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Over the last few years, the Mental Health Services Equalities Group for Greater Glasgow and Clyde has produced a series of annual reports showcasing activity from a wide range of teams and services. These have been well received as a way of showing the considerable effort that is underway in our local system to address equalities issues.

This year’s report continues in that same vein, with a diverse range of activity being reported by new contributors. It is particularly welcome to see these equalities activities being taken forward during a time of major structural transition, during the year when Health and Social Care Partnerships are being established. As ever, the purpose of this annual report is to encourage reflection and sharing of grassroots practice and thereby to seek to embed high quality equalities practices as part of the mainstream service delivery approach.

This year’s report features the usual wide span of activity, with a number of themes coming to the fore including: the prominence of a person-centred approach; partnership working with community and voluntary sector partners; working with volunteers and service users; a focus on human rights and attention to structural inequality factors, like addressing financial inclusion.

We have also provided a brief digest of the current work of the development group during the last period (see page 24).

Dr Trevor Lakey, Health Improvement and Inequalities Manager for Mental Health, Alcohol and Drugs, and chair of Mental Health Services Equalities Development Group

It is tremendous to be able to highlight some of the innovative work that has been carried out across the Health Board area. As you read about these examples of good practice you will start to see some key themes through each across the projects. These themes include: how we can improve the way we connect with difficult-to-reach groups. The work carried out in Renfrewshire illustrates this and also shows how, when these links are made, they can facilitate clients linking into other services they may need.

The East Renfrewshire project is another example of having an awareness of a section of the population who have not been able to access the service and how by our actions we can meet different needs.

Another theme is building on success. The Levengrove Project is a fascinating example of this wherein a project starts small, but its success allows it to gradually expand into new areas and develop new aspects of services.

A final key theme that comes out in several examples is the benefit of co-production. Compass, our service for Asylum Seekers and Refugees, is leading-edge in terms of this work.

There are also many examples of excellent training and development programmes open to many of our staff so that we can have be best interactions with our service users as possible.

As we move into next year we are aware of the world challenges in terms of economic, social and political influences. It is even more important during such periods that we continue to promote work around inequalities. We know with the efforts of all our dedicated and committed staff we can achieve great things for all those people we serve.

Dr. George E Ralston, Professional Lead For Clinical Psychology, Mental Health Clinical Lead for Equalities
Financial Literacy Service: Within a Community Pharmacy Setting

Lead: Fiona McCrae, Renfrew Association Mental Health Financial Literacy Coordinator
Location: Renfrewshire

The project explored whether community pharmacies may be suitable settings to engage with individuals with addiction issues, who require financial support and/or guidance.

Renfrew Association Mental Health (RAMH) Financial Literacy considers the pilot to be a success due to the take-up of the service and also the increased service activity. Financial Literacy sees on average four people per day by scheduling appointments. By offering the pharmacy-based clinic the Financial Literacy Worker was able to increase service output as during the clinic they could see four individuals in a 90 minute period. The busiest period was between 9 and 10 am and the quieter period from 10-11am.

Individuals also come to the clinic suffering from mental health issues due to financial stressors. They were offered crisis support and help to deal with the financial issue.

There were four individuals’ who had lost contact with the Financial Literacy project due to on-going issues with their addiction and had found it difficult to manage appointments. As the individuals attended the pharmacy every Thursday anyway, they were able to re-engage with support without any additional barriers. Fourteen individuals are still currently active Financial Literacy clients.

Partners involved in the project included:
• Renfrewshire Health Social Care Partnership
• Renfrew Association Mental Health
• Renfrewshire Council
• Tannahill Pharmacy

Equality impacts of project:
This project provides access to financial literacy for people who have mental health and addictions clients who have difficulty in accessing mainstream service.

We are aware that there is lot of stigma around financial worries (perceived or otherwise), so it also addresses stigma as people do not have to attend a stand-alone Financial Inclusion Service.

We are also providing a local service meaning people do not have to find the cost of travel thus addressing the issue of income inequality.

Equality outcomes of project:
* 17 pharmacy clients accessed the Financial Literacy appointment clinic for the first time
* An additional four Financial Literacy Clients who had previously lost contact with the project re-engaged with the service via
the pilot pharmacy clinic
* 14 out of 21 individuals fall under “shared care”
* Six out of 21 individuals attend Renfrewshire Drug Service
* 20 out of 21 individuals expressed difficulties with their mental health
* On average, individuals were seen on four occasions at the clinic or at RAMH Blackstoun Road.
* Five Personal Independence Payment applications made (two of which received a financial gain of £9,412.20). We are awaiting outcome of three remaining decisions
* One referral was made to RAMH First Crisis Service
* One referral was made to You First Advocacy
* Two referrals were made to RAMH Counselling
* Two referrals were made to RAMH “Control Your Stress” Group sessions
* Four individuals were given advice on general entitlement to benefits
* One Community Care Grant Application was made with a financial gain of £800
* One Crisis Grant Application received £60

Conclusions
> Clinics were accessed appropriately
> Service was well received by service users, providers and pharmacy staff
> Low cost targeted interventions produced financial gain

Mind Waves – Positive News About Mental Wellbeing

Lead: Trevor Lakey (Rosie McIntosh as Project Manager)
Location: Greater Glasgow and Clyde-wide

Mind Waves is an initiative that creates positive news about mental health and wellbeing, using web and social media to share the stories widely. The content is produced largely by Community Correspondents: volunteers who have an interest in mental health and wellbeing. The site can be found at: http://www.mindwavesnews.com/ and on Twitter at https://twitter.com/mindwaves1 (@mindwaves1)

The project has three main aims: to develop community media literacy; to combat the stigma attached to mental ill health by empowering people to have positive voice; and to offer online peer support to promote wellbeing and aid recovery.

More than 300 stories of all kinds have now been created and shared by Mind Waves, covering a wide range of mental health and wellbeing themes.

For example, Community Correspondents have talked about how physical activity, greenspace and nature can all help, such as this story about how joining a gym helped with depression (http://www.mindwavesnews.com/joining-a-gym-helped-me-find-myself-and-provided-an-escape-from-the-pit-of-depression/). For the Autumn of 2015 a very popular theme of “best decision I ever made” has also yielded some fascinating contributions, such as this piece from Community Correspondent, John: http://www.mindwavesnews.com/the-best-decision-i-ever-made-was-accepting-that-i-have-a-mental-health-problem/
**Partners involved in the project:**
The project is managed by Rosie McIntosh of Third Sector Lab: a media agency that supports public sector and charity clients to achieve their aims through the use of technology. It is contracted out by NHS Greater Glasgow and Clyde.

Mind Waves relies on and supports a network of individuals and organisations, including Glasgow Association for Mental Health, SMHAFF (the mental health arts and film festival), Mental Health Network Greater Glasgow, Compass, Radiant & Brighter, Carr Gomm, Theatre Nemo, Digital Commonwealth, Quarriers, See Me, Acumen and Glasgow Women’s Library, among others.

**Equality impacts of project include:**
- Challenging negative stereotypes of people with mental health problems by presenting positive perspectives
- Empowering people with mental health problems, who are often socially and digitally excluded, to access support and share their experience online
- Reaching out to people across the equality strands, to create a cohesive community united around positive mental wellbeing – such as featuring issues like mental wellbeing for asylum seekers and refugees

**Equality outcomes of project:**
- Delivering 12 training sessions in blogging, video for the web and social media to diverse groups including recent migrants, people with physical and learning disabilities, women’s groups and older people
- Facilitating monthly meetings to support Community Correspondents from across all the equality strands to publish blogs from their own perspective
- Publishing and sharing online information about mental wellbeing in accessible formats. For example, video and audio, images and content in community languages including Swahili, Urdu, French and BSL.
Well Connected at Levengrove Horticultural Service

Lead: Ingram Wilson, Rehab/Employability Co-ordinator (Mental Health)
Location: West Dunbartonshire

Well Connected at Levengrove Horticulture Service delivers a social prescribing / self-management model to provide a range of training and mentoring in employability skills.

Entrenched within the Employability Framework, this project provides training for upwards of 100 individuals with a range of disabilities including Learning Disability, Severe and Enduring Mental Health Issues, in recovery from Substance Misuse and Autism.

The service has access to plots, raised beds, poly-tunnels, greenhouses and a training space, all located in the ‘Greenspace’ Depot at Levengrove Park.

The service addresses behavioural and social aspects of long-term severe and enduring mental health issues. Service users are supported and encouraged to be in control of their lives. The service aims to support people on their terms.

Well Connected is designed and co-delivered by service users enabling them to meet not only their own personal needs but that of the service and other service users.

The service operates between Monday and Friday by Work Connect who employs Tam Hall, Gardening Employment Support Worker and Laura Griffin, Generic Employment Support Worker. Tam initially worked in Greenspace and began working with Work Connect in 2010 to provide onsite help, learning and support in gardening, working skills and steps to employment. This arrangement has enhanced and augmented the partnership between the two departments.

In 2010, Work Connect invited other voluntary sector organisations (initially commissioned by Health and Social Care Partnership to the service by a referral system. Each group is allocated a
plot or a raised bed. This allows those involved to develop skills in preparing and maintaining allotments within Levengrove Horticulture Service to grow vegetables/fruit.

Everyone using the service is given an onsite induction including Health and Safety training. The groups are given instructions on how to grow vegetables and plants from seed in greenhouses and how to maintain and re-pot plants throughout the growing season until harvest. Plant sales are also on-going.

Other activities now undertaken by service participants include the refurbishment of benches for Community Care Homes, owl boxes for the National Park Authority, bird boxes and feeders.

Subsequently we now deliver a Memorial Bench Refurbishment Service to parks and cemeteries. Service user’s suggestions and activity have resulted in a sensory garden and recently hens have been added to the portfolio.

Five/six years on the project has had upwards of sixteen groups using the service over the week, approximately eighty people are recorded as using the service on a weekly basis. Annual stats show that attendance in 2014 years has circa 2,500 attendances. Regular attendance is recorded and it is notable that there is a low ‘Did Not Attend’ (DNA) rate.

In 2010, the site was accredited by the Scottish Qualification Authority (SQA) as a training centre with the Gardening Support Worker achieving Level Eight Assessor’s Award, which allows him to teach, train and assess candidates on achieving a recognised certificate ‘Work Start Gardening Skills.’

West Dunbartonshire Council’s Community Learning & Development (CLD) department provide an SQA Co-ordinator and Internal Verifier, whose role is to, where possible, co-ordinate and integrate SQA Awards into activities or classes being run within Levengrove Horticultural Service. An established learning portfolio is now delivered routinely for client participants wishing to undertake community learning in this style.

The partnership has subsequently grown to include Community Learning Disability teams in its operational activity plans.

Well Connected uses social prescribing within an employability framework to address the multiple barriers and detriments of mental ill health, Learning Disability, Autism and substance misuse. Service provision includes a plethora of opportunities to improve employment skills, learning, and social engagement. It promotes Recovery and delivers a cost effective, sustainable and highly productive service.

Notable benefits reported are reduction in Community Psychiatric Nurse (CPN) engagement, increased social contact and personal relationships, increased uptake and participation in other activities including arts and education, and volunteering.

This partnership and service model delivery is an excellent example of how a Health and Social Care Partnership (HSCP) and local authority, can combine capacity in one department (park space) with resources (staff and funding) in another, to improve
public services to people who may have difficulty accessing mainstream learning and employment provision.

**Levengrove Plus (Currently Based within Greenhouse/Depot Area)**

Integral to the service provision this service user/multiagency/volunteer planning group co-ordinates a variety of activities within Well Connected.

“I have been involved in volunteering for Levengrove Plus for two-to-three years and have worked on four Arts projects working with willow and wood. I have a history of depression and anxiety, Levengrove Plus is of great benefit to me as it give me some direction in my life and helps me have a goal, and it help me meet new people and helps me maintain my mental health condition.”

(Gordon, Service user)

**Inspirational Walks**

This provides service users and the wider community groups access to the park, a 40 minute guided walk highlighting ten points of interest describing the park’s history and some notable unique features. This walk has been animated by students of the College of Glasgow Media Studies, an intergenerational piece of work which it is hoped will be developed further to allow even more access and interest in the Park. Furthermore, this walk activity has been accredited to Communication Basic Skills Level One by SQA and will shortly be promoted throughout Health and Social Care Partnership (HSCP) and West Dunbartonshire Council (WDC) Employability services/groups.

**The Grove Post**

A quarterly newsletter designed and edited by service users group. Currently two hundred and fifty hard copies are distributed across West Dunbartonshire as well as an electronic copy distributed more widely.

**Scottish Mental Health Art and Film Festival**

The Art Planning Group has successfully delivered four annual art exhibitions which address and challenge stigma, promote the arts and allows individuals to showcase their work. More than one hundred people attended this Poly-Tunnel event in 2014. Another event took place in November 2015.

As previously mentioned, Levengrove Plus create and deliver additional community and service user events which are organised to complement the weekly programme. These have included Christmas Breakfasts, Christmas Workshops, Burns Breakfasts, Open Days (for families and friends), and barbeques. Additionally, six monthly plant sales to the wider community encourage promotion of Levengrove.

Well Connected provides evidence that disabled people can (with support, accessible facilities and equipment) benefit socially, mentally and physically, allowing them to be active citizens who enjoy and contribute to their local community.

Levengrove Horticulture Service was invited earlier this year to participate in a Health Scotland website showcase of exemplary social prescribing and self management services. See www.healthscotland.com

Partnerships: The broad range of groups using the service reflects the successful partnership between Work Connect, the Specialist Supported Employability Service, West Dunbartonshire Health and Social Care Partnership (HSCP) and West Dunbartonshire Council’s ‘Greenspace’, which was created in 2009.
Equality impacts of project:
Around 100 people are engaged in the programme at any one time. It employs a ‘roll on, roll off’ model which provides more intensive support to the individual at the outset then tapers off support as individuals become more confident, skilled and independent. This includes those with:
• severe and enduring mental health issues,
• a diagnosis of autism,
• learning disability, and
• acquired brain injury.

Its success is based on:
> An ethos which values and listens to individual participants and uses a person-centred approach that is responsive to their diverse needs and attuned to different stages of an individual’s recovery process.

> Ensuring a safe and supportive environment (for example, commitment to a positive ‘total communication’ approach) and offering opportunities for reflection to identify and consolidate individual learning. This is backed up by clinical support and solution focussed one-to-one engagement with the service user.

> The creation of a Learning Community by using a community development approach to engage service users and partners in further development including service user involvement in designing future courses.

> Shared planning and resourcing by health and social care services to ensure co-ordination and maximise effective use of resources

Feedback:
The Levengrove Project is very rewarding service due to the commitment of the staff and volunteers, and the opportunities that arise due to people developing new skills, improved confidence and encouragement in finding their potential at their own pace and with the knowledge that there is always someone in Levengrove who can help.

(Service user)

“The benefits I have found since I joined Levengrove Project almost 12 months ago has been an increase in my self discipline and self-esteem. There is a lot support from on-site staff term, Laura, and extra support from outwith the Levengrove and Work Connect. I hope to be moving forward with my life.” (George, Service user)

Equality outcomes of project:
> There are plans to extend the approach as part of West Dunbartonshire’s £2.7 million bid by Green Spaces to the Heritage Lottery Fund for regeneration in local parks.

> It is recognised that it is mainly men who connect with many of the projects on offer. However future plans can offer even more people from across the range of protected characteristics to benefit from the opportunities it offers.
This coming year (2016), there will be exciting developments for Compass when it physically comes together with the other trauma teams in NHSGGC to form the Psychological Trauma Service in an accessible and welcoming building.

The Compass User Conference is held annually as part of Refugee Week and is organised jointly by the Compass Service User Group and staff members. This year the conference theme was ‘Celebrate: Rights, Dignity and Protection’. Compass service users played an active part in planning and organising the conference, inviting key agencies, welcoming people on the day, giving talks and bringing in food to share.

The conference was very well attended with more than 70 attendees, including service users and their families, health professionals, third sector representatives and community representatives. The conference opened with showing a DVD from the previous conference on the theme of “Welcome”.

All the speakers spoke passionately about the need to protect the rights and dignity of asylum seekers and refugees. Very helpful talks were given by the Legal Services Agency, the Scottish Refugee Council, The Bridges Programme and the Destitution Network and showed how they are committed to working with asylum seekers and refugees to give them the respect and dignity they deserve. A Compass service user spoke of what respect and dignity meant to him.

The following quotes and words are from Compass service users talking about what rights, dignity and protection mean to them.

“Protection is the state of feeling safe in the hands of someone who has power over the things that are likely to harm you.”

“Rights is being able to perform anything that is reasonable and necessary for a human being without barrier.”

“Rights means what someone is due/deserves as a human being, therefore it should not be earned.”

“When people recognise you as someone and show you respect, then it makes you have dignity.”

“Dignity and respect are the basis of humanity. It connects us to one another and makes us human.”

“When you are being protected then there comes a time when you realise you no longer feel fear.”

Ignite drama group which includes some Compass young service users performed a series of sketches exploring themes of respect and integration.
Summary of project: an audit of service users in the North West Community Addiction Team. The Royal College of Psychiatrists (2011) call older adults with addictions: ‘our invisible addicts’. This statement evokes an important question for services: are current service provisions meeting the needs of this specific population? This question has prompted a service audit in Glasgow which will be described below, along with the background and rationale. At this time, the project is on-going, and therefore we do not have any conclusions available.

Figures from the British Geriatrics Society (Scotland) suggest that over the next 20 years there will be an increase in the number of people within the population who are over 65 (Thorpe, 2011). It is estimated that there was an increase in drinking above the recommended amount in 60% of men, and 100% of women, between 1990 and 2006 (NHS, 2009).

Therefore, with the increase in the number of older people, and an increase in those who are drinking above safe limits, it is vital that services address the challenge of meeting the needs of this population. In line with a briefing paper by Drugscope (2014), the definition of ‘Older People’ can vary from different sources. Older Adult services in NHS Greater Glasgow & Clyde (NHSGGC) typically have an eligibility criteria of 65 years old. However it is suggested by the National Service Framework for Older People (Department of Health, 2001) that there is a need to categorise individuals with addictions, as ‘entering old age’ to include people as young as 50.
A report by the Royal College of Psychiatrists (RCP, 2011), highlights that the needs of older people with alcohol problems might be different than those of a younger age with the same problems. For example, mortality rates linked to increased drug and alcohol use are more associated with older rather than younger populations (RCP, 2011). It is also suggested that the recommended ‘safe limits’ of alcohol may be unsafe due to the physiological and metabolic changes related to older adults, the RCP (2011) recommend that the upper safe limits for this population are 1.5 units a day or 11 units a week.

A report by Drugscope (2014), indicates that there can be two types of older adults with addictions: as early onset users (survivors) or late onset users (reactors). Survivors can be described as those individuals who have had addictions for a number of years. Reactors can be described as late onset users who have a different set of precipitating problems related to their drinking/relapse such as a life factors associated for older age (retirement, bereavement or boredom) (Drugscope, 2014).

The Royal College of Psychiatrists (2011) estimate that two-thirds of drinkers fall into the category of early onset drinker. These individuals are also likely to present with higher levels of family histories of alcoholism, and greater levels of depression and anxiety. Late onset drinkers are also suggested to have a stronger association with adverse life events, and have higher socioeconomic status than early onset drinkers (RCP, 2011).

As suggested by the National Service Framework for Older People, the sample population will consist of adults aged 50 and over at the time of referral to the service, who have accessed the alcohol care and treatment services with Glasgow CHP Addiction Services.

The information was gathered from referrals from May –July 2014 at one site (Closeburn Street CAT), in the North-West of Glasgow. We chose this timeframe in order to give us a reasonable number of case files to review and it was felt that this was a representative sample of the clients who access the CAT.

As highlighted standards written by the Royal College of Psychiatrists (RCP, 2011) outline that this population of people with addictions may have a different set of needs, than younger adults with addictions. These standards will be used as the criteria for the case note audit. Furthermore, there are a set of recommendations outlined in a paper by Wadd et al (2011) which will be used as a template upon which to inform focus groups with key staff members.

**Partners involved in the project:**
The North-West Community Addictions Team (CAT), have approximately 3,000 people currently open to the service. When individuals are referred into the CAT, there is an initial screening process. In this process, individuals are allocated to a worker who will complete their initial assessment. This member of staff could be a nurse, or a social care worker. Then the initial assessment information is passed to the allocations meeting for a decision on whether they need further assessment and treatment from the Community Addiction Team or referral to third sector organisations. This initial assessment process involves a form called the Scottish Mortality Record (SMR) 25, which is an in depth screening measure.

**Expected equality outcomes and impact of the project:**
The audit accessed case files, reviewed the initial assessment and the SMR25. Furthermore, it also included a focus group with staff members working with older people who have addictions, to explore their knowledge, skills and experiences of working with this population. Both parts of the audit linked back to the standards and measure whether or not the service is meeting them. In addition, the audit informed the treatment pathway that older adults with addictions receive. The
recommendations from this audit project will inform changes within the service to ensure that the needs of this population are being met.

References:


Name of lead: Karen Meechan, Cognitive Behaviour Therapist
Location: East Renfrewshire

Summary of project: The East Renfrewshire (ER) Primary Care Mental Health Team (PCMHT) was established in 2004 to address mild to moderate mental health problems in adults (16+). The service was designed to have no upper age limit. However, older adults (individuals aged 65+) have historically been under-represented in the service. This is not unique to ER; this under-representation has been documented by several other PCMHT services. Furthermore, a range of possible explanations and potential barriers have been suggested to explain this pattern (for more information see Broomfield & Birch, 2009; IAPT, 2011).

East Renfrewshire has a population of approximately 90,000; currently 18% of the ER population are over 65. The older adult population in ER has been increasing in recent years and it is predicted that it will continue to do so in future.

In 2011, the ER PCMHT was awarded funding from the Reshaping Care for Older People (RCOP) Change Fund to develop a project primarily aimed at increasing older adult access to PCMHT. The project also had a secondary aim of increasing access to the PCMHT for carers of older adults. Within the context of the project, the definition of an older adult was anyone aged 65+.

The project was named Wise Connections and a full time Cognitive Behaviour Therapist and Guided Self Help Development Worker were recruited to run it. The project launched in January 2012.

In 2015, Wise Connections received an award for the category of “Increasing Access to Psychological Therapies” from the Mental Health Nursing Forum for Scotland. The project has also received further funding from the Integrated Care Fund to build on its success and address the psychological needs of people of all ages living with one or more long term conditions within a Primary Care Mental Health context.

A summary of the remit and work undertaken is provided under the headings: Awareness Raising; Access to Service; Adaptations to PCMHT Approach; Outcomes; Clinical Governance Arrangements; and concludes with data about increasing access to psychological therapies for older people and a reference section.

Equality impacts of the project:
Awareness raising - based on previous audit and service development work, the following were hypothesised to be potential barriers against older people accessing PCMHT services:
* The perception that common mental health problems are an inevitable part of growing old
* Social isolation
* Older people’s views, behaviours and attitudes
* Health/social care staff inadvertently preventing older people from accessing psychological therapy

Wise Connections sought to actively address these barriers in two ways:
i) By increasing awareness of these barriers in individuals and services who may make referrals to the PCMHT

ii) By providing information about the Wise Connections service to older people accessing a range of services and groups. This work involved publicising the service in the local area by widely distributing posters and leaflets in a range of health and community settings (for instance General Practioners surgeries, libraries, churches, carers centre and bowling clubs). Wise Connections representatives also attended networking events organised by community groups and ER Community Health and Care Partnership (CHCP) to assist with further publicising the service.

In developing their publicity materials, Wise Connections consulted with the East Renfrewshire Older Peoples Reference Group and the Older Peoples Health & Wellbeing Group (two local older people’s advisory groups), to ensure the publicity materials were understandable and acceptable to older people. Wise Connections also contributed to the local Signposting Website (maintained by East Renfrewshire Voluntary Action) which provides information on local services and community groups.

This Awareness Raising work has led to increased referrals from a range of sources with GPs being the highest referrers followed by the Older Peoples CMHT and self-referrals.

**Equality outcomes of the project:**

**Access to service**

Wise Connections aimed to provide an easily accessible project by operating an open referral system. We accept referrals from older people themselves, public and third sector service providers and also from relatives, provided their family member is aware of and in agreement with the referral being made.

Between its launch in January 2012 and June 2014 Wise Connections received 246 referrals (26% male, 74% female). Inappropriate referrals accounted for 5% (n=13); 6% (n=14) of patients did not respond to the offer of an initial appointment; 7% (n=18) of the patients referred declined assessment. In total 81% of all referrals to the service (n=199) were assessed for a psychological intervention.

Of the 199 patients assessed, 82% (n=163) were deemed suitable for psychological intervention. In terms of those assessed as suitable, 7% (n=17) declined treatment and 3% (n=7) of patients did not respond to an invitation to commence treatment. This demonstrates an 87% (n=142) uptake of therapy for patients deemed suitable. Of those assessed as unsuitable, most (n=21) were signposted to alternative support or community opportunities.

The Wise Connections project differs from the traditional East Renfrewshire Primary Care Mental Health Team (PCMHT) model in its response to cancellations and Did Not Attends (DNAs). The project allows for cancellations because it recognises that several older people may be living with long term conditions, therefore may at times be unwell or unable to attend due to other pre-existing appointments.

The project also differs from the traditional PCMHT model in that it will, when appropriate, offer home visits. Home visits have been made for 14% (n=34) of all referrals to the service.

Fifty-five per cent of the patients referred were identified as having co-existing long term physical health conditions. This high percentage of patients with long-standing health problems indicates that the changes made from the pre-existing PCMHT model regarding home visits and cancellations are appropriate adaptations to make, based on the type of patients being referred to the project.
If a referral is received for a carer who has difficulty attending sessions due to his/her caring responsibilities, the project refers the carer on to the Carers Centre to explore respite services to enable the carer to attend sessions.

**Adaptations to Primary Care Mental Health Team approach**

The Wise Connections screening documentation was adjusted from the pre-existing PCMHT paperwork, to capture older adult specific issues.

The practitioners are particularly mindful of potential barriers, for example: language/materials used; sensory impairment and/or literacy problems, and spend time orientating patients to the process of therapy; explaining psychological terms clearly; summarising sessions; and collaboratively agreeing homework tasks. Although therapy is offered on a time-limited basis, the practitioners take a more flexible approach to the number of sessions offered compared to those offered in the wider ER PCMHT service. A snapshot of those who have completed one-to-one therapy in the first six months of 2014 revealed an average of eight treatment sessions.

Another difference, compared to the traditional PCMHT service, is that multi-disciplinary input from other services does not exclude patients from accessing Wise Connections. Several of the patients seen by the project have a range of health/social care needs whilst also experiencing common mild to moderate mental health problems. Wise Connections therefore liaises with and signposts to other services, where appropriate. For example, the project has linked in with other services when the following scenarios have occurred: the “5C”s model (complexity, chronicity, comorbidity, continuity and context) has indicated the need for highly specialist input; the practitioner has had concerns about a patient’s cognitive functioning; concerns have been raised regarding clinical risk and/or Adult Support and Protection issues (Sadavoy, 2009). Wise Connections has developed a close working relationship with the multi-disciplinary Older Adult CMHT within ER. Referrals from the Older Adult CMHT have accounted for five per-cent (n=14) of all referrals to the project.

**Outcomes**

The outcome measure used across Primary Care Mental Health is the Clinical Outcome in Routine Evaluation ten item versions (CORE-10). Wise Connections has consistently used the CORE-10 at assessment and across sessions.
A snapshot of outcomes for those completing treatment in the first six months of 2014 indicated 70% of patients reported reliable change. The Wise Connections project also used the Primary Care Mental Health Service User Survey (PCMH-SUS). Of those completing one-to-one therapy in the first six months of this year, 70% completed the PCMH-SUS. The average patient score was 31/32 with increased confidence reported by the majority of patients (only one patient did not report an increase).

Outlined below are some patient comments obtained from the PCMH-SUS:
* “Without doubt therapy sessions have enabled me to feel so much better. My confidence and self-esteem has increased more than any other time in my life. I also feel that I have the knowledge now to stay well in the future.”
* “Meeting at the same venue and time may have been better for the therapist and myself.”
* “I felt I was too old to make any real progress, but it has proved otherwise. I see things in a different light.”

Summary of increasing access data
Figure one provides the number of referrals to the East Renfrewshire Primary Care Mental Health Team (ER PRMHT) of those aged sixty-five plus from 2010 (two years prior to the Wise Connections project commencing) till March 2015.

As can be seen from Figure one, there has been an incremental increase in the number of referrals of older adult to the ER PCMHT since the Wise Connections project began. The percentage of the total number of ER PCMHT referrals that are for patients aged 65+ has also increased in recent years, from 4.7% in 2011 to 11.1% in 2014.

Figure 1: Number of referrals by year to the ER PCMHT of patients aged 65+

References
IAPT (2013) How to make IAPT more accessible to Older People, A Compendium.
Learning Disability Day Services Redesign
East Renfrewshire HSCP

Name of Lead: Frank White, Head of Health and Community Care
Location: East Renfrewshire

Summary of project: East Renfrewshire (ER) Learning Disability (LD) Day Services redesign aims to shift the focus to a more community based model, reducing day centre building from two to one centres whilst retaining the workforce. The vision is to deliver opportunities to meet the full range of individual support requirements. This will contribute to the HSCP’s budget savings by reducing building costs whilst retaining staff to support individuals with a learning disability. An Equality Impact Assessment (EQIA) was conducted.

Equalities Impacts:
The EQIA considered Single Outcomes Agreement (SOA), national research and local data. In addition, a range of community engagement activity covered BME, carers, disability groups and broader populations.

The 2011 census results showed East Renfrewshire to be the fifth most ethnically diverse population in Scotland (with 5.9% of the population). However, the uptake of Learning Disability day services from minority ethnic groups is disproportionately low. Groups that are most likely to be economically active, but unemployed are those with developmental disorders (10.3%) and learning difficulties (10.2%). The mapping of services across the local area identified very few supported employment opportunities for these groups.

National imperatives (such as The Same as You? 2000; Keys to Life, 2013) support the need for step change to develop more modern flexible responsive services which support people in the community through employment, lifelong learning and getting people involved socially.
In the last 13 years, there has been considerable change across Scotland in the way services are delivered. There has been a gradual decline in the number of people with learning disabilities attending day centres from 8,300 in 1998 to 6,164 in 2011. This has been accompanied by an increase in the number of adults with LD getting alternative day opportunities.

In 2011, 10,289 people accessed alternative day opportunities and 65% of this group (6,695) did not use day services at all. 1,400 people with LD still attend services five days a week. This includes people with profound learning disabilities and complex needs.

The introduction of the social care (self-directed support) (Scotland) Act in 2014 offers individuals and their carers opportunities to take control in making individual day caring arrangements. The ‘Hidden in Plain Sight’ inquiry found evidence that disability related harassment is a widespread problem which affects the lives of disabled people.

**Equality Outcomes:**
The EQIA highlighted age, disability, gender, race, religion, belief and socio-economic inequality as issues that could be affected by the service redesign. These issues will be assessed as the LD Service redesign is implemented.

In terms of addressing inequalities broadly the redesign aims to:
* Advance equality of opportunity by increasing access to employability, volunteering and social enterprise.
* Foster good relations by more involvement in community activities and mainstream services.

In addition, local agencies and partnerships are required to ensure that staff are fully aware of how to identify harassment and are able to communicate their concerns within and to other local agencies. They must also put in place effective mechanisms to present and recognise harassment and produce a swift resolution in line with Adult support and Protection guidance.
An Evaluation of the Delivery of Equality and Human Rights Training to Acute and Community Mental Health Service Staff in Inverclyde

Name of lead: Madeline Donnachie, Trainee Clinical Psychologist, University of Glasgow
Location: Inverclyde Mental Health Services

Partners involved in the project:
- University of Glasgow Clinical Psychology Doctorate Programme
- The Inverclyde Community Health and Care Partnership (CHCP, a partnership between Inverclyde Council and NHS Greater Glasgow & Clyde,) and
- NHS Greater Glasgow & Clyde Mental Health Services Equality Development Group

As part of University of Glasgow Clinical Psychology Doctorate Programme, trainees in their first year conduct a Service Based Evaluation. Projects are hosted within NHS Boards and developed in line with their priorities. Meeting the criteria for a clinical audit, projects can either evaluate services against a benchmarked standard or evaluate the impact of a service development before and after its implementation.

Inverclyde CHCP works collaboratively to deliver accessible, integrated and high quality community focused services. They have a joint planning arrangement for Mental Health, Addiction and Learning Disabilities Services. One of their priorities has been service user engagement and staff training on Equality and Humans Rights with aims of developing Equality Champions in each sector, training programmes on Equality and Human Rights and events that engage and promote mental wellbeing for the public in Inverclyde.

The Mental Health Equality Development Group works with services to support implementing a human rights approach across Mental Health Services. In response to Inverclyde Community Health Care Partnership’s aim of developing training programmes they developed Equality and Human Rights training to be delivered across community and acute services within the Inverclyde area.

Description of project:
‘Equality Act 2010 and Human Rights Training’ was developed by the Mental Health Equality Development Group and facilitated by the Improvement Lead for Equality and Diversity, NHS Greater Glasgow & Clyde. The training content included: Equality Law 2010, Human Rights Act 1998 and case examples of breaches of human rights. It was delivered in a two and a half hour session.

Training sessions took place between February 2015 and October 2015. Eight sessions were delivered to the two inpatient services and one session was delivered to the Primary Community Mental Health Team. A total of 46 staff members completed the training. The primary aim of the evaluation project is to establish whether the Equality and Human Rights training has an impact upon staff confidence and understanding of equality and human rights. Questionnaires were completed pre and post training by attendees.
Equality Outcomes
The next stage for the project is the analysis of the data collected. A final report will be submitted to the University of Glasgow for evaluation in November 2015. Dissemination of the findings to partners involved is projected for March 2016.

Equality Impact
The Scottish Human Rights Commission (2009) evaluated the human rights approach undertaken by The State Hospital in Lanarkshire. Their findings indicated that increased understanding about a ‘human rights approach’ by staff, patients and carers aided a more positive culture within the hospital. It is recognised that the Equality and Human Rights Training delivered in Inverclyde is one aspect of the wider initiatives of Inverclyde CHCP and the Mental Health Equality Development Group to develop equality structures and empower staff and service users from an Equality and Human Rights context.

Feedback:
In the period February 2015-October 2015, the Health Improvement Lead for Equality and Diversity provided eight information sessions to the inpatient staff based within the Langhill Clinic at Inverclyde Royal Hospital. Those in attendance were staff of mixed grades from both the Acute Admissions Ward (AAU) and the Intensive Psychiatric Care Unit (IPCU).

Feedback to me, Douglas Salmon (Senior Charge Nurse -IPCU) and my colleague Jacqui Haddock (Senior Charge Nurse-AAU), proved to be highly positive. Staff indicated that they found the sessions both interesting and informative, and felt more knowledgeable and confident in their understanding of Equality and Human rights legislation. Staff felt that this was legislation they were aware of but that, until these sessions, had had no formal input on.”

Douglas Salmon (Senior Charge Nurse -IPCU)

References
Introduction
Health and Social Care services are legally required to promote age equality within Mental Health Services. Historically Older Peoples Mental Health Services have been described as showing the worst examples of discrimination. This has been referred to in national reports such as The National Service Framework for Mental Health 1999 and National Service Framework for Older People 2001.

The Equality Act came into effect in the UK in 2010. The act provides protection across nine “protected characteristics” including age. From October 2012 unjustifiable discrimination based on age was banned in the UK. This ban followed a UK-wide study which found evidence of widespread discrimination faced by older people when using or seeking to access public services. Additionally high levels of discrimination within mental health services were highlighted.

Key issues and implications of the ban on age discrimination were set out in a report discussed at the NHSGGC Mental Health Planning Coordination Group in Feb 2012. A shortlife working group was convened to consider the implications and reported back in September 2012 with a set of recommendations.

Gartnavel Royal Hospital (GRH) is a large mental health hospital situated in the West End of Glasgow. It serves a wide ranging population from areas experiencing severe deprivation and those areas that are more affluent. In terms of geography GRH admits from West Glasgow, Clyde and West Dunbartonshire.

The hospital consists of ten wards in total. There are three adult admission wards, one Intensive Psychiatric Care Unit, two rehabilitation wards and four Older Peoples Mental Health Wards (OPMH wards). The new GRH facility opened in 2007, providing purpose-built and en-suite accommodation. This facility houses six admission and assessment wards across adult and OPMH services. Four wards are housed outside this building in stand-alone units. These wards specialise in Rehabilitation and OPMH wards.

The OPMH wards are made up of two admission / assessment wards (45 beds) and two continuous assessment wards (40 beds).

One admission wards specialises in the assessment of people who are experiencing problems thought to be associated with functional illnesses and the other with people who are thought to be experiencing the onset / progression of organic disease, more usually dementia. The continuous assessment wards are divided in a similar fashion.

Gartnavel Royal Hospital is keen to develop services that are equality sensitive. Pending the 2012 recommendations being fully implemented part of our activity this year (2015) has had a focus on age legislation. We carried out a snapshot survey within the hospital to determine service input to wards and to look at some of the beliefs that staff held around age legislation.
The aim was to provide a quick look at our current position, but also to indicate if there was a need for further exploration of age sensitive services within the hospital. Furthermore we were keen to identify discussion points for service development.

Staff were invited to attend a focus group to discuss age legislation. The main focus of this was to ask staff to complete a survey. This survey was focussed on identifying and supporting any changes that may be needed to promote age equality and reducing discrimination within Gartnavel Royal Hospital.

A mapping exercise was completed which mapped out services available to wards across the hospital, staffing profiles and training opportunities. The reader should note that this was a snapshot survey and, as such, will have limitations. The most obvious is the small number of participants and that the completed questionnaires almost exclusively came from nursing staff.

The mapping exercise also has its limitation in that it provided information about a very set period of time, that is the exact moment that it was completed. It did not consider ongoing recruitment processes, retiral and changing staff attendance.

Based on an initial analysis of the results of the methods outlined above the author has detailed conclusions and discussion points for consideration.

CONCLUSIONS
* While there may be justification in providing specialist wards to deliver care to a specific group of people, consideration needs to be given to services that provide input to these wards. A wider survey and an Equality Impact Assessment (EqIA) would be useful to determine if gaps do indeed exist.

* It is interesting to note that staff perceived that time to reflect on practice was equally as valuable as support from management. This needs to be given consideration post training delivery.

* Although this was a small survey the main findings indicate that it would be useful and worthwhile to follow this snapshot of staff views and perceptions up with the wider GRH staffing population. It would be beneficial to explore some areas of concern.

Discussion Points
* Expand this work, both in relation to the survey and the mapping exercise.
* Training needs of staff within Gartnavel Royal Hospital (GRH), related to equality needs to be evaluated with time built in for reflective team reviews.
* Elevate perception of Older People Mental Health
* Consideration should be given to conducting an EQIA as part of further work in this area.
* Explore provision of additional staff skilled in the provision of a range of activities.
* Increase accessibility of specialised training for staff both in clinical skills and equality sensitive practice (currently in progress)
* Consider all staff provision across GRH.
East Dunbartonshire: Financial Inclusion Improvement Approach Within Mental Health, Addiction and Learning Disability Services

Name of Lead: Fran McBride, Occupational Therapy Team lead
Location: East Dunbartonshire Health and Social Care Partnership

Summary of project:
East Dunbartonshire Health and Social Care Partnership (HSCP) is considered an affluent area with geographical pockets of high deprivation. The recession and welfare reform has affected people with disabilities negatively in terms of increased financial hardship and associated negative effects of mental and physical health, thus East Dunbartonshire HSCP has developed a financial inclusion improvement approach for people with mental health, alcohol and drug problems and learning disability.

This involves the following:
* Embedding referral patterns to commissioned financial providers
* A lead identified to oversee the improvement plan (Equalities Lead for these services)
* Promotion of the financial inclusion agenda within the Community Mental Health Teams, Primary Care Mental Health Teams, Learning Disability and Addictions teams by the Equalities Lead for these services
* The annual local financial inclusion awareness session has been emphasised with team leads and also local teams
* A proposal to ensure this approach is integrated in the East Dunbartonshire HSCP Strategic Plan alongside wider HSCP work on income maximisation
* Partners involved in the project: East Dunbartonshire HSCP, Citizens Advice Bureau, East Dunbartonshire Community Planning Partnership

Equalities Impacts: The project improves awareness enquiry and direct referrals to money advice services for these groups impacting on those most affected by the recession and welfare reform. There are plans for the approach to be mainstreamed into the work of the HSCP. This work can make a substantial impact to people’s daily lives.

Equality Outcomes:
• A proposal to ensure the above improvement plan is integrated in the East Dunbartonshire (ED) Health and Social Care Partnership (HSCP) Strategic Plan alongside wider HSCP work on income maximisation
• Increased participation of these staff groups in financial inclusion awareness sessions
• Increased uptake of welfare benefits and crisis grants, improved debt management and budgeting skills, housing advice and advice with other social issues
• Detailed collation and analysis of referral data from these care groups to Citizen Advices Bureaus to be developed
• Increased opportunity for wellbeing reviews for individuals from these care groups promoting increased positive health, social connections and wellbeing.
Local areas are continuing with their action plans on Equal Minds, these include actions on new EQIAs and reviews of existing EQIAs, GBV, financial inclusion, place based approaches and community engagement on equalities issues.

The work is supported by liaison and facilitation by Mental Health, Addictions and CIT Equalities staff. These staffs are also supporting work that has strategic importance for NHSGGC. This includes: NHSGGC work on financial Inclusion and mental health.

Work over the last year has included:

- Preparation of a briefing paper on financial inclusion for the Mental Health, Addictions and Learning Disability Equalities Group and development of a subsequent NHSGGC action plan which involved testing improvement plans in some NHSGGC areas.
- A scoping report of routine enquiry and money advice referrals in Mental Health, Addictions and Learning Disability Services which indicated variation across NHSGGC. For example, some areas had good referral rates from CMHTs and PCMHs but others did not
- Participation in NHSGGC interventions and public awareness campaigns on Disability Living Allowance (DLA) to personal independence payment (PIP) benefit change; PIP uptake campaign and appeals against sanctions campaign.
- Liaison with EMIS leads on integration of routine enquiry and referral money worries into this system.
- Preparation of three funding bids to the Financial Inclusion/Mental Wellbeing Group for: Psychological Trauma Services and Forensic Services for a one-day-a-week worker (in each services) to give financial advice, and to develop and deliver training programmes for staff on the importance of financial advice, asking the question on money worries and referral pathways
- Evaluation of innovation (proposal submitted on evaluation of routine enquiry training to Glasgow University Psychology Placements programme)

**NHSGGC Deaf and Mental Health Action Plan**

The action plan was reviewed which included plans for a test of change on care pathways including starting with a sensory impairment audit, further development of mental health improvement resources for this community and enhanced use of new technology.

The sensory impairment audit was conducted with one PCMH and four CMHTs found elements of good practice but wide variation in practice on sensory impairment. Key issues were variation in:

- Advance notice of needs via SCI gateway from GPs
- Use of text phones
- Use of loop systems
- Awareness and use of BSL interpreting, telephone interpreting and Deafblind guide communicators
- Use of text (email not used due to concerns about NHS personal accounts)
- Awareness of the Assistance Dog Policy
- Awareness of lip reading tactics
- Awareness of best practice on visual impairment
- Use of easy read / large font / words and pictures

Good practice was found across the board on longer appointments or splitting appointments
over two sessions. All areas felt more training would be beneficial on this issue. Some staff had worked with BSL interpreters and were willing to test being a ‘sensory impairment champion’ in their area.

NHSGGC – long term outcomes of sensory impairment training
21/46 people trained last year in Mental Health Services replied to a Survey Monkey survey and were really positive about the learning and long term outcomes of the training. Ninety five per cent of responses reported improved understanding and confidence although confidence in using telephone interpreting is less. This is being addressed in future training.

University of Glasgow Clinical Psychology Trainee Service Based Evaluation Project 2016
We submitted two proposals. The two proposals are:
- To assess the impact of increased awareness of money advice interventions for people with moderate to severe mental health problems.
- To assess the impact of increased staff training and awareness of sensory impairment issues

Hotel Service Staff Equality training
Leverndale Hospital Hotel Staff Manager requested equality training for the hotel staff in Leverndale Hospital. A one hour training program was agreed with the manager and sixty members of staff were invited to attend the training. Two dates were agreed with two sessions per date on February 6 and 7, 2015. In total 51 members of staff attended and 45 returned their evaluation form (a return of 88%). The training was on Equality Law 2010 and its application in daily work within the NHS setting.

Further training was requested for Domestic staff and 39 were trained. This training covered Gorbals Health Centre, Govanhill Health Centre, Pollok Health Centre, Clarkston Health Centre, Castlemilk Health Centre and Barrhead Health Centre. This took place in Sept 2015. In total 97 Hotel Service and Domestic staff were trained. As part of the Equality Act and Human Rights training in Inverclyde, seven Hotel Service and Domestic staff were also trained. (Note: Hotel
Services staff work in Mental Health Service and Domestic Staff work in Health Centres and Hospitals, both groups do the same job). All the domestic supervisors also attended these training events. This report did not cover (seven were trained) Barrhead Health Centre and (seven were trained) Inverclyde.

**Lesbian Gay Bisexual and Transgender (LGBT) training**

Two sessions on LGBT awareness were carried out for South and North East Treatment Room staff. The feedback from the staff was very positive. There is provision for one more training session for North West Treatment Room staff. However, three sessions were agreed with Scottish Transgender Alliance to provide “Transgender” training that will be open to all staff across NHS Greater Glasgow & Clyde. These will be run in the New Year.

**Scottish Lesbian Gay Bisexual Transgender Award**

NHS Greater Glasgow & Clyde Mental Health Services was shortlisted for this first Scottish LGBT award on 10th Sept 2015. The award was for the Public Body Initiative of the Year. The other organisations were: One Scotland Campaign (Scottish Government), Judicial Institute for Scotland (winner), National Gender Identity Clinical Network, Scottish Prison Service and NHS National Services Scotland.

We were nominated for: “MHS GGC has improved LGBT awareness across its health board through organising several equalities events during the past year. Through building close ties to a wide variety of community partners offering leading expertise, these events have reached hundreds of staff members and included comprehensive trans awareness training in addition to general LGBTI training.”

Note: Besides the LGBT training, we also had an excellent event in Leverndale Hospital where more than 100 staff attended and a series of stalls from LGBT organisations were present.

**Royal National Institute of Blind People (RNIB) training**

Four sessions were agreed with RNIB training for staff across NHSGGC. So far two sessions were delivered where 30 staff attended. All the feedback was very positive and the staff found these sessions very useful. One session was cancelled due to uptake. This session will be arranged again in January. The fourth session will be delivered to staff that have expressed an interest in knowing more on eye care and will be a contact for information to staff in their unit.

**Human Rights**

The Mental Welfare Commission has expressed an interest in our Human Rights work. Besides influencing the regional Mental Health Services Care Assurance and Accreditation System to mainstream equality and human rights into practice, we have completed a Human Rights assessment in Netherton Learning Disability Unit, Human Rights mapping in Forensic Services and Equality and Human Rights work in Inverclyde. Human Rights are also incorporated into the Service to Patients Equality Impact Assessment. At present there is scoping work on a Human Rights audit tool.

In Inverclyde, the evaluation of the delivery of Equality and Human Rights Training to acute and Community Mental Health Services has been very positive; results are due by the end of Feb 2016.

Feedback from the Senior Change Nurses were:

“Feedback proved to be highly positive. Staff indicated that they found the sessions both interesting and informative and they also felt more knowledgeable and confident in their
understanding of Equality and Human rights legislation. Staff felt that this was legislation they were aware of but that, until these sessions had no formal input on.”

Douglas Salmon (Senior Charge Nurse IPCU) and my colleague Jacqui Haddock (Senior Charge Nurse-AAU)

At a consultation session on the Glasgow City Health & Social Care Partnership (GHSCP) equality scheme with Cornerstone, one of the participants, a woman with learning disability and visual impairment said “I have human rights”. Her support worker told us that she was in the human rights training provided by the National Involvement Network (http://arcuk.org.uk/scotland/human-rights-presentation-by-sofi-taylor/). Her support worker also suggested that this training also challenged her perspective of human rights.

Cultural Competence and Diversity in Interprofessional Practice

The Terms for Inter-professional Practices invited the Health Improvement lead to present a session to students from Glasgow Caledonian University who were attending a new course called Cultural Competence and Diversity in Interprofessional Practice.

For this session two hundred and twenty students attended from across health and social care courses. It was a highly interactive session using both instant voting and comments on “the wall”, an interactive program called ‘Padlet’. The session was on how social media can influence in shaping our personal culture and our perception on sociality culture that impact in the workplace. The core concept was to put up five statements for the students to vote and comment on.

Statements are:

• Everyone should speak English in the workplace and public locations?
  True: 57%
  False: 43%
• Migrants coming here are taking our jobs?
  True: 24%
  False: 76%
• Hijab contributes to the stability and preservation of marriage
  True: 15%
  False: 85%
• People who are sick are just lazy
  True: 7%
  False: 93%
• I treat everyone the same
  True: 20%
  False: 80%

Comments on the ‘wall’ are:
“Not everyone is capable of learning English immediately, so you need to accommodate for people that speak other languages. As English speakers we’re really lucky to go to other countries and expect people to understand us.”

“Success in a marriage should not be defined by an item of clothing. It’s more important about how the spouse looks at others as opposed to how others look at your spouse.”

“I feel that if anyone is willing to work then they should be available to work. A lot of people here are not willing to work”

Feedback from the Teams:
“Student feedback has been incredibly positive about your session - in fact many students asked if they can have more of the same! It was such a lovely way to end the module, so thank you very much for all of your efforts.”
Senior Lecturer in Occupational Therapy

Looking ahead

NHSGGC Mental Health, Addictions and Learning Disability Equal Minds Plan
The lifestage of NHSGGC’s system-wide Equalities Improvement Plan, ‘Equal Minds’, is March 2016. The Mental Health, Addiction and Learning Disability Equalities Group will carry out a review of learning over the last two years.

Opportunities for further NHSGGC wide actions and local HSCP actions will be discussed based on good practice and improvements made already. This may involve use of an ‘Equalities Checklist’ and use of the ‘Caring to Ask’ approach, which has been successfully tested in other settings in NHSGGC.

The following project is initially planned:

Human Rights
The learning from the Inverclyde Inpatient Mental Health pilot, update on Forensic Directorate Human Rights mapping and Learning Disability Services Human Rights pilot will be shared. This will be alongside learning from a pilot supported by the University of Strathclyde Centre for Health Policy and Glasgow Association for Mental Health on human rights approaches with people living in the community with moderate to severe mental health problems. Further tests of change on these approaches are anticipated in NHSGGC.

For example, Gartnavel Royal have agreed to do a small test of change with staff on human rights issues and a junior doctor research project is planned on a review of patient documentation (for example, advance statements, admission and assessment information) to assess how much rights and responsibilities are taken into account.

Turning Point has invited our involvement in their development of a programme called ‘Citizens’ for their service users in the addiction, homeless, mental health and criminal justice services.
Financial Inclusion
Improvement plans will be rolled out in NHSGGC Mental Health Inpatient Services, Community Mental Health Teams, Primary Care Mental Health Teams, Directorate of Forensic Mental Health and Learning Disability; NHSGGC Psychological Trauma Service and Addiction Services. Funding bids to the Big Lottery Fund. If the funding bids are unsuccessful, other mechanisms for facilitation of improvement plans will be explored.

Sensory impairment
The NHSGGC Mental Health Sensory Impairment Champions model will be evaluated including the impact of the model for deaf clients assessed. This will include the roll-out of an audit tool for teams and staff training reinforcing, for example, how to book a BSL interpreter, the Contact Scotland service and first generation text relay. North East Primary Care Mental Health Team will be the host PCMHT for sensory impairment issues. This model will be evaluated.

Lesbian, Gay, Bisexual and Transgender
Two wards in Leverndale Hospital have taken up the offer to work with LGBT Health and Wellbeing audit on explore how sensitive the services are to people from the LGBT communities. This audit will support the Senior Change Nurses to review the practices within their ward environments and develop action plans (if required).

Care Assurance and Accreditation System (CAAS)
The Care Assurance and Accreditation System (CAAS) aims to ensure that ‘system failures’ do not occur. It has been tested in UK services. A pilot has been conducted in NHSGGC mental health and addiction services, which considered equalities issues, as part of a West of Scotland Regional approach to CAAS, which currently includes Acute Services. The learning from the NHSGGC Mental Health and Addiction Services pilot will be shared at an event with the Board’s Director of Nursing, alongside learning from NHSGGC testing of Royal College of Psychiatry AIMS accreditation systems and a pilot of National Dementia Standards.
It is a pleasure to make some concluding comments on the Mental Health Services Equality Annual Report 2015-2016 which I have thoroughly enjoyed reading.

The report highlights a wide range of excellent work on equality going on in mental health services. I was particularly struck by the breadth of activity tackling issues for particular groups but also acknowledging people’s overlapping identities, for example mental health, age and gender. This is an interesting approach which challenges multiple discrimination rather than single equality issues.

Human rights also features in many of the examples presented in the report and a range of training has been offered to staff to increase understanding of the law and its relationship to The Equality Act 2010.

Mental Health Services continue to use innovation to tackle stigma and discrimination through the Mental Health Arts Festival and cutting edge use of social media.

Finally, I would also like to mention that Mental Health Services were finalists in the Scottish Lesbian Gay Bisexual and Transgender Award Public Body Initiative of the Year for their work to raise awareness of sexual orientation.

Mental Health Services continue to demonstrate success in their work to tackle inequality in all its forms and I hope the report is widely read to promote these examples of good practice.

Jackie Erdman

Head of Inequalities, Corporate Policy and Planning, NHSGGC.

2Adult mental health planning group 8th March 2012 Paper No2011/36
3Mental Health Planning Coordination Group – 10th September 2012
Item 6 – Paper 2012/13