

**NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services**

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Crisis Team- South East CHCP

Please tick box to indicate if this is a : **Current Service** **Service Development** **Service Redesign**

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

The core function of the service is to ensure people who may be at risk of being admitted to hospital because of mental health crisis are treated in the least restrictive environment and with the minimum disruption to their lives. In addition the service will provide support and facilitate early discharge from hospital. The service is part of the extended network of community mental health services and adds capacity to the existing Community Mental Health Team (CMHT) functions. The service is from 18-65.

Who is the lead reviewer and where based?

Anne Malarkey, Crisis Team Leader, Florence Street Resource Centre, South East CHCP

**Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

South Area AHP, User Representative,(Mental Health Network), South East Crisis Team *2, ICP Facilitator, Equality and Diversity Officer, PA

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	- Some staff have been on equalities training	- Limited availability on training related to

	<ul style="list-style-type: none"> - Gender data is collected on PIMS, SSA - Gender sensitive practice training has been delivered locally. - Induction training includes Equality and Diversity. - Staff ask patients if they have a preference for same gender professionals. PIMS can alert staff of patients gender preference - Patients can be seen in a variety of locations including other resource centres or home visits which gives people choice and ability to be seen alone. - Crisis Team service is available evening and weekends to fit around peoples needs including child care arrangements. - 	<p>each diversity strand and mental health.</p> <ul style="list-style-type: none"> - Information on gender isn't analysed. - No routine enquiry around gender based violence (GBV) and lack of training around GBV however staff ask about relationships and in particular impacts on mental health. GBV not part of SSA
<p>Ethnicity</p>	<ul style="list-style-type: none"> - Some staff have been on equalities training - Ethnicity data is collected data, reports can be created on use of service by ethnic group. - Team has a good understanding of issues facing minority ethnic groups. - Interpreters are used and easy accessible - 	<ul style="list-style-type: none"> - SSA isn't clear if the person has any language difficulties and wider communication needs, the team would document language and ask for preference after referral. - Often the data the team receives, ethnicity is not specified - Difficult to categorise ethnicity, info comes from SSA, multiple and range of ethnic groups. - Due to patients being seen at crisis some things like ethnicity sometimes not recorded. - Uptake of service is lower in south east

		Glasgow, based on local population.
Disability	<ul style="list-style-type: none"> - Some staff have been on equalities training - Staff document any impairments patients have and the team would make themselves aware of the person - Additional consideration will be given to how someone's physical disability impacts on mental health. - All buildings are DDA compliant. - Evacuation procedure in the building for people with disabilities. - The team uses advocacy service for patients requiring additional support. - There are accessible toilets in the building 	<ul style="list-style-type: none"> - Disability data is not recorded same way as ethnicity - Could improve information in other languages and or formats however if asked would source information. - No main web site, - Advertising is weak as you have to be referred to centre this is a design of service would not be appropriate to advertise service. - Staff will use available resource to seek out information to support clients. - Lack of disabled parking bays outside main building.
Sexual Orientation	<ul style="list-style-type: none"> - Some staff have been on equalities training - Staff collect information regarding sexual orientation if its appropriate, maybe in 3rd 4th visit - The team encourages people to explain what they feel is relevant to current presentation and will ask leading questions in order to make person feel at ease. At times direct questions will be used based on clinical judgement. <p>Staff use clinical judgement when carrying out person centred assessments with clients allowing them to identify areas of need.</p> <p>Staff have been on LGBT training; know about challenging homophobia in workplace.</p>	<ul style="list-style-type: none"> - Staff don't routinely collect information on sexual orientation but will ask about orientation if impacting on mental health. Staff may not find it appropriate to ask about sexual orientation without explaining purpose of asking.
Religion and belief	<ul style="list-style-type: none"> - Some staff have been on equalities training 	<ul style="list-style-type: none"> - Spiritual Care question in SSA but is only

	<ul style="list-style-type: none"> - Spiritual needs are recorded in SSA - Flexible around religious needs, i.e. around Ramadan, how to give a patient medical care - Some clients require additional support around spiritual care during periods of mental ill health and staff are aware of this. 	<p>yes/no.</p> <ul style="list-style-type: none"> - Team aware of spiritual care support by NHSGGC and access but rarely requested to use this service , more likely to use local churches, mosques etc
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> - Some staff have been on equalities training - Age is recorded - People aren't always automatically referred to other services after age 65 (this can be positive) - Service looks at wider issues such as impact of mental health on children and clients are asked whether their mental health is impacting on parenting and whether the children's needs are being met. - If people outwith target age group they are signposted to appropriate service 	<p>Age groups needs to be looked at as age does not always reflect abilities . i.e. people are healthier and living longer but something outwith Crisis team control</p> <ul style="list-style-type: none"> - More support and consideration is required for people around transition between services e.g. adolescence to adult to older peoples service.
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> - Some staff have been on equalities training - Service frequently signposts clients to Citizens Advice Bureaux (CAB's), law centres, welfare rights officers, social work and standby etc. - SSA asks about finance and benefits - New form going to be piloted APIG (Adult Planning and Implementation Group) to ensure that all clients needs regarding food, finances are assessed prior to leaving hospital. Crisis Team would address issue with clients coming out of hospital without benefits - Clients are offered home visits, can bring people 	<ul style="list-style-type: none"> - For data protection reasons, information sharing can be difficult between agencies. - Often full client issues are not addressed due to incomplete assessment of care needs prior to discharge, -

	<p>to visit the centre or meet them in a public place near the house to minimise financial impact.</p> <ul style="list-style-type: none"> - Assessment would always include housing and finances. - Benefit system is complicated and staff would refer to appropriate agency as appropriate and Crisis Team helps clients to navigate through the benefits system 	
Additional marginalisation	<ul style="list-style-type: none"> - Staff have received sanctuary training, - Sanctuary work has highlighted myths and stereotypes around minority ethnic groups and mental health e.g. thoughts that ethnic groups don't access support due to having a stronger family support - Support for Asylum seekers e.g. facilitating access to hospitals - Can contact the homeless through mobile phones staff will find practical or creative solutions to resolve barriers, could be positive impact in all areas - Sometimes people have both physical and mental illness which the team looks at. 	<ul style="list-style-type: none"> - Refugees are entitled to less financial support and require additional support and therefore need to be signposted

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions <ul style="list-style-type: none"> - Source training on equalities and mental health agenda - Ensure staff collect diversity monitoring data and update patient care notes (electronic 	1/06/2010	Anne Malarkey(AM)

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