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# Considerations for people from minority groups in the Covid-19 pandemic

July 2020

Division of
Clinical Psychology

This resource paper is written by the British Psychological Society, Division of Clinical Psychology Minorities Group Subcommittee. It is authored by the following members of the DCP Minorities Group:

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# Introduction

The Covid-19 global pandemic has influenced our society in ways we will be working to understand and comprehend for many years to come. The aim of this resource paper is to think about the special considerations that are required for those from minority identities with regards to the pandemic. When discussing minority groups, we utilise the definitions provided in the Equality Act (2010), but also take into consideration social inequality more broadly and other marginalised groups. We also want to acknowledge the debates and preferences surrounding terminology, particularly with regards to protected characteristics. We use the words 'minority' and 'marginalised' in line with our committee identity and purpose but are aware of the limitations of these terms. Whilst the focus of this paper is on the Clinical Psychology workforce, many of the issues raised will be pertinent to individuals irrespective of their position as a professional or member of the public. We recommend that professionals read this paper to provide insight into their positions at all levels of the profession to better support employees, colleagues, service users and better inform research methods.

This paper is informed by a collection of research and journalism articles. We have also run a survey through our social media pages directed at the experiences of psychology professionals from minority backgrounds. Please note that whilst we have surveyed members of the profession with minority backgrounds, that these groups are inherently under-represented in the profession, with some more so than others. It is therefore important for the profession to continually seek feedback from professionals. Members of the DCP Minorities Subcommittee also utilise their own identities and experience in their work, including contributing to this document. The document is also overseen by the DCP Executive. Despite this, it is important to note that, in the context of Covid-19 psychological research being in its infancy, this paper is not to be regarded as professional guidance, but rather a resource based on experiences and held identities, to better inform practitioners. This is a working document and we hope to update this paper as the evidence base emerges. The purpose of this paper is awareness raising and as a document that can be provided to employers and peers to better understand some of the challenges occurring for various individuals. Inevitably there will be issues and areas that we have not fully considered, and we welcome receiving feedback to better inform future updates of this documentation. We have tried to include limitations to this document where we have been able to identify them. Some of the content of this paper may be emotionally challenging to process, therefore we encourage our readers to be mindful around caring for the wellbeing of themselves and others.

# Individuals who are at high risk of physical complications or fatality related to Covid-19

The research regarding individuals that fall into this category is continually providing updates. The NHS describes levels of risk as high or moderate on the NHS UK website. They specify distinctions between those who are high risk as clinically extremely vulnerable and those who are at moderate risk as clinically vulnerable. They also provide a list of factors that may affect an individual's level of risk. A summary example but not exclusive list of those at risk from serious consequences related to Covid-19 are those with specific underlying health conditions or receiving specific treatments and/or medications for health conditions, those who are 70 years of age or older, those with a BMI of 40 or above, and women who are pregnant. Please see the NHS UK website for details of specific medical conditions that pose risks. An emerging, yet inconclusive area of research within the public domain is around the implication of race as a risk factor of coronavirus. Evidence has suggested that individuals from Black, Asian and minority ethnic groups are at heightened risk (Aldridge et al., 2020), however deducting causality is a complex process

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and does not consider the influence of environmental and social factors (Khunti et al., 2020). More recently, Public Health England released a report regarding COVID-19: a review of disparities in risks and outcomes, which stresses biological vulnerabilities within ethnic minority groups.

We would like to draw attention to the potentially harmful and problematic nature of such deductions and recommend reading around a variety of perspectives including evidence that socioeconomic and environmental factors influence physical and mental health outcomes (Kim et al., 2018). Irrespective of this positioning, individuals who are considered more susceptible to coronavirus should be protected by employers and safeguarded from further risks in employment, but critical appraisal of the determining factors of the risks should be considered. Please see the King's Fund webpage for action points regarding supporting staff from ethnic minorities. For updated information please see: NHS: Who's at higher risk from coronavirus. We hope that NHS services employ their efforts to minimise contact with high risk environments for these individuals, as well as follow Government and World Health Organisation guidance on social distancing, social isolation and shielding to maintain safe environments for such individuals. Supporting high risk individuals includes minimising social contact wherever possible for all staff and taking risk minimisation strategies seriously across all worksites, to help prevent the spread of the virus as best as possible. Please consider carefully what does and does not classify as essential contact across teams and with various levels of team members. Risk will often be determined by the decision maker's personal perception and awareness of risk and it is vital that employers and managers take into consideration the most vulnerable members of their teams, over personal bias, in making these decisions that regard the whole team. Please also consider this in reference to return to work stages.

# Minimising the physical risk of serious health difficulties and fatalities

Those who are at higher risk of developing serious and fatal health-related complications related to Covid-19 should be taken into consideration in the workplace. Distancing, isolation, shielding and/or maintaining safe environments will be of highest importance to these individuals. It is important to recognise the needs of individuals who are at various stages of their personal medical journey and so may have difficulty determining whether they are at high risk and/or providing documentation regarding their diagnosis/es. Individuals may best be able to describe their safest practice, which means that a uniform approach is likely unsuitable when adapting their working arrangements/environment. Furthermore, where health conditions have not impacted work arrangements previously, individuals who are at high risk may not be known to occupational health as having a health condition. A proactive approach should be adopted to mitigate against difficulties for those at higher risk. It will be important to take into consideration access to work in providing inclusivity for such individuals. Special consideration will need to be taken when supporting the safety of staff whilst also being sensitive to confidential health disclosures, as well as the right of employees to not disclose health information.

For further information regarding health and disability regulations please see your trust's policies on disability and health and also policies for diversity and inclusivity.

**Please also see:**

Guidance relating to disability for the NHS

Health, disability and becoming a health and care professional

Working safely during coronavirus (COVID-19)

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

# Those caring for and/or living with someone who is physically at high risk from Covid-19

Individuals who are caring for or living with someone who is at high risk will likely be under pressure to carry out similar risk management precautions to prevent the spread of the virus to those that they care for/live with. It may be the case that as isolation restrictions are lifted for the majority, those at high risk will need to individually assess its applicability to their needs. Those who care for and/or live with someone high risk will also need to assess the needs of their individual household.

# Awareness of stigma and discrimination

It is also important to acknowledge some of the possible indirect impacts of Covid-19 on other minority groups and the emotional difficulties associated with these. We would like to acknowledge the ways in which stigma towards those with various 'protected characteristics' (Equality Act, 2010) and other minority identities may become amplified and/or skewed in the current climate. Such experiences impact on an individual's wellbeing and their capacity to work and could be taken into consideration when assigning individuals to particular contexts. Social psychology has shown us how public health crises can force underlying stigma to surface; Strong explains how 'a major outbreak of novel, fatal epidemic disease can quickly be followed both by plagues of fear, panic, suspicion and stigma' creating 'the war of all against all' (Strong, 1990). Acknowledging and naming these processes is important in working with them and accounting for their impact. This includes the direct increase in reports of hate crimes against those from Asian backgrounds, to institutional failures of health services to report the proportion of Black, Asian and minority ethnic individuals dying from Covid-19. As well as the more indirect processes stemming from misinformation and stigmatising narratives which may be overlooked. Frances Ryan, a reporter for *The Guardian*, discusses how those who are at high risk from Covid-19 are receiving discrepant information relevant to their safety in comparison to those who are not at high risk, and describes ill and disabled people as being 'written-off' by society (Ryan, 2020). Indeed, stigma has been shown to adversely accelerate a range of practical health complications including preventing people from seeking health care, preventing the adoption of health promoting behaviours and hiding illness. We must remain vigilant of these processes of stigmatisation and 'othering' in order to counteract these via encouraging other means of social connectedness, empowering and strengthening minority communities and individuals, and directly challenging discrimination. It is imperative to act now on these issues as any delay may lead to decreased sense of commitment and urgency, at the detriment of minority groups.

Furthermore, it is also important to acknowledge some of the possible indirect impacts of Covid-19 on other minority groups and the emotional difficulties associated with these. Early research is showing that of coronavirus patients, Black and Minority Ethnic groups are disproportionately becoming critically ill (ICNARC, 2020). We ask readers to be mindful of suggestions that there is an underlying biological cause to the disparity; where race in itself can be understood as a social construct (that has had catastrophic consequences for some (Thompson, 2006)), we argue against an essentialist viewpoint where racial identity is defined by their biological or genetic characteristic. Instead, we promote a more nuanced understanding of the interplay between racial identity, culture and biology which gives rise to health disparities (Yalcinkaya et al., 2017). This is of significance given that the historical context of clinical psychology and psychiatry has traditionally favoured essentialism and reductionist theory, often generalising research findings from majority group samples, to the detriment of marginalised groups (Borsboom et al., 2019). Individuals of particular faiths may experience heightened

negative stereotyping and assumptions regarding community-based faith practices continuing despite lockdown measures.

The Joseph Rowntree Foundation, an independent UK poverty charity organisation states that those in poverty face particular challenges in the current context related to rising costs and loss of income. They explain that such individuals are more likely to be in poor health, have disabilities, care for others, experience anxiety, depression and other mental health difficulties (Barnard, 2020). LGBT individuals may be socially isolating with family who are unsupportive of their identity. Some trans and non-binary people may be dealing with the physical and psychological impact of suspended hormone replacement therapy and cancellations of gender affirming surgery. It is imperative to recognise and acknowledge the possible intersectional aspect of multiple risk factors overlapping for certain individuals and how this may be impacting their lives and working routines. We can look to future research, journalism and personal narratives regarding the ongoing difficulties and various aspects related to stigma for minority groups. In the similar sense that Walker (2020) describes the behaviours of solidarity within communities supporting a collectivist response to the pandemic, we can hope that this can be applied to and within our profession when thinking about the short- and long-term impact of Covid-19 for minority groups.

# Associated direct and indirect risks and challenges for specific minority groups

Individuals from specific minority groups may be uniquely directly and indirectly exposed to heightened health, mental health and wellbeing risks. These are discussed with reference to the Equality Act (2010) protected characteristics.

## PHYSICAL AND SENSORY DISABILITY & PHYSICAL HEALTH

Such individuals may be incurring a range of health and lifestyle difficulties associated with having a health condition in the context of this outbreak. We are conscious that those with physical health conditions and/or disabilities may or may not include those who are high risk and/or shielding. Examples of potential difficulties include:

- Arranging changes to medical treatment and managing the potential physical difficulties associated with such medical adaptations.
- Time taken to account for additional restraints in food/essentials shopping.
- Time and physical strain incurred from intensified infection control measures.
- Consideration of the physical difficulty for some individuals in cleaning, disinfecting and staying safe from the virus. This may also be related to routine difficulties in washing, bathing, dressing, toileting etc.
- Those who are shielding may be isolating further away from support networks such as family or carers.
- Those who are shielding may be isolating with carers and may be holding an additional emotional awareness of the strain on carers.
- Those who are shielding may be isolating alone and struggling with the demands of cleaning, disinfecting or preventing contamination singlehandedly. Those with disabilities and health conditions living alone may also be struggling with practical physical duties and the secondary emotional impact of these challenges.
- A higher emotional burden associated with being at high risk and holding an awareness of the severity of the potential complications of catching the virus.

- The emotional and physical impact of the loss of social and carer support due to ongoing social isolation measures.
- Uncertainty regarding risk/provisions that individuals should take.
- Impact on day to day life and management of health conditions including difficulty accessing medical treatment.
- Those with auditory impairments being impacted by the use of face masks and difficulties in lip reading.
- Those with auditory impairments may face exclusion through telephone or video meetings where they cannot see other people or are unable to lip read.
- Difficulties for those with visual impairments in maintaining social distancing where others don't provide physical space.
- Difficulty obtaining equipment needed for health or disability for working from home.
- Considerations regarding return to work processes for those who are high risk due to disability where individuals may need additional time in lockdown/shielding.
- Considerations regarding return to work processes for those who are high risk due to health and/or disability; employment and/or training should consider supporting these individuals to continue to access remote working methods without being isolated or treated differently from those who are no longer isolating. Opportunities to interact with colleagues, peers and lecturers should continue without disadvantage.
- Please support individuals who are shielding to be given the same opportunities regarding engagement and interaction with lectures, work meetings, etc, as their non-shielding peers.
- Holding an awareness that those who are physically high risk and/or shielding may be isolated experientially during the pandemic; their priority may be highly focused on 'life or death' decisions and on the practicalities of 'staying alive'. They may be holding fears around death at the forefront of their mind. Consequently, they may encounter a sense of isolation from peers or colleagues who may be holding different priorities. Holding survival at the forefront of their minds may mean that other needs such as mental health needs or the need to connect with others, is understandably less attended to.

## LEARNING AND INTELLECTUAL DIFFICULTIES AND DISABILITIES

Individuals with learning difficulties may find that the change to remote working brings up specific challenges around organisational, routine and practical aspects such as spending long periods of time at home or on a computer. Specific challenges may include:

- Difficulties working from home due to requiring structure, routine and/or time management.
- Difficulties working from home and requiring stimulation from a different setting, e.g. public settings.
- Additional time taken to develop a new routine and lifestyle that works for the individual both in work and at home.
- Routine may be of particular importance in structuring a work/life balance.
- Due to the impact of remote working, some services have seen an increased emphasis on written work which may be an increased pressure at this time.
- The increasing amount of reading that is needed to be done due to shifts to online working can be particularly tiring. E.g. Increased written material rather than informal conversations.
- Requiring access to office equipment in order to make work tasks accessible. For example, needing to print work items rather than reading them from a computer.

It is important to note that these points are informed by our survey which focuses on the psychology workforce and is therefore limited when considering difficulties associated with the broad range of learning and intellectual disabilities and difficulties.

## MENTAL HEALTH

The impact of the pandemic for those with mental health difficulties can be complex and varied depending on the individual's mental health difficulties. Distress and anxiety regarding the virus and the impact of changes to lifestyle (such as self-isolation) may have implications for further mental health difficulties and increase indirect risks. Special considerations for these individuals may include:

- Mental health difficulties may become exacerbated by the current situation; this may be in relation to the distress and anxiety created by the public health crisis as well as social distancing and isolation. Normal adopted coping strategies may also be impacted or diminished.

- The increase in remote working has the potential to lead to the mental health of some individuals deteriorating.

- It is important to note that exacerbated mental health difficulties will not necessarily be the case as there may be benefits and alleviated pressures in workplace stress, commuting or juggling competing demands.

- The loss of both formal and informal support networks and the impact of this on an individual's mental health. Some individuals have had to reduce or stop their input from therapy and/or mental health services, while others are receiving support remotely which may not be as satisfactory for certain individuals. The social isolation may have also caused the loss of social and carer support.

- In the workplace it is important to safeguard against confidentiality breaches when aiming to support an employee or colleague with mental health difficulties.

- For some individuals there are concerns over needing to take time off work due to their mental health difficulties and how this may be perceived by colleagues and managers.

- The narrative that individuals who work in the NHS are heroes can be particularly challenging for those who are finding this time difficult, especially for those who are struggling with their mental health or wellbeing. This can make it harder for such individuals to say that they are not coping well or doing okay.

- The consideration of confidentiality in deployment and redeployment in mental health settings, where an individual could inappropriately be relocated to a service that they have previously sought personal support in. It is also important to hold an awareness of the potential power dynamics between employees and employers in having conversations around this.

- Awareness that staff may not have previously disclosed mental health difficulties to an employer; supervisory staff should provide continuous opportunities for individuals to discuss their changing needs.

- The consideration for the psychological impact of working from home and finding less separation between working in mental health and looking after personal mental health.

- Individuals with specific diagnoses related to the fears brought up by the public health crisis may be particularly challenged; e.g. those with a diagnosis of Health Anxiety or Obsessive-Compulsive Disorder, with contamination fears.

- Individuals who have difficulties with food and eating may be struggling with increased time at home or challenges around food availability or scarcity.

- Special and individualised considerations should be made for those who have recently been bereaved due to Covid-19.

Please note that we are conscious of the discussions regarding the over-pathologising of normative anxiety and distress regarding the current situation. These points outline considerations for some individuals as opposed to implying that the current pandemic will in itself create mental health difficulties (although we do not rule out this possibility).

## AGE

People aged 65 and over have been deemed one of the high risk groups. Workplaces should identify staff who are within this age range and make arrangements to support their work from home, particularly if they have underlying health conditions. This needs to be considered in light of return to work strategies. Individuals above the age of 65 may be required to work remotely or to self-isolate for longer periods than the general population. As such, additional considerations will need to be made including:

- Development of longer-term management strategies where physical distancing will likely extend beyond those of the general population.
- Recognition of increased levels of stress and anxiety in relation to health needs.
- Maintaining inclusivity of physically distanced individuals aged 65 and over, once wider teams commence their return to work.
- Provision to maintain social connectedness to the wider team i.e. prioritising space for informal discussions to allow isolating workers to maintain contact and support.
- Provision of adequate equipment and technology to allow the maintenance of contact and remote working, for the range of duties covered by staff.
- Consideration of increased flexibility in terms of working hours, workload and work practice and duties to accommodate for individualised needs (e.g. shielding).
- Be vigilant of instances of ageism in terms of discrimination, exclusion and stigma.
- Consideration of the challenges regarding approaching or entering retirement and how this is impacted by restrictive working patterns.

## CARERS

Carers may face increased practical and emotional strains in supporting the individual/s they care for, including the impact of decreased resources and support from wider networks where applicable. These should also be considered alongside individual circumstances where family members are furloughed or self-employed for example, therefore increasing the likelihood of economic disadvantage as a direct result of the pandemic. Considerations informed by our survey around individuals with caring responsibilities are as follows;

- Respectful, flexible and collaborative plans to best support people who have caring responsibilities.
- Once plans are made, communication around its monitoring and appropriateness to be reviewed on an ongoing and individual basis as government guidance develops over time.
- The creation and maintenance of a safe space to process emotions associated with evolving narratives and practicalities of supporting loved ones who are shielding whether they reside in the same household or continue to offer support whilst living in another residence.

- To consider the emotional and physical impact for carers who are in key worker roles and have subsequently had access to support enabling them to move away from the family home where loved ones are shielding on a temporary basis.

- To consider the emotional impact for carers who continue to attend the workplace and/or access the community for practicalities of their caring role and are living with loved ones who are shielding.

- To consider the emotional impact for carers who are working from home whilst caring for someone and may be balancing these dual roles.

- For employers to assess and understand the individual needs of carers and (with consent and if welcomed) the needs of the people that they care for and not draw comparison between various employees with caring responsibilities.

- Employers to discuss and consider reducing workloads for people with caring responsibilities, whilst acknowledging the emotional and practical impact of this on an individual and team basis including the need to remind others of their caring responsibilities.

- Consideration around pressures to use annual and/or carers leave allowances within the current context. Thus, impacting leave policies for future use and adding an additional responsibility of the individual to monitor and account for.

## PARENTS

Individuals with young children may struggle with the impact of childcare which can vary greatly depending on individual circumstances. This includes the emotional and physical demands of working on potentially condensed hours alongside supporting the needs of their families. The emotional and social responsibility dilemmas imposed if required to attend the workplace therefore increases the risk of illness for themselves and their children. The impact of isolating the family unit from wider support networks, and the practicalities regarding safety and cleaning are also to be considered. Particular consideration to be understood on an individual basis should be given around the following:

- Consideration around practicalities within homes adjusting to parents who are home-schooling alongside full time work such as, appropriate space, adequate access to internet, unplanned changes/disruption to routine and timings based on the needs of children.

- Acknowledgement and support to manage higher levels of fatigue and exhaustion due to increased working during unsociable hours to catch up and complete administrative tasks. This is alongside increased daily household duties, therefore clear planning and communication around the opportunity for flexible working hours, decreased caseloads and indirect working may be helpful.

- Taking a holistic perspective to the impact of changes of the entire household including single parenting, dual/multi key worker households, living with loved ones with health conditions or complex needs and lowered family income as a result of Covid-19.

- Individual considerations could be made around the development of existing carers leave allowances for people with dependents to enable further flexibility.

- The emotional impact of caring for children and adult family members who are processing and adjusting to the current context, whilst needing to distance socially and create physical distance within the home to fulfil working duties.

- Ongoing dialogue with a consistent yet flexible approach between placement supervisors and university courses for parents who are in-training and managing multiple layers of demands.

- Open, compassionate discussion alongside guiding documentation within teams and services, highlighting expectations for working parents and the individual review of job plans.

- Acknowledgement and working with individuals' access to childcare provisions as this is variable, including the emotional stress associated for key working parents and their children who have attended school throughout the pandemic.
- Consideration of pressures and advice for parents to use annual and/or carers leave allowances to support flexible or home-working arrangements within the current context. Thus, impacting the purposes of these leave policies to account for key working responsibilities including requirements of clinical psychology training, adding an additional responsibility of the individual to monitor and account for.

## ECONOMIC DISADVANTAGE

Those who are economically disadvantaged will have less access to provisions to enable them to prevent risks and look after their wellbeing. These should also be considered alongside individual circumstances such as where family members are furloughed or self-employed, therefore increasing the likelihood of economic disadvantage as a direct result of the pandemic. Particular consideration to be understood on an individual basis should be given around the following:

- Not everyone will be able to maintain social connection remotely, via telephone or internet communication. There are many groups that may be digitally excluded, for example those who have no internet access at home or finances to use their mobile phones.
- Continued challenges financially as a result of Covid-19 and surviving from fewer or single incomes.
- Smaller working space from home, leading to increased worries around maintaining confidentiality in communications with clients.
- The possibility of living in multigenerational households and fears around increased risk of contamination and transmission between multiple family members.
- People may be living with others who work in environments with high risk of exposure.
- PPE is very expensive, and this could be a problem financially, particularly for those from lower income backgrounds and who are at high risk of complications related to Covid-19. Please be aware that economic inequality often intersects with disability, and physical and mental health difficulties.

Survey respondents have indicated that the following have been helpful considerations:

- Consideration around practicalities of working from home, considering appropriate space and adequate access to technology.
- Access to the technology required to work from home, which has removed this accessibility barrier.
- Supportive work environment, which enables taking time off for caring responsibilities where necessary, without fearing loss of pay.
- Ongoing dialogue with a consistent yet flexible approach between employers and employees who are managing multiple layers of demands.

## MARRIAGE & CIVIL PARTNERSHIP

Whilst this protected characteristic has not been specifically referred to in our survey results, we would like to highlight the impact of the stressors of Covid-19 on relationships and also on domestic violence rates. We would like to emphasise that building and sustaining supportive, connected and compassionate remote environments, would be helpful in providing support to those who are experiencing relationship difficulties. It is also important to not assume professionals would not experience such difficulties. For further information regarding domestic violence please see: the National Domestic Abuse Helpline, the Refuge webpages, and the Refuge response to COVID-19.

It is important to note that of the individuals that noted marriage and civil partnership in the survey responses, these seemed to be related to other protected characteristics.

## PREGNANCY & MATERNITY

Pregnant women have been categorised as clinically vulnerable to Covid-19 according to government guidance, and have been advised to socially distance, and remain at home for the foreseeable future. It is not expected that pregnant women should be going into the workplace, with working from home measures put in place as appropriate. Pregnant women in their third trimester (more than 28 weeks pregnant), and those with heart conditions should be particularly attentive to social distancing and minimise any contact with others due to heightened risk. According to the Nuffield Department of Population Health pregnant women from Black, Asian and minority ethnic backgrounds are also more likely to be hospitalised due to Covid-19. As a vulnerable population, particular consideration should be put in place for the needs of pregnant women. This includes:

- If clinical duties cannot be transferred to a home working environment, suitable alternative work should be provided to allow pregnant women to work from home.
- Acknowledgement of the physical strains and stressors associated with pregnancy.
- Development of longer-term management strategies where isolation will likely extend beyond those of the general population.
- Recognition of increased levels of stress/anxiety due to health needs in relation to birth and health.
- Maintaining inclusivity of pregnant women who are isolating, once wider teams commence their return to work.
- Provision to maintain social connectedness to the wider team i.e. prioritising space for informal discussions to allow isolating workers to maintain contact and support.
- Provision of adequate technology to allow pregnant women to maintain contact and work remotely, for the range of duties covered by psychologists.
- Recognition of difficulties around the impact of working capacity for pregnant women who are also affected by additional childcare responsibilities, longer term health conditions and other pressures.
- Consideration of increased flexibility in terms of working hours, workload and work practice/ duties to accommodate for greater needs of pregnant women.
- Support for pregnant trainees who may be balancing placement work, academic work and additional stress of pregnancy during the current public health crisis.
- Should risk assessments be undertaken, it should be carried out in a way that does not put the pregnant employee at risk.

- Maintain rights of pregnant women who are already at a higher risk of discrimination related to sex and/or pregnancy.

Although there is currently no evidence that women on/returning maternity leave are at any greater risk of contracting Covid-19, it is important that additional considerations be made on an individual basis:

- Recognition of increased levels of stress/anxiety due to health needs in relation to birth and post-birth health.
- Provision of support in ongoing levels of isolation and loss of support networks.
- For employers and universities to check in on staff or trainees on maternity leave, providing emotional support and ongoing communication in a context of ongoing uncertainty.
- Developing a plan and risk assessment to return to work reflecting the worker's changing needs, feelings/concerns about returning to work, review of working hours, consideration of school/childcare provision, changes in health needs, social distancing arrangements or new working arrangements allowing them to undertake their role safely, particularly those in front facing roles.
- Ensure that individuals returning from maternity leave feel supported, welcomed back to the team, and updated on all changes that may have occurred during their absence. Workplaces should remain flexible when considering return to work dates, work duties and work practices.
- Ensuring the maintenance of maternity rights, which can be found on the Maternity Action webpages.

## RACE

A disproportionate number of people from Black, Asian and minority ethnic (BAME) backgrounds are dying as a result of Covid-19. Statistics have shown that Black men and women are between 4.2 and 4.3 times more likely to die from the coronavirus than White men and women (Ford, 2020). Our understanding of the reasons around these disparities is evolving and needs to be considered within the context of longstanding and ongoing social and health inequalities that have been known to impact people from minoritised ethnic groups since the 1970s (Matthews, 2020). This constitutes a public health crisis that needs urgent in-depth analysis and immediate proactive response. Almost 20 per cent of the NHS workforce is comprised of people from Black, Asian and other minoritised ethnic groups (WRES Report, 2019, 2020), many of whom are employed in frontline roles with increased risk of exposure to the Covid-19 virus. There is an additional emotional impact for Black, Asian and other minoritised ethnic groups in holding an awareness of these disproportionate deaths, as well as experiencing these bereavements in families or in communities. The current context emphasises the need to hold in mind the impact amongst communities including the distress, pain and impact of losing loved ones and community members disproportionately and under such strenuous circumstances. The pandemic further impacts cultural values and practices around grief and celebrating life. Holding this awareness within the wider context is important, and calls for meaningful, targeted support for our Black, Asian and minority ethnic colleagues. Particular challenges and considerations for these individuals may include:

- Individuals of East Asian background experiencing targeted discrimination in light of Covid-19 surfacing in China.
- Individuals of East Asian background feeling fear of racial discrimination, and processing the emotional impact of viewing accounts of verbal and physical aggression shared over media outlets.
- Potential fear of wearing masks for fear of discrimination, especially at the beginning of the Covid-19 outbreak.

- Fear of contracting Covid-19 at work, especially for Black, Asian and minority ethnic staff and a lack of clear guidance on how staff can be protected.

- Concerns about alarming rates of deaths from Covid-19 in Black, Asian and minority ethnic individuals and knowing people who have passed away. Having to grieve deaths of friends and family while also being fearful of being at a higher risk of dying themselves.

- Feeling less able to speak up about concerns due to historic marginalisation.

- Being targeted by racial stereotypes, biases, and assumptions.

- Judgement about family cultural norms and the challenges of working from home when living with extended family.

- Individuals from Black, Asian and minority ethnic backgrounds experiencing and holding in mind racism whilst experiencing the additional pressures on them during the public health crisis. Pre-existing racism and stigma may be heightened in the current public health crisis.

- Lack of conversations and explanations around disproportionate deaths in individuals identifying as from Black, Asian or minority ethnic groups.

- Impact of supporting other Black, Asian and minority ethnic staff.

- Reports of being treated unequally compared to white colleagues, such as more allocated work hours and face-to-face client contact.

- Hypervisibility at work, where there was previously lack of recognition due to race.

- Lack of conversation about the consequences of Covid-19 on international trainees (including being unable to access teaching from abroad and visa extensions).

- Considerations for international staff and students who may be living away from their family homes or may be isolating in countries separate from their work and/or university.

- Considerations for stigma and possible isolation received by these staff and/or students.

- Considerations for those who identify as Gypsy/Roma/Travellers (GRT) in the content of pre-existing stigma and discrimination and how this could be heightened in the current public health crisis.

- Awareness of the current political climate regarding anti-Black racism and how this may be impacting on individuals in light of the current public health crisis. Increased fear of being reprimanded by the police in the context of this climate and how that might impact risks from the virus.

Respondents have indicated that the following have been helpful considerations:

- Acknowledgment that Black, Asian and minority ethnic staff are disproportionately affected by Covid-19 and particular difficulties faced by Black, Asian and minority ethnic staff.

- Individual circumstances being taken into consideration.

- Additional support and spaces to speak about concerns for those who may need it in the context of ongoing difficulties and awareness of available support for staff wellbeing.

- Reflective spaces and informal discussion with other Black, Asian and minority ethnic staff.

- Open communication with supervisors where this feels safe and supportive.

- Support from colleagues and other staff speaking up compassionately about these issues.

- Taking action individually or with support from unions or Black, Asian and minority ethnic staff networks.

- Continued teaching and work remotely, which provides structure and contact with peers.

- Awareness of available support for staff wellbeing.

- Taking action individually or with support from unions or Black, Asian and minority ethnic staff networks.

## RELIGION, BELIEF AND FAITH

Whilst information regarding the Islamic faith has been provided in our survey results, we want to emphasise that the impact of Covid-19 will extend to all faith practices and acknowledge other faiths such as Christianity, Judaism, Sikhism, Hinduism and Buddhism.

As places of worship for all faiths are currently closed, the ability for individuals to pray within these spaces is not currently possible. Religious holidays have also been impacted by Covid-19 and whilst some services were held online, the community have been unable to congregate and come together as they would traditionally, which may have longer term effects on social support.

Whilst religious places of worship and gathering have closed during Covid-19, different ways to support these communities have been available, such as via tele forms, or key religious figures liaising to support at risk groups to understand Covid-19 and safety measures in more accessible ways.

Ramadan and Eid-ul-Fitr this year occurred during the projected peak of the Covid-19 outbreak, which impacted traditional celebrations along with the increased likelihood of stigmatised narratives around upholding lockdown guidance during a religious holiday. This may have also been relevant to the Easter celebrations in Christianity which fell within the lockdown period. Celebratory traditions amongst all faiths will likely incur these challenges. The NHS Muslim Network and the British Islamic Medical association has produced guidelines on Covid-19 and Ramadan to support staff who may be fasting; it is essential that managers consider the health and wellbeing of fasting staff, in a way that maintains patient welfare and care. Particular consideration regarding all faiths, to be understood on an individual basis should be given around the following:

- An awareness of the needs of religious practice and that this has been greatly impacted during the Covid-19 pandemic.
- Considerations for ongoing dialogue with a consistent yet flexible approach between employers and staff and/or trainees around faith needs.
- Discussing flexible working hours, for example beginning and finishing work later than the usual hours would be helpful to maintain religious practices. Trainees have reported that some supervisors have been supportive (e.g. in their fasting) by adjusting work placements accordingly, for example rescheduling meetings to enable staff to complete Friday prayer.
- An awareness of the impact of limited religious congregation.
- An awareness of the personal, social and community impact of limited religious congregations.
- Concerns regarding financial loss to religious places of worship and the ongoing ability to engage in faith practices beyond the pandemic.
- Awareness of how religious funeral arrangements will be impacted during the Covid-19 pandemic, the personal and community impact, also considering wellbeing and emotional distress.
- An understanding of specific cultural and religious stigma that occurs around faith practices and how this may be exacerbated during the Covid-19 pandemic.
- Assumptions and narratives regarding how practicing faiths would create a peak in Covid-19.

Work adjustments regarding faith practices should be considered for all faiths.

Whilst we received information regarding the Islamic faith in our survey responses, we hope to receive and discuss further feedback regarding the ongoing impact on all faiths for future versions of this document.

## SEX

Whilst we have received no information specific to sex in our survey responses, it is important to consider emerging evidence suggesting that men may be disproportionately seriously affected by Covid-19 (*BMJ*, 2020), and in particular older men (Liang, 2020). Research from UCL and the Institute of Fiscal Studies has also suggested that women may disproportionately be affected by secondary effects of Covid-19, shouldering an increased burden of homeworking, childcare and maintaining household duties (Andrew et al., 2020a). These issues intersect with parenting (Andrew et al., 2020b).

## SEXUAL ORIENTATION

Lesbian, gay, bisexual and queer individuals may be separated from their usual sources of support including partners, friends and queer inclusive spaces. They may also have to hide aspects of their sexuality from other members of their household. LGBQ individuals may have been forced to return to live in hostile households where their sexual identity is rejected and ridiculed, leading to increased feelings of loneliness and mental health difficulties. The impact of social isolation and concealment on emotional wellbeing should be taken into consideration. Particular consideration for these individuals may include:

- Opportunities to discuss the impact of social distancing on personal life and how this may impact studies and/or work.
- Acknowledgment that assumptions shouldn't be made about a person's sexual orientation.
- Living with stigma regarding sexual orientation and heightened stressors regarding the public health crisis.

## GENDER IDENTITY

Whilst we did not receive any information regarding gender identity in our survey, it is important to take into consideration that trans individuals may be separated from their usual sources of support including partners, friends and trans inclusive spaces. They may also face transphobia or have to hide aspects of their gender identity from other members of their household. The impact of transphobia, social isolation and concealment on emotional wellbeing should be taken into consideration. Some trans and non-binary people may also be dealing with the physical and psychological impact of suspended hormone replacement therapy and cancellations of gender affirming surgery. As we did not receive any information regarding gender identity in our survey, we hope to receive and discuss feedback regarding the impact of Covid-19 on gender identity for future versions of this document.

# Other minority or marginalised groups

Whilst the groups identified in the Equality Act (2010) are a considered list of individuals classifying as those with protected characteristics, it is not an exclusive list of individuals that may experience particular vulnerabilities. In light of Covid-19, we would like for people to also acknowledge other vulnerable groups and keeping them in mind when we consider the breadth of people with unique vulnerabilities which may have intensified during the current public health crisis. Individuals may include those who have been affected by homelessness, refugees and asylum seekers, Gypsy/Roma/Travellers (GRT), those with personal experience of the criminal justice system, those who have been looked after as children, those with addictions, and those who have been recently bereaved due to Covid-19. These are just some examples. We want to acknowledge that other individuals will also have particular vulnerabilities that have likely intensified in light of the current crisis.

# Compounded risk factors

It is important to hold in mind that any individual holding multiple protected characteristics may be experiencing not only the impact of the challenges associated with each characteristic, but also the compounded nature of how one set of needs may compromise another; for example, considering parents who are in the high risk category, or older adults experiencing poverty. A more nuanced example of compounded risk factors are in understanding that the evidence suggests that individuals of a Black, Asian and minority ethnic backgrounds are disproportionately impacted from conditions related to Covid-19. Evidence is inconclusive regarding the medical, environmental, or social explanations for this, however a possible hypothesis regards individuals from Black, Asian and minority ethnic backgrounds being more likely to work in key worker roles in densely populated urban areas and experience economic deprivation (Elwell-Sutton et al., 2020). This hypothesis cannot be understood without also considering minority stress and the impact of stigma that disproportionately positions these individuals in higher risk circumstances. Other instances of this are where we consider the dual impact of stigma and discrimination as both distressing/physically threatening in and of itself, whilst also positioning high risk individuals in further risky situations (for example, the lack of support, finances and provisions for disabled individuals, placing them in situations that increase risk). Other compounded risk factors include the return to normal life for a wider population, exposing individuals who are at high risk to complications from Covid-19 to stigma related to difference and to situations lacking in support and understanding from others who may then increase those risks.

# Recommendations

A proactive approach to managing challenges in relation to those from minority groups.
This includes:

- Decisions on deployment/redeployment should not be made without the person who is 'high risk' and/or living with or caring for someone 'high risk'.
- Future planning regarding moves from lockdown and how to protect high risk staff in the move from remote working and ability to continue remote working.
- Consultation should be sought with employees on an individual basis in order to maintain confidentiality and offer holistic support whilst acknowledging and seeking to understand individual circumstances. These discussions will enable an exploration of different options in order to adapt working environments on a case by case basis.
- Discussions about stigma and marginalisation should be encouraged by all, not only those in minority groups.
- For managers to actively encourage staff to put their health and mental health first.
- For managers to be sympathetic to the individual family and carer needs that certain individuals may hold.
- To hold an awareness of who individuals live with and what kind of challenges this may bring up for them, where this does not breach confidentiality.
- For teams to consider facilitating informal social support networks, for example at lunch time or the start or end of the working day.
- Where special adjustments are required these should be discussed and offered on an individual basis, taking into consideration confidentiality.
- Deployment and redeployment should be considered in discussion with the individual.
- Return to work settings should be considered in discussion with the individual.

- For management to engage in ongoing discussion and transparency around the long-term impact of the pandemic on how services are run, enabling flexible adjustments to individual plans when required.

- For teams to consider a buddy system between staff enabling daily check-ins and informal peer support.

- For management to consider alternating time slots within the weekly schedule for team meetings to allow for some scope for flexibility for people who may require this.

- For staff attending the workplace to be working in environments that are adherent to social distancing, health and safety measures including adequate PPE, uniforms where required and protected spaces within the workplace to enable the staff to have appropriate breaks in support of wellbeing.

- For staff to have access to independent emotional and psychological support where required for ongoing processing and adjusting to the current context.

- For all members of a staff team including frontline workers and managers, to have access to facilitated reflective spaces. This may support the processing of stress, understanding around personal and professional contexts, therefore enabling a collectivist approach to decision making and action planning.

- To hold an awareness of the additional threats, pressures and risks incurred as a result of wider and more immediate stigma and discrimination.

- To do our best to support one another given wider and more immediate stigma and discrimination and help prevent these social cruelties.

# Beyond the pandemic

It is important to be aware of the multifactorial aspect of these issues; that whilst higher physical and practical risks occur for certain individuals, that environmental, social and political factors play a great role in individual protective factors and challenges. It may be the case that underlying socio-political disadvantage and oppression becomes exaggerated and/or skewed in times of global stress. To tackle this, psychologists should continually engage in sensitive conversations and informed actions regarding these power structures through individual, group, service and leadership levels. We are conscious that the evidence and situation occurring around the pandemic is continually and speedily shifting. We would therefore hope that this document remains useful as a descriptor of some of the challenges that individuals from different minority groups have been facing.

Please note that this is the first edition of a working document that will likely be revised as further information and research regarding the pandemic emerges. If you have comments and queries regarding this document, please contact the DCP Minorities Group Subcommittee.

# Acknowledgements

# Feedback

To discuss the content of this document, please get in touch with the DCP Minorities Subcommittee at: minorities.cp@gmail.com

For further information on our committee work please see the BPS, DCP webpages: https://www.bps.org.uk/member-microsites/division-clinical-psychology/dcpgroups

Or follow us on:

**Facebook:** Minorities in Clinical Psychology Training Group

**Twitter:** @MinoritiesGroup

**This resource paper compliments BPS, DCP and GTiCP guidance on Covid-19.**

**Please see resources on:**

Behavioural science and disease prevention: Psychological guidance

The psychological needs of healthcare staff as a result of the Coronavirus pandemic

Guidance for psychological professionals during the Covid-19 pandemic

Adaptations to psychological practice: Interim guidance during Covid-19 pandemic

DClinPsych Training and Covid-19

Guidance for aspiring psychologists and their supervisors during Covid-19

Meeting the psychological needs of people recovering from severe coronavirus (Covid-19)

Returning to the workplace: Safety considerations for practising psychologists

Please see the BPS website for further updates of coronavirus resources for professionals.

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