

**Equality Impact Assessment Tool: Policy, Strategy and Plans
(Please follow the EQIA guidance in completing this form)**



1. Name of Strategy, Policy or Plan

GG&C Mental Health Improvement Capacity Building Programme

This is a : **Current;#Current Policy**

2. Brief Description - Purpose of the policy, Changes and outcomes, services or activities affected

The NHS GG&C 5 year mental health strategy group - prevention sub group has approved a mental health improvement senior (training) post within the NHS GG&C MHI team (Hosted by Glasgow City HSCP). The post holder has been tasked with development of a mental health improvement capacity building programme to support staff working within a variety of settings across GG&C to access training and workforce development support in response to the national MH training landscape which has changed due to proposed exit from the living works licensed programme of mental health and suicide prevention training (namely SMHFA, SAfe Talk and ASIST. This work compliments the outcomes of the Scottish Mental Health Strategy, National Suicide Prevention Action Plan and the NHS GG&C 5 Year Mental Health Strategy. This is a new programme of work which will impact of knowledge and practice of a wide audience of staff working to support mental health and well being across GG&C in a variety of settings, therefore an EQIA is required to ensure our approach to design and delivery of the training programme via a contracted service meets the legislative requirements as per the Equalities Act 2010.

3. Lead Reviewer

Kelly, Jane

4. Please list all participants in carrying out this EQIA:

Heather Sloan (HI Lead); Trevor Lakey (HI Manager); John Marshall (HI Lead); Paul Lafferty (HI Senior); Christine Tait (HI Practitioner); Maureen O'Neill-Craig (HI Lead); Vivienne Tennant (HI Senior); Rose Stewart (HI Senior); Marie Hedges (HI Lead); Frankie Roberston (HI Senior); Alex Connor (HI Senior); Stewart Moore (Training Officer Glasgow City Social Work); Larry Callary (GG&C Learning and Development Team); Douglas Johnston (Choose Life Co-ordinator Renfrewshire); Fiona McMahon (Programme Manager (DBI) NHS GG&C); Eric Duncan (HI Senior)

5. Impact Assessment

A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

This is a new programme of work which will impact of knowledge and practice of a wide audience of staff working to support mental health and well being across GG&C in a variety of settings, therefore an EQIA is required to ensure our approach to design and delivery of the training programme via a contracted service meets the legislative requirements as per the Equalities Act 2010.

B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source
All	A scoping paper and review of the evidence base has been carried out to inform target workforce(s) for training, we know from the evidence base that certain protected characteristic groups or those with multiple vulnerabilities may experience poorer mental health outcomes therefore the training programme seeks to up skill staff working with specific populations of interest to ensure their practice supports and promotes positive mental health and well being	Mental Health Strategy for Scotland (2017-2027) & Suicide Prevention Action Plan 2018
	The suicide action prevention plan states that The Suicide Prevention	Suicide Prevention Action Plan for

Sex	Action Plan for Scotland states that there are a number of characteristics and factors known to contribute to higher suicide risk. They can be cumulative and overlapping, services and workers need to be aware of them. These factors include middle aged men.	Scotland
Gender Reassignment	According to the Mental Health Foundation, (2019), transgender people may be more susceptible to mental health problems due to a range of factors, including isolation, minority stress and transphobic discrimination/attitudes when accessing services all of which may negatively effect a person's experience and impact on their well being further. It is also important to ensure staff do not make an assumption that a person's trans status is the reason behind a mental health issue, responses to the Trans MH Survey showed a potential disparity in the way trans people where received into mental health services which could be comparatively negative to experiences reported by cis-gender people. This may be due to a lack of knowledge about the needs of a trans patient by the medical professional and trans people reported a fear of gender re-assignment treatments/access to services being stopped should they reveal that they are experiencing mental health issues.	Mental Health Foundation (online, accessed April 2019) & Trans Mental Health Study, McNeil et al, (2012) (Accessed online Sept 2019)
Race	The Black Minority Ethnic (BME) population makes up 7.5% of the population demographic within GG&C. Therefore we need to be sensitive to the needs of people within this population and work in partnership with local communities and organisations to promote mental health and well being early intervention, prevention and signposting to appropriate support and services.	Meeting training and workforce development needs (Mental Health and WellBeing) needs of staff
Disability	There are 4,426 adults with learning disabilities known to the local authority in GG&C, (SCLD, 2017), the age range is age 16 to 50+. GG&C have the highest proportion (40%) of adults with a learning disability who are aged 50+. It is important to remember that these figures have the potential to be much higher as many people with a learning disability will not come into contact with local authority services during their lifetime. It is worth noting that our strategy for tackling social isolation and loneliness and building stronger connections, A connected Scotland)also found that people with a disability may be more susceptible to loneliness and isolation due to a lack of social connections and this may have a detrimental effect on mental health and well being	Scottish Community for Learning Disability (2017) & Scottish Government 2018
Sexual Orientation	According to the Mental Health Foundation, (2019), lesbian, gay, bisexual and/or transgender people may be more susceptible to mental health problems than heterosexual people due to a range of factors, including discrimination and inequalities. Evidence suggests people identifying as LGBT are at higher risk of experiencing poor mental health, (Hudson Sharp & Metcalf, 2016). Members of the LGBT community are more likely to experience a range of mental health problems such as depression, suicidal thoughts, self-harm and alcohol and substance misuse. The higher prevalence of mental ill health among members of the LGBT community can be attributed to a range of factors such as discrimination, isolation and homophobia. This can lead to members of the LGBT community feeling dissatisfied with health services, with mental health services most often perceived to be discriminatory, (Mental Health Foundation, 2019).	Mental Health Foundation (online, accessed April 2019)
Religion and Belief	Scotland's Census (2011) found that the most common answer for most national identities was no religion, however Roman Catholic was the most common answer to the religion question for other identity only (36%) and the Church of Scotland (44%) was the most common answer for Scottish and British identities only	Scotland's Census, (Scottish Government, 2011)
Age	The mental health strategy for Scotland recognises that we all experience mental health and well being as a continuum and our well being may move along this continuum during out life time. We know from the evidence base that there may be times within a persons life cycle that are potential times when less positive well being may be experienced for example when a person has a baby, transitional points ie school to further education/work or when a person gets older and perhaps experiences bereavement, job loss or isolation and loneliness (it is important to note this can impact at any age/stage)	Meeting training and workforce development needs (Mental Health and WellBeing) needs of staff
	Perinatal Mental Health is recognised as a national priority in terms of	NHS GG&C Perinatal Mental

Pregnancy and Maternity	mental health prevention and education. The Scottish Government has allocated £54million over the next four years to take forward a breadth of work in this area across Scotland	Health Local Network Group (2019)
Marriage and Civil Partnership	We recognise that people entering into a civil partnership have the same rights as those entering a marriage.	The Marriage and Civil Partnership (Scotland) Bill (2014)
Social and Economic Status	The impact of poverty on mental health is significant, NHS Health Scotland states that families living on a low income may not have access to sufficient resources to lead a healthy lifestyle, including access to affordable healthy food, good-quality housing, adequate home heating and affordable social and cultural opportunities. These can directly impact on children’s physical and mental wellbeing, as well as having a negative impact on a parent or carer’s own mental health and wellbeing, which in turn will impact on their interactions with their child. We know from the evidence base that children living in poverty may experience poorer health outcomes compared to their peers which can continue into adult life. This is important as the recently published children’s health and well being horizon scanning review shows that relative child poverty rates will continue to increase over the next ten years due to social security reform, (Scottish Government, 2019).	NHS Health Scotland & Scottish Government (online accessed April 2019)
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	Through review of the NHS GG&C Director of Public Health’s Report (2015) we know that across GG&C, assessment of 7,685 homeless applications is carried out each year. Homeless people living in Scotland experience some of the worst health outcomes in society and can expect to live almost twenty-five years less than the general population (NHS Health Scotland, 2016). A review of health and homelessness in Scotland, carried out for Scottish Government in 2018 found that 30% of a cohort of 435,853people who had experienced homelessness also experienced a mental health problem with no evidence of an alcohol or drug related condition, 19% had a drug or alcohol related interaction of these, 94% had experienced mental health issues. Moreover, the study found that 6% of people who had experienced homelessness had evidence of all three conditions (not always at the same time). This figure was markedly higher (11.4%) for those experiencing repeat homelessness, this information is relevant as having access to housing is an important influence on a person’s mental and physical health and well-being. It is worth noting that the study also found that interactions with health services increased at the time of homelessness and peaked further when housing assessments were being carried out. The Suicide Prevention Action Plan for Scotland states that the following characteristics and factors are known to contribute to higher suicide risk. They can be cumulative and overlapping, services and workers need to be aware of them. These factors include a history of self-harm, bereavement from suicide, adverse childhood experiences (ACES) and later trauma, deprivation, poverty, and social exclusion, isolation, living with or developing an impairment or long-term condition, middle aged men, people affected by drugs and/or alcohol, migrants, lesbian, gay, bisexual and transgender, gypsy travellers and homeless people.	(National Suicide Prevention Action Plan, 2019).

C. Do you expect the policy to have any positive impact on people with protected characteristics?

	Highly Likely	Probable	Possible
General	From review of the evidence base detailed in the section above and looking at the current picture in terms of Mental Health Improvement Training, Capacity Building and Workforce development. We know that there is a wide variety of organisations who support and promote positive mental health and well being. The role of Health Improvement and partners should be to build capacity and confidence of staff employed by these organisations to ensure good conversations about mental health and well being take place and support is offered if required. This combined with		The training programme will collect routine equalities data from all training participants as part of a pre-determined monitoring and evaluation plan. Participants may opt out of completion of data collection forms if they wish. Trainers will support participants to try to ensure equalities data collation is included in programme M&E plan A scoping paper and review of the evidence base has been carried out to inform target workforce(s) for training, we know

	<p>increased knowledge of services and supports can help staff/workers to enable local people to manage their own mental health and well being their own way. This work should have a positive impact as it seeks to support and foster good mental health and well being across GG&C.</p>		<p>from the evidence base that certain protected characteristic groups or those with multiple vulnerabilities may experience poorer mental health outcomes therefore the training programme seeks to up skill staff working with specific populations of interest to ensure their practice supports and promotes positive mental health and well being</p>
Sex	<p>This programme of work will compliment outcomes within the Mental Health Strategy for Scotland, Suicide Prevention Action Plan and Perinatal Mental Health actions, we are aware of the increased risk of poorer mental health and well being associated with being male/female/other and also at various stages across the life stage ie C&YP transitioning through education, middle aged men and women who have had a baby. Being aware of the impact sex can have on MH&WB means we can target specific workforces to ensure staff are aware when working with individuals and groups of people across GG&C.</p>		<p>The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by sex as identified by the individual, only role and remit.</p>
Gender Reassignment	<p>When planning this programme of work a review of a variety of documents as part of a scoping exercise allowed us to gather an up to date evidence base to inform our target audiences. Upon review of the mental health foundation website we found that According to the Mental Health Foundation, (2019), lesbian, gay, bisexual and/or transgender people may be more susceptible to mental health problems than heterosexual people due to a range of factors, including discrimination and inequalities. Evidence suggests people identifying as LGBT are at higher risk of experiencing poor mental health, (Hudson Sharp & Metcalf, 2016). Members of the LGBT community are more likely to experience a range of mental health problems such as depression, suicidal thoughts, self-harm and alcohol and substance misuse. The higher prevalence of mental ill health among members of the LGBT community can be attributed to a range of factors such as discrimination, isolation and homophobia. This can lead to members of the LGBT community feeling dissatisfied with health services, with mental health services most often perceived to be discriminatory, (Mental Health Foundation, 2019). We envisage that by targeting staff groups working with people with protected characteristics we can build capacity of staff to then support and foster positive MH&WB</p>		<p>The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.</p>
Race	<p>The Black Minority Ethnic (BME) population makes up 7.5% of the population demographic within GG&C. Therefore we need to be sensitive to the needs of people within this population and work in partnership with local communities and organisations to promote mental health and well being early intervention, prevention and signposting to appropriate support and services. Review of the evidence base shows that mental health appears to be the biggest health issue affecting BME group</p>		<p>The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by race, only role and remit.</p>

	<p>(Mental Health Act Commission 2001; Friedli et al 2002). Many studies have documented prevalence of trauma, stress and depression within members of BME communities (Khan, 2010). This programme of work aims to up skill staff working with people with protected characteristics including race to support them to confidently support and foster positive MH&WB with the people they work with via good conversations and signposting if req.</p>		
Disability	<p>The focus of this piece of work is to deliver a programme of mental health related training and work force development to staff working across GG&C - it is envisaged that staff from disability teams/orgs would be invited to attend relevant training in line with identified development needs, it may be that the training offered does not meet all training/learning/development needs of this specific group of staff and if this occurs a piece of work may develop working in partnership with relevant local/national disability orgs to develop bespoke inputs if required.</p>		<p>The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit. Training will be delivered across a variety of audiences working across GG&C - training providers/trainers are required to ask about additional requirements of participants prior to course attendance to ensure suitable/appropriate access/supports are available and if not reasonable adjustments would be implemented to support staff with a disability to alternative arrangements would be made to ensure training was accessible.</p>
Sexual Orientation	<p>When planning this programme of work a review of a variety of documents as part of a scoping exercise allowed us to gather an up to date evidence base to inform our target audiences. Upon review of the mental health foundation website we found that According to the Mental Health Foundation, (2019), lesbian, gay, bisexual and/or transgender people may be more susceptible to mental health problems than heterosexual people due to a range of factors, including discrimination and inequalities. Evidence suggests people identifying as LGBT are at higher risk of experiencing poor mental health, (Hudson Sharp & Metcalf, 2016). Members of the LGBT community are more likely to experience a range of mental health problems such as depression, suicidal thoughts, self-harm and alcohol and substance misuse. The higher prevalence of mental ill health among members of the LGBT community can be attributed to a range of factors such as discrimination, isolation and homophobia. This can lead to members of the LGBT community feeling dissatisfied with health services, with mental health services most often perceived to be discriminatory, (Mental Health Foundation, 2019). We envisage that by targeting staff groups working with people with protected characteristics we can build capacity of staff to then support and foster positive MH&WB within this group of the population</p>		<p>The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.</p>
	<p>As a working group with responsibility for and oversight of the programme of work/employees of NHS GG&C we are aware of and work to the Spiritual Care</p>		<p>The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training</p>

Religion and Belief	Policy/Culture, Religion and Language guide, and any contracted service would be required to adhere in the same way. The proposed programme seeks to up skill staff working with a wide audience of people within NHS GG&C so will include people with different religion and beliefs.		recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.
Age	The focus of this piece of work is to deliver a programme of mental health related training capacity building and work force development/skills support to staff working across GG&C. The scoping exercise to inform planning of the work found that MHWB follows a continuum meaning it can flow from positive to negative or poorer MHWB, this can be due to in part different stages in persons life cycle and changes brought about by transitions. By building staff knowledge and confidence around talking about and supporting positive MHWB we hope that people working with trained staff will be supported during periods of difficulty across the life span. As we age we may experience social isolation and loneliness as our circumstances change and social connections reduce, if this is the case there can be a negative impact on MHWB which may be mitigated against by skilled workers who are confident to speak about and support the people they work with to experience positive MHWB.		The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.
Marriage and Civil Partnership	The focus of this piece of work is to deliver a programme of mental health related training capacity building and work force development/skills support to staff working across GG&C, it is envisaged that staff will be working with people who are married or united by civil partnership. A positive impact should result from an increase in staff knowledge and confidence about MHWB and how to promote/support positive MHWB		The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.
Pregnancy and Maternity	We know that pregnancy and maternity can impact on a persons MHWB in positive and or negative ways - trained staff will be equipped to have supportive conversations with the people they work with and to signpost to services/sources of support if required		The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.
Social and Economic Status	We know that people within lower socio-economic status groups due to a variety of reasons may experience poorer MHWB outcomes compared to their counter parts/peers, in training staff to support positive MHWB we can support this group of people with this protected characteristics to foster positive MHWB when accessing services		
Other marginalised groups (homeless, addictions,	We know that other marginalised groups may experience poorer MHWB outcomes. The scoping exercise has identified specific staff groups in order to focus the programme of training to support positive MHWB within those who need it most. Not having a permanent home, trauma, addiction and poor physical health and well		

<p>asylum seekers/refugees, travellers, ex-offenders</p>	<p>being can all be factors contributing to negative mental health and well being. Again by ensuring staff are equipped to have positive conversations and signpost to service, self help and other community resources should help build and foster positive MHWB while reducing stigma and encouraging people to speak about MHWB</p>		
<p>D. Do you expect the policy to have any negative impact on people with protected characteristics?</p>			
	<p>Highly Likely</p>	<p>Probable</p>	<p>Possible</p>
<p>General</p>			<p>Upon reflection of what this piece of work sets out to do; in that it seeks to support staff working across GG&C to access the knowledge and learning they need to promote positive mental health and well being with the people they work with. We don't think the work will have a negative impact on the people with protected characteristics. The training/Workforce development (WFD) programme will collect routine equalities data from all training participants as part of a pre-determined monitoring and evaluation plan. Participants may opt out of completion of data collection forms if they wish. Trainers will work hard to support participants to take part in equalities data collation as it is included in programme M&E plan. A scoping paper and review of the evidence base has been carried out to inform target workforce(s) for training, we know from the evidence base that certain protected characteristic groups or those with multiple vulnerabilities may experience poorer mental health outcomes therefore the training programme seeks to up skill staff working with specific populations of interest to ensure their practice supports and promotes positive mental health and well being It is worth noting that the successful contract provider is required to adhere to all NHS GG&C policies with specific reference to those including the NHS GG&C Equality, Diversity and Human Rights Policy as well as health and safety</p>
<p>Sex</p>	<p>The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by sex as identified by the individual, only role and remit.</p>		<p>The focus of this piece of work is to deliver a programme of mental health related training/WFD to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by sex as identified by the individual, only role, remit related development needs of staff.</p>
			<p>The focus of this piece of work is to deliver a programme of mental health related training/WFD to</p>

Gender Reassignment			staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit related development needs.
Race			The focus of this piece of work is to deliver a programme of mental health related training/WFD to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by race, only role and remit development needs.
Disability			The focus of this piece of work is to deliver a programme of mental health related training/WFD to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit related development needs. Training will be delivered across a variety of audiences working across GG&C - training providers/trainers are required to ask about additional requirements of participants prior to course attendance to ensure suitable/appropriate access/supports are available and if not reasonable adjustments would be implemented to support staff with a disability to alternative arrangements would be made to ensure training was accessible.
Sexual Orientation			The focus of this piece of work is to deliver a programme of mental health related training/WFD to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by sexual orientation, only role and remit related development needs.
Religion and Belief			The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.
Age			The focus of this piece of work is to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by gender/gender re-assignment, only role and remit.
			The focus of this piece of work is

Marriage and Civil Partnership	By ensuring people working with		to deliver a programme of mental health related training to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by the individuals marital/civil partnership status, only role and remit.
Pregnancy and Maternity			Training will be delivered across a variety of NHS/non NHS venues - training providers/trainers are required to ask about additional requirements of participants prior to course attendance to ensure suitable/appropriate access/supports are available and if not alternative arrangements would be made to support a breast feeding mother, this would most likely be a member of staff who has returned to work and needs a quiet, private place to pump breast milk during the course. If a participant requests this support we would link with the training venue find out if this could be supported. We would not envisage that staff attending training as part of their existing remit/role would require access to a crèche as training would form part of a normal working day.
Social and Economic Status			The focus of this piece of work is to deliver a programme of mental health related training/WFD to staff working across GG&C - training recruitment will be via liason with staff groups and managers, it will not be influenced by social and economic status, only role and remit related development needs. Costs associated with venue hire are the responsibility of the contracted provider and we will ensure that we let all attendees know lunch can't be provided so they arrive prepared and travel expenses would be covered by their own organisation, we will be mindful of the cost of travelling to attend and will advise the successful provider that they should book local venues accessed by public transport and across various sites for ease of access with low cost to the participant.
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)			The evidence base review and scoping paper (for example mental health strategy for Scotland and the GG&C Trauma Training Needs Assessment) has shown us who we should/could target for training however we have not engaged with specific equality groups to ask the question directly.