

# The Impact of COVID-19 on BAME junior doctors' mental health

## Background

COVID-19 has impacted the NHS dramatically. In order to keep up around 54,977<sup>1</sup> junior doctors were asked to move to front line settings.

The BAME (Black, Asian and Ethnic minority) community make up 64%<sup>2</sup> of NHS healthcare workers who have died and of this, doctors of BAME background make up 94%<sup>1</sup>. This major disparity in numbers has made it apparent that being BAME places individuals into a higher risk category.

Risk assessments done on wellbeing during this Pandemic<sup>2</sup> have not factored in, that **circumstances a BAME junior doctor faces may differ to their Caucasian colleagues but also to their BAME colleagues working in different areas of healthcare.**

## Methodology

This is a **qualitative impact study** using an online survey that was distributed, for a week in August 2020. The survey was sent to forums and through social media platforms. 60 responses were collected and 14 were excluded for not fitting the criteria. There were **46 valid responses**. Topics asked about were:

- The impact on mental health
- The coping strategies
- Support from the trust

## What is your ethnicity?

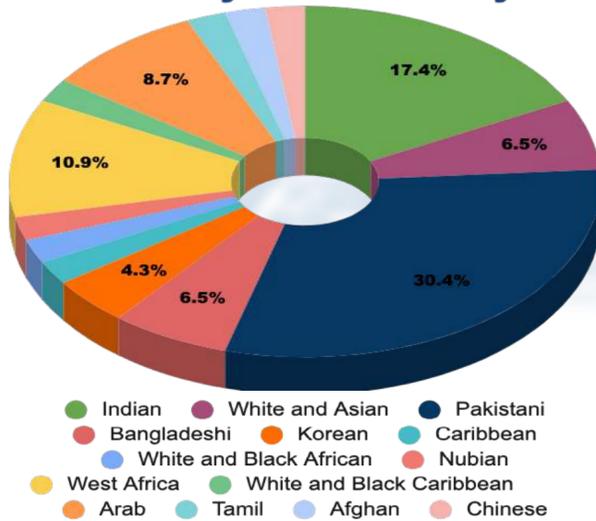


Figure 1

Doughnut Pie-char showing the different ethnicities junior doctors identified as within the BAME category in the survey

## Results

**Over two thirds of the responses stated their mental health had suffered** (figure 2). Themes of the following influenced this:

## Themes

### Race

Many felt targeted because of their ethnicity. Here are example of several comments that presented the issue of race:

- There was an **"intolerance"** towards their beard
- A Chinese doctor received a remark from a colleague "Your people are killing humanity" This **created a hostile working environment** for many.

### Isolation

- Isolating from family, resulted in **loneliness** and contributed to feeling isolated within the workplace
- Isolation has **exacerbated existing mental health** issues and one respondent mentions isolation having "contributed to worsening of depression and anxiety"

### Lack of PPE

- A lot of **confusion** surrounding the availability of PPE and the distribution of it which lead to worry
- Those with comorbidities **felt more vulnerable** at work as they carried the risk of being BAME, the comorbidity and lack of PPE made them anxious

### Being infected with COVID-19

- Several respondents who caught COVID-19 described it as a "a difficult time and caused a **lot of distress**"
- Every comment related to being infected with COVID-19 mentioned that being of a higher risk made them **more anxious**
- A minority felt their increased risk was down to their work environment rather than being of a BAME background.

## "During Covid-19 my mental health has suffered"

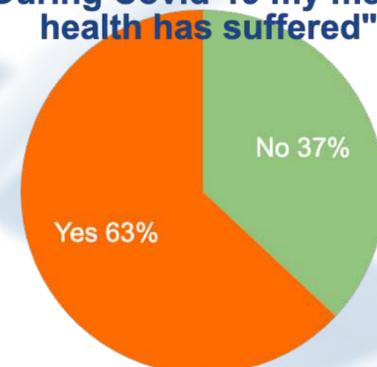


Figure 2

Pie-chart showing the proportion of individuals who stated their mental health suffered during the Pandemic

## Many coped, but how?

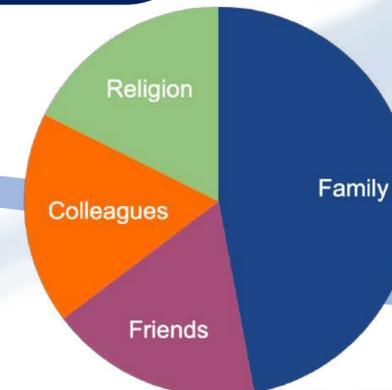


Figure 3

Pie-chart showing the ways in which people stated the means in which they coped

## How did your trust support you?

- Understanding work environments
- Extra risk assessments
- Support from occupational health

Those who did not find the support helpful **wanted the support earlier**, during the peak of the Pandemic

## Discussion

- The term BAME implies "one size fits all and does not cover the complexity of the group" so this runs risk of results not fairly representing the differences of specific ethnicities
- External factors not linked to COVID-19 must be acknowledged to having an impact. The discussion of Black Lives Matter during the peak of the pandemic influenced the mental health of the black community.

## Conclusion

The **themes contribute to one another and experiences within the BAME category differ** due to the large diverse group the label cover so specific support is needed to improve mental health. A significant proportion of individuals who felt their mental health wasn't affected. These individuals put it down to "talking", "persevering" and external support from seniors. It has been evident in this study **that support systems play a huge role in creating stability** for junior doctors and are needed for them in order to cope.