



North

Yorkshire County Council

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated May 2015)

Mental Health Strategy

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services
Lead Officer and contact details	Kathy Clarke (Project Sponsor) Vicky Waterson (Project Manager)
Names and roles of other people involved in carrying out the EIA	Alice Batley (Projects and Change Officer) Mental Health Strategy Implementation Group

How will you pay due regard? e.g. working group, individual officer	Mental Health Strategy Implementation Group (or alternative monitoring and evaluation mechanism for the strategy)
When did the due regard process start?	This will commence in July 2015

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

A Mental Health Strategy for North Yorkshire is currently being developed. A consultation process with service users and carers, mental health professionals and organisations has been carried out prior to the strategy being written to incorporate their views and input into the content.

A draft strategy has been presented to the Mental Health and Wellbeing Board in June 2015. The final draft of the strategy will be taken back to the Health and Wellbeing Board on 5th September 2015 for sign-off. Following this the strategy will be launched close to World Mental Health Day (10th October). Once the strategy has been launched, implementation plans will be developed with involvement from service users, carers and other stakeholders to deliver the outcomes/priorities identified within the strategy. It will be implemented across both statutory and voluntary organisations within the county.

This EIA assesses the impact of the final version of the North Yorkshire Mental Health Strategy.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

The Mental Health strategy is being developed to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them. The strategy provides a local response to the implementation of the national strategy for mental health *No health without Mental Health* and associated outcomes.

This is also in line with the 2020 North Yorkshire Change Programme; the strategy will support the overall Health and Adult Services vision of enabling people to live longer, healthier and independent lives in their own communities wherever possible. The strategy will not generate any cashable savings in terms of the amount that needs to be saved by 2020 but it is intended the strategy will create savings in the long term due to better partnership working, more effective commissioning of services and focussing on prevention rather than treatment of mental health issues.

Section 3. What will change? What will be different for customers and/or staff?

The intention of the strategy is to provide a local framework and approach to the implementation of national policy and guidance, most notably the strategic direction specified in *No health without Mental Health*. This document, published in 2012, introduced six outcomes. These are as follows :

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

National policy is seen within the context of local population and health needs and community assets.

In addition to the national outcomes detailed above, this strategy specifies eighteen strategic outcomes.

More locally, the three priority areas for strategic action across North Yorkshire are:

- Resilience: Individuals families and communities with the right skills respect and support.
- Responsiveness: Better services designed in partnership with those who use them.
- Reaching out: Recognising the full extent of people's needs.

Following sign off of the strategy by the Health and Wellbeing Board, commissioning plans and strategy implementation plans will support change and the delivery of the twelve initial actions as specified in the strategy. These further plans will be developed in accordance with the underpinning principles as outlined in the strategy ie partnership, service user and carer involvement.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

Over 2012-13 a programme of engagement and consultation took place with the intention of providing some clear strategic priorities for the mental health strategy.

The Mental Health Strategy Implementation Group is chaired by North Yorkshire's Director of Public Health and this group brings together key stakeholders including representatives from the voluntary and community sector, mental health service providers, mental health services users and service user representatives and the public sector. The scope of membership is broad and, as such, covers the spectrum of mental health and wellbeing. Consequently membership includes not only specialist mental health service providers but also representatives from some of the wider influences on both individual and population mental health - for example housing providers.

This group has been instrumental in the development of the strategy and on-going feedback has been sought during the development of the strategy through the mental health strategy steering group and the mental health strategy writing/implementation group.

A second period of engagement has taken place during the summer of 2015 with specified stakeholder groups following the production of subsequent drafts. This was not intended to replicate the earlier consultation events, but rather to obtain a "temperature check" as to the

content of the strategy and ensure that it accurately reflected the views, experiences and evidence collected in the early stages of the strategy's development.

The Health and Wellbeing Board provided the mandate for the development of this strategy and the final version of the strategy will be signed off and endorsed by the Health and Wellbeing Board.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

This proposal will be cost neutral. There is no additional mental health budget that has been allocated to the delivery of this strategy, therefore any existing resource may need to be reconfigured to develop new delivery models, adopt ways of working and create innovative solutions to achieve the specified outcomes.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		X		<p>This strategy has a focus on mental health and wellbeing across North Yorkshire and as such is a strategy which is intended to apply to people who live and work in North Yorkshire across the life course. As such it complements and references national and local strategies, for example Future in Minds and Young and Yorkshire (children and young people) and the national dementia strategy. In doing so, the development of this all age strategy should support and promote links across the life course and encourage integrated pathways of care and communication across service providers and partners.</p> <p>Life course studies have highlighted the importance of critical points of transition for example pre-school, going to school, starting work, redundancy, retirement and bereavement, all of which have a psychological impact. It is acknowledged that an evidence and research review and / social marketing approaches will be utilised to ensure that interventions are age appropriate and applied across critical points in the life course. Similarly the strategy encourages partnership working across all communities and settings to ensure that interventions are effectively</p>

				targeted based on assets and needs.
Disability		X		<p>The strategy has a focus on supporting people with mental ill health and improving access to services. One of the core principles specifies that services will be delivered in places and at times that suit people's needs. The strategy is particularly specific in its mention of the links between physical health and mental health. Consequently, one of the twelve major actions contained in the strategy is to better understand and respond to the relationship between physical health and mental health.</p> <p>Many people who are expected to benefit from this strategy and the aspirations, outcomes and principles contained in it will have a mental health condition and may be defined under this category. The strategy is clear in that its approach is inclusive of all aspects of mental health and wellbeing, regardless of whether people have a formal diagnosis of mental illness or not.</p> <p>In accordance with the approach mentioned above the strategy recognises not only the parity of esteem between mental health and physical health but also the interconnectedness between mind and body and the potential mental health impacts of physical disabilities on a person's mental health,. Conversely it also includes the impact mental ill health can have on physical health. People with disabilities and long term health conditions have the additional disadvantage associated with their health conditions, such as pain, unpredictability and the impact of long term use of medications. All of this can serve to limit their lives and therefore their ability to access opportunities that can protect mental health, such as employment and social support.</p> <p>The strategy also incorporates carers, who may experience disability by association.</p> <p>The strategy is available, upon request, in a variety of formats.</p> <p>An easy read version of the strategy will be produced.</p>
Sex (Gender)		X		<p>There are gender differences in the help seeking behaviours of different gender groups. According to a recent study, women are approximately 75% more likely than men</p>

			<p>to report having recently suffered from depression, and around 60% more likely to report an anxiety disorder. Men are more likely to report substance misuse disorders (Freeman, 2013). Although comprehensive local data is still being gathered t national trends indicate that men are more likely to take their own lives than women. However, the prevalence of mental ill health among men and women is a matter for conjecture</p> <p>This strategy acknowledges these differences and accepts that different approaches may be required for different groups. This flexibility is reflected in the strategic outcomes which specify <i>more services and activities led by communities themselves</i>.</p> <p>Related to this is the aspiration to tackle stigma and discrimination, which in turn may challenge traditional gender based stereotypes and help seeking behaviours. There is recognition in the strategy that there is significant work on improving mental health and wellbeing which needs to take place within communities and settings. An example of this is workplaces which feature in the strategy as an area for action and this is traditionally a good opportunity to target men in particular, in a non-threatening environment.</p>
Race		X	<p>There is clear evidence that particular BME communities also have a range of specific mental health needs, reflecting distinct communities of people with strong identities, and different cultural backgrounds, beliefs and experiences. Many of these communities, although not all, experience relatively poor mental health and wellbeing.</p> <p>The experience of prejudice and discrimination due to race may cause psychological distress. There have been ongoing concerns about mental health care and discrimination for people from BME backgrounds. Some groups, such as young black men, are much more likely than the wider population to be subject to sectioning under the Mental Health Act, to be held in seclusion on mental health units and to be physically restrained. This can lead to a “dual discrimination” where a person is discriminated against because of both their race and cultural identity and also mental ill-health.</p> <p>The strategy recognises this issue and there are opportunities within the strategy to target</p>

				mental health interventions to BME groups, which may require different approaches and cultural sensitivities.
Gender Reassignment		x		<p>There are some aspects of social identity which may expose people to negative experiences such as bullying, harassment, discrimination, stigma and social exclusion. Therefore gender reassignment per se may not cause people distress but the associated prejudices and experiences may cause mental distress.</p> <p>North Yorkshire's mental health strategy is explicit in that it will work with and support the mental health of specific population groups, which includes people who are transgender. Principles such as participation will encourage specific population groups to make a positive contribution to the design of services and ensure services are non-discriminatory.</p>
Sexual orientation		x		<p>Sexual orientation may expose people to increased levels of bullying and harassment, A systematic review of the literature conducted in 2007 by the National Institute for Mental health in England and the Care Services Partnership indicted that LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people.</p> <p>North Yorkshires mental health strategy is explicit in that it will work with and support the mental health of specific population groups, which may be people of a particular sexual orientation. People who define themselves as LGB may experience poorer mental health than other population groups and in the core principles; the strategy recognises this and seeks to address this inequality.</p>
Religion or belief	x			This strategy does not impact on religion or belief specifically, but we would not expect the impact to be negative.
Pregnancy or maternity		x		As mentioned above the strategy covers all ages and is intended to support the mental health and wellbeing of children and young people, as well as their families and carers. There is an acknowledgement that this starts with pregnancy / maternity. The first of twelve initial actions specifies that there will be new programmes to help children and young people to stay strong

Marriage or civil partnership	x			This strategy does not impact on marriage or civil partnership specifically, but we would not expect the impact to be negative.
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Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		X		<p>A wide range of research demonstrates the health significance of social relationships and both formal and informal social systems as mediators of psychosocial stress. communities with high levels of social capital, indicated by norms of trust, reciprocity, and participation, have advantages for the mental health of individuals,</p> <p>The strategy introduces a local approach which is based on the demographics and characteristics of North Yorkshire. Incorporated in the strategy are concepts such as building psychological resilience and social capital which have a positive impact on community cohesion and community mental health.</p> <p>As a rural county north Yorkshire residents are particularly vulnerable to loneliness, social exclusion and isolation which may in turn create negative thoughts, emotions and feelings. The strategy acknowledges this and includes actions and outcomes which recognise the link between social disconnectedness and poor mental health and wellbeing. Creating opportunities to participate and make a positive contribution to local communities and wider society are integral to the strategy.</p>
...have a low income?		X		<p>The strategy acknowledges the significant role of the wider determinants of health and the impact of issues such as financial inclusion and the ability to secure and retain employment on mental health and wellbeing of communities.</p> <p>Poor mental health both a cause and a consequence of the experience of social, economic and environmental inequalities. Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with unemployment, less</p>

				<p>education, low income or material standard of living,</p> <p>The strategy acknowledges that mental health needs to be understood less in terms of individual pathology and more as a response to relative deprivation which can erode the emotional, spiritual and intellectual resources essential to psychological wellbeing. It includes a commitment to work together within settings to increase employment and volunteering opportunities, encourage, “good “ work , and increase access to learning and education , all of which may increase self-worth and self-confidence and in turn lead to positive economic outcomes for people and encourage financial inclusion</p>
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Section 8. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.

We acknowledge that people may have a combination of protected characteristics but the strategy would accommodate this combination of characteristics and would not have a negative impact.

The impact of social identity and the mental health impact of having a particular protected characteristic is acknowledged. The strategy seeks to address these issues and, particularly those of dual discrimination and the potential negative consequences of this.

The strategy also adopts a definition of mental health which goes beyond a definition of mental illness and as such recognises and takes action on increasing psychological resilience through wider determinants and reducing risk factors such as social isolation ,social exclusion. The strategy takes a life course approach which provides opportunities to intervene at particular transition points.

It is also recognised that sexual orientation may fear discrimination or an inappropriate response from services, which in turn could create a barrier to accessing services for some groups. The first principle articulated in the strategy is to adopt a “whole person” client centred approach, which should provide a foundation for creating culturally sensitive , responsive, non-judgemental services and approaches.

North Yorkshire mental health strategy is strong in its focus on the wider determinants of mental health and is based on a conceptual framework which focuses on mental *health* rather than mental ill health. It is concerned with more than a diagnosis of mental illness and aspires to the vision below :

“We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background , supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them”

Section 9. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	✓
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>The strategy is an aspirational document and will not have any negative impacts.</p>	

Section 10. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

There will be structures developed to oversee the monitoring and implementation of the strategy with clear governance, communication and reporting mechanisms.

The strategy is explicit in the outcomes to be achieved and the systems and processes measured above will need to ensure that the strategy is addressing the inequalities in mental health and wellbeing and ensuring that defined population groups, and specific communities and settings are paramount in the implementation of this strategy and the delivery of mental health services.

Section 11. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Consider the Equality Act, 2010 and Public Sector equality Duty when developing new policies and strategies.	Lead for specific projects	To commence October 2015.		To be confirmed

Section 12. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The North Yorkshire mental health strategy does not have any negative or adverse impacts on any of the protected characteristics and, on the contrary would support and encourage improvements for many people who are part of the specified groups.

The next steps are :

- Strategy to be formally signed off by the Health and Wellbeing Board.
- Following sign off of content of the strategy an easy read version will be produced.
- Implementation plan to be developed. This will detail how the impact of the strategy and any associated outcomes will be measured.
- Governance and monitoring process for the strategy and associated commissioning, implementation and project plans to be developed.

Section 13. Sign off section

This full EIA was completed by:

Name: Vicky Waterson

Job title: Health Improvement Manger

Directorate: Public Health Team , Health and Adult Services

Signature:

Completion date: 16th September 2015

Authorised by relevant Assistant Director

Kathy Clark, Assistant Director Commissioning



Date: 17/09/2015