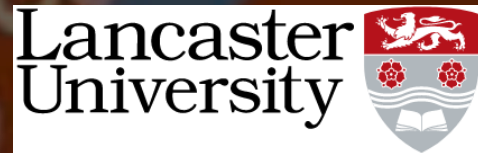


# Understanding the association between mental health and alcohol use in racial and ethnic minority groups

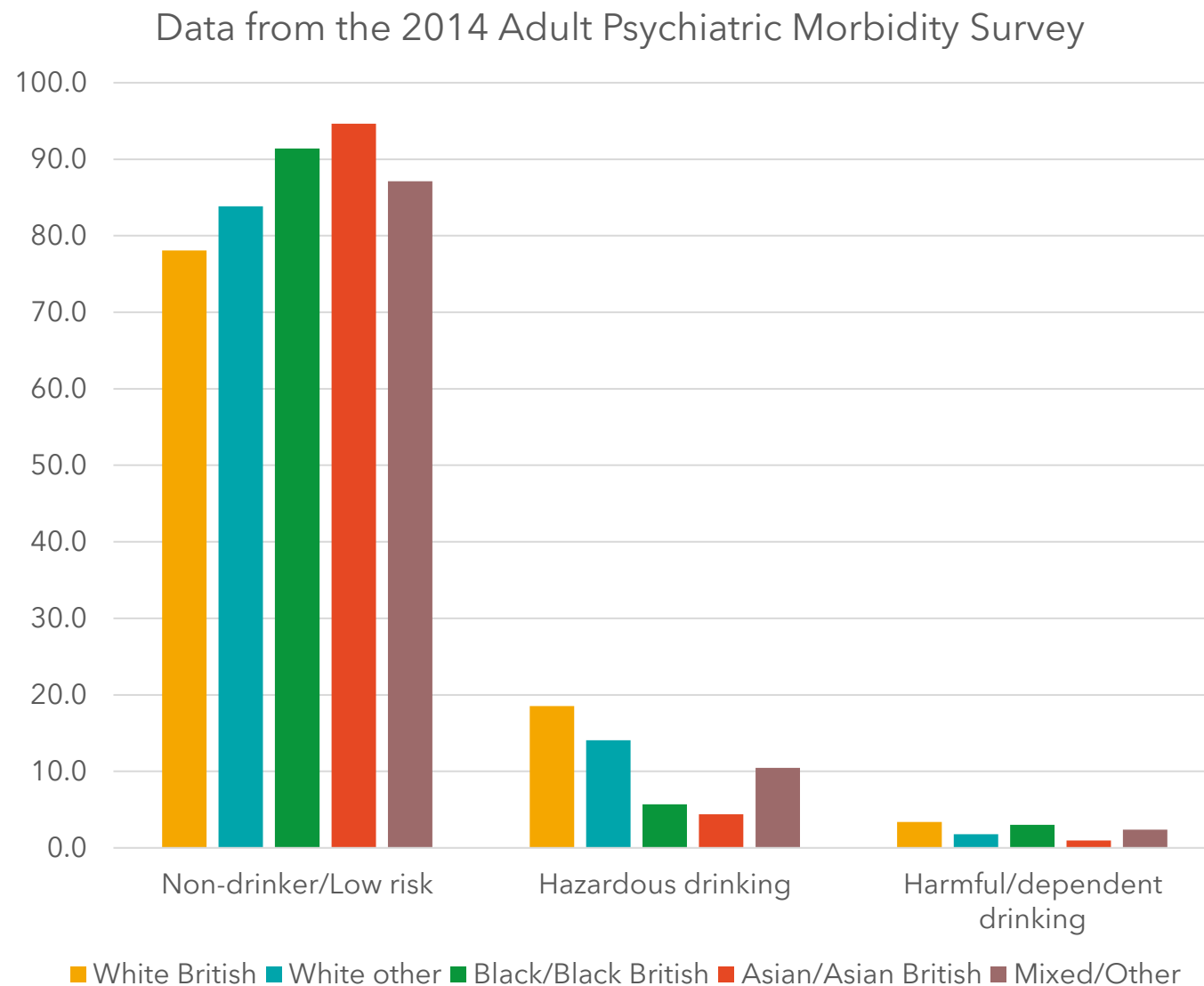
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Dr Jo-Anne Puddephatt, Professor Ross Coomber, Dr Jay Das-Munshi,  
Dr Juliana Onwumere, Dr Laura Goodwin



## How does alcohol use differ across ethnic groups?

- Most studies have used broad categorisations and there are likely to be differences if we look at more specific ethnic groups (Bayley & Hurcombe, 2010)
- Racial and ethnic minority groups may be more likely to experience alcohol harms compared to White British groups drinking at the same level, because:
  - Those drinking harmfully are less likely to seek treatment or complete treatment (Gleeson et al., 2019)
  - They experience poorer treatment outcomes (Bayley & Hurcombe, 2010)




# What is known about mental health and ethnicity?

- Prevalence of common mental disorders (e.g. depression and anxiety) does not differ by ethnicity in males but it does in females, with CMDs more likely to be reported by women from a Black ethnic group
- Among people with a mental health problem, those from racial and ethnic minority groups are less likely to receive treatment compared to White groups (Hahm et al., 2015)
- People from ethnic minority groups are less likely to be referred for and to receive psychological therapies (Kapadia et al., 2022)
- Individuals from racial and ethnic minority groups who have a mental health problem report more negative experiences with receiving treatment compared to White British groups (Lawrence et al., 2021)
- There may be greater stigma around seeking formal mental health care among racial and ethnic minority groups

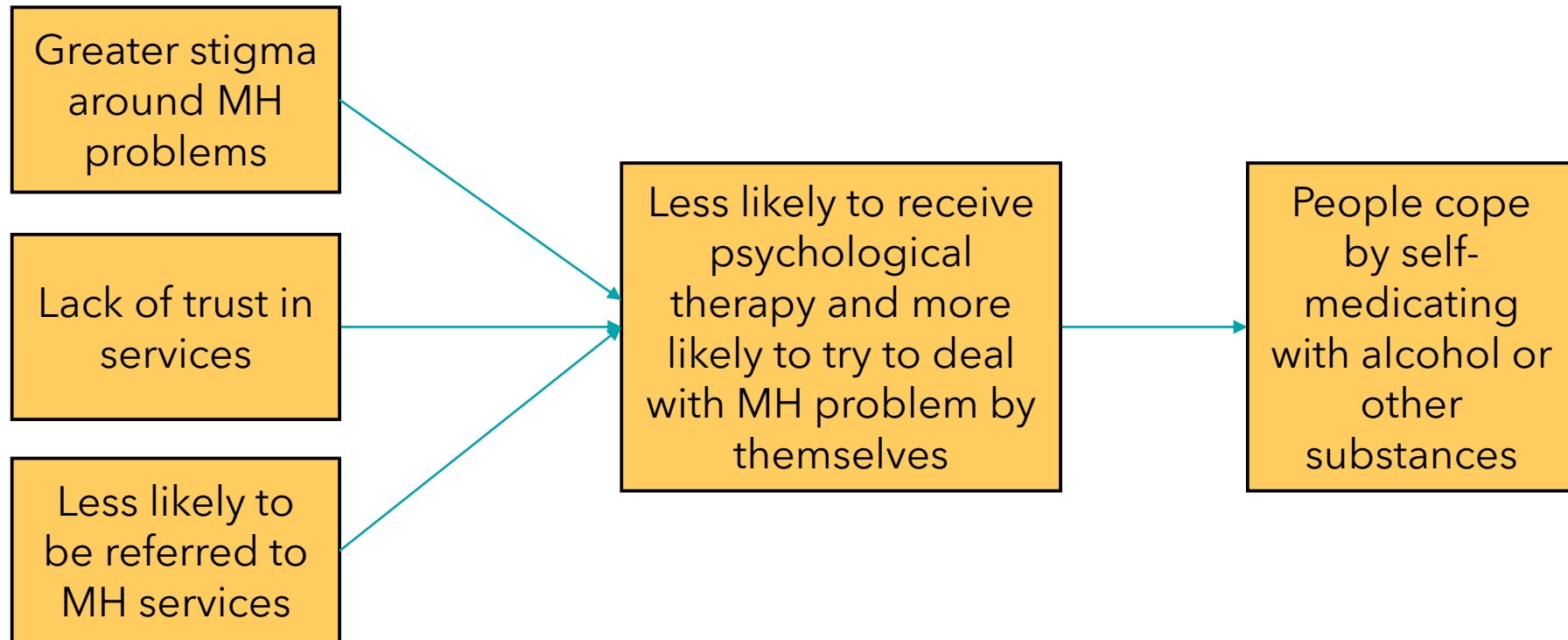
## Ethnic Inequalities in Healthcare: A Rapid Evidence Review

Dharmi Kapadia, Jingwen Zhang,  
Sarah Salway, James Nazroo,  
Andrew Booth, Nazmy  
Villarreal-Williams, Laia  
Bécares & Aneez Esmail

# The association between alcohol use and mental health and directionality

- 1. Alcohol use increases the risk of MH problems due to biological effects (e.g. through changes in metabolism or neurotransmitter function) or through the negative social effects of having an alcohol use disorder (AUD)
- 2. Worsening MH results in an increase in alcohol use and risk of AUD through using alcohol to cope e.g. self-medication hypothesis
- 3. There may be common risk factors for both e.g. exposure to traumatic events or childhood adverse events or genetic/environmental risks
  
- Studies looking at directionality have found stronger evidence for an association from  
MH  AUD  
(e.g. Bell & Britton, 2014; Treur et al., 2021)

# Are there reasons why people from racial and ethnic groups may be more likely to use alcohol to cope?



# What is not known about alcohol use and mental health among racial and ethnic minority groups?

- Much of the existing research has used broader categories of ethnicity due to smaller numbers (NHS Digital, 2018)
  - Even though there are differences between specific ethnic groups, e.g. Black African and Black Caribbean groups (Gleeson et al., 2019)
- Research needs to take into account other factors including religion, migration status, how long someone has lived in the UK and acculturation.
- Less is known about how alcohol use impacts on access to mental health treatment (Bayley & Hurcombe, 2010; Gleeson et al., 2019)
- We know less about how alcohol use is discussed in different mental health care settings



# Aims of the broader project



**WP 1:** To examine associations between mental health and alcohol use across different racial and ethnic minority groups using surveys representative of the UK population



**WP 2:** To understand the experiences and motivations for not drinking and drinking among racial and ethnic minority groups with a mental health problem and their experiences with seeking help for their mental health



**WP 3:** To conduct a rapid appraisal of the treatment of harmful drinking in community mental healthcare settings



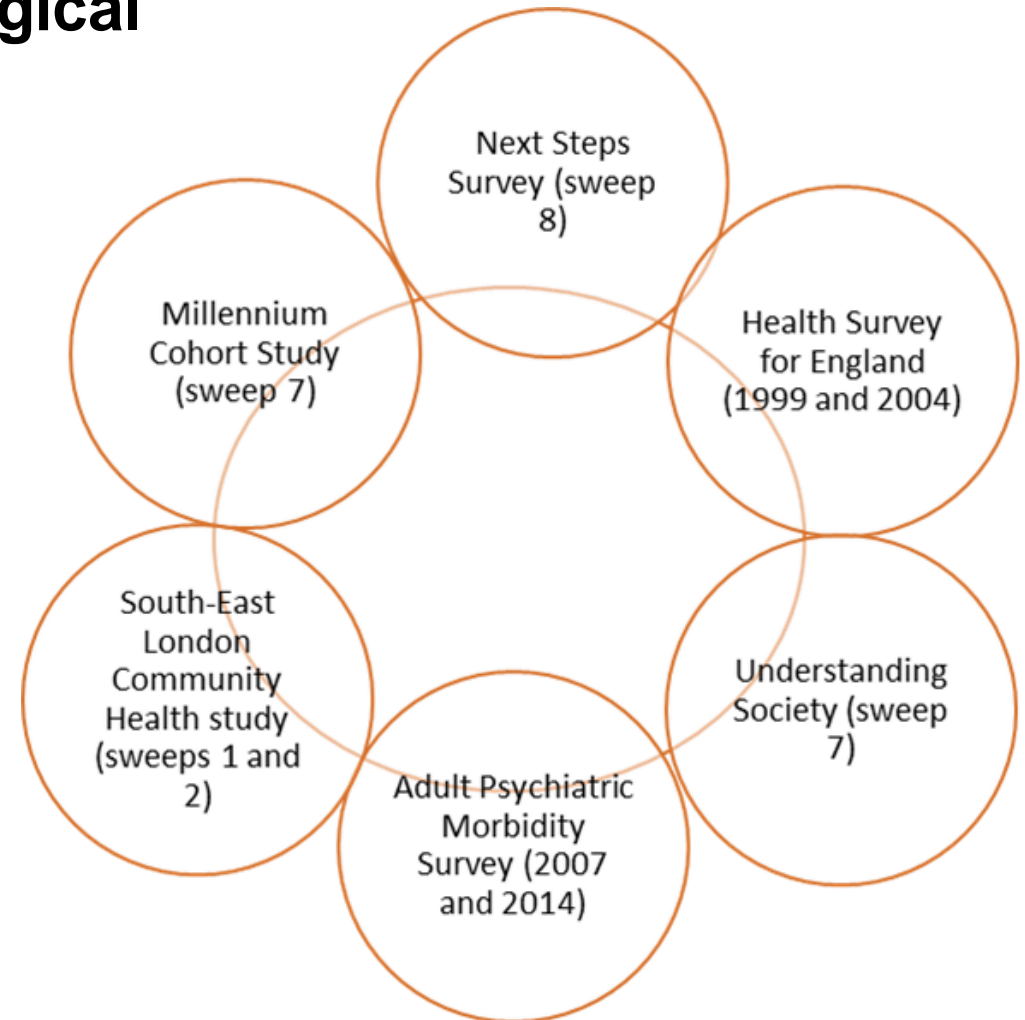
**WP 4:** Development of individual's stories around alcohol use in the context of their mental health for use as health promotion materials




**PPI and Project Advisory Group:** Informing all aspects of the project development, participant materials and interpretation of the research findings. Involvement from Centre for Mental Health, OHID, Caribbean and African Health Network, Croydon BME Network and Alcohol Academy.

## WP1 aims – What is the prevalence and associations of alcohol use and psychological distress across ethnic groups in the UK?

- What is the prevalence of non-drinking and increased-risk drinking across ethnic groups?
- How is alcohol use associated with psychological distress among individuals from racial and ethnic minority backgrounds?
- To combine data across surveys to look at the prevalence and association between alcohol use and psychological distress







# WP1 – Overview of the measures

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## Ethnicity

- Measured using the most specific ethnic categories available in each dataset
- E.G. Understanding Society
  - White British
  - White Irish
  - White Other
  - White and Black Caribbean
  - White and Black African
  - White Asian
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Black Caribbean
  - Black African
  - Arab
- When data sources were combined, we could only look at ethnic groups which were measured consistently across data sources

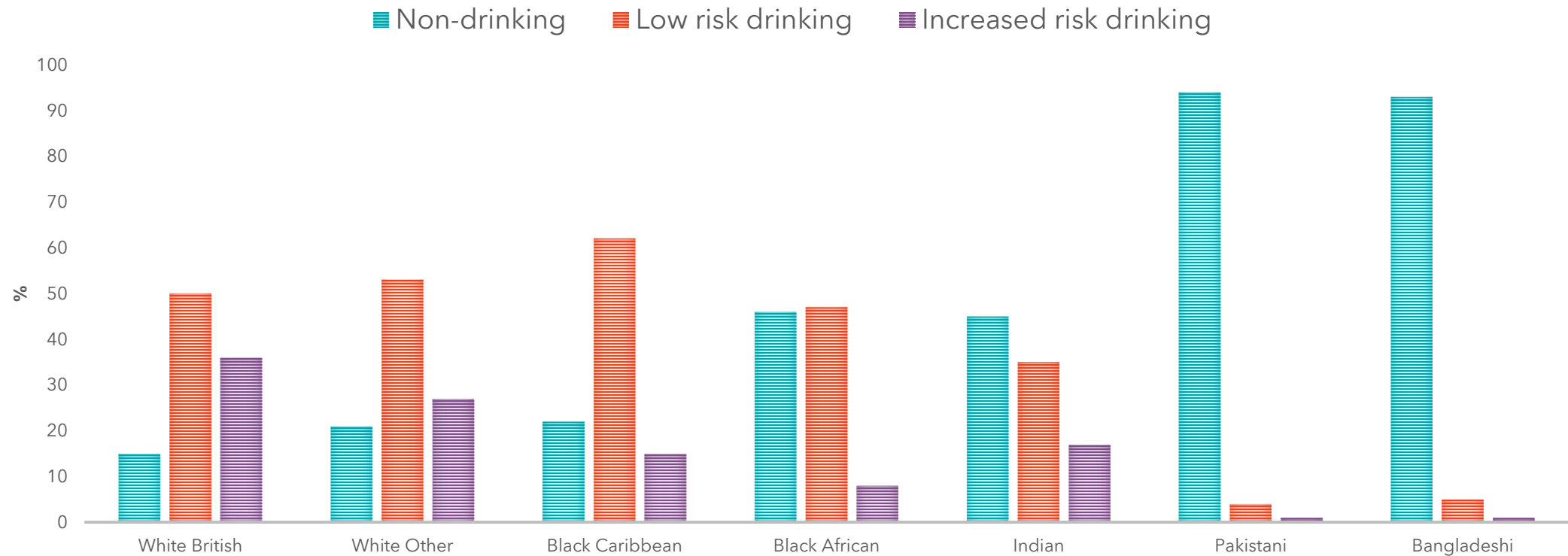
## Psychological distress

- Measured using validated screening questionnaires
  1. General Health Questionnaire
  2. Clinical Interview Schedule-Revised
- These questionnaires assess symptoms of common mental disorders (depression and anxiety)
  - *“Have you been able to enjoy or take interest in things you normally do?”*
- Categorised as:
  - Meeting criteria for distress
  - Not meeting criteria for distress

## Alcohol use

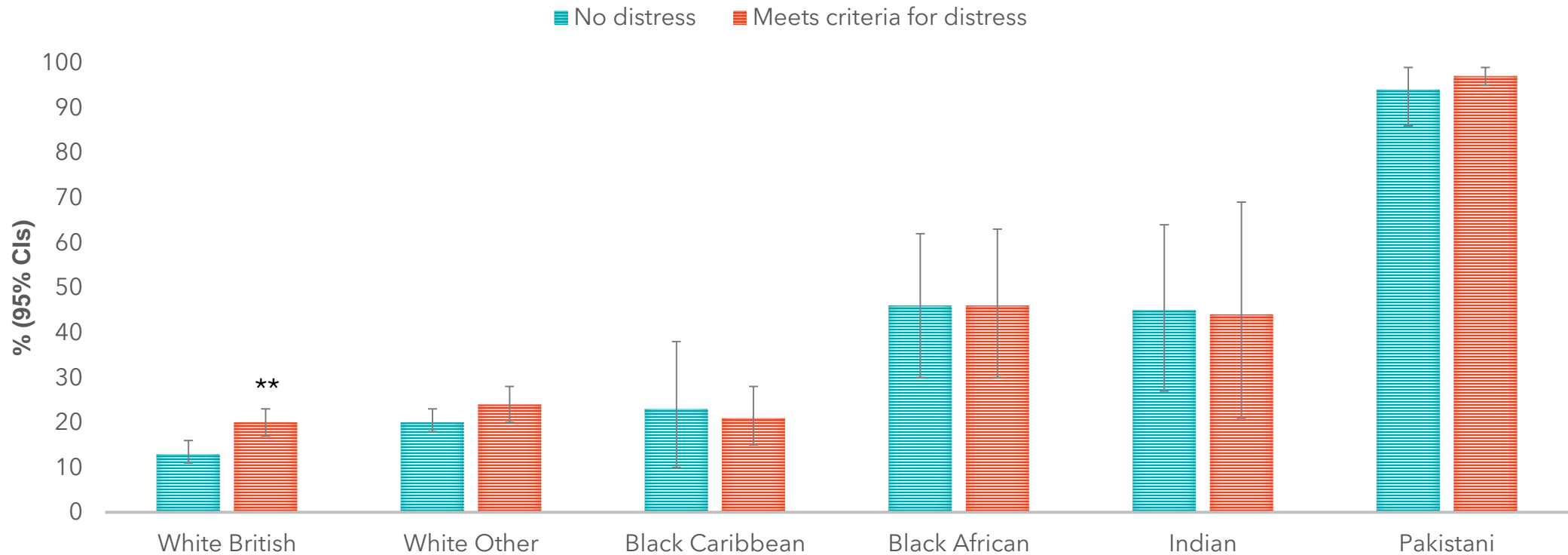
- Measured using a validated alcohol questionnaire (Alcohol Use Disorder Identification Test-Consumption)
- This 3-item questionnaire assesses alcohol consumption in the past 12 months
  - *“How often do you have a drink containing alcohol?”*
- Categorised as
  1. Non-drinker
  2. Low-risk drinker
  3. Increased-risk drinker (equivalent to hazardous drinking)

# What is the pooled prevalence of non-drinking and increased risk drinking across ethnic groups in the UK?



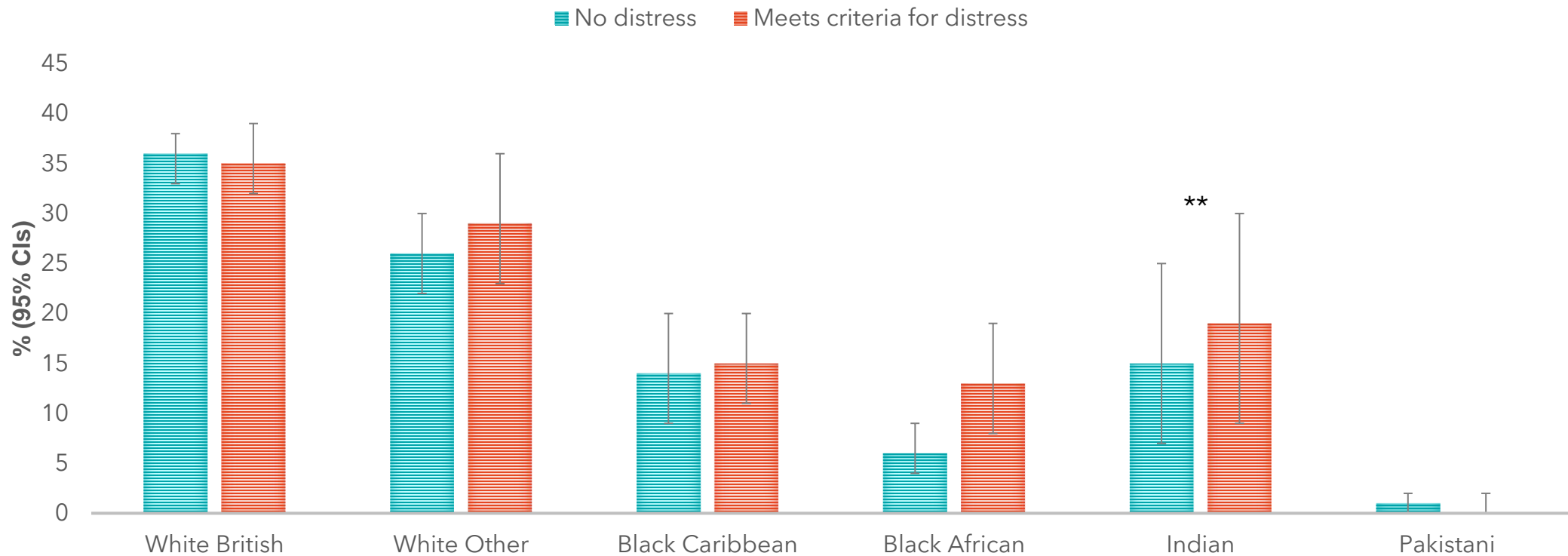
*\*Using data from 2007 and 2014 APMS, SELCoH, Next Steps and Understanding Society*

# What is the pooled prevalence of non-drinking among those with and without psychological distress across ethnic groups in the UK?



\*Using data from 2007 and 2014 APMS, SELCoH, Next Steps and Understanding Society \*\*Significance as indicated from the logistic regression ( $p < 0.05$ )

# What is the pooled prevalence of increased-risk drinking among those with and without psychological distress across ethnic groups in the UK?



\*Using data from 2007 and 2014 APMS, SELCoH, Next Steps and Understanding Society \*\*Significance as indicated from the logistic regression ( $p < 0.05$ )

# Take home messages

- Increased-risk (hazardous) drinking is most common in White British groups, but also in White Other, Black Caribbean and Indian ethnic groups
- Using broad categorisations of ethnicity masks differences in the prevalence of alcohol use among specific ethnic groups
  - For example, Indian groups seem to drink alcohol differently to Pakistani and Bangladeshi groups
- We have provided evidence that there is an association between mental health and increased risk drinking in different ethnic minority groups
  - Indian groups with psychological distress were more likely to drink at harmful levels than those without distress
  - Black African groups with psychological distress were more likely to drink at harmful levels; this association wasn't shown for Black Caribbean groups even though they drank more overall

# Implications and next steps

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There are issues around how representative national surveys are - even though we combined multiple data sources, we do not have the statistical power to explore the issues we want to

Future data collections need to over sample ethnic minority groups

We need to understand more about how alcohol use is screened for and treated in mental health services for different ethnic groups

There is a need to ensure that specialist alcohol services are more accessible for people from racial and ethnic minority groups and that they have links with mental health services

We need to develop health promotion materials around alcohol which are accessible for different ethnic groups using co-design methods



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James Morris - Centre for Addictive Behaviours, London South Bank University

Andrew Brown - Croydon BME Forum

Robyn Burton - Office for Health Improvement and Disparities

**Please contact us if you want to know more about this research or have any suggestions:**

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