

Equality and Human Rights Commission Response to the
Consultation for the Mental Health Strategy for Scotland: 2011 - 15

1. The Equality and Human Rights Commission (the Commission) is the statutory body with responsibility for monitoring, promoting and enforcing compliance with the Equality Act 2010, including the Public Sector Equality Duty. The Commission welcomes the opportunity to comment on the plans for a new Mental Health Strategy for Scotland. We note the achievements that the Government has made over the last 3 years hope that the new strategy will continue to build on this success.
2. The Commission believes that understanding how mental ill health is experienced by different protected groups will be an important dimension in the design of an effective mental health strategy. Good mental health is an asset in itself but also an enabling factor for people to look after families, develop their careers and pursue their own interests. Some groups are more likely to experience poorer mental health and find it difficult to access care and support that meets their needs. For example, evidence indicates that Pakistani and Bangladeshi people are more likely to report poor mental health than average, more likely to report a disability or limiting long-term illness, and more likely to find it hard to access and communicate with their GPs than other groups.
3. Our research¹ also suggests there may be an association between harassment and poor mental health, for example, lesbian, gay and bisexual (LGB) and transgender people, Gypsies and Travellers and asylum seekers, are more likely than other groups to face hostility and misunderstanding, and more likely to experience poor mental health

¹ How fair is Britain? The first Triennial Review (EHRC,2010)

[http://www.equalityhumanrights.com/key-projects/hbw-fair-is-britain/full-report-and-evidence-downloads/#How fair is Britain Equality Human Rights and Good Relations in 2010 The First Triennial Review](http://www.equalityhumanrights.com/key-projects/hbw-fair-is-britain/full-report-and-evidence-downloads/#How%20fair%20is%20Britain%20Equality%20Human%20Rights%20and%20Good%20Relations%20in%202010%20The%20First%20Triennial%20Review)

Priorities for the 2011-15 Strategy

4. We contend that if equality issues are considered as the strategy develops it will be more effective in achieving its intended outcomes. There are 5 Outcomes out of the 14 Outcomes presented in the consultation paper which we suggest should be prioritised because of their potential impact on people with protected characteristics:

People and communities act to protect and promote their mental health and reduce likelihood that they will become unwell (page 11)

5. We welcome the key challenge identified on page 11 to eliminate 'stigma of mental illness and ill health and discrimination'. Our Disability Harassment Inquiry² examined the actions of public authorities to eliminate disability-related harassment and its causes. The Inquiry included people with mental ill health and confirmed that social isolation and harassment can exacerbate mental health problems. Our evidence indicated that, for many disabled people with mental health problems, harassment is a common experience that many come to accept as inevitable and that that stigma was a significant barrier to reporting crime.
6. We suggest that addressing this challenge and in particular 'addressing the wider structural elements that can lead to discrimination' might effectively be addressed by authorities as they seek to implement the Public Sector Equality Duty (PSED) which requires public authorities to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations. To effectively challenge the structural barriers and meet the requirements of the PSED public authorities should gather and use evidence to understand the challenges that they need to address for people with poor mental health and set goals for improvement. Public authorities are only able to have 'due regard', and meet their legal requirements under the duties, if they understand the impact on protected groups of how they carry out their functions. They will not be able to do this unless they have gathered and used sufficient evidence in making decisions about how they exercise their functions

² Hidden in Plain Sight, Disability Harassment Inquiry (EHRC, 2011)
http://www.equalityhumanrights.com/uploaded_files/disabilityfi/ehrc_hidden_in_plain_sight_3.pdf

Action is focussed on early years and childhood to respond quickly and improve both short and long term outcomes (page 12)

7. We note that the consultation paper pays particular attention to children and young people which we welcome. This is an area where we believe there is strong evidence base for adopting a preventative approach which would reduce demand for services and lessen inequality in the long term.
8. We understand that the provision of CAMHS across Scotland is patchy. The target that 'by March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CANMH services' is too long for a child or young person to wait. Further investment in the mental health of children and young people is required to reduce these waiting times and develop a more preventative approach in this area which could include better mental health education in schools, early intervention for parents and training for health visitors.
9. The Commission is concerned about the impact of identity based bullying on young people's mental health. We have conducted research³ in this area and worked in partnership with LGBT Youth in the past to raise awareness of homophobic bullying. We recommend that the Mental Health Strategy for Scotland includes a greater focus on addressing bullying and in particular that Local Authorities are encouraged to develop more responsive strategies. The respectme campaign should be supported to develop this work further.

The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services (page 26)

10. The Commission welcomes the work that the Government has funded to support initiatives like the Wah Kin Project and the LGBT centre. Given the evidence about underreporting of mental health problems in the minority ethnic community and the prevalence of mental health problems in the LGBT community we would hope that projects like this would continue to be funded, that they are evaluated and that the learning from this work is shared across the health and community care sector so that services for people with protected characteristics or high risk groups are improved.
11. We agree that the challenges identified in this section are correct, that people do 'experience barriers in accessing mental health services'. There is a need for more consistent recording and monitoring about who is accessing services

³ Prevention and response to identity-based bullying among local authorities in England, Scotland and Wales
http://www.equalityhumanrights.com/uploaded_files/research/64_identity_based_bullying.pdf

to identify gaps we recommend that further efforts are made by the health and community care sector to use this information effectively to improve or change services

Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings (page 28)

12. The Commission agrees that mental health problems often occur with other conditions or are exacerbated because of problems such as harassment or domestic violence. Better partnership working is absolutely crucial if mental health services are to be effective.
13. The Commission has some concerns about the provision of good mental health services for people in prisons and young offenders' institutions. HMIP reported in 2007 that 80% of women in Cornton Vale had mental health problems but data on the frequency and type of mental health conditions is not collected regularly. Anecdotally, rates of substance misuse, including poly substance misuse is said to be very high among women offenders, especially those in prison. There may be a need to provide a service that addresses addiction and mental health conditions together and improving partnership working in this area may help achieve this.
14. The NHS is now responsible for healthcare in prisons and we hope that this transition will be monitored and better data about mental health in prisons will be made available and used to improve the service.
15. The Government should take the opportunity to set a priority in the strategy to improve the mental welfare of prisoners. We agree with the challenges identified in this section particularly that person centred care should be effective across organisational boundaries. The PSED is one tool that can support the range of agencies involved in these services to improve services so that they recognise different needs and deliver more flexible and effective services.

The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers (page 30)

16. The Commission agrees with this outcome but would ask that it is extended to include the criminal justice workforce who frequently come into contact with people who have mental health problems.
17. We also suggest that the challenge identified of providing 'sufficient trained, competent staff to deliver evidence-based, psychological therapies' would be strengthened if there was increased provision of equality and human rights training for health and social care workforce.

Equality Impact Assessment

18. Finally, the Commission is responsible for enforcing the Public Sector Equality Duty set out in the Equality Act 2010. Scottish public bodies must have due regard to the elimination of discrimination, the advancement of equality of opportunity and the fostering of good relations. The Commission trust that in line with good practice that the Scottish Government will carry out an Equality Impact Assessment for the Mental Health Strategy.

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