mentalwelfare
commission for scotland

Special report: equality

A special report on equality in our monitoring of mental health and incapacity law

2011-12

Equality

Special Report

In undertaking our duties under mental health and incapacity law, we have also been mindful of the provisions of the Equality Act 2010. When we report on the overall use of mental health and incapacity legislation, we can only use the information which the law states we should receive. When we visit individuals, we are able to do more to assess attention to protected characteristics, especially race and religion.

1. Monitoring data

Age and sex

In various sections of our monitoring reports, we have included information about the age and sex of people subject to mental health or incapacity legislation. A brief summary is:

- Women are more likely to be subject to brief orders such as the nurse's power to detain and emergency detention certificates.
- Short term orders are more likely to be used for men in young adulthood and old age. The rate rises during adult life, falls after the 40s and rises again in old age.
- Men are more likely to be subject to long-term civil orders and to criminal procedure orders.
- The use of mental health legislation for young people has risen over the last two years. We have published a special report this year on this topic. In contrast to adults, there is more use of long-term orders for young women than young men.
- Young people are being admitted to adult wards more frequently than Government strategy intended. Some NHS Boards do better than others here.
- The only major change in the use of mental health legislation for older people is a rise in emergency detention. We have recommended that the option of intensive home treatment must be available across all ages.
- Welfare guardianship tends to be used mostly for young people with learning disability and older people with dementia. We are heartened to find that fewer young people are subject to indefinite welfare guardianship that could deprive them of liberty for long periods of time without judicial review.

Disability

Other than the presence of mental illness, learning disability or personality disorder, we are not provided with specific information on disability. Most people subject to mental health legislation have mental illness. We provide biennial census data on the use of mental health legislation for people with learning disability *(insert link).*

Race

Ethnicity of individuals as notified to the Commission on mental health act forms, 1st April 2011 to 31 March 2012

Ethnicity	No.	Known information %	Scottish population** %
White Scottish	3346	85.77	88.09
White British	227	5.82	7.38
White other	132	3.38	0.98
White Irish	29	0.74	1.54
Indian	16	0.41	0.30
Bangladeshi	1	0.03	0.04
Pakistan	38	0.97	0.63
Chinese	22	0.56	0.32
Asian (other)	14	0.36	0.12
Black (African)	42	1.08	0.1
Black (other)	4	0.10	0.06
Mixed	12	0.31	0.25
Other	18	0.46	0.19
Total known	**3901**	**100**	
Not provided or unknown	1554	28*	
Total number of forms	5455		

**Percentage of forms where the information was not provided or is unknown is displayed as a % of total forms*
***Taken from Analysis of Ethnicity in the 2001 Census - Summary Report (Scottish Government website)*

Our interest in these figures

We know that, in some parts of England, there is evidence of higher use of mental health legislation in some ethnic groups. Detention rates are higher amongst people of Black African or Caribbean ethnicity. We are interested to see if any ethnic group is over- or under-represented in Scottish data, so that the reasons for this might be explored and addressed.

There are problems in collecting and interpreting this information. We only have information on 72% of all forms submitted to us. Also, the ethnic composition of Scotland's population has changed since 2001. This data must be interpreted with great caution.

What we found

We can only report on ethnicity if it is recorded on the forms sent to us. While the data appears to show an excess of people of black African/Caribbean origin, the incomplete data and out-of-date census information means that this finding must be interpreted with caution. We are working with the Scottish Government and others to find better ways to report and collect information on ethnicity. If this is successful, and if the 2011 census data is published soon, we will be able to provide much more accurate information on the use of the 2003 Act for different ethnic groups.

2. Information from our visits

Ethnicity, religion and cultural requirements: findings from our visits.

Our interest in this

We carried out our duties under the Equality Act 2010 to record information on as many aspects of equality and diversity as possible. On our visits, we wanted to target people from minority ethnic backgrounds and/or those whose first language was not English. This included deaf people who used sign language, but we did not find any people in this category during our visit programme.

On our visits, we assess whether or not individual care and treatment is in line with relevant legislation. We included aspects of the Equality Act when conducting this assessment. We wanted to find out whether or not people in this category were receiving culturally sensitive care and treatment. This included finding out about:

- Availability of interpretation, if needed;
- Family involvement and support;
- Religious requirements;
- Dietary requirements.

What we found

We managed to record the ethnicity of 93% of all the people we visited. Just under 2% were from a minority ethnic group. Most of these were South Asian or black African/Caribbean. This is consistent with the ethnic composition of the Scottish population.

Interpretation: we found only two people who were not able to communicate in English. In both cases, we were satisfied that good interpretation services were provided.

Family involvement: 80% had good support from friends and family. Where there was no support, this was usually because relatives were deceased or had lost contact. In a few cases, the individual did not wish any family contact. We found that there had been efforts to obtain other cultural supports if the individual wished this.

Religion: for many people, the need for religious observance and support is very important. We specifically recorded this where the individual was from a minority ethnic background. Several other individuals raised it as an issue for them. Overall, we were pleased to find that almost everyone who wanted to continue with their religious practices was able to do so. The range of available facilities was impressive. We found that people from all dominations were able to attend places of worship or have visits from faith leaders where this was not possible. Rarely, this was not provided. For example, one individual who was a practicing Roman Catholic was too unwell to attend mass. He wanted to have visits from a priest. We ensured that staff arranged this.

Diet: for some ethnic or religious groups, specific dietary requirements are important (e.g. Islamic or Jewish people). We found this to be complex, especially if the individual was diabetic or had other health issues. Despite this, we found that everyone we saw was receiving a culturally appropriate diet. Hospitals supplied Halal or Kosher food. In some cases, the individual wanted to prepare food him/herself and was helped to do so.

Conclusion

The individual from minority ethnic backgrounds we met on our visits were generally having their cultural needs met. We are continuing to examine our priorities when considering equality legislation and may try to find out more about religious practice.