

# HEALTH, WELLNESS AND CARE

Briefing May 2024

## BRIEFING SCOPE

**This short briefing aims to outline four key health issues facing black communities in Britain. This is of course not an exhaustive list of the main issues, but they do represent areas significant of importance impacting the health experiences and outcomes of black communities. It is beyond the scope of this briefing to delve into each of these sub-topic areas in detail, therefore they are limited in their analysis. However, this briefing seeks to provide a short overview of the core issues in:**

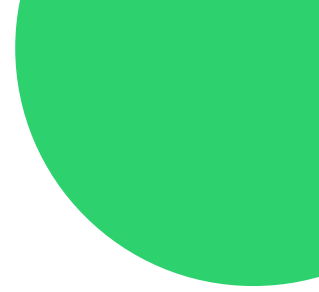
01. Mental health
02. Maternal health
03. Disease: Prostate cancer, dementia and sickle cell
04. Health and people with disabilities



This briefing concludes with a brief note about the existing policy landscape. There are certainly many other issues which could be discussed such as the poor quality of NHS data on ethnicity, the challenges of the increasing role of artificial intelligence, discrimination in the NHS workforce, the linkages between the labour market, housing, policing, and other factors on health. However future briefings will explore these issues individually and in more detail.

## UNDERSTANDING HEALTH, WELLNESS AND CARE

Good health in black communities cannot be divorced from the need to build wealth and address disadvantage. Crucial to tackling systemic and entrenched healthcare inequalities is the need to tackle the social determinants of health disparities and to view the improvement of black health through a public health lens which places duties on all public bodies to do their part to address systemic racism, which so often is the cause of ill health within black populations.



Historic trauma from centuries of systemic oppression and the resultant need for healing across the black diaspora should not be underestimated. The equity of access to health and care services is affected by people's personal access to resources, where their live and the knowledge and ability to navigate the UK public services.

## 01. MENTAL HEALTH


Black people experience the highest levels of common mental health disorders, with black females having the highest rate of any gender and ethnicity at 29.3% compared to 20.9% for white women. However, black people were least likely to be having treatment, with 6.5% doing so. Black people are over 30% more likely than white people to experience common mental health problems, including generalised anxiety disorder, depression and phobias. One potential driver for this is the strong link between poor social, economic and environmental conditions and mental illnesses. As a result, in addition to negative impacts of discrimination, black people are particularly at risk of mental health issues because of the structural racism and socio-economic disadvantages they face. More than half of black children live in poverty. This creates negative consequences for children's wellbeing and mental health resilience.<sup>3</sup>

Black LGBT+ youth are particularly vulnerable to mental health issues. Following the Covid-19 pandemic, black LGBT + young people are more likely to experience depression, anxiety disorder, panic attacks, and alcohol or drug dependence.<sup>4</sup> Despite higher prevalence of mental health issues, black communities have poor access to mental health and wellbeing services. High proportions of Black people believe that healthcare professionals discriminate against them because of their ethnicity, causing a high level of mistrust in the healthcare system.<sup>5</sup>

When they do contact mental health service providers, black people are often subject to more harsh treatment. They are four times more likely to be involuntarily detained under the Mental Health Act 1983 than white People.<sup>6</sup> Black people are also more likely to be physically restrained in hospital settings instead of experiencing outpatient and holistic mental health care.<sup>7</sup> They often feel that mental health care services do not provide care that accounts for cultural specificities.<sup>8</sup>

## 02. MATERNAL HEALTH

Black women are almost four times more likely to die in pregnancy. These are disparities that have existed for at the least the past two decades, however they only received more attention since 2018.<sup>9</sup> The causes of the appalling disparity in maternal deaths are multiple, complex and still not fully understood. Fixating on any one cause risks oversimplifying the problem and placing blame on the very women who are most at risk. Too many Black women have experienced treatment that falls short of acceptable standards, and it has recently been acknowledged by the Parliamentary Women's and



Equalities Committee that the Government and NHS leadership have underestimated the extent to which racism plays a role.<sup>10</sup> Black women are also regularly underrepresented in research or data and therefore in policymaking, which exacerbates the knowledge gap to address these issues.

### **03. DISEASE: PROSTATE CANCER, DEMENTIA AND SICKLE CELL**

1 in 4 black men will get prostate cancer in their lifetime. Black men are more likely to get prostate cancer than other men, who have a 1 in 8 chance of getting prostate cancer. Prostate Cancer UK conducted a survey with a sample group of 300 Black men, which found a low awareness of ethnicity as a risk factor and that age and family history were better known risk factors. Only 20% were aware that their ethnicity is a risk factor, which highlights an awareness gap with the Prostate Cancer with black men in the UK.<sup>11</sup>

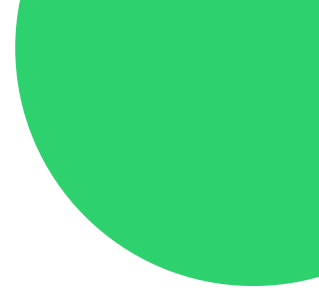
Dementia rates are 22% higher among black people in the UK compared to white people, while black patients die younger, and sooner after diagnosis.<sup>12</sup> Previous research into disparities in dementia care also found that black dementia patients are given antipsychotic drugs, which are mainly used to treat dementia-related distress, for longer than average which is concerning due to the risk of serious side effects.<sup>13</sup>

Sickle cell anaemia is the UK's fastest growing genetic condition and it disproportionately affects people from black African or black Caribbean backgrounds.<sup>14</sup> Ethnically matched blood provides the best treatment and the demand for blood needed to treat people with sickle cell disease has jumped by about 52% in the last five years.<sup>15</sup> More than 55% of black people in the UK have the Ro blood subtype needed by sickle cell patients compared with 2% of the general population. This demonstrates the urgent need for Black communities to donate more blood.

### **04. HEALTH AND PEOPLE WITH DISABILITIES**

Black disabled people often find that mainstream services are inappropriate for their needs and practitioners make assumptions based on stereotypes and prejudices.<sup>16</sup> This is worsened by the fact that; many Black disabled people are dependent on the social care system and are unable to break such dependency due to a lack of financial resources. These negative experiences are reflective of the inherent bias against black people in the healthcare system.

The UN Convention on the Rights of Persons with Disabilities (UNCPRD) promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity which was signed and ratified by the UK Government.



The welfare of Disabled people should not be considered through the traditional medical model, nor should their physical wellbeing be separated from their mental wellbeing - as is often the case. The effects of systemic racism cannot be divorced from the impact of systemic ableism on black Disabled people. To ensure a liberatory approach, racism and ableism need to be foundational to exploring what systemic changes to public services are needed to provide black Disabled people with the full protections and rights as outlined in the UN Conventions adopted by the UK Government.

Evidence suggests that poor access to information, communication barriers, lack of sensitivity for culture and traditions, and discrimination can prevent black Disabled individuals from adequately engaging and accessing much-needed services and treatment.<sup>17</sup> Whilst there is a wealth of evidence of the experiences of Disabled people within the health and social care system, the intersecting issues caused by racism are often omitted. There is a lack of quality advocacy for black disabled people, a lack of knowledge about people's rights and entitlements as well as a lack of tools for people and organisations to challenge poor practice.

As stated by Michelle Daley, BEO Trustee:

“ *A lot of our Black communities don't understand the services that are available to them or what they are entitled to. The prevailing health model is focused on people's medical needs rather than on how people can be liberated and enjoy good health and wellbeing. Health services are generally free at the point of service whereas social care is means tested and for many Black disabled people particularly, this is an example of how racism and ableism intersect. We can't expect the system to change for us - we need to build agency for ourselves.* ”

## **THE CURRENT HEALTH POLICY LANDSCAPE**

The current Health Secretary announced in January 2023 that the government plans to set out a strategy to tackle six major conditions contributing to England's 'burden of disease' which include: cancers; cardiovascular diseases, including stroke and diabetes; chronic respiratory diseases; dementia; mental ill health; and musculoskeletal disorders. This is particularly important as people with diabetes are twice as likely to have depression; nine in ten dementia patients have another long-term condition and; half of people with a heart or lung condition have musculoskeletal disorders. Factor in race and the differences become even more stark.

Labour has also said it would expand access to mental health support, bring in a new target to close maternal health gaps experienced by black and Asian women and update clinical training to better serve the diverse patient population. However, these alone will not address the structural issues at the heart of health & care systems.

---

## REFERENCES

1. National Health Service (NHS), Adult Psychiatric Morbidity Survey: Survey of Mental Health, (2016) [online]. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-surveysurvey-of-mental-health-and-wellbeing-england-2014>
2. Joseph Roundtree Foundation, Psychological Perspectives on Poverty (2015) [online]. <https://www.jrf.org.uk/report/psychological-perspectives-poverty>
3. UK Department of Education, Child Poverty Strategy 2014-17, (June 2014) [online]. Available at: <https://www.gov.uk/government/publications/child-poverty-strategy-2014-to-2017>
4. Just Like US, Black LGBT+ young people hit hardest by covid mental health crisis, research finds (November 2021). <https://www.justlikeus.org/blog/2021/11/16/black-lgbt-young-people-covid-mental-health/>
5. Black Equity Organisation, Systemic Change Required: Black lived reality, why we need systemic change (2022), p.37
6. NHS, Detentions under the Mental Health Act (2022) [online]. Available at: <https://www.ethnicity-factsfigures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest#by-ethnicity-5-ethnic-groups>
7. Department of Health and Social Care, Modernising the Mental Health Act – final report from the independent review (2018), p.293 [online]. <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>
8. Rethink Mental Illness, Black, Asian and Minority Ethnic (BAME) mental health (n.d.) [online]. <https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/black-asian-and-minority-ethnicmental-health/>
9. MBRRACE-UK, Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018–20
10. House of Commons, Women's and Equalities Committee. Black Maternal Health. <https://committees.parliament.uk/publications/38989/documents/191706/default/> March 2023.
11. Prostate Cancer UK. Toolkit for raising Prostate Cancer awareness with Black UK communities. <https://prostatecanceruk.org/for-health-professionals/resources/engaging-with-black-communities>
12. Mukadam et al. 2022. Incidence, age at diagnosis and survival with dementia across ethnic groups in England: A longitudinal study using electronic health records. <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.12774>
13. Jones et al. Differences in Psychotropic Drug Prescribing Between Ethnic Groups of People with Dementia in the United Kingdom. <https://www.dovepress.com/differences-in-psychotropic-drug-prescribing-between-ethnic-groups-of-peer-reviewed-fulltext-article-CLEP>
14. NHS Blood and Transplant. <https://www.nhsbt.nhs.uk/news/record-demand-for-blood-donations-to-help-sickle-cell-patients-prompts-urgent-call-for-more-donors-of-black-heritage/#:~:text=%E2%80%9CSickle%20cell%20disease%20is%20the,vital%20to%20treat%20this%20disorder.>
15. Ibid
16. Becca Singh, Improving support for black disabled people, Lessons from community organisations on making change happen (2005), p.4 <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1859353916.pdf>
17. Black British Voices. 2023 <https://www.cam.ac.uk/stories/black-british-voices-report>

---

## **KEEP IN TOUCH WITH US**

Follow us on:

Twitter:

<https://twitter.com/BlackEquityOrg>

Instagram:

<https://www.instagram.com/blackequityorg/>

LinkedIn:

<https://www.linkedin.com/company/blackequityorg>

Sign up for newsletter updates:

<https://blackequityorg.com/sign-up-for-updates/>