

EQUALITY IMPACT ASSESSMENT - RESULTS

<p>Title of Policy</p>	<p>Mental Health Strategy</p>
<p>Summary of aims and desired outcomes of Policy</p>	<p>This 10 year strategy sets out a guiding vision for Scotland's mental health to deliver parity of mental and physical health. The document will be a framework for the development of national and local action.</p> <p>The vision for the Mental Health Strategy is of a Scotland where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma.</p> <p>Over the 10 years of the Strategy, we will work on achieving parity between mental and physical health. We must see, and be able to measure, the following for mental health compared to physical health.</p> <ol style="list-style-type: none"> 1. Equal access to the most effective and safest care and treatment. 2. Equal efforts to improve the quality of care.

	<p>3. The allocation of time, effort and resources on a basis commensurate with need.</p> <p>4. Equal status within healthcare education and practice.</p> <p>5. Equally high aspirations for service users.</p> <p>6. Equal status in the measurement of health outcomes.</p>
Directorate: Division: team	<p>Populaton Health Mental Health and Protection of Rights Divison - Mental Health Unit</p>

Executive summary

Under the Equality Act 2010, a mental health condition is considered a disability if it has a long-term effect on normal day-to-day activity; a condition is 'long term' if it lasts, or is likely to last, 12 months.

Some, but not all, people with a mental health condition will therefore be disabled under the above definition. The impact of mental health conditions and the relationship with other protected characteristics can differ. Not all people with a mental health condition have a disability, although mental health conditions can still have an impact.

In the evidence-gathering process, we looked at a a range of written equalities evidence and other evidence and research on mental health, we held discussion events and received nearly 600 written responses to a public engagement exercise. All of this input informed the development of the new strategy, and the equalities aspects of it.

Background

Aims and desired outcomes of the new strategy :

The 10 year Strategy sets out a guiding vision for Scotland's mental health. The document will be a framework for the development of national and local action.

The vision for the Mental Health Strategy is of a Scotland where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma.

Over the 10 years of the Strategy, we will work on achieving parity between mental and physical health. We must see, and be able to measure, the following for mental health compared to physical health

1. Equal access to the most effective and safest care and treatment.
2. Equal efforts to improve the quality of care.
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4. Equal status within healthcare education and practice.
5. Equally high aspirations for service users.
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Outcomes

The Strategy will contribute to the Scottish Government's Strategic Objectives of Healthier, and Wealthier And Fairer. It will contribute to several National Outcomes, including:

- Our children have the best start in life and are ready to succeed;
- We live longer, healthier lives;

- We have tackled the significant inequalities in Scottish society, and;
- We have improved the life chances for children, young people and families at risk.

Who was involved in the EQIA?

Policy makers within the Scottish Government undertook the EQIA. We used evidence produced by Scottish Government social researchers, publications by third sector groups, academics and other public bodies. We worked with third sector groups and other public bodies to hold discussion events to hear views and experiences directly from stakeholders, and used an external research company to independently analyse written responses to an engagement exercise.

The Scope of the EQIA

The Strategy contains a broad range of initiatives and acts as a framework for the development of national and local action. It is not one sole policy. It has a 10 year timeframe and a broad range in regards to the people it affects, all ages, all conditions, from mental wellbeing to severe and enduring mental illness, in all settings and across the country, affecting all of the population. Just as we all have physical health, we all have mental health.

The overarching concern of the Strategy has been to address the poorer outcomes experienced by people with a mental health condition, with specific actions targeted where we are aware of evidence of those poorer outcomes and of evidence of the effectiveness of possible action to improve those outcomes. For example, people with a severe and enduring mental illness may die 15 to 20 years prematurely than they might otherwise do from co-occurring but treatable physical health problems and addictions. This is a massive inequality. Since smoking can be an

issue that significantly contributes to premature mortality, we therefore wish to take action to reduce smoking rates.

We also want to target action at some early intervention activities where evidence indicates that stepping in promptly and early may help to prevent the development of later mental ill-health. As well as a continued focus on bringing down waiting times for access to specialist mental health services, we are also seeking to support the development of better knowledge of evidence-based interventions that can help children and young people's mental health.

Evidence shows that people with a mental health problem are more likely than others to wait longer in an Emergency Department for more than 4 hours. This is another inequality that the Strategy looks to address.

Many of the determinants of poor physical health are also the determinants of poor mental health, and so measures to tackle these will help support improved mental health. In particular, evidence shows that measures to tackle poverty are also very likely to address poor mental health. The success of the Fairer Scotland Action Plan is therefore crucial to good mental health for Scotland's population: socio-economic issues were frequently raised by stakeholders in discussions.

Consultation Process

The Scottish Government met with a range of stakeholders and organisations, including people who use services, service providers and professional bodies, and organisations and individuals also wrote to the Government, as it began developing policy for this new Strategy. The Scottish Association for Mental Health (SAMH) and Voices of Experience (VOX) hosted events on our behalf in early 2016 and the Scottish Youth Parliament (SYP) ran an event to gather the views of young people on mental health issues. The findings from the National Conversation on

Creating a Healthier Scotland, which ran from August 2015 to April 2016, and which highlighted the importance of mental health, were also considered.

The Scottish Government then published an engagement paper in July 2016, and invited comments. We worked with organisations to hold discussion events in Aberdeen, Dundee, Glasgow and Edinburgh, and Children In Scotland consulted with 49 children in 2 primary schools, Young Scot held a roundtable event, and Scottish Government worked with COSLA and with the Health and Social Care Alliance on two other events. Nearly 600 responses were received on the engagement paper. The responses were independently analysed and a report published online. There were also a large volume of individual comments heard through the discussion events.

The Scottish Government asked if people thought a set of 8 priorities in the engagement paper, for transforming mental health in Scotland, were the right ones. Just over half of respondents agreed, but many were concerned that, on their own, these priorities did not represent a complete transformative vision. Respondents welcomed the move to a 10 year strategy, and they sought ambition for mental health. Respondents emphasised that they wanted work to be developed in partnership with others.

Many different priorities were recommended during the policy development and engagement work. Many people and organisations sought a greater emphasis on overall wellbeing, and stressed that poverty and deprivation affect mental health. Employment as a protective factor and an aid to recovery was emphasised.

Experiencing inequality can both cause and contribute to poor mental health, and this was raised by many respondents. The importance of rights for people with mental health problems, and how these thread through every aspect of life, was

highlighted both in written responses and at the events. There was an emphasis on how to measure clinical and personal outcomes for people, and how to promote recovery as core to mental health policy and practice. There was also an emphasis on the individual in relation to their families and to their carers.

Key Findings

Equality affects every part of the Mental Health Strategy.

During the process of completing the equality impact assessment, we found some evidence for different outcomes for mental health for all protected characteristics. The Strategy lays out a set of early actions in particular areas. We think that some positive outcomes will arise in some areas as a result of actions in other areas. For example, the specific action to proactively address and prevent severe mental illness in vulnerable new mothers (covering the Gender protected characteristic) will also positively impact on the wellbeing of their children (covering the Age protected characteristic). The specific actions to ensure access to psychological therapies within the 18 week LDP standard, which are applicable to all, may have particular positive impacts on access to those services for people who are over 65 (covering the Age protected characteristic). There are also actions outwith this Mental Health Strategy that should positively impact on people with mental health conditions (covering the Disability protected characteristic), such as tackling poverty, improving housing and improving employability.

Recommendations and Conclusion

The process of policy development, which included considering evidence for this Equality Impact Assessment, shaped the actions that are contained within the Strategy. Depending on the specific action, different groups of people will be affected differently. Each action is intended to tackle a specific issue and,

in this way, the Strategy will make a positive and meaningful difference to people with mental health issues, including those across the protected characteristics, and will contribute towards the improvement of their overall health and wellbeing.

We have set out actions in the strategy for the first 3-4 years. Other priorities will emerge through time. The Scottish Government will develop a mental health strategy data framework to track progress, and we will take account of equalities considerations when developing any future Actions. This may involve future updates being made to this EQIA as appropriate over the lifespan of the Strategy.