EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

ADULT MENTAL HEALTH STRATEGY 2017 - 2021

SECTION 1 – INTRODUCTION

In the UK, at least one in four people will experience a mental health problem at some point in their life[1]; at any one time, one in six adults has a mental health problem[2]. People with mental health problems often have few qualifications, find it harder to obtain and stay in work, have lower incomes, and are more likely to be homeless or insecurely housed or live in areas of high social deprivation[3]. It is a sobering fact that people with severe mental illnesses will die on average 20 years earlier than the general population. Additionally, the cost of mental health problems in the UK is estimated at £105 billion annually; these costs could double in the next 20 years[4].

This strategy addresses the mental health needs of all South Gloucestershire residents who are aged 18 and over (there is a separate Mental Health Strategy in place which focusses specifically on the needs of children and young people[5]). However, certain groups within our community experience health inequalities and as such have been actions for the work following this strategy have been identified. These vulnerable groups at high risk of mental ill health include people living in Priority Neighbourhoods, the unemployed, people with disabilities, prisoners, Gypsies and Travellers, substance misusers, smokers, people with long term conditions, people in the Lesbian, Gay, Bisexual or Trans (LGBT) community and victims of domestic abuse.

Although this strategy excludes children and adolescents and people with dementia, the needs of these communities are acknowledged in a number of linked documents. This strategy will compliment other needs assessments, work streams and strategies including the Alcohol needs assessment and strategy, the Dementia strategy, the Precious Time strategy for reducing social isolation in older people, the Suicide Prevention Action Plan, the Partnership Against Domestic Abuse work stream, the Child Poverty Needs Assessment and the Children's Mental Health Strategy.

SECTION 2 –RESEARCH AND CONSULTATION

An in depth process was under taken to complete the 2015 needs assessment and this process has carried on into the development of the strategy. Data and views were gathered from a range of events, questionnaires, interviews and focus groups. This culminated in the public consultation and political sign off at the end of 2017.

The public consultation brought up specific issues relating to older people, carers, autism and ADHD, the LGBTQ+ community, offenders and the BAME community.

This has been addressed via the strategy's action plan with specific pieces of work relating to all these groups added to the plan.

Population level indicators:

- In general terms mental health outcomes in South Gloucestershire are better than the England average largely due to good performance on wider determinants of health such as employment, housing and crime.
- Demand for services will increase at least in keeping with population growth.
- There has been low investment in mental health in South Gloucestershire compared with the rest of England.

Mental health services and provision:

- There is increasing demand for the Improving Access to Psychological Therapies (IAPT) programme in South Gloucestershire. However, there are problems with access to these services and the provision of long term support post IAPT is poor.
- There is a lack of community based support for people with sub threshold mental health conditions.
- There is increasing demand for community and inpatient mental health services.
- People with autism face long delays before they can access diagnostic assessment.
- People in South Gloucestershire with learning disabilities are less likely to receive community or day care services than the rest of England.
- The acute response to mental health crises is good. However, there is less support for longer term care.
- Service users and other groups including regulators have expressed concerns about engagement, access and quality of care.

Vulnerable groups:

- Groups at high risk of mental ill-health in South Gloucestershire include people living in Priority Neighbourhoods, the unemployed, people with disabilities, prisoners, Gypsies and Travellers, substance misusers (including alcohol misusers), smokers, people with long term conditions, people in the Lesbian, Gay, Bisexual or Trans (LGBT) community and victims of domestic abuse.
- Young women are at particular risk of non-fatal self-harm; poisoning is the most common method used.
- Males have a twofold to threefold increased risk of suicide compared with women. Older men have the highest suicide rates.

Gender

Nationally, women have recorded rates of anxiety and depression between 1.5 and two times higher than men, and have rates of self-harm (including cutting, burning and overdose) that are two to three times higher than in men. Women also more vulnerable than men to risk factors linked with poor mental health, including domestic violence, poverty, violence and abuse and isolation[6].

Men are three times more likely to be alcohol dependent and are twice as likely to use class A drugs than women. Men more likely to express emotional distress in behavioural and conduct disorders; they are less likely to have or access the social support of friends, relatives and community, or to seek help for emotional health problems.[7]

Some gender differences were identified during the needs assessment process including the higher prevalence of common mental health disorders amongst women but a higher suicide rate for men. It was also noted that more women came forward to share their experience of mental health and mental health service during the needs assessment.

Age

Incidence of mental health problems is higher in older people in the UK: 40% of older people who attend their GP, 50% of older adult inpatients in general hospitals and 60% of residents in care homes have some form of mental health problem[8].

Lesbian, gay, bisexual or transgender (LGBT)

People identifying as 'gay/lesbian/bisexual/ other' in England in 2012 were at greater risk of poor mental health compared with those identifying as heterosexual[9]. Lesbian, gay and bisexual people are at significantly higher risk than heterosexual people of suicidal feelings, self-harm, drug or alcohol misuse and having a mental health problem. Gay and bisexual men are over four times more likely than heterosexual men to attempt suicide[10].

Minority ethnic groups

In the UK, Black/African/Caribbean/Black British people had the highest rate of contact with specialist mental health services and black people were more likely to have been compulsorily detained under the Mental Health Act 1983 as part of an inpatient stay in a mental health unit.[9]

Among ethnic minority respondents in England, the highest proportions of people at risk of poor mental health in 2012 were among Pakistani/Bangladeshi and African/ Caribbean/Black respondents (22.9% and 19.9% respectively). The higher rate among Pakistani/Bangladeshi people was primarily among women. There was an increase in the risk of poor mental health among White women between 2008 and 2012[9].

Immigrants to the UK are typically at two to eight times greater risk of psychoses than nativeborn groups. This higher risk extends into the second generations. Factors that explain raised rates in immigrants and their descendants include: stressful life events, discrimination, urban living and socio-economic deprivation[11].

South Gloucestershire has a range of BAME communities and there was relatively low engagement with the needs assessment process. We need to do more work to determine if this is down to poor engagement from local services or if there is not a high level of need.

National data would indicate a higher prevalence within these communities so we need to proactively investigate if this is also the case in South Gloucestershire

This process has started with some tangible work with the Chinese and Gypsy and Traveller communities but more needs to be done including with faith groups.

Religion or Belief

There is limited evidence investigating the mental health of individuals with regards to religion.

We have had good local engagement with Church groups and this has included the development of a mental health Church service that was trialled in May 2016.

We now need to extend this work to other faith communities.

Disability

People with a physical disability or with special education needs and disability (SEND) are at increased risk of developing mental health problems. A 2012 report published by *The King's Fund* and *Centre for Mental Health* highlighted that individuals with physical health problems are at increased risk of poor mental health, particularly depression and anxiety,[12] whilst a 2007 UK population-based study of 1023 people with learning disabilities found that 54% had a mental health problem[13].

The gap between disabled and non-disabled people in England widened between 2008 and 2012. (However, a number of disabled people would have classified themselves as such owing to a mental health condition)[9].

SECTION 3 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

We have identified our local priorities based on both national data and local stakeholder feedback. The next stage in our approach is to improve data for the experience and take up of services for the different groups who make up our local community.

This includes working with providers to ensure they have a robust data set around our priority communities and that these data sets are analysed and actions taken. One example of this is with our local wellbeing college that clearly shows an under representation of older people in those using the service.

We have started work with the over 50s forum and Age UK to address this and will look at the data next year to monitor the impact of the new work.

South Gloucestershire's Adult Mental Health Strategy aims to enable all adults in the area to enjoy good mental health and emotional wellbeing. It is therefore unlikely to negatively impact on any particular group. The strategy identifies three key priority areas to be addressed:

1. Mental Health Promotion
2. Mental Illness Prevention
3. Treatment and Rehabilitation

Section 2 Mental Illness Prevention specifically looks to address health inequalities around mental health by proactively targeting our local communities most likely to have a higher prevalence of mental ill health.

As outlined in section two we have an agreed approach to engaging with our stated priority communities. It should also be noted that if new needs are identified our plan is flexible and can be changed to reflect any changes in local need. For example South Gloucestershire will have a number of asylum seekers likely to have experienced war related trauma arriving over the next few years. This group may well be added to our priority list.

We have used a number of approaches to proactively engage with communities. Firstly we ran a series of focus groups with Healthwatch to better understand the needs of some of our local priority communities as well as the barriers to them enjoying positive mental health. This work resulted in a report that put forward some common themes and one key outcome of this was the Wellbeing College. The new Wellbeing College has started to develop partnership working with groups such as the Bristol Autistic Service, Over 50s forum and we are exploring links with the new LGBT+ Forum. We have also held meetings or engagement events with a diverse set of group and forums. This includes the Carers Advisory Panel, Merlin Housing, ASB and Hate Crime group, Welfare and benefits group and Job Centre plus. Our aim has always been to look for joint and co-owned solutions. To further aid this we have recruited Mental Health Champions from across South Gloucestershire and welcome the constructive challenge they bring.

Examples of current and planned activity

Gender
As noted above there are some gender differences in prevalence of different conditions but also levels of engagement. We have a specific part of our suicide prevention approach that is about addressing the higher rates in men. Also, to address these issues, Movember (the men's health campaign in November) has been included as part of our annual awareness cycle specifically to address men's mental health.

It should also be noted that the mental health of new mums and dads is being address via a new peri natal, maternal and infant mental health group - this sits within the children & young people's mental health processes.

Age
Mental health can affect all ages but we are developing specific pieces of work to address the issues of isolated older people and young adults. Through the needs assessment we identified that isolated older people and young people transitioning into adulthood both face particular challenges. To this end the Precious Time initiative directly addresses social isolation in older people and we a joint event was held between the mental health partnership and the older people health group in October 2016.

The needs of 16-25 year old particularly those transitioning between CYP and adult services is acknowledged in both the CYP and adult mental health strategies. Moreover there is a target in the CYP action plan to measure young people experience around service transition.

Lesbian, gay, bisexual or transgender (LGBT)
We are working to proactively engage with this community and this process although started will be ongoing. We are keen to measure rates of access to key services through routine performance management as well as gathering qualitative feedback through Healthwatch and other local community groups that represent this community.
We will ensure this engagement with our local offer of service continues.

Minority ethnic groups
We are working to proactively engage with this community and this process although started will be ongoing. We are keen to measure rates of access to key services through routine performance management as well as gathering qualitative feedback through Healthwatch and other local community groups that represent this community.

South Gloucestershire has a range of BAME communities and there was relatively low engagement with the needs assessment process. We need to do more work to determine if this is down to poor engagement from local services or if there is not a high level of need. National data would indicate a higher prevalence within these communities so we need to proactively investigate if this is also the case in South Gloucestershire

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Disability
There are differences data shows between men and women's MH, the strategy approaches of pro, pre and rehab ensures that these differences can be recognised and addressed through appropriate pathways and interventions.

The strategy is clear that in each priority area (Mental Health Promotion; Mental Illness Prevention and Treatment and Rehabilitation), key issues and drivers are recognised, and targeted interventions and pathways are designed and implemented, to ensure alignment with identified needs of protected characteristics groups in our communities.

SECTION 4 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	☐	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	Yes	Strategy and action plan amended after stakeholder comments.
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	☐	
Outcome 4: Stop and rethink.	☐	

SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

This section will be updated post consultation. However, as a result of this initial analysis, the following actions will be taken:

- Ensure that a wide range of service user and community feedback continues to be used to identify an emerging issues on an ongoing basis;
- Work with partners to develop better data collecting and sharing systems in order disaggregate information according to protected characteristic group as appropriate and/or possible (e.g. age, gender)
- Continue to monitor progress in improving the mental health and wellbeing of all residents of South Gloucestershire.

SECTION 6 - EVIDENCE INFORMING THIS EqIAA

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7. Wilkins D (2010). Untold problems: a review of the essential issues in the mental health of men and boys. London: Men's Health Forum.
8. Royal College of Psychiatrists (2009). Age discrimination in mental health services: making equality a reality. London: Royal College of Psychiatrists
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10. Stonewall (2007). Education for all: research: facts and figures: mental health. www.stonewall.org.uk/education_for_all/research/1731.asp#Mental_health
11. Foresight Mental Capital and Wellbeing Project (2008). Final project report. London: The Government Office for Science.
12. Naylor C, Parsonage M, McDaid D, Knapp M, Fossy M, Galea A. (2012). *Long term conditions and mental health – the cost of co-morbidities*. London: The King's Fund and Centre for Mental Health
13. Cooper SA, Smiley E, Morrison J, Williamson A and Allan L (2007). Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. *British Journal of Psychiatry*, 190, pp. 27-35.