Equality and Human Rights

NHS Fife

# Equality Impact Assessment (Stage 1)

**This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.**

**Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.**

**Consideration of the impacts using evidence and public/patient feedback is necessary.**

**Question 1: Title of Policy, Strategy, Redesign or Plan**

| Inpatient Psychology Service Proposal |
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**Question 2a: Lead Assessor's details**

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|---|---|---|---|
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**Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?**

| No |
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**Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.**

| Aim | This is a proposal to develop an inpatient psychology service covering all adult and older adult wards in Fife. The impact of inpatient admission on people can be significant, affecting multiple areas of their life, such as employment, relationships, housing, and finances. Families and carers of those admitted can also be negatively affected.<br><br>Currently, there is no dedicated psychology provision to these wards, meaning that the psychological needs of inpatients are not being met. There is clear research evidence demonstrating that psychology input to wards has numerous significant benefits including improved communication between patients and staff, reduced patient distress, reduced duration of admission, and fewer re-admissions.<br><br>This proposed service would:<br><br>1. Provide comprehensive and specialist assessments to inform care. For example, |
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| | neuropsychological assessment, capacity assessment and structured professional judgement of risk.<br>2. Facilitate individual and multidisciplinary team formulation to ensure challenging behaviour is understood, appropriate interventions are delivered and iatrogenic harm is prevented.<br>3. Enable access to high-quality, evidence-based interventions for patients that reduce distress and challenging behaviour, improve coping and reduce duration of admissions.<br>4. Provide indirect interventions for staff and ward teams that improve relationships with patients and target management of risky and/or challenging patient behaviour. Evidence demonstrates that these interventions are valued by patients and team alike; improving therapeutic relationships and ward climate, and reducing staff burnout.<br>5. Provide essential governance and support mechanisms for ward staff which improve resilience, wellbeing and retention, thus mitigating the negative effects of working in a challenging environment. These mechanisms including training, reflective practice and clinical supervision.<br>6. Assist wards to become psychologically informed environments that are trauma-sensitive and recovery-focused. Research demonstrates that psychologically informed wards that prioritise therapeutic relationships reduce patient distress, incidents of violence and use of restrictive practices.<br>7. Assist ward teams to facilitate discharge and prevent readmission through formulation-driven, systemic care planning that persists into the community. |

**Question 4: Identifying the Impacts in brief**

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

| Relevant Protected Characteristics | Impacts negative and positive<br>Social / Economic<br>Human Rights |
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| **Age -**<br>*think: children and young people, adults, older age etc.* | **This proposal covers adult and older adult wards.**<br>**The age profile of service users will be taken into account in service design and implementation to ensure the service is acceptable and accessible for all age groups and takes account of different needs, such as greater need for specialist neuropsychological assessment and services for dementia in the older adult** |

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| | **population.**<br>**Positive impact from an age perspective as this will increase access to specialist assessment and intervention for adults and older adults.** |
| **Disability** –<br>*think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.* | **This proposal is for inpatient wards, where all those admitted will be experiencing severe mental health problems and / or neurological impairment such as stroke or dementia. Many of these patients, particularly in the older adult wards, will also experience significant physical impairment and sensory impairment.**<br>**Positive impact from a disability perspective as this will increase access to specialist assessment and intervention for adults and older adults with mental and physical health problems. The service will be designed and implemented in a way that will make it accessible to people with mental and physical health difficulties, including those with sensory impairment.** |
| **Race and Ethnicity** –<br>*Note: Race = "a category of humankind that shares certain distinctive physical traits" e.g. Black, Asian, White, Arab*<br>*Ethnicity = "large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background"*<br>*Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.* | **The Mental Welfare Commission published a report in September 2021: Racial Inequality and Mental Health in Scotland, which found that over 10 years, "Compared to the general population, a slightly higher proportion of detentions were for 'white other' (4.9% compared to their 4% representation in the general population) or black people, 1.5% of whom were detained, compared to their 1% representation in the general population. These differences are greater for longer detentions (community compulsory treatment orders) for black people (2.1% compared to their 1% representation in the general population)."**<br>**Higher rates of detention and a greater difference for longer detentions therefore risk disproportionately disadvantaging people from these groups.**<br>**Neutral to positive impact as access to psychology has been shown to reduce length of admission and risk of readmission, therefore reducing the** |

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| | **impacts described above. Individual psychological formulation takes a person centred approach sensitive to cultural factors and the person's individual experience.** |
| **Sex** – <br>*think: male and/or female, intersex, Gender-Based Violence* | **The Scottish Inpatient Census (2019) found that 59% of all inpatients were male. Statistics on prevalence of intersex inpatients or those admitted due to gender-based violence are not available.** <br><br>**GBV has been linked to increased prevalence of mental health difficulties.** <br><br>**Neutral to positive impact. The service will support more trauma-informed IP environments through training, supervision, and elective practice, reducing the risk of re-traumatisation to those who have experienced traumatic events, including GBV.** |
| **Sexual Orientation** - <br>*think: lesbian, gay, bisexual, pansexual, asexual, etc.* | **Statistics for inpatient wards in Scotland are not available. "LGBTQ+ individuals are more likely to experience anxiety, depression, and other mental health problems than the general population, and as a result can be more prone to self-harm and suicidal ideations and / or attempts" (Mental Health Foundation website).** <br><br>**Neutral to positive impact as the service will support more trauma-informed IP environments through training, supervision, reflective practice, reducing the risk of re-traumatisation to those who have experienced traumatic events.** |
| **Religion and Belief** - <br>*Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.* <br><br>*Think: Christian, Muslim, Buddhist, Atheist, etc.* | **Statistics for inpatient wards in Scotland are not available.** <br><br>**Neutral to positive impact as individual psychological formulation takes a person centred approach sensitive to the person's individual experience, including their religious or philosophical beliefs.** |
| **Gender Reassignment** – <br><br>*Note: transitioning pre and post transition* | **Statistics for inpatient wards in Scotland are not available. Stonewall's LGBT in** |

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| *regardless of Gender Recognition Certificate*<br>*Think: transgender, gender fluidity, nonbinary, agender, etc.* | **Britain: Health Report (2018) found that in a survey: 70% of non-binary people reported experiencing depression, 71% of trans people (including 79% of non-binary people) reported experiencing anxiety, 46% of trans people (including 50% of non-binary people) had considered taking their own life, 35% of trans people (including 41% of non-binary people) reported having self-harmed.**<br>**Neutral to positive impact as staff will be trained in recognising and working with gender divergence, including the high prevalence of MH difficulties, to incorporate this into individual person centred formulations and interventions.** |
| **Pregnancy and Maternity** –<br>*Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.*<br>*Think: workforce maternity leave, public breast feeding, etc.* | **Statistics for inpatient wards in Scotland are limited. 5% of all inpatients reported having a dependent child, but there is no information about the age of the children.**<br>**Pregnant women who are experiencing severe mental health difficulties and require admission would normally be admitted to the specialist unit at St John's, Livingston, so no impact on this group.**<br>**Neutral to positive impact for pregnant women with less severe MH difficulties and mothers of newborns, who might be admitted to Fife AMH wards, as this service would work with the Fife Maternity & Neonatal Psychology and Perinatal MH services to ensure continuity of care during admission.** |
| **Marriage and Civil Partnership** –<br>*Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.*<br>*Think: workforce, inpatients visiting rights, etc.* | **The Scottish Inpatient Census (2019) found that 53% of all inpatients reported never being married or in a civil partnership.**<br>**Neutral to positive impact as MH difficulties are associated with relationship difficulties (and vice versa), therefore improving patients' mental health may have a positive effect on their personal relationships. Also, the service will work with family members and carers where appropriate, for example to help them understand and support the patient's difficulties, and to** |

| | **understand and get their own support needs met. The service will also support other members of the inpatient team to support families and carers.** |
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**Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.**


1. Alzheimer Scotland (2018) *Transforming Specialist Dementia Hospital Care*.
2. College Centre for Quality Improvement (2019). *Standards for Older Adult Mental Health Services 5th Edition.*
3. College Centre for Quality Improvement (2022). *Standards for Inpatient Mental Health Services 4th Edition.*
4. Waldemar, A. K., Arnfred, S. M., Petersen, L., & Korsbek, L. (2016). Recovery-oriented practice in mental health inpatient settings: A literature review. *Psychiatric Services*, *67*(6), 596-602.
5. Health Improvement Scotland (2021). *Inpatient mental health user experiences and service redesign: Rapid summary of recent literature.*
6. McLaughlin, P., Giacco, D., & Priebe, S. (2016). Use of coercive measures during involuntary psychiatric admission and treatment outcomes: data from a prospective study across 10 European countries. *PloS one*, *11*(12), e0168720.
7. Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych advances*, *24*(5), 319-333.
8. Association of Clinical Psychologists & British Psychological Society (2021). *Psychological services within the acute adult mental health care pathway: Guidelines for service providers, policy makers and decision makers.*
9. British Psychological Society (2017). *Psychological best practice in inpatient services for older people.*


**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?**

**(Please tick)**

| **Yes** | | **No** | √ |
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If yes, **who** was involved and **how** were they involved?
If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

*Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?*

**This is still at the proposal stage and may not be signed off, so could not have a consultation at this stage. Instead we have been guided by research literature and guidance regarding service design (cited above), plus recommendations by organisations such as the Mental Welfare Commision, which has called for more input from Psychology into older people's mental health wards (MWC report 2020) and noted the lack of access to Psychology in Adult wards (MWC Adult Acute themed visit report 2017).**

**Should the proposal be signed off, then we would work with staff, patients, and other stakeholders to co-design a service that is accessible to all adult and older adult inpatients.**

**Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.**

*Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.*

**Conclusion Option 1: No further action required**

*Where no negative impacts or potential for improvement is identified, no further action is required.*

No stage 2 EQIA required.

**Conclusion Option 2: Adjustments Made**

*Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.*

No Stage 2 EQIA required

**No potential or actual negative impacts identified.**

**Potential for more positive impact during the design and development stages, if this proposal is signed off, by undertaking a Stage 2 EQIA and focusing on ensuring this service is accessible, including consideration of staff training, service information and working with Equality Officer to support co-design of service with relevant stakeholders.**

**Conclusion Option 3: Requires Further Adjustments**

*Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further*

| *adjustments must be made to mitigate risks and/or make further improvements.*<br>Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken. |
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| **Conclusion Option 4: Continue Without Adjustments**<br>*Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.*<br>Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments. |
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| **Conclusion Option 5: Stop**<br>*Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.*<br>Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc. |
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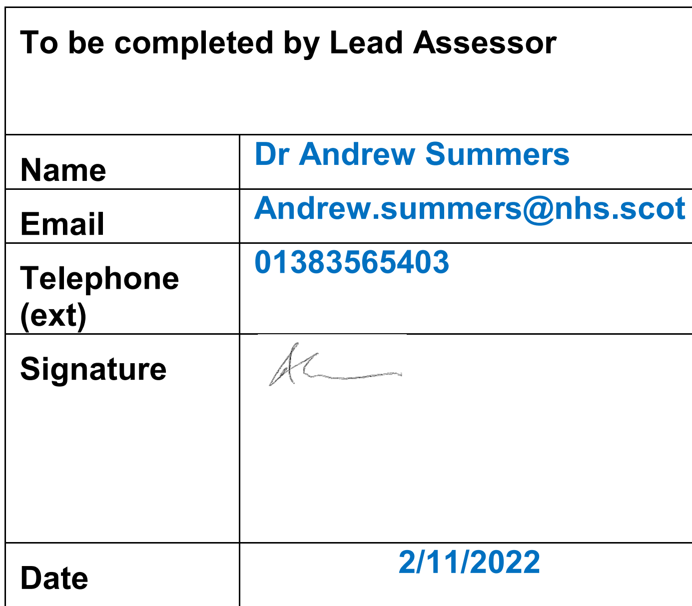
**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.**

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.



| **To be completed by Lead Assessor** | |
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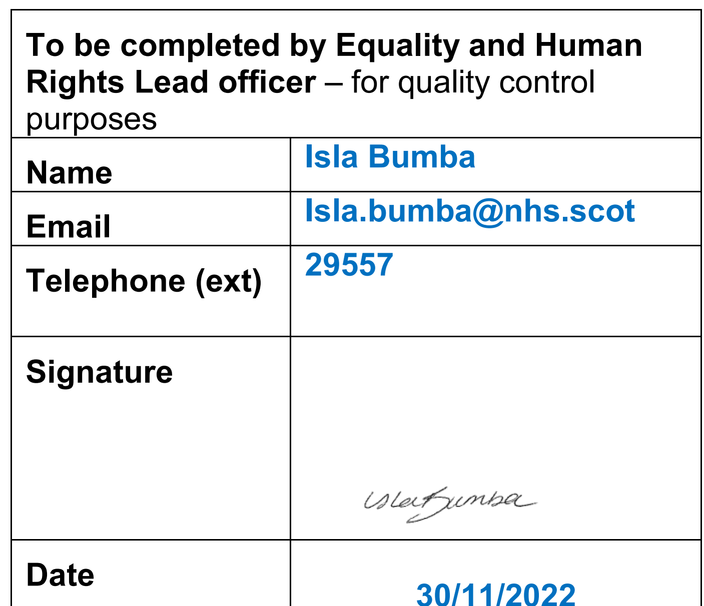
| **Date** | **2/11/2022** |



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**Return to Equality and Human Rights Team at**
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