

# A critical lived experience perspective on the impact of the COVID-19 pandemic on mental health nurses and service users

This letter is in response to the paper recently published in the JPMHN, by Foye et al. (2021) entitled “How has Covid-19 affected mental health nurses and the delivery of mental health nursing care in the UK?<sup>1</sup> Results of a mixed methods study.” The paper throws up how we are certainly not, as a society, “in this together”—but are differently affected and disadvantaged by COVID-19—due to race, mental health status, and all the underlying indices that being a mental health service user point to, such as poverty.

Demographically, the sample showed underrepresentation of men but even more striking was the underrepresentation of the BAME nursing workforce. This fact was thrown into painful relief by the timing of the paper's writing during the huge civil unrest and challenging of racism in society by Black Lives Matter. This underrepresentation is serious enough in itself, but it is compounded by the fact that both men and BAME communities are known to experience higher morbidity from COVID-19 than the average (Public Health England, 2020; Raisi-Estabragh et al., 2020).

As a result, the study does not sufficiently include those who are disproportionately affected by the very issues it seeks to examine—as the authors readily acknowledge. Such a serious failure to recruit more BAME mental health nurses cannot be excused solely by reference to the very real-time pressures of having to produce the report in “live time,” as the pandemic unfolded, to try and make an impact. Clearly, researchers need to do better, and this partly means that agencies commissioning research need to devote greater resource and attention to ensure that time-sensitive research is also racially inclusive. If mental health nursing guidelines to help services work better during the pandemic are to be produced out of studies such as this one, then they need to include the views of nurses from all racial groups, otherwise, they might miss something important.

Whilst the onus for ensuring BAME voices are included rests with researchers, one may well ask: why is the BAME mental health nursing voice relatively missing? The answer is unclear. Could the low numbers of BAME nurses recruited indicate their greater disengagement from being consulted and making their voice heard to bring about change, because of a cynicism that their views will not be taken into account? Or did the researchers simply not have the means and knowledge to tap into BAME mental health nursing networks? This needs further investigation. If disengagement is their reason for not participating, they have much in common with many BAME mental health service users, who feel they have often been consulted in a tokenistic way, with little in the way of meaningful

change taken forward in response to what they have said (Dawson et al., 2018; Griffiths, 2018).

Mental health services are already relatively neglected, as are mental health patients. Yet our needs are likely to be greater at this time, due to the disproportionate toll the pandemic is taking on us, not only because of our already precarious mental well-being, but because we are more likely to come from demographic groups that experience disadvantage in many interrelated ways. One thing that does give cause for mild encouragement, is the speed at which the changes to services have been pushed through. If there is so much capacity to implement change, then what excuse is there for not pushing through the root and branch changes to the culture and ways of working within mental health nursing that service users have been pressing for, for such a long time?

## KEYWORDS

community mental health care, COVID-19, infection control, inpatient mental healthcare, mental health nursing, psychiatry, remote working

## DATA AVAILABILITY STATEMENT

Not applicable as a commentary/letter to editor.

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## ENDNOTE

<sup>1</sup> This letter has been written by two members of the Mental Health Policy Research Unit's Lived Experience Working Group (The “LEWG”). The LEWG consists of a group of people with lived experience of mental health services who contribute to a range of MHPRU studies as lived experience researchers. The two authors were supported in this

process by the service user and carer involvement coordinator for the MHPRU. The first author is writing from their perspective as a person from a Black, Asian and minority ethnic (BAME) community. Consequently, it is important to highlight that this article is influenced by the lead author's experiences as a BAME mental health service user activist on a range of different projects, across two decades, and as a member of the LEWG supporting the work of the MHPRU.

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