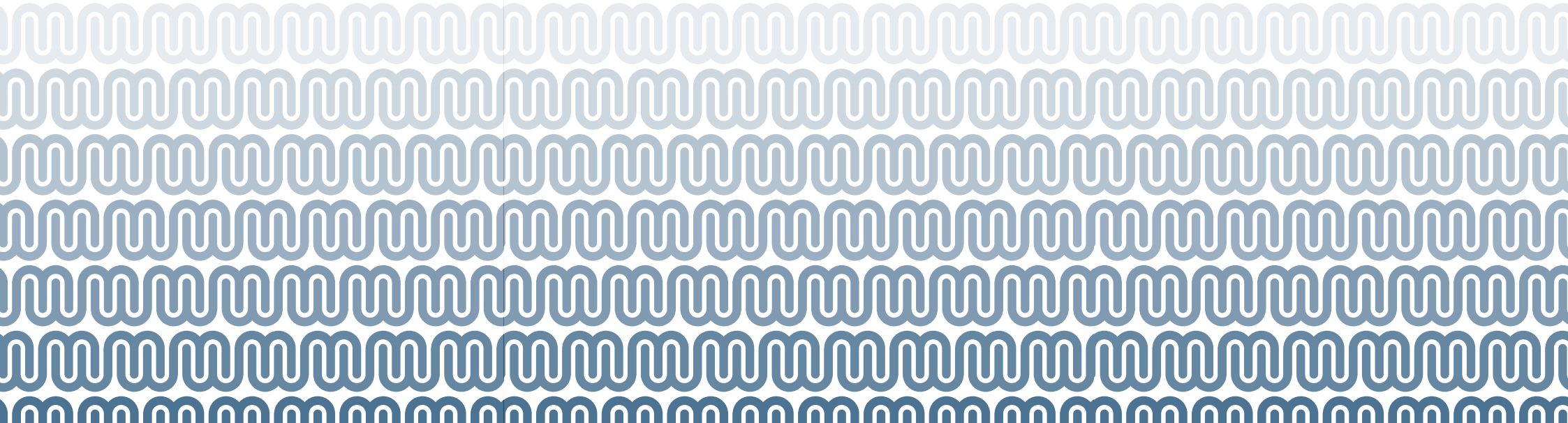
mental welfare commission for scotland

Closure report

Racial inequality and mental health in Scotland: a call to action

November 2022



Our mission and purpose

Closure report:
Racial inequality and mental health in Scotland: a call to action

Executive lead:
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Date of executive leadership team approval of project mandate:
Project Mandate was agreed in July 2020.

Date of commencement:
August 2020

Date of publication:
September 2021

Date of closure report:
11 October 2022

Purpose of a closure report
The purpose of a closure report is to assess whether the Commission has achieved its objectives (including outcomes, learning, quality and impact) and completed all deliverables on time and as planned.

The report must summarise the findings and recommendations made in themed visit report and identify the organisations and individuals to whom the recommendations were made.

The report should also identify the follow up actions and activities of the Commission in gathering in responses to the recommendations, and once in, identify how these responses were evidenced, assessed for impact and their success measured.

The report should assess theme in terms of impact, resource commitment and outcomes and met organisational standards and expectations.

1. Summary of recommendations made in the report

The Commission undertook this report following the focus on racial inequalities that the Black Lives Matter protest led to and inequalities that the pandemic had also highlighted in order to determine whether there was evidence of racial inequality in Scotland's mental health services and to make recommendations to remedy inequalities.

The report made use of the Commission's data-set on the use of compulsion and safeguards, evidence from health board workforce data, survey data on experiences of racism from staff, and narratives from people with lived experience and their families.

The data showed how people from minoritised communities were over-represented in compulsion data-sets, were more likely to be seen as a risk to other people, and were less likely to have safeguards under the Act.

The workforce data showed that staff from minoritised groups were less likely to be in higher bands in nursing and in senior roles in the medical profession. The staff survey data showed evidence of racism towards staff from minoritised groups across all mainland health boards. The survey data also showed a lack of appropriate training on cultural competencies. People with lived experience described professionals having a poor understanding of the asylum process often leading to re-traumatisation, stigma about mental health issues and micro-aggressions impacting on their health and sense of belonging. The Commission made the following 30 recommendations across the public sector:

To health boards (with support from health and social care partnerships)

1. Consult with representatives from ethnic minority groups in their areas to explore barriers for individuals from minority backgrounds in accessing psychiatric care and treatment. Health boards should report on what steps they are taking to address the identified barriers to the Commission by September 2022.
2. Ensure that their wards and teams have accessible information on the local and national organisations that provide support and information to people from ethnically diverse backgrounds who access their services. Compile a list of organisations that provide input to diverse communities and/or share regional lists between neighbouring health board ethnic diversity lead officers (EDLs) by September 2022.
3. Mental health services in each health board should develop a bespoke programme of engagement meetings with those third sector organisations that meet their local requirements to develop trust and reduce barriers to service use by people from minority ethnic communities.
4. Consider adding demographic variables to patient/people who use services in the community and family/carer feedback forms so that they can collect feedback according to these to ensure and demonstrate that they are receiving feedback from all communities who use their services

5. Promote the availability of a black and minority ethnic forum (BME) (if one exists for the health board) and promote its purpose to all staff. Ensure staff have a clear understanding of the role and availability of the equality and human rights champion within their area, if applicable.
6. Review protocols for dealing with racially motivated incidents involving people who use services with the health board's black and minority ethnic (BME) network or in the absence of such a network with representativeness from people from diverse ethnic backgrounds. Ensure appropriate reporting and support for the victims of racism, and escalation processes by September 2022.
7. Address the incomplete returns on ethnicity for people who become subject to compulsory measures, ensuring that information for ethnicity recording can be collected at a time that is less likely to cause distress.
8. Explore any further reasons why their data return on ethnicity within mental health services remains incomplete. Report what steps they are taking to address the incomplete data to the Commission by September 2022.

To the Independent Review of Scottish Mental Health Law

9. Consider the findings on differential use of the law in its on-going review of Scots Law in mental health. Consult specifically with organisations that represent ethnically diverse communities. Publish the findings of these consultations as part of the Review.
10. Consider the findings noting how some safeguards appear to be less well used for ethnically diverse communities. Ensure that any recommendations for changes to mental health laws protect the civil and political rights for all of Scotland's ethnic communities equitably.
11. Consider the findings on socio-economic disadvantage and detention under the Mental Health Act, and how this is pronounced for people of colour. Ensure that mechanisms to promote the economic, social and cultural rights of people who are detained promotes these rights particularly for those that are most disadvantaged and who have been subject to greater restrictions on their liberty.

To the mental health officer training programmes

12. Ensure the information regarding differences in the use of the Mental Health Act from this report is part of the training curriculum for social workers who wish to become mental health officers (MHOs) from the next intake after the publication of this report.

To the Mental Health Tribunal for Scotland

13. Record and publish the ethnic breakdown of its membership by September 2022.
14. Take steps to address any gaps in representativeness and diversity of its membership to meet population norms.

To NHS National Education for Scotland

15. Include the findings on the differences in the use of the Mental Health Act on a section on inequalities in the Section 22 (s22) approved medical practitioner (AMP) course and appoint an equalities champion within the s22 approval scheme by September 2022.

16. Ensure that the Commission guidance for professionals and interpreters in mental health settings is referenced at NES s22 AMP training course. The guidance should be evaluated by NES to see whether it might have wider applicability and usefulness beyond the mental health sector and if so, made available in training to other areas of health and social care.
17. Section 22 training should include discussion of the need to complete the form for ethnicity monitoring; and clearly state that the responsibility for this lies with the doctor assessing the patient from the next training session following the publication of this report.

To Public Health Scotland

18. Include in their analysis of access to psychological therapies, ethnicity as a variable to assess any inequalities in access to such therapies by March 2022.

To the Royal College of Psychiatrists in Scotland (RCPsych)

19. Consider why in the forms completed following detentions of people under the Mental Health Act why it is that people who are black are more likely to be recorded as a risk to 'self and others' than other racial groups; and why, of all the ethnic groups, a higher proportion of black and mixed race people were considered as greater risk to 'self and others' than to themselves.
20. Explore the potential reasons behind the lower proportion of Fellows from psychiatrists from communities of colour in Scotland by September 2022.

To the Scottish Government

21. Mandate an appropriate agency to record and publish national data on restraint, stratified by protected characteristics by September 2022.
22. Consider further investment in minority ethnic organisations that support people from diverse communities with mental health difficulties, specifically to bridge the gap between them and access to mainstream services.
23. Commission the appropriate body to develop an additional educational module for health and social care staff on asylum seekers' health needs including mental health. This module should be made available to all health and social care staff.
24. Commission the development of a new module on diversity training for the public sector. Invite the Coalition for Race Equality and Rights who were commissioned by Scottish Government to publish standards for anti-racist training (published in April 2021) to review any new module on this.
25. Mandate the appropriate health regulatory body or forum in Scotland to score progression on employee diversity and inclusion by September 2022.
26. Provide NES the mandate to require and collate data from health boards by specific directorates as well as by grade and ethnicity to be able to support efforts to reduce systemic inequalities and racial inequity and to be able to identify more clearly in which directorates there may be diversity and inequality in progression issues and successes by March 2022.

27. Consider including an ethnic identifier as part of the CHI index.
28. Ensure that categories that are used in ethnicity monitoring forms in the public sector and other health related gathering of information on ethnicity are in line with the Census categories
29. To See Me, the national anti-stigma programme
30. National anti-stigma campaigns should include the participation of more people from minority ethnic communities in the design of future campaigns

To the Scottish Social Services Council (SSSC)

31. Take steps to improve the returns on self-reported ethnicity of the MHO workforce for the annual census reports. Describe within the next census report what steps are being taken to increase the diversity of the mental health officer workforce to match the diversity of the population it serves.

2. Summary of responses

This was a complex report with recommendations that necessarily were beyond the mental health sector.

Responses by organisation follow:

Scottish Government (SG) responses. On a key recommendation on a national register of restraint, stratified by protected characteristics, SG said it would ask the Mental Health Quality Safety Board to prioritise a thorough exploration into the issue of restraint. We note that this recommendation that we made to Scottish Government has also been reflected in the Scottish Mental Health Law Review (see below).

In response to recommendation 22 (above) SG reported that there had been an investment of £15 million into a new Communities Mental Health and Wellbeing Fund and that the fund has a particular focus on addressing inequalities exacerbated by the pandemic and meeting the needs of the most at risk groups locally, including minoritised ethnic communities. The SG reported that they will work with local partnerships through network and support meetings to facilitate reporting on equalities by end of March 2022. Additionally, SG directed to a £170,000 fund to support the mental health and wellbeing of children and young people from Gypsy and Traveller communities through Minority Ethnic Carers of Older People Project (MECOPP) and Progress In Dialogue. £250,000 has also been invested in the Mental Health Foundation's Covid Response Programme which aims to work alongside trusted non-mental health organisation partners to deliver evidenced informed mental health interventions at scale. This Programme has a specific focus on minority ethnic and refugee groups.

On our recommendation with regards training, we were informed that Health Workforce Experience Team are currently working with third sector partners to develop race equality training for Health and Social Care staff. The training will focus on anti-racism, islamophobia and mental health needs of people from all minority ethnic backgrounds, including asylum seekers.

In response to our recommendation on scoring progress (recommendation 26) we were encouraged by the response that SG will work with Health Boards to establish a baseline for their recruitment data around all protected characteristics. Establishing this baseline will help SG understand where interventions are needed to improve recruitment, retention and promotion opportunities.

In addition, SG reported that they are establishing a Health and Social Care Race Equality Steering Group, which will ensure greater accountability and robust process to monitor progress. The Group will also develop further specific work plans in relation to the relevant recommendations. We look forward to hearing about the progress that the group makes.

SG also confirmed in response to the recommendation on workforce that they are working with NES to scope out a comprehensive Mental Health Workforce Publication, which would include the diversity characteristics of the directly employed NHS Scotland Mental Health workforce.

On our recommendation on CHI, we were informed that the new CHI index database has already been designed to hold an ethnicity identifier, but at this time, the revised date for roll out of a new CHI is early 2024. More broadly, work is underway to review the scope of how ethnicity data will be used to help support the implementation of a range of data focused recommendations (such as those from the Covid-19 Expert Reference Group and our report), with various technical solutions and options being considered. Digital Health & Care will work closely with policy teams to ensure the requirements for the use and purpose of ethnicity data are set out, and that the most effective digital solutions are designed and rolled out.

The responses to the recommendations from the **health boards** were informed by the discussions of the equality and diversity leads network.

13 of 14 health boards have responded and indicated how they were taking the work forward to the 8 recommendations that were made. One health board has not responded on date of publication of the closure report (21 November 2022). The quality of responses from health boards varied significantly. We noted particularly that only a few health boards had action plans that aligned with outcomes 1 and 2 of our action plan assessment tool, i.e., that the boards had plans which had a clear timelines to deliver on the recommendations. We also noted that for a recommendation that we made that aligned with a Scottish Government action (that boards had BME networks) a good response was received from all that health boards had met this or had indicated where this was not possible and why. Whilst we were encouraged with the steps many boards described that they planned to undertake, we noted that in some cases there was no clear timeframe for when the outcome was to be achieved by.

We also note that on one recommendation, some boards took the view that they did not feel that they could undertake an analysis of complaints stratified by protected characteristics because this might not be appropriate and risked identifying individuals.

Follow up letters were sent to those boards that did not provide sufficient detail or missed the deadline. The Commission has introduced an action plan template to guide organisations in relation to the level of detail required in response to recommendations made and to evaluate responses against. This template is not mandatory but is helpful to the consistency of the process of analysing responses. (see appendix A)

NHS National Education for Scotland responded to inform the Commission that the report was considered in detail by the Faculty Development Alliance (FDA) that operates Approved Medical Practitioner (AMP) training. Although not a specific recommendation NES also shared the report with the Specialty Training Board for Mental Health. This is the Board which oversees all psychiatric training specialties across Scotland in order to raise awareness within the training apparatus and amongst trainee colleagues. On feedback on the specific actions, the FDA team have extensively revised the courses for initial approval and the refresher courses. The Commission Interpreter Guidance is now included within the

initial training for reference and there are considerations of differences between different groups. For the refresher training a scenario based approach, driven by participants, is being adopted. Within these scenarios the issues raised by the Commission are to be addressed. The report will also be signposted in the course materials. The NES steering group will explore the role for an equalities champion within its work.

The Commission guidance on the use of interpreters is referenced in the revised AMP courses as above. NES also has training courses where mental health legislation interacts with non-AMP colleagues and this resource has been signposted to them for their consideration as to how it would best be incorporated into their training offerings. Ensuring that the form for completion of monitoring is completed has been added to the training courses.

Work from other jurisdictions has shown that people from minoritised communities are not referred to psychological therapies proportionately. We asked **Public Health Scotland** whether similar data might be made available to describe the situation in Scotland. PHS informed us that this was hampered by the lack of use of the mechanism to collect data on ethnicity at health board level. There are currently two active data collections for psychological therapies (PT) services being delivered through NHS health boards. One is an aggregate level collection with no patient level information, which is used for Official Statistics designated reporting of referrals, activity and waiting times. The second, the Child, Adolescent, and Psychological Therapies National Dataset (CAPTND), is a patient level dataset collecting patient demographic data in addition to referral and service pathway information. This is the dataset through which patient ethnicity and other demographic breakdowns for service access and use could be reported. There is a mechanism in place to capture ethnicity data for psychological therapies however, it is not widely used across the NHS health boards and work is underway to address this. We are working directly with NHS health boards, CAMHS, PT services and with patient administrative system suppliers to fully understand the barriers to full CAPTND data collection. This includes working with a clinical sub-group to understand the barriers arising from working practices. Based on this, an improvement plan will be made and responsibility for implementation of this will lie with NHS Health Board Heads of eHealth, delivered collaboratively with all partners. In addition to the specific activity around ethnicity data for PT services, PHS is currently working with Scottish Government on their work to support the steering group on “Racialised Health Inequalities in Health & Social Care”. A key aim of this work is to improve the availability of ethnicity data in Scotland. Through this work, we are exploring the feasibility, where appropriate, to link existing datasets which capture information on equalities with datasets which don’t capture equalities data (rather than collecting the equalities data multiple times in different datasets). This would include potential linkage to the CAPTND data-set as one solution for handling the low recording of ethnicity on this data-set

MHO training programmes met the recommendation. A seminar with the current MHOs in training in one training region was delivered in November 2021 and a seminar is to be delivered to another training region in November 2022.

MHTS responded with an action plan to include collating of this data. The report was highlighted in its member's newsletter.

SSSC responded to the recommendation regarding diversity monitoring with a plan to ask all social workers (via their online portal, My SSSC) to indicate whether they are an MHO and further in November 2021 they introduced a new equality section which registered workers can use to tell SSSC about their protected characteristics including ethnicity- this will allow them to publish a high-level summary of the findings.

Royal College of Psychiatrists in Scotland acknowledged that the first recommendation suggests that racist attitudes and unconscious bias may drive perceptions that can affect individual clinical interactions and the outcomes of care. They have provided training for members to raise awareness around equality and equity, including unconscious bias and challenging stigma and/ or presumptions that may influence a patient's care.

In 2021 the College provided training around equality and unconscious bias, including how unconscious bias influences decision-making, to Board members, officers and College staff. Further training is planned for members in senior leadership positions, and this will influence the quality of care provided.

The College have an Equality Champions Network with representation across the UK.

College Presidential Leads for Race and Equality carried out a 2-part training session Introduction to Mental Health Equality for our Champions.

In August 2022, RCPsych hosted a Reflective Conversation on racism for members in Scotland. This meeting encouraged psychiatrists across all roles and level of seniority to consider their own workplace experiences of racism. The College noted that it was proposed following the publication of the Commission report in 2021 and was a pilot, creating a safe space for sharing and learning, the first of it's kind in the UK.

In September 2022, the Equalities Diversities Communities (EDC) Group from RCPsych Scotland led a session at the RCPsych in Scotland Autumn Meeting on Stigma and Discrimination, and Inclusion in Psychiatry.

The Scottish EDC continue to meet regularly and have representation on the RCPsych Scotland Devolved Council.

In 2023, the College intends to offer Behaviour Training for improving interaction and communication with everyone. The College continues to develop and support UK wide and devolved nation specific initiatives aimed at delivering equity in healthcare:

During 2022, the College convened a working group to produce practical guidance on tackling racism in the workplace. We are informed that the College's UK-wide guidance will be evidence-based and will suggest effective approaches in both preventing instances of racism experienced by

College members in the workplace and ensure an adequate response is provided and support is available. It has also committed to deliver an anti-racism campaign to support this, targeting leaders of mental health organisations. As part of this, the College will encourage healthcare provider organisations to ensure that training around equality, equity, the impact of unconscious bias on decision making, structural inequalities, and power differentials in mental health are mandated for all mental health staff.

The College notes that 17 mental health organisations in England have joined the first wave of the Advancing Mental Health Equality (AMHE) Collaborative, which provides 3 systematic support to design and implement locally appropriate change ideas to tackle all forms of discrimination, including racial discrimination. The AMHE Collaborative uses a quality improvement methodology to achieve change incrementally. The AMHE resource is available and can be adapted for mental health organisations in Scotland. The College reports that it is able to plan and deliver this with urgency to meet the needs of Scottish mental health organisations.

On the second recommendation regarding the proportion of Fellows (a marker of seniority and contribution to psychiatry) being lower for psychiatrists from minoritised communities the College reported that in 2021, applications from psychiatrists from communities of colour in Scotland are in line with eligible membership. The College outlined a number of steps being taken at a UK level to address barriers and reported that Progress against actions and response to the Fellows campaign, is regularly audited at the Nominations Committee and overall progress reported to the College Council, Board of Trustees and to regional divisions and devolved councils, including Scotland.

The **Independent Review of Scottish Mental Health Law** response advised that the final report will reference the recommendations and make clear how they have responded.

Following publication of the report in late September 2022, we note that the SMHLR has referenced the report in its opening section on equalities. It describes the key findings of the Commission's report clearly, and placed the data that the Commission produced for Scotland in a UK wide context, referencing how similar concerns were a key driver for the independent review of the Mental Health Act in England and Wales.

The Independent review has consulted with minoritised communities as per the recommendation made to it and has published it's findings.

The Review said:

> *The Mental Welfare Commission Racial Inequality in Scotland report is the first such research into the experiences of ethnic minority people in the mental health system. It provides a stark insight into the multiple barriers faced by people. The findings from our discussions reflected the findings of the Commission and reinforce the disparities about how the law is applied to ethnic minority communities. Our engagement has shown us that ethnic minority people are more likely to experience poor mental health and need interventions from services, but because of certain barriers, they are less likely to receive the support and treatment they need. The reasons for poorer physical and mental health are*

multifaceted and it is critical that services understand the reasons behind this in order to provide appropriate support. We discuss in chapter 9 how orders under the Mental Health Act have been used disproportionately with different ethnic communities. Steps need to be taken to address this issue. There may also be a need for targeted approaches for other communities which are discriminated against.

Recommendation 9.14 from the report reflects recommendation to ensure monitoring across rates of detention and (we note that SG is advised that systems leadership for data monitoring is located with the Commission, which would allow us to ensure that inequalities (across all protected characteristics) is a particular focus across the sector)

Recommendation 9.15 specifically mentions how the HRE process should take particular steps with regards people from minoritised backgrounds. This is a different approach from the Commission's universalism approach however SMHLR are clear that they feel both approaches are needed.

There are several recommendations in chapter 1 of the final report that align with the Commission's recommendations to SG on the monitoring of diversity, scoring to ensure progress, and ensuring that implementation of the recommendations (recommendation 1.5) is sensitive to needs of all communities. Pointedly, recommendation 1.6 makes reference to coercive treatments and racial discrimination specifically. The SMHLR also cites the introduction of Seni's Law in England (requiring NHS Trusts to report instances of restraint) and the need for a mechanism to ensure that data is collated in Scotland, echoing the call we made to SG on a national register of restraint, one of our key recommendations from this report.

3. Summary of Commission follow up activity and actions

MHO training programmes implemented recommendations sooner than expected and invited to the Commission to present to students on their courses on this report. One programme included reading the report and identifying issues as a key question for interviews for joining the MHO course.

The RCPsych in Scotland held its first transcultural psychiatry conference where the report's early findings were discussed (July 2021)

The report also helped to form a background to the College's first 'listening exercise' where colleagues were able to discuss racism in the workplace (September 2022).The Commission was invited to present the work at The State Hospital (24 November 2021) as part of its regular professional development session and at the Scottish Mental Health Foundation meeting in November 2021.We also led a discussion on the recommendations at the Scottish Government Community of Practice on Inclusion facilitated by Scottish Government's Population Health Directorate in January 2022.

4. Summary of the impact of themed report and wider learning

Several organisations to whom we had not made any recommendations wrote to the Commission welcoming the report and outlining actions that they had undertaken. The Nursing and Midwifery Council wrote describing the 'Ambitious for Change' programme that explores the differential attainment of nursing colleagues from minoritised backgrounds (that a section of our report had drawn attention to by publishing data from participating health boards in Scotland). Scottish Ambulance Service also responded outlining steps it was taking to address recommendations 5 and 6 from our report. The President and race equality leads from the College of Psychiatrists at a UK level wrote to the Commission with actions they intended at a UK level. The GMC in Scotland wrote to highlight work it had undertaken on Fair to Refer.

The work has been referenced in several organisations responses to the Scottish Mental Health Law Review (SMHLR) and to SG in response to their strategy consultations (2021/22) thus informing the approach to mental health law and strategy. The report was requested by Scottish Parliament's Health and Social Care Committee (December 2021). Recommendations we made to SG on workforce data being made available at a directorate level through NES are reflected in a recent consultation document on mental health workforce strategy.

Media

This report gained significant media coverage, despite other big news stories that day. It was covered by national broadcasters. As well as print and online media, it was the subject of online articles written by the Scottish Independent Advocacy Alliance and the Scottish Liberal Democrats. Following a tweet on the release of the report, in the first week alone, it was the third-most engaged tweet of the previous 12 months. Some Organisations whose accounts retweeted the report include Glasgow ACEs network, Borders Care Voice, Scottish Independent Advocacy Alliance, Coalition for Racial Equality and Rights (CRER), The Advocacy Project, and JustRight Scotland. It also drew comments from MSPs.

5. Conclusion – was themed visit worth doing?

Yes.

The report illustrates the scale of the challenge, and identifies practical steps that could be taken to remedy these. This has added to the shift in thinking seen on racial inequalities, and provided a series of local measures that can be taken in the context of the mental health and care sector in Scotland. It has shifted the discourse. Many of the recommendations were not new- indeed they have been seen in several iterations of mental health strategies since the Scottish Executive response to the Stephen Lawrence Inquiry. However, the data-driven approach has led to much more action on these issues than has been seen. It was also the first time a comprehensive report on the issues was undertaken in Scotland.

This has led to a series of calls from other organisations through their responses to the Scott Review, the SG mental health strategy, to implement the changes that the Commission has called for. This has furthered action on these issues. It demonstrates the Commission's commitment to working for all communities. The Commission's equality action plan has been informed by the findings of this report. It has led to a Commission focus on inequalities across protected characteristics, including intersectionality.

6. Outstanding actions and recommendations, and any future activity or options to satisfy these

The driver for further improvement in the near-term is through the forthcoming SG mental health strategy, through any recommendations from the SMHLR that might be taken forward as a priority; and through the workforce strategy.

In the medium term, the legislative drivers that are recommended in the SMHLR, if enacted will require on-going monitoring of the issues that the Commission has drawn attention to.

If you have any comments or feedback on this publication, please contact us:

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