Scotland's Mental Health and Wellbeing
Vision & Priorities

COSLA

Scotland's Mental Health and Wellbeing Delivery Plan

Equality Impact Assessment

March 2024

Scottish Government
Riaghaltas na h-Alba

Equality Impact Assessment

Title of policy	Scotland's Mental Health and Wellbeing Delivery Plan
Summary of aims and desired outcomes of policy	This Delivery Plan sets out the package of actions we will take with COSLA and wider partners over the next 18 months to work towards our Mental Health and Wellbeing Strategy's vision, priorities and outcomes. • Vision: a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. • Outcomes: - Improved overall mental wellbeing and reduced inequalities - Improved quality of life for people with mental health conditions, free from stigma and discrimination - Improved knowledge and understanding of mental health and wellbeing and how to access appropriate support - Better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others - More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing - Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs - Better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery - Better access to and use of evidence and data in policy and practice - A diverse, skilled, supported and sustainable workforce across all sectors. Whilst the outcomes are intended to be for the whole population of Scotland, we recognise people have different starting points and require different kinds of support, care and treatment. The needs of those who experience social and structural inequality and discrimination, such as those with protected characteristics, will vary. Whilst the outcomes we aim for are the same for everyone, the actions we need to get there will be different for different groups as we seek to tackle the mental health inequalities that exist.
Directorate: Team: Officials: Date:	Mental Health Directorate Strategy and Co-ordination Unit Hannah Doherty November 2023

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Executive Summary

As part of the process to develop the Mental Health and Wellbeing Strategy ('the Strategy') and Delivery Plan ('the Plan') an Equality Impact Assessment (EQIA) has been undertaken in line with the Public Sector Equality Duty (PSED). An EQIA aims to consider how a policy may impact, either positively or negatively, on different Protected Characteristics (PCs) and shape the development process accordingly.

Early in the process Scottish Government undertook a literature review and engaged with a range of marginalised and protected characteristic groups, including the Mental Health Equality and Human Rights Forum, ('the Forum') to gather evidence on their mental health experiences. This evidence has been summarised and published in the Mental Health Equality Evidence Report ('the Report') accompanying the Plan.

The Report highlights the causes of mental health inequalities as well as contributions to positive mental health outcomes, for different groups. This includes evidence on social determinants, barriers to access and poor experience of mental health support and services.

The evidence highlighted the range and complexity of mental health inequalities. We worked closely with the Forum on the development of the Strategy and tackling mental health inequality became a key priority shaping the Strategy's vision, outcomes and priorities. The Strategy sets out a bold vision for 'a Scotland free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible'.

We continued to work with the Forum on the development of the Plan. We recognised that whilst our outcomes are intended to be for the whole population of Scotland, the actions we need to get there will be different for different groups as we seek to tackle mental health inequalities.

Therefore, the Plan takes a twin-track approach with both strategic actions across the delivery plan aimed at tackling the key causes of inequalities (highlighted in the 'Inequality Action Table' at Appendix 1 of the Plan) and more specific actions for some marginalised groups.

Across the evidence, issues relating to access to and the effectiveness of mental health services for people from marginalised groups are predominant. For the duration of the Plan, we will take a more specific focus on actions under Priorities 4 and 7, to create supports and services that are both more accessible and sensitive to marginalised groups' needs. We will continue to work with the Forum, people with lived experience and those developing and delivering supports and services to develop, test and learn from an approach to implementation of these actions.

The analysis presented in this EQIA is a high-level summary of the impact of the

actions within this delivery plan on protected characteristic and other marginalised groups (including those living in poverty and low income and remote and rural geographic locations). It is not intended to replace action specific assessments. Specific EQIAs have already begun on all strategic actions within the Plan and will continue to develop alongside actions to ensure that specific equalities issues are fully considered. The Report will be a central aid for the Scottish Government and relevant delivery partners in undertaking further EQIAs for actions going forward. This EQIA should be read and used together with the Report and the Mental Health Evidence Narrative Summary which collaboratively have been used to inform the contents of the Plan.

This EQIA has found that the actions set out the in the Plan will be mainly positive across many protected characteristics, in particular for race, sex, disability, sexual orientation and gender reassignment. For other characteristics, particularly faith and belief, we have more limited data.

We also have limited disaggregated data on the range of different disabilities and minority ethnic groups. Nevertheless, some actions within the Plan will seek to address this, and as part of the ongoing monitoring of this EQIA we will keep this under review. However, we have found no evidence of negative consequences for people with these characteristics at this time.

For some particular groups, including minority ethnic people, women and girls, disabled people and LGBTI+ people, current available evidence suggests that higher levels of poor mental health and wellbeing persist due to experiencing multiple causes of mental health inequalities. Therefore, targeted action as well as wider action to achieve the best mental health and wellbeing possible will be particularly beneficial for these groups.

Specifically, the EQIA considers impacts on equalities groups based on the three tests it is required to address:

- Does this policy eliminate discrimination for each of the 9 protected characteristics (PCs)? If not is the discrimination justifiable? Can it be mitigated?
- Does this policy advance equality of opportunity for PC groups?
- Does this policy foster good relations between people of PC groups?

Chapter 1: Background and Scope

Introduction

This EQIA is set out in four chapters:

- The first chapter sets out the background to the Strategy and the Plan and the scope of this EQIA.
- The second chapter summarises what we know about mental health and wellbeing related to the protected characteristics, drawn from the Report.
- The third chapter takes a strategic look across the policies and proposals in the plan to identify impacts related to the PCs and set out where specific actions or mitigations have been taken or are needed to enhance positive impacts or mitigate potential negative impacts.
- The fourth chapter sets out a conclusion and recommendations for further consideration by the Mental Health and Wellbeing Leadership Board.

Background

Work has been underway for a number of years to improve mental health and wellbeing support for people in Scotland. The Scottish Government's last Mental Health Strategy 2017-2027 (MHS) was published in 2017 and set out to transform the mental health of people in Scotland, the way they thought about mental health and wellbeing and the mental health services they use.

In 2020 an unprecedented global health crisis, the Covid-19 pandemic, affected all our lives in ways none of us could imagine. The Mental Health Transition and Recovery Plan (T&R Plan) was published in October 2020 in response to the pandemic and set out over 100 actions to address its impacts on mental health and wellbeing.

The T&R Plan intended to better reflect the needs of the population during and in the aftermath of the pandemic and related lockdowns. It explicitly acknowledged that the pandemic has exacerbated pre-existing structural inequalities within our society, putting some communities disproportionately at risk of more negative impacts on their mental health. It committed to make the mental health of these groups a priority and set out specific actions, including engagement with these groups, to better understand and respond to the mental health inequalities which impact them.

The Scottish Government established a Mental Health Equality and Human Rights Forum, with stakeholder membership representing a range of protected characteristics, to provide advice on the development and implementation of mental health policy within the T&R Plan. The Scottish Government also invested in a range of policies to tackle inequalities, including the Communities Mental Health and Wellbeing Fund for adults which supported grass roots community groups in building resilience and tackling social isolation, loneliness and the mental health inequalities made worse by the pandemic and, more recently, the cost crisis.

In this context, reviewing progress against these plans has allowed us to take stock of what has been achieved and consider what has changed and where things can be improved. The Strategy has tackling inequalities at its core. It recognises that the risks of poor mental health are not equally distributed and that those who face the greatest disadvantages in life also face the greatest risks to their mental health.

Causes of health Inequalities

The causes of health inequalities arise from the unequal distribution of income, wealth and power, which can impact wider life chances and experiences. These 'social determinants of health' are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age. For example, people living in financial hardship are at a greater risk of lower mental wellbeing. Social inequalities associated with poor mental health can also relate to being part of a marginalised group, disadvantaged community or protected characteristic. Experiences people may face such as prejudice, racism, discrimination, emotional or physical abuse or trauma can increase the risk of having a mental health problem and often interact with each other.

In addition, these same groups of people can also experience barriers to accessing support and services and, when they do access them, existing approaches can often be less effective and relevant for their mental health. This means their experiences and outcomes can be poorer. These inequalities in mental healthcare can exacerbate mental health inequalities.

The Scope of the EQIA

The EQIA is an improvement process which helps to determine whether our policies, practices and new proposals will impact on, or affect different groups or communities positively or negatively. Under the PSED due regard needs to be given to the need to: eliminate discrimination; advance equality of opportunity; and foster good relations between people who share protected characteristics.

The EQIA process has put equalities at the heart of decision making in the development of the Strategy and Plan. The evidence review (Chapter 2) highlights a range of mental health inequalities caused by the interrelationship between three key drivers: social determinants; access barriers to support and services; and less effective or relevant support and services. All of these interact leading to poorer experiences and outcomes. Tackling these key drivers strongly aligns and often goes beyond the duties under the PSED.

The Strategy provides a positive framework for future decision making, influencing the key drivers of inequalities and delivering a more inclusive society. In turn, the Plan includes a range of actions that will impact on these key drivers. Achieving the desired outcomes is dependent on the scope and future implementation of individual actions in this and future delivery plans, some of which are inherently high-level. It

has therefore been necessary to adopt an iterative approach to this EQIA.

Undertaking an EQIA is a live and iterative process. The analysis presented in this EQIA is a high-level summary consideration of the impact of these actions on protected characteristic groups. Specific EQIAs on strategic actions will continue to be developed. We will review this EQIA throughout the lifespan of this Delivery Plan with a view to informing future work.

Chapter 2: Mental Health and the Protected Characteristics

This chapter sets out a high level summary of what we know about mental health and protected characteristics and other marginalised groups. This is taken from the Mental Health Equality Evidence Report which was commissioned as part of this EQIA process. The report draws on recent published evidence, and extensive engagement with people with lived experiences and our Mental Health Equality and Human Rights Forum throughout 2021-23. It sets out the key issues regarding mental health and mental health inequalities for different protected characteristic and other marginalised groups in Scotland.

The evidence review has highlighted that mental health inequalities can be caused by the interrelationship between three key drivers:

- Social determinants;
- Barriers to access support and services; and
- Less effective or relevant support or services, leading to poorer experiences and outcomes.

Although the analysis below focuses on one protected characteristic at a time, it is important to note that an individual will experience a combination of different intersecting identities and disadvantages. This is captured more fully in our Mental Health Equality Evidence Report.

Protected characteristic

Age	
Existing mental health inequalities	- Mental health concerns are more common amongst adolescents than in younger children, though concerns have generally increased in recent years.[1] - Eating disorders are one of the most prevalent MH conditions affecting young people, with anorexia having the highest mortality rate of any psychiatric disorder in adolescents. [2] - People aged between 16 and 24 are particularly vulnerable to mental health concerns, with 75% of mental health conditions being established by the age of 25. [3] - SHeS showed higher mental wellbeing among older than young adults (WEMWBS scores of 46.0-49.5 for those aged 16-64 versus 52.0-51.0 for those aged over 65, with the lowest for those aged 25-34) [4] - Working aged adults are most at risk of dying by probable suicide in Scotland, with the median age of death being 44 for men and 45 for women. [5] - Older adults tend to report better mental health outcomes, but there are limitations in self-reporting methodologies. - SHeS analysis showed that those aged 75+ reported having poorer mental wellbeing than those aged 65-69 [6]

Social determinants	- Evidence[7] shows that social determinants which make a child or young person more vulnerable to having mental health needs include: being from a minority ethnic background; being looked after and accommodated in care; having a learning disability; having a parent with mental health difficulties; having refugee status; identifying as LGBTI+; involvement with the criminal justice system; and living in poverty. These intersect with experiences of psychological trauma and adverse childhood experiences, such as experiences of domestic abuse and sexual assault, homelessness or having a chronic health problem. - Supportive networks have been found to be an important protective factor for children and adolescents in having resilience against the impacts of adverse childhood experiences and trauma.[8 9 10] - Social media[11] and body image concerns[12] were also highlighted as having impacts on young people's mental health. - For older adults, issues around social isolation were highlighted as a risk factor for mental health, [13] particularly in remote and rural areas.[14]
Access to services	- Referrals to CAMHS services have risen by 22% from 2013-2014 to 2016-2018, [15] however, 20% of referrals to CAMHS services take longer than 18 weeks, with around one-fifth of referrals being not accepted.[16] - For both young people and older adults, mental health stigma and lack of mental health literacy are barriers to accessing services. - Older adults are less likely to receive Psychological Therapies treatment in Scotland, though psychological interventions are effective amongst older people: during the quarter ending December 2018, only 6% of those receiving Psychological Therapies were aged 65 or over, [17] compared to the age group comprising 17% of the population.[18]
Experience of services	- The availability of age-specific mental health services was highlighted in evidence, resulting in long waiting times and poorer or inconsistent care provided for both young people and older adults.[19 20] - Transitions between age-specific mental health services were highlighted as being disruptive and leaving patients vulnerable to deterioration in their mental health. [21 22] - Evidence indicates that older adults' mental health issues might be neglected particularly if they are diagnosed with dementia. Mixed wards (i.e., patients with dementia, mental health issues or both) are viewed as detrimental for older adults with mental health issues.[23] - There are also challenges around a lack of skill or confidence to diagnose later-life depression amongst practitioners,

	prioritisation of older people's physical health over their mental health and a lack of awareness regarding the effective treatment options that are available amongst practitioners.[24,25]
Data and evidence gaps	- Evidence gaps relate to intersectional characteristics including: - Mental health experiences of older LGBTI+ people - Mental health of older adults with caring responsibilities and living in areas of deprivation - Mental health of people from minority ethnic groups across different age categories - Disaggregated evidence across working age adults.

Disability	
Existing mental health inequalities	- Based on SHeS, adults living with a limiting long-term health condition have lower WEMWBS wellbeing scores than those living with no long-term health conditions (45.4 and 51.8 respectively).[26] - Disabled adults are more likely to report mental ill health: 30% of those with a long-term condition reported a possible psychiatric condition, compared to 11% of those with a non-limiting condition and 9% with no condition. [27] - Many disabled people have multiple physical and mental health conditions, adding to the complexity of understanding of their needs. [28]
Social determinants	- Environmental and social stressors can contribute to poorer mental health for disabled people, including increased exposure to adverse life events, including childhood poverty, violence, unemployment and other forms of social exclusion. [29 30 31] - Survey data suggest that those with physical health problems, long-term conditions or disabilities are two times more likely to report severe loneliness than the general population. [32] - Mobility, inclusion and accessibility issues can also have a direct negative impact on disabled people's mental health and wellbeing. [33 34]
Access to services	- Evidence highlights that many disabled people feel like their experiences may not be heard or taken seriously when trying to access mental health services. - Disabled people may face barriers in accessing services particularly in rural areas and through digital exclusion. [35]
Experience of services	- Disabled people report a lack of inclusive communication as an issue when using mental health services, with survey research showing that up to 41% of disabled people have difficulty accessing health information in the formats required. [36] - Effective treatments which are adapted to the needs of disabled people are also lacking. [37]

	- Research also highlights concerns around diagnostic overshadowing and lack of awareness and training within services. [38]
Data and evidence gaps	- There are challenges in understanding the full extent of mental health inequalities for people with disabilities, in part because of the breadth and diversity of experiences, needs and perspectives within the disabled population. Particular evidence gaps are seen in: - Disaggregated and comparable evidence on the basis of people with different disabilities. Evidence relating to mental health and dementia and sensory impairment - Intersectional evidence[39] relating to age, sex, deprivation, LGBTI+, minority ethnic people and mental health outcomes - Evidence relating to multiple intersections for under-represented groups, for example, older disabled women - Evidence to support our understanding of the under-reporting of mental health concerns for and by certain disabled groups, including people with learning disabilities[40] and older adults.[41]

Sexual orientation	
Existing mental health inequalities	- Meta-analysis of UK population health surveys shows that lesbian, gay and bi populations are around twice as likely to report symptoms of poor mental health (including anxiety and depression) than heterosexual adults. [42] - The 2017 Scottish Surveys Core Questions found that lesbian, gay and bi people have significantly lower mental wellbeing compared to groups with other protected characteristics, with only those with a long term limiting health condition having lower mental wellbeing scores. [43] - Bi people and particularly bi women report particularly higher rates of mental health concerns, including anxiety, depression and stress, self-harm, eating disorders and suicidal ideation. [4445]
Social determinants	- LGBTI+ people are impacted by minority stress, which refers to experiences of stigma, prejudice, discrimination, bullying and the pressure felt by some to conceal their identities in hostile and stressful social environments. [46,47] This can have a severe negative impact on mental health. In general, however, attitudes to same-sex couples and lesbian, gay and bi identities have become more accepting,[48] though 2019 survey results show that 44% of LGBTI+ people said they had been discriminated against in the previous year. [49] Issues remain around biphobia and bi-erasure. - Other social determinants include high rates of intimate partner violence and the mental health impacts of these experiences, higher rates of drug and alcohol usage and experiences of conversion therapy. [50]

Access to services	- A lack of proactively LGBTI+ inclusive spaces in rural areas was highlighted as a barrier to access services,[51] as well as long waiting lists for mental health services.
Experience of services	- Survey research found that[52] 25% of LGBTI+ people who used NHS mental health services in the previous year rated these services as 'poor' or 'extremely poor'. - Over half (55%) of LGBTI+ people have experienced NHS staff making incorrect assumptions about their sexual orientation or gender identity, while 22% of LGBTI+ people feel uncomfortable being open about their sexual orientation or gender identity with NHS staff (this rises to 33% for adult social care).
Data and evidence gaps	- Key remaining evidence gaps include: - Evidence relating to the experiences of LGBTI+ people within minority ethnic communities and disabled LGBTI+ people - Data on mental health service usage.

Gender reassignment	
Existing mental health inequalities	- Trans populations face a higher burden of mental health conditions compared to cisgender people.[53,54] - Research into young LGBTI+ people's lives in Scotland found that 96% of trans young people felt that they had experienced a mental health concern or associated behaviours, with high rates of anxiety (84%), stress (72%) and depression (74%).[55] Only 9% of non-binary and 12% of trans masculine people rated their mental and emotional health positively in a 2019 PHS report. [56] - Self-harm and suicidal ideation are seen to be high amongst trans people, with research from Stonewall Scotland showing that 7% of trans people aged 18-24 had attempted to take their own life in the previous year (compared to 2% of non-trans lesbian, gay or bisexual people) and 52% had thought about taking their own life in the previous year. [57]
Social determinants	- LGBTI+ people are impacted by minority stress, which refers to experiences of stigma, prejudice, discrimination, bullying and the pressure felt by some to conceal their identities in hostile and stressful social environments. [58,59] This can have a severe negative impact on mental health. 2019 survey findings show that 65% of non-binary people, 62% of trans masculine and 55% of trans women reported having being discriminated against in the previous year. [60] - Access to gender-affirming medical interventions can improve the mental health of trans people. However, there are frustrations with the long waiting times, continued dysphoria and lack of communication, which contribute to worsened mental health outcomes. [61] - Other social determinants include high rates of intimate partner violence and the mental health impacts of these

	experiences, [62] higher rates of drug and alcohol usage[63] and experiences of conversion therapy. [64]
Access to services	- A lack of proactively LGBTI+ inclusive spaces in rural areas was highlighted as a barrier to access services,[65] as well as long waiting lists for mental health services.
Experience of services	- Survey research found that[66] 25% of LGBTI+ people who used NHS mental health services in the previous year rated these services as 'poor' or 'extremely poor'. Over half (55%) of LGBTI+ people have experienced NHS staff making incorrect assumptions about their sexual orientation or gender identity, while 22% of LGBTI+ people feel uncomfortable being open about their sexual orientation or gender identity with NHS staff (this rises to 33% for adult social care). - Survey research[67] with young trans people accessing CAMHS services highlighted the following issues: staff not being confident talking about or knowledgeable on trans identities; trans young people being asked to focus solely on their trans identities when they are not the cause of their poor mental health and trans young people not being given the space to discuss their trans identities when relevant to their mental health; young people not feeling able to 'come out' to CAMHS staff due to a fear of the response or impact on their treatment; young people not feeling listened to and not being given information regarding their diagnosis or treatment; the style or setting of appointments worsening their mental health, including anxiety.
Data and evidence gaps	- Key remaining evidence gaps include: - Evidence on the mental health of intersex people[68] - Evidence relating to the experiences of LGBTI+ people within minority ethnic communities and disabled LGBTI+ people - Data on mental health service usage.

Pregnancy and maternity	
Existing mental health inequalities	- Childbirth is associated with an increased risk of mental disorders in mothers, with and without previous problems, and suicide is the leading cause of overall maternal deaths in the first year.[69] Up to 20% of women are estimated to experience a mental health need during pregnancy or in the first year after the birth of a child.[70] During pregnancy, 12% of women experience depression, 13% anxiety and between 5-7.5% an eating disorder while during the postnatal period, 15-20% of women experience depression and anxiety and 0.1-0.2% experience postpartum psychosis[71.] - Perinatal depression, anxiety and depression are estimated to carry a societal cost of approximately £8 billion for each one-year cohort of births in the UK. [72] - There is a large evidence base on the associations between perinatal mental disorders and childhood adverse mental outcomes, particularly for perinatal depression and antenatal

	alcohol use.[73] Untreated perinatal mental health conditions can have long-term impacts on the physical and mental health outcomes of babies, as well as mothers and families.
Social determinants	- Factors which can influence the likelihood of experiencing perinatal mental health concerns include: previous experience of mental health conditions; biological causes; lack of support and associated stress and exhaustion; difficult childhood experiences, including abuse, neglect and traumatic events; unplanned or unwanted pregnancy; experiences of abuse; stressful living conditions, such as with money problems or with insecure or poor housing and employment; and other major life events, such as bereavement, moving house or the breakup of a relationship.[74] - Women from socioeconomically deprived backgrounds[75] and immigrant, asylum seeking and refugee women[76] are seen to be at particular risk of perinatal mental health concerns. - Discrimination during pregnancy has a potential role in perinatal mental health. [77]
Access to services	- Stigma around perinatal mental health needs can act as a barrier to seeking health. [78] - Evidence (prior to recent expansion of services) shows challenges to accessing specialist care include limitations in the capacity to provide mother-infant psychological interventions, including the provision of beds and adequate staffing, and considerable variation about what is available in different regions. [79] - Women living rurally are more likely to experience perinatal mental health conditions, where accessing care can be more challenging due to the long distance, cost, time and practicality of travel to specialist services predominantly based in urban areas. [80]
Experience of services	- Research (prior to recent expansion of services) shows regional inequality in the experience and provision of perinatal mental health services, with variation in the professional advice, behaviour and care experienced by respondents. [81] - However, Scotland had some of the highest rates of women not being referred to further support compared to other regions of the UK and 41% of women who were referred to support services had to wait more than four weeks to be seen. [82] -
Data and evidence gaps	- Key evidence gaps relating to perinatal mental health include: - Evidence around the mental health impacts of discrimination around pregnancy and maternity, particularly within employment contexts - Evidence around the mental health of LGBTI+ parents, including same sex male couples and trans masculine and non-binary pregnancy.

Race	
Existing mental health inequalities	- Understanding current existing mental health inequalities and disparities is complex, due to a range of different findings from various sources, which don't provide a clear picture of the mental health inequalities experienced by people from different minority ethnic groups. Small sample sizes in population surveys in Scotland add additional challenges. There are indications that high level figures may not reflect the full picture of mental health amongst minority ethnic groups due to underreporting and differences in health-seeking behaviours and service utilisation. [83] - The England APMS[84] showed that psychotic disorders were found to be higher among Black men than among men from other ethnicities, but did not vary by ethnicity for women. The prevalence of common mental disorders was found to vary by ethnicity amongst women, but not men. They were less prevalent amongst non-British White women (15.6%) than White British women (20.9%), but more prevalent among Black and Black British women (29.3%). - When compared to the ethnic distribution of the general population, a higher proportion of Mental Health Act detentions (whereby patients can be detained for up to 72 hours to protect them from themselves or other people[85]) from 2011 to 2021 were recorded in Scotland for White Other (4.9% vs 4.0% of White Other the general population), Black (1.5% vs 1.0%), Mixed or multiple ethnicities (0.6% vs 0.4%), and other ethnic groups (0.4% vs 0.3%).[86] - There are indications that Gypsy, Roma and Traveller people in the UK have increased likelihood of experiencing depression and anxiety and are six times more likely to die by suicide than the general population. [87] - Asylum seekers and refugees are more likely to experience poor mental health than the local population, including higher rates of depression, post-traumatic stress disorder (PTSD) and other anxiety disorders.[88] 57% of interviewees in a study of newly arrived asylum-seeking women in Glasgow showed symptoms of PTSD[89] and 45% of separated children accessing Scottish Guardianship Services in 2011 reported mental health difficulties.[90]
Social determinants	- Minority ethnic communities are affected by a large number of social stressors which can have an impact on mental health.[91] These include experiences of racism and discrimination,[92] disproportionate likelihood to live in poverty[93] and experiences of migration[94] and experiences of generational trauma and exclusion. [95] There are also nuances in the reporting of mental health conditions, particularly with culturally-specific conceptualisations of mental health. - Asylum seekers and refugees are disproportionately likely to experience mental health impacts from trauma and a range of

	post-displacement stressors, including social isolation, poverty, lack of access to resources and discrimination.
Access to services	- The England APMS showed that individuals from minority ethnic backgrounds with a common mental disorder were less likely than White British individuals to be receiving treatment at the time of the survey. [96] - Factors including mental health stigma within some minority ethnic communities,[97] lack of awareness of available services,[98] lack of trust in formalised mental health services[99] and language and cultural barriers[100] in understanding are highlighted as barriers to accessing mental health care.
Experience of services	- Evidence shows that there is variation in the types of therapies and treatments offered to people from minority ethnic backgrounds.[101] UK-based studies indicate that ethnic minority children were more likely to be referred to CAMHS via social services, education or criminal justice pathways (rather than through the GP), compared to White British children.[102][103] - The need for culturally aware services and support is highlighted in literature, [104] alongside increased workforce diversity, as well as training with relation to cultural competency and sensitivity. [105]
Data and evidence gaps	- Key remaining evidence gaps include: - High level data on the extent of mental health concerns in minority ethnic groups in Scotland - Disaggregated understanding of the mental health experiences and outcomes of different minority ethnic groups - Intersectional evidence relating disabilitiy, LGBTI+, age and sex - Updated qualitative and quantitative evidence to understand the extent of mental health needs within Gypsy/Traveller communities and experiences of mental health services for people from these communities - More systematic evidence to understand the extent of mental health needs amongst asylum seekers are refugees and more understanding of their experiences of using services and support.

Religion or belief	
Existing mental health inequalities	- There is mixed evidence around the relationship between religion and mental health. Religion is associated with greater hope, optimism and life satisfaction,[106] less depression and fast remission of depression,[107] lower rates of suicide,[108] and reduced prevalence of drug and alcohol abuse.[109] However, there are also indications of higher anxiety levels in more religious people, as well as contradictory evidence which suggests weak correlations between religiousness and depressive symptoms.[110]

Social determinants	- There are significant experiences of discrimination and hate crime experienced by some religious groups in Scotland, which can negatively impact mental health such as depression, heightened levels of anxiety and suicidal thoughts. This includes both Islamophobia and antisemitism.[111][112][113] - Research also[114] reports that gendered expectations of fulfilling certain behaviours, such as taking on both domestic and work commitments can cause strain on mental health within some religious communities. - There are positive aspects of faith-based organisations in providing a protective role in mental health through the provision of communities of support and cultural centres, as well as spaces to provide support services. [115] - Faith can also play a positive role in supporting mental wellbeing. More than half of the young Muslim respondents in a 2021 report[116] said they are likely to turn to faith when experiencing mental health struggles.
Access to services	- The role of discrimination against religious minorities is highlighted as a barrier to being aware of the help that is available. [117] Several reports note language barriers as also being issues which could restrict access to services. - There is evidence that discrimination can affect the ability of Muslims and other religious minorities in accessing medical treatment, including evidence of Muslim women being unable to access mental health support for their children.[118]
Experience of services	- There is a need for culturally aware support services for some religious groups, including outreach services, the ability to navigate language barriers and provide sensitive and appropriate support.[119] - Training to actively counter discrimination, including Islamophobia and its impacts, is noted as being an important provision for mental health professionals and organisations.[120]
Data and evidence gaps	- Key evidence gaps include: - Systematic statistical evidence of mental health needs across different faith groups - Qualitative research specifically focusing on mental health, access to and experience of using services.

Sex	
Existing mental health inequalities	- There are gendered components to how mental health needs present, as well as societal gender roles and expectations which may have an impact on how mental health is experienced and reported differently by men and women. 2021 SHeS data reports[121] - Average mental wellbeing (WEMWEBS) scores for men and women were 49.0 and 48.3 respectively, but with no statistically significant variation. Both figures fell from the 2019 reported scores[122] (49.9 for men and 49.7 for women),

	but fell by more for women. As in previous years, women were more likely than men to record a GHQ-12 score of 4 or more (indicative of a possible psychiatric disorder) in 2021 (24% compared to 19% respectively), where both men and women had an increase from 2019. - In the 2021 SHeS survey,[123] there were no significant differences between men and women displaying two or more symptoms of depression (12% and 10% respectively). This has, however, risen significantly for men from previous years (from 7% in 2010/2011 to 12% in 2021), while remaining in a similar range for women. From compiled SHeS analyses women are consistently more likely than men to record two or more symptoms of anxiety. [124] - There are also indications from other data sources in Scotland and the rest of the UK that suggest that women are more likely to experience mental health concerns than men.[125] - Women are at higher risk of eating disorders,[126] and post-traumatic stress disorder (PTSD) for women compared to men, with an estimated lifetime prevalence rate of 10-12% for women and 5-6% for men.[127] - While women are more likely to have ever attempted suicide than men, [128] men are at much higher risk of dying by suicide in Scotland. Men accounted for 73% of the probable suicide deaths recorded during the period 2011-2017.[129]
Social determinants	- Factors which can put women at greater risk of poorer mental health than men include a higher likelihood of being in poverty (especially for single mothers), [130] greater caring responsibilities, [131] the impacts of cultural influences with respect to body image and comparison through social media[132] and experiences of living with domestic violence, abuse, coercive control and toxic masculinity. [133,134] Life events and hormonal changes can also impact women's mental health, including during pregnancy, menstruation, menopause and using contraceptives. [135] There are also periods of loneliness which can impact women, including women with young children and older women living alone.[136] - While women experience increased factors that can cause mental health conditions, however, women are thought to be more comfortable talking about their mental health than men and have stronger social networks, which can help to protect their mental health. - Risk factors associated with men's suicide include living in a deprived area, living in lower quality housing, earning a lower income, having less education and being in poor quality or low employment.[137] Men in mid-life are at higher risk of suicide compared to younger and older men. [138] Men are at greater risk of social isolation than women.[139]

Access to services	- In the UK, men are less likely to access psychological therapies than women: only 36% of referrals to NHS talking therapies in England are for men.[140] Men are more likely to be compulsorily detained or 'sectioned' for treatment than women.[141] The 2014 APMS showed that men with a common mental health disorder were less likely than women to be receiving treatment at the time of the survey, even after accounting for differences in symptom severity.[142] Moreover, data from ScotSID show that a lower percentage of men who died by suicide between 2011-2017 had been in contact with health services (including mental health services) in the period before death than women (65% and 86%, respectively).[143] - Barriers for both women and men include mental health stigma. [144] For women, the impacts of experiencing violence against women and girls can also act as a barrier. *[145]*
Experience of services	- The importance of trauma-informed approaches for women who have experienced trauma, and workforce having an understanding of women's physical health needs was highlighted by stakeholders.
Data and evidence gaps	- Key evidence gaps include: - Experiences of minority ethnic men and women in Scotland - Qualitative evidence around men's mental health and experience of using mental health services across different ages - Understanding of the impacts of self-reported mental health, which may be impacted by gendered norms and stigma.

Marginalised group

Poverty and low income	
Existing mental health inequalities	- Based on the 2019 SHeS,[146] there continue to be clear differences in WEMWBS wellbeing mean scores by areas of deprivation. There is a linear decrease from a mean of 51.5 among adults in the least deprived quintile to a significantly lower mean of 46.9 in the most deprived quintile. - Compared to adults living in the least deprived quintile, adults living in the most deprived quintiles are more likely to report two or more symptoms of depression (21% compared to 8%) and have higher rates of self-reported self-harm (13% compared to 5-7%).
Social determinants	- Social determinants which make people living in poverty more vulnerable to having mental health needs are: stress associated with living on low income and with debt, insecure and low quality employment,[147,148,149] increased likelihood of having experienced psychological trauma and adverse childhood experiences (ACEs), [150] discrimination and stigma attached to being in poverty,[151] and low quality physical environments.[152]

	- People in receipt of housing benefits have been shown to be twice as likely to have a common mental health condition as those not in receipt.[153] - 20% of adults living in the most deprived areas of Scotland had experienced four or more adverse childhood experiences (ACEs) compared with 11% from the least deprived areas. [154]
Access to services	- International evidence[155] suggests that mental health stigma, lack of signposting and access to information, long waiting times and geographical inequalities in access (such as affordability of transport) contribute to inequalities experienced in accessing support and services. People living on low incomes are less likely to be able to access private mental health services due to the economic barriers these present.
Experience of services	- International evidence highlights that the power and class dynamics between those living in poverty accessing services and those, often middle class, providing services can act as a barrier to understanding the practical realities of mental health concerns caused by or exacerbated by living in poverty. [156] - Trials integrating money advice in general practices within the most deprived areas of Glasgow showed benefits including improved mental health outcomes.[157]
Data and evidence gaps	- Key evidence gaps include: - More recent and updated evidence from Scotland about experiences of using mental health services for people living in poverty and in low-income and deprived areas. - Evidence relating to the current cost of living crisis and its impact on the mental health of people with protected characteristics.

Geographical location	
Existing mental health inequalities	- There are varied levels of wellbeing across Scotland, with a tendency for higher wellbeing and lower mental illness in more rural areas outside the Central Belt. - International evidence,[158] including research conducted within the UK,[159] suggests that mental health needs are more prevalent amongst people who live in urban areas, relative to rural populations.
Social determinants	- Social determinants influencing regional disparities in mental health and wellbeing include the regional variations in poverty and deprivation, which is experienced differently in different areas, but tends to be more concentrated in urban areas. [160] - Higher rates of crime[161] and differences in physical environments[162] – including access to green space and levels of noise and air pollution can have impacts on mental health in urban areas. - Experiences of isolation and loneliness are seen to have impacts on mental health in remote and rural areas, *[163]*

	particularly for certain communities, such as LGBTI+ people.[164]
Access to services	- Accessibility of mental health services can be a challenge in rural areas, the 2017 *Scottish Rural Mental Health Survey* indicated that the challenges with public transport were worsened for those self-reporting suicidal thoughts and feelings and self-harming behaviour, which could lead to a 'layering' of isolation factors. [165] - Stigmatising attitudes to mental health can act as a barrier to accessing suport in some areas, with perceptions that close communities can also result in lack of privacy and confidentiality concerns for people experiencing mental health conditions. [166]
Experience of services	- Issues which already impact minority ethnic communities, like language barriers, can be worse in rural areas. [167]
Data and evidence gaps	- While there is a growing evidence base around mental health and mental health services in rural areas, the remaining evidence gaps include: - Lack of directly comparative evidence and analysis around rurality and mental health, including intersections with poverty and deprivation - Recent and updated evidence about mental health experiences in urban areas from the Scottish context. - Insight into regional variations in the experience of accessing and using mental health services and support.

Chapter 3: Strategic Equality Impact Assessment of Proposals and Actions in the Mental Health and Wellbeing Delivery Plan

The Delivery Plan sets out a range of actions seeking to address many of the issues raised in chapter 2. The actions are only discussed in summary here. We anticipate many of the actions will have a positive impact on the three duties of the PSED. However, this will often be dependent on future implementation of individual actions in this and future delivery plans, some of which are inherently high-level. It has therefore been necessary to adopt an iterative approach to this EQIA. More detailed EQIAs will be developed as each strategic action is progressed.

Continued engagement with stakeholders and those with lived experience will allow us to develop a deeper understanding of the intersection between protected characteristics and mental health inequalities. The Delivery Plan will be refreshed after 18 months with the opportunity to add or refine actions based on the ongoing EQIA process and future monitoring and evaluation.

This analysis is broken down by priorities within the Plan and their impact on protected characteristics.

Priority 1: Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions focussed on tackling stigma and discrimination will have a positive impact on eliminating discrimination, advancing equality of opportunity and fostering good relations between protected characteristic groups, particularly for children and young people, working age and older people. See Me's work on the Employer's Platform will help to address stigma and discrimination around mental health and wellbeing in the workplace by providing guidance on and signposting to mental health support and	No negative impacts have been identified. However, policies should be mindful of stigma experienced across different age groups and take action to mitigate against this, particularly amongst older people. We aim to increase the number of resources aimed at older people on Mind to Mind during later phases of the site. We will also continue to think about ways to share the messaging from Mind to Mind in non-digital formats, including on local radio,

	services available. This will have a positive impact on reducing stigma and improving awareness of support amongst working age adults. Mind to Mind is a site aimed at continuing the national discussion around mental wellbeing. The site has a range of resources, including videos from people of different ages, including older individuals, talking about anxiety, grief and low mood. This content and messaging will have a positive impact on further breaking down the stigma, including self-stigma, around mental health across age groups. It also provides a safe space for all ages of people to access the information they need without fear of reprisal. This will reduce the barriers to accessing information and advice.	leaflets and outdoor venue posters etc.
Disability	See Me's Scottish Mental Illness Stigma Study included notable data around both physical and mental disabilities and the effects on mental health and wellbeing. Following this, See Me are working with Government and a range of third sector partners to target areas where the highest risk of stigma occurs including health and social care. This may have a positive impact on people with disabilities who may regularly encounter these services. This inclusive approach means positive impacts on advancing equality of opportunities for people with disabilities may be possible	In addition to the accessible resources on the site, a recent accessibility review was undertaken on Mind to Mind in summer 2023. The recommendations for further accessibility improvements have been incorporated into further developments. Increased representation of people with disabilities should be prioritised during later phases of the site.
Sexual orientation	Actions focussed on tackling mental health stigma and discrimination and promoting	Stakeholder feedback highlights that the video-only format of the Mind to Mind site

	good mental wellbeing through Mind to Mind, will have a positive impact on advancing equality of opportunity for LGBTI+ people. LGBTI+ mental health lived experience representation has been prioritised in the next phase of development on Mind to Mind. Plans are in place to work with LGBTI+ organisations to create appropriate resources. This should address difficulties in accessing appropriate and accessible information for LGBTI+ communities.	risked alienating potential participants. Particularly in the LGBTI+ and minority ethnic communities. The next phase of development on Mind to Mind has expanded resource types to include audio clips and blogs to allow for anonymity where this is preferred.
Gender reassignment	The above discussion (see sexual orientation) relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.	The above discussion (see sexual orientation) relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.
Pregnancy and maternity	Stigma across the perinatal period can have a negative impact on pregnant women/new mothers, infants and their families by both acting as a barrier to accessing services and by having negative impacts on mental health and wellbeing. See Me has numerous resources for healthcare professionals dedicated to perinatal and infant mental health aimed at improving access to and experience of services by increasing awareness and reducing stigma. We anticipate the inclusive approach to these actions will have a positive impact on reducing stigma and advancing equality of opportunity for these women.	No negative impacts have been identified. However, policies should be mindful of the increased mental health stigma experienced by women in the perinatal period and take action to mitigate against this. Continue to monitor and review policies to ensure support is reaching women in the perinatal period.

Race	Stigma faced by minority ethnic people can act as a barrier to accessing mental health support. Actions to improve our understanding of how mental health stigma is experienced and take forward actions to address it will include consideration of the experiences of minority ethnic communities. This will have a positive impact on advancing equality of opportunity for people from minority ethnic communities. The next phase of development for the Mind to Mind site will increase the representation of lived experience content from people from minority ethnic communities, including content in other languages such as Urdu, Punjabi and Polish. This will not only seek to reduce stigma amongst these groups but have a specific benefit of engaging with minority ethnic groups who speak these languages. This should reduce barriers to accessing support due to a lack of accessible and inclusive communication. Having alternative formats other than video has also accommodated for more minority ethnic people to contribute lived experience content to the site. It is anticipated these resources will help to open a culturally sensitive discussion within these communities and give people within them a place to find signposting to other culturally appropriate help where needed.	Monitor and evaluate actions to ensure support is reaching minority ethnic groups who are at greater risk of experiencing mental health stigma and discrimination. Continue to prioritise representation from minority ethnic communities on Mind-to-Mind. This includes the development of both resources and signposting where needed.
Religion or belief	Stigma faced by some religious groups can act as a barrier to accessing mental health support. Several participants on the Mind	Policies should be mindful of the barriers some religion and belief groups face, particularly in regard to mental health

	to Mind site have spoken of how their faith comforts them and helps with their mental health and wellbeing. This representation may have a positive impact on reducing any stigma experienced by these groups. Actions to improve our understanding of how mental health stigma is experienced and take forward actions to address it will include consideration of the experiences of religious groups. This will have a positive impact on advancing equality of opportunity.	stigma, and take action to mitigate against these.
Sex	See Me's work with Feniks Edinburgh, will particularly benefit Polish men, who experience disproportionately high levels of suicide, by working with them to reduce mental health stigma. The Changing Rooms: Extra Time (CRET) action also tackles stigma as well as a lack of information which both act as key barriers to accessing support for men. This should improve equality of opportunity for men to access support and services. We know that women of all ages can experience mental health stigma, however evidence shows women in the perinatal period experience this more strongly. The Mind to Mind website includes a range of lived experience content from women which should help reduce stigma.	Mind to Mind should link to resources to support men, including The Changing Room: Extra Time programme which provides men with the skills needed to improve their mental health and wellbeing. Mind to Mind already includes a range of lived experience content from women. In future phases of development, we will look to increase representation from younger people, including women in the perinatal period and reflect other specific issues women face such as the menopause.
Marriage & Civil Partnership	We do not anticipate any negative impacts for this group.	
Poverty and low income	There is representation from those living in low income and	The next phase of Mind to Mind has identified those living

	poverty on the Mind to Mind site particularly. Action to develop new content will also be included on the mental health impact of the cost crisis on the 'coping with money worries' page. This aims to support people from low-income backgrounds access the information and support they need.	in low income and poverty as a priority group for targeted resources and increasing engagement with the site and content.
Geographical location	Evidence shows people living in remote or rural areas experience stigma in accessing mental health support. Actions to improve our understanding of how mental health stigma is experienced and take forward actions to address it will include consideration of the experiences of people from remote and rural communities. This will have a positive impact on advancing equality of opportunity.	Policies should be mindful of the barriers some people living in remote, rural and island communities face, and take action to mitigate against these.

Priority 2: Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them and in a range of formats.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Through a segmented approach which focusses on the different needs of different age groups within the population, we will provide options for individuals who would be excluded by a single generic approach to access support and information. We anticipate that this will particularly benefit older people, who often experience a lack of targeted and inclusive information as a barrier to accessing support. A significant proportion of the over 50s do not have access to the internet and thus encounter difficulty accessing information and services which are online only. Older people are also sometimes reluctant to engage with mental health services as they do not want to be labelled as experiencing cognitive decline. Therefore, we will tailor actions specifically to address these known issues, promoting equality of opportunity. Older people, who we know disproportionately experience isolation and loneliness, will also be positively impacted by the work to champion peer support. This will also promote good relations between older people and different protected characteristic groups.	We aim to increase the number of resources aimed at older people on Mind to Mind during later phases of the site. However, we recognise and will consider non-digital alternatives to targeted information. We will continue to think about ways to share the messaging from Mind to Mind in non-digital formats, including on local radio, leaflets and outdoor venue posters etc. We are developing a full EQIA for the Digital Mental Health Programme which will address in detail issues relating to access and appropriateness across age groups. Scottish Government will undertake scoping work with Scottish Recovery Network and others to gather and share evidence on the benefits, impact, barriers and enablers of peer support/recovery for the whole population as well as for specific groups as identified in the Mental Health Equality Evidence Report, including older people. We will work with partners to enhance mental health and wellbeing support in educational settings, through services such as school and

	The work we will take forward to ensure that the information available to children, young people and parents will seek to address specific issues which disproportionately impact on children and young people at different stages within that age group. Our approach will take focus on age groups within the children and young people population to address known disadvantages, An example of this is issues relating to body image overlaid with the negative impact of social media. A study by the Mental Health Foundation (2019) found 40% of teenagers worried about their body image due to images on social media. Actions under this priority will widen the options for support available, improving the choice and agency in support received for children and young people.	student counselling and develop and refresh of high-level mental health and wellbeing resources, with the goal of having an inclusive and universal approach.
Disability	There will be positive impacts for some people with disabilities through a wider range of accessible options. This will eliminate discrimination which may arise due to lack of inclusive communication and improve equality of opportunity. However, capturing these benefits with and on behalf of people with disabilities will require targeted work within the wider activities being taken forward. These will focus specifically on information targeted to the needs of the disabled population, inclusive communication, access to digital therapies in a range of	Scottish Government are conducting an accessibility review of current programs, which will enable us to expand the range of formats in which digital therapies are offered. We are also integrating accessibility evidence into the assessment framework for new digital therapy products to be rolled out nationally. Scottish Government will continue to ensure that the employer platform links to most relevant and up-to-date legislation, ensuring employers can remain informed of their

	settings and extending the range of appropriate support. Actions under this priority will widen the options for support available, improving the choice and agency in support received.	responsibilities under the Equality Act 2010. People with disabilities can be disproportionately impacted by poverty and low income and experiences of minority stress, discrimination and trauma. Due consideration should be given to this in the implementation of actions under this priority.
Sexual orientation	There is evidence that people from the LGBTI+ community are negatively impacted by a lack of targeted information and inclusive communication.	Officials have worked with LGBTI+ organisations during the development of Mind to Mind. However, the stigma experienced by people within those communities regardless of mental health concerns meant that some potential participants were not comfortable appearing in videos for the site. To mitigate this, we have widened the resources to include audio files and blogs and are considering how best to further support individuals within these communities. LGBTI+ people can be disproportionately impacted by experiences of minority stress discrimination and trauma, including hate crime. LGBTI+ people would also benefit from the workforce having a better understanding and sensitivity to their needs. Due consideration should be given to this in the implementation of actions under this priority.
Gender reassignment	The above discussion (see sexual orientation) relates to LGBTI+ communities, including those with the protected characteristic of gender	The above discussion (see sexual orientation) relates to LGBTI+ communities, including those with the

	reassignment.	protected characteristic of gender reassignment.
Pregnancy and maternity	Pregnant woman and mothers, who we know disproportionately experience isolation and loneliness, will be positively impacted by action to champion peer support. This will also promote good relations between pregnant women and different protected characteristic groups.	Pregnant mothers and people in the perinatal period can be disproportionately impacted by mental health stigma. Due consideration should be given to this in the implementation of actions under this priority. Scottish Government will undertake scoping work with Scottish Recovery Network and others to gather and share evidence on the benefits, impact, barriers and enablers of peer support/recovery for the whole population as well as for specific groups as identified in the Mental Health Equality Evidence Report, including pregnant women and mothers. Issues to be considered include: • Knowledge of peer support resources available • Accessibility of peer supports • Funding and capacity building • Knowledge and understanding of healthcare professionals • Supporting those providing peer support • Role of third sector organisations in delivering a wider range of appropriate mental health support options.
Race	There is evidence that people from minority ethnic groups are more negatively affected by lack of targeted information and inclusive communication. Actions	Phase 2 of the development of Mind to Mind has identified minority ethnic communities as a priority group for further resources.

	under this priority will seek to address this, improving equality of opportunity. The next phase of development for the Mind to Mind site will increase the representation of lived experience content from people from minority ethnic communities, including content in other languages such as Urdu, Punjabi and Polish. This should reduce barriers to accessing support due to a lack of accessible and inclusive communication. Having alternative formats other than video has also provided options for more minority ethnic people to contribute lived experience content to the site. It is anticipated these resources will help to open a culturally sensitive discussion within these communities and give people within them a place to find signposting to other culturally appropriate help where needed.	Although officials worked with minority ethnic-focused organisations during the development of Mind to Mind, stigma in some communities around mental health meant that some potential participants were not comfortable appearing on videos for the site, reducing the numbers of videos from people from minority ethnic backgrounds. To mitigate this and following feedback from members of the public and stakeholders, we have widened the resources to include audio files and blogs and are considering how best to further support individuals within different communities. Minority ethnic people can be disproportionately impacted by poverty and low income, experiences of minority stress discrimination and trauma (including racialised trauma) and stigma in accessing mental health support. Minority ethnic people would also benefit from the workforce having a better understanding of their needs, including the need for culturally sensitive support and services. Due consideration should be given to this in the implementation of actions under this priority.
Religion or belief	We do not anticipate any negative impacts for this group.	Some people contributing to the development of Mind to Mind have mentioned how important their faith is to their mental health and wellbeing and this will be reflected in

		their lived experience stories and content on the site. People with certain religions and beliefs can be disproportionately impacted by experiences of minority stress discrimination and trauma (including islamophobia and antisemitism). Some minority religious groups would also benefit from the workforce having a better understanding and sensitivity to their needs for culturally sensitive support. Due consideration should be given to this in the implementation of actions under this priority.
Sex	Across age bands women tend to experience poorer mental health than men due to a range of social and physiological factors. Concerns around body image have a disproportionate impact on the mental health of young women and girls. The Health and Wellbeing Census 2023 reported: "30% of girls and 55% of boys agree to the statement I am happy with my body and the way I look" and "Girls were more likely to have problematic social media use than boys" (Inchley et al., 2023). Evidence also highlights women, particularly older women and women with young children, can also disproportionately experience loneliness and isolation. These groups will be positively impacted by the work to champion peer support. This will also promote good relations between women and different protected characteristic groups.	In future phases of Mind to Mind we will look to target lived experience of specific issues for women, on menopause and body image. Guided by evidence on body image we will take a gendered approach (e.g. focus on toxic masculinity, culture ideals). This involves discussing these barriers with young people and other stakeholders, for example when working with Scottish Youth Parliament and the Scottish Children's Parliament to develop new content for the resources. We will undertake scoping work with Scottish Recovery Network and others to gather and share evidence on the benefits, impact, barriers and enablers of peer support/recovery for the whole population as well as for specific groups as identified in the Mental Health Equality

	Among men from different age ranges and backgrounds discussions around emotions can still be regarded as taboo. This can increase self-stigma, act as a barrier for help seeking behaviour and increase mental health issues. Actions to target information will seek to address these issues. Actions under this priority will widen the options for support available, improving the choice and agency in support received.	Evidence Report, including older women and women with young children. Men are currently under-represented on the Mind to Mind site. Phase 2 of the development has identified men as a priority group for the gathering of resources. Officials have been working with mental health charities to create resources specific to men on the site, including self-stigma and social isolation and loneliness. These videos will then signpost users to the organisations in question. This will help support and guide men to appropriate existing resources and organisations who can help them with their mental wellbeing. The marketing and partnership activity for Mind to Mind in 2023-24 will also target messaging for men, including in outdoor and sporting venues as well as working with local barber shops. Mind to Mind will also signpost to The Changing Room: Extra Time programme. Women and girls can be disproportionately impacted by poverty and low income, and experiences of trauma (including gender based violence). Women and girls would also benefit from the workforce having a better understanding of their needs, including the need for trauma informed mental health services and understanding of the physical health issues such as menopause. Due

		consideration should be given to this in the implementation of actions under this priority.
Marriage & Civil Partnership	We do not anticipate any negative impacts for this group.	
Poverty and low income	Access to digital therapies is an issue among those people experiencing poverty and low income. At the same time increasing the choices and range of digital therapies and support available that do not require physical travel is of benefit to those on low incomes.	The Connecting Scotland programme is designed to improve digital inclusion among people from low income backgrounds and we will seek to capitalise on this. Additionally we are working to identify the best model of digital inclusion: how existing services can work with their clients to provide a device, connectivity and digital training to improve their mental health and overall wellbeing. Whilst there is representation from those living in low income or poverty already on the Mind to Mind website, this is generic mental wellbeing advice and not specific to the challenges people from this category may face. Phase 2 of has identified those living in low income/poverty as a priority group for the gathering of resources to address these challenges. In terms of the cost of access, although Mind to Mind is a digital resource, it is hosted on NHS inform, which is a whitelisted site. This means that it does not use up data allowances when visiting the site.
Geographical location	While digital therapies will have a positive impact in terms of reducing travel requirements,	Scottish Government is working to improve wifi/mifi/broadband provision

	access to digital therapies and wider resources depends on reliable connectivity.	in rural areas. We will seek to align the development of digital therapies and resources with that work. We will continue to think about ways to share the messaging from Mind to Mind in non-digital formats, including on local radio, leaflets and outdoor venue posters etc.

Priority 3: Increase mental health capacity within General Practice and primary care, universal services and community-based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions under this priority have a particular focus on removing barriers faced by marginalised groups when accessing services. This will have a positive impact on eliminating discrimination and advancing equality of opportunity across the range of protected characteristic groups, including age. Mental health concerns are more common amongst adolescents than in younger children and people aged between 16 - 24 are particularly vulnerable to mental health concerns. Action to improve community mental health and wellbeing supports and services has a particular focus on children young people and their families. The Communities Mental Health and Wellbeing Fund for adults is aimed at supporting those aged 16 and above. The Fund in its support of adults also benefits families, for example, parent support groups. The external evaluation of the Communities Mental Health and Wellbeing Fund for Adults concludes that the Fund is providing a good range of supports across the wide range of	The children and young people's Community Mental Health and Wellbeing Supports and Services Framework is specifically targeted at those aged 5-24 (26 if care-experienced) and their family members. Local authorities are free to implement the services that they consider will best meet locally identified need. Around a quarter of year 2 Communities Mental Health and Wellbeing Fund for adults projects supported the 6 priority family types identified in the Best Start, Bright Futures child poverty plan such as lone parent families, families with a disabled family member and ethnic minority families. Older people (aged 50 or above) are a key at-risk group identified as a target group for the Communities Mental Health and Wellbeing Fund for adults and they are amongst the most common beneficiaries. This is leading to better access to community support, with a range of projects ensuring accessibility, for example, providing transport or accessible

	target groups such as older people.	venues. The Year 2 Monitoring and Reporting summary provides a full breakdown of beneficiaries of the fund.
Disability	Actions under this priority may have a positive impact on advancing equality of opportunity for some children and young people with disabilities through the provision of community based targeted support. People with a long term health condition or disability are a key at-risk priority group for the Communities Mental Health and Wellbeing Fund for adults are amongst the most common beneficiaries. The Year 2 Monitoring and Reporting summary provides a full breakdown of beneficiaries of the fund. The external evaluation of the Communities Mental Health and Wellbeing Fund for Adults concludes that the Fund is providing a good range of supports across the wide range of target groups such as people with disabilities.	Under the children and young people's Community Mental Health and Wellbeing Supports and Services Framework, Local authorities are free to implement the services that they consider will best meet locally identified need. This means that targeted support can be provided for disabled children and young people. We will continue to work with local authorities to encourage targeted provision for vulnerable groups and those with protected characteristics. Work is underway to monitor the reach of Year 3 Communities Mental Health and Wellbeing Fund for adults to priority groups. We will ensure accessibility of supports to the less well represented groups.
Sexual orientation	Actions under this priority may have a positive impact on advancing equality of opportunity for some LGBTI+ children and young people through the provision of community based targeted support. LGBTI+ people are a key at-risk priority group for the Communities Mental Health and Wellbeing Fund for adults. The Year 2 Monitoring and Reporting	Under the children and young people's Community Mental Health and Wellbeing Supports and Services Framework, Local authorities are free to implement the services that they consider will best meet locally identified need. This means that targeted support can be provided for LGBTI+ children and young people. We will continue to work with local

	summary provides a full breakdown of LGBTI+ beneficiaries of the fund. The external evaluation of the Communities Mental Health and Wellbeing Fund for Adults concludes that the Fund is providing a good range of supports across the wide range of target groups such as LGBTI+ people.	authorities to encourage targeted provision for vulnerable groups and those with protected characteristics. Work is underway to monitor the reach of Year 3 Communities Mental Health and Wellbeing Fund for adults to priority groups. We will ensure accessibility of supports to the less well represented groups.
Gender reassignment	The above discussion (see sexual orientation) relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.	The above discussion (see sexual orientation) relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.
Pregnancy and maternity	The Communities Mental Health and Wellbeing Fund for adults should have a positive impact on advancing equality of opportunity for women who are identified as a key at-risk priority group for the Fund. While perinatal maternal health is not specified as a priority for the Fund, some projects have been funded that support this group. The Year 2 Monitoring and Reporting summary provides a full breakdown of beneficiaries of the fund.	Work is underway to monitor the reach of Year 3 Communities Mental Health and Wellbeing Fund for adults to priority groups. We will ensure accessibility of supports to the less well represented groups.
Race	Actions under this priority may have a positive impact on advancing equality of opportunity for some minority ethnic children and young people through the provision of community based targeted support. Minority ethnic people and refugees and those with no recourse to public funds are key at-risk priority groups for the	Under the children and young people's Community Mental Health and Wellbeing Supports and Services Framework, Local authorities are free to implement the services that they consider will best meet locally identified need. This means that targeted support can be provided for minority ethnic children and young people.

	Communities Mental Health and Wellbeing Fund for adults. The Year 2 Monitoring and Reporting summary provides a full breakdown of minority ethnic community beneficiaries of the fund. The external evaluation of the Communities Mental Health and Wellbeing Fund for Adults concludes that the Fund is providing a good range of supports across the wide range of target groups, including minority ethnic groups. Many projects have helped to make supports more accessible for this group through for example translation options.	We will continue to work with local authorities to encourage targeted provision for vulnerable groups and those with protected characteristics. The external evaluation of the Communities Mental Health and Wellbeing Fund for Adults highlighted that some groups are more commonly supported than others (i.e. projects supporting older people are more common than projects supporting ethnic minorities). Work is underway to monitor the reach of Year 3 Communities Mental Health and Wellbeing Fund for adults to priority groups. We will ensure accessibility of supports to the less well represented groups with a particular consideration to Refugees and those with no recourse to public funds.
Religion or belief	We do not anticipate any negative impacts for this group.	
Sex	Actions under this priority may have a positive impact on advancing equality of opportunity for women and girls through the provision of community based targeted support. Women, particularly women who have experienced gender based violence, are a key at-risk priority group for the Communities Mental Health and Wellbeing Fund for adults. Whilst men are not identified as a target group, the Fund does fund a range of male focused projects such as suicide prevention work.	Work is underway to monitor the reach of Year 3 Communities Mental Health and Wellbeing Funding to priority groups. We will ensure accessibility of supports to the less well represented groups.

	The Year 2 Monitoring and Reporting summary provides a full breakdown of beneficiaries of the fund. The external evaluation of the Communities Mental Health and Wellbeing Fund for Adults concludes that the Fund is providing a good range of supports across the wide range of target groups.	
Marriage & Civil Partnership	We do not anticipate any negative impacts for this group.	
Poverty and low income	We know that living in poverty can have adverse effects on mental health and wellbeing. Actions under this priority may have a positive impact on advancing equality of opportunity for some families living in poverty through the provision of targeted support. Those facing socio-economic disadvantage are a key at-risk priority group for the Communities Mental Health and Wellbeing Fund for adults. They are also one of the key beneficiaries, with around half of projects in Year 2 supporting this group. The Year 2 Monitoring and Reporting summary provides a full breakdown of beneficiaries of the fund.	Under the children and young people's Community Mental Health and Wellbeing Supports and Services Framework, Local authorities are free to implement the services that they consider will best meet locally identified need. This means that targeted support can be provided for those living in poverty and low income. We will continue to work with local authorities to encourage targeted provision for vulnerable groups and those with protected characteristics.
Geographical location	People living in remote and rural areas can often experience less consistent and available support and services due to geographical inequalities. Actions under this priority will have a positive impact on people in island and rural areas ensuring they receive more	Work is underway to monitor the reach of Year 3 Communities Mental Health and Wellbeing Fund for adults to priority groups. We will ensure accessibility of supports to the less well represented groups.

	choice and agency in the support and services available closer to home. Under the children and young people's Community Mental Health and Wellbeing Supports and Services Framework local authorities are able to use the funding to commission supports and services on the basis of local priorities. This should mean geographical inequalities are better understood and targeted. Those disadvantaged by geographical location (particularly remote and rural areas) are a key at risk priority target group for the Communities Mental Health and Wellbeing Fund for adults. Evaluation shows the Fund is reaching this group and sharing of good practice around improving accessibility of supports is ongoing via the Fund's National Network and the National event planned for March 2024. The Year 2 Monitoring and Reporting summary provides a full breakdown of beneficiaries of the fund. Action to address the geographical inequalities and unique challenges faced by those living in remote, rural and island communities will have a particular benefit.	Acknowledging the unique challenges to accessing support and services experienced by those living in remote, rural and island communities, we will work with the Scottish Rural Mental Health Forum in 2023/24 to gather and share evidence, to provide strategic insight into the barriers faced by rural and island communities and build their resilience. Future initiatives should recognise difference in local demographics and support flexibility to meet local need. People living in remote and rural areas can be impacted by loneliness and isolation. Due consideration should be given to this in the implementation of actions under this priority.

Priority 4: Expand and improve the support available to people in mental health distress and crisis, and those who care for them, through our national approach on Time, Space, Compassion.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions under this priority will have a positive impact on advancing equality of opportunity and promoting good relations among and between different groups for people of various ages. The aim of Creating Hope Together, the Suicide Prevention Strategy is to reduce the number of suicide deaths in Scotland whilst tackling the inequalities that contribute to suicide. This will have a positive impact on advancing equality of opportunity for all ages. Whilst it does not directly address unlawful discrimination, the Strategy seeks to highlight the risk and protective factors around suicide which can occur at any age. It sets out actions to specifically support children and young people, and older people, recognising their needs – and the responses required – may be different from the others in the adult population. The Suicide Prevention Strategy aims to build equality of response and access to support, across groups who may be affected by suicide. There may be an indirect effect through work on reducing stigma around suicide that will	We will continue to gather and use relevant data relating to age to help target activity to promote suicide prevention. Through the multi-agency reviews work we will build our understanding of a range of factors including age and support required for higher risk groups e.g. middle-aged men and older women. We intend to also gather data for suicide attempts. We will help to ensure that relevant staff such as pastoral / guidance staff, school nurses and counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approaches to supporting children and young people at key transitional stages, as part of a continuum of care. We plan to engage further with equalities groups to better understand and address issues identified. A targeted test of change for the Distress Brief Intervention Programme is underway for 14/15-year-olds.

	promote good relations between those of different protected characteristic groups. A full EQIA for the Suicide Prevention Strategy is published here: Creating Hope Together: Scotland's Suicide Prevention Strategy 2022–2032: Equality Impact Assessment Record (www.gov.scot) While self-harm can affect anyone at any age, children and young people are particularly affected and they will be one of the groups to receive particular focus within our work to publish a Self-Harm Strategy. The Distress Brief Intervention (DBI) programme will have a positive impact on advancing equality of opportunity for all ages particularly for young people as the age at which people can be referred to core DBI has been lowered to 16 as standard. We will provide funding during financial year 2023-24 to develop and enhance trauma-informed support for all children, young people and their families experiencing distress and crisis. In line with The Promise, this will include an increased focus on support for those with experience of care or on the edges of care. New or enhanced support would be available across all areas of Scotland and address an identified gap in service provision for distress and crisis support for under 16s. An increased focus on support that meets the needs of care experienced children and	We know that the Children and Young People's MHUC pathway is not always as streamlined as that for adults. Children and Young People may be admitted when presenting out of hours because of no alternative. Actions are being progressed to improve access to unplanned care for children and young people in the out of hours period. Work has commenced on how to access urgent mental health care and support in the in hours and out of hours period, including tailored information for children, young people and their parents/guardians. We are aware that certain groups, such as adolescents and older adults, are at risk of having their mental health concerns dismissed or attributed to another (existing) condition, such as a learning disability or old age. MHUC will seek to address this diagnostic overshadowing by working with our stakeholders on developing mitigations to prevent these at-risk groups from having their urgent mental health concerns overlooked. Through monthly MHUC Network meetings, we will continue to identify opportunities and challenges with our stakeholders regarding the provision and delivery of unscheduled mental health support. In-

	young people will ensure that services are able to respond to the specific needs of this group. The Mental Health Unscheduled Care (MHUC) pathway has been introduced across Scotland to provide access to urgent or unscheduled mental health and/or distress care and support to anyone who may require it. The pathway design is tailored to specifically meet the needs of children and young people and older people.	depth discussions on the local pathways will be held on an annual basis, allowing for the exploration of key issues. Work is being progressed to begin collecting protected characteristic demographic data for unscheduled care to ensure that this programme of work is underpinned by robust data, providing insight into service users access and outcomes.
Disability	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for people with disabilities. Suicidal ideation is typically higher among people with disabilities; therefore, we envisage they will benefit from the Suicide Prevention Strategy which aims to reduce the number of suicide deaths in Scotland whilst tackling the inequalities that contribute to it. Whilst it does not directly address unlawful discrimination, the Strategy seeks to raise awareness that disabled people may be at higher risk of suicide and sets out principles that will be taken to support someone with a disability. We know that for both boys and girls there are moderate and	We know lack of accessible information acts as a barrier to those with a disability accessing information and support. Therefore, we will provide reliable and easily digestible information in different formats about suicide and suicide prevention to communities, including to community-based organisations and locations, such as sports and youth organisations, libraries, welfare agencies and community centres. This includes providing accessible information for those with learning disabilities. We plan to engage further with equalities groups to better understand and address issues identified. We will undertake tests of change to understand more about the needs of groups

	statistically significant associations between disability status and self-harm, with the prevalence of self-harm being more than 50% higher among adolescents with a disability when compared to their nondisabled peers. Action to publish Scotland's first dedicated Self-Harm Strategy and Action Plan will have a positive impact on disabled people. Recognising prevalence amongst this group, it will commit to an inclusive set of actions, taking a tailored approach to reaching and deepening understanding of self-harm in diverse communities and settings. Action to achieve full coverage of the Distress Brief Intervention programme will have a positive impact on advancing equality of opportunity. In addition to support with distress, DBI can also signpost to other resources to help meet people's needs this can ensure that people have the appropriate supports in place which may be particularly beneficial to people with disabilities. The MHUC pathway has been introduced across Scotland to provide access to urgent or unscheduled mental health and/or distress care and support to anyone who may require it. More accessible and free support may also help overcome some of the barriers to support posed by poverty and deprivation.	with heightened risk of suicide, which is likely to include working with trusted intermediaries. This work is still to be fully scoped, however there is potential learning to allow for focussed suicide prevention approaches to support people with disabilities. Disabled people may face more barriers and challenges compared to others when seeking unscheduled mental health care and support. The evidence and consultation stages of our EQIA will ensure that we develop the MHUC pathway to reduce as many of these barriers and challenges as possible. In accessing MHUC, autistic people or people with learning disabilities may have their concerns dismissed because of diagnostic overshadowing. We will be working with our stakeholders on developing mitigations to prevent these at risks groups from having their urgent mental health concerns overlooked. We know that people living in remote and rural areas are more likely to experience difficulties and inequity in accessing mental health services, and this is potentially compounded for disabled people. We will be working with Health Boards with remote, rural and island areas to ensure that people requiring

		urgent specialist assessment but are not within easy access to the mental health assessment service are still able to get the required support. People with sensory impairment may not have access to a third-party interpreter which may result in safeguarding or confidentiality concerns. We are currently collecting Board specific information on the accessibility of unscheduled care assessments. Health Boards have access to interpreter services.
Sexual orientation	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for LGBTI+ people. Our Suicide Prevention Strategy aims to reduce the number of suicide deaths in Scotland whilst tackling the inequalities that contribute to suicide. It aims to build equality of response and access to support, across equalities groups who may be affected by suicide, and actively focuses on higher risk groups including LGBTI+ people. There may also be an indirect effect through work on reducing stigma around suicide that will promote good relations between protected character groups.	We will work with relevant groups and people with lived experience to explore how we can better understand what helps LGBTI+ people to seek help and support and reduce the barriers they currently face. We know the workforce may not have knowledge about the specific needs and experiences of LGBTI+ people and their impact on mental health. We will work with our stakeholders on the MHUC Network and colleagues within Scottish Government to ensure that emergency services and Health Boards provide regular training in relation to cultural competency and sensitivity.

	While self-harm can affect anyone, people who are LGBTI+ are particularly affected and they will be one of the groups to receive particular focus within actions on self-harm. The MHUC pathways has been introduced across Scotland to provide access to urgent or unscheduled mental health and/or distress care and support to anyone who may require it.	Work is being progressed to begin collecting equalities demographic data for unscheduled care. We are working with equality organisations and the DBI Central Team to support DBI practitioners to build their confidence in collecting equality data for people referred to the programme, including information on sexual orientation. Over time this will improve the robustness of the data.
Gender reassignment	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment. We know that transgender young people are more likely to think about attempting suicide and experience suicidal thoughts or behaviours. Our Suicide Prevention Strategy aims to reduce the number of suicide deaths in Scotland whilst tackling the inequalities that contribute to suicide. It aims to build equality of response and access to support, across equalities groups who may be affected by suicide, and actively focuses on higher risk groups, particularly transgender people.	There is a lack of qualitative and quantitative data for transgender and intersex people therefore we will work with relevant groups and people with lived experience to explore how we can better understand what helps transgender people to seek help and support and reduce the barriers they currently face. There may be concerns from transgender people about the repercussions from seeking mental health support on decisions on gender reassignment procedures. We plan to engage further with equalities groups to better understand and address issues identified.
Pregnancy and maternity	Actions under this priority will have a positive impact on eliminating unlawful	We will work with Perinatal and Early Years Mental Health policy – including the new

	discrimination, advancing equality of opportunity and promoting good relations among and between different groups for pregnant people and people in the maternity period. We know that suicide is the leading cause of maternal deaths in the first-year post birth. Therefore, we envisage people in the perinatal period will benefit from the Suicide Prevention Strategy which aims to reduce the number of suicide deaths in Scotland whilst tackling the inequalities that contribute to it. Whilst it does not directly address unlawful discrimination, the Strategy seeks to raise awareness that women in the perinatal period may be at higher risk of suicide and sets out principles that will be taken to support them. It will explore the actions to be taken to mitigate the risk of those who are pregnant or who have just given birth, including raising awareness of perinatal mental health. There may also be an indirect effect through work on reducing stigma around suicide that will promote good relations between different groups. Evidence tells us that mums are more likely to self-harm between 3 and 6 months after giving birth compared to women of the same age who are not pregnant. Action to publish Scotland's first dedicated Self-Harm Strategy and Action Plan will have a positive impact on this group. Recognising prevalence, it will	strategic board for children and families' mental health - to develop approaches and mental health support to ensure suicide prevention is considered during the perinatal period. We plan to engage further with equalities groups to better understand and address issues identified.

	commit to an inclusive set of actions, taking a tailored approach to reaching and deepening understanding of self-harm in diverse communities and settings. In terms of unscheduled care, we know pregnant people may have their concerns dismissed or undermined or parents may be afraid of seeking support because of the stigma associated or the potential repercussions. Action to improve Mental Health Unscheduled Care (MHUC) pathways will improve the onward care options for people who are pregnant or in a maternity period and need urgent mental health support. Thereby having a positive impact on advancing equality of opportunity to access appropriate support and services.	
Race	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for minority ethnic people. Racism and racial discrimination can have a significant negative impact on a person's mental health. It can trigger the onset of poor mental health, difficulty processing traumatic events and suicidal ideation and attempts. We envisage minority ethnic people will benefit from the Suicide Prevention Strategy	We will work with relevant groups and people with lived experience to build our understanding of the prevalence, barriers and effective interventions for different communities, including minority ethnic people. We plan to engage further with equalities groups to better understand and address issues identified. We know lack of accessible information acts as a barrier to minority ethnic groups accessing information and support. Therefore, we will provide reliable and easily digestible information in

	which aims to reduce the number of suicide deaths in Scotland whilst tackling the inequalities that contribute to it. Whilst it does not directly address unlawful discrimination because of race, we will work with trusted organisations to build knowledge and implement changes which will aim to have a positive impact. There may also be an indirect effect through work on reducing stigma around suicide that will promote good relations between different groups. Action to publish Scotland's first dedicated Self-Harm Strategy and Action Plan may have a positive impact on minority ethnic people as it will commit to an inclusive set of actions, taking a tailored approach to reaching and deepening understanding of self-harm in diverse communities and settings. Actions to build our understanding of the barriers faced by those with No Recourse to Public Funds will include testing increased peer support, in partnership with third sector partners, using a new community-based peer model. Developing culturally competent trauma informed peer support will allow more effective support as it takes account of the needs of the target group that traditional models often don't account for, including difference in culture. Earlier funding allowed the Simon Community to work on developing a model of peer support for destitute asylum	different formats about suicide and suicide prevention to communities, including to community-based organisations and locations, such as sports and youth organisations, libraries, welfare agencies and community centres. This includes providing accessible information for everyone, including people who do not have English as their first language. We will draw on learning from the model of peer support to improve future service provision by 2025 as we take forward Action 7 of the Ending Destitution Together (EDT) strategy. Further development of the community peer support available to people with NRPF will provide a culturally competent environment and lead to improved support and signposting to available information in an accessible way. We are working with equality organisations and the DBI Central Team to support DBI practitioners to build their confidence in collecting equality data for people referred to the programme. Over time this will improve the robustness of the data. NHS 24 and Health Boards have access to interpreting

	seekers. Working in this way may also alleviate some barriers to accessing support, as some people who have the exhausted asylum process can fear interactions with services due to consequences such as removal. This policy should result in improved support for the NRPF group via the mechanism of peer support. The MHUC pathways has been introduced across Scotland to provide access to urgent or unscheduled mental health and/or distress care and support to anyone who may require it. The pathway design is tailored to specifically meet the needs of children and young people and older people. In addition to this, there may be certain population groups whose pathway to seeking unscheduled mental health care and support may contain more barriers and challenges compared to others, such as those with no or little knowledge of the English language.	services. In terms of communication difficulties when seeking help or during the assessment process, work has commenced on how to access urgent mental health care and support, with long-term plans of producing tailored messaging for different equalities groups recognising their specific challenges Work is being progressed to begin collecting equalities demographic data for unscheduled care. The evidence and consultation stages of our EQIA will ensure that we develop the MHUC pathway to reduce as many of these barriers and challenges as possible. This action will contribute to improving the following issues in relation to MHUC: • Experiences of minority stress, discrimination and trauma, and training for support of equalities groups: we are aware that some minority ethnic groups' experiences of living in hostile and/or stressful environments have distinct impacts on their mental health. While this action does not tackle or address this social determinant, we will work with our stakeholders on the MHUC Network and colleagues within Scottish Government to ensure that emergency services and

		Health Boards provide regular training in relation to cultural competency and sensitivity. • Lack of targeted/inclusive information: we are aware that some minority ethnic groups, including immigrants and refugees/asylum seekers are unaware of the available services or how to access them, causing a barrier to accessing urgent mental health support. We will develop tailored and targeted messaging to address the inequities that some equalities group may experience with accessing services. This tailored and targeted messaging will take into consideration the content and format requirements that some equalities group might need. • Choice and agency in support received: we know that a lack of agency or choice in what services are made available or how support is provided may impact some minority ethnic group's experiences of using services. We will explore with stakeholders on the MHUC Network whether there are measures or resources that can be introduced to mitigate this.
Religion or belief	Actions under this priority will have a neutral impact on advancing equality of opportunity and promoting good relations between people from different protected characteristic groups	There is a lack of qualitative and quantitative data for people with a religion or belief. We will engage with faith and belief groups when taking forward the Suicide Prevention

	and those with a religion or belief. Religion and belief are considered in our Suicide Prevention Strategy in the context of support and community, which may be a risk or protective factor. The Suicide Prevention Strategy aims to build equality of response and access to support, across equalities groups who may be affected by suicide. There are no positive or negative impacts identified for this group. Action to improve MHUC pathways will neither positively nor negatively impact on people of different religions or beliefs. However, the overlap between certain faith groups and minority ethnicities cannot be overlooked as they experience many similar drivers of mental health inequalities. Therefore, a positive impact is anticipated for those of certain religious and minority ethnic groups.	Strategy which will help us build our understanding of the prevalence, barriers and effective intervention.
Sex	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for both men and women. The most common forms of violence against women are domestic abuse and sexual violence. Evidence suggests that around a third of women who have faced extensive physical	We will continue to build our understanding of the differing needs of men and women through our suicide reviews work. Our work in communities will also help our understanding of the intersectionality of factors affecting both sexes and how these might be addressed. We plan to engage further with equalities groups to better understand and address issues identified.

	and sexual violence in both childhood and adulthood have attempted suicide and around a fifth have self-harmed. Statistically men are at higher risk of completing suicide whilst women may make more attempts. Implementing the Suicide Prevention Strategy will have a positive impact on advancing equality of opportunity and promoting good relations for both men and women as it recognises that different approaches may be needed to support men and women. Whilst it does not directly address unlawful discrimination, the Strategy can help to eliminate any indirect discrimination towards men in accessing the support and services they need. By building equality of response and access to support, across equalities groups who may be affected by suicide the Strategy promotes equality of opportunity for both men. There may also be an indirect effect through work on reducing stigma around suicide that will promote good relations between different protected characteristic groups and men as well. Whilst limited, evidence currently tells us that more women than men use self-harm. By the end of 2023 we will have published Scotland's first dedicated Self-Harm Strategy and Action Plan. Recognising prevalence amongst some marginalised groups,	We will work with our partners across the Violence Against Women sector to ensure that suicide prevention is embedded within the refreshed Equally Safe Strategy, and within the approach of individual partner organisations. The DBI evaluation recommended further research, including on the factors associated with increased distress among some individuals at the end of Level 2. This and several other recommendations on ways to improve how DBI is provided are being considered, and where possible taken forward by the Programme Manager in liaison with SG policy team and the wider DBI community. Men may be unaware of the options for support available to them, and mental health stigma may prevent them from accessing support. Work has commenced on how to access urgent mental health care and support, with long-term plans of producing tailored messaging for different equalities groups recognising their specific challenges. Action to improve Mental Health Unscheduled Care (MHUC) pathways will contribute to addressing the following issues in relation to MHUC:

	including women, it will commit to an inclusive set of actions, taking a tailored approach to reaching and deepening understanding of self-harm in diverse communities and settings and working to improve responses will particularly benefit them. This will have a positive impact on advancing equality of opportunity for women. The Distress Brief Intervention programme is currently accessed by a higher proportion of women. However, the current model currently seems to work less well for women. Action to achieve full coverage of DBI will have a positive impact on advancing equality of opportunity. While this action doesn't tackle loneliness and isolation, and poverty and deprivation, it will ensure that those experiencing distress or crisis as a (in)direct result of these determinants are supported to the appropriate onward care service. Action to improve Mental Health Unscheduled Care (MHUC) pathways will have a positive impact on eliminating unlawful discrimination and advancing equality of opportunity for both men and women. We will consider and tackle the range of barriers they both face in accessing support through this action.	• Lack of targeted information: we are aware that men have reported a lack of targeted communication as a barrier to accessing and using mental health services, for example as a result of language being too clinical in nature. We will develop tailored and targeted messaging to address the inequities that some equalities group may experience with accessing services. This tailored and targeted messaging will take into consideration the content and format requirements that some equalities group might need. • Diagnostic overshadowing: we are aware that women are at risk of having their mental health concerns dismissed or attributed to another (existing) condition. We will be working with our stakeholders on developing mitigations to prevent these at risks groups from having their urgent mental health concerns overlooked. • Experiences of minority stress, discrimination and trauma, and training for support of equalities groups: we know that women and girls who have experienced trauma as a result of violence or domestic abuse are more likely to experience trauma, and that trauma informed approaches can have a positive impact on their experience of using urgent mental health services. We will work with our stakeholders

		on the MHUC Network and colleagues within to ensure that all emergency services and health and care professionals providing urgent and unplanned mental health support receive regular trauma-informed training. • Choice and agency in support received (women and girls): we know that a lack of agency or choice in what services are made available or how support is provided may impact on some group's experiences of using services. We will explore with stakeholders on the MHUC Network whether there are measures or resources that can be introduced to mitigate this.
Marriage & Civil Partnership	We do not anticipate any negative impacts for this group.	
Poverty and low income	Suicide rates are closely linked to deprivation levels and remain disproportionately high in deprived areas. The Suicide Prevention Strategy aims to address the social and economic determinants that lead to suicide (including poverty) and promote equality of opportunity for individuals to access the support and services they need to reduce their risk of suicide. The whole of Government and society approach to suicide prevention ensures that suicide prevention is embedded across a	We will take forward work to address the key risk factors and the early interventions which will help provide the right support at the earliest opportunity where there is an increased risk of suicidal ideation. This will include work to address child poverty, money & debt advice, social isolation & loneliness etc.

	range of policies to address the social determinants of suicide e.g. poverty and homelessness and to ensure that every opportunity is taken to support someone who is suicidal. It actively focuses on groups at higher risk of suicide including people living in poverty. Evidence tells us that those who are living in more deprived areas are more likely to self-harm. Actions within the Self-Harm Strategy should benefit this group and in addition our connecting work with determinants of distress should also provide benefit. A significant proportion of people referred to DBI cite poverty and debt as a main or contributory factor. Action to achieve full coverage of the Distress Brief Intervention programme will have a positive impact on advancing equality of opportunity to access support. The socio-demographic profile of gamblers appears to change as gambling risk increases, with harmful gambling associated with people who are unemployed and among people living in more deprived areas. This suggests harmful gambling is related to health inequalities. This work is too early in development to determine impacts, but we do not anticipate taking forward any actions with a negative impact, and we anticipate will have a positive impact on those people in poverty and low-income	

	groups. We will work with key partners to understand the mental health harms related to gambling and explore ways to raise awareness of these harms and support people effectively. Action to improve MHUC pathways will have a positive impact on eliminating unlawful discrimination and advancing equality of opportunity. This policy is working on improving and expanding the available onward care options available to people presenting in distress or crisis as a direct or indirect result of low income of poverty. Evidence states poverty is a key contributory factor in homelessness and is a precursor to homelessness for most (but not all) of those who experience it. Action to proactively provide support which helps prevent people from becoming homeless through mental health services will have a particular benefit to those living in poverty and low income.	
Geographical location	Accessibility of mental health services can be a challenge in rural areas, alongside stigmatising attitudes to mental health which can act as a barrier to accessing support in some close communities. Our Suicide Prevention Strategy sets out to ensure we meet the suicide prevention needs of the whole population whilst considering key risk factors. We	We will undertake tests of change to understand more about the needs of groups with heightened risk of suicide, which is likely to include working with trusted intermediaries. This work is still to be fully scoped, however there is potential learning to allow for focussed suicide prevention approaches to support people from island communities; which

	will ensure our work is relevant for urban, rural, remote and island communities. Action to achieve full coverage of the Distress Brief Intervention Programme will allow more availability and choice in the support received. There is a national offering via NHS24 which ensures that rural and island communities can also access the service. Once fully embedded they will also be able to access in locality area. DBI will be available via local referral routs all HSCP areas by March 2024, including island communities. Action to improve Mental Health Unscheduled Care (MHUC) pathway has been introduced across Scotland. The pathway will provide access to urgent or unscheduled mental health and/or distress care and support to anyone who may require it. There may be certain population groups whose pathway to seeking unscheduled mental health care and support may contain more barriers and challenges compared to others, for example people living in remote and rural areas. The evidence and consultation stages of our EQIA will ensure that we develop the MHUC pathway to reduce as many of these barriers and challenges as possible.	complements existing work taking place in West Highlands and Skye. We are aware that many resources can be central based leaving island and rural communities excluded. One of our geographic pilots is based in the Highlands and Islands to inform our work. We will continue ongoing engagement with rural and island Boards to understand their specific challenges and barriers to implementing and developing the MHUC pathway locally, including resourcing shortages, challenges around transporting people off-island, and providing care closer to home where people may have difficulties accessing the assessment location. Work is being progressed to begin collecting data for unscheduled care which will provide further insight into inequalities experienced by the island population.

Priority 5: Work across Scottish and Local Government and with partners to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions focus on the social determinants that impact on people's mental health and wellbeing at population level. However, we anticipate some of groups will be impacted indirectly. Therefore, we anticipate actions to address the social determinants of mental health may have a positive impact on eliminating discrimination, advancing equality of opportunity, and promoting good relations between protected characteristic groups, across the range of protected characteristics as they seek to tackle the underlying causes of poor mental health. This will depend on how the actions are scoped and implemented. Actions will benefit children and younger people as it seeks to complement work being taken forward across the Scottish Government, including tackling child poverty.	We will take forward a range of priority actions on mental health and wellbeing to support the Best Start, Bright Futures Tackling Child Poverty Delivery Plan; the Promise; Whole Family Wellbeing Funding and national approaches to Fair Work, as well as actively ensuring that there is a focus on these in our wider mental health and wellbeing policies. These will benefit children and young people, particularly those facing greatest socio-economic disadvantage. The focus of this work is to identify and implement a range of measures to address the social determinants causing mental health inequalities. Consideration should be given to the issue of loneliness and isolation disproportionately experienced amongst older people.
Disability	There is a potential for positive impact on people with disabilities. This will depend on how the actions are implemented.	The focus of this work is to identify and implement a range of measures to address the social determinants causing mental health inequalities. Consideration should be given to people with disabilities, particularly on the

		issues of poverty and deprivation and experiences of minority stress, discrimination and trauma, including hate crime, which people with disabilities disproportionately experience.
Sexual orientation	There is a potential for positive impact on LGBTI+ people. This will depend on how the actions are implemented. Implementation of the Veterans Mental Health and Wellbeing Action Plan may positively impact veterans services making them more LGBTI+ inclusive.	The focus of this work is to identify and implement a range of measures to address mental health inequalities. Consideration should be given LGBTI+ people, particularly on the issue of minority stress, discrimination and trauma, including harassment and hate crime, which they disproportionately experience. We will continue to work with stakeholders such as Fighting with Pride, a LGBTI+ military charity, to address the needs of LGBTI+ veterans in the implementation of the Veterans Strategy.
Gender reassignment	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.
Pregnancy and maternity	We have identified no negative impacts of actions under this priority. Measures are taken elsewhere in the delivery plan to address inequalities.	While we will take account of the needs of people experiencing poor mental health as a result of pregnancy and maternity we would look to other parts of the delivery plan to focus on addressing this more fully.
Race	There is a potential for positive impact on minority ethnic people. This will depend on how the actions are implemented.	The focus of this work is to identify and implement a range of measures to address mental health inequalities. Consideration should be given

		to minority ethnic people, particularly on the issues of poverty and deprivation and minority stress, discrimination and trauma, including racialised and generational trauma, which minority ethnic people disproportionately experience
Religion or belief	There is a potential for positive impact on people from certain religious groups. This will depend on how the actions are implemented.	The focus of this work is to identify and implement a range of measures to address mental health inequalities. Consideration should be given to people with a religion or belief particularly on the issue of minority stress, discrimination and trauma including islamophobia and antisemitism, which they disproportionately experience.
Sex	There is a potential for positive impact on women and men. This will depend on how the actions are implemented.	The focus of this work is to identify and implement a range of measures to address mental health inequalities. Consideration should be given to the different needs between the sexes, and particularly women and girls on the issues of poverty and deprivation; experiences of minority stress, discrimination and trauma, including gender-based violence; and loneliness and isolation (particularly at certain life stages such as with children and in older women).
Marriage & Civil Partnership	We do not anticipate any negative impacts for this group.	
Poverty and low income	Poverty and low income is a social determinant of poor mental health. Evidence demonstrates that people living in poverty face significantly higher levels of poor mental health than the rest of the	The focus of this work is to identify and implement a range of measures to address mental health inequalities. The needs of those experiencing poverty will be prioritised

	population. By embedding mental health considerations into the on-going delivery of programmes such as Best Start Brighter Futures Tackling Child Poverty Delivery Plan, Whole Family Wellbeing Funding and national approaches to Fair work, actions will seek to address poverty and deprivation and better support at-risk individuals. A high proportion of veterans in Scotland live in Scotland's most deprived areas. Action to implement the Veterans Mental Health and Wellbeing Action Plan will support those veterans living in poverty and low income. Better signposting to mental health and other services (such as help with employability or housing) for veterans will contribute to better mental health outcomes for veterans living in low income/poverty.	within this work. Particular consideration should be given to addressing the impacts of poverty and deprivation on minority ethnic people, women and girls and disabled people who evidence shows are most impacted by poverty and deprivation.
Geographical location	Geographic inequalities generally relate to barriers to access of supports and services across Scotland. While other measures across the delivery plan will focus on these we do not anticipate they will be a significant focus within work on social determinants. One of the principles of the Veterans Mental Health and Wellbeing Action Plan is equal access to mental health and wellbeing services for veterans' regardless of where they live. Its implementation will improve access and referral routes to dedicated mental health services for veterans across Scotland,	While we will take account of the needs of people across different communities we would look to other parts of the delivery plan to be the focus of reducing geographic inequalities, whilst retaining local flexibility to deliver according to local need.

	including in island communities.	

Priority 6: Improve mental health and wellbeing support in a wide range of settings with reduced waiting times and improved outcomes for people accessing all services, including Child and Adolescent Mental Health Services (CAMHS) and psychological therapies.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations across protected characteristics for the protected characteristic of age. Particularly for children and young people. Children and young people are more likely to experience longer waiting times to support. The policy to meet the CAMHS waiting times standard and clear backlogs will ensure that 90% of children and young people who are eligible for treatment in CAMHS are seen within 18 weeks. This will ensure timely access to services, eliminating discrimination and promoting equality of opportunity. Children and young people are more likely to lack agency or choice in what services are available and how support is provided. The CAMHS and Neurodevelopmental Standards outline expectations of the importance of a rights based approach to care and the importance of choice and agency in accessing services.	All Boards are to provide trajectories for meeting the standard on waiting times in their Annual Delivery Plans. CAMHS and Psychological Therapy waiting times (which have a separate over 65 category) will be monitored through monthly management information. Boards which are not on trajectory, or continue to have poor performance for these age groups, will receive tailored improvement support and meetings with local senior management teams will be set up. If unequal access, treatment or experience of services is identified within data analysis based on age following improvements in collection, this will be picked up in our engagement with Boards. We will pilot and implement the core mental health standards, including a standard that supports transitions between children's and adult services.

	Transitions between children's and adult services can also be more challenging. The core standards support improved sharing of information between services which aims to improve the quality of experiences and outcomes. Older adults are less likely to receive Psychological Therapies treatment in Scotland, though psychological interventions are effective amongst older people. We know there are many barriers to older people accessing services including a lack of information. Actions elsewhere in the Delivery Plan seek to address this. The National Specification for Psychological Therapies reaffirms individuals will be offered choice in how they engage with offers of treatment and it will be based on evidence and best practice. They will be supported to get access to the local options for treatment that are available and accessible to them (e.g. digital, group work, or in person). This should take account of the person's ability to access the type of help recommended and will take account of views and protected characteristics (e.g. intellectual disabilities) of those accessing Psychological Therapies. Action to develop regional community services in three care pathways in CAMHS: learning disability; forensic and secure care will be particularly beneficial to children and young people.	

	Action to establish a National Eating Disorder Network will look to improve eating disorder support for all ages, but predominantly will look to improve early intervention approaches which will more likely impact children and young people in the first instance. First episode psychosis most often presents at the critical stage in a young person's life when community, societal roles, educational and vocational achievement are being shaped. Early Intervention in Psychosis provides care aligned with the life stage model which identifies that early intervention for psychosis is relevant at various key stages of development and key transitions – particularly for young people. Improving the gathering, reporting and use of information on patient journeys, protected characteristics, outcomes and experiences of people seeking care and support from key services enables social inequalities to be measured. Having age as an intersectional variable for service access and patient experience data will enable identification of any unequal access, treatment or experience in robust analysis. Action to deliver a Scottish Benchmarking Network with the aim of moving to a self-improving system will have a positive impact on eliminating discrimination and advancing equality of opportunity	

	for all ages. The project will provide data disaggregated by age, which is not possible from the current national data collections, to improve local understanding about variations between services and across areas. The Children and Young People Mental Health Core project will identify any unequal service provision or experience between age groups and use this to inform development of future policy and decision making. It also has an Adult and older people core project. Policies will in turn be better evidenced, and decisions involving Boards/Service provision can be better informed. A recent study by Which? found that a quarter (26%) of people aged 18 to 34 and one in five (20%) who earn under £21,000 a year said they did not know what power of attorney was, compared to just seven per cent of those aged over 55 and one in 10 (10%) of those who earn over £56,000. Action to improve awareness of the functions and operation of the Adults with Incapacity (Scotland) Act 2000, will promote taking out power of attorney for younger age groups which should make them feel more in control of their outcomes.	
Disability	Actions under this priority will have a positive impact on eliminating unlawful discrimination and advancing equality of opportunity for people	We will pilot and implement the core mental health standards. This will include standards that support choice in the care people receive and

	with disabilities and on promoting good relations between different protected characteristic groups. Actions on waiting times will aim to improve timely access across all groups including those living with disabilities. The core mental health standards developed outline expectations of a rights based approach to care and highlight the importance of choice and agency in accessing services. Meeting these standards will bring particular benefit to people with disabilities who can often lack agency or choice in what services are available and how support is provided. Disabled people will also benefit from core standard 4.4. which aims to ensure all staff have completed equalities and diversity awareness training. If individuals have difficulty understanding or consenting to treatment offered (e.g. associated with having learning difficulties or dementia), they can get support from a carer or professional. Services will also consider peer support workers as roles that can aid recovery for others, and those with lived experience should be considered as valuable members of the community who can help shape services and systems. Any treatment plans or recommendations about psychological practice offered will be provided in a format that people can understand. Where possible, this will be developed	promote staff diversity training. If unequal access, treatment or experience of services is identified for disabled people in forthcoming patient experience surveys this will be picked up in our engagement with Boards.

	jointly with professionals, to help individuals understand their needs. Disabled people may also face barriers in accessing services, particularly in rural areas. There is a need for better data, so that we can see where there is variability in access and work with Boards to improve. Action to include limiting long-term conditions as an intersectional variable in forthcoming patient experience surveys will help towards this. Action to deliver a Scottish Benchmarking Network will also provide benefit to people with disabilities as it will allow comparisons between the main service portfolios of specialist providers of care for people with a learning disability and autistic people and quantify the nature and shape of services provided. This will help identify any unequal service provision or experience for those with a Learning Difficulty and use this to inform future policy and decision making.	
Sexual orientation	Actions under this priority will have a positive impact on eliminating unlawful discrimination and advancing equality of opportunity for people who identify as LGB+ and on promoting good relations between groups with different protected characteristic. Actions on waiting times will aim to improve timely access across all groups including LGB+ people whose mental wellbeing scores	We will pilot and implement the core mental health standards. Including standards supporting stigma free care, patient choice and staff diversity training. If unequal access, treatment or experience of services is identified for LGB+ people in patient experience surveys this will be picked up in our engagement with Boards.

	are lower on average than that of the heterosexual population. LGB+ people will also benefit from specific core standards on providing care in an environment free from stigma and giving consideration to people's experiences, personal circumstances and requirements. Core standard 4.4 also aims to ensure all staff have completed equalities and diversity awareness training. LGB+ people can experience a higher prevalence of eating disorders. Through the implementation of the National Specification for the Care and Treatment of Eating Disorders in Scotland which will ensure that characteristics such as sexual orientation are not a barrier to accessing support for an eating disorder. LGB+ people may also face barriers in accessing services, particularly in rural areas. Action to report on sexual orientation as an intersectional variable in patient experience surveys will help to identify and work with Boards to eliminate any differences in access, treatment and experience.	
Gender reassignment	The above discussion (see sexual orientation) also relates in part to people with the protected characteristic of gender reassignment. Whilst the CAMHS and Psychological Therapies waiting	The above discussion (see sexual orientation) also relates in part to people with the protected characteristic of gender reassignment. The relatively small size of the transgender population

	times do not include specialist gender reassignment services, all eligible for CAMHS/Psychological Therapies treatment will benefit from shorter waiting times.	prohibits the collection of robust statistics, however targeted research would be useful to help develop policies to better support and meet the needs of transgender people. If unequal access, treatment or experience of services is identified for transgender people through, for example research or lived experience testimony, this will be picked up in our engagement with Boards.
Pregnancy and maternity	Actions under this priority will have a positive impact on eliminating unlawful discrimination and advancing equality of opportunity for pregnant people and people in the maternity period and promoting good relations between different protected characteristic groups. The core mental health standards on providing care in an environment free from stigma and given consideration to people's experiences, personal circumstances and requirements should benefit women in the perinatal period who can experience stigma as a barrier to accessing support. They also highlight the importance of including people's support networks in their care if they want them to be and of signposting support networks to support themselves. This will be beneficial to the families of women in the perinatal period and for reducing loneliness and	If unequal access, treatment or experience of services is identified within data analysis for those in the perinatal period, following improvements in collection, this will be picked up in our engagement with Boards. We will pilot and implement the core mental health standards. Including standards supporting stigma free care, patient choice and transitions.

	isolation. Action to expand the gathering, reporting and use of information on patient journeys, protected characteristics, outcomes and experiences of people seeking care and support from key services will enable these social inequalities to be measured. We will ensure 'perinatal patient' is an intersectional variable for service access and patient experience data.	
Race	Actions under this priority will have a positive impact on eliminating unlawful discrimination and advancing equality of opportunity for minority ethnic people and on promoting good relations between different protected characteristic groups. Actions on waiting times will aim to improve timely access across all groups including minority ethnic people. Stigma and lack of trust in services are barriers to accessing services for minority ethnic people. The core mental health standards developed will help in addressing these. These outline the need to provide information on other sources of support, on accessibility of information and the need to receive care based on social and cultural needs. Core standard 4.4 also aims ensure all staff have completed equalities and diversity awareness training. Core standard 2.1 also highlights the importance of choice and agency	We will provide ethnic group as an intersectional variable for service access and patient experience data which will enable identification of any unequal access, treatment or experience in robust analysis. If unequal access, treatment or experience of services is identified within data analysis for minority ethnic people, this will be picked up in our engagement with Boards. We will pilot and implement the core mental health standards. Including standards supporting stigma free care, improvement in accessibility of information, staff diversity training and patient choice.

	in accessing services which we know is another inequality that minority ethnic people face. Overall, migrants and ethnic minorities tend to face higher rates of psychosis. The reasons behind this pattern vary and have been linked to sociocultural exclusion (Jongsma et al., 2021). Also, research indicates there is evidence of barriers to accessing services for people from minority ethnic groups (Memon et al., 2016; NHS Race & Health Observatory, 2022). Early Intervention in Psychosis contributes to the expansion of support available in distress and crisis by picking up people in their first episode of psychosis and providing them the right treatment to meet the distress and crisis that a first episode of psychosis represents. The services aim to provide a non-discriminatory service to all patients referred. Reaching all groups is part of the outreach work that is key to the Early Intervention in Psychosis model. The NICE guidelines state: Early intervention in psychosis services should ensure that culturally appropriate psychological and psychosocial treatment is provided to people from diverse ethnic and cultural backgrounds ensuring they address cultural and ethnic differences in beliefs regarding biological, social and family influences on mental states. Actions to deliver a Scottish Benchmarking Network with the aim of moving to a self-improving	

	system. The project will provide data disaggregated by minority ethnic groups, which is not possible from the current national data collections, to improve local understanding about variations between services and across areas. Identify any unequal service provision or experience between ethnicity and use this to inform future policy and decision making. Improving the gathering, reporting and use of information on patient journeys, protected characteristics, outcomes and experiences of people seeking care and support from key services enables social inequalities to be measured. Providing 'ethnic group' as an intersectional variable for service access and patient experience data will enable identification of any unequal access, treatment or experience in robust analysis.	
Religion or belief	Actions under this priority will have a positive impact on advancing equality of opportunity for people who have a religion or belief and on promoting good relations between different protected characteristic groups. Actions on waiting times will aim to improve timely access across all groups including people with a religion or belief. Stigma and lack of trust in services are barriers to accessing services for people from some faith and belief groups. The core mental health standards	We will pilot and implement the core mental health standards. Including standards supporting stigma free care, improvement in accessibility of information and staff diversity training. We will provide religion or belief as an intersectional variable in patient experience surveys, which will enable the identification of any unequal access, treatment or experience in robust analysis. If unequal access, treatment or experience of services

	developed will help in addressing this. They outline the need to provide information on other sources of support, on accessibility of information and the need to receive care based on social and cultural needs. Core standard 4.4 also aims ensure all staff have completed equalities and diversity awareness training.	based on religion or belief is identified in patient experience surveys, this will be picked up in our engagement with Boards.
Sex	Actions under this priority will have a positive impact on tackling discrimination, advancing equality of opportunity for both men and women and on promoting good relations between different protected characteristic groups. Action on waiting times will aim to improve timely access across all groups including both men and women. Core standard 4.4 aims to ensure all staff have completed equalities and diversity awareness training. This should improve the standard and experience of services and promote good relations between the workforce and men and women accessing services. Actions to deliver a Scottish Benchmarking Network with the aim of moving to a self-improving system will provide data disaggregated by sex, which is not possible from the current national data collections. This will improve local understanding about variations between services and across areas and help identify any unequal	We will provide sex as an intersectional variable for service access and patient experience data. This will enable identification of any unequal access, treatment or experience in robust analysis. If unequal access, treatment or experience of services is identified within data analysis based on sex, this will be picked up in our engagement with Boards. The National Eating Disorder Network will look to improve, influence and share research in relation to eating disorders, which will include in relation to sex. We will pilot and implement the core mental health standards. Including standards supporting stigma free care and staff diversity training.

	serviceprovision or experience between sex and use this to inform future policy and decision making. Policies will in turn be better evidenced, and decisions involving Boards/Service provision can be better informed. Improving the gathering, reporting and use of information on patient journeys, protected characteristics, outcomes and experiences of people seeking care and support from key services enables social inequalities to be measured. Providing sex as an intersectional variable for service access and patient experience data will enable identification of any unequal access, treatment or experience in robust analysis.	
Marriage & Civil Partnership	There are no specific actions under this priority that have a particular focus on marriage and civil partnership, but given the inclusive and person-centred approach to many actions, positive impacts may be possible. It is unlikely there will be any negative impacts on the basis of marriage and civil partnership.	
Poverty and low income	Improving the gathering, reporting and use of information on patient journeys, protected characteristics, outcomes and experiences of people seeking care and support from key services enables social inequalities to be measured. Providing the Scottish Index of Multiple Deprivation (SIMD) as an intersectional variable for service access and patient experience data will enable identification of	Provide SIMD as an intersectional variable for service access and patient experience data to enable identification of any unequal access, treatment or experience in robust analysis. Furthermore provide employment status as a variable in patient experience surveys.

	any unequal access, treatment or experience for people from lower social-economic backgrounds in robust analysis. Action on Incapacity Law reform aims to ease access to obtaining a power of attorney and reduce the costs for low income families which should reduce barriers to uptake.	
Geographical location	Actions on the Psychological Therapies waiting times standard will likely benefit groups who are more likely to face longer waiting times for services, including people living in remote and rural areas as we focus on eliminating variation in waiting times across geographical and service boundaries. Impact should be positive, with regard to shorter waiting times, for all eligible for CAMHS and Psychological Therapies treatment. A key aim of the core mental health standards developed is to reduce unwanted variation in services regardless of geographical location. This should particularly benefit those living in remote, rural and island settings who have less favourable access to mental health services based on geographical inequalities. These outline that where ever support can safely be delivered closer to home, this should be the preference. Standards 3.1 and 3.2 also support transitions, which should help improve transitions in rural areas that can be more challenging.	Island and rural Boards to provide trajectories for meeting the standard in their Annual Delivery Plans. CAMHS and PT waiting times will be monitored through monthly management information. Boards which are not on trajectory, or continue to have poor performance for these age groups, will receive tailored improvement support and meetings with local senior management teams will be set up. We also have a specific programme of engagement with island and rural Boards to understand the unique issues that they face and to work with them to resolve. We will pilot and implement the core mental health standards. This will include standards that support care being delivered close to home and transitions. We will provide geography as an intersectional variable for service access and patient experience data, which will

	The longer the period of psychosis is untreated the more difficult it is to effectively treat. Rurality, geographical size and the spread of services across an area can influence access. There is significant variation in the provision of care and treatment for people with first episode psychosis across Scotland. Work on early intervention psychosis will seek to resolve some of these issues. Actions to deliver a Scottish Benchmarking Network with the aim of moving to a self-improving system provide access to more (statistically) powerful comparisons than we would otherwise be able to generate in Scotland alone. This will provide opportunity to create 'peer groups' of locations across the UK that are similar in size and profile (e.g. socio-economic), for better comparison and allow us to identify variations in service provision and experience between different geographical areas and use this to inform future policy and decision making. Improving the gathering, reporting and use of information on patient journeys, protected characteristics, outcomes and experiences of people seeking care and support from key services enables social inequalities to be measured. Providing geography as an intersectional variable for service access and patient experience	enable identification of any unequal access, treatment or experience in robust analysis.

	data will enable identification of any unequal access, treatment or experience in robust analysis.	

Priority 7: Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions under this priority will have both neutral and positive impacts on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for people of various ages. Actions focussed on improving the governance, planning and delivery of mental health services will ensure people receive the care that they need as close to home as possible. Our approach will reflect the principles of Getting it Right for Everyone (GIRFE) and Getting it Right for Every Child (GIRFEC) on joined-up preventative care and partnership work so that future service delivery is informed by knowledge of existing provision, unmet demand, and the requirements of remote, rural and Island communities and minority and at-risk groups. It is anticipated this work will indirectly have significant benefits in the long term as improvements to the planning landscape are made. We have an increasing population of older people with complex health and social care	Trauma, equalities and risk-informed approaches to improving services will be essential to identifying and supporting groups who face specific challenges. To maximise the positive impact we have included a specific action around mainstreaming equality into planning to make it explicit that the mechanisms we develop will need to be able to work with, gather and use equalities data as part of parcel of good planning functions. However, the benefit is unlikely to be realised in the first 18 months. Reference to equality should be built into the terms of the National Strategic Oversight group. Specific EQIAs for these actions should be kept live and under review. Continue to monitor and target action to ensure that all people in prisons can access mental health care and treatment.

	needs in prison. Therefore we anticipate action to improve access to appropriate mental health support in prison will have a positive impact on advancing equality of opportunity for older people. Whilst not targeting specific groups, action to ensure support for those with co-occurring mental health and substance use conditions receive improved care across Scotland will benefit those who have higher rates of substance use and mental health conditions. As young people have higher rates of substance use and 75% of mental health conditions are established by age 25, we anticipate this action will have a positive impact on advancing equality of opportunity for young people, ensuring they get the support they need. Action on establishing standards (quality statements) for and improving the built environment of in patient mental health settings will be beneficial to older people by ensuring buildings are accessible to patients (e.g. accommodating those with mobility difficulties), are set up to promote improved communication (e.g. by promoting an environment that facilitates communication between patients and staff), and also ensure patient privacy and dignity.	
Disability	Actions under this priority will have both neutral and positive	Trauma, equalities and risk-informed approaches to

	impacts on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for people with disabilities. Actions focussed on improving the governance, planning and delivery of mental health services are anticipated to have a long term positive impact on promoting equality of opportunity for protected characteristic groups, including people with disabilities. Action to improve access to appropriate mental health support in prison targets the whole prison population, a population who have often already experienced multiple health and social inequalities. We anticipate work will have a positive impact on promoting equality of access to support across a range of protected characteristic groups, including disabled people. Whilst not targeting specific groups, action to ensure support for those with co-occurring mental health and substance use conditions receive improved care across Scotland will benefit those who have higher rates of substance use and mental health conditions. Therefore actions should have a positive impact on advancing equality of opportunity for those with a mental health condition which falls under the protected characteristic of disability in the Equality Act 2010. Action on establishing standards	improving services will be essential to identifying and supporting groups who face specific challenges. To maximise the positive impact we have included a specific action around mainstreaming equality into planning to make it explicit that the mechanisms we develop will need to be able to work with, gather and use equalities data as part of parcel of good planning functions. However, the benefit is unlikely to be realised in the first 18 months. Continue to monitor and target action to ensure that all people in prisons, including people with disabilities, can access mental health care and treatment.

	(quality statements) for and improving the built environment of in patient mental health settings will be beneficial to people with disabilities by ensuring buildings are accessible to patients (e.g. accommodating those with mobility difficulties), are set up to promote improved communication (e.g. by promoting an environment that facilitates communication between patients and staff), and also ensure patient privacy and dignity.	
Sexual orientation	Actions under this priority will have both neutral and positive impacts on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for LGBTI+ people. Actions focussed on improving the governance, planning and delivery of mental health services are anticipated to have a long term positive impact on promoting equality of opportunity for protected characteristic groups, including LGBTI+ people. Action to improve access to appropriate mental health support in prison targets the whole prison population, a population who have often already experienced multiple health and social inequalities. We anticipate work will have a positive impact on promoting equality of access to support across a range of protected characteristic groups,	Trauma, equalities and risk-informed approaches to improving services will be essential to identifying and supporting groups who face specific challenges. To maximise the positive impact we have included a specific action around mainstreaming equality into planning to make it explicit that the mechanisms we develop will need to be able to work with, gather and use equalities data as part of parcel of good planning functions. However, the benefit is unlikely to be realised in the first 18 months. Continue to monitor and target action to ensure that all people in prisons, including LGBTI+ people, can access mental health care and treatment.

	including LGBTI+ people. Whilst not targeting specific groups, action to ensure support for those with co-occurring mental health and substance use conditions receive improved care across Scotland will benefit those who have higher rates of substance use and mental health conditions. Rates of substance use are higher amongst people who are lesbian, gay, bisexual and transgender. Rates of mental health conditions are also high within this group. This group is therefore likely to proportionally have higher rates of mental health and substance use diagnosis. We anticipate action will have a positive impact on advancing equality of opportunity for LGBTI+ people, ensuring they get the support they need.	
Gender reassignment	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.
Pregnancy and maternity	Actions under this priority will have both neutral and positive impacts on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for pregnant people and people in the maternity period. Actions focussed on improving the governance, planning and delivery of mental health services	Trauma, equalities and risk-informed approaches to improving services will be essential to identifying and supporting groups who face specific challenges. To maximise the positive impact we have included a specific action around mainstreaming equality into planning to make it explicit that the mechanisms we develop will need to be able to work with, gather and

	are anticipated to have a long term positive impact on promoting equality of opportunity for protected characteristic groups, including pregnant people and people in the maternity period. Action to improve access to appropriate mental health support in prison targets the whole prison population, a population who have often already experienced multiple health and social inequalities. We anticipate work will have a positive impact on promoting equality of access to support across a range of protected characteristic groups, including pregnant people and people in the maternity period.	use equalities data as part of parcel of good planning functions. However, the benefit is unlikely to be realised in the first 18 months. In the community, there are stigmas around perinatal mental health needs which can act as a barrier to seeking health. There are also challenges to accessing specialist care. Continue to monitor and target action to ensure that all people in prisons, including pregnant people and people in the maternity period, can access mental health care and treatment.
Race	Actions under this priority will have both neutral and positive impacts on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for minority ethnic people. Actions focussed on improving the governance, planning and delivery of mental health services are anticipated to have a long term positive impact on promoting equality of opportunity for protected characteristic groups, including minority ethnic people. Action to improve access to appropriate mental health support in prison targets the whole prison population, a population who have often already experienced multiple health and social inequalities. We anticipate work	Trauma, equalities and risk-informed approaches to improving services will be essential to identifying and supporting groups who face specific challenges. To maximise the positive impact we have included a specific action around mainstreaming equality into planning to make it explicit that the mechanisms we develop will need to be able to work with, gather and use equalities data as part of parcel of good planning functions. However, the benefit is unlikely to be realised in the first 18 months. Factors including mental health stigma within some communities, lack of awareness of available services due to lack of

	will have a positive impact on promoting equality of access to support across a range of protected characteristic groups, including minority ethnic people. Action on establishing standards (quality statements) for and improving the built environment of in patient NHS mental health settings will be beneficial to minority ethnic people. It will improve the cultural environment, creating spaces for those with diverse cultural, religious and linguistic needs. This may promote positive relations between different protected characteristic groups.	information or accessible communication and lack of trust in formalised mental health services due to poor experiences are highlighted as some barriers to accessing mental health care experienced by minority ethnic communities. There is a need to consider targeting and ways to monitor impacts on this group more specifically in future work. Continue to monitor and target action to ensure that all people in prisons, including minority ethnic people, can access mental health care and treatment.
Religion or belief	Actions under this priority will have both neutral and positive impacts on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for those who have a religion or belief. Actions focussed on improving the governance, planning and delivery of mental health services are anticipated to have a long term positive impact on promoting equality of opportunity for protected characteristic groups, including those who have a religion or belief. Action to improve access to appropriate mental health support in prison targets the whole prison population, a population who have often already experienced	Trauma, equalities and risk-informed approaches to improving services will be essential to identifying and supporting groups who face specific challenges. To maximise the positive impact we have included a specific action around mainstreaming equality into planning to make it explicit that the mechanisms we develop will need to be able to work with, gather and use equalities data as part of parcel of good planning functions. However, the benefit is unlikely to be realised in the first 18 months. In the community, the role of discrimination against religious minorities is highlighted as a barrier to being aware of the help that is available, as well as stigma. Language barriers

	multiple health and social inequalities. We anticipate work will have a positive impact on promoting equality of access to support across a range of protected characteristic groups, including people with a religion or belief. Action on establishing standards (quality statements) for and improving the built environment of in patient mental health settings will be beneficial to minority ethnic people. It will improve the cultural environment, creating spaces for those in religion or faith groups. This may promote positive relations between different protected characteristic groups.	are also noted as being issues which could restrict access to services. Continue to monitor and target action to ensure that all people in prisons, including people with a religion or belief, can access mental health care and treatment.
Sex	Actions under this priority will have both neutral and positive impacts on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations among and between different groups for both men and women. Actions focussed on improving the governance, planning and delivery of mental health services are anticipated to have a long term positive impact on promoting equality of opportunity for protected characteristic groups, including both men and women. Action to improve access to appropriate mental health support in prison targets the whole prison population, a population who have often already experienced	Trauma, equalities and risk-informed approaches to improving services will be essential to identifying and supporting groups who face specific challenges. To maximise the positive impact we have included a specific action around mainstreaming equality into planning to make it explicit that the mechanisms we develop will need to be able to work with, gather and use equalities data as part of parcel of good planning functions. However, the benefit is unlikely to be realised in the first 18 months. Continue to monitor and target action to ensure that all people in prisons can access mental

	multiple health and social inequalities. We anticipate work will have a positive impact on promoting equality of access to support across a range of protected characteristic groups, including men and women. Additional funding has been provided for an enhanced healthcare model for the new women's prison, HMP Stirling. This should help ensure the specific healthcare needs of women are met. In the community, men are less likely to access psychological therapies than women. We anticipate action to improve access to appropriate mental health support in prison will therefore have a positive impact on advancing equality of opportunity for men. While men still experience a higher rate of drug related deaths, drug harms are increasing amongst women. Therefore action to ensure support for those with co-occurring mental health and substance use conditions receive improved care across Scotland should have a positive impact on advancing equality of opportunity for both men and women, ensuring they get the support they need for their full range of conditions.	health care and treatment.
Marriage & Civil Partnership	Actions under this priority will have a neutral impact on those in a marriage and civil partnership. Actions towards improving the governance, planning and delivery of mental health services	

	are anticipated to have a long term positive impact on protected characteristic groups.	
Poverty and low income	Poverty is the single biggest driver of poor mental health, and we know that people living in poverty carry a higher risk of suicide. In 2021 people living in the most deprived areas of Scotland were 15.3 times as likely to die from drug misuse as those from the least deprived areas of Scotland. Therefore, whilst not a targeting specific groups, we anticipate action to ensure support for those with co-occurring mental health and substance use conditions receive improved care across Scotland, should have a positive impact for those living in poverty and low income.	.
Geographical location	Actions under this priority are aimed at improving mental healthcare across Scotland. Actions to improve the governance, planning and delivery of mental health services in Scotland are anticipated to have a long term positive impact on people who live in remote, rural or island communities, who can face more barriers to accessing appropriate services. The establishment of a national strategic oversight group will support a coherent approach to planning and delivery of Mental Health services at both national and regional levels.	We will work collaboratively at local, regional and national levels, to support strategic planning and delivery across the whole system to ensure people receive the care that they need as close to home as possible. Our approach will reflect the principles of Getting it Right for Everyone (GIRFE) and Getting it Right for Every Child (GIRFEC) on joined-up preventative care and partnership work so that future service delivery is informed by knowledge of existing provision, unmet demand, and the requirements of remote, rural and Island communities.

Priority 8: Continue to improve support for those in the forensic mental health system.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	The Independent Review of Forensic Mental Health Services highlighted a lack of low secure inpatient care can result in young people being placed in adult Intensive Psychiatric Care Units (IPCUs). Young people requiring medium secure care, including those with a learning disability, are currently placed in specialist provision in England which inevitably takes them away from their support networks. The implementation of the Review's relevant recommendations as part of this delivery plan alongside the establishment of the National Secure Adolescent Inpatient Service will seek to rectify this, eliminating discrimination and advancing equality of opportunity for children and young people. The forensic population is ageing and there is an increase in older adults entering the system for the first time as a result of historic offences. The Scottish Government's census found 9% of people receiving forensic mental health services in NHS Scotland facilities in March 2019 were 65 or older. The Forensic Network's annual inpatient census data indicates that the number of over-65s has risen by 50% in the years from 2013-2019, from 14 to 21 individuals in total. Over the same time period, the number of people aged 56-65 has risen by 27%, from 48 to 61	The implementation of recommendations 52-55 of the Independent Review of Forensic Mental Health Services alongside the establishment of the National Secure Adolescent Inpatient Service will create more specialist, age appropriate care for young people; significantly reduce the need for young people to be placed in England for specialist provision; improve alignment with local CAMHS; and support the transition for those young people who need to transition into adult forensic inpatient units. Implementation of recommendations 56 and 57 of the Independent Review of Forensic Mental Health Services will seek to develop an older adults' pathway that reflects the care and risk management needs of this group and improve staff skills and confidence in the area of older adults health needs.

	individuals. The work on implementation of the Review's relevant recommendations as part of this delivery plan will seek to address the needs of this growing group.	
Disability	The Independent Review of Forensic Mental Health Services heard concerns that people with a learning disability are diverted to secure inpatient settings for offences that might not have been severe enough to receive a prison sentence in the criminal justice system. It also heard of people being subject to these restrictions in hospital for longer than any prison sentence that may have been imposed for a comparable offence. The work on implementation of the Review's relevant recommendations as part of this delivery plan will seek to address these issues.	Implementation of recommendations 43 to 50 of the Independent Review of Forensic Mental Health Services will seek to improve the support of people with learning disabilities in the criminal justice system; gather more evidence of the experience of offenders with learning disabilities compared to offenders from the rest of the population; align learning disability services within forensic services with community learning disability services; improved staff support to provide services to offenders with learning disabilities; and improvements to community accommodation for offenders who have learning disabilities.
Sexual orientation	We do not anticipate any negative impacts for this group.	
Gender reassignment	We do not anticipate any negative impacts for this group.	
Pregnancy and maternity	We do not anticipate any negative impacts for this group.	
Race	We do not anticipate any negative impacts for this group.	
Religion or belief	We do not anticipate any negative impacts for this group.	
Sex	The Independent Review of Forensic Mental Health Services devote a full chapter of its final	Work to progress recommendations 3 and 4 of the Independent Review of

	report to the disadvantages women face in terms of access to and quality of forensic mental health care. The work on implementation of the Review's relevant recommendations as part of this delivery plan will seek to address these issues.	Forensic Mental Health Services will seek to significantly meet the care needs across the forensic mental health system; and to provide high secure provision in Scotland meaning women that level of secure care will no longer need to be placed in England.
Poverty and low income	We do not anticipate any negative impacts for this group.	
Geographical location	We do not anticipate any negative impacts for this group.	

Priority 9: Strengthen support and care pathways for people requiring neurodevelopmental support, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relation among and between different groups for people of various ages. We know that neurodivergent people and people with learning disabilities have high rates of mental ill health and face systematic inequalities to accessing the right care and support. Including long waiting times to access diagnostic services. Strengthening these pathways will ensure timely access to, diagnostic services for neurodivergent people and building workforce capacity including necessary training to deliver them, which will also help address stigma and negative assumptions from wider society towards neurodivergent communities. It fits in with our continued commitment from the Towards Transformation Plan to explore how services and supports can better the meet the mental health	An adult neurodevelopmental service specification will be considered. We will collaborate with people with lived experience, including a older people, to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.

	and wellbeing needs of these communities. We anticipate this will particularly benefit adults who can no longer access children and young people's services, through the establishment of adult neurodevelopmental pathways. We know people with learning disabilities face significant challenges in accessing physical and mental health care, and don't feel empowered to highlight mental health and wellbeing challenges in these settings. Through the roll out of annual health checks for adults with learning disabilities across all NHS Boards, efforts to engage this community around their mental health will be improved. Therefore addressing a number of access barriers for learning disability communities. The target group is inclusive of 16-18 year olds, so would bring direct benefit to these young people. These health checks sit alongside improving primary care practitioners' understanding and awareness of people with learning disabilities needs, which should promote good relations between different protected characteristic groups. Action to consult on and advance proposals to enshrine a human-rights based approach to providing support for neurodivergent people and people with learning disabilities in a Learning Disabilities, Autism & Neurodivergence Bill ("LDAN Bill") should have positive impacts on all protected	

	characteristic groups, across all ages. We envisage it will have a positive impact on a range of mental health inequality drivers. It has the aim of to ensure that the rights of neurodivergent people, and people with learning disabilities, are respected, protected and championed.	
Disability	Neurodivergence and learning disabilities can fall under the definition of disability under the Equality Act 2010. Therefore actions under this priority have a positive impact on eliminating unlawful discrimination, harassment and victimisation, advancing equality of opportunity and promoting good relations among and between different groups and people with disabilities. We know that neurodivergent people and people with learning disabilities have high rates of mental ill health and face systematic inequalities to accessing the right care and support. Including long waiting times to access diagnosis for their neurodivergence (i.e. autism, ADHD, dyslexia) and services not developed with their needs in mind which can lead to diagnostic overshadowing. Therefore strengthening these pathways will ensure timely access to neurodevelopmental assessment, diagnosis and treatments, neurodevelopmentally informed services developed with and for neurodivergent people and building workforce capacity including necessary training to deliver them, which will also help address stigma and negative	Seek to understand changes needed to effectively meet the mental health needs of neurodivergent people by developing pathways working alongside autistic communities in an intersectional manner. Stakeholders should be supported to participate in the development of these pathways. We will collaborate with people with lived experience, including people with disabilities, to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.

	assumptions from wider society towards neurodivergent communities. It fits in with our continued commitment from the Towards Transformation Plan to explore how services and supports can better the meet the mental health and wellbeing needs of these communities. We know people with learning disabilities face significant challenges in accessing physical and mental health care, and don't feel empowered to highlight mental health and wellbeing challenges in these settings. Through the roll out of annual health checks for adults with learning disabilities across all NHS Boards, efforts to engage this community around their mental health will be improved. Therefore addressing a number of access barriers for learning disability communities. These health checks sit alongside improving primary care practitioners' understanding and awareness of people with learning disabilities needs, which should promote good relations between different protected characteristic groups. Action to develop and deliver a consultation on a LDAN Bill should have positive impacts on all protected characteristic groups, particularly for neurodivergent people and people with learning disabilities which fall under the disability definition. We envisage it will positively impact on a range of mental health inequality drivers as it seeks to ensure that the rights of neurodivergent people, and people with learning	

	disabilities, are respected, protected and championed.	
Sexual orientation	Actions under this priority will have the potential to positively impact neurodivergent LGBTI+ people, and LGBTI+ people with learning disabilities, in terms of advancing equality of opportunity and promoting good relations among those who currently face multiple barriers to support.	Action development and implementation should be mindful of the additional barriers to accessing support for neurodivergent LGBTI+ people, and LGBTI+ people with learning disabilities. Pathways should be developed working alongside these communities in an intersectional manner ensuring new treatment pathways are inclusive and sensitive to LGBTI+ needs. Stakeholders should be supported to participate in the development of these pathways. We will collaborate with people with lived experience, including LGBTI+ people, to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.
Gender reassignment	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.
Pregnancy and maternity	There are no specific actions under this priority that have a particular focus on pregnancy or maternity, but given the inclusive approach to many actions, positive impacts may be possible. It is unlikely there will be any negative impacts on the basis of pregnancy and maternity.	Seek to understand changes needed to effectively meet the mental health needs of neurodivergent people, and people with learning disabilities, by developing pathways working alongside autistic communities in an intersectional manner. Stakeholders should be supported to participate in the

		development of these pathways. We will collaborate with people with lived experience, including pregnant people, to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.
Race	Neurodivergent people and people with learning disabilities from minority ethnic groups may face very specific challenges and barriers. There are no specific actions under this priority that have a particular focus on minority ethnic groups, but given the inclusive approach to many actions, positive impacts may be possible and it is unlikely there will be any negative impacts on the basis race.	Action development and implementation should be mindful of the additional barriers to accessing support and specific needs of minority ethnic people. Pathways should be developed working alongside neurodivergent communities and communities with learning disabilites in an intersectional manner. Stakeholders should be supported to participate in the development of these pathways. We will collaborate with people with lived experience, including minority ethnic people, to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.
Religion or belief	There are no specific actions under this priority that have a particular focus on people with a religion or belief, but given the inclusive approach to many actions, positive impacts may be possible. It is unlikely there will be any negative impacts on the basis religion or belief.	Pathways should be developed working alongside neurodivergent communities and communities with learning disabilities in an intersectional manner.

Sex	We know neurodivergent people and people with learning disabilities may face different barriers to accessing support depending on their sex. There are no specific actions under this priority that have a particular focus on men or women. Given the inclusive approach to many actions, positive impacts may be possible and it is unlikely there will be any negative impacts on the basis of sex.	Action development and implementation should be mindful of the additional specific barriers to accessing support that men and women people face. Seeking to understand changes needed to effectively meet the mental health needs of neurodivergent people and people with learning disabilities by developing pathways working alongside these communities in an intersectional manner. Stakeholders should be supported to participate in the development of these pathways. We will collaborate with people of different sexes with lived experience to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.
Poverty and low income	There are no specific actions under this priority that have a particular focus on people living in poverty and low income, but given the inclusive approach to many actions, positive impacts may be possible. It is unlikely there will be any negative impacts on the basis poverty and low income.	Pathways should be developed working alongside neurodivergent communities in an intersectional manner. Stakeholders from poverty and low income backgrounds should be supported to participate in the development of these pathways. We will collaborate with people with lived experience, including people living in poverty and low income, to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.

Geographical location	There are no specific actions under this priority that have a particular focus on people living in a particular geographical location, but given that activity is focussing on improving care and support nationally we envisage this will have a positive impact on addressing geographical inequalities experienced by people living in remote and rural areas. It is unlikely there will be any negative impacts on the basis people living in remote and rural areas.	Pathways should be developed working alongside neurodivergent communities in an intersectional manner. Stakeholders should be supported to participate in the development of these pathways. We will collaborate with people with lived experience, including people from remote and rural areas who we know face more geographical inequalities to accessing mental health support, to develop consultation proposals for a LDAN Bill. We will also develop a robust Equality Impact assessment alongside any LDAN Bill.

Priority 10: Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account where relevant adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health, and support the physical health and wellbeing of people with mental health conditions.

Protected characteristic/ marginalised group	Overview of impact	Specific action or mitigation
Age	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations between different protected characteristic groups for babies and small children, young people, parents and caregivers of all ages, and older people. The launch of a new Strategic Board for Children and Families Mental Health with a strategic remit spanning preconception, the perinatal period, parent-infant relationships, early years (up to 5), children and young people (5-24 year olds or 26 years for care leavers), their families and carers will improve access to and experience of mental health support across these age groups. The early child development programme will also help ensure babies children experience the nurturing they need from before they are born and during the early years to help increase the likelihood of positive long term outcomes. It focuses on caregivers having the support they need to provide nurturing care, creating a culture,	Through a new Strategic Board for Children and Families Mental Health, we will work with Suicide Prevention policy to explore how specific groups across children/young people and the perinatal period may be at higher risk of, or present behaviours of, self-harm, suicidal ideation and suicide attempts/completing suicide. We will use this understanding to contribute to and support ongoing work which aims to improve targeted responses for these groups. Stakeholder feedback has suggested exploring the duration of community perinatal mental health services relation through to the second postnatal year. We will explore data and get stakeholder input in relation to the second year in the postnatal period. Continue to ensure that adult survivors (16+) continue to receive high quality services from our funded organisations and monitor any impact that this may have on the families of survivors where possible. Ensure that older people are

	environment and society that enhances early child development and ensuring policies and services are integrated and evidence driven. The programme has a particular focus on equity with caregivers, babies and children's needs centred in the work We know experiences of childhood abuse and trauma can negatively impact mental health and wellbeing. Action to provide services to those who have experienced childhood abuse aim to promote sustained recovery through person-centred, trauma informed support and treatment and enable survivors to lead more independent lives. There is no maximum age limit for support although the policy is specifically aimed at adult survivors of abuse and does not include children or young people under 16. Evidence suggests older people face mental health inequalities caused by drivers such as mental health stigma, lack of information and inclusive communication and diagnostic overshadowing. We know the majority of people living with dementia are older people. We anticipate our upcoming delivery plan for our new Dementia Strategy for Scotland, will recognise and address some of these mental health and wellbeing challenges facing our dementia communities. For example, as part of that Delivery Plan, we will develop an anti-stigma campaign challenging the presumptions made towards people living with dementia. We will also work with younger	receiving equal representation within survivor support. We know older adults experience inequalities such as loneliness and isolation, diagnostic overshadowing and lack of targeted and inclusive information. These inequalities should be considered in the development of the Dementia Delivery Plan. We will mitigate gaps in our understanding around age and dementia by continuing to engage with young people with/caring for those with dementia to address the specific needs of younger people.

	people (including in educational settings) to challenge preconceptions around dementia and address the negative assumptions to those with younger onset dementia. This work is already underway through the entity Brain Health Scotland.	
Disability	Actions under this priority will have a positive impact on advancing equality of opportunity for people with disabilities. Whilst there are no specific actions under this priority that have a particular focus on people with disability, we know that individuals with a disability are more likely to experience abuse than their non-disabled peers and are less likely to disclose abuse. Therefore actions to provide services to those who experienced childhood abuse, which promote sustained recovery through person centred, trauma informed support and treatment may have a positive impact on people with disabilities who have experienced abuse. In most cases it will depend on how the action is developed and implemented. The current policy provides funding to organisations who support those with disabilities. However, we must continue to ensure these supports are reaching disabled people. The impacts of dementia, including cognitive impairment and potentially loss of capacity, can qualify as disabilities. The Dementia Strategy aims to make a positive difference by promoting and monitoring inclusion, building working relationships with those who have a comorbidity such as	Barriers to accessing services experienced by disabled people should be considered in the development and implementation of actions on survivor support. We will monitor and evaluate to ensure that adult survivors who have disabilities are receiving the same support as their non-disabled peers. The Dementia Strategy commits to continually engage with priority sub-groups to fill gaps in our evidence, such as the number of individuals with an intellectual disability who are diagnosed and receiving dementia-specific support.

	Parkinson's disease, people with Down's Syndrome or a learning disability, people with hearing or sight loss. It also seeks to ensure dementia training and education reflects that people with an intellectual disability and those with sensory loss (who are living with dementia) know their experience best and preferences of diagnosis to long term care.	
Sexual orientation	There are no specific actions under this priority that have a particular focus on LGBTI+ people, but given the inclusive approach to many actions, positive impacts may be possible. It is unlikely there will be any negative impacts on the basis of sexual orientation. However further work is needed to ensure services are accessible and responsive to LGBTI+ needs. We know that attitudes among older people towards our LGBT+ communities are less likely to be positive, that older people who are LGBT+ are more likely to live alone, be single, or not have children. Up to 72% of frontline health and social care staff have not received any training on the needs of these communities. While we do not have a clear understanding of the numbers of our LGBT+ communities living with dementia, we have heard through previous focus groups facilitated by LGBT Health & Wellbeing that these challenges in around stigma and understanding translate to poorer mental health and wellbeing outcomes, as they form an "invisible population" within the dementia community. The Dementia Strategy sets out	Seek to understand needs of LGBTI+ people when developing and implementing actions and we will monitor the impact of actions on groups that face additional barriers. Ensure members of the LGBTI+ community are engaged through the Dementia Strategy Delivery Plan's implementation.

	positive steps/aim to educate the workforce and unpaid carers on the specific issues faced by LGBTI+ people with dementia and make better use of the wide variety of tools available to drive impact such as: Proud to Care: LGBT and Dementia: LGBT+ Dementia Toolkit.	
Gender reassignment	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.	The above discussion (see sexual orientation) also relates to LGBTI+ communities, including those with the protected characteristic of gender reassignment.
Pregnancy and maternity	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations between different protected characteristic groups for people in pregnancy or maternity period. The launch of a new Strategic Board for Children and Families Mental Health with a strategic remit spanning preconception, the perinatal period, parent-infant relationships, early years (up to 5), children and young people (5-24 year olds or 26 years for care leavers), their families and carers will improve access to and experience of mental health support for women in the pregnancy or maternity period. Reporting shows suicide is the leading cause of mortality in the postnatal period. Emerging data suggests that this might be disproportionately impacting younger women. We also know women in the perinatal period can experience mental health stigma,	

	and women with young children can often face loneliness and isolation. Actions to invest and embed perinatal and infant mental health will increase access to support, reduce isolation and improve parent-child relationships for women across Scotland.	
Race	There are no specific actions under this priority that have a particular focus on minority ethnic people, but given the inclusive approach to many actions, positive impacts may be possible for advancing equality of opportunity. It will depend on how the action is developed and implemented. It is unlikely there will be any negative impacts on the basis of race however further work is needed to ensure services are accessible and responsive to minority ethnic people's needs. People from minority ethnic backgrounds face multiple barriers in accessing mental health supports and services. A lack of accessible information is often cited as one such barrier. As part of its work, the new Strategic Board will advocate for the provision of clear, culturally-sensitive and trauma-informed communication in a range of appropriate formats at both local and national levels. Survivors within certain ethnic communities may find it difficult to disclose abuse within their communities. Whilst ethnic minorities are not specifically targeted within the policy, actions to provide services to those who experienced childhood abuse,	We will undertake further work to explore the intersection between racial health inequalities and perinatal mental health. Continue to ensure that all abuse survivors, including minority ethnic communities, are supported equally. Consider targeting more specifically in future funding. Engage with minority ethnic people with lived experience in the development of the Dementia Strategy Action Plan.

	which promote sustained recovery through person centred, trauma informed support and treatment may have a positive impact on advancing equality of opportunity for minority ethnic people. The Dementia Strategy sets out the need to ensure culturally appropriate dementia information and services for people from marginalised communities, including those from ethnic minorities are available and accessible.	
Religion or belief	There are no specific actions under this priority that have a particular focus on people with a religion or belief, but given the inclusive approach to many actions, positive impacts may be possible for advancing equality of opportunity. It will depend on how the action is developed and implemented. Funded organisations will provide support to survivors regardless of their religion. It is unlikely there will be any negative impacts on the basis of religion or belief. The Dementia Strategy sets out religious communities should be integrated in the community-based approach for dementia and care prevention. Therefore actions should make a positive difference to religious communities by ensuring they have access to support and that the community assets these spiritual spaces and communities form are utilised. The strategy also promotes culturally sensitive training which will help engage religious communities.	Engage with people with lived experience from faith and belief groups in the implementation of the Dementia Strategy Delivery Plan.

Sex	Actions under this priority will have a positive impact on eliminating unlawful discrimination, advancing equality of opportunity and promoting good relations between different protected characteristic groups for both women and men. We know women in certain life stages, particularly young mothers, can experience increased loneliness and isolation which has a negative impact on their mental health and wellbeing. Action to launch a new fund to invest in perinatal and infant mental health services, building on the success of the Perinatal and Infant Mental Health Main Fund and Small Grants Fund, will help increase access to support, reduce isolation and improve parent-child relationships. There are also multiple third sector charities available to support men and families through the perinatal and postnatal period, we will further support and improve access to these services. People in the perinatal period also experience stigma around their mental health. Actions will seek to tackle stigma through the promotion of existing resources and we will ensure that our policy work is responsive to changes in our understanding of stigma. Our new dementia strategy sets out that 65% of people living with dementia in Scotland are women. Evidence about why women are more likely to develop dementia is growing and this will be reflected in how we deliver the strategy. We also know that up to 70% of care partners are	We know women can often face diagnostic overshadowing in other parts of healthcare which can act as a barrier to accessing the relevant mental health support. We will work with stakeholders and professional advisors to enhance our understanding of diagnostic overshadowing and further develop and promote integrated services. Men can also face difficulty in accessing relevant information on mental health support and services. We will ensure to highlight to fathers where they can get support if needed. We will give consideration to the needs minority ethnic women and families who experience additional access barriers when it comes to lack of targeted and inclusive communication for perinatal mental health services. We are working together with COSLA and our lived experience panel, which includes women with a diagnosis of dementia, to agree priorities for our first delivery plan which will be published in January 2024. In addressing these and other inequalities, we will impact assess our Delivery Plan and its proposed actions as to how it can address such inequalities. This includes for our care partners.

	women, with subsequent potential impacts on their health and wellbeing, as well as their socio-economic participation.	
Marriage & Civil Partnership	We do not anticipate any negative impacts for this group.	
Poverty and low income	There are no specific actions under this priority that have a particular focus on low income/poverty. However we know that women are more likely to live in low income and poverty. Low income and poverty is also a key driver of mental health inequalities, having a negative impact on mental health and wellbeing. Therefore given the focus in actions on women in the perinatal period and the inclusive approach we will take in the development and implementation of these actions, we envisage positive impacts may be possible. It is unlikely there will be any negative impacts on the basis of living in low income and poverty. Studies suggest social factors such as higher social class, occupation, and access to high quality education are consistently linked with a reduction in dementia risk.	Creating a highly educated public with persistent access to lifelong learning has significant, positive effects on dementia prevalence. We will consider how our Strategy's delivery can facilitate this, as well as building socio-economic monitoring into our evaluation of initiatives such as our new Brain Health Clinic model. The Strategy will also address through priority sub groups additional ways in which more could be done to address the financial difficulties which disproportionately impact this community, as well as how intersectionality can exacerbate vulnerability.
Geographical location	We know people living in rural and remote areas can face geographical inequalities in accessing services and support. Actions under this priority seek to ensure support and services are available across all areas of Scotland. Therefore we envisage positive impacts may be possible. However this will depend on the development and implementation of actions to ensure services have equitable access. It is	Stakeholder and service update work shows that smaller health boards are experiencing challenges in developing perinatal and infant mental health services. We will work across government and with statutory services to explore how we can actively support and enhance development in smaller boards.

	unlikely there will be any negative impacts on the basis of living in low income and poverty.	We will work in partnership with the In-care Survivors Alliance and third sector SOCAS (Survivors of Child Abuse Support) organisations, to ensure all survivors in Scotland have equitable access to support and treatment.

Chapter 4: Conclusion

This EQIA has shown that the broad principles and policies set out in the Strategy and the Plan will be positive across many protected characteristic groups, in particular for people from minority ethnic communities, LGBTI+ communities, people with disabilities and women & girls.

Actions are grounded in evidence of what the key cross cutting mental health inequalities are. Addressing these inequalities is strongly correlated to the priorities set out in the Plan.

For some particular protected characteristics, including race, sex, disability, sexual orientation and gender reassignment, higher levels of the causes of mental health inequalities exist. Therefore, wider action to reduce mental health inequalities will be beneficial to these groups in particular. This will result in a strong potential for the plan to contribute to reducing discrimination and enhancing equality of opportunity.

Whilst the plan has limited focus on fostering better relations between people of different protected characteristics, the focus throughout the plan on addressing stigma and discrimination, should support this objective.

We have found no evidence of negative consequences for protected characteristic groups at this time. However, in line with best practice this will be kept under review as part of our monitoring of this EQIA.

Individual EQIAs have already begun and will be taken forward on each of the strategic actions within the Plan. Some actions included in the plan are high level policies and proposals which are only partially defined. As these actions develop their EQIAs should ensure that specific barriers for each protected characteristic are fully considered.

The Equality Evidence Report provides a robust summary of the current evidence for both protected characteristic and marginalised groups mental health experiences. This should be both a helpful aid to developing EQIAs and lead to more specific and targeted engagement with stakeholders. We will regularly review the evidence and update the Mental Health Equality Evidence Report.

The Strategy has committed to put appropriate governance arrangements in place to oversee implementation and support progress of the Plan. These will be established during the first year of the Plan.

We will establish a new Mental Health and Leadership Board to oversee progress. The Board will provide national leadership and strategic oversight of priorities; ensure activity delivers clear benefits; provide constructive support and challenge to ensure progress of actions and play a key role in evaluating the impact of interventions and sharing learning.

The Board will have direct access to advice from key groups, including the Equality and Human Rights Forum and the Diverse Experiences Advisory Panel. This will seek to ensure that the interests of protected characteristic and other marginalised groups are represented and that progress towards tackling mental health inequalities is monitored.

Summary of recommendations:

- Many actions within the Plan are high level. There is a risk that this may lead to a lack of work to address the specific needs of particular groups within action implementation. To mitigate this we produced the Equality Evidence Report to aid undertaking robust EQIAs of actions and ensure specific barriers for each protected characteristic group are fully considered and addressed. We have also included an 'Inequality Action Table' within the Plan (Appendix 1) to highlight where certain actions have an impact on key inequalities, and the groups most impacted based on evidence. The Plan states that delivery leads and delivery partners should give due consideration to these groups when scoping, planning and implementing these actions. This EQIA recommends that robust EQIAs should be carried out on each action as early as possible to ensure that specific barriers for each protected characteristic group are fully considered. The Leadership Board should have a role in monitoring these EQIAs to ensure specific issues are being addressed.

- The Mental Health Equality Evidence Report is the largest collation of Scottish and UK wide evidence on mental health experiences of protected characteristic and other marginalised groups. Extensive consultation with people with lived experience, and our Equality and Human Rights Forum, informed the Report. Whilst it is important to continue to engage with these groups in the further development and implementation of policy we also acknowledge the strain of over reliance on the third sector and those with lived experience for evidence and the potential for consultation fatigue. This EQIA recommends therefore that delivery leads and partners should use the Report as the basis for undertaking robust EQIAs and informing policy and that further consultation with these groups is strategic, proportionate and informed by and building on existing evidence.

- The EQIA and the Report highlight how wide-ranging the causes of mental health inequalities are. Recognising the limitations of time and resources, the Plan articulates its strategic approach to focus attention on improving equality of access to and experience of mental health support and services, with a specific focus on actions under priorities 4 and 7. Working closely with the Equality and Human Rights Forum and people with lived experience to develop, test and learn from a good practice approach. This EQIA recommends this should include consideration of: how we can direct our resources for maximum impact; how we can best work with stakeholders,

including the Equality and Human Rights Forum and people with lived experience in a way which is constructive and proportionate; and how we can develop and deliver actions in a way which will have maximum impact on drivers of inequalities; considering the need for an intersectional approach and the needs of specific groups.

- The Strategy sets out its commitment to appropriate governance arrangements including the establishment of a new Leadership Board which will have direct access to advice from the Equality and Human Rights Forum and Diverse Experiences Advisory Panel. This EQIA recommends membership of these groups should be reviewed to ensure appropriate representation and expertise.

- A plan for how the Forum will work with the Leadership Board should be developed, ensuring that they can have appropriate influence on the support; challenge and monitoring of impact of the Plan on mental health inequalities, eliminating unlawful discrimination, advancing equality and opportunity and fostering good relations between those with protected characteristics.

- For some actions in the Plan, evidence on actual or intended impact on people with protected characteristics is limited. This EQIA recommends as part of the overall monitoring and governance for this plan, greater focus should be placed on gathering, analysing and using data on impact to inform future policy design and delivery. This should include as close to real time monitoring as possible to quickly identify and remedy any unintended consequences.

- Recognising the limitations of quantitative data, this EQIA recommends we should further strengthen the collection and use of qualitative data through existing channels, particularly for protected characteristic groups in regards to their experiences of services and support. Particularly in the areas highlighted as having a lack of data by this EQIA.

Next Steps

The Mental Health and Wellbeing Leadership Board will review the recommendations of this EQIA at their earliest convenience and if accepted will monitor their implementation.

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