Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views

Joint Executive Team and Strategic Planning Group BRIEFING NOTE

Permanent Closure of Gala Resource Centre

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
Service Lead	Simon Burt	General Manager, Joint MH Services	
Responsible Officer	Philip Grieve	Service Manager, Joint MH Services	
Main Stakeholder (NHS Borders)	Debbie Raftery	Senior Project Manager	
Mains Stakeholder (Scottish Borders Council)	Julie Waddell	Planning & Development Manager, Joint MH Services	? – When working in Public Health, 2012-2016

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?
Data on populations in need	Scottish Borders Health and Social Care Partnership (2015) *Facts and Statistics*	The needs assessment drew on data from various sources that give an indication of the prevalence of mental health problems/illness in the Scottish Borders: Census 2011 - 3.5% of the Scottish Borders population identified themselves as having a mental health condition lasting at least 12 months. GP data – 881 (0.81% of all patients registered) patients with severe mental illness (e.g. schizophrenia, bi-polar affective disorder); 8,588 patients with newly diagnosed depression in the last year (7.4%). 18,795 (16.5% of the local population) were prescribed drugs for depression, anxiety, and/or psychosis (year ending March 2013).
Data on relevant protected characteristic	Scottish Borders Mental Health Needs Assessment (2014) and Scottish Borders Mental Health Strategy, 2017.	The Needs Assessment and the Strategy both describe life events that can have a negative impact on mental health and wellbeing, including long-term conditions, adverse childhood events, substance misuse, homelessness, offending, poverty, unemployment, physical disabilities, and caring for others. A significant inequality is seen in the life expectancy of those with a diagnosed mental illness where life expectancy can be 10 to 15 years lower than the general population. People with mental health problems experience inequalities in relation to income and employment. Mental illness affects 1 in 4 adults and 1 in 10 children under 15. This suggests around 23,000 adults and 1,898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives.

| | | Depression and anxiety are the most common. Antidepressants were the most commonly used drug to treat mental health problems in both Scottish Borders and Scotland, having increased year on year.

Co-occurring mental health and drug or alcohol problems are common. Over 40% of people supported by the community mental health teams report problem drug use or harmful drinking, and mental health problems are present in over 70% of those in touch with addictions services.

The suicide rate for the Borders was 15 per 100,000 population, just above the rate for Scotland. Suicide rates are higher for males than for females.

The number of psychiatric admissions and lengths of stay shows a steady decline over the last 20 years. There were 680 admissions in 1998 falling to 470 in 2020. Most hospital stays were for a period of 8-28 days. This numbered 230 people in 1998, and had fallen to 120 people by 2020.

Prescriptions for anti-psychotic medication amongst adults shows a small increase over time from just under 7 per 1,000 in 2010/11 up to almost 9 per 1,000 in 2019/20 (reflecting a similar trend for Scotland.

Such data likely reflects a reduction in capacity (less beds) rather than demand so is not a good indicator of future need. It shows a gradual shift of resources in line with national and local policy of reducing bed numbers and moving care out into the community. This is based on the premise that as hospital-based care and treatment is reduced, it will be replaced by care delivered closer to |

		home, reducing institutionalised care and supporting independence and recovery.
Data on service uptake/access	Gala Resource Centre service activity and monitoring data (2019/20) to inform a review of the service (2021).	Accessing data was difficult as it had not been routinely gathered. Activity data for 2019/20 shows a change in the pattern of referrals to the service in terms of gender, age, diagnosis and referral route. • There has been an increase in younger adults (18-25), most commonly experiencing social anxieties • There has been an increase in young woman with trauma related Emotionally Unstable Personality Disorder • There has been an increase in those either diagnosed, or thought to be on the autistic spectrum • The largest referrals source is now GPs, with Community Mental Health Teams the next highest referrer. Numbers referred with severe mental ill health over recent years are very low. Emotionally Unstable Personality Disorder forms the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most Emotionally Unstable Personality Disorder referrals come from the statutory mental health services (CPNs) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians.
Data on socio economic disadvantage	Scottish Borders Health and Social Care Partnership (2015) *Facts and Statistics*	5 data zones in the Scottish Borders are recognised by Scottish Government as being amongst the 15% most deprived in Scotland (3.2% of the Scottish Borders population). The most deprived data zones in Scottish Borders are in Burnfoot, Hawick, and Langlee, Galashiels.

Research/literature evidence	Figure8 (2017) *Evaluation of Mental Health Services In the Scottish Borders – Summary Evaluation of Gala Resource Centre*	Independent evaluation of Gala Resource Centre in 2017 recommended areas for improvement around structure, management and ethos of the Centre. These recommendations did not translate into any changes for the staffing, approach or oversight of the service. Difficulties in accessing good monitoring data, together with feedback from stakeholders, suggests that the same issues still exist.
Existing experiences of service information		
Evidence of unmet need	Gala Resource Centre follow-up consultation: • Focus Groups with people with lived experience specifically around the needs of those with Emotionally Unstable Personality Disorder; and • Consultation with various staff disciplines involved in supporting people with Severe Mental Illness (SMI) and Emotionally Unstable Personality Disorder.	The workshop had identified main areas of unmet need, but additional consultation was required to examine these in greater depth to inform future plans. Of the referrals to Gala Resource Centre over Jan 2019 – March 2020, Emotionally Unstable Personality Disorders formed the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most Emotionally Unstable Personality Disorder referrals come from the statutory mental health services (Community Psychiatric Nurses) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians. All those accessing support represented people with lived experience of mental ill health. Changes in Gala Resource Centre management, staff skills and supports offered had led to a gradual shift away from people with serious mental illness being referred to Gala Resource Centre and little had been developed in mental health services generally that offered alternative forms of support.

| | | It was acknowledged that new services have developed to support anxiety issues such as 'Renew' and the Distress Brief Intervention service although these tend to focus on shorter-term interventions.

Stakeholders are agreed that attention should now focus on the needs of those with longer term mental health needs: restoring support for those with severe and enduring mental ill health, and those with a diagnosis of Emotionally Unstable Personality Disorder (increasingly being referred to Community Mental Health Teams and the Gala Resource Centre for support over recent years).

For those with severe mental illness, a new model of supported accommodation has been approved that will see a transition to improved facilities, and the development of new, enhanced residential support that will provide stepped up/stepped down facilities (operational Feb 2023).

For those with an Emotionally Unstable Personality Disorder, a proposal has been drafted to re-invest some of the GRC resources to recruit an additional staff post in mental health services. This post will support a cross-sector programme of staff training, collaborative working, and an enhanced care pathway. This will build on existing services for this client group and respond to needs identified by stakeholders in the GRC review, including: Staff that are trained and supported to offer a compassionate response. Collaborative working across sectors and agencies that avoids unnecessary referral/re-referral Challenging stigma and promoting awareness and understanding of mental ill health amongst other services. Accessible information and advice to support self-management skills in appropriate formats |
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		• Increased access - geographically and practically - using a blended delivery model (face-to-face, on-line, text etc).
Good practice guidelines	Co-production Charter – local agreement facilitated by Border Care Voice. This makes a commitment to involve people with lived experience in the development of mental health policies and services in the Scottish Borders.	Representation from Border Care Voice ensured we adhered to the agreed principles, and facilitated representation of people with lived experience in the consultation exercises.
Other – please specify	Consultation with mental health professionals (including Psychology Dept.) as part of the 2021 Gala Resource Centre service review.	During the review it became clear that there had been no discussion about the establishment of psycho-educational courses for people with personality disorders with our local psychology service. The Psychology Service is responsible for the governance of psychological therapies delivered within local statutory services. Although the courses were valued by both professionals and people with lived experience, there was questionable governance with regards to the course and qualifications of those offering it.
Risks Identified	Consultation with mental health professionals (including Psychology Dept.) as part of the 2021 Gala Resource Centre service review.	There are clinical risks associated with the issues identified in this recent service review around the clinical governance of programmes delivered for potentially vulnerable people which would need to be addressed in any future service development.
Additional evidence required		

Consultation/Engagement/Community Empowerment Events

Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
11/05/21	On-line (due to Covid restrictions)	42 people in total plus presenters: People with Lived Experience of mental ill health and/or addictions – 8 Carers - 1 Gala Resource Centre staff - 3 NHS – various (staff rep, union, project support, finance) – 11 Statutory mental health & addictions services – 11 Commissioned mental health & addictions services – 2 NHS AHPs – 1 GP - 2 SBC staff (SW - 2, Contracts – 1)	People with lived experience of mental ill health (including those who had and had not accessed Gala Resource Centre).

*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)

Views Expressed	Officer Response
Although the focus for discussion was on Gala Resource Centre services, participants chose to share examples of having accessed support from various sources including Gala Resource Centre, GP and adult Mental Health Services. Who is the GALA RESOURCE CENTRE not catering for?	The following have been co-designed with people with the relevant protected characteristics to meet current and future needs and address the views expressed. • Miller House – a new service which was subject to its own Equality Human Rights Impact Assessment • Emotionally Unstable Personality Disorder Proposal – subject to consultation currently with people with the relevant protected

Those with 'severe and enduring' mental ill health and people with Emotionally Unstable Personality Disorders How do we best meet the needs of the two groups above? A person-centred, flexible approach that offers a range of options including psychosocial interventions (mindfulness, anxiety management, Cognitive Behavioural Therapy, emotional regulation), peer support, life skills development, and activities that promote health and wellbeing, connectedness and employability. What should future services look like? Locality-based support (to reduce geographical inequalities); hub & spoke model; blended of face-to-face and digital; flexible, not time limited); multi-disciplinary (include OT, social and practical support); activities adapted for people with severe and enduring mental ill-health. How should it connect to other services? Improved integration with the Wellbeing College and other services and more clearly defined treatment pathways; close working with Community Mental Health Teams, working in partnership with locality-based community resources; staff aware of and understand how services connect with each other; multi-disciplinary working; empowerment – equal relationships between staff/those using the services.	characteristics and lived experience. This to improve and enhance the existing personality disorder pathway

Event 2

Date	Venue	Number of People in attendance by category*		Protected Characteristics Represented
25th Jan 2022.	On-line focus group (due to Covid restrictions)	2		Yes – people with lived experience of mental ill health (Emotionally Unstable Personality Disorder).

Views Expressed	Officer Response
This focus group was arranged specifically to discuss the needs of people with Emotionally Unstable Personality Disorder (Who are we not catering for?). The rest of the questions were repeated from the original workshop: How do we best meet their needs? • Better access to information/what Emotionally Unstable Personality Disorder means and what's available at diagnosis point. • Interventions to manage anxiety and depression (mindfulness, talking with others, café, crafts, walking and other outside/gardening activities). • Being able to ask for help with peers who have been through or are going through the same thing. • Being able to have an individual that can 'just check in' and have contact with someone that has taken time to get to know you and be able to consistently touch base. What should future services look like? • Having an online hub as well as a physical place. Ideally given a username and password with anonymous alias for a peer network and discussion forum.	Participants were invited to contribute to further aspects of the review in terms of option appraisals and developing future proposals. One asked to be involved and details were taken. Their feedback helped to shape the final proposal.

- Be able to cater for needs whether that is face-to-face, online or via phone etc. as this will vary from person to person and be dependent upon current situation.
- A service that can set-up the 'basics' consistently – such as a safety plan – to help individuals manage their condition.
- A safe place with people that will give you time to talk (no support groups are available at the time of diagnosis)

How should it connect to other services?
- Other services know what's available and can signpost/refer.
- Promotion more in line with addictions services

Event 3

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
7th Feb 2022	On-line focus group (due to Covid restrictions)	1 person with lived experience of mental ill health (and also of the LGBTQ+ community but not explicitly representing that group). This person was there to discuss their own views and those of others with lived experience, some of whom had accessed GRC for support.	Yes – people with lived experience of mental ill health (Emotionally Unstable Personality Disorder).

Views Expressed	Officer Response
A separate Emotionally Unstable Personality Disorder-specific focus group was held for an individual not able to participate in the previous one held on 19th Jan (same questions but participant preferred a free-flowing discussion).	Regular feedback on the review process has also been shared with the Border Care Voice Mental Health & Wellbeing Forum for people with lived experience, and the Providers Forum. Future arrangements will be based on agreed and informed by the Co-production Charter – see Stage 3.

LGBTQ+ was not an explicit focus of the questions, or of any discussion, but the meeting was not formally structured and opportunities to raise any issues were available throughout. No such issues were raised.

WHAT WOULD BEST MEET NEEDS MOVING FORWARD/MEETING THE GAPS

(1) **There is a gap in information –** need to help people understand Emotionally Unstable Personality Disorder - what it is, what it means for them, how to manage it, what the future holds etc.

(2) **Location/blended support**: Due to Covid, we are now able to access more blended support (on-line, phone etc) which some people like. It's easier, less threatening, especially if you are having a bad day, and can turn the camera off if you want.

(3) **Staying connected**. It's important to meet other people in the same situation. Opportunities to network are vital.

(4) **Education resources** such as CAPS (advocacy organisation that runs a course in Edinburgh) – a dedicated project for people with a personality disorder that people found very helpful (co-written and co-facilitated by peers). [Experiences of Personality Disorder - CAPS (capsadvocacy.org)](capsadvocacy.org) – Something like that could be useful here.

(5) **Managing distressing emotions**. Gala Resource Centre used to run such groups, and there is some support available at present e.g. on-line and via the Health in Mind service. However, these are short-term supports for long-

term problems that can take years to learn and need a lot of practise

(6) **Mindfulness**: People with mental health difficulties are not welcome in Mindfulness sessions but it could be really helpful. People need support to feel welcomed and offered meaningful opportunity to manage triggers etc.

(7) **Creativity sessions**: Arts, crafts and nature activities can be really helpful. Gala Resource Centre provided a safe space for Emotionally Unstable Personality Disorder without triggers. It reduces feelings of isolation within a non-threatening group without having to be forced into social situations.

(8) **Managing a crisis/suicidal thoughts**: Small things can be very stressful and crisis can occur easily - fluctuating nature of Emotionally Unstable Personality Disorder. This may or may not involve suicidal thoughts (with or without intent) and self-harm. People can feel uncomfortable discussing these things with us, but we need a safe space to be able to do this where we can go for reassurance, support, and time out.

(9) **Staff:** Emotionally Unstable Personality Disorder is a difficult and unpredictable condition to manage and to support. Staff need training, help and support to work with this.

(10)   **Safety planning**: This is so important and should be part of any support both in services, and out of them (peer support?).