

# **Together for Mental Health Strategy Equality Impact Assessment**

**This is the full Equality Impact Assessment (Part 2), carried out following the screening process (Part 1), which identified that a full assessment was required.**

**1. Building on the evidence you gathered and considered at the screening stage, please consider the following:**

**How could, or does, the policy help advance / promote equality of opportunity?**

For example, positive measures designed to address disadvantage and reach different communities or protected groups?

Through Together for Mental Health we are committed to delivering equality in Mental Health Services. We will work with our statutory partners to ensure that the public sector specific duties (Wales) are delivered in order to address inequalities in mental health services.

Equalities and Human Rights are interlinked and we have mainstreamed both of these into the development of this strategy. We will develop a minimum data set which will capture data covering the protected characteristics which will allow for the disaggregation of data to measure the impact and outcomes of actions on all of the protected characteristics. This will raise greater awareness of the diversity of mental health needs and ensure that different needs are embedded into the design of future services and national policies. Our commitment to a human rights based approach to mental health is intrinsic in the strategy as it is underpinned by a holistic and service user centred approach to delivering and monitoring services. We will work with our statutory and non statutory partners to ensure that services promote and protect the human rights of people with mental ill health.

Taking on board views expressed when we did the initial pre screening with equality and mental health organisations and the final screening post consultation we have included in the strategy a specific equality outcome which is *“People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population”*.

Together for Mental Health is a cross government strategy. Tackling stigma and discrimination is a theme which runs through the document, as a cross government strategy all Ministers and their departments have signed up to tackling stigma and discrimination and ensuring that vulnerable groups have equal access to care and treatment.

**How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?**

One of the fundamental principles in the strategy has been the need to eliminate discrimination, harassment and victimisation. Again the strategy has a specific outcome which is “*People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled*”. We are aware that people with mental health problems face more discrimination and stigma and when coupled with protected characteristics this is compounded, this is explored in the strategy. This was an issue that was raised in the pre screening and final EIA meeting. It was also a common thread in many of the consultation responses on the strategy.

Taking on board the views of our equality partners and stakeholders Together for Mental Health now includes an acknowledgement that access to services should be based on individual need; however people with different protected characteristics will have different needs.

There is a strong emphasis in the strategy on reducing stigma and discrimination. The message has been strengthened following the final EIA and that is the Welsh Government expects that where stigma and discrimination is identified/ evident within services supporting people who have mental health problems should be addressed/ challenged and the staff involved given appropriate training and support.

In addition Time to Change – which seeks to end mental health discrimination in Wales by transforming public attitudes and behaviour towards mental health and reduce the stigma and discrimination experienced by all people with mental health needs will be subject to annual surveys on progress and TTCW champions will be identified in each Health Board.

**Consider whether this will have any impact on advancing / promoting good relations and wider community cohesion? If so, what?**

Mental health problems have very high rates of prevalence; they are often of long duration, and have adverse effects on many areas of people’s lives, including educational performance, employment, income, personal relationships, and social participation.

These problems are very often compounded by the stigma and discrimination and exclusion which is experienced by many people with mental health problems.

The strategy acknowledges that good mental wellbeing and the reduced incidence of mental health problems are important for healthy functioning communities, improving social cohesion, social inclusion and prosperity. People living in the most deprived areas of Wales are more likely to experience the highest rates of poor mental health and a higher incidence of mental illness. The strategy commits us to working through the Communities First programme to increase resilience and take preventative action in the most deprived areas of Wales. Actions being taken to promote positive, resilient mental health have also been incorporated into the Welsh Government's Tackling Poverty Action Plan.

## 2. Strengthening the policy

**If the policy is likely to have a negative effect ('adverse impact') on any of the protected groups or community cohesion, what are the reasons for this?**

**What practical changes could help reduce any negative impacts identified for at the screening stage?**

Consider (for example) changes in communication methods, providing language support, collecting data or engagement activities

The strategy will not have a negative effect on any of the protected groups or community cohesion. Feedback from the initial screening and the final EIA meetings held with equality organisations, and the consultation responses on the strategy illustrated that there were areas where the strategy could be further strengthened in relation to equalities and human rights, but no negative effects have been identified. Where appropriate changes have been made to the strategy, for example where language has been identified in the style of the medical model of disability this has been amended to be in the style of the social model of disability. However there are instances in the strategy where the existing terminology has remained, for example "mental illness" and "mental health conditions". These are internationally recognised medical terms which are consistently used across services and are understood by mental health practitioners.

Mentioned elsewhere in this assessment is the inclusion of a specific equalities outcome following the EIA process and listening to the views of stakeholders during the consultation and taking on board views expressed in a number of stakeholder responses to the consultation on the strategy. This is an important addition to the strategy as it is these

outcomes which we will be measuring to determine the delivery of the outcomes. The Minister for Health and Social Services will be producing an annual report on progress in implementing Together for Mental Health and the equalities aspect will be a significant aspect of that report.

Feedback from the equality impact assessment meetings indicated that some of the language in the strategy in relation to older people was not consistent with language used in relation to children and young people and adults. When officials looked at the language again they acknowledged that in parts it could be considered as passive, this was not the intention. Language was changed to ensure it was more supportive and active in relation to services for older people.

### 3. Making a decision

**Summarise your findings and give an overview of whether the policy will meet the Welsh Government's responsibilities in relation to equality and human rights.**

The development of Together for Mental Health has been in the context of continuous engagement and dialogue with all partners, including external equality organisations, mental health voluntary organisations, statutory bodies, and individuals. Adopting this method of policy development has enabled us to embed the EIA framework in all stages of the emerging strategy and the principles of equality and human rights are mainstreamed throughout the strategy and the delivery plan.

People who experience mental health conditions are likely to experience a range of inequalities. Research has identified that people who experience inequality or discrimination, such as BME or disabled people are more likely to have poor mental wellbeing and develop mental health problems. In addition some people can experience inequality when trying to access services and when they do access services their experiences may not be as positive as the wider population or their outcomes may be less successful. There are a number of reasons why this may happen, such as language barriers, lack of cultural sensitivity and training among health professionals, lack of engagement with certain groups or communities etc.

Together for Mental Health has been developed from a human rights perspective in that it seeks to:

- Improve the mental health and wellbeing of the whole population;
- The impact of mental health problems and/or mental illness on all individuals , families, carers, communities and the economy is recognised and reduced;
- Inequalities, stigma and discrimination experienced by people experiencing mental health problems and mental illness are reduced;
- Individuals have better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions;
- The access to, and the quality of, preventative measures, early interventions and treatment services is improved and more people recover as a result;
- The values and attitudes and skills of those treating or supporting individuals with mental health problems or mental illness are improved.

By engaging with equalities and mental health stakeholders from the very beginning of the design and development of the strategy we have been able to build a platform for partnership working which demonstrates that input from stakeholders into the development of the strategy has been consistent, decision making has been transparent and engagement has been meaningful and we have fostered good relations on both sides.

No discriminatory issues have been identified in the strategy, however there are some issues which are have been highlighted, some of which are outlined below, which the strategy will seek to address. However it must be noted that not all of the levers of success are within the scope of mental health and social services and that there is a wider role for other Welsh Government departments, such as Housing and Education, Local Authorities, Schools, etc. The strategy recognises and calls for effective action to eliminate stigma and discrimination that can lead to mental ill health.

Detail on how the EIA process was carried out in relation to the strategy is outlined below.

Compliance with the EIA framework has been a three stage process. The first stage was a process of engaging with stakeholders on what they would like to be included in the strategy. This took the form of a series of meetings in November and December in 2011 and meetings in January of 2012. This approach enabled stakeholders to be involved in the development of the strategy from the very beginning. It was at this stage that the outcomes from a service user lens began to emerge. This type of engagement and dialogue continued to be a feature of the development of the strategy as officials travelled all over Wales to a range of meetings to capture and canvass the views of as many diverse organisations and institutions as possible in the timeframe.

Once the outcomes had been developed in more detail, and principles and visions for the strategy began to emerge, officials were able to share these with stakeholders. It was on the 24 February that the first of two formal equality impact assessments took place. This meeting was attended by a broad range of stakeholders from the third sector. (A full note of the meeting is available). This was an appropriate time to have the screening as the strategy was being finalised for Cabinet prior to going out to consultation and it gave officials the opportunity to make any adjustments. Participants at the meeting gave officials some helpful suggestions for making the consultation more inclusive and engaging for groups under the protected characteristics.

Some of the suggestions from this meeting were reflected in the consultation process through:

- Easy read and children and young people friendly versions of the strategy
- Specific consultation event for Refugees and Asylum seekers held during Refugee Week Wales.
- Specific consultation events for children and young people (consultation participants in these events were from lesbian, gay, bi-sexual and transgender group, young people receiving inpatient treatment, vulnerable groups from KS4 and KS3, and referrals from mainstream education due to pregnancy, social, emotional and mental health related disorders, looked after young people, young carers, those who are NEET)

- Accessible venues were used for all consultation events
- Travel expenses for service users were reimbursed by the WG at each event
- Packs with easy read strategies were given out at each event

Following this meeting the screening assessment was completed using evidence and feedback from the session. Given the strategic importance of the strategy it was decided from the very beginning that it would be subject to a full EIA assessment. The screening assessment further endorsed this decision.

The second formal and final equality assessment meeting took place in on the 15 August after the consultation closed. (full note of the meeting available) This was a more focused meeting with fewer participants, but this allowed for a more detailed discussion and assessment of the issues. Analysis of the consultations responses was taking place at this time and officials were able to draw out equality themes from the analysis and use these to set the context of the discussion.

Feedback from this session was used to make refinements to the strategy which strengthened it from an equalities and human rights perspective.

There were a number of equality and human rights issues which emerged during the development of the strategy, the list below captures some of the more consistent issues:

- The lack of data on mental health which can be interrogated to give data on people with protected characteristics to measure the impact of services on them;
- There is a lack of cultural awareness training on equality and human rights issues among service providers;
- The language used in the provision of mental and health services is predominantly in the style of the medical model of disability;
- Strong leadership from the Welsh Government on equality and human rights issues is needed;
- Stigma and discrimination is still directed at people with mental health conditions and for some people with protected characteristics this is amplified;

- Need to safeguard the independence of older people;
- Housing support was considered important in tackling social isolation, integration and as a basis to gain access to other services;
- General awareness by the public of mental health and equalities issues needs to be improved and the prejudicial and discriminatory views need to be challenged when they arise;
- Education has an important role to play to educate people about mental health and wellbeing and the negative impact of stigma and discrimination

Feedback from participants in the initial screening and final EIA meeting was very positive about the approach developed. Participants found the process “open and refreshing for WG”. The early engagement and dialogue was welcome as was the approach of having a pre consultation and post consultation equality meetings. In addition participants said that the engagement with the WG was non defensive and that officials listened to participants.

**What practical actions do you recommend to remove or mitigate any negative / adverse impact?**

**If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.**

As outlined above it has been established that the strategy will not have any negative or adverse impact. Where we have seen opportunities to further strengthen the strategy in relation to equalities and human rights we have made the necessary changes. For example where we have made a commitment in other strategies on mental health which address inequalities experienced by people with protected characteristics, such as the Refugee Inclusion Strategy and Travelling to a Better Future we have included an action in the delivery plan to take these forward.

To support this assessment there is a full write up of the discussions that took place during the initial screening and final EIA meetings. In addition it is planned that all consultation responses will be published on the Welsh Governments website in line with established practice regarding consultations in Health and Social Services.

#### 4. Monitoring, evaluating and reviewing

##### **How will you monitor the impact and effectiveness of the policy?**

Please include the date the policy will be reviewed.

List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).

Performance management systems for mental health will be focused on outcomes and these will include patient centred services, effectiveness of service delivery and safety. Reporting requirements will be simplified so that they concentrate on an agreed set of high level measures set out in the Quality Delivery Plan. Processes will be developed to capture and standardise information on met and unmet needs. Evaluation of the mental health (Wales) measure will be undertaken by 2016. Population level outcomes will be assessed using collated client outcome data and local population data across health, social care, criminal justice, education, employment and housing

We will develop a minimum data set which will capture data covering the protected characteristics which will allow for the disaggregation of data to measure the impact and outcomes of actions on all of the protected characteristics. This will raise greater awareness of the diversity of mental health needs and ensure that different needs are embedded into the design of future services and national policies

The delivery plan will be reviewed 3 years following publication and a new Mental Health Partnership Board will be established before the end of 2012 to oversee delivery of the delivery plan and assess progress against a set of indicators to measure progress towards achieving the outcomes.

##### **Give details of how the results of the impact assessment will be published, including consultation results and monitoring information if applicable.**

The results of all impact assessments will be published on the Welsh Government's website.

The results of the EIA will be published on the Welsh Government's website at the same time as the strategy is published.

## 5. Declaration

The policy does have a significant impact upon equality issues and therefore does require an EIA.

<b>Official completing the EIA</b>
Name: Carol-Ann Mooney
Department: Health and Social Services
Date: 4 September 2012
Signature:
<b>Head of Division (Sign-off)</b>
Name: Dr Sarah Watkins
Job title and department: Head of Mental Health and Vulnerable Groups Division and Senior Medical Advisor
Date: 2 October 2012
Signature: