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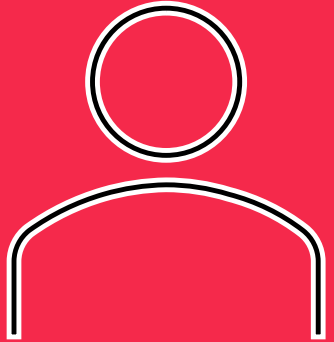
Ethnic inequalities in mental health admissions during the COVID-19 pandemic: Natural experiments and the limits of routine data

Jayati Das-Munshi, Professor of Social and Psychiatric Epidemiology,
Co-Director PHIUK Population Mental Health Consortium, KCL
President for the Section of Public Mental Health,
European Public Health Association (EUPHA)

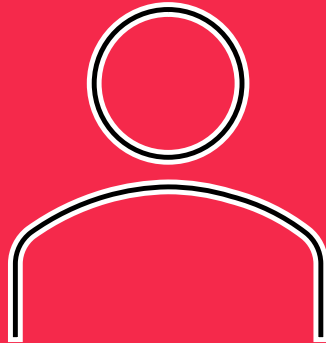


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Excess detentions under the Mental Health Act



1 White British person



3.4 Black Caribbean people

Modernising the Mental Health Act

“So we have to accept the painful reality of the impact of that combination of unconscious bias, structural and institutional racism, which is visible across society, also applies in mental health care. I know that many people will be made to feel uncomfortable by these terms; and indeed I was one of them.”

Professor Sir Simon Wessely, 2018 Mental Health Act Review



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COVID-19 pandemic



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COVID-19 pandemic

- On 30th January 2020, following the identification of the SARS-COV-2 coronavirus, the WHO declared a Public Health Emergency of International Concern (PHEIC)
- Globally, measures were introduced to control the spread of the virus.

national lockdown 23rd March 2020

First 'stay-at-home' order introduced:

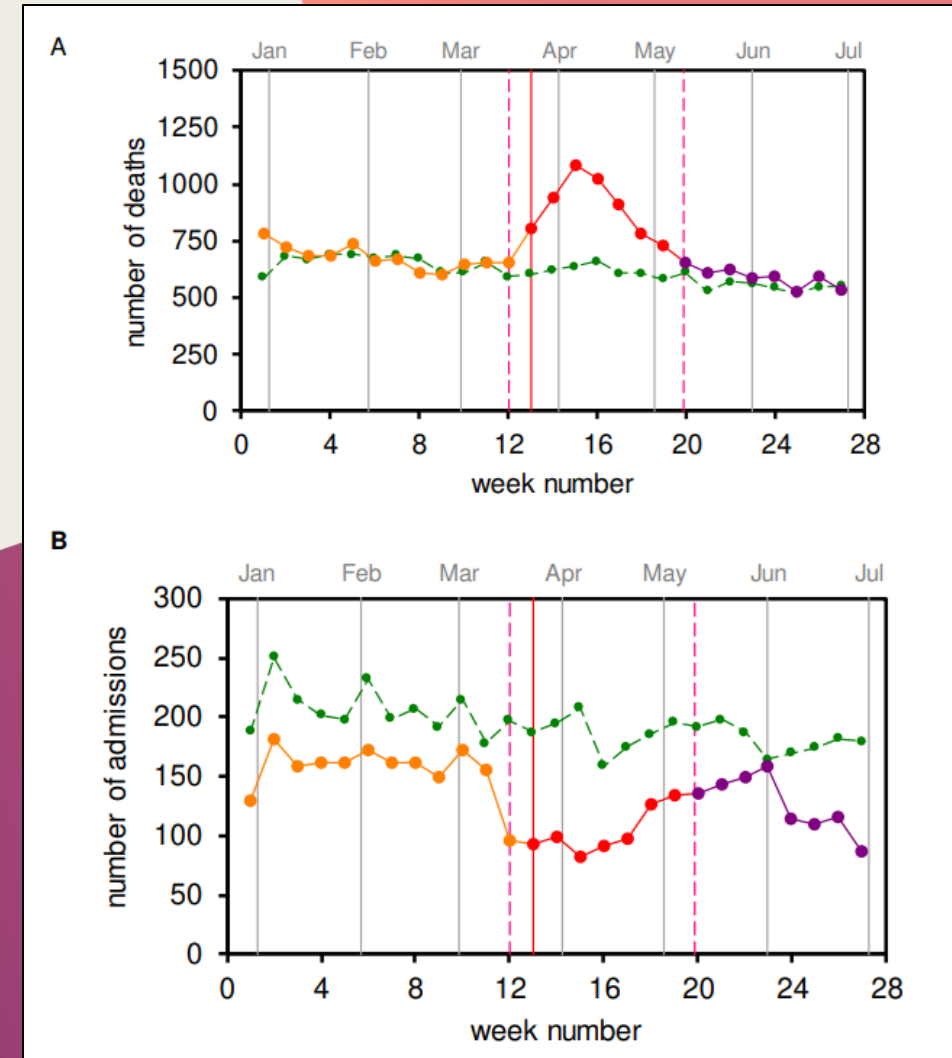
- Mandated closure of “non-essential” in-person businesses
- No mixing of households
- No non-essential travel
- Recommendations to work from home
- Mandated school closures



COVID-19

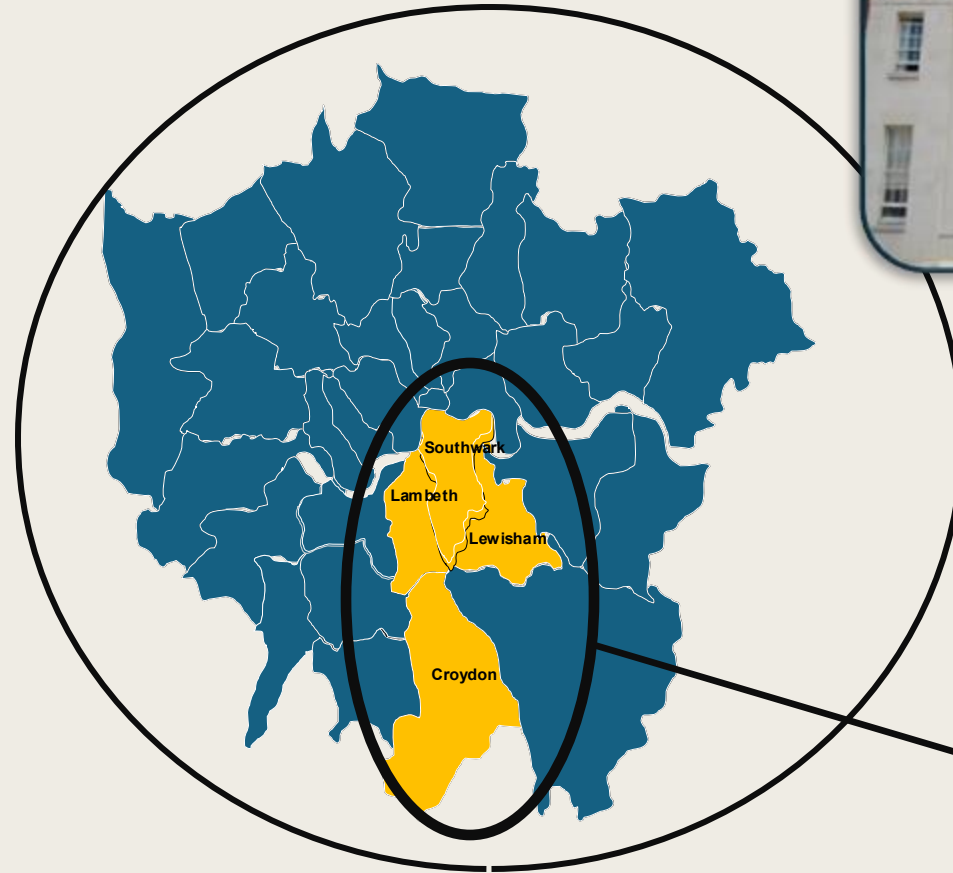
In mental health services:

- Switching to using telemedicine rather than face-to-face appointments
- Reduced rates of admission and referrals to secondary mental health services
- Reduced service capacity due to staff redeployment and illness or self-isolation

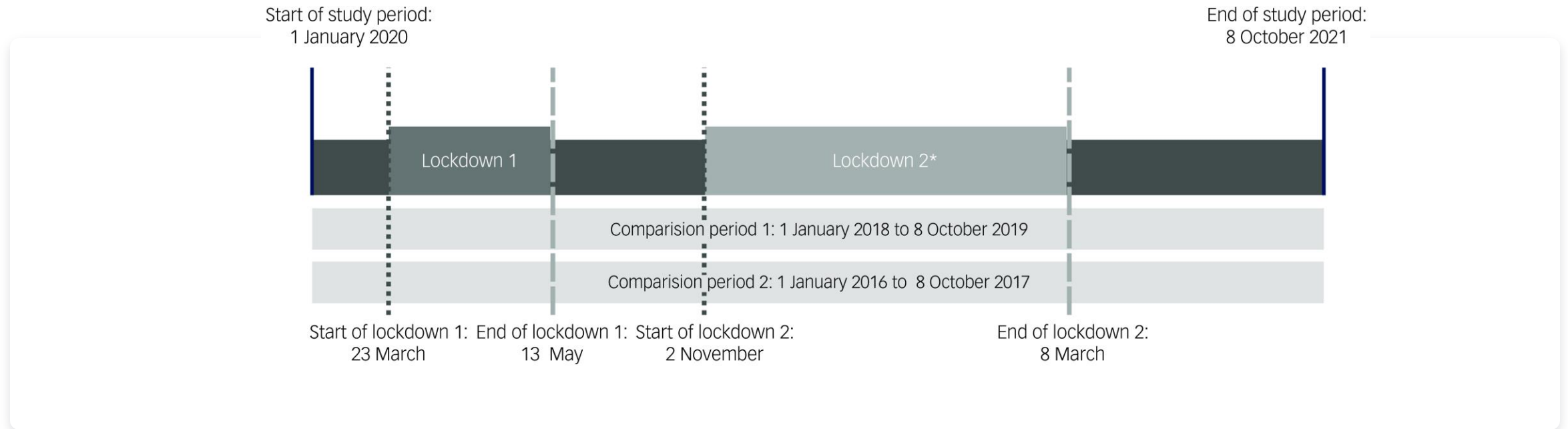


BRC Clinical Record Interactive Search (CRIS)

n = 22,803 admissions;
n = 374,744 patients
(from 2016–2021)



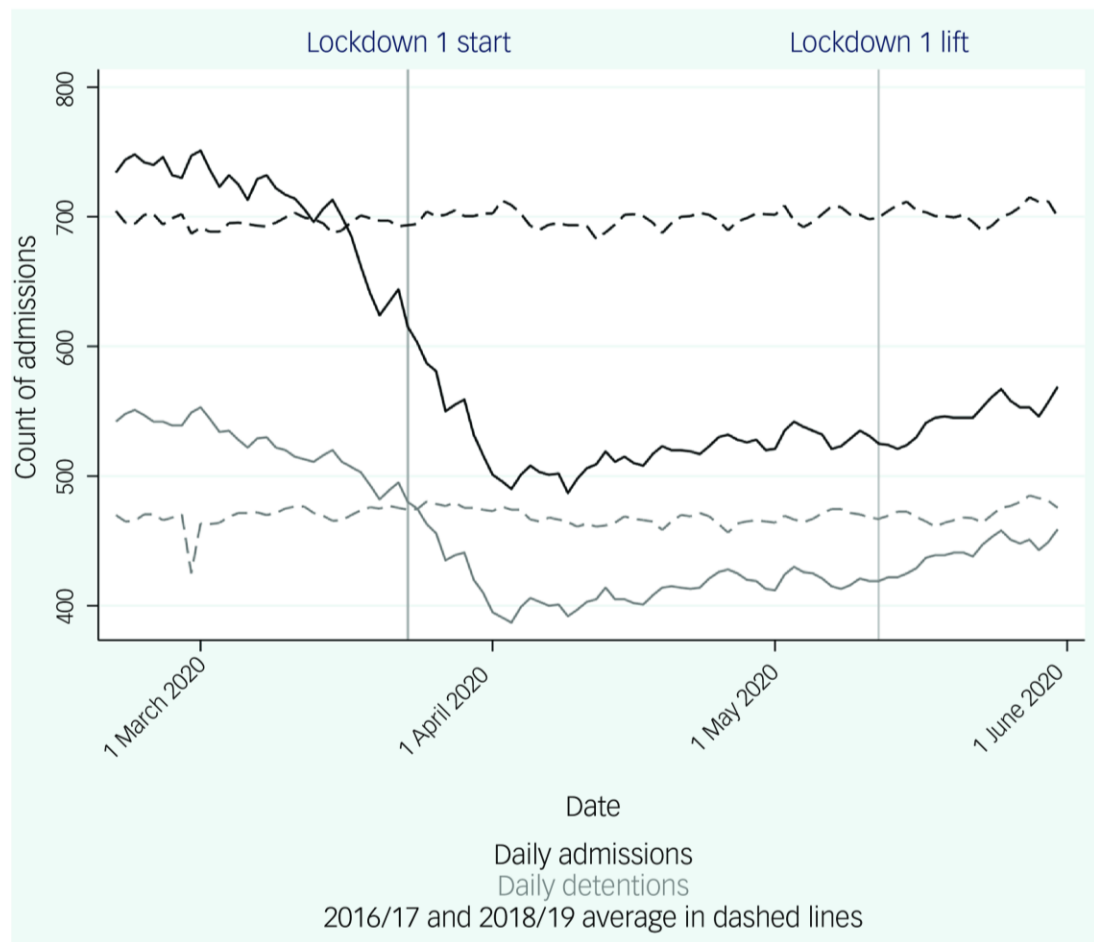
regression discontinuity in time study design



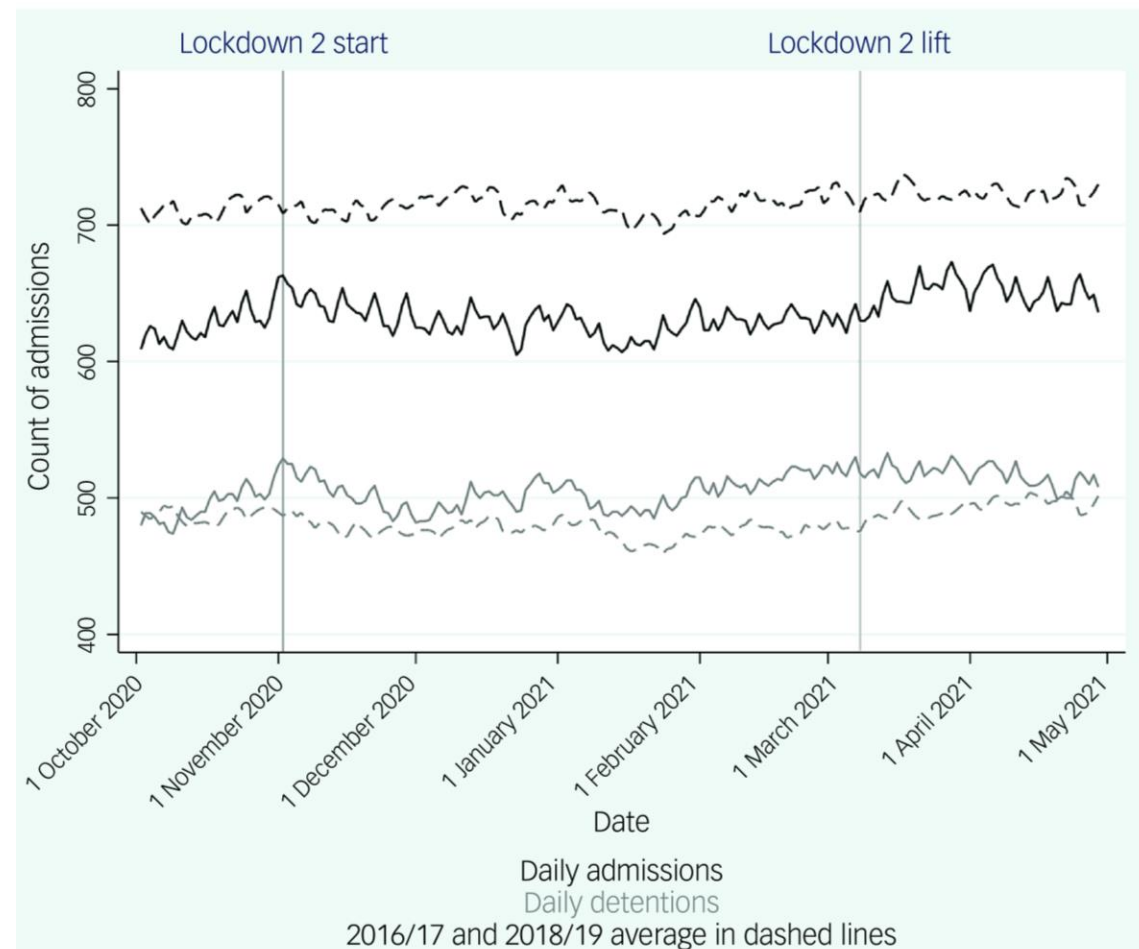
Ethnicity mapped to Census 2011 but then aggregated due to sample size (final groups: White British, White Other (inc. Irish), Black Caribbean, Black African, South Asian (Indian, Pakistani, Bangladeshi), Other ethnicity (inc. Chinese, Other Asian))

total in-patients and detentions

first lockdown



second lockdown



Admissions and detentions by ethnicity	Lockdown 1			Lockdown 1 lift			Lockdown 2			Lockdown 2 lift		
	IRR	95% CI	p-value	IRR	95% CI	p-value	IRR	95% CI	p-value	IRR	95% CI	p-value
Daily new admissions (voluntary admissions and compulsory detentions)												
Full sample	0.87	(0.75, 1.00)	0.06	1.04	(0.94, 1.16)	0.41	1.03	(0.92, 1.15)	0.57	1.14	(1.03, 1.26)	0.01
White British	0.68	(0.51, 0.89)	0.01	0.97	(0.79, 1.18)	0.74	0.92	(0.74, 1.15)	0.47	0.97	(0.80, 1.18)	0.75
White Other	1.08	(0.62, 1.88)	0.79	1.42	(0.95, 2.12)	0.08	1.42	(0.90, 2.23)	0.13	1.67	(1.11, 2.51)	0.01
Black Caribbean	1.17	(0.86, 1.58)	0.32	1.31	(1.04, 1.64)	0.02	1.31	(1.02, 1.67)	0.03	1.26	(1.01, 1.56)	0.04
Black African	0.86	(0.55, 1.34)	0.52	1.09	(0.80, 1.49)	0.56	1.28	(0.92, 1.77)	0.15	1.29	(0.95, 1.75)	0.10
South Asian	1.12	(0.39, 3.18)	0.84	1.05	(0.49, 2.25)	0.89	1.15	(0.53, 2.48)	0.72	1.69	(0.81, 3.51)	0.16
All other ethnicities	0.57	(0.34, 0.97)	0.04	0.77	(0.52, 1.13)	0.18	0.71	(0.48, 1.05)	0.09	0.87	(0.60, 1.24)	0.43

changes in daily admissions (voluntary admissions and compulsory detentions)

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Daily new compulsory detentions												
Total daily admissions detained	1.25	(1.02, 1.54)	0.03	1.16	(1.01, 1.32)	0.03	1.28	(1.11, 1.49)	0.001	1.23	(1.08, 1.40)	0.001
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White Other	1.04	(0.51, 2.13)	0.90	1.30	(0.75, 2.23)	0.35	1.46	(0.81, 2.65)	0.21	1.40	(0.81, 2.41)	0.23
Black Caribbean	1.54	(1.08, 2.20)	0.02	1.34	(1.03, 1.74)	0.03	1.53	(1.14, 2.06)	0.01	1.39	(1.07, 1.79)	0.01
Black African	1.14	(0.69, 1.90)	0.61	1.12	(0.78, 1.62)	0.53	1.57	(1.06, 2.34)	0.03	1.35	(0.94, 1.94)	0.11
South Asian	0.50	(0.12, 2.04)	0.33	0.81	(0.27, 2.41)	0.70	0.70	(0.22, 2.19)	0.54	1.22	(0.41, 3.58)	0.72
All other ethnicities	0.87	(0.42, 1.80)	0.71	0.90	(0.53, 1.53)	0.69	0.99	(0.57, 1.73)	0.97	1.01	(0.61, 1.68)	0.97

Models adjust for trends due to month and day of the week

pre-existing inequalities were amplified

- A general reduction in secondary mental health care admissions
- More acute and involuntary pathways into care for Black Caribbean and Black African people during the COVID-19 lockdowns

health records offered a unique ‘real time’ perspective on emerging situations....

- SLAM records enabled a rapid assessment of admissions to mental health services, and were consistently recorded over a long period of time

But...

- Health records are not collected with research in mind
 - Missing Data
 - Limited information
- A traditional ‘control’ group is missing
- From one single site (generalisability)
- Subgroup analyses limited (ethnicity)- other groups in effect ‘invisible’

RESEARCH

Open Access



Living less safely through the pandemic in England for people with serious mental and physical health conditions: qualitative interviews with service users and carers of Black African, Caribbean, and South-Asian descent

Josephine Ocloo^{1,2*}, Ruth Stuart³, Hannah K. Dasch⁴, Jacqui Dyer⁵, Dina Choudhury³, Leroy McAnuff³, Stephen McGowan³, Ioannis Bakolis^{1,2,6} and Jayati Das-Munshi^{2,3,6,7,8}

‘I feel that it’s not just race, but it’s tied in with other things. I think a lot is to do with your background. They have these inherent, ingrained racial prejudices, I think without them even realising it. I mean, it’s like, when they fill in forms for you, I notice all the time they put me on there as White. They’ve never bothered to ask me. One of the assessments was, I said I weren’t getting out – this is going back a few years where I’ve seen someone face to face and it said: ‘She appeared with a suntan but claimed she doesn’t go out.’ And I thought, ‘Suntan? That’s my natural skin colour.’ So, it’s that and its class, they’re just seeing you as working class from the north and they see you as lazy, fat, feckless, idol, uneducated, making things up, malingerers, health-seeking patient. They have this way of treating people, and especially women like me, with care backgrounds, who’ve had experiences of things like abuse, and they put horrible labels on them, without even their knowledge’ [SU1-site2].

“More than two thirds of the service user participants said they felt their care had been impacted by the pandemic in different ways, leaving some struggling with little or no support, whilst others experienced much needed health and care services being seriously disrupted or unavailable.”

methods and data are not neutral

If a method applied to a data source can't reliably detect a subgroup association, that group's experience is rendered invisible to policy evaluation.

Where feasible, stratified analyses could be a default in quasi-experimental policy evaluations.

concluding reflections

- COVID-19 pandemic lockdowns were associated with a widening in pre-existing inequalities for minoritised groups
- Policies which could impact this are the target of mental health law reform (now/ this year)
- Movement towards improved data to know whether proposed reforms are working...
- Ideally we would want a means to be able to monitor and respond in a closer-to-real time format for future

acknowledgements

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- UKRI- Population Health Improvement UK (PHIUK)
- Thanks to the wider research team (COVEIMM study) and to colleagues who have worked with us
- And to Dr Rosanna Hildersley- led analyses and for slides...

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QR code for ‘life less safe’ film

