FACTSHEET

BLACK, ASIAN AND MINORITY ETHNIC (BAME) WOMEN, MENTAL HEALTH AND COVID-19

Introduction

Women make up over half (50.8%) of the resident population of England and Wales and at the last Census, 13.9% or 3.9 million of these women were from a Black, Asian and Minority Ethnic (BAME) background. Data from the latest Annual Population Survey (Jan – Dec 2019) shows that BAME women currently make up 16% of the female working age population of England and Wales. White women make up the remaining 84%. It is worth noting that BAME men currently make up 15% of the male working age population.

It is well documented that many women from the Windrush generation came to the UK in the 1950's and 1960's to work in the NHS, and that BAME women are overrepresented in health and social-care services in 2020. The Race Disparity Unit (RDU) data shows for example that whilst the Black/Black British population accounts for only 3.4% of the working age population 6.1% of employees in the NHS are Black. The Asian/Asian British population accounts for 7.2% of the working age population and 10% of the NHS are Asian.

Currently, a third of COVID-19 patients are from BAME backgrounds which is disproportionate when compared to their 13% representation in the UK

population. Men appear to be more susceptible to the virus than women. So, whether it is BAME women themselves or their fathers, sons, brothers or partners, there is likely to be a disproportionate impact on ethnic minorities.

Black/Black British Women's Mental Health

The RDU reported that in 2014, **29%** of Black/Black British women experienced a common mental disorder in the past week, **28.7%** of women from a Mixed Other background reported the same. That's a higher rate than for White British women or Other White women – **21%** and **16%** respectively. With no campaign to improve the mental health of BAME women in recent memory, there is no reason to believe that there has been any improvement since the data was collected in 2014. In fact, these percentages have probably increased with the additional stressors created by the current crisis.

> 6.1% of NHS workers are Black/Black British despite making up only 3.4% of the working age population.

Mental Health Detentions - Coronavirus Bill

It is worrying at this time to read the summary of the Coronavirus Bill on the government website which states:
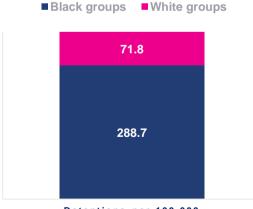
> "[We will] enable existing mental health legislation

"powers to detain and treat patients who need urgent treatment for a mental health disorder and are a risk to themselves or others, to be implemented using just one doctor's opinion (rather than the current two)."

Unfortunately, there is already significant existing evidence of disparities by ethnicity in detentions under the Mental Health Act. RDU data shows that among the five broad ethnic groups, people in the Black ethnic group were the most likely to have been detained under the Mental Health Act in 2017/18, at a rate of 288.7 detentions per 100,000 Black people. They are more likely to have been detained than people in the White ethnic group who had a detention rate of 71.8 per 100,000.

Detentions under the Mental Health Act (2017 – 2018)

■ **Black groups**   ■ **White groups**
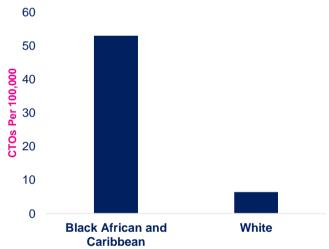

Detentions per 100,000

Furthermore, in October 2019, the Nursing Times reported that NHS Digital data revealed that black people have a detention rate of 306.8 per 100,000 in England for 2018-19, **more than four times higher than for white people,** with a rate of 72.9 per 100,000.

Black people also have higher rates of receiving Community Treatment Orders (CTOs) – a legal order that requires a person to accept mental health treatment, including taking medication and attending therapy. Black people had a reported 53.8 CTO uses per 100,000 population – **which is over eight times higher** than for white people, with only 6.4 CTO uses per 100,000 for 2018-19.

Community Treatment Orders (CTOs) by Ethnicity (2018 – 2019)

The COVID-19 law is extending powers to detain people. This must be monitored by ethnicity and gender to ensure that the disparities are not increased with this pandemic. These detentions, should they be deemed necessary, should be done with sensitivity as there are stigmas around mental health within BAME communities, more generally.

Precarious employment and mental health
The recently published Race Inequality in the Workforce report highlighted BAME young adults are 47% more likely to have a zero-hours contract

than their white peers (6.9 percentage points compared to 4.7 percentage points).

Pakistani young adults are more likely to be unemployed, working shifts, without a permanent contract, and having a zero-hours contract, compared to White young adults. Those who identify as Black African are also in a precarious position compared to White individuals, having a greater risk of unemployment and/or shift work.

Those who work shifts are 7 percentage points more likely to report mental ill health compared to those who are not shift workers – a 36% difference.

Those who have a zero-hours contract are 6 percentage points more likely to report mental ill health than those without a zero-hours contract – a 30% difference.

Fostering a culture of inclusion and belonging
With a shift to remote working for some employees and the increased threat of contagion for those working in frontline-service sectors, along with strict adherence to social distancing, employees can begin to feel much more stressed and isolated. It is important that employers reinforce the values of dignity, respect, diversity and inclusion at this time. This is one of the five key commitments of the Race at Work Charter.

Bullying and harassment
The Business in the Community Race at Work 2018 Scorecard report found that one in four BAME employees, (25%), reported that they had witnessed or experienced racist harassment or bullying from managers in the last two years. **39% of Pakistani women and 29% of Black African and Caribbean women said that they had experienced bullying and harassment from managers compared to 14% of white women.**

Since 2015 there has been an increase in the proportion of people from a BAME background who report they have witnessed or experienced racist harassment or bullying from customers or service users (up to 19% from 16%). **In 2018, 52% of Bangladeshi women reported this to be the case.**

29% of Black African and Caribbean women experienced or witnessed racial harassment or bullying from **managers** in the last two years

1 in 2 Bangladeshi women experienced or witnessed racial harassment or bullying from **customers** or **clients** in the last two years.

Business in the Community's 2019 Mental Health at Work: Time to Take Ownership report found that of those BAME employees who have experienced mental-health symptoms related to work, a quarter (25%) stated their ethnicity was a factor in these symptoms, compared to only 1% of those with work-related symptoms who were White.

There are key issues that must be considered now because of the inevitable, challenging economic impact of COVID-19. There is imperative action for policy makers and employers:

Hidden financial pressures and commitments
The RDU data shows that **households spending a higher percentage of income on rent** than White British households (30%) include those from the following ethnic groups: Chinese (72% of weekly income); Arab (46%); Other Asian (38%); Other ethnic groups (37%); Mixed White and Black

Caribbean (40%); Black African (39%); Other White (32%) and Black Caribbean (34%).

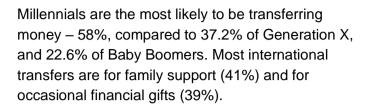The RDU data also shows that, after housing costs were deducted:

- White British households had the **largest percentage of households in the highest income quintile** (21%), and the smallest percentage in the lowest income quintile (17%).

- The ethnic groups with the **largest percentage of households in the two lowest quintiles** were Pakistani (76%), Bangladeshi (74%) and Black (62%). By comparison, 37% of White British households fell into the 2 lowest income quintiles.

Ethnicity pay gap reporting

The government must introduce ethnicity pay gap reporting when time allows. This will enable employers to identify any pay disparities within their workplaces and activate plans to narrow the pay gaps. RDU data found for example that in the NHS, graduate entry Black staff made up **8.2%** of the workforce in band 5, compared with **1.2%** of those in 'very senior manager' grades.

Supporting relatives abroad

BAME communities have been supporting their extended families abroad for generations and the latest remittance statistics show that Nigeria receives more money from the UK than any other country, accounting for 15.4% of all transfers abroad. This is followed by India (14.7%), France (6.7%) and Pakistan (6.3%). These statistics indicate that BAME people are more likely to have very present international family links and send money to help and support relatives in other parts of the world. The locations in the UK with the highest volume of international money transfers are, **London**: 61.4%; **North East**: 49.0%; and **West Midlands**: 36.9%. Men are more likely to make an international money transfer than women – 41% compared to 29%.

Millennials are the most likely to be transferring money – 58%, compared to 37.2% of Generation X, and 22.6% of Baby Boomers. Most international transfers are for family support (41%) and for occasional financial gifts (39%).

Fewer savings or no savings

A report from Runnymede found that two years on from the financial downturn of 2008, BAME groups were twice as likely as White groups to have no savings with 60% of BAME people having no savings at all – twice the rate for White people.

The National Equality Panel (2010) disaggregated this data further. It found that while average household asset wealth among white families was £221,000, the figure for Pakistani groups was £97,000, for Black Caribbean families £76,000 and for Black African and Bangladeshi groups only £21,000 and £15,000 respectively.

The recently published Runnymede report – The Colour of Money – summarised the most recent data from the Office for National Statistics' Wealth and Assets Survey. For those groups with sufficient data, there is some variation, but the trends are clear: Indian households have 90–95p for every £1 of White British wealth, Pakistani households have around 50p, Black Caribbean around 20p, and Black African and Bangladeshi approximately 10p.

All of these financial elements may be hidden issues in your workforce that may need to become part of a line manager's one-to-one check-ins with employees, as we all grapple with the new ways of working implemented by organisations because of the coronavirus pandemic.

When the government makes plans to ease lockdown measures and return society to normal, the community, inspiration and strength many people from BAME backgrounds derive from their ability to practice their religion, faith and belief in collaboration with others, must not be

underestimated, overlooked or deprioritised as critical to mental health and wellbeing.

Action for policy makers

It is difficult to share data insights into the lived experience of women from all ethnic minority backgrounds in the UK within this factsheet.

Key issues need to be monitored with the intersectional lens of ethnicity and gender, so that ethnic minority women who are often 'invisible' in the workplace and to policy makers, can have their issues spotlighted, voices heard, and where necessary, the appropriate support provided.

Because of BAME employee over representation in the NHS, the Department of Health and Social Care should ensure its monitoring includes:

- Collecting data on permanent and Agency/Bank nurses. Agency nursing is a choice often made by black women because it pays better than being at lower-level nursing grades. The Race at Work survey 2018 found that **42% of black women said their careers failed to meet their expectations, compared to 26% of White women**. Hospitals must also ensure that Agency nurses are provided with mental health support and ensure the same access to Personal Protective Equipment (PPE) as permanent NHS employed nurses.

- Monitor and release data by ethnicity and gender on Common Mental Health Disorders (CMD) during the COVID-19 pandemic and thereafter.

- Monitor and release data by ethnicity and gender for detentions under the mental health act additional powers which have been extended under the Coronavirus Bill.

- Monitor access to Cognitive Behavioural Therapies or other alternative therapies as a result of COVID-19, compared to Community

Treatment Orders, anti-depressants or other anti-anxiety medications.

- The Home Office should monitor and release data by ethnicity and gender for those detained or fined under the additional powers extended to the police in the Coronavirus Bill – this should be published by financial quartiles for fines where available.

- The Department for Business Energy and Industrial Strategy and Ministry of Housing, Communities and Local Government must ensure that landlords – private and commercial – are passing on any relief that they have been given by the government, to tenants and micro-business owners.

- These departments must also monitor applications and successful access to the funding and support for businesses announced by the Chancellor by gender and ethnicity.

- The Department for Business Energy and Industrial Strategy and Ministry of Housing, Communities and Local Government should capture business-owner data by gender and ethnicity and monitor business grants to ensure they are reaching micro-business owners. Some of these will be hairdressers and local retailers in non-food items which have had to close. They are the life blood of local communities and local highstreets. The departments must also ensure that Local Authorities monitor the distribution of any grant funding and support by ethnicity and gender.

- The Department for Business Energy and Industrial Strategy, Cabinet Office and the Government Equalities Office must ensure that ethnicity pay-gap reporting is implemented in due course. This will help to ensure that BAME women progress out of low paid occupations and it is no longer an invisible or hidden issue.

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What can employers do now?

At this time when employers are taking steps to take care of their employee's health and wellbeing, employers should also be mindful of disparities that may exist for BAME employees because of underlying health conditions.

One simple thing all employers can do is, encourage your managers to check in with employees now and ask about their health and wellbeing and that of their households, in the light of this pandemic.
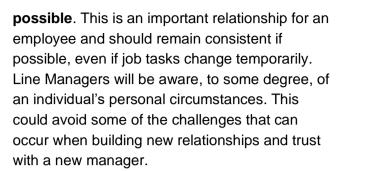
- **Don't use a one-size-fitsall approach to decisions which could result in pay or income reduction.** Because of low pay, high housing costs and extended family caring responsibilities, BAME women may have limited financial stability to cushion the impact of reduced working hours or job loss**.** What seems like a simple change that everyone can bear, could have a devastating impact.

Firstly, employers must get past this discomfort about talking about race so that we can identify and discuss disparities and take appropriate action.

Executive Sponsors for Race within organisations must bring the key issues identified in this document to their top tables for review and action:

- **Create a network of mental health first-aid mentors to support employees**: Race at Work 2018 found that **56%** of Black African Women want a mentor compared to **22%** of white British women and **39%** of BAME women overall. If possible, establish a network of mental health first aid mentors with appropriate training to support employees within your organisation. Be inclusive and ask for volunteers from your Employee Resource Groups or Networks that focus on including BAME people in the workplace.

- **Avoid disrupting positive line manager/employee relationships where**

possible. This is an important relationship for an employee and should remain consistent if possible, even if job tasks change temporarily. Line Managers will be aware, to some degree, of an individual's personal circumstances. This could avoid some of the challenges that can occur when building new relationships and trust with a new manager.

- **Managers should signpost individuals to additional support where appropriate**. Take extra steps to ensure that team members are fully aware of government advice where there may be language barriers.

- **Managers should encourage and support applications from BAME women to any internal employee hardship funds**. Employees may be experiencing financial challenges because of disproportionate housing costs, and/or limited savings. Monitor and review access by ethnicity and gender.

- **Ask about BAME women's primary caring responsibilities** – this could be caring for children or teenagers. There may already be some hidden challenges for those with children of school age. RDU data shows that Mixed White and Black Caribbean, and Black Caribbean pupils also had high exclusion rates, and were both nearly three times as likely to be permanently excluded as White British pupils. There may also be responsibility for caring for parents and older relatives in extended family in the UK and abroad.

- **Consider BAME female talent for redeployment into temporary enhancement roles**. Race at Work found that progression was important to 70% of BAME people, rising to 84% for Black African women. Access to such opportunities could also provide a much-needed income boost for households more likely to be in the lower financial income quartiles in the UK.

- **Culturally sensitive support is important. Ask key questions** as there may be issues that are

unique to some ethnicity groups. For example, multigenerational households and the implications of large families being confined in small living spaces with limited access to a garden, or public green spaces.

- **Cultural awareness training should be provided online as part of Line Management and People Manager development**. Consider refresher training at every major policy change.

- **Encourage a culture of openness** at work about time constraints and workload. BAME women must feel able to speak up if the demands placed on them are too great and consider adjusting work patterns, as necessary.

- **Ensure employees will be supported and allowed to attend counselling** and support services during working hours as they would for other medical appointments.

- **Listen, and respect the lived experience of employees**. Some of the issues raised may not fall within your experience, but an empathetic ear, signposting to possible materials and networks that can be of support, will always be welcome.

Links

- [Ethnicity Facts and Figures](#)
- [Race at Work 2018 Scorecard report](#)
- [Let's talk about Race](#)
- [Race at Work Charter](#)
- [Race Inequality in the Workforce 2020](#)
- [Why do Assets Matter?](#)
- [National Equality Panel (2010)](#)
- [Mental Health at Work 2019 – Time to Take Ownership](#)
- [Race at Work Charter executive sponsors: Top tips to become a visible leader on ethnicity](#)
- [Mental health detention rate over four times higher for black people](#)
- [The Colour of Money 2020](#)

Our Resources

BITC has a range of resources to support employers in creating an inclusive culture that promotes race equality in the workplace.

Employers can take the [survey](#) to measure their progress against the charter principles. It includes questions about what actions employers are taking in the light of COVID-19. Sign the Race at Work [Charter](#) and share our newly released, executive sponsor for race [top tips](#) factsheet.