Scottish Borders Health and Social Care Partnership

Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, which identify relevant stakeholders and the undertaking robust consultation to deliver a collaborative approach to co-producing the E&HRIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Mental Health Impact & Suicide Prevention Action Plan

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

Version 3 – February 2023

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher Education Lifelong learning	Employment Earnings	Poverty Housing	Social Care Health outcomes Mental health Access to health care	n/a	Political and civic participation and representation Access to services Social and community cohesion*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
The vision for the action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide. Mental ill-health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new Mental Health Improvement and Suicide prevention action plan aims to reduce mental health inequalities for those with the relevant protected characteristics, lived experiences and those communities experiencing inequality.	Positive impact	significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes – supports the delivery of the national strategies for mental health and suicide prevention.

E&HRIA to be undertaken and submitted with the report – <mark>Yes</mark> **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officer: Fiona Doig** **Date: 10/05/22**

Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views

Creating Hope in the Scottish Borders
Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist			
HSCP Senior Mgt Team Member	Sohail Bhatti	Public Health Director	
Responsible Officer	Claire McElroy	Public Health Lead Mental Health/Wellbeing Service	
Main Stakeholder (NHS Borders)	Nic White	Health Improvement Specialist	
Mains Stakeholder (SBC)	Steph Mackenzie + Charlotte Jones	Health Improvement Specialist	
Third/Independent Sector Rep			
Service User			

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
What equalities information is routinely collected from people currently using the service or affected by the policy?		Most data sets can be analysed by age, Gender and SIMD / locality.
Data on populations in need	Picture of Mental Health report in the Scottish Borders	Overall the data indicates that there is an increasing need for mental health support, especially within areas of the Borders with higher levels of deprivation. Those living in most deprived areas reported lower average mental wellbeing (46.9) compared to those living in the least deprived areas (51.5). Note this is Scotland-wide and may not reflect local picture Fewer common mental health problems in females in the Borders than the national average. Males closer to the natural average and lower than the female result. The annual crude rate for females within Scottish Borders is higher at 9.2, compared to 7.1 for Scotland, with the male rate being lower (15.8 and 20.7 respectively). This equates to 38.2% of completed suicides where the individuals were female and 61.8% male. Relationship between SIMD quintile and long-term illness (life-limiting)/ disability. Disability is known to affect mental health.
Data on relevant protected characteristic	Picture of Mental Health report The Scottish Public Health Observatory	For Gender, the plan takes into account the following: • For common mental health problems - variation across time period for both female and male populations in the Scottish Borders. Fewer common mental

	Men's Mental Health Survey Report by LGBT Equality about Café Polari Research – Mental Health of Communities of Colour Mental Welfare Commission for Scotland – Racial inequality and Mental Health In Scotland National Conversation on LGBT Mental Health	health problems in females in the Borders than the national average. Males closer to the natural average and lower than the female result. • High rates of prescription drugs for anxiety/depression/psychosis amongst women in peri-menopausal / menopausal age groups (Six-month pilot of Menopause Café with Borders College just completed and currently being evaluated) • Women are more likely than men to develop Post Traumatic Stress Disorder after a traumatic experience. • Some mental health disorders have been associated with experiences of violence and abuse. • Covid-19 pandemic has had an adverse mental health outcomes on women • Women with low levels of literacy are at five times more risk of depression • There is a strong link between experiencing violence or domestic abuse and mental health problems. For deaths of adults by suicide: • Men have a higher risk of suicide (A Men's Mental Health survey was carried with measures subsequently put in place for activities that targeted man e.g. support for Andy's Man Club, mental health and sports projects with the Rugby Clubs and ClubSports/ Live Borders) • Rates of suicide amongst women are higher in the Borders than the national average • The annual crude rate per 100,000 population is similar to Scotland for the same period. • However the annual crude rate for females is higher at 9.2, compared to 7.1 for Scotland, with the male rate being lower (15.8 and 20.7 respectively). This equates to 38.2% of completed suicides where the individuals were female and 61.8% male. • 16% of deaths were from individuals resident in the most deprived areas of the Borders, compared to 32% for Scotland. • 58.8% of suicides took place in the home, which is in line with the national figures, this did not differ for males or females • 53% of individuals were single

		57% of males and 42.3% females were an 'Employee, apprentice, armed forces - other rank, etc' with 34.65 females were 'other - student, unemployed, not available, etc'. 15% of all completed suicides were self-employed – without employees. 8.8% completed suicides were aged 15-24 – none of these were female 23% of all female completed suicides were aged 25-34 50% of all female suicides were aged 45-64, compared to 45% of all male suicides For Disability, the plan takes into account the following: - Having a physical disability can increase the risk of experiencing mental health problems and low wellbeing. There is consistent evidence of an association between physical disability and depression, though experiences of stigma and discrimination may significantly contribute to this relationship. - People with learning disabilities have an increased risk of developing a mental health problem due to social, economic, psychological and emotional factors, as well as some biomedical factors. - Individuals with sensory impairments have also been found to be at a much higher risk of having mental health problems across their lifetime. Many of the mental health problems among people with sensory impairment arise from the social isolation they experience due to inaccessible environments. - Those experiencing severe and enduring mental health problems die, on average, 15–20 years earlier than the general population, while those with depression die 7–10 years earlier - Situation for people with mental health problems has been exacerbated during covid-19 30% of Borders population had a long term health condition (2011 census) - People with long-term health conditions are two to three times more likely to experience mental health problems, with anxiety problems or mood disorders being particularly common - Co-morbid mental health problems have a number of serious implications for people with long-term conditions, including poorer clinical outcomes and lower quality of life.

		For Sexual Orientation and Gender Reassignment, the plan takes into account the following:

For Sexual Orientation and Gender Reassignment, the plan takes into account the following:

- Experiences of bullying and violence place LGBT+ people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance.
- Covid-19 impacted LGBT+ who live rurally. They experienced more isolation and reported a lack of safe space for counselling support.
- That transgender people are more likely to have negative mental health outcomes. Experiences of discrimination can place transgender people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance.
- Studies showing 88% have experienced symptoms of depression and 35% have attempted suicide at least once.[1]

Short term funding provided to support and promote Café Polari as a safe space for the LGBT+ community. Report from LGBT Equality considered at the Mental Health Improvement Steering Group and incorporated into plan. The report highlighted the importance for this community of being able to connect and develop friend groups in safe spaces, and a previous survey in 2019 had highlighted the need for social events for LGBT adults (85%), better visibility in the local area (71%) and signposting of services available locally (60%). The LGBT Equality report in May 2022 identified the following challenges:

- Over-reliance on a small group of volunteers who are at increased risk of mental ill-health themselves – funding for a paid LGBTQ development worker would mitigate the risk of representation burnout. There is difficulty in doing the development work needed for the travelling Café Polari funded by the Communities Mental Health and Wellbeing Fund because of the absence of a development worker and the reliance on volunteers;
- No dedicated space for LGBTQ people in the Borders means that support is sporadic - a community hub for the community would improve provision. The monthly Café Polari is limited and has some accessibility issues at its current venue;
- Pride event postponed due to volunteer availability;

		• A monthly café event does not solve all the issues of isolation experienced by the community and the need for a befriending / peer support scheme was highlighted; • Support need identified for parents of trans people. A specific focus group was commissioned for Borders Care Voice to carry out engagement but was unsuccessful due to lack of capacity in the Borders for this inequality group at that time. For Pregnancy and Maternity, the plan takes into account that more than 1 in 5 women will experience mental health problems in pregnancy or the first postnatal year. For Race, the plan takes into account the following: • Being a victim of racism has been associated with mental health problems. • The emotional and psychological effects of racism have been described as consistent with traumatic stress and the negative effects are cumulative. • Racism and a lack of cultural awareness may also contribute to the discrimination experienced by people from Black, Asian and Minority Ethnic communities • A desktop research exercise '**Mental Health of Communities of Colour and How We Respond'** was undertaken by Talat Yaqoob, an independent researcher. The aim was to provide some insight into the experiences of communities of colour in Scotland and where possible, in rural areas, in relation to mental health services access and exclusion. The term "communities of colour" was used which encompassed communities which are also called "visible ethnic minorities", these include (but not limited to) Black, South and East Asian, Arab, Hispanic and mixed-race individuals. • In summary, the paper (produced in April 2021) provided only a brief review of the current landscape in relation to communities of colour and their mental health in the Borders. However, what it did illustrate was the lack of literature and Scottish Border's specific data that is available. Whilst the population of people of colour in the Scottish Borders is lower than urban areas of Scotland,

		collection of robust data is still critical. The paper noted that the data required is both the simple numbers (who is using mental health services, what for and to what effectiveness) but also qualitative; lived experience input on what is needed to improve mental wellbeing. In particular, the paper noted the impact of isolation, already widely acknowledged within rural communities, however may be exacerbated by being in the minority, not feeling a sense of community and not having your needs met. It was recommended that the MHI&SP steering group considered what next steps need to be pursued to improve the level of information and knowledge known about communities of colour and their mental health, and also what current good practice within the Scottish Borders can be further harnessed. This led to the commissioning of a specific focus group for this key inequality group when the engagement on the action plan was carried out. • Within the Mental health welfare commission report the evidence shows gradient in deprivation for detentions, with higher proportions in the more deprived SIMD categories. This gradient was more distinct in the Black group where 57.8% who were detained were from the most deprived parts of Scotland. People from Black, Mixed or Other ethnicities were deemed to be a higher risk to 'self and others', as compared to all three categories of White ethnicity • A specific focus group was commissioned with Borders Care Voice however we were unable to fulfil this due to routes to consult with this group. This remains a gap.
Data on service uptake/access		Action plan is not part of direct service delivery but will be seeking to inform services in relation to early intervention and prevention as well as postvention. Data sets are still to be developed in order to evaluate the effectiveness of this.
Data on socio economic disadvantage	Picture of Mental Health report Scottish Health Survey The Scottish Public Health Observatory Anti-Poverty Strategy	The literature suggests that there are pockets of deprivation in the Borders which also have worse mental health. • Those living in most deprived areas reported lower average mental wellbeing (46.9) compared to those living in the least deprived areas (51.5). • Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems.

		12.6% of children in the Scottish Borders live in low-income families however there are 10 areas with more than 15% of children living in poverty - For adults with moderate or high severity symptoms of depression and anxiety, as measured by the percentage of population prescribed drugs for anxiety, depression or psychosis, there are significant differences between the localities. Teviot & Liddesdale, Cheviot and Eildon localities are all higher than the national average. - Berwickshire, Teviot and Liddesdale and Eildon have a slightly higher suicide rate than the overall Borders rate. The rate across all localities is lower than the rate for Scotland. Nationally the trend is for increased risk of suicidal thoughts and completed suicides from those in the most deprived areas. - Low and insecure income and problem debt are associated with increased risk of mental health problems - Cycle of deprivation between mental health problems and debt - COVID-19 followed by the Cost of Living crisis exacerbated many of these factors that can lead to money worries - Unemployment has consistently been associated with an increased risk of common mental health problems - Job loss has a traumatic and immediate negative impact on mental health and there is further damage when unemployment continues into the long term - Poor-quality housing is one example of the physical environment having a negative effect on mental health. Fuel poverty in particular is associated with poor mental health.
Research/literature evidence	Public Mental Health IMV model of suicidal behaviour Mental Welfare Commission for Scotland – Racial inequality and Mental Health In Scotland	**The public health impact of mental disorder** - mental disorder accounts for at least 21% of the UK disease burden (as measured by years lived with disability), although even this underestimates the true burden by at least one third. This is accounted for by the high prevalence of mental disorder, the fact that the majority of lifetime mental disorder arises before adulthood, and the broad public health-relevant impacts across different sectors. The life expectancy of people with mental disorder is reduced by 7–25 years compared to those without, mainly due to increased rates of smoking, alcohol and drug misuse, self-harm, and physical illness. The majority of self-inflicted deaths are in people who have a mental disorder. Wider impacts of mental disorder include educational and

		employment outcomes, victimisation from and perpetration of violence, stigma and discrimination.
		Evidence on public mental health interventions according to five overlapping topic areas:
		1. Interventions during pregnancy, childhood, and adolescence
		2. Marginalised groups 5
		3. Prevention of loss of healthy years and premature mortality including in people with mental disorder
		4. Prevention of mental disorders
		5. Other priority areas.
		The Integrated Motivational-Volitional Model of Suicidal Behaviour (O'Connor 2011) - suicidal behaviour results from a complex interplay of factors, the proximal predictor of which is one's intention to engage in suicidal behaviour. Intention, in turn, is determined by feelings of entrapment where suicidal behaviour is seen as the salient solution to life circumstances. These feelings of being trapped are triggered by defeat/humiliation appraisals, which are often associated with chronic or acute stressors which can include protected characteristics. The transitions from the defeat/humiliation stage to entrapment, from entrapment to suicidal ideation/intent, and from ideation/intent to suicidal behaviour are determined by stage-specific moderators (i.e., factors that facilitate/obstruct movement between stages). In addition, background factors (e.g., deprivation, vulnerabilities) and life events (e.g., relationship crisis), which comprise the pre-motivational phase (i.e., before the commencement of ideation formation), provide the broader biosocial context for suicide.
		• Within the Mental health welfare commission report the evidence shows gradient in deprivation for detentions, with higher proportions in the more deprived SIMD categories. This gradient was more distinct in the Black group where 57.8% who were detained were from the most deprived parts of Scotland.
		People from Black, Mixed or Other ethnicities were deemed to be a higher risk to 'self and others', as compared to all three categories of White ethnicity

Existing experiences from service information		Action plan is not part of direct service delivery but will be seeking to inform services in relation to early intervention and prevention as well as postvention.
Evidence of unmet need		Action plan is not part of direct service delivery but will be seeking to inform services in relation to early intervention and prevention as well as postvention.
Good practice guidelines	Public Mental Health – Public Health Scotland Priority 3 about having good mental wellbeing National suicide good practice Time Space Compassion Trauma Informed Practice	Mental wellbeing is recognised as a significant public health challenge in Scotland. Mental health and wellbeing are influenced by many factors including biological, social, economic, lifestyle, and genetic factors. Understanding the interacting and often co-existing risks and adverse outcomes is an essential part of building and sustaining mentally healthy societies and reducing the adverse impacts and inequalities that often result from poor mental health and wellbeing. Suicide prevention is being prioritised more as the Government and COSLA published the 10-year national suicide good practice strategy to tackle the factors and inequalities that can lead to suicide, this draws on levers across national and local government to address the underlying social issues that can cause people to feel suicidal, while making sure the right support is there for people and their families. The approach is to help people at the earliest possible opportunity and aim to reduce the number of suicides – ensuring efforts to tackle issues such as poverty, debt, and addiction include measures to address suicide. Time, Space and Compassion principles and approach - a relationship and person centred approach to improving suicidal crisis. It has been developed for use by people and services who regularly come into contact and support people experiencing suicidal crisis. Creating Hope in the Scottish Borders action plan will be firmly linked to the national trauma training programme and promotes trauma informed practice and responses. This links to the Scottish Borders Health and Social Care Partnership Equality outcomes and mainstreaming framework 2023-2025.
Other – please specify	Health and Wellbeing Census for Children and Young People	This evidence informed our life course approach and the need to work closely with the Children and Young People's structures to ensure that the work is aligned and complementary.

	Childrens and Young people partnership	
Risks Identified	Consultation feedback	An ongoing risk of being able to engage - a lack of infrastructure for some of the protected characteristics makes it difficult to achieve the engagement even when it has been commissioned to happen and so it is even more difficult to try and sustain the engagement and ensure that the engagement is representative. The key infrastructure used to engage is the Mental Health and Wellbeing Forum and the After A Suicide Working Group so there is a risk that some of the protected characteristics are missed. Local evidence regarding mental health and Black and ethnic minorities (Race)
Additional evidence required	Consultation feedback	Additional evidence for unpaid carers struggling with mental health

Consultation/Engagement/Community Empowerment Events

Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
27th June 2022	Online Survey – Survey on Scottish Borders Council Consultation portal, promoted widely through partnership networks and social media	35 individuals and four organisations responded (Volunteer centre borders, outside the box, Peebles and district men's shed, Equality and Diversity preventions officer – Police Scotland)	Race – Asian or Asian British – 5% White or Non specified – 95% Age – 35-44years old – 20% 45 – 54years old – 28% 55 – 64 years old – 20% Gender– Female – 72% Male – 28% Sexual Orientation – LGBTQI+ - 15% Disability – Mental Health Condition – 41% Disability / Long Term Condition – 38%

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Top answers in response to **'What do you think would improve your mental health and wellbeing?'** • Being able to talk to a professional about the way I am feeling • Self-help resources about ways to improve your mental health and wellbeing	Ensure Trauma informed places are within the Scottish Borders, and this is linked to and reported to support the delivery of the Scottish Borders Health and Social Care Partnership's Equality Outcomes and Mainstreaming Framework.

- Having someone I trust to talk to about the way I am feeling (a friend, colleague or family member) - Getting help and support for the things that are worrying me (e.g. debt, finding a job, housing, money worries, loneliness, relationship difficulties, alcohol or drug use etc)	Influence and inform the allocations of social prescribing money within the Scottish Borders. Influencing and inform Scottish Borders Council's Local Housing Strategy
Top answers in response to '**In the Scottish Borders we have an ambition to develop mentally healthy communities – what would that look like for your community?'** - Friendly and welcoming social places and activities that are open to everyone and are free - Positive and safe physical environment including housing and neighbourhoods - Supportive employers and workplaces	Influencing, informing and supporting employers and workplaces become mentally healthy starting with Scottish Borders Integrated Workforce Plan. Specifically linking to and reporting against the Partnership's Equality Outcome 6 We have a workplace where all staff feel valued and respected and have their needs met appropriately
Top answers in response to '**What are your three priorities for preventing mental ill-health for those most at risk?'** - Support for people when they experience adverse adulthood events (e.g job loss, relationship breakdown, bereavement) - Having a warm and safe place to live - Making sure that people have enough money to live off	Influence and inform services to improve the lives of people experiencing and recovering from mental ill health as well as physical ill health and reduce health inequalities.
Top answers in response to '**Please select three priorities about preventing suicide and self-harm'** - Promotion of support for people in crisis - Support for people caring for others with suicidal thoughts - Public suicide awareness training open to communities	For those who experience barriers in accessing activities and opportunities we will work with partners across the system to improve the provision of social prescribing in the Borders and make the most of the natural and community assets that we have.
Top answers in response to '**What do you think would improve the lives of people experiencing and recovering from mental ill-health?'** - Better coordination between the mental health support services - Having a single point of access for getting help - Better approach to long-term/ongoing support within communities	
Top answers in response to '**Do you think that mental health stigma has an impact and what could be done to reduce stigma?'** 79% of respondents said that yes, mental health stigma has an impact. 15% were unsure and only one person answered no.	

There was a wealth of suggestions for tackling stigma which are summarised here:
- Interactive public mental health consultations
- Media campaigns – it's ok to talk and it's ok to ask for help
- Work in communities, events in communities, courses run in communities with real people, festival of mental health
- Raise awareness of the reality of recovery
- More open and challenging dialogue – there is a spectrum of experience which is relevant to professionals too
- Careful use of language – don't label
- Local peer groups to share experience
- Normalise talking about suicide and self-harm
- Communication, education, awareness
- Role models and people telling their stories
- Education / awareness about diagnosis and how to help someone who is struggling with mental ill health
- More info in schools and libraries
- Challenge and change attitudes so there is more empathy and less blaming individuals

Event 2 – Borders Care Voice

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
7th July 2022	Triest House Galashiels	17	Age Gender Disability (Mental Health)

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Event 3 – Borders Care Voice

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
13th July 2022	Teams meeting	4	Age Gender Disability (Mental Health)

Views Expressed during event 2 and 3	Officer Response
From the workshop responses, several of the same themes were raised across all the identified target groups, mainly: • Access to local groups – physical activities/social/creative/peer support. • Need for some form of directory of service/activities available within the Scottish Borders and local promotion. • Awareness raising of mental health in general, with more focus on prevention of self-harm and suicide. • Training on mental health and suicide prevention open to a wider audience. • Addressing low confidence and low self-esteem – perhaps through a buddy support system. • Education around mental health from an early age. Clear and consistent messages in schools • Peer support options, local groups, Scottish Borders wide – online and face to face options • Knowledge of what support and resources are available for a mental health crisis. • Funding to support services – longer term. Existing and new and creative approaches.	Young people transitioning within education and into employment will be a key focus within the action plan to inform and support training within employment and education settings. Ensure Trauma informed places are within the Scottish Borders, and this is linked to and reported to support the delivery of the Scottish Borders Health and Social Care Partnership's Equality Outcomes and Mainstreaming Framework. Co produce our information and promotional materials with those experiencing inequality as a way of ensuring people in crisis area able to access and have confidence in using services Continue to raise awareness of Mental Health and suicide prevention and offer learning opportunities and training with those experiencing inequality, and implement the recommendations from the review of current training. Review membership of the After A Suicide Working Group to ensure that people with the relevant protected characteristics are represented. This to ensure that the work of the group
For positive support in keeping mentally well, this included: **Participation -** Participating in local community groups – social, physical, creative, peer. Peer support was reported on many occasions, linking in to feeling	

understood, not being judged, being supported by others who understand and having that support system, sharing experiences and suggestions.

Keeping active - Physical activities available in different local areas– ranging from walking, yoga, cycling to enjoying outdoors and gardening.

Feeling confident - Being confident to join groups or having a buddy support to help with anxieties of attending somewhere new, attending appointments etc. Many people commented that they were aware that joining a group would be of benefit to them but lacked the confidence to attend on their own, that their anxieties increased around meeting new people, feeling excluded or different. Being in a safe and supportive environment was seen as a priority.

Informed - Knowing what is available to be able to make informed choices – in local area and in wider area, including information on help lines and crisis support. A directory of service/activity was stated repeatedly. Much discussion was had across all groups for access to up-to-date information. This was seen as a priority. Further discussion arose from this to having more signposting in GPs, Department for Work and Pensions, Hospitals, and having access to Link Workers, Local Area Co-ordinators or similar.

Having access - Accessibility – transport, cost and parking were all raised, as was accessing opportunities online as well as face to face.

Educated and aware - Education on mental health from an early age was repeatedly raised as a priority, across a number of the workshop questions and across all groups.

Being employed or volunteering - Employment/volunteering opportunities were viewed as having a contribution to overall good mental health.

delivers the same equality of opportunity and fosters good relations between communities.

Continue to monitor data and trends related to suicide and self-harm both nationally and locally and liaise with national, regional and local contacts as a way of identifying inequality and discriminatory practice.

Continue to develop our practice locally, such as our Sudden Death Reviews and strengthening our trauma informed approach to suicide prevention with the communities identified as experience inequality.

We will ensure that work carried out within these areas identified are inclusive of the relevant protected characteristics identified
Those identified to date include:
Males 15-64yrs old
Females 25-64 yrs old
LGBTQI+ and the rurality of the Scottish borders
Race
Religion
Disability including physical and neurodiversity

Funding available for the creation of new support services and to support existing projects and programmes that work – this was also raised in the questions about prevention.	
For prevention of self-harm and suicide and addressing stigma, this included: **Understood and Included** - Tackling attitude, Some people felt that in small communities, negative attitudes towards mental health and lack of understanding created more anxiety and lead to the individual becoming more isolated. A common topic also discussed was awareness raising on a large scale. **Educated** - More mental health education in schools. This was highlighted repeatedly. Many people felt that talking about mental health openly was needed to address stigma and that having this in schools from an early age would make it less of a taboo subject and lead to it being better understood. **Trained and supportive** - Informed mental health and suicide prevention training targeted to employers/employees, professionals, community groups, volunteers. Several of the participants were aware that mental health training is available in the Scottish Borders and has been for some time but felt that it was more limited to people working or volunteering in health and social care. More **signposting** from GPs and referrals made from other professionals. **Social prescribing** was viewed as a positive measure and there was an interest from across the groups for this to be a more regular occurrence. Seeking alternative options to hospital admissions and medication was suggested.	
Themes specific to people experiencing and recovery from mental ill-health: • Feeling safe and included • Being able to access services and join groups and activities. • Overcoming barriers to access – lack of confidence, transport	

• Knowing what is available, where and when and having informed choices	
Themes specific to unpaid carers: • More opportunities and activities available in the evenings. • Services and activities having face to face and online options. • Respite opportunities and financial support. • Flexibility in services – recognition that no one size fits all.	
Themes specific to people bereaved by suicide • Timely access to therapies. • Having someone to talk to and who would actively listen. • Peer support and helpline options. • Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness • Having support and understanding in the workplace.	

Event 5 – Borders Care Voice

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
14/07/2022	Triest House Galashiels	6	Providers of services - Disability (Mental Health)

Views Expressed	Officer Response
Key themes arising included: • Access to truly person-centred services – the appropriate support available as and when needed and not hampered with restrictive time schedules that can create even more barriers • More flexibility needed within services – meeting the individual's needs. Focus given to immediate and longer-term support	See above

- Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc. - Single point of contact – also raised in other workshops. - Funding available for third sector to bridge the gaps – a recognition that existing funding can be short term, limited to strict criteria and can lead to exclusion. The top priorities for taking immediate action listed from mental health service providers were: - Addressing attitudes – tackling stigma in communities and across organisations. - Tackling financial inclusion – ensure basic needs are being met. - Support the development of new and innovative measures – flexibility recognised within funding criteria, in addition to length of funding providing time and opportunity for development and growth. There was also a suggestion made for the creation of a peer support group for people who work in health & social care, potentially facilitated alongside other similar groups.	

Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3

Analysis of findings and recommendations

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

The vision in the plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Mental ill health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new action plan aims to reduce mental health inequalities across all groups with protected characteristics. As part of the initial action planning process, a Health Inequalities Impact Assessment was carried out with the aim of identifying mitigating actions to ensure that nobody is negatively impacted. This document updates that assessment.

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2 (include none identified at this stage)

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Reduction of stigma associated with mental ill health and suicide in young males within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Early intervention – building capacity within the communities, education establishments and employers to identify young men aged 15-64 who are at risk of mental ill health or suicide	Report performance against current base line figure to Mental Health Board, Community Planning Partnership and Integrated Joint Board.
	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental ill health and suicide in young males within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Reduction of stigma associated with mental ill health and suicide in those with learning, physical or neurodiversity disability within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Access to service and community assets. Building capacity up within communities, education and workplace establishments to identify and support those with learning, physical or neurodiversity disability who are at risk of mental ill health.	Report performance against base line figure to Mental Health Board, Community Planning Partnership and Integrated Joint Board.

	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental ill health and suicide in young males within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	
	Advancing equality of opportunity	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	
	Fostering good relations by reducing prejudice and promoting understanding	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage.	None identified at this stage.
	Advancing equality of opportunity	None identified at this stage.	None identified at this stage.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage.	None identified at this stage.
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Raising awareness with workplace establishments around postnatal depression.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Early intervention – building capacity within the communities, education establishments and employers.	Establish a base line with regards to maternity and post-natal depression. Nationally more than 1 in 5 women will experience mental health problems in pregnancy or the first postnatal year.
	Fostering good relations by reducing prejudice and promoting understanding	Work colleagues awareness and support around postnatal depression and returning	Report on training delivered within these areas. See me in work

		to work post maternity knowledge is increased	Awards scheme
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Raise awareness of racial inequalities within mental health services.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Access to mental health services and early intervention.	Data set to be established using national and local base lines.
	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental health and suicide within education establishments and work place.	Report on training delivered within these areas. See me in work Awards scheme Further data sets to be established.
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	To be explored further with religious leaders to be linked with action plans programme of work	
	Advancing equality of opportunity	To be explored further with religious leaders to be linked with action plans programme of work	
	Fostering good relations by reducing prejudice and promoting understanding	To be explored further with religious leaders to be linked with action plans programme of work	
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Reduction of stigma associated with females experiencing mental ill health and suicidal thoughts.	Use national and local data regarding base line of suicide rates and mental ill health.
	Advancing equality of opportunity	Early intervention – support capacity to develop mentally health communities to support female victims and survivors of domestic abuse experiencing mental ill health.	Further engagement with organisations dealing with victims and survivors of domestic abuse to establish a base line of females affected by mental ill health and suicide.

		Early intervention to support woman experiencing mental ill health in peri menopause or menopause.	6 month pilot been carried out with Borders college currently being evaluated, this will form the basis of the work around this.
	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental ill health and suicide within community education establishments and work place.	Report on training delivered within these areas. See me in work Awards scheme Further data sets to be established.
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	Using national statistic and research to inform local support.
	Advancing equality of opportunity	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	See above
	Fostering good relations by reducing prejudice and promoting understanding	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	See above

Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1 (remove those that do not apply)

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education lifelong learning	Support people continuing in education	Numbers of sessions delivered Entering into partnership with borders college to set a baseline around number of people leaving education due to mental ill health and suicide.
Work	Employment Earnings	Create Mentally Healthy work places	Number of organisations taking up training Number of organisations signing up to awards scheme.
Living Standards	Poverty Housing	Continuing in education and employment will contribute to people not living in poverty. This will also reduce the risk of becoming or being threatened with homelessness	Using the baseline from the public health inequalities strategy to assess poverty.
Health	Health outcomes Mental health Access to health care Social Care	In reducing the stigma associated with mental ill health and suicide it is anticipated that more people will access services appropriately.	Gather data around health inequalities from strategy as well as data of people accessing service to ensure early intervention.
Participation	Political and civic participation and representation Access to services Social and community cohesion*	The action plan has consultation and engagement as an overarching principle and is underpinned by insight from Lived Experience and will continue to do so.	Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

		The plan will have a strong focus on communities and ongoing communication work promotes access to a range of support services. Reducing stigma of mental ill health and suicide, including working with those affected by suicide.	

Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities	The action plan will seeks to reduce mental health inequalities and targets specific groups in the population known to be more at risk of mental ill health and suicide. Targets groups include but not limited to: Males 15-64yrs old Females 25-64 yrs old LGBTQI+ and the rurality of the Scottish borders Race Religion Disability including learning disability, physical and neurodiversity
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities	The action plan represents a key opportunity to reduce inequalities of outcome. The plan will be delivered through the multi-agency Mental Health Improvement and Suicide Prevention steering group and through stronger partnership working with the Community Planning Partnership. A progress against which will reported to Mental Health Board, Community Planning Partnership and Integrated Joint Board and the boards equality outcomes and mainstreaming framework.

Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

N/A

Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Analyse conditions and communities that are supportive to good mental health and ensure that those with relevant protective characteristics are able to access these when exploring options.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual
Embed Creating Hope, Time, Space and Compassion as key prevention approaches across organisations, services and communities.	Charlotte Jones Health Improvement Specialist	March 2025	Annual
Explore and coproduce the delivery of a mental health directory of service with the mental health steering group and the equality and human rights subgroup	Steph MacKenzie Health Improvement Specialist	March 2025	Annual
It evident that there were some gaps in the engagement work carried out, namely with the Black and Minority Ethnic communities.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual

Explore working with equality and human rights subgroup to engage wider.			
Establish data sets for outcomes and outputs of plan in relation to the relevant protective characteristics to ensure impact is monitored effectively.	Claire McElroy, Public Health Lead – Mental Health and Suicide Prevention Charlotte Jones and Steph Mackenzie Health Improvement Specialist	March 2025	Annual
Ensure that localities impacted by higher suicide rates are focused on as a priority due to higher deprivation links.	Steph MacKenzie + Charlotte Jones Health Improvement Specialist	March 2025	Annual
Further links with religious leaders and the action plan to gather views within area.	Steph MacKenzie + Charlotte Jones Health Improvement Specialist	March 2025	Annual
Engage with organisations working with victims and survivors of domestic abuse.	Steph MacKenzie + Charlotte Jones Health Improvement Specialist	March 2025	Annual
Supporting the delivery of the Scottish Borders Health and Social Care Partnership integrated workforce plan associated Action plan.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual

Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposals affects different groups, including people with protected characteristics?

The action plan will be monitored using the population level data released nationally about different groups. Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

Version 3 – February 2023

Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

If work is to be procured, tendered or commissioned an Equality and Human Rights Impact Assessment will be undertaken. The outcome of which will be used to influence and inform the procuring, tendering or commissioning process.

Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

A communications plan will be developed with the detail of how the information about key areas of action within the plan will be communicated. This will include an Easy Read version of the plan.

Signed Off By:

Claire McElroy
Public Health Lead

Date: revised 12/07/2023