NHS Greater Glasgow and Clyde
Mental Health Services

Equalities Annual Report

2017-2018
Version 6TL

Content:

Foreword

Over the last two years, the Equalities Development Group for Mental Health Services in Greater Glasgow and Clyde has adopted a focused approach on a number of priority areas, in order to provide focus and drive progress. This report provides a summary of this body of work, taken forwards in conjunction with a wide group of colleagues and partners. These colleagues are drawn from mental health services, but also from wider health and care services, voluntary and community partners.

This annual report provides a summary of the work of each of these priority themes – human rights, financial inclusion and sensory impairment. One of the features of the group's approach over the last 12-18 months has been to draw together wider partners in order to raise awareness, share good practice and to inspire change. Examples include a human rights session in June 2017 (that included inspiring inputs from three peer mentors from Turning Point Scotland's Citizenship Programme) and more than 50 attendees at a session on deaf awareness and responsibilities around the BSL Scotland Act.

Most recently, a collaborative approach with the Deaf community and commissioned film-production partner, Media Education, has led to the development of a suite of films in BSL (British Sign Language) called "Positive Signs", focused on aspects of mental health and wellbeing for the Deaf community.

Finally, I would like to pay tribute – on his retiral - to the constructive role that George Ralston has played over some years as the clinical lead for this body of equalities development work, helping to provide a focus and a connection into mainstream delivery issues for the equalities agenda.

Dr Trevor Lakey, Health Improvement and Inequalities Manager for Mental Health, Alcohol and Drugs, and chair of Mental Health Services Equalities Group

Dr. George E Ralston
Professional Lead for Clinical Psychology
Mental Health Clinical Lead for Equalities

These priorities are central to the people of Scotland's lives and so they need to be central to It is great to see the progress we are starting to make across each of our priority areas. what we do in health and social care. Of course we still have far to go and we want to build on this work, expand it and involve as many of our staff as possible in supporting these agendas.

This will be my last introduction as I am about to retire. I would like to express my thanks to all of those involved in this work across health and social care, our 3rd sector partners and of course most importantly our citizens. Further thanks to Sofi Taylor, Noreen Shields and Trevor Lakey who have been at the vanguard of this work and who need to take credit for much of our progress to date.

Summary of Mental Health Services Equalities Group activity

In 2017/18, NHSGGC Mental Health Services (MHS) focussed on three equalities priorities:

- Financial Inclusion
- Human rights
- Sensory impairment

These priorities were identified from over 10 years learning in Mental Health Services of equalities work. By focussing on 3 priorities, it was aimed to increase effectiveness on more challenging equalities issues for Mental Health Services.

Status reports were prepared for each of the three priorities, with MHS Equalities Leads across NHSGGC liaising with managers and staff in their HSCP on scoping current activity and improvement plans, supported by MHS central equalities staff and GGC's Equality and Human Rights Team.

Development sessions for GGC mental health – and allied - staff were provided on the three priorities, which contributed to spread and increased quality of interventions across NHSGGC. Further details of a number of these development programmes and engagement sessions are provided within this report.

Increased links were established with NHSGGC's Alcohol and Drug Services Person Centred and Equalities Group in 2017/18, including sharing learning on:

- Governance approaches
- Financial inclusion
- Human rights

Financial Inclusion

Introduction

There is evidence that austerity and welfare reform will ***increase*** demand on mental health services. As we move towards the goals of greater "self-management" in National Health Services Greater Glasgow and Clyde (NHSGGC)'s 5 year strategy for Mental Health, with a recovery focus and community involvement to transform health and social care services we will need certain factors to be in place to maximise the potential of achieving these aims. It has been recognised from Maslow's theory on hierarchy of needs that unless we have our basic physiological needs for water, food, shelter and financial security we will be unlikely to be proactive in other areas of our lives including health and well-being, social and community engagement. There is United Kingdom (UK) evidence that addressing income can reduce depression. Simply put by maximising citizens' financial well-being we can achieve a number of outcomes:

- Some service users will no longer require our formal services as financial security will enable them to self-manage problems they may have.
- Those who need our services will make progress faster and will be able to be discharged more swiftly.

- Those in treatment will require fewer sessions as they are enabled to self-manage more easily again facilitating discharge.

- Many citizens will reduce the likelihood of developing mental health difficulties as this area of stress will be ameliorated and so this work can be one of the building blocks of our prevention agenda

Summary of approach:

- Routine enquiry on money and debt worries is promoted in National Health Services Greater Glasgow and Clyde (NHS GGC) services, as appropriate. This meets requirements of the National Health Services (NHS) outcomes focussed plan on welfare reform. There are referral routes to money advice services throughout NHSGGC via the Health and Wellbeing Directory http://infodir.nhsggc.org.uk/.

- Staff guidance on how to enquire about these issues is updated annually http://healthequality.businesscatalyst.com/public_html/Moneyworries.html, with a strong message that signposting to money advice services does not work, direct referral is required.

NHSGGC Mental Health Services developed a financial inclusion improvement plan to support this approach further. This includes roles as:

- ✓ Service provider
- ✓ Role as an employer
- ✓ Role as a commissioner of services

Background

-Aspects of welfare reform are still to roll out by 2020. Universal credit will be the key mechanism for delivery of social security benefits in the UK. Members of the public have to apply on online, which will create barriers for people with mental health issues.

-Historically 40% of incomes for families on a living wage came from social security benefits; this is no longer the case with much reduced incomes from the social security element. However, £15 billion is unclaimed in UK social security benefits annually. The new Scottish Social Security Agency will have a number of devolved social security benefits and wishes to use this opportunity to improve uptake of all social security benefits.

-In work poverty has risen by 50% with in-work conditionality for social security benefits a feature of welfare reform as it rolls out.

-There is evidence of negative effects of welfare reform on mental health (e.g. effects of sanctions; bedroom tax; disability benefits changes; cuts in housing benefits for under 25 years old with a range of evidence from service users and carers of the negative process of how welfare reform is being implemented).

-There is a strong evidence base that increasing income is linked to reduced depression in certain groups.

-There is consistent evidence that people with mental health issues experience substantially higher rates of poverty. A 2018 influential report reported 56% of people with a mental health condition struggle to pay for basic items and pay bills (https://www.jrf.org.uk/press/jrf-responds-ifs-report-living-standards).

- However, funding for money advice services is very problematic (Improving Outcomes in Money Advice, 2017) and in NHSGGC there is evidence that the NHS funding priority for money advice is children's and families services and this funding is in danger of being dramatically reduced (Healthier Wealthier Children Review, 2018).

Progress update

An improvement plan for NHSGGC mental health services on financial inclusion work was agreed in 2016. This report provides a summary of activity and asks for support on the following:

1. Agree all new attendees into the health and social care system should be reviewed for money advice.

2. Formal referral to money advice rather than signposting should be the preferred action by our health and social care staff.

3. Support the development of a scoping paper on NHSGGC Mental Health Services for a funding bid to the 5 year Mental Health Strategy Project Board.

4. Data should be routinely reviewed at Senior Management Teams and Team Level.

5. Advise whether an unclaimed social security benefits campaign for this care group should take place across NHSGGC in 18/19.

6. An update report to Adult Mental Health Operational Group every year on progress.

7. Agree that all areas take up one or more of the following options in 2018/19:

- Where data is collected on mental health service referrals to money advice services, increase referrals by 10%.

- Where data is not available on referrals, conduct a test of change with NHS mental health clients.

- Conduct a test of change with social work clients to assess levels of referrals to welfare rights officers.

- Participate in an NHSGGC wide session on the implications of universal credit for this client group and take the learning to local Community Mental Health Teams. This session would also cover implications of the new Scottish social security agency.

In NHSGGC, work indicates progress in financial inclusion in most localities. The work in Mental Health Services fits with a wider approach to a range of care groups in NHSGGC and reflects guidance from the Mental Health Foundation (June, 2016) on ‘What works to address poverty in mental health services’, which argues for better action on collection and use of data / research and interventions across the life course to address poverty and mental health services. This improvement approach also meets requirements of the refreshed NHS welfare reform outcome focussed plan for Scotland.

In terms of strategic progress, the following has occurred:

- A management lead for this topic is in place (Colin McCormack, Head Adult of Mental Health North West).

- We have negotiated standard routine enquiry money worries and referral items for the new EMIS system alongside other social issues (e.g. GBV) and all protected characteristics.

- Innovative work was tested in some areas (e.g. Inverclyde using DWP and revenue and benefits data to phone mental health, addictions and homelessness services clients to intervene on sanctions; routine enquiry PIP in North West Glasgow and routine enquiry of sanctions – pilot unsuccessful but resulted in Glasgow Drug Courts reviewing their approach to financial inclusion). Although it was concluded that routine enquiry PIP is too challenging and staff will routinely enquire around money worries generally, referrals to money advice services doubled. The researcher recommended ongoing awareness sessions and audits.

- There is no specific data on financial gain for mental health services clients although a rough estimate, using Glasgow - South Sector mental health referrals to money advice services indicates gain of £2,779 per client per annum, which fits with financial gain for other NHS referrals (e.g. children and families average gain £2,000k community settings; £5,600k per annum in C&F inpatient settings).

- Mental Health staff like other care group staff, see poverty as a very important issue but are less likely to take action on routine enquiry and referral to money advice services (NHSGGC staff survey – attitudes to financial inclusion and employability, 2016).

- Some areas have included alcohol and drug services and homelessness data in their reports. This is not reported in this paper as it was agreed mental health services were the sole focus for improvement plans.

- An expression of interest for funding was presented to the Big Lottery fund for NHSGGC Trauma Services, NHSGGC Forensic and Learning Disability Services and for staff training in areas where activity is limited. A referral route for Trauma Services for Glasgow HSCP is in place, however, referral are very limited. The Forensic and Learning Disability Directorate has access to Regional money advice services and Acute Public Health Team staff have been providing staff awareness of this. There remains a gap with Stobhill, Gartnavel Royal and Leverndale Inpatients sites.

- NHSGGC's financial inclusion group is collaborating on developing an improvement plan to poor financial decisions and mental health. This is being led by Robert Kelly, Chief Executive of the NHS Credit Union, in conjunction with the national Money and Mental Health Policy Institute, to explore NHS Credit Union and Credit Union's improved responses to this issue. A plan will be in place 2018-19

- NHSGGC has one of the most robust approaches with the national fuel poverty agency: Home Energy Scotland (HES). Some HSCPs have tested training from HES for mental health staff. The learning from these tests was shared with other NHSGGC areas

- Acute services see a range of clients with co-morbidity including mental health issues. Routine enquiry and referral to money advice services is in place.

- NHSGGC are currently testing a grassroots social marketing campaign on unclaimed social security benefits in relation to the Child Poverty Act. £15 billion in the UK is unclaimed and in Jan 2018 the High Court ruled PIP amendments blatantly discriminate against people with mental health problems.

- Given early successes, an item was prepared for NHSGGC staff news which included Glasgow – South Sector as a good practice example as part of October's Challenge Poverty Week.

- A very successful learning event was arranged in December 2016 by the Mental Health Services Equality Group. Examples of good practice included mental health team performance monitoring and on-going local awareness sessions and use of peer workers in East Dunbartonshire to reduce the stigma of accessing money advice services.

HSCP Improvement Plans – update

Areas do not gather data on social work referrals to welfare rights officers. It is recommended areas consider this issue in their improvement plans. Glasgow City Social Work welfare rights team are reviewing their data collection systems and plan to incorporate this care group.

Area Mental Health Services: Improvement plan updates

Glasgow City Health and Social Care Partnership (GCHSCP) total referrals

Year: 2016/17		NE	NW	South	Total
o	PCMHT	5	23	8	36
o	CMHT	43	122	226	391
o	OMHT	2	62	52	116
o	Total	50	207	286	543

Year: 2017/18	NE	NW	South	Total
PCMHT	10	21	18	49
CMHT	41	126	190	357
OMHT	40	64	67	171
Total	91	211	375	577

When summarised the total referrals for GCHSCP continue to be positive. There is a 10% increase in 2017/18, with the majority of referrals coming from Community Mental Health Teams. Noticeably, South Sector has higher referral rates which reflect a trend back to 2015/16. South Sector has carried out quite innovative work in mental health

settings with peer workers. This learning was shared at September 2016 Mental Health Equalities Development Group and October 2016 financial inclusion group.
North West and South have continued to double referral rates as compared to 2015-16 trends. This includes increased rates for Primary Care Mental health Teams (PCMH), Community Mental Health Teams (CMHT) and Older Peoples Mental Health Teams (OMHT) (see March 2016 report to AMH operational group for 2015/16 trends). In addition, a new monitoring form tracks which specific teams tend to refer and interventions to address poor referral rates put in place.

There is also service provision in Glasgow City from services monitored by Service Level Agreements. For example, Health Improvement commissioned mental health services (e.g. Lifelink) had training on direct referrals via the GAIN helpline, although referrals are low.

Glasgow – North East Sector: North East Improvement plan update:
As the advice provider in North East also has a self-referral service it is possible that Mental Health staff signpost patients to refer themselves, there is no way to capture if this is the case.

Health Improvement has done a range of welfare advice and fuel poverty sessions and these were opened to Mental Health staff. There were three screenings of "I Daniel Blake" shown as learning events (two staff and one community sessions).

Forensics at Rowanbank contacted North East around an information request for their Carers. Information on the carers benefit card which provides unpaid carers, including kinship carers, with access to a range of discounts on services and activities was provided as 'an assistance'.

All carers over 18 years of age who live in Glasgow, who provide care for a Glasgow resident, are entitled to receive a carer's privilege card free of charge.

Unpaid carers currently registered with one of Glasgow's six carer centres will automatically receive a carer's privilege card. If they are not known to carer services in Glasgow then they can complete the self-assessment form to apply.

Client case studies were provided and a report on the work at Parkhead hospital. Referrals are: (2016/2017 (referral no: 103) resulting in £122,495 gain, 2017/2018 (referral no: 33) resulting in £116,302 gain). The following case study illustrates work:

Seen new client who was single adult under 25 living with his parent. He had not been in receipt of any benefits at all before being admitted to hospital. This was due to him not interacting with people due to his mental health issues. Discussed claiming ESA with client as he would be unable to currently claim JSA. After discussion and persuasion, client agreed to allow me to complete a paper claim for ESA and also get a backdated sick line from client's date of admittance. Explained to client he would have to contact doctor for sick line if he wished to backdate claim any further than date of admittance to hospital. Client happy to claim from date of admittance.

Completed ESA1 paper form using information supplied by client and his mother. Mandate signed and all posted.
Discussed claiming PIP and explained that if awarded PIP it would not be paid to client while he remained in hospital. Client understood this and wished to claim. Form was received and completed using information supplied by client and mother.
Mandate was signed and form / mandate posted. Client was placed into support group for ESA without a medical as client was still in hospital. Client received a £325 backdate and an on-going fortnightly amount of £115.80.We are still awaiting the outcome of the PIP claim. Client has no responsibility for rent or fuel. He has no debt issues."

This is a 2018 case study from Parkhead which illustrates major benefits of money advice for people with mental health problems.

Client was seen in Parkhead Hospital as his Employment and Support Allowance (ESA) money had stopped but client was unsure when contacted Department of Work and Pension (DWP) who informed client had been notified his ESA had stopped due to reaching State Pension age. DWP informed they had sent a letter to client 4 months before and he had not responded.
Client did not remember receiving a letter but admits he may have done. Contacted pension service and claim was made for state pension.

Contacted housing benefit office and was informed client not in receipt of Housing Benefit as no longer on qualifying benefit. Informed them of situation and change of circs form was sent.

Made claim for Personal Independence Payment (PIP) and client was awarded Enhanced rate of Daily Living and Enhanced Rate of Mobility. He was advised that the payments would start as soon as he is discharged from hospital. Called client housing office and explained situation to the housing manager and advised that Gemap will be pursuing a backdated housing benefit claim. The housing manager confirmed that there was at present outstanding rent arrears of £1,300. The housing manager will not pursue any further action.

Housing benefit and backdate awarded, no further action taken by the housing officer secured the clients home for him returning from hospital.

State pension awarded £159.55 per week= £8296.60
Backdate of Pension = £2233.70
Total award =£10,530.30
Housing benefit backdate £76.15 per/week =£3959.80
Backdate of housing benefit= £1,450.90

Personal Independence Payment £141.10 per/week =£7337.20"

Glasgow - *North West Sector Improvement plan* update:

- The evaluation of the test of change CMHTs routine enquiry PIP to identify clients not in receipt of disability benefits or who are unaware of Disability Living Allowance (DLA) to Personal Independence Payment (PIP) changeover was undertaken by a Clinical Psychology trainee. Staff who attended training demonstrated good practice around routine enquiry money worries and a good knowledge of PIP. However, relatively small numbers of staff attended the training. The evaluations of the training were reasonable. Referral rates doubled after the intervention but feedback indicated that routine enquiry money worries was a more comfortable approach for them. It was recommended staff receive refresh training and repeat audits.

- A range of local awareness sessions have been provided including input into the Dec 2016 NHSGGC mental health services and financial inclusion learning session, at which good practice on performance monitoring was shared.

Glasgow – *South Sector Improvement plan* update:

- The money advice referral form is added to CMHT database. Regular awareness sessions continue to take place at CMHT and PCMHT team meetings as required. 2 Mental Health Resource Centre in-reach pilots are in place. Joint work with Housing Associations is proving fruitful and the peer support model has resulted in clients with complex issues (e.g. suicidal ideation due to money worries, isolation) being identified and supported in the non-NHS service they are using. Feedback from the DWP indicates this advocacy role is helping with Employment and Support Allowance (ESA) and work capability assessments.

East Dunbartonshire Referrals and Improvement plan update:

2016-2017: 36
2017-2018 : 2

The East Dunbartonshire PCMHT and CMHT have received information which supports team members to refer service users to the local Income maximisation Service.

East Renfrewshire: Referrals update and *Improvement plan update:*

2016-2017: Total 23 (underestimate)
2017-2018: Total 316 (8% of caseload)

In this area, referrers /teams provide limited information on which team they work in:

	2016-2017	2017-2018
CMHT	23	52
GP/Nurses/HVs	76	123

(Some may be from Mental health teams but we are unable to break this down further, Recovery Across Mental Health (RAMH) in the years 2017/2018 n=-9).

- 2017/18 Rehabilitation and Enablement Services (RES) team (adult South West) referrals 123 (Again these will be from the various adult services team including older people's mental health.

- A session on benefits from Money Advice Service was provided for CMHTs with the circulation of new welfare rights information

Inverclyde update: Robust approach in place. Innovative work includes using DWP and Revenue and Benefits data to phone clients who have been sanctioned and proactively challenge this, many who have mental health issues. A similar approach has recently been employed around child benefits also.

With the advent of full service Universal credit within Inverclyde, benefit cases require much more support due to the complexities of this new process for vulnerable groups, including those with mental health problems. A partnership approach continues across Inverclyde and extra resources are in place to help support the most vulnerable, particularly those who are homeless; have mental health and addiction issues.

Renfrewshire Referrals update:

Total 2016/17 142 (Partial data – CMHT only)
Total 2017/18 75 (Reduced partial data – Advice works service only)

RAMH had funding to provide interventions for CMHT and (Alcohol and Drug Recovery Service) ADRS settings. The economic evaluation indicated of £189 per person to the public purse (e.g. average financial gain divided by staff & infrastructure costs). Referrals trebled in the first six months of this intervention. However, monitoring criteria changed in February 2017 thus no data is held now.

In terms of other service providers in Renfrewshire, Advice works does not collect data on this care group on and in 2017/2018 the network service had 75 referrals from all mental health service referrals.

West Dunbartonshire

At Goldenhill Mental Health Resource Centre, a Welfare rights officer sees up to 6 patients every week, the Welfare Rights Officer is situated within Goldenhill 1 day per week. With time reduced for holidays this equates to 282 possible appointments, these appointments are 100% filled each week by referrals from the Community Mental Health Team(CMHT) and Older People Mental Health Team (OPMHT) at Goldenhill. Some appointment times are taken by referrals from the Primary Care Mental Health Teams (PCMHT), who refers people to the Welfare Rights Officer at both Goldenhill Mental Health Resource Centre and Riverview Mental Health Team, depending on where the patient lives. The PCMHT do not currently record this, however the Welfare Rights Officer receives the referrals. The Welfare Rights Officer appointments relate to money advice/ benefit advice and support regularly linking with other CMHTs staff to facilitate solutions to these, often stress-inducing issues for patients.

Scoping work has taken place with a new team within Citizen Advice Bureau (CAB) in West Dunbartonshire. They are concerned with Fuel Poverty and intend contacting our local mental health teams to let them know what they are doing locally and how team members. They aim to increase referrals to welfare rights in West Dunbartonshire over the near future.

A welfare rights officer is based in Riverview Resource Centre CMHT for 1 day per week with 6 appointment times each week. Again this equates to 282 possible appointments. The welfare rights officer has all appointments filled each week. The PCMHT at the Vale Centre for Health and some appointments taken up by participants from the Employment Project (Work Connect) based in Dumbarton which is managed by a member of the Mental Health Team in Riverview. This serves both people with long term mental health issues and learning disabilities and helps to support them back into the workplace. The welfare rights officer appointments are an invaluable service supporting people with money advice, benefits advice and solutions to stress inducing issues for patients.

This means that across West Dunbartonshire last year 564 appointments were filled by referrals from mental health professionals working in both clinical and community settings.

An Equality Impact Assessment (EqIA) of Primary Care Mental Health Teams Service Redesign stated: "*staff to use the NHSGGC Health Improvement Directory to refer to*

Money Advice, Employability & other social support services". There is variation in PCMHTs routine enquiry, signposting, self-referral and direct referral to money advice services. Some teams have established models which appear to be flexible to the client group.

There is a consensus among financial inclusion leads that good practice would be the model that is employed in some PCMHTs: the initial assessment covers what clients are planning to live on and offers a combination of direct referrals for people with, for example, major debts and who present strong stigma associated with poverty, whereas other clients feel comfortable to self refer as part of their goal setting.

Given the variation in PCMHTs direct referrals, a briefing has been prepared (Appendix 2) for PCMHT Team Leaders to share learning on different approaches that have developed in PCMHTs on financial inclusion and challenges to good practice particularly the implications of EMIS web roll out.

Given that "1/3 of the UK, who were the poorest anyway, are expected to bear the burden of welfare reform of the other 2/3" (Professor Jonathan Bradshaw, Child Poverty Action Group (CPAG) conference May 2017), the NHSGGC financial inclusion group recommends further monitoring of Mental Health Services referrals and action.

Human Rights

Human rights were agreed as a National Health Services Greater Glasgow and Clyde (NHS GGC) priority for Mental Health Services in alongside financial inclusion and sensory impairment. Separate annual updates have been developed for financial inclusion and sensory impairment. This paper provides a summary of activity on human rights and asks for support on the following:

- ✓ Agree human rights should be an on-going priority for NHSGGC mental health services.
- ✓ Making human rights considerations more explicit in public engagement of NHSGGC's 5 year Mental Health Strategy.
- ✓ Human rights and equalities training for NHSGGC's pilot of Mental Health Services peer workers.
- ✓ Identification of three Mental Health Services per annum for staff training on human rights including areas where an Equality Impact Assessment (EqIA) had been carried out.
- ✓ Further training for service user groups on human rights and patient feedback systems which incorporate human rights issues.
- ✓ Support for exploring Mental Health Services Quality Improvement work from a human rights lens.
- ✓ Update reports to appropriate Adult Mental Health planning groups on an annual basis.

Background

Scotland has a Scottish National Action Plan on human rights (SNAP). Health and social care services are cited in this national plan. A National Health and Social Care Group have conducted work on integration of Human Rights Based Approaches (HRBA) into national developments such as the Health and Social Care standards. NHSGGC is

the only health board in Scotland to have developed a wide range of human rights actions and has done problem solving and joint work with Health Scotland; the Centre for Health Policy; Scottish Human Rights Commission; the Alliance; Mental Welfare Commission; Scottish Recovery Network; Mental Health Foundation; Glasgow Homelessness Network; Glasgow Association for Mental Health; British Red Cross and Turning Point to support Human Rights Base Approach (HRBA) in NHSGGC.

Internationally, traditionally human rights law implementation has focussed on political rights. There are increasing calls for operationalization in communities of social, economic and cultural rights. Scotland is an early adopter in having a national human rights plan.

There is evidence that UK health and social care services that adopt a human rights approach:

- Achieve better patient outcomes
- More empowered patients which fits with the national person centred care agenda
- Improved staff satisfaction and staff identification of their rights at work
- Increased clarity of rights versus requests from patients of health and social care services

NHSGGC has developed human rights work since 2016. Work to date has included: commissioned a literature review from the Centre for Health Policy on what works:

- ✓ In health and social care settings on human rights approaches;
- ✓ Integration and analysis of human rights into Equality Impact Assessment;
- ✓ Development of staff and patient training materials
- ✓ And a range of tests of change within corporate and frontline services.

Over a number of years, some Mental Health Services have been developing and reviewing their approach to human rights and this is evidenced below.

Progress in NHSGGC Mental Health Services

NHSGGC wide learning

In NHSGGC Mental Health Services, there is very good progress on human rights. The MHS Equality Facilitator and NHSGGC's Equalities and Human Rights Team have supported the development of simple HRBA tools in NHSGGC. These Development Leads: work with others to devise a strategic approach to HRBA in key services, aligning this development of current work of development programmes such as the delivery of NHSGGC's 5 year Mental Health Strategy:

- Advice on tests of change.
- Provide initial training for staff and service users.
- Support training for trainers' approaches.
- Provide advice on use of NHSGGC standard evaluation tools for HRBA training and tests of change.
- Share examples of good practice.

In terms of strategic progress, the following has occurred:

- A summary of Mental Health Services human rights work in Mental Health Services Annual Equalities and Human Rights reports.

- As part of the roll out of NHSGGC's 5 year mental health strategy, peer workers involved in the NHSGGC pilot will receive equalities and human rights training; human rights messages will be more explicit within mental health strategy community engagement work, in particular a training for trainers model for the Mental Health Network, and within peer support models and recovery colleges roll out, in conjunction with the Scottish Recovery Network.

- Mental Health Services participated in an NHSGGC human rights good practice event in June 2016. Health Scotland and the Alliance commented on the innovative human rights work that had been developing in specific mental health services.

- A review and development event took place in 16th June 2017 which was attended by 33 participants from health, social care and non-governmental organisations. This session examined the outcomes on realising human rights for individuals and resulted in more staff wishing to lead on human rights tests of change.

The speakers at this session were:

- Cathy Asante, Legal Officer - Human Rights Based Approach, Scottish Human Rights Commission on the international instruments,

- Ruth Brown, Circles: Advocacy Service, and Tommy Harrison, Senior Change Nurse, Rowanbank Clinic, the impact of human rights training for staff and service users. The patients council has taken on developing a poster for each ward on human rights within Rowanbank Clinic,

- Noreen Shields, Equality and Human Rights team and Lisa Curtice, University of Strathclyde, International Public Policy Institute Centre for Health Policy, who discussed NHSGGC human rights plan and research on human rights,

- Karen Black, Citizenship Development Co-ordinator, Turning Point Scotland, along with three peer mentors, who generously shared their stories of taking part in the Connecting Citizens programme. They reflected on their lives prior the programme and spoke of how important knowing their rights has been and how this knowledge has help shaped their future. They all felt that the future is more positive.

- Graham Morgan, Engagement & Participation Officer (Lived experience), Mental Welfare Commission for Scotland, spoke to his personal experiences of good and poor practices within mental health institutions

All Mental Health Services that have tested a human rights approach now review and refresh this approach as part of their planning

Mental Health staff like other care group staff sees human rights as a very important issue but are less likely to be clear on what it means for day to day practice (NHSGGC Fairer NHS Survey, 2016; next survey due 2019/20)

Acute services see a range of clients with co-morbidity including mental health issues. Human rights approaches are developing in this setting also.

Service users involved in human rights training at Glasgow Association Mental Health felt so enthused by the training, they developed a leaflet of what human rights mean to users of NHS and social care services. This resource is being used routinely now in NHSGGC human rights training

The Mental Welfare Commission has developed a human rights guide. NHSGGC Mental Health Services are working with the Commission to assess the guide

A session with NHSGGC's Mental Health Quality Improvement Group in October 2018 identified ideas for human rights packages which are being explored

There is work with the Royal College of Psychiatry to assess the learning from NHSGGC

46 Mental Health, Alcohol and Drugs and Learning Disability staff completed a webropol survey in December 2017. 27 comments were made including:

"It is extremely important to be aware of human rights when working with the learning disability population to ensure that individuals are treated with the same respect, dignity and access to services as the general population"

"Understanding health as a human right creates a legal obligation to ensure access to timely acceptable and affordable health care of appropriate quality"

"Human rights make a big difference. People accessing services are most vulnerable to human rights violations and often have very little education and lack access to information as staff are also often uneducated about human rights"

However, only 3 respondents had human rights training previously with only 18% being really confident around human rights issues. 72% wished training mainly in Learning Disability Services; CMHTs; MHS inpatients; OPCMHT and ADRS. Equality Leads have worked with those areas to develop tailored training packages. A human rights improvement plan is being developed by NHSGGC's Alcohol and Drugs Person Cantered Care and Equalities Group also.

Health and Social Care Partnership breakdown

Equality Impact Assessments from 2016 are included.

Area	**Mental Health Services – Human Rights work**
Glasgow HSCP: Directorate of Forensic & Learning Disability Mental Services	This service traces its work on human rights back to 2007 when equalities and human rights elements were incorporated in the development of the new medium secure unit (Rowanbank clinic). This included consideration of the State Hospital joint human rights work with the Scottish Human Rights Commission. Various EQIAs were completed and a human rights mapping exercise against human rights articles found a range of good practice and areas for

	improvement, which was supported within a visit by the European Committee for the prevention of torture and inhuman treatment. A partnership approach with Circles Advocacy Services has been key to the success of this work. For example, regular human rights workshops involving this agency found NHS staff and patients reported that "patients and staff said they didn't understand their human rights or how to enact them". Further discussions resulted in the identification of these key issues for restricted environments: relationships; choice; smoking; rehabilitation and information. The Directorate is working with the Mental Welfare Commission to assess what additionally the MWC toolkit can bring to their approach. Human rights are a standing item in Directorate Health Improvement and Equalities bi-monthly meetings and work is disseminated to staff. We are exploring patient and staff case studies from the Directorate.
Glasgow HSCP: Trauma Services	Trauma related services were redesigned into a single service in NHSGGC, hosted by Glasgow HSCP. EQIAs of the single service indicated a strong human rights focus
Glasgow HSCP: Gartnavel Royal Inpatient Services	A service manager is leading a review of human rights in Gartnavel Royal. This includes the work of a staff group who are working with the Mental Welfare Commission, using the Mental Welfare Commission human rights toolkit and older people and human rights events in October 2018.
Glasgow HSCP: Esteem service	This service was showcased as an example of good practice on human rights in NHSGGC's 2013-16 Equality Monitoring report (see Appendix 1)
Glasgow HSCP: Ward 3b Leverndale EQIA	Mental Health Services EQIAs covered human rights much more extensively than in Acute Services EQIAs.
East Dunbartonshire HSCP	Mental Health is exploring human rights training sessions as part of a wider approach for HSCP staff; service users and carers. This builds on a good response to the Dec 2017 staff human rights survey and a desire expressed by a number of staff for such training. The work is long term and fits with the establishment of an Equality Leads network linked to the development of HSCP Equality outcomes.
East Renfrewshire HSCP: Mental Health Redesign EQIA	Work has been undertaken in 2017/18 in preparation for an EQIA. The EQIA is planned for 2018 /19. User engagement work has included human rights focus linked to the recovery agenda.
Inverclyde HSCP:	University of Glasgow Clinical Psychology Doctorate Programme in November 2015, Institute of Health and well-being SEBP report

Inverclyde Royal Inpatient service	(2016): An evaluation of Equality and Human Rights training delivered to inpatient and community mental health services in the Inverclyde area, found positively contribute to Inverclyde HSCP and the Mental Health Equality Development Groups' HRBA within NHS GG&C services. It supports the delivery of Equality and Human Rights Training as a means to empower staff from an equality and human rights framework. The project raised important questions about how to identify and measure indicators of change within clinical practice. A description of the project has been included in an NHS GG&C Mental Health Services Equalities Annual Report.
Renfrewshire HSCP: EQIAS	Mental Health Services EQIAs covered human rights more extensively than in Acute Services EQIAs. The following were completed in Renfrewshire since 2016: Arran & Bute wards; Ward 37 RAH; East, North & South wards, Dykebar. Examples of changes in day to practice cited in East Ward, Dykebar Hospital and Ward 37, RAH EQIAs include: Article 2: "We are moving away from a hands-on approach to handling aggressive incidents to de-escalation to minimise stress where possible Article 6: "Every patient receives an individual care plan based on their rights, relationships and recovery. Some staff in this area responded well to the staff human rights survey in Dec 2017 and we are exploring joint training options for staff in CMHTs, Inpatients and Learning Disability.
West Dun HSCP	West Dunbartonshire are providing a training session for the Care and Clinical Governance Symposium, which includes Mental Health, Alcohol and Drugs Services and Learning Disability staff. Workshops are exploring various aspects of practice (e.g. care planning, procurement). Staffs are being asking what can be adapted in their practice and what challenges are within this. A follow-up session will be provided with the aim of identifying staff who wish to be involved in training for trainers programme. In addition, human rights training with service user networks are being explored, starting with the Learning Disability Good Life Group.
Learning Disabilities	Work with National Involvement Network, a group of people with learning disabilities across Scotland, hosted within ARC (the Association for Real Change) to develop their Charter for Involvement:http://arcuk.org.uk/scotland/charter-for-involvement/. A session on Human Rights were delivered: "Human Rights 4 me". In 2011-2012, Netherton (a specialist mental health and learning disability services, to 8 service users within a community based

	assessment and treatment service) web-link: http://teams.staffnet.ggc.scot.nhs.uk/teams/Partnerships/MHP/Equal/Shared%20Documents/final%20MHS%20Equalities%20Annual%20Report%202012.pdf A group was also set up with the following membership, Clients, Corporate Inequality Team, nursing staff and Student Nurses from Glasgow Caledonian University to look at facilitating workshops for clients from all inpatient areas to support capacity building, and give clients the confidence and skills to influence service development across all Learning Disability Inpatient services. Nursing staff then completed The Scottish Human Rights Commission Care about Rights training resource. The staff developed an explicit human rights based questionnaire for nursing staff, carers and service users which involves support from equal say advocacy project, to test the quality of the inpatient service for those with learning disabilities. The aim is now to use the data for the next phase which is to widely develop a human rights way of practising within learning disability services. Findings and challenges encountered on equality activities: • Self-directed learning was an issue for some of the staff team; however the change nurse was able to address some of this by obtaining valuable input from the Health Improvement Lead at our staff development days. • Some staff required additional input to understand what human rights meant for them in their particular roles. • Some carers were reluctant to engage as they were happy with the service provision. In addition, 31 Learning Disability staff responded to the Dec 2017 human rights staff survey. Several from Renfrewshire. Options for delivering training to this group of staff are being explored. In addition, Greater Glasgow and Clyde Health Board works with the Scottish Consortium on Learning Disability and explicitly incorporating human rights into their review of the 'Keys to Life' and their work across Scotland on the key elements of a Learning Disability strategy.
Third sector: Mental Health Foundation	The Centre for Health Policy was commissioned by Health Scotland and the Alliance to do work with service users to explore their experiences of human rights issues in health and social care services. Mental Health Foundation and Glasgow Homelessness Network were partners in the work and trained peer researchers to carry out the work. The report highlights good practice and areas for improvement, which has been disseminated widely and a national peer researcher collective is developing. NHSGGC continues to

	work with the Centre for Health Policy.
Third sector: Glasgow Association for Mental Health	In 2016, NHS staff worked with Glasgow Association for Mental Health (GAMH) and the Centre for Health Policy to test human rights training with staff and service users. Two sessions took place with a group of 15 service users, who have met for a number of years to provide peer support and problem solving on health and social issues. Practical tools (e.g. NHSGGC complaints forms & procedure; PASS leaflets and patient opinion website) were shared. One session took place with 10 staff to explore their views of human rights in day to day practice. Then both groups met to together to explore the joint learning and next steps. Service users devised a training tool on what human rights mean to them when using services. All sessions evaluated very well. Comments included: "*I didn't know what human rights were or that I had them, I now know & feel much more confident in what to do when my rights are not met*". A dissemination event to share the tool, current use in training and future plans took place March 2018. Service users developed a drama using human rights approach and poems. NHSGGC are exploring with GAMH use of the drama for further training and are working with GAMH on 'Training for Trainers' approach currently. A celebration and evaluation long term evaluation event is due December 2018. Waverley Care who is a partner of GAMH wishes to explore 'training for trainers' model for their staff also.
Third Sector: Turning Point	Turning Point Scotland has taken on an exciting new approach 'Citizenship' defined as 'an innovative and holistic model for community integration and social inclusion' and includes the theory of the strength of an individual's connection to the 5 R's of rights, responsibilities, roles, resources, and relationships that society makes available to its members and is designed to address the issue of community disconnection. Human rights training made a substantial impact on service users. For example: *"Before this I didn't know what my rights are, now I know & I won't forget. I have the right to a job & a life. I am doing hair dressing now & love it."* The Co-ordinator reported: *"It's important to stress this isn't aftercare or another type of intervention. We are integrating it into the current programme and are supporting people with the 5 R's right from the start. It's not a new TPS service or an alternative to services. Ideally Citizenship works alongside the support we already offer and enhance it."* We are exploring patient case studies from this service.

Future reporting
Given that there is a range of evidence in NHSGGC of positive outcomes for staff and patients from Human Rights Based Approach, the group had agreed and is working with the seven objectives. .

Examples of good human rights training from Turning Point Scotland (TPS) and Glasgow Association for Mental Health (GAMH)

Case Study: Turning Point Scotland

Connecting Citizens is a program delivered by Turning Point Scotland (TPS). This program, which follows the framework of the Program for Recovery and Community Health (PRCH) 'Citizens' project, has been running since February 2016. Connecting Citizens is open to individuals who are currently accessing or have recently completed one of TPS's services. One of the key aims of Connecting Citizens is to empower participants to build an identity away from the issues that brought them into services. As such individuals attend the program as 'students' rather than 'service users', and participants complete an application form rather than accessing the program through being referred by a key worker or practitioner.

A recent study found that participation in the programmes had improved the overall inclusion of participants in their communities, enhancing their citizenship, although challenges remain. The key themes identified were the importance of: relationships: recognition, respect and reciprocal trust; participation; access to opportunities; identity; sense of belonging and safety; the importance of goal setting.
Greater Glasgow and Clyde Mental Health Improvement Lead (equality and diversity) support this programme by facilitating the discussion on human rights. 2018 marked the 3rd cohort who had undertaken this session.

Jim lives in Glasgow, has been in prison and has lived experience of mental health problems. J was in the second cohort and attended 2 sessions on human rights and become a peer mentor to the 3rd cohort. J said "I take my book on human rights wherever I go. I had some problem with my windows in my flat and I went to the housing association. I felt that they were not listening to me so I use the language of having rights to live in a home that is not damp. Guess what, I am getting new windows nest week". He felt that he is aware and use his rights every day and that keep him on the straight and narrow.

Mary reflected on her history, she lost contact with her sister and was just re-united with her parents and son. Mary said that at time she wanted to return to jail "I have 3 meals a day and felt safe, I have been in jails so many time that I know how it works" She said that she had addiction problems, that was how she coped with life but now she said "This stuff is so simple, I have rights because I am a human being. I feel in control, powerful like and no one is going to put me back there again".

(Names in these case studies have been changed)

Case Study: Glasgow Association for Mental Health (GAMH)

In late 2016, NHS staff started to work with Glasgow Association for Mental Health and the Centre for Health Policy to test human rights training with staff and service users.

Two sessions took place with a group of 15 service users, who have met for a number of years to provide peer support and problem solving on health and social issues. Practical tools (e.g. NHSGGC complaints forms & procedure; PASS leaflets and patient opinion website) were shared.

One session took place with 10 staff to explore their views of human rights in day to day practice. Then both groups met to together to explore the joint learning and next steps.

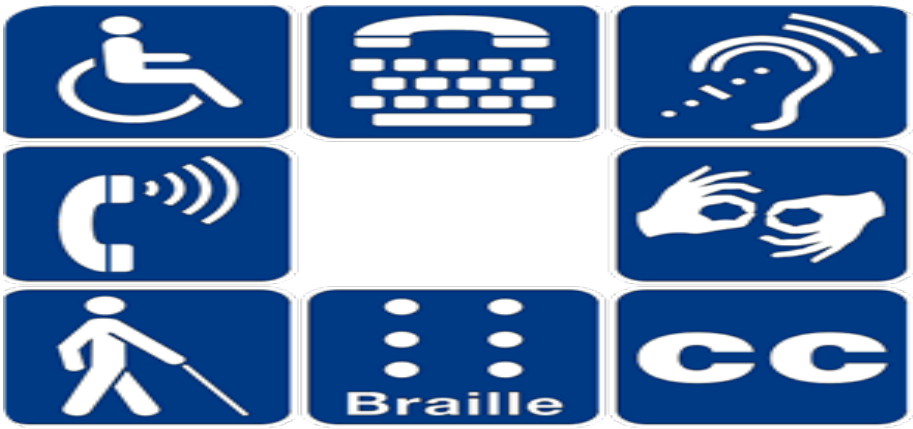
Service users devised a training tool on what human rights mean to them when using services. This was very useful in identifying 'what is a right versus what is a request to a service'. The tool has been used in wider NHSGGC staff and service training on human rights and equalities issues.

All sessions have evaluated very well. Comments included:
"I didn't know what human rights were or that I had them, I now know & feel much more confident in what to do when my rights are not met".

A dissemination event to share the tool, current use in training and future plans took place March 2018. Service users developed a drama using human rights approach and poems. NHSGGC are exploring with GAMH use of the drama for further training.

In addition, NHS Equality and Human Rights Team and Mental Health Improvement Lead (equality and diversity) supported GAMH with aTraining for Trainers approach currently. Interactive learning and review sessions have taken place. Comments included: "Really enjoyed this training and explanations were straightforward and how they apply to everyone, every day. It made a topic which can be complex very relevant and easy to understand"; "Learned so much and enjoyed the real life examples and the local context"; "Very informative to know the impacts of human rights and equalities in mental health and in life in general". 10 staff are using human rights and equalities training materials with further GAMH staff, service users and carers. In some instances, this involves adapting current training (e.g. Carers Training, Volunteers Training Programme). A training for training resource pack is been developed through the sessions and discussion is supporting roll out of the training.

To capture the shared learning from GAMH service user and staff work, NHS Equality and Human Rights Team and Mental Health Improvement Lead (equality and diversity) are working with GAMH to arrange a review event in December 2018. A graphic illustrator will capture successes and challenges to date.



Sensory Impairment

British Sign Language Scotland Act (2015)

Scottish Parliament Act (2015) promotes the use of British Sign Language by making provision for the preparation and publication of national plans in British Sign Language. This requires public authorities to prepare and publish their own British Sign Language plans in connection within the exercise of their functions and to provide for the manner in which such plans are to be prepared and for their review and updating.

Scotland's first Britain Sign Language(Scotland) Act 2015 covering all public bodies with a national plan setting out Scotland's ambition to be the "best place in the world for Britain Sign Language (BSL) users to live, work and visit". The Deaf community have been campaigning tirelessly to achieve equal status in society, leading to the establishment of the BSL Scotland Act 2015 enquiring public bodies across Scotland to publish their local plan on BSL by autumn 2018. The Act ensures that the Deaf people a fairer access to their naturalised language and make Scotland is one of the best places to live for the Deaf community.

The Scottish Government National Action Plan was published in October 2017 with the help from the National Advisory Group (NAG).The NAG is a group of representative from the Deaf community who use BSL and representative from key public bodies totalling 21 people altogether.

There are 10 main goals set out in the national plan covered the following areas:

- Scottish Public Services
- Family Support, Early learning and Childcare
- School Education
- Post School Education
- Training, work and Social Security
- Health, Mental Health and Well being
- Transport
- Culture and arts
- Justice
- Democracy

Introduction

NHSGGC Equalities and Human Rights team had reported from a series of consultation events that Deaf communities communicated that Mental Health Services are not accessible due to language barriers and lack of awareness from NHSGGC staff. The role of the Health improvement practitioner (Mental health and Deaf Community) was created to promote health, wellbeing and prevent mental health illness of Deaf sign language users with mainstream services of NHSGGC.

There are three main outcomes of the Mental Health and Deafness Project

- Establish unmet needs of BSL users in relation to mental health
- Improve Deaf People's knowledge of mental health services
- Establish best practice in NHSGGC mental health services/prevention for BSL users.

According to research, it is widely recognised that Deaf people are more likely to develop mental health problems than general population due to many factors. These include; isolation within family and friends' network, communication barriers, lack of educational support, lack of knowledge about mental health prevention and poorer access to services.

All these factors are more likely to contribute an increase likelihood developing mental health problems such as long term depression and anxiety leading to poorer health outcomes for the Deaf community.

The Health Improvement Practitioner had held several consultations with the Deaf community and came up with findings from Deaf BSL Users.

Findings from these consultation events:

Service users are encouraged and to seek out help by contacting NHSGGC. They are resources on mental health by the NHSGGC however there is little or no information in British Sign Language. Many BSL users rely solely on BSL not English language to receive effective communication.

Access to medical professionals can be challenging for Deaf BSL users. Booking BSL interpreters for a Deaf person appointment should be straightforward but it can be problematic due to various reasons. From a service user's point of view to speak about mental health issues to GPs and mental health professionals can be difficult. Many health professionals do not have an understanding of Deaf culture; there is an increased risk of being misdiagnosis due to language difficulties even with a BSL interpreter. The GP's mental health assessment might not be culturally appropriate for Deaf people.

The majority of mental health interventions are "talking therapies" and this can be problematic if the service user is Deaf and use BSL. There is limited number of clinicians who can use sign language. An ideal solution is to use BSL interpreters however it can be challenging in therapeutic environments.

In mental health inpatient care, the use of constant communication and keeping the mind active is vital for recovery. Many Deaf inpatients struggle to communicate with mental health professionals with very little sign language support.

In summary there are 4 main barriers faced by Deaf people in mental health care in particular order:

- Information provision / ability to self-manage
- Access to GPs / Primary Care
- Provision of service across community and Acute
- Ability to maintain recovery

Some Actions and activities from Glasgow City Health and Social Care Partnership and Greater Glasgow and Clyde Health Board in meeting the BSL Act:

- ✓ An awareness rising session was held by Greater Glasgow and Clyde Health Board Mental Health Services – Equalities Development Group on Friday 4th May 2018 in Scottish Youth Theatre. 50 participants attended this event from social work, health and 3rd sector organisation.

- ✓ Part of the Equality and Human Rights team's participation and engagement strategy included specific focus on reaching out to BSL organisations/ deaf club to ensure their voices are heard in our consultation event on 11th July.

- ✓ Your support, Your way: waiting to upload a short film welcoming visitors using BSL to the site and a specific designed area for BSL organisations/ clubs etc during autumn 2018.

- ✓ Heads up Mental health webpage specifically targeting BSL users to be released October 2018.

- ✓ Development of a forum/ network group of individuals who use BSL/ deaf organisations/ deaf clubs: to consult with and also discussion on developing actions.

A suite of films "Positive Signs" was launched on 17th Sept 2018. Five short films highlighting Deafness and Mental Health, isolation and stigma experience by Deaf people, as well as approaches to positive mental wellbeing.

48 participants attended this event of which 18 were from the Deaf community.

- ✓ *Film 1-A short conversational piece in BSL explaining what is Mental Health*
- ✓ *Film 2 –Accessing Mental Health. The Pathway of accessing mental health care at NHSGGC*
- ✓ *Film 3 –Jo's Story. A fictional story of a Deaf person's experience at a GP's office*
- ✓ *Film 4 –Sam's Story. A Fictional story of a Deaf person experience during counselling session.*
- ✓ *Film 5 –Promoting Mental Health and Well-being. Interviewing members*

This report represented some of the actions and activities taken place so far. The work with the Deaf communities will be taken forward by the Greater Glasgow and Clyde Health Board and Health and Social Care Partnerships across the GGC HB area.

Looking forward – Five Year Mental Health Strategy

The Five Year Strategy for Adult Mental Health will ensure mental health services are accessible and meet the needs of all patients in compliance with the Equality Act 2010. This will be supported by the mainstreaming and equality outcomes set out by NHSGGC and the IJBs. The Mental Health Equality Group will support specific actions where gaps are identified.

There is a commitment to have:

- EQIA on all local impacts of the transformation programme
- Capitalise on learning from Mental Health Services financial inclusion, human rights and sensory impairment improvement plans
- Increase equalities and human rights elements in quality improvement initiatives
- Equalities data collection and analysis
- Further tailored training, for staff and service users, on equality and human rights particularly in relation to roll out of peer support and citizenship models
- Promoting and sharing good practice across the system

Reflection and way ahead

I welcome this latest equality annual report for 2017-18 from Mental Health Services based on the three priority areas of financial inclusion, human rights and meeting the needs of British Sign Language (BSL) users in our community.

The report highlights the negative impact of poverty in relation to mental health and the case studies show the very real challenges people with mental health problems face in the benefits system.

Mental Health services have made a commitment to show evidence of progress in supporting patients experiencing poverty by collecting robust data.

Innovative approaches highlighted across NHSGGC include increasing referrals to money advice services, preventing sanctions for the most vulnerable groups and reducing the stigma of seeking money advice.

While there is more work to do the progress is good and the emphasis on collecting data means that the impact on patients can be demonstrated.

The Universal Declaration of Human Rights states that everyone has are right to live in a society in which the human dignity of all can be realised and that it is the duty of each of us to build a community in which this can be achieved.

The report shows that human rights is an on-going priority for NHSGGC mental health services including working to ensure that human rights is reflected in the 5 year mental health strategy, supporting staff with their development needs and involving patients.

Human rights are of particular relevance to people with mental health issues in the community and as in-patients. A wide range of work with 3rd sector organisations is highlighted in the report where human rights approaches have been used for people experiencing homelessness, people with a learning disability and carers.

The report details the significant issues faced by Deaf British Sign Language users in relation to mental health. The report highlights some innovative work using approaches such as drama to powerfully illustrate the experience of Deaf people in our community.

Going forward there are new pieces of legislation which will strengthen the work of the Mental Health Services Equality Group.

A new duty, which forms a section in the Equality Act 2010, came in to force in April 2018. It requires public bodies to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage. This will support the financial inclusion work across NHSGGC.

NHSGGC and local authorities are publishing an action plan in October 2018 in response to another new and unique new piece of legislation[1], which recognises British Sign Language as a language and acknowledges the Deaf community and their culture.

Mental health and psychological services have committed to a range of actions to be delivered over a 5 year period. This will strengthen the Mental Health Services Equality Group's work with the Deaf community and BSL service users.
Finally Human Rights underpin all of our work. It is clear that discrimination and prejudice fall under the Universal Declaration of Human Rights and remain highly relevant to the work of the group. The approaches developed over the last few years continue to make a difference for patients and staff and are transferrable to all areas of mental health.

Jackie Erdman

Head of Equality and Human Rights, NHSGGC

[1] British Sign Language (BSL) (Scotland) Act 2015

Appendix 1: Human Rights good practice in health and social care: Esteem Glasgow Service

Esteem Glasgow is a small team made up of workers with skills in nursing, occupational therapy, psychology and psychiatry. We work with people aged 16 – 35 living in the Glasgow area who appear to be experiencing a first episode of psychosis.

When doing an EQIA on the service redesign we considered our approach to human rights. In liaison with the NHSGGC Mental Health Equalities Health Improvement Lead, we were able to describe how our service explicitly incorporates human rights elements.

The approach is described in relation to the United Nation articles on human rights, human rights PANEL principles and person centred care AAAQ principles.

Article 2: Right to Life:

A key aim of the service is to focus on the reduction of suicide in high risk groups i.e., to preserve the right to life, at times this means managing risk if people are unable to keep themselves safe. Research within the service has confirmed we have reduced suicide rates

Article 3: Prohibition of torture or inhumane treatment

Clinicians within the team write reports to support asylum applications where torture has been a factor in someone's mental health issues. The aim of the reports are to support the asylum claim and protect the individual against the risk of future torture.

Staff have had child protection training, are familiar with how to respond to domestic violence and have had additional training on trafficking.

Article 4 Prohibition of slavery and forced labour

Sensitive enquiry would be used if the team was concerned that a patient may have been trafficked or forced into prostitution or providing free labour under duress.

Article 5 Right to liberty

At all times efforts are made to minimise the use of compulsory care including regular crisis contact of necessary. However if compulsory care is required this will be done as compassionately and respectfully as possible and the patients family kept aware of all proceedings. When patients are detained staff will encourage them to access legal advice and advocacy teams, in some circumstances, will provide them with the phone numbers. We also encourage advance statements. We continue to work with goals that would enable people to leave hospital more quickly e.g., arranging housing.

Article 6 Right to a fair trial

We would always support people to attend court or any legal hearing.

Article 7 No punishment without law

Article 8 Right to private and family life, home and correspondence

Efforts are made to minimise the amount of time people are in hospital and where possible we would support them at home. Each patient's treatment is based on an Integrated Care Pathway which incorporates regular reviews of their care, consideration of psychological, social and occupational functioning. Patients and families are involved in this and if needs are identified e.g. a family member is distressed; we would offer them a psychological intervention or family work too. This level of intervention helps support family life and adaptation

Article 9 Freedom of thought, conscience and religion

People are always be asked about their religion or faith and encouraged to access these supports. Chaplains, Imams and others are contacted if necessary. Given the service works with adolescents, a large part of what we do is help people inform themselves about such matters to help them develop their identity and strengths in the face of mental health problems

Article 10 Freedom of expression

We encourage people to access peer support groups and become involved with the mental health network as a way of influencing service provision

Article 11 Freedom of assembly and association

As above

Article 12 Right to marry and found a family

Article 14 The right not to be discriminated against in relation to any of the rights contained in the European convention

People who use the service are encouraged to develop an advance statement outlining how they would like to cared for during future episodes of illness.
Key elements of the Esteem service in relation to PANEL and AAAQ principles are as follows:

Participation	A service priority is engagement of the hard to reach, young people who are withdrawn, isolated and marginalised. Assertive outreach and focus on engagement addresses this.
Accountability	The service is accountable within NHSGGC but has been thoroughly scrutinised by external research and internal review. Particular strengths lie in 1. the evidence base 2. good clinical outcomes 3. an Integrated Care Pathway which tailors treatment to the needs of the individual and their family 4. adapting the treatment model to address barriers to recovery
Non Discrimination and equality	The same service is offered to anyone within the high risk age range who has first episode psychosis regardless of gender/ race/ sexuality/ religion etc.
Empowerment	People are actively encouraged to be involved in every step of their care and treatment.
Legality	The Mental Welfare Commission is consulted and patients are

	encouraged to seek legal advice.
Availability	The service is available 9am-5pm Mon-Fri and crisis cards are provided for service access outwith those times.
Accessibility	The service accepts referrals from GP/ Social work, CMHT, PCMHT, Housing, colleges and our own patients.
Acceptability	The service has high rates of acceptability. Process evaluation included qualitative studies with staff, service users and carers. A consistent theme was the importance of the quality of alliance, trust, collaboration and shared decision making. Service users, carers and staff are key stakeholders in development of systems level interventions to reduce inequality of access to care.
Quality	The service was recently recognised at the staff awards and service users have written to the first minister to highlight their good care and treatment. We would routinely measure service satisfaction.