

Name and brief description of proposal / policy / service being assessed

Nottingham City Wellness in Mind Mental Health Training Programme

One in four people will encounter mental health problems¹ at some stage of life. Mental health is a key priority for Nottingham City because there is evidence to suggest that people living in Nottingham City have lower levels of good mental health and wellbeing compared to the national level.

Mental health has been recognised as a key issue for Nottingham City and a strategy has been developed in partnership - by Nottinghamshire Healthcare NHS Trust, Nottingham City Clinical Commissioning Group, and Nottingham City Council, in addition to other partners represented at the Health and Wellbeing Board. Mental health has already been identified as a priority in the One Nottingham Plan, and as an Early Intervention theme in the Health and Wellbeing Strategy.

A new city wide strategy entitled *Wellness in mind – The Nottingham City Mental Health and Wellbeing Strategy* has been developed to co-ordinate this work. The strategy aims to:

- ensure improvements in mental wellbeing for the whole population
- result in fewer people suffering from mental health problems
- result in fewer people suffering disability due to mental health conditions
- ensure that those with mental health problems and their carers feel supported to live with their condition
- enable communities to take their own actions to foster positive mental health and mental wellbeing
- reduce the stigma associated with mental health problems, and ensure equality with physical health.

A number of consultations concluded that mental health training is required to raise awareness of mental health and wellbeing as well as providing people with knowledge of how and when to access services.

Information used to analyse the effects on equality

The [Joint Strategic Needs Assessment for Nottingham City](#) has been used as a source of information for considering equity in relation to the strategy and the mental health training.

The strategy has been consulted on in two stages. During the first phase of its development, key stakeholders have been consulted on its content and structure following early stakeholder workshops to identify its strategic priorities. Once the strategy was in final draft stage, Nottingham City Council undertook a full formal public and partner consultation exercise between the 8th October and 21st November 2013. In addition to this, a Mental Health Training Needs Assessment has been completed.

¹ The phrase 'mental health problem' mirrors the terminology used in the National Strategy 'No Health Without Mental Health', and is used as an umbrella term to describe the full range of diagnosable mental illnesses and disorders, including personality disorder.

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The council used a variety of communication channels to share priorities identified in the strategy and consult on the needs assessment including:

- Ward based mental health workshops
- Survey monkey sent to key people in health, social care and the voluntary sector
- Public health forum on mental health

The consultation responses produced the following ‘headlines’ relating to groups or communities affected, (comprising the most frequently mentioned themes or new issues not previously considered in the strategy):

- The need to train frontline workers who are seen as the interface between communities and services
- The need to train GPs to respond better to patients who present with mental health problems

	Could particularly benefit (X)	May adversely impact (X)	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Many of the groups with protected characteristics defined for equality purposes are more likely to be:</p> <p>a) at risk of mental health problems due to discrimination based upon their characteristic</p> <p>b) Disproportionately affected by stigma surrounding mental health problems due to misconceptions or labelling by others.</p> <p>People with enduring mental health problems may be considered to have a disability, and therefore be part of the protected characteristics group.</p> <p>The training will raise awareness of the impact of mental health problems on people with protected characteristics. Examples of specific issues for groups with protected characteristics are detailed below:</p>	<p>Groups with protected characteristics will continue to be represented throughout the planning and implementation of the training programme. Service specification will outline the need to engage with such groups, either directly or via frontline workers who have regular face to face interactions with them.</p> <p>Evaluations and monitoring throughout the project will help to identify gaps and inform further action.</p> <p>The project will include an element of co-production where service users including those with protected characteristics will be involved in and shape the development of the project.</p> <p>The training will aim to build resilience, reduce stigma and ensure people have the tools and knowledge to access the right services at the right</p>
Men, women (including maternity/pregnancy impact), transgender people	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disabled people or carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
People from different faith groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Lesbian, gay or bisexual people	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Older or younger people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Other (e.g. marriage/civil partnership, looked	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

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<p>after children, cohesion/good relations, vulnerable children/adults)</p>			<p>Ethnicity</p> <ul style="list-style-type: none"> • Black persons (British and non-British) and various ethnic minority groups are known to have different levels of risk for mental health problems. There may however be problems at times with under or over diagnosis of conditions in some groups. • Expressions of cultural beliefs can sometimes be perceived as mental health problems by public and professionals • Cultural responses to mental health problems differ between ethnic groups, often affecting the likelihood of seeking or accepting professional help. • Previous auditⁱ has shown that Asian/Asian British groups use the services less than would be expected, and that Black/Black British groups had a significantly poorer outcome than White ethnic groups. <p>Sex</p> <ul style="list-style-type: none"> • Prevalence of certain mental health problems differs by sex • The way that men and women respond to mental health problems differs as a whole • Women are at risk of specific mental health problems due to pregnancy and childbirth, other issues may include sexual violence • Transgender people are at higher risk of mental health problems <p>Disabled people or carers</p> <ul style="list-style-type: none"> • Disabled people and those with long term conditions are at increased risk of mental health problems • Carers are also at risk of problems with their physical and mental health due to the strain of their caring role 	<p>time. Better trained frontline staff will be better placed to respond to individual needs including people with protected characteristics once they understand the higher mental health risk factors for these groups. Frontline workers will be able to refer people appropriately to mental health services on time and reduce the risk of them reaching a crisis intervention stage or detention under the Mental Health Act.</p>
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			<ul style="list-style-type: none"> • Based upon previous audit in 2011ⁱ, despite higher levels of need amongst adults with learning disabilities or sensory impairments, they were found to access services less than the general population. • The Nottingham autism strategy has identified that there is a need for better recording of Autism Spectrum Conditions (ASC) in order to understand the needs of this group and their carers. It is understood that people with ASC experience higher rates of mental health problems. . <p>People from different faith groups</p> <ul style="list-style-type: none"> • Faith is an important part of life for many people belonging to an ethnic minority group and is therefore highly relevant for this reason • Certain faith groups may experience tensions between different faith communities, or at the extreme may be victims of crime based upon their religion which will adversely affect mental health <p>Lesbian, gay or bisexual people</p> <ul style="list-style-type: none"> • Lesbian, gay and bisexual people have a higher risk of mental health problems <p>Other</p> <ul style="list-style-type: none"> • Reduction in stigma is linked closely to community cohesion and vice versa • Promotion of mental wellbeing and increasing resilience in communities through community development will have positive impacts for mental health and enhance relationships • Adults with enduring mental health problems are also likely to be defined as vulnerable adults, provision of adequate support is key 	
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			<p>to enabling them to maximise their own mental wellbeing</p> <p>The strategy may have a mix of positive and negative effects of the following groups:</p> <p>Older or younger people</p> <ul style="list-style-type: none"> • Younger people will benefit from improved adult mental health across the population, • Children and young people have mental health needs that are addressed through the Strategy and the Children and Young People's Strategy, and review of services. However, transition into adult hood and adult services are a potential gap • Older people have specific mental health needs that will be addressed through this strategy 	
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Outcome(s) of equality impact assessment:

No major change needed Adjust the policy/proposal Adverse impact but continue Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

This assessment for the whole strategy should be reviewed in 6 months, by which time all action plans will be in place. Each action plan should have an EIA completed to ensure that effects on all protected groups are considered, for example in any changes to ways of working as a result of the strategy.

At this point, quarterly monitoring of the implementation of the action plans, and data on access to services by specific groups will form part of the indicators to be monitored.

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of.

Approved by (manager signature): The assessment must be approved by the manager responsible for the service/proposal (this does not need to be an actual signature). Include a contact tel & email to allow citizen/stakeholder feedback on proposals.

Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk

¹Little, I. 2011 Health Equity Audit of the Improving Access to Psychological Therapy (IAPT) service in Nottingham City.