

## **Impact of Covid-19 (coronavirus) on the Health of Black, Asian and Minority Ethnic Communities (BAME) in Manchester**

### **1. Introduction**

This is the second in a series of reports collated from representatives and service users of BAME VCSE organisations that provide health services or support health and wellbeing initiatives.

This report aims to identify the impact of Covid-19 on access to health services and general issues relating to inclusion and equality.

Information gathered for the first report identified issues relating to the following:

- Access to mental health services
- Access to HIV testing services
- Loss of support to refugees, asylum seekers and new migrants
- Delays in access to 111 service
- Reluctance to access GPs/hospital services
- Access to medication at pharmacies
- Increased demand for access to welfare support, foodbanks and emotional support via agencies such as Samaritans
- Digital poverty and difficulties VCSE service users have in making the transition from face to face support to online support/engagement

Some of the topics identified above, have again been raised in this report.

We had attempted to prioritise the collation of information on the impact of Covid-19 on cancer and sickle cell services however the level of responses to date has been quite low and we hope to gather more information on these services in subsequent reports. Since the production of the first report a few national surveys are now in circulation which are also attempting to gather information on the impact of Covid-19 on BAME communities. It will be interesting to establish if the concerns being expressed by BAME communities in Manchester are reflected in these national reviews.

### **2. Key Findings**

#### **2.1 Access to Cancer Services**

It was reported that a lot of the families of individuals affected by cancer were shielding because of the fear of contracting the virus and infecting the member of their household diagnosed with cancer. Additionally, some were classified as vulnerable and had to self-isolate resulting in isolation, low mood, depression, and fear of the long-term impact on their lives. VCSE representatives felt that the restrictions related to Covid-19 have had a negative impact on the mental health of

their service users which was associated with the fear of being infected. One service user quoted:

***“Even after isolation, when I go out, does this mean I will catch it. Having to deal with cancer is bad enough, but to have to now think of coronavirus – I don’t think I can take anymore.”***

Government restrictions have led to some cancer treatments being changed or postponed because of health and safety concerns. For example men who had planned to undergo radical prostatectomy (removal of prostate) by robotic surgery had their operations suspended because of concerns about spreading virus particles. This may have an adverse impact on Black African/Caribbean men who have higher rates of prostate cancer. Generally decisions to suspend surgery were accepted but had led to individuals having concerns about their diagnosis worsening and anxieties about a lack of information. Equally some individuals have shared their anxieties about visiting a hospital during the pandemic whilst some did attend for routine scans and appointments.

A black African service user gave an example of the level of anxiety about Covid-19 among people living with cancer that occurred at Christie Hospital. The service user indicated that social distancing was in place in the waiting area but she had to leave her seat to go to the reception desk to deal with a query. On returning to the seating area she found her seat occupied and she had to find another. In doing so she had to pass by a white male patient who screamed at her and indicated that as she was black, she would infect him with coronavirus. This followed the media coverage that outlined that BAME people were more likely to be infected by Covid-19. The hospital staff dealt with this issue immediately and apologised to the service user. However, this would not have been a positive experience for her and is indicative of the additional pressures that BAME individuals must sometimes deal with alongside living with a long-term condition.

Information gathered shows that some people living with cancer were accessing their GPs however they experienced similar frustrations to that set out in the first report. For example one service user indicated:

***“Our GP has changed to doing everything online. I don’t know anything about online. I had to call my son to do it for me. What if I did not have a son? Not everything is for the young people you know.”***

Frustrations were reported about delays in getting through to GPs on the telephone and one service user went to their GP surgery to find the door locked with a sign asking patients to wait outside. He reported:

***“There was a long line of people waiting, it was raining. I’ve got cancer. How can they let us just wait in the rain like that. I just went back home.”***

Additionally, some BAME VCSE organisations have had to advocate on behalf of their service users to enable access to GPs and hospitals or seek clarification on correspondence received from hospital. As one service user quoted:

***“I’ve received a letter from the hospital – I don’t know what it means. Please can you ring them for me as I can’t get through?”***

Those service users who visited a hospital during the pandemic found it a bit stressful having to go through screening (temperature checks etc) for Covid-19 on arrival but recognised the need for such measures.

VCSE organisations that support people living with cancer have suspended face to face activities such as support groups or drop-in sessions and replaced them with online activities using digital platforms such as Zoom or WhatsApp. The success of this has varied amongst groups as can be seen from the quotes below:

**“Our support groups now meet on video conference. This has been challenging for our older service users who are not familiar with or do not trust digital technology”.**

**“We set up a WhatsApp group which has been great. Service users interact with each other daily – sending message, exchanging pictures, quizzes, etc”.**

**“We are still able to provide advice and information to our service users by regular telephone calls and text messaging.**

**“We do all our support group meetings via Zoom and make regular telephone calls to service users, door step visits and deliver food parcels.”**

The initial weeks of lockdown were a challenging time for many organisations and their service users and it impacted heavily on cancer support groups. Physical interaction has been missed and in providing future mental health provision consideration should be given to the psychological impact of living with cancer and anxieties related to the suspension of cancer treatment. This is reaffirmed by one organisation that quoted:

**“Not being able to deliver the core element of our services – bringing people together so that they do not have to go through cancer alone – has been the biggest impact”**

Finally, the suspension of cancer screening services was also raised as an issue. A few women identified that they had received letters to attend for cervical screening prior to the government restrictions but were reluctant to attend for fear of infection at their GP surgery.

## **2.2 Refugees, Asylum Seekers and New Migrants**

In the first report the reduction in support to refugees, asylum seekers and new migrants was outlined. This same issue has again been raised by some respondents. Examples were given of groups that used to hold regular drop-ins at local community centres for new migrants, including non-English speaking migrants. The introduction of restrictions has resulted in some groups having no idea what is happening to their service users unless they receive the occasional call from them.

Concerns were expressed about the state of health of members of these groups as follows:

**“I know some have been infected and ended up in hospital. Others are worse with anxieties and worries. I believe mental health problems are worsening. I know some are self-medicating with alcohol and drugs. Finances are impacting on health”**

**“They are worried they will get infected and die from the disease, as most of them are BAME. That in itself is causing anxiety. With not enough money to buy home essentials, buying a mask of the internet to wear for day to day movement is not a priority. People are sinking lower and lower.”**

It was felt that some new migrants experience significant barriers because of a lack of English and as such fail to access information about advice services that are operational. Additionally it was stated that:

**“Most migrants from poor countries are digitally excluded and are not embracing video conferencing. We still use phone calls but that is difficult as we do not have permanent phone numbers of all our service users. Frequently you make a call and the phone number is unanswered or no longer in use. We are disconnected more than ever.”**

### **2.3 Access to GPs**

From the information gathered for this second report it was restated that service users were reluctant to visit their GPs related to non-Covid health conditions for the following reasons:

- (a) Health services were too focussed on tackling Covid-19
- (b) As death rates were still high in Manchester there was a fear of being referred to ‘unclean hospitals’.
- (c) Lack of understanding about how to access GP surgeries
- (d) Lack of confidence in an online appointment
- (e) Lack of interpretation services

The following comments were made on current GP provision:

**“At the beginning of the lockdown, service users did not know where to get medical care as the GP surgeries were closed. Now they are calling their doctors but a translation service is still not available, and an appointment can be postponed if an interpreter is required. One service user who is known to have a cyst in the head is still suffering from constant headaches because he is unable to speak English well. He was unable to explain his symptoms and no examination was offered.”**

**“Most people say talking to the doctor is not the same as them examining you. My service users think care is now sub-optimum and not worth the time and effort. Most people prefer not to use the current GP phone-in service but self-medicate.”**

This situation seems to be improving however with some groups putting efforts into encouraging their service users to access their GPs if they have any health concerns. The following comments show that changes are slowly taking place and key messages being circulated by GPs and other parts of the health sector are being received positively but need to be continued:

**“At first most users will dare not go to hospitals and did not know what to do if they are suffering. My group volunteers have been educating our service users that it is safe, but they don’t seem convinced”.**

**“At the beginning of the pandemic, we had so many calls seeking medical advice, which is not our role and now it looks as if the message is getting into the community to call their GPs.”**

It should be noted that the above varies between BAME groups and those whose first language is not English will continue to be adversely affected by current arrangements. An example was given of a Chinese service user who did not wish to access health care services during the lockdown but was given support to go to A&E because of concerns about his mental health by staff from the Wai Yin Society. Case studies provided by the Wai Yin Society, which are attached, show how health conditions such as mental health can be compounded by language barriers and result in unintentional non compliance with Covid-19 guidelines.

## **2.4 Variation in Delivery of Services**

In the first report it was noted that many VCSE organisation had to adapt their services to meet additional needs of BAME service users during the lock down. Moving some services online has proved useful but will be a temporary measure for some groups as reflected below:

**“We have had to move some of our sessions to Zoom but the numbers are not encouraging. We still phone some users to ensure they are ok.**

**“We have moved some of our services to online but not all. Initially Zoom was great but it looks as if service users are getting zoom-fatigue and the numbers are going down with time. Some simply attend and remain muted. They are not engaging as before”**

As face to face engagement has ceased VCSE organisations have had to adapt their services and the following shows the range of services being provided through a VCSE organisation (Wai Yin Society) for the Chinese community:

- Daily Befriending telephone support for service users and carers
- Provision of telephone helpline offering general advice, translation support, benefits advice, domestic abuse, mental health support
- Delivery of medication to older Chinese people
- Signposting to a Chinese take away service for older Chinese people, as needed
- Online parenting course, children’s homework club/youth club
- Homework club to improve written skills of adults
- Delivery of emergency food parcels in collaboration with other agencies

- Delivery of donated IT equipment to vulnerable people in the community and the provision of telephone IT support to enable people to connect online platforms.

## 2.5 Preparations for a phased lifting of government restrictions

Some BAME VCSE groups are now preparing for the phased lifting of restrictions and in doing so have identified the need for support in the following areas:

- Provision of a culturally competent mental health service including one-to-one talking therapy to deal with the impact of Covid-19.
- Provision of PPE equipment: gloves, masks appropriate signage and hand sanitizers for staff, service users and volunteers to enable some semblance of normality for those who wish to physically meet.
- Access to funding and training of volunteers

One respondent expressed the following:

**“How to get back to normal functioning under social distancing rule will be difficult. We used to have tea and coffee mornings in small rooms. We are also tired of applying for funding and being rejected because we don’t satisfy all the strict criteria. We are not sure how our volunteers will be protected and need PPE.”**

## 2.6 Measures to Tackle Adverse Impact of Covid-19

Respondents to the questionnaire have raised concerns about what actions organisations such as MHCC and the GM Health & Social Care Partnership intend to put in place to protect the health of BAME communities. Reference was made to the findings from the Office of National Statistics (ONS) that the risk of death from coronavirus was significantly higher amongst some BAME groups yet there was no targeted campaigns or specific advice that was on offer to BAME communities. One respondent referred to reviving NHS campaign/advice on vitamin D deficiency in BAME communities as several older members of her group were recently diagnosed with a vitamin D deficiency during the lockdown period. Other proposed a review of how current public health programmes benefit BAME communities.

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28 May 2020**

## Appendix 1

### Wai Yin Society

#### Case Studies – Impact of Covid-19 on Chinese Community

The names used in the case studies have been changed for the purpose of confidentiality.

##### **Case study 1: Chinese Shielding Patient - Mr L**

An older Chinese couple contacted Wai Yin Society's support worker to request some face masks. Mr L, as an older carer, had to accompany his partner to hospital for renal dialysis centre multiple times per week, and he needed masks to wear when shopping.

On 15 April, when a Wai Yin support worker delivered boxes of masks to their home, Mr L sought help in translating some letters received by the elderly couple. The worker discovered a letter from the GP advising Mr L to shield for 12 weeks, as he was a high-risk patient. This was discovered four weeks after the government issued this advice on 16 March. The Wai Yin support worker immediately explained the letter to them and outlined what support Wai Yin was able to provide including essential services to support the vulnerable.

Following this incident, his English speaking GP was informed of the issue by the organisation's Chief Executive Officer. This incident raises concern about the lack of translated materials for BAME communities to ensure they understand such important and vital communication.

##### **Case 2: Mental Health (Female User)**

Mrs Chan's daughter, Ada is a student at the University of Manchester. Ada has experienced psychotic symptoms from early in the year. Mrs Chan arrived from China a month ago to look after Ada. Due to the Coronavirus outbreak, they could not fly back to China in March and Ada's condition deteriorated resulting in her hearing voices and showing other signs of paranoia and self-harming. She was subsequently detained in hospital.

Mrs Chan only speaks Mandarin and did not understand her daughter's condition. Due to coronavirus restrictions, she had not seen Ada since she was admitted to hospital.

The Wai Yin Team were able to:

- Provided information to Mrs Chan to enable her to understand Ada was detained under section 2 of the Mental Health Act, which meant Ada might be kept in hospital for an assessment for up to 28 days
- Provided language support to enable her to communicate with mental health professionals, psychiatrist, and nurses
- Provided opportunities for Mrs Chan to express her concerns as well as emotional support to reduce her anxiety to maintain her mental wellbeing
- Provided language support for Mrs Chan to enable communication with Ada's psychiatrist and a better understanding of Ada's discharge plan

**Outcomes:**

- Mrs. Chan was pleased with Ada been discharged after a 2-week admission
- Ada has responded well to treatment

**Case 3: Mental Health (Male user)**

Jim is 38 years old. He lives in temporary accommodation after being discharged from compulsory detention for treatment under the Mental Health Act. He speaks Cantonese, is married with 2 children but lives on his own due to marital difficulties and mental health illness before the detention.

Face to face support was provided for Jim before the lockdown. The support included explain letters, communicate with health professionals, and engaged him in activities.

Following lockdown, the Wai Yin Team provided the following support:

- Provision of support over the phone including emotional support, housing assessment meeting; booking GP appointments, collecting prescriptions, and explained letters correspondence.
- Obtained a tablet for his use and provided IT support to enable him to make video calls; attached images, i.e. letters by using WhatsApp
- Provide regular contact and emotional support to break his isolation

**Outcomes:**

- Jim has managed his mental illness well with support from health professionals and Wai Yin mental health project
- He has gained confidence in managing his daily tasks. For example, sending a copy of a letter which required him to book an appointment for a blood test with his GP on WhatsApp. He was then supported to arrange the appointment and showed how to attend the appointment by using public transport
- Jim can now access Chinese news channels to gain more information without going out to the Chinese community. He now feels more engaged with society.