Equality Impact and Needs Analysis (EINA) Template

Directorate:	Adult Community Services / Richmond CCG
Service Area:	Mental Health
Name of service/ function/ policy/ being assessed:	Adults and Older People Mental Health Strategy Implementation Plan
Officer leading on assessment:	Liz Ayres/ Aileen Jackson commissioning Managers Joint Commissioning Collaborative
Other staff involved:	Amanda Killoran Public Health

PREPARATION FOR THE EQUALITY IMPACT AND NEEDS ANALYSIS

1. **Briefly describe the service/ function/ policy:**

The Adults and Older People's Mental Health Strategy Implementation plan provides the platform to formalise arrangements of the Joint Commissioning Collaborative between the CCG and Local Authority in an integrated way across health and social care, with stronger involvement and co-production with service users and their carers as well as our partners in the community. This Mental Health Implementation Plan sets out the priorities for mental health services over the next 2-3 years to secure improved outcomes in the mental health of the population of Richmond borough.
The Implementation Plan is the basis for a refresh of the Mental Health Strategies for adults and for older people 2010-2015. The strategies are concerned with establishing more preventative and recovery based models of care and underpinned by evidence based pathways. Stronger integration is central- between primary and secondary care, and between health and social care and wider recovery and community support services.
The plan will ensure that the important improvements in mental health services achieved over the last few years are sustained. These improvements include:

- addressing equalities issues highlighted in the Equality Impact Needs Assessment
- increased access to psychological therapies through the Richmond Wellbeing Service
- better rehabilitation in the community through the establishment of an integrated rehabilitation team
- Developments in dementia care including support to carers.

The plan will also ensure outstanding challenges are addressed, taking account of changes both local and national developments, particularly the tight economic constraints.

2. **Why the equality is impact and needs analysis being undertaken?**

In Richmond, we have been working over the last few years to implement the Mental Health strategies for Adults and Older People (2010-2015) .To date there have already been significant achievements in improving the quality, access and safety of mental health services for the local population. We are approaching the final phases of implementing the current strategies and have recognised that we need to refresh our approach and ensure that our priorities fit with the current national and local priorities and policies for delivering improvements in mental health care and wellbeing.
It is a requirement to embed *due regard* to the equalities duty (eliminating discrimination and harassment, advancing equality, meeting diverse needs and fostering good relations) at strategic and operational levels.

The projected increase in the total resident population of Richmond of 4% by 2015, and 9% by 2020, will increase the need for mental health and related services. The growth in the older population will be particularly important. 14% of the population (around 28,400) will be aged 65 years and over by 2015.
Relatively higher levels of affluence in Richmond, coupled with high levels of social cohesion, explain in part the positive ranking of Richmond against more deprived areas on a number of indicators of mental health. Nevertheless the absolute scale of mental health problems in Richmond is considerable and increasing.
Furthermore there are marked variations within the borough of Richmond, with clear geographical pockets of deprivation, and groups that are at higher risk of experiencing poor mental health.
Common mental disorders (such as depression and anxiety) are the most prevalent mental health conditions. An estimated 20,000 people in Richmond have a common mental disorder. About 50% of those with common mental health problems may require some form of treatment. Primary care is the principal setting for the management of these conditions. Management should include access to psychological therapies.
Around 1,500 people are estimated to have some form of severe mental illness. Co-morbidity among psychiatric conditions is also high. Dual diagnosis of substance misuse and psychiatric illness is frequent. (JSNA).

Nationally we know that:

- One in four people will experience a mental health problem at some point in their lives.
- Around one in ten children experience mental health problems.
- Depression affects around one in 12 of the whole population.
- Rates of self-harm in the UK are the highest in Europe at 400 per 100,000.
- 450 million people world-wide have a mental health problem.

Most people who experience mental health problems recover fully, or are able to live with and manage them, especially if they get help early on.
But even though so many people are affected, there is a strong social stigma attached to mental ill health, and people with mental health problems can experience discrimination in all aspects of their lives.
Many people's problems are made worse by the stigma and discrimination they experience – from society, but also from families, friends and employers.
Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives.

3. **Has this service/ function/ policy undertaken a screening for relevance?**

If so, which protected characteristics and parts of the duty were identified as of high or medium relevance and why? Please attach screening for relevance as an appendix to this EINA.

If not, make an assessment of which protected characteristics and parts of the duty are of high or medium relevance and explain why:

The assessment of the impact on the protected characteristics is detailed in section 5

4. **What sources of information have been used in the preparation of this equality impact and needs analysis? For example, this could include equalities monitoring information, performance data, consultation feedback or needs assessment. Please provide the details in the table below:**

Information source	***Description and outline of the information source***
Richmond JSNA Mental Health	http://www.richmond.gov.uk/mental_health_needs_profile_jan_2013.pdf
Richmond Wellbeing Service	Equalities performance data 2013
South west London and St George's Mental Health Trust	Service and Workforce Equality report 2012 Equality update report as requested by Commissioners (July 2014)
Richmond Borough Mind	Equalities data 2012-13
Kingston Advocacy Group	Equalities data 2012-13
No Health Without Mental Heath	http://www.richmond.gov.uk/mental_health_needs_profile_jan_2013.pdf
Alzheimer's research	http://www.alzheimersresearchuk.org/
Learning Disability	http://www.learningdisabilities.org.uk/help-information/Learning-Disability-Statistics-/187699/

Information source	***Description and outline of the information source***
statistics	
National Autistic Society	http://www.autism.org.uk/working-with/health/mental-health-and-asperger-syndrome.aspx
Kings Fund - mental Health and Physical Health	http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/mental-and-physical-health
Men's Health Forum	http://www.menshealthforum.org.uk/21826-first-ever-male-mental-health-guidelines
Maternal and Early Years	http://www.maternal-and-early-years.org.uk/topic/pregnancy/mental-health-and-wellbeing-in-pregnancy#risks
Royal College of Obstetricians and Gynaecologists	http://www.rcog.org.uk/management-women-mental-health-issues-during-pregnancy-and-postnatal-period
Mental Health Foundation	http://www.mentalhealth.org.uk/help-information/mental-health-a-z/B/BME-communities/
NHS Choices	http://www.nhs.uk/Livewell/LGBhealth/Pages/Mentalhealth.aspx
Equality and Human Rights Commission	http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-employers-pre-october-10/guidance-on-recruiting-and-supporting-trans-people/transition-and-gender-reassignment/
Scottish Transgender Alliance,	http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf
Richmond Adult Social Care Information System (framework)	Information on people with a mental health service user group (either primary or secondary) that received on-going or universal services via the council between 1st April 2013 to 31st January 2014.

ANALYSING IMPACT, NEEDS AND EFFECTS

Protected Group	***Findings***
Age **Impact High**	**Age the national picture** Mental Health conditions affect people of all ages. Depression is the most common mental health condition in older people. Nationally 25% of older people in the community have symptoms of depression, with estimates stating this figure increases to 40% in those aged 85. Those in residential care and socially isolated older people are higher risk.

	Dementia is more prevalent in older adults. It affects 5% of people over 65 and 20% of those over 80 For every 10 000 people 65 and over 500 will have dementia, 333 of whom will not be diagnosed. Most people with dementia are over the age of 65. It's estimated that 2%-5% of people with dementia are under 65. That's 16,400 – 41,000 cases in the UK. Some rare forms of dementia can affect people in their 30s, 40s and 50s. **Age the Richmond Picture** Age is particularly relevant to Richmond: across South West London Richmond have the second highest population of 65 and above (12.7%) and the highest population of 75 and over (7%). These figures are predicted to rise further in the coming years. The number of older people with dementia in Richmond is predicted to increase from 2000 in 2012 to 2300 in 2020, an increase of 18%. Two thirds of the estimated population with dementia will be living in the community, with care provided by family or friends and mainstream primary and social services. Levels of depression and dementia are the most significant mental health conditions among older people. An estimated 3,000 older people in Richmond have some level of depression. This number is expected to increase significantly over the decade. **Richmond Commissioned services:** Richmond Wellbeing Service (RWS) Improving Access to Psychological Therapies (IAPT -service can be accessed through GP or self-referral): 2013 data: Total referrals = 4227 15-19 – 3.71% 20-29 – 21.32% 30-39 - 37.82% 40-64 – 40.76% 65+ - 6.39% Psychological Liaison Service (not contracted for Dementia or self-referral): Total Referrals = 1320 15-19 – 84 20-29 – 279 30-39 – 326 40-64 – 568 65+ - 63 South West London and St George's Mental Health Trust: 2013/14 data:

Total Referrals (adults) *3291*
18-24 – 293
25-44 – 709
45-64 – 531
65-74 - 201

Richmond Borough Mind Adults Service(Wellbeing Centre and Peer Support, referral through secondary mental health only, no self-referrals):
Total referrals = 371
18-24 – 17
25-44 – 215
45-64 – 110
65-74 – 27
75+ - 2

The data from commissioned services indicate that mental health prevalence increase with age. Increasing access to the RWS for the over 65's is a priority.

Adult Social Care service users
Information on people with a mental health service user group that were receiving Adult Social Care Services throughout 1st April 2013 to 31st January 2014 showed the below:

Of the 852 people recorded as having a mental health service user group 47% had been recorded as having dementia (although not all people with dementia would've been marked on the information system) so this may not be the full extent.

The below table shows the increase in numbers of people with dementia as age increases as well as the decrease with age in number of people with other mental health conditions (not dementia).

Age band	Dementia Flag		Not flagged as having dementia		Total	
18 - 64	5	1%	232	51%	237	28%
65 - 74	43	11%	78	17%	121	14%
75 - 84	116	29%	73	16%	189	22%
85+	237	59%	68	15%	305	36%
Total	**401**		**451**		**852**	

Disability the national picture
It is estimated that between 24-40% of people with a learning disability have mental health problems.
People with learning disabilities are at higher risk of dementia. People with Down's syndrome have an increased genetic risk.

	Many people have both long term physical health conditions and mental health problems (co-morbidity). This can lead to significantly reduced quality of life and much poorer health outcomes. An estimated 30% of all people with a long term condition also have a mental health problem On average older people with two or more cardiovascular diseases reported almost double the rate of increased depressive symptoms of older people who were free of cardiovascular disease. Evidence also shows that people with schizophrenia and bipolar disorder die between 10-25 yrs. earlier than their counterparts without mental illness. The main cause of the gap in mortality is cardiovascular disease and modifiable risk factors (smoking, diabetes, hypertension and high cholesterol) Some people with Parkinson's disease develop dementia with Lewy bodies or Parkinson's dementia. Some people who have had a stroke develop vascular dementia shortly after their stroke. People with type 2 diabetes are at a slightly increased risk of developing dementia People who have had depression or schizophrenia are also at a slightly increased risk of developing dementia. **Learning disability** People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities (Source: Mental Health Nursing of Adults with Learning Disabilities) The prevalence of dementia is much higher amongst older adults with learning disabilities compared to the general population (21.6% vs. 5.7% aged 65+) (Source: Cooper, 1997a) People with Down's syndrome are at particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population (Source: Holland et al., 1998). Prevalence rates for schizophrenia in people with learning disabilities are approximately three times greater than for the general population (3% vs. 1%) (Source: Doody et al., 1998) Reported prevalence rates for anxiety and depression amongst people with learning disabilities vary widely, but are generally reported to be at least as prevalent as the general population (Source: Stavrakaki, 1999), and higher amongst people with Down's syndrome (Source: Collacott et al., 1998) People with autism or Asperger syndrome are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life (Tantam & Prestwood, 1999). Ghaziuddin et al (1998) found that 65 per cent of their sample of patients with Asperger syndrome presented with symptoms of psychiatric disorder. For those registered as disabled due to mental health conditions, there are particular barriers for gaining employment. Trends show that employment rates for disabled people with depression or anxiety and

	those with specific learning disabilities have been significantly lower than the employment rates for disabled people with most other types of impairment **Disability the Richmond picture** An initial analysis of level of co morbidity of mental health and physical health conditions based on six Richmond GP practices (covering an adult population of around 30,400 patients) has been conducted. This dataset is part of the Richmond Risk Stratification Project that is supporting identification and management of long term conditions. The analysis is conducted by the Public health intelligence service. The analysis shows a high level of co-morbidity. 7.9% of men and 9.6 of women aged 18-64yrs who have depression also have three or more physical conditions. Co-morbidity increases significantly with age. 35.7% of men and 49.7 % of women aged 65+years who have depression also have three or more physical conditions. **Richmond Commissioned services:** Richmond Wellbeing Service (RWS) Improving Access to Psychological Therapies (IAPT) 2013 data: Data not collected (extensive data collected related physical health conditions) Psychological Liaison Service (not contracted for Dementia): Data not collected (extensive data collected related physical health conditions) South West London and St George's Mental Health Trust: Data unavailable – but estimate this would apply to the majority of patients Richmond Borough Mind Adults Service(Wellbeing Centre and Peer Support) 2012-2013: Total referrals = 371 100% - referral through secondary mental health only The data from commissioned services indicate that there is a gap in the collection of this data. Commissioners will request collection of this data from April 2014. **Adult Social Care service users** Of the 852 people with a mental health service user group, 26 (3%) had a Learning Disability service user group in addition.
Gender (Sex) **Impact High**	Women have rates of depression and anxiety between 1.5 and 2 times higher than men. Women also have rated of deliberate self-harm 2 to 3 times higher than men. In addition women are at greater risk of factors linked to poor mental health, 7-30% of women have experienced childhood sexual abuse, compared to 3-13% of boys. Approximately 1 in 10 women have experienced some kind of sexual victimisation. Depressive symptoms and loneliness rise with age, particularly among

	women, while quality of life decreases. Women aged 75 and older have particularly poor wellbeing, with high rates of depressive symptom, low life satisfaction, poor quality of life and high levels of loneliness. The scale of the challenge in men's mental health should not be underestimated. The Health & Social Care Information Centre 2009 household survey found that about 2.7 million men in England currently have a mental health problem like depression, anxiety or stress. Previous Mind research has found that 37% of men are feeling worried or low with the top three concerns being job security, work and money. Despite men and women experiencing mental health problems in roughly equal numbers, men are much less likely to be diagnosed and treated for it and the consequences of this can be fatal – the Men's Health Forum has highlighted that 75% of all suicides are by men Men are also three times more likely to be dependent on alcohol and twice as many men are compulsorily detained in psychiatric units. In the UK 61% of people with dementia are female and 39% are male. This is mostly because women tend to live longer than men and as dementia becomes more common as we age. **Richmond Commissioned services:** Richmond Wellbeing Service (RWS) Improving Access to Psychological Therapies (IAPT) 2013 data: Total referrals = 4227 Female - 67.49% Male - 32.51% Psychological Liaison Service (not contracted for Dementia): Total Referrals = 1320 Female - 61.56% Male - 38.44% South West London and St George's Mental Health Trust: Total Referrals = 3291 Female – 54.8% Male – 45.2% Richmond Borough Mind Adults Service(Wellbeing Centre and Peer Support 2012-2013): Total referrals = 371 Female - 147 Male - 224 **Adult Social Care service users** Of those in receipt of Adult Social care services 61% were female and 39% male. Of those flagged as having dementia 70% were female and 30% male which reflects the fact that dementia is characteristic of older

<table>
<tr><td></td><td>people, of which there are a higher proportion of females.
<table>
<tr><th>Gender</th><th colspan="2">Dementia Flag</th><th colspan="2">Not flagged as having dementia</th><th colspan="2">Total</th></tr>
<tr><td>Female</td><td>280</td><td>70%</td><td>242</td><td>54%</td><td>522</td><td>61%</td></tr>
<tr><td>Male</td><td>121</td><td>30%</td><td>208</td><td>46%</td><td>329</td><td>39%</td></tr>
<tr><td>Total</td><td>401</td><td></td><td>451</td><td></td><td>852</td><td></td></tr>
<tr><td>Unknown</td><td>0</td><td></td><td>1</td><td></td><td>1</td><td></td></tr>
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<tr><td>Gender reassignment Impact High</td><td>Gender Reassignment the national picture

The Scottish transgender alliance published the largest research survey (in Europe) on trans people’s mental health needs and experiences in Scotland in September 2012.
66% of respondents reported that they had used mental health services for reasons other than access to gender reassignment medical assistance (N=621).
The participants who had stated that they had used mental health services were then asked which types of services or support they had used. Antidepressants were the most used intervention, with 75% of those who had used mental health services taking these. 54% of the respondents had been taking antidepressants for one year or more. General Practitioners were also highly used for mental health reasons. Therapeutic interventions were very highly rated, as were the use of helplines and charities for support. Least used services included the Early Intervention for Psychosis teams, and support for drug and/or alcohol issues.

Medical treatment to enable transsexual people to alter their bodies to match their gender identity is highly successful and has been available through the NHS for several decades. The medical process is known as ‘gender reassignment’.
Feeling discord like this is recognised as a medical condition. This is why treatment is provided on the NHS. It is not regarded as a mental illness. However, mental health professionals are often involved in supporting trans people through gender reassignment because of the enormity of such a change for the individual, and the stresses that can be caused by the negative behaviours of other people.

Richmond Commissioned services:
This data is not currently collected by any of the commissioned services. Commissioners will request this information from all providers from April 2014.

Adult Social Care service users
Gender reassignment is not currently collected on the Adult Social care information system.</td></tr>
<tr><td>*Marriage and civil partnershi</td><td>There is no national data on the impact of mental health on marriage and civil partnership.</td></tr>
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(*only in relation to first part of the duty: eliminate discrimination and harassment)
Impact Low

Richmond Commissioned services:
This data is not currently collected by any of the commissioned services.

South West London and St George's Mental Health Trust:
Total referrals = 3291:
Civil Partnership - 12
Cohabiting - 5
Divorced - 132
Married - 562
Separated - 99
Single - 1739
Widowed - 365
Not Recorded – 377

Adult Social Care service users
Of service users with a mental health condition 569 had their marital status recorded. A third (34%) were widowed, 27% were single, 26% married, 10% divorced, 2% were separated and 1% were cohabiting. There was significant variation in the marital status of those with dementia and those with other mental health conditions, with almost half of those with dementia being widowed, whilst the majority (45%) with other mental health conditions were single. This is likely to be due to the average age of people with other mental health conditions (63) being significantly lower than those with dementia (84).

Marital Status	Dementia Flag		Not flagged as having dementia		Total	
Widowed	145	48%	48	18%	193	34%
Single	35	12%	120	45%	155	27%
Married	95	31%	55	21%	150	26%
Divorced	23	8%	33	12%	56	10%
Separated	5	2%	7	3%	12	2%
Cohabiting	1	0%	2	1%	3	1%
Total	**304**		**265**		**569**	
Unknown	97		186		283	

Pregnancy and maternity

Mental illness makes a significant contribution to maternal deaths. Women with pre-existing major mental disorders, such as schizophrenia, are at greater risk of compromised maternity care, delivery complications and relapse in pregnancy and the postpartum period. Pre-existing bipolar disorder, other serious affective disorder and personal history of puerperal psychosis predicts a 50% risk of early postpartum major mental illness

Estimates suggest that up to 1 in 7 mothers will experience a mental health problem in the antenatal or postnatal period.
Women with complex social problems, including mental health problems, report discrimination and judgemental behaviour from

	healthcare staff and that this impacts on their on-going engagement with services **Richmond Commissioned services:** Richmond Wellbeing Service (RWS) Improving Access to Psychological Therapies (IAPT) 2013 data: Total referrals = 2853 (female) 3% Psychological Liaison Service (not contracted for Dementia): Total Referrals = 812 (female) 3% NHS England is responsible for perinatal and antenatal services – data for Richmond unavailable. Commissioners will request this data from April 2014. **Adult Social Care service users** There is no information on the pregnancy and maternity status of Adult Social care service users.
Race/ethnicity Impact High	**Race Ethnicity the national picture** Different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments. In general, people from black and minority ethnic groups living in the UK are: • more likely to be diagnosed with mental health problems • more likely to be diagnosed and admitted to hospital • more likely to experience a poor outcome from treatment • More likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health. These differences may be explained by a number of factors, including poverty and racism. They may also be because mainstream mental health services often fail to understand or provide services that are acceptable and accessible to non-white British communities and meet their particular cultural and other needs. **Race /ethnicity the Richmond picture** The 2011 census informs us that the London Borough Richmond has a Black Minority Ethnic population of 14%. **Richmond Commissioned services:** Richmond Wellbeing Service (RWS) Improving Access to Psychological Therapies (IAPT) 2013 data:

	Total referrals = 4227 White – 83.8% Asian / Asian British – 4.71% Black / Black British – 1.27% Mixed – 3.79% Not known – 0.11% Not stated 2.54% Other – 3.79% Psychological Liaison Service (not contracted for Dementia): Total Referrals = 1320 White – 77.94% Asian / Asian British – 6.88% Black / Black British – 1.91% Mixed – 3.25% Not known – 0.29% Not stated 4.87% Other – 4.87% South West London and St George's Mental Health Trust: Total Referrals = 3291 White – 2392 (73%) Asian/Asian British – 81 (2%) Black/Black British – 28 (0.85%) Mixed – 72 (2%) Other Ethnic Group - 163 Not stated* - 555 *Not stated includes not requested, unable to request, refusals Richmond Borough Mind Adults Service(Wellbeing Centre and Peer Support 2012-2013): Total referrals = 371 White – 310 (83%) Asian/Asian British – 22 (6%) Black / Black British – 10 (3%) Mixed – 11 (3%) Not Known – 2 Not stated - 0 Other - 14 RWS's ethnicity data demonstrates that they are reaching the BME community within the borough. The data from commissioned services indicate that there is a gap in the collection of this data in relation to secondary mental health. Commissioners will request collection of this data from SWLSTG from April 2014.

22% of the Richmond Borough Mind's service users are from a BME background.

Adult Social Care service users
Of those with a mental health service user group receiving adult social care services via the council, 92% were white, with 8% being from BAME backgrounds. There were no significant differences in the proportions of service users from each ethnic background when comparing those with and without dementia.

Ethnicity	Dementia Flag		Not flagged as having dementia		Total	
White	367	93%	394	91%	761	92%
Other Ethnic Groups	10	3%	17	4%	27	3%
Asian or Asian British	15	4%	9	2%	24	3%
Black or Black British	3	1%	9	2%	12	1%
Mixed	0	0%	6	1%	6	1%
Total	**395**		**435**		**830**	
Not stated	6		16		22	

Religion and belief including non-belief **Impact low**

There is no national data on the impact of religion on mental health. Good practice for all mental health service providers is to consider the religiousness of service users so that they are given time and space both to express their religiousness and to discuss this with informed professionals if they so desire.

Richmond Commissioned services:
This data is not currently collected by any of the commissioned services.

South West London and St George's Mental Health Trust:

Total Referrals = 3291
Buddhist - 8
Christian - 545
Hindu - 10
Jewish - 10
Muslim - 39
Sikh - 3
Atheist - 20
Agnostic - 13

	No religion - 225 Not recorded - 2311 Other - 104 **Adult Social Care service users** Of those with a mental health service user group, 320 service users had their religion or belief recorded, of which 73% were Christian, 18% had no religion, 4% were Muslim, smaller proportions were other religions as demonstrated in the table below. The proportions of service users did not differ significantly between those with and without dementia.

Religion	Dementia Flag		Not flagged as having dementia		Total	
Christian	144	73%	89	72%	233	73%
No Religion	35	18%	24	20%	59	18%
Muslim	6	3%	6	5%	12	4%
Jewish	5	3%	2	2%	7	2%
Hindu	4	2%		0%	4	1%
Sikh	2	1%	1	1%	3	1%
Buddhist	1	1%	1	1%	2	1%
Total	**197**		**123**		**320**	
Unknown	204		328		532	

Sexual orientation	**Sexual orientation the national picture** Studies show that lesbian, gay and bisexual people show higher levels of anxiety, depression and suicidal feelings than heterosexuals. This can be due to: • hostility or rejection from family, parents and friends • bullying and name calling at school • rejection by most mainstream religions • danger of violence in public places • harassment from neighbours and other tenants • casual homophobic comments on an everyday basis • embarrassed response (and occasionally prejudice) from professionals, such as GPs • no protection against discrimination at work • negative portrayal of gay people in the media Experiencing these difficulties can mean many gay and bisexual people face mental health issues, including: • difficulty accepting their sexual orientation, leading to conflicts, denial, alcohol abuse and isolation • trying to keep their sexuality a secret through lying, pretending or

	leading a double life • low self-esteem • increased risk of self-harm and suicide attempts • damaged relationships or lack of support from families • post-traumatic stress disorder and depression from long-term effects of bullying However, the real picture is uncertain because of the reluctance of some patients to disclose their sexuality and some healthcare staff feeling uncomfortable asking the question. **Sexual orientation the Richmond Picture** This data is not collect by the National census **Richmond Commissioned services:** Richmond Wellbeing Service (RWS) Improving Access to Psychological Therapies (IAPT) 2013 data: Total referrals = 4227 Heterosexual – 92.44% Lesbian / Gay – 2.48% Bi-sexual – 1.07% Not known - 0.67% Not stated - 3.35% Psychological Liaison Service (not contracted for Dementia): Total Referrals = 1320 Heterosexual – 86.53% Lesbian / Gay – 3.77% Bi-sexual – 2.05% Not known - 1.14% Not stated – 6.51% South West London and St George's Mental Health Trust: Total Referrals = 3291 Heterosexual / Straight - 31 Did not wish to say - 6 Not recorded - 3254 Richmond Borough Mind Adults Service(Wellbeing Centre and Peer Support 2012-2013): Data not available, data being collected from April 2013. The data from commissioned services indicate that there is a gap in the collection of this data in relation to secondary mental health. Commissioners will request collection of this data from SWLSTG from

	April 2014. **Adult Social Care service users** Of the 852 service users with mental health conditions, 462 had their sexual orientation recorded, of which 96% were heterosexual, and 1% were gay or lesbian. A further 3% did not want to have their sexual orientation recorded. All 3 service users that were gay or lesbian were not also flagged as having dementia, although numbers are low so this is difficult to generalise more broadly.

Sexual orientation	Dementia Flag		Not flagged as having dementia		Total	
Heterosexual	299	97%	145	94%	444	96%
Lesbian or Gay	0	0%	3	2%	3	1%
Prefer not to say	9	3%	6	4%	15	3%
Total	**308**		**154**		**462**	
Unknown	93		297		390	

5. **Have you identified any data gaps in relation to the relevant protected characteristics and relevant parts of the duty? If so, how will these data gaps be addressed?**

Gaps in data	***Action to deal with this***	***August 2014***
The data from SWLSTG Service and Workforce Equality Report (2012) is not transferable to a local Equality Report. Additionally the majority of data is reported across five boroughs. http://www.swlstg-tr.nhs.uk/_uploads/documents/equality/equality-and-diversity-data-2012.pdf.	Commissioners will formally request this data is collected and reported at a local level from April 2014.	SWLSTG data has been updated; disability, gender reassignment maternity and pregnancy are not recorded.
Disability data is not available from either RWS or SWLSTG	Commissioners will formally request this data is collected and reported at a local level from April 2014.	This request is complex as Mental health is regarded as a disability , separate collation of Physical

		disabilities is not recorded

SUMMARY OF THE KEY FINDINGS

Establishing robust equalities data is the first step to address the equalities and discrimination and stigma issues that people with mental health conditions experience. The Strategy Implementation plan will require all organisations to provide robust equalities data and the relevant mental health strategies group will monitor analyse the data and implement action plans where needed to address any equalities gaps or deficits in the provision of services

Within the borough of Richmond the Richmond Wellbeing Service (RWS) has contact with the largest number of residents with mental health conditions in excess of 5500 people in 2013. The equalities data collect by RWS is robust and demonstrates that they are meeting the needs of the population, with the exception of disability. In relation to older adults RWS are working commissioners and stakeholders to address this gap.

SWLSTG provide integrated secondary mental health and social care services for the borough, serving fewer people than the RWS but with higher mental health needs. The data from SWLSTG Service and Workforce Equality Report (2012) is not transferable to a local Equality Report. Additionally the majority of data is reported across five boroughs. Commissioners will formally request this data is collected and reported at a local level from April 2014.

Richmond Borough Mind see the smallest proportion on mental health service user's 500-1000 people; their collection of equalities data is robust and implies that they are providing a service for people with higher mental health needs in the borough.

LBRUT Adult and Community Services provide services to adults who have either functional mental health or organic mental health condition. The data includes all information recorded on Framework I by Social care staff seconded via the S75 agreement to SWLSTGT and from the adult integrated health and social care teams. LBRUT Adult and Community Services will require SWLSTG to provide equalities data for the services provided via this agreement.

The equalities impact on each protected characteristic is listed below:

- **Age:** **Impact High**
- **Disability:** **Impact High**
- **Gender:** **Impact High**
- **Marriage and civil partnership:** **Impact Low**
- **Sexual orientation** **Impact High**
- **Race/ Race ethnicity language ethnicity/Language:** **Impact High**
- **Religion and belief including non-belief:** **Impact Low**
- **Pregnancy and maternity:** **Impact High**

The mental health profile of the residents of Richmond borough

There are a number of major concerns relating to the pattern of mental health among the Richmond population.

More people with depression and anxiety, particularly older people and people with long term chronic conditions, could benefit from access to psychologies therapies in primary care.

Many people have multiple long term physical and mental health problems that impact on their quality of life and health. People with serious and complex mental health problems die on average 15 years earlier than people without mental illness. Smoking, diabetes, high blood pressures and obesity are the main factors that cause these early deaths.

Significant numbers of people with mental health problems also have substance misuse problems (alcohol and drugs) and a large number of acute hospital admissions are alcohol related.

The rate of hospital admissions for acute conditions (schizophrenia and other psychotic disorders) is higher for Richmond than the average for England (2009/10 to 2011/12) and similar to most other boroughs in London. Early intervention, crisis and home treatment services are critical to avoiding inappropriate hospital admissions, along with other community services that enable

The number of people with dementia living in the borough will increase, driven by the aging profile of the Richmond population. In Richmond, as nationally only about 50% of people with dementia currently receive a formally diagnosis. We know that timely diagnosis of dementia can have benefits for individuals and carers.

People with dementia are high users of acute hospitals due to physical illness. A considerable number of unplanned acute admissions could be avoided through alternative provision in community settings.

There are significant numbers of carers (around 16000 people (census 2011)) who are vulnerable to physical and mental health problems.

Mental Health Strategies implementation plan

Five overarching priority objectives will be the focus of delivery programmes for both adults and older people. These are:

Strengthening the role of service users and carers

To ensure services users and carers are fully involved in decision making within commissioning and delivery of care

Prevention and early intervention

To ensure that there is targeted prevention for people at risk of mental ill health and early intervention for people with symptoms of mental illness

Acute care and crisis intervention

To ensure that people experiencing a crisis and acute distress have quick access to high quality and safe care in the most appropriate setting

Recovery and independent living

To deliver a multi-professional and multi-agency approach that enables people with mental health care needs to live independently

Mainstreaming mental health services

To ensure that integrated approaches are in place that address the physical health needs of people with mental health conditions, and also the mental health needs of people with long term physical conditions.

The Plan will help achieve over the long term the following outcomes:
More people have access to and benefit from psychological therapies
Fewer people with serious mental illness die prematurely
More people receive a formal diagnosis of dementia as a proportion of people estimated to have dementia
People can access mental health services quickly and easily when needed
Post diagnosis care for people with dementia is effective in sustaining independence and improving quality of life
More people with mental illness are in sustained employment
More people with mental illness say that services have made them feel safe and secure.

CONSULTATION ON THE KEY FINDINGS

6. What consultation have you undertaken with stakeholders or critical friends about the key findings? What feedback did you receive as part of the consultation?

Commissioners recently completed a comprehensive stakeholder engagement project focusing on the progress to date of the two strategies and the future actions that need to be taken to ensure successful implementation. This included one to one meetings with users, carers and stakeholders and workshop event that were held on the 25 June 2013 which was attended by over 50 people.
The resulting Mental Health Strategy's Implementation Plan details how commissioners will work with partners to ensure that the Richmond population has timely access to high quality and safe mental health services.

The Implementation Plan has been formally agreed at both the Older People's Mental Health Strategy Groups and the Adults Mental Health Commissioning Strategy Group in January 2014.

ACTION PLANNING

7. What issues have you identified that require actions? What are these actions, who will be responsible for them and when will they be completed?

Issue identified	Planned action	Lead officer	Completion Date
SWLSTG Equalities data reporting	Formal request for data collection from April 2014	Liz Ayres	On-going
RWS to collect	Formal request for	Liz Ayres	On-going

disability data	data collection from April 2014		
ACS collection of dementia data	This data will be formally collected from April 2014	Gill Ford	On-going

MONITORING AND REVIEW

8. How will the actions in the action plan be monitored and reviewed? For example, any equality actions identified should be added to business, service or team plans and performance managed.

SWLSTG, RWS and RB Mind are performance managed quarterly. ACS produces quarterly performance data. All stakeholders will be required to update progress in relation to their responsibilities within the Mental Health Strategies Implementation Plan, through the Mental Health Commissioning Strategy Groups for Adults and Older People.

PUBLISHING THE COMPLETED ANALYSIS

9. When completed, the equality impact and needs analysis should be approved by a member of DMT and published on the Council's website. Please provide details below:

Approved by	ACS Directorate Equalities Board
Date of approval	10th September 2014
Date of publication	26th September 2014

DECISION-MAKING PROCESS

10. Has a copy of this EINA or summary of key findings been provided to key decision-makers to help inform decision making, for example as an appendix to a Cabinet or Committee report?

- **If so please provide the details including the name of the report, the audience i.e. Cabinet/ Committee, the date it went, and the report author.**
- **Please also outline the outcome from the report and details of any follow up action or monitoring of actions or decision taken:**