intervention project with the aim of bringing about lifestyle changes that would a) prevent and b) improve management, of these diseases.[20]

## Recommendation 4: Fair work practices

29.     The joint statement on fair work expectations during the transition out of lockdown[21] and the guidance on workplace risk assessment are welcome[22]. However, studies highlighted earlier in this paper show that discrimination and unfair practices towards minority ethnic people has taken place.[23,24] The Scottish Government, NHS Scotland and other partners must demonstrate how they will ensure that fair work practices are in place in health and social care settings, particularly in relation to PPE, and other workplaces.

## Recommendation 5: Investment in Minority Ethnic Organisations and mental health services

30.     In the event of enhanced lockdown, the Scottish Government will need to invest in NHS Scotland Mental Health provision. Further, there should be support for minority ethnic led sector organisations to provide the service required to Scotland's diverse demographics. In addition, the Scottish Government and NHS Scotland should deploy culturally competent and multi-lingual psychotherapists and counsellors as there are ethnic inequalities in accessing mental health services.[25] For example, building on the work already done in Scotland by BEMIS, FENIKS, Saheliya, Sikh Sanjog, Amina Muslim Women Resource Centre, YCSA and others and also the internationally recognised community led partnership model involving statutory organisations, private and third sector to support mental health improvement developed by Black Thrive London[26].

31.     More broadly the Scottish Government should commission research to identify barriers and put in place a plan to address the unmet need and persistent ethnic inequalities in mental health care.

## Recommendation 6: Public Health Messaging

32.     The Scottish Government must take action to ensure the inclusivity of public health messaging around COVID-19 minority ethnic communities and migrants. This should take into account language barriers, literacy levels, cultural factors, religious

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[20] https://www.gov.scot/publications/addressing-race-inequality-scotland-way-forward/pages/6/

[21] https://www.gov.scot/publications/coronavirus-covid-19-fair-work-statement/

[22] https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/

[23] Hudson, M., Netto, G., Noon, M., Sosenko, F., de Llima, P. & Kamenou-Aigbekaen, N., 17 Jan 2017, Ethnicity and low wage traps: Favouritism, homosocial reproduction and economic marginalization Work, Employment and Society. p. 1-28 28 p.

[24] Netto, G., Hudson, M., Noon, M., Sosenko, F., De Lima, P. & Kamenou-Aigbekaen, N.(2015) 'Migration, Ethnicity and Progression from Low-Paid Work: Implications for Skills Policy' Social Policy and Society. 14, 4, p. 509-522 14 p.

[25] Bansal, N., Bhopal, R., Netto, G., Lyons, D., Steiner, M. F. C. & Sashidharan, S. P., 4 Mar 2014 'Disparate patterns of hospitalisation reflect unmet needs and persistent ethnic inequalities in mental health care: The Scottish health and ethnicity linkage study' Ethnicity and Health. 19, 2, p. 217-239 23 p.

[26] https://www.blackthrive.org.uk/

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