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Has the Uk Brexit Decision Increased Stress, Anxiety and Depression in Uk black, Asian and Minority Ethnic Communities and How Would we Know?

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While there is a longstanding body of research on severe mental health issues such as psychosis and suicide amongst Black, Asian and minority ethnic (BAME) communities, less attention is paid to the wider range of mental health issues for these communities such as depression, anxiety and stress. Often people may try to manage these issues through self-medicating (smoking, alcohol abuse or other substance abuse) or access to non-statutory services (including religious ministry) rather than visiting a GP. In the aftermath of the UK referendum to leave the European Union some have argued that mainstream media narratives have increasingly shifted towards 'normalizing' negative rhetoric about immigration. Although there is some evidence that across the UK racist physical assaults and harassment have increased there has been limited exploration of the mental health impact of this rhetoric.

Characterizing migrants as a threat to some ill-defined "British way of Life" is hardly new in UK media and policy but the consistently progressive development of immigration and equalities policy since the postwar period has stalled in more recent times with the introduction of policy initiatives such as the 'hostile environment' by the UK Home Office in 2012 . Media stories that misrepresent crime statistics to create an impression that this is chiefly 'black on black' crime help to create a sense of BAME communities under siege from uncontrolled youth criminality, rather than the focus of structural poverty, poor housing and under-employment and ignore the inspirational motivation driving many migrant households.

The focus on incidents of racist violence, important as this is, should not detract from the insidious and destructive impact of 'everyday racism' as a cause of depression, anxiety and stress and how this interacts with existing stigma towards mental illness in BAME communities and the potential consequences for those struggling with these issues on access to appropriate help. It is in the daily grind of low-level racism that individual resilience faces its most corrosive challenges and in this arena people often find it hardest to take a stand. Or if they do take a stand, find themselves been identified as 'aggressive', 'pushy', 'paranoid', 'never satisfied', etc.

Within some cultures the expression of mental health issues is heavily gendered, for example it being far more acceptable for women to express feeling of depression and anxiety and seek support than men, who may just be expected to 'snap out of it'. However even with this broad gender based cultural expectation there are often cultural variations, for example the 'strong' eldest sister in an African-Caribbean family may be expected to take on the emotional burdens of her younger siblings both male and female. For many from BAME communities getting help for a physical illness is far less stigmatising that getting help for a mental health issue and some may present to their GP with physical health issues as a proxy for mental health issues.

Some mental health issues such as Obsessive Compulsive Disorder (OCD) may not be recognised as a mental health issue, so those living with such problem get little compassion or support from family or community members even if they manage to access some professional help. Also, mental health staff may have preconceived notions such as 'families look after their own' or that some cultures are 'unamenable to 'taking therapies'. Yet for some cultures there is evidence that those living with mental health issues feel ostracised by stigma within their own community.

Eminent psychiatrists have recently argued that the impact of Brexit on the mental health and wellbeing of BAME communities is a manner requiring urgent attention and this is borne out by the authors own experience in working to improve access to support services for people BAME communities with OCD and for BAME ex-offenders with mental health problems. People from BAME communities may struggle to approach not only statutory but also voluntary sector mental health organisations since they perceive them as primarily 'white organisations' that they anticipate will feel alienating for them. BAME ex-offenders with mental health problems have the dual anxiety of both being afraid they will be deprived of access to mental health service support but also afraid of losing access to rehabilitation services in the criminal justice field. Many of the BAME workforce from the EU in the voluntary sector and across health and care worry about their residency status and certainly dampens any ambitions for longer term career development in the UK.

These anxieties further undermine the quality of life for many and combined with a life lived resiliently in the face of everyday racism, risks providing just enough additional psychological pressure to tip people into clinical symptoms. The very least that UK health researchers could do is focus more research attention in this area.

Biography

David Truswell has worked in the Community based Mental Health Services in the UK for over 30 years developing services for people with complex care needs and enduring mental health problems. From 2009-2011, he was the Dementia Implementation Lead for Commissioning Support for London, working with commissioners across London to improve dementia services. He is the Chair of the Dementia Alliance for Culture and Ethnicity, a grassroots alliance of dementia organizations. He recently left the NHS to set up some fresh thinking, an independent health sector change management consultancy