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Multidisciplinary research priorities for the COVID-19 pandemic

We laud the aims of Emily Holmes and colleagues¹ to highlight the impending mental health consequences of COVID-19, especially the call to ensure there is a joined-up multidisciplinary response. The authors note the impact of COVID-19 on vulnerable groups. For people from Black, Asian, and Minority Ethnic (BAME) groups, there are already significant mental health inequalities. These inequalities warrant a specific research response above and beyond that expressed in this report.

The Position Paper by Holmes and colleagues was informed by surveys from the health research charity MQ: Transforming Mental Health and Ipsos MORI. However, only 160 (8%) of 2000 respondents surveyed by the charity were from a BAME group, compared with around 14% in the UK population. These 160 people included about 20 respondents from Black or Black British backgrounds. Because those surveyed included carers and health professionals (40%) as well as people with direct experience of mental health problems (60%), it is probable that only 12 respondents were Black people who had lived experience of mental illness. Moreover, the Ipsos MORI survey, including 1099 people from the general population, did not report ethnicity. These unrepresentative surveys overlook a substantial section of the population that appears to be especially at risk of COVID-related complications, mental health sequelae, and death.²⁻⁴

Phoebe Barnett and colleagues⁵ found that researchers tended to aggregate heterogeneous BAME groups and appeared to entrench narratives of racial determinism. The authors argued that the nature and structures of the research process are subject to biases from the outset. Without a response that specifically

aims to understand the mental health needs of different BAME people, inequalities will be sustained and widened.

In addition to specific research focusing on the post-COVID-19 mental health needs of the diverse range of people who are grouped under the abbreviated term BAME, we propose that at the outset of any research, there should be a race equality impact assessment applied to the research questions and the methodology. When reporting findings, authors should be expected to state how they think their research might affect those from ethnic minority groups. Funding bodies and journal editors should expect to see this race equality impact assessment, just as they now increasingly expect to see a Patient and Public Involvement statement and assessment. In doing so, mental health research is likely to become more relevant to those from ethnic minority backgrounds and to be more likely to provide effective interventions that have lasting positive effects on the mental health of BAME populations over time. Just as the inclusion of a Patient and Public Involvement element into all research has become standard practice, so should the inclusion of a race equality impact assessment.

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- 1 Holmes EA, O'Connor, RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020; published online April 15. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1).
- 2 Khunti K, Singh AK, Pareek M, Hanif W. Is ethnicity linked to incidence or outcomes of COVID-19? *BMJ* 2020; **369**: m1548.
- 3 The Lancet. Redefining vulnerability in the era of COVID-19. *The Lancet* 2020; **395**: 1089.
- 4 UK National Institute for Health Research. NIHR and UKRI launch call for research on COVID-19 and ethnicity. 2020. <https://www.nihr.ac.uk/news/nihr-and-ukri-launch-call-for-research-on-covid-19-and-ethnicity/24658> (accessed May 21, 2020).
- 5 Barnett P, Mackay E, Matthews H, et al. Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data. *Lancet Psychiatry* 2019; **6**: 305-17.