
- Thank you