1. Equality Impact Assessment (EIA)

Title of EIA	Happiness: Brighton & Hove Mental Wellbeing Strategy	**ID No.** PH8	
Team/Department	Brighton & Hove City Council and Brighton & Hove Clinical Commissioning Group for the Health & Wellbeing Board		
Focus of EIA	The Health & Wellbeing Board sets health priorities for Brighton & Hove city and includes membership from the NHS and City Council. The Board has identified five priorities, based on the Joint Strategic Needs Assessment, and one of these is Emotional Wellbeing and Mental Health. As a result, Brighton & Hove City Council (BHCC) and the Clinical Commissioning Group (CCG) have developed a city-wide strategy that addresses the wider determinants of mental wellbeing in line with the national strategy No Health Without Mental Health. It's different to previous local mental health strategies that have largely focused on mental health services and covers all ages from the cradle to the grave. Its emphasis is on prevention: looking after our mental health is as important as eating well and exercising to look after our physical health. This is important in Brighton and Hove because residents have higher levels of mental ill-health than the average for England (see the JSNA for Brighton & Hove at http://www.bhconnected.org.uk/sites/bhconnected/files/jsna2013.pdf). ○ A third more people have a diagnosis of severe mental illness. ○ Nearly 10% more (aged 18 and over) have a diagnosis of depression, recorded by their GP. ○ Twice as many people are admitted to hospital following self-harm. ○ Approximately a third more die by suicide. ○ The proportion of people reporting high levels of anxiety the previous day is significantly greater than the national average for 2012/3 (Office for National Statistics annual survey). ○ Slightly higher proportions of people also report a low score for the things they do being worthwhile and how happy they were yesterday, but this difference is not statistically significant. A series of consultation and engagement meetings were held between December 2013 and April 2014. These included focus group meetings with specific population groups that may be particularly vulnerable to mental ill health or stresses, or may have particular needs: • Bereaved recently (Impetus, Age UK, Martletts Hospice)		

	- BME wider community (BMECP/BMEYPP) - BME women's group (Hangleton & Knoll) - Carers (Carers Centre) - Children (Right Here/ YMCA Downs Link) - Parent carers (Amaze) - Disabled, deaf and hard of hearing people (The Fed) - LGBT (LGBT Hip) - Adults with Learning disabilities (Speak Out) - Insecurely housed (Brighton Housing Trust) - Mental health service users (Mind) - New mothers (Mothers Uncovered) - Older people (Age UK Brighton & Hove, 50+ years) - Travellers & gypsies (Friends, Families and Travellers) - University students (University of Brighton) - Victims of abuse (Rise) - Young people 16-25 years (Right Here/ YMCA Downs Link) In addition, focus groups were convened for: - General practice teams - Voluntary organisations with a health & social care remit The public were invited to three meetings: An open meeting at Healthwatch on 29 March 2014; Two neighbourhood meetings, at some distance from city-centre services – Portslade and Woodingdean. A public survey was run from the CCG and BHCC websites and has been widely distributed through local voluntary organisations and libraries. 835 responses were received.

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Age – Older people			
Older people typically access mental health services less frequently – only 6% of people who use psychological therapies nationally are aged over 65.(3) Older people are less likely to have common mental health problems than younger people. However, 2 in 5 living in care homes suffer from depression and 70% of new cases of depression in older people are related to poor physical health. (9) People approaching the end of life have particular needs for support, including spiritual support.	*Age UK* interviewed 34 older people aged between 80 and 96. Isolation, loss and bereavement, physical ill-health and difficulties with transport have a major impact on mental wellbeing for this age group. Their recommendations include: • 1:1 befriending schemes; • re-ablement services; • counselling at home; • free bus travel to the seafront; • coordinated health care including better hospital discharge planning and a named, responsible GP.	Happiness and mental wellbeing may be undermined by barriers to social inclusion. Integration and coordination of services are particularly important for vulnerable and frail elderly people, to enable them to feel cared for and supported, as well as 'treated' medically.	The strategy includes the following commitments: Test out and evaluate social prescribing in general practice, working jointly with Better Care and with the Extended Primary Care Integrated Care project. Test our integrated model (Better Care), including voluntary sector support, evaluate it and plan for full city roll-out in 2015/16. Involve older people in discussion about service provision, for example transport and housing. Explore provision of opportunities accessible to older people through 'activity hubs'. Reduce waiting times for home visits for counselling via the Wellbeing Service. 1:1 befriending is already available, for example through the Neighbourhood Care Scheme, but further capacity may be needed as the older population grows in number. Government policy supports named GPs for everyone over 75 years.

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Age – Children and young people			
One in ten children aged 5 to 16 years has a clinically diagnosed mental health disorder.(6) As many as one in 12 are thought to deliberately self-harm.(7) Local data The Safe and Well at School Survey (SAWSS) for 2012 found that some groups at secondary schools have poorer emotional wellbeing – including those who are LGB and unsure, who truant, are current smokers, have tried alcohol & drugs, have had sex, are receiving extra help, have been bullied, or are in the older age groups. The Health Counts survey in 2012 found that one in 10 people	*Right Here/YMCA Downs Link* used an online survey (276 responses) and several visits to youth settings to reach local 16 – 25 year olds. The young people wanted: • better signposting of low cost opportunities linked to the Five Ways including learning (languages, cooking and musical instruments); • informal opportunities for exercise like gym equipment in parks; • volunteering opportunities that don't take too much time; • more mental health awareness training in schools;	Young people may experience barriers to participation in activities if costs are high or timetabling is difficult. As three quarters of people with lifetime mental health problems first experience symptoms by their mid-twenties, it's particularly important that health professionals are seen by young people as approachable and	The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways. The Public Health Schools Programme includes an offer of training to the CYP workforce, plans to embed emotional health into the PHSE curriculum and to promote opportunities to improve wellbeing. Consideration will be given to targeting resources to those who are most vulnerable. The strategy includes further commitments to: Develop an early help pathway and single access point from the Early Help Hub. Work with schools and youth settings to reduce self harm. Develop a local approach to commissioning person-centred models for young people. Develop proposals for models of care across

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reported having ever deliberately harmed themselves in any way. Nearly one in 5 young people aged 18 – 24 reported self-harm.	• longer GP appointments; • easier access to support services for young people with mental health problems.	accessible.	the transition from child to adult services.
Disability			
Good health is known to be strongly associated with mental wellbeing.(4) 30% of those with a long-term physical health condition also have a mental health problem (5). 30% of deaf people using British Sign Language have mental health problems. (9) Local data The Health Counts survey of Brighton & Hove residents 2012 found that people with a limiting long-term illness or disability are at higher risk of depression and	Three groups were consulted. 1. *The Fed* consulted 61 disabled people. Their recommendations include: • reduce waiting times for talking therapies and improve accessibility; • give people more choice and control over services; • provide more online and self-help support; • provide emotional support for those with progressive health conditions. 2. *Speak Out* consulted 57 people with learning difficulties.	Disabled people experience exclusion and are unable to access many opportunities to improve mental wellbeing. Cuts to benefits and perceived hostility from wider society contribute to a sense of isolation. Disabled people may have specific service needs – for example, support in adjusting to new	The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways, including opportunities for communities that may be excluded at present. The strategy includes commitments to: Review existing advice and information arrangements to ensure they are fully accessible. Ensure that universal services are accessible and appropriate for all. Incorporate provision of psychological support as part of care package for dermatology and muscular-skeletal services. Reduce waiting times for talking therapies and

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report significantly lower levels of subjective wellbeing.	Their recommendations include: • build Five Ways into care plans; • provide training for frontline staff to ensure inclusivity; • provide some LD-specific activities; • better coordination between mental health and LD services. 3. *Our Space* consulted with 41 deaf and hard of hearing people. Their recommendations include: • empowerment to create their own resources as a community; • more video/dvd versions of service and health information; • BSL interpreters should be easily accessible.	or progressive impairment.	increase accessibility. Ensure that all patients meeting the NHS Continuing Healthcare eligibility criteria have the opportunity to be offered and/or receive a personal health budget. Explore opportunities for extending the criteria from 2015 to include other people who would benefit from a personal healthcare budget.
Gender reassignment			

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Trans people may have particular mental health support needs and find it harder to access mainstream services (1).	Following the 2013 Trans Equality Scrutiny Panel held by the Council, a local Trans needs assessment is currently underway. Local feedback supports national evidence that: 1. Trans people face considerable prejudice which undermines their mental wellbeing. 2. Psychiatric assessments are required for those seeking medical treatment for gender dysphoria; this can be perceived as adding to the burden of stigma. .	Trans people may have particular difficulties in accessing mental health services if they are also seeking or undergoing treatment for gender dysphoria. Discrimination may create isolation and undermine wellbeing. Anxieties about social stigma may create barriers to accessing opportunities to build positive mental wellbeing.	The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways, including opportunities for communities that may be excluded at present. The strategy also includes commitments to: Identify gaps in support for vulnerable groups and to invest in further services if needed. Continue to commission services to support groups who may experience complex stigma relating to mental ill health as well as other aspects of personal identity, such as Trans people.
Pregnancy and maternity			

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Around 10% of women are affected by mental health issues either when pregnant or after their baby is born (3).	*Mothers Uncovered* convened a focus group with 12 participants. They suggested: • More activities focused on new mothers; • Help to counter the myth of the 'perfect mum'; • Review of the distribution of 'bounty packs' in maternity wards – this can feel like commercial pressure.	New mothers may have difficulties in accessing social support and activities, at a time when they may be vulnerable.	The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways, including opportunities for communities that may be excluded at present, including new parents. Provision of parenting programmes will continue. The provision of bounty packs will be reviewed.
Race			
Depression in ethnic minority groups is 60% higher than in the white population. (9) Black Caribbean people are twice as likely to be diagnosed with a psychotic disorder. (9) Rates of admission and detentions are higher for Black African & Caribbean & Other groups. (5). Some BME communities have been less likely to use	*BMECP* consulted with 74 people. Their recommendations include: • increased provision of counselling for PTSD and reduced waiting for other mental health services; • equality & diversity training for frontline staff; • provision of no/low cost complementary therapies; • acknowledgement of the	While the BME community is diverse, some groups may be particularly vulnerable: for example, people for whom language is a barrier or who are recent immigrants, especially those fleeing persecution.	The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways, including opportunities for communities that may be excluded at present, including some BME groups and Gypsies & Travellers. The strategy includes commitments to: Expand the translation and interpreter service for the NHS so that it is able to offer telephone support. Ensure that universal services are accessible and appropriate for all.

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psychological therapies (3). Young African and Caribbean men report discrimination in statutory services (3). Gypsies & travellers may have particular mental health needs but are less likely to access primary care services. This is also true of vulnerable migrants (1). Two thirds of refugees experience anxiety and depression. (9) Young Asian women are three times as likely to kill themselves as young white women. (9) Local data: Health Counts 2012 found that Mixed ethnic groups in Brighton & Hove have lower levels of life satisfaction and happiness and higher levels of anxiety. SAWSS 2012 found that Chinese secondary school pupils have	links between physical and mental health; • named GPs and interpreters, and a responsive interpreting service. *Hangleton & Knoll multi-cultural women's group* highlighted concerns about translation and lack of women-only sports facilities. *BMEYPP* consulted with 20 young people. They reported concerns about confidentiality (professionals don't share their notes with you, may discuss you with their spouse/colleagues). *Friends, Families and Travellers* interviewed 35 people. Their recommendations include: • cultural awareness training for frontline staff eg Wellbeing service, housing staff; • health bus to visit unauthorised sites;	Cultural norms may also create barriers to accessing services. Travellers face particular challenges with accessing activities and services.	Reduce waiting times for talking therapies and increase accessibility. The Better Care programme will pilot the delivery of more integrated services, addressing both physical and mental health needs holistically. Ensure that all patients meeting the NHS Continuing Healthcare eligibility criteria have the opportunity to be offered and/or receive a personal health budget. Explore opportunities for extending the criteria from 2015 to include other people who would benefit from a personal healthcare budget. The Trust for Developing Communities has recently appointed a community worker with a mental health remit, and the strategy's actions will be linked into the findings and actions linked to that work, as well as other BME community feedback.

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poorer emotional wellbeing than average, though the number of Chinese respondents was small.	• more exercise on prescription; • FFT health promotion leaflets in local surgeries; • personal budgets to enable choice and control.		
Religion or belief			
Spiritual beliefs are often associated with positive mental health outcomes. (9) Local data The Health Counts survey of Brighton & Hove residents 2012 found that people with no religion or identifying as Christian are less likely to be at risk of depression and report lower levels of anxiety than those of 'any other faith' as a group. More detailed analysis shows that Buddhists are most likely to be satisfied with their lives, feel that life is worthwhile and to	No specific consultation was held with faith groups, but faith was a topic discussed by several other groups. BME groups, older people, people with lived experience of mental ill-health all reported faith as a positive support for their mental wellbeing.	Religion or belief was generally identified as a positive support. Nevertheless, faith groups may experience discrimination.	Recommendations & actions under the Race section above apply here also. Further exploration of the issues for Muslim residents is needed.

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report high levels of happiness. By contrast, Muslim respondents reported lower levels of satisfaction with life, are significantly less likely to feel that the things they do are worthwhile, to feel happy and to have low levels of anxiety.			
Sex or gender			
Depression is more common in women and is more likely to be treated: one in four will be treated compared to one in 10 men, over a lifetime. Women are twice as likely to experience anxiety as men. Of people with phobias or OCD, about 60% are female. Men are more likely to have an alcohol or drug problem. They are five times more likely to be diagnosed with anti-social personality disorder.	No specific groups for women or men were convened. However, some aspects of women's experience were represented in the groups for BME women, for women experiencing domestic violence and for new mothers. Similarly, men's views were represented in the groups for young people, the drop in at BHT and a range of other groups.	Men may find it harder to ask for support for emotional distress. Women-only activities are important for some groups.	The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways, including opportunities for communities that may be excluded at present. Identify gaps in support for vulnerable groups and to invest in further services if needed; this may include men who find it harder to ask for help. Ensure that universal services are accessible and appropriate for all. Explore any differences in outcomes for talking therapies with regard to gender.

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One in three people who die by suicide are men. (9) Local data: The Health Counts survey 2012 found that 42% of women were at raised risk of depression compared to 36% of men. Women are more likely to report having ever harmed themselves (13%) compared to men (8%). The Health Counts survey 2012 found that women are more likely to report anxiety. They are also more likely to report higher levels of life satisfaction and a sense of worthwhileness in the things they do.			
Sexual orientation			

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Lesbian, gay and bisexual people may have particular needs for mental health support and may be less likely to access mainstream services (1). The 2012 Health Counts survey found that twice as many LGBT residents reported having ever self harmed than the average. However their risk of depression and self-reported wellbeing were not significantly worse.	*The LGBT HIP* held focus groups for 16 people. Their recommendations include: • Recognise the impact of structural and cultural social and economic exclusion and inequality and include actions to address empowerment and to reduce stigma. • Provide training for frontline staff to make mainstream services accessible and provide some services 'by LGBT people for LGBT people'. • Develop interventions and resources that are LGBT affirmative.	Recognition of the specific needs of the LGBU community is important.	The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways, including opportunities for communities that may be excluded at present. Identify gaps in support for vulnerable groups and to invest in further services if needed. The CCG and BHCC currently fund work to support the mental wellbeing of LGBU people, including both young people and adults. LGBT specific resources have been developed, for example, for people with suicidal thoughts.
Marital status			

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The Health Counts survey of Brighton & Hove residents 2012 found that people who are single, separated or divorced are at higher risk of depression, and report lower levels of self-reported wellbeing than people who are married, in a civil partnership or living as a couple.	No specific feedback was sought, though loneliness was highlighted as an issue by older people, people with disabilities and respondents to the public survey.		The Innovation Fund linked to the strategy is designed to develop low cost innovative opportunities for building on the Five Ways, including opportunities for communities that may be excluded at present, including those experiencing loneliness and social isolation.
Other groups			
Homeless – 70% of people accessing homelessness services have a mental health problem, but they are less likely to access services.(5) Mental ill health is frequently cited as a reason for tenancy breakdown.(8) The Health Counts survey of Brighton & Hove residents 2012 found that those who rent from a housing association or local authority have a higher risk of depression and lower self-reported wellbeing than average.	A separate needs assessment for homeless people carried out in 2013 found that 85% of respondents identified as having at least one mental health problem, most commonly depression or stress. Talking therapies/counselling was the most useful type of support identified. A focus group for 12 homeless people was also held. Insecurity about housing is a major challenge to mental wellbeing.	Access to services may be particularly hard for this group, though the need is high.	The Better Care workstream relating to homeless people will be addressing this issue.
Offenders and ex-offenders are	A specific focus group for	Stigma may hinder	Brighton Housing Trust and Rethink's Mendos

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disproportionately affected by mental health problems and have less access to services. (3) Around three quarters of prisoners have at least one mental disorder. (9)	offenders was not held, though BHT's drop-in clients include this group.	access to services.	Service both address some of the needs of this group.
Military veterans Mental health services are being set up nationally to address the specific needs of veterans (3).	Further information is needed locally, and may arise out of the regional needs assessment.		Explore links with the Civil-Military Partnership work currently underway in the city.
Victims of abuse or violence Women who have been abused in childhood are four times as likely to develop major depression in adulthood. People who experience sexual abuse in childhood are three and half times more likely to be treated for psychiatric disorders, and five times more likely to have a diagnosis of personality disorder. (9)	**Victims of abuse or violence** A focus group for eight women at risk of domestic violence was held. Their recommendations include: • Further training for service providers to improve sensitivity and awareness of the complex issues facing women who have experienced domestic abuse.	Within mental health services, the impact of abuse is well understood.	Domestic violence and violence against girls and women are both major areas of work for the council. Personality disorder has been a major focus of work within mental health commissioning by the CCG; the new Lighthouse service has improved care for this group. The strategy includes a commitment to: Develop specialist pathways for young people who have need of them (eg those who have experienced child sexual abuse, may have an autistic spectrum condition or eating disorder, are Looked After). We will ensure that these pathways match national
Carers including carers for people with mental illnesses can	**Carers** 35 carers and 88 parent carers	Carers are recognised as	

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feel isolated and frustrated, and may be vulnerable to depression.(3) People who spend 20 hours or more a week caring are twice as likely to suffer from anxiety or depression.	for children with disabilities or special needs were consulted through focus groups, online surveys and group discussions. They recommended: • more support for maintaining their own health; • more 'carer awareness' training for professionals and respect for the carer's role; • more support in the form of activities, advice and free or low cost counselling; • parent carers requested that schools provide more feedback on the child's emotional progress and wellbeing.	having particular difficulties in looking after their own wellbeing and as having an increased need to do so.	guidance and are well understood. Offer targeted work to young people with particular needs, including those who are not attending school, are young carers or are bereaved. Ensure support for parent carers and families living with mental ill health. Include services for children with mental health issues in the City Council Carers Strategy group. Our specialist mental health practitioners will be available for advice and consultation to children's services, parent carers and children and young people themselves.
Bereaved People who are bereaved, especially in traumatic or unexpected circumstances, are vulnerable to mental ill health.	**Bereaved** Five 1:1 interviews were held with recently bereaved individuals. They reported that meaningful connections are especially important for those who are bereaved.	Additional support may be needed for anyone bereaved, but especially for people who are isolated or who suffer complex bereavements, such as the death of a child or young person, or a	In addition, both the innovation fund and the commitment to assess gaps in services may address needs within these groups, including adult carers.

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		suicide.	
Alcohol and substance misuse 51% of alcohol dependent adults say they have a mental health problem. 45% of people dependent on drugs also have another psychiatric disorder. (9)	This group was not specifically consulted though BHT clients, homeless people and other groups are likely to include people experiencing these problems.	Dual diagnosis (both mental health and substance misuse) is recognised as a challenge for service providers.	Significant programmes of work have been undertaken within the Public Health team to commission services and promote health for people with alcohol and substance misuse problems. The CCG has led a programme of work to improved services and care for people with a dual diagnosis.
Community cohesion **Workplace** 38% of work-related illness is due to work-related mental health problems. Reducing the burden of work-related mental health problems should benefit our economy.	Workplace health is important to those who are employed.		The strategy includes workplace mental health promotion as one of its priorities for the action plan.
Deprivation The poorest fifth of adults are at double the risk of experiencing a mental health problem than average. Low income,	Access to low cost activities was flagged as an important issue.	Social exclusion as a result of low income can be a powerful challenge to mental	Low cost activities, money advice and more integrated services – all included in the action plan – are intended to help this group particularly.

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unemployment, living in poor housing and low levels of education are all associated with higher risk of mental ill-health. (9) The Health Counts survey of Brighton & Hove residents 2012 found that those who are unemployed and looking for work, or unable to work due to caring for home and family, are at higher risk of depression and report lower levels of self-reported wellbeing. There is a significant association between being at risk of major depression and deprivation: 51% of respondents in the most deprived quintile are at risk of depression compared to 32% in the least deprived quintile. Self-reported mental wellbeing is lower for residents living in deprived areas: they report lower levels of happiness, life satisfaction, worthwhileness and higher anxiety.		wellbeing.	

References

1: No health without mental health implementation plan: HM Gov 2012
2: ONS report on self reported wellbeing
3: DH Closing the gap: priorities for essential change in mental health. Jan 2014
4: DH Wellbeing: Why it matters to health policy. Jan 2014
5: Mental health network/NHS confederation Factsheet: Key facts and trends in mental health. Jan 2014
6: Office for National Statistics. Mental health of children and young people in Great Britain, 2004. 2005.
7: Young Minds. Mental Health Statistics. 2013.
8: Social Exclusion Unit. Mental health and social exclusion. 2004.
9: Mental Health Foundation. The Fundamental Facts. 2007.

2.   Prioritised Action Plan:
NB: These actions must now be transferred to service or business plans.

Specific action	Evidence of progress / milestones	Lead officers	Timeframe
See the Action Plan for the strategy, both for the first year and over 3 years.	**Progress against the action plan will be monitored by the Strategy Implementation Group.**	**Clare Mitchison, Public Health & Anna McDevitt, CCG. Chair is Paula Murray, BHCC.**	**First formal review for Health & Wellbeing Board in September 2015.**

EIA sign-off: (to be final this section must be signed and the Publication Template completed – see Section 3 below)

Lead Equality Impact Assessment officer: **Clare Mitchison**   **Date: 29 July 2014**

Directorate Management Team rep: **Alistair Hill**   **Date: 29 July 2014**

Communities and Equality Team officer: **Sarah Tighe-Ford**   **Date: 29 July 2014**

3. Equalities Impact Assessment Publication Template (please keep this to one page)

Name of EIA:	Happiness: Brighton & Hove Mental Wellbeing Strategy	ID Number	PH8
Lead Team:	Public Health and Mental Health Commissioning team, CCG	Date EIA completed	29 July 2014
Summary of EIA:	A wide ranging consultation was used to inform the priorities for the Happiness & Mental Wellbeing Strategy's Action Plan. A public survey was also carried out to assess interest in and information needs relating to the Five Ways – the key mental health promotion message for the public.		
Summary of relevant data: what information informed the EIA?	Community Works and the Trust for Developing Communities were commissioned to hold three public meetings and seven focus groups. The ten CCG engagement groups were also asked to consult and report on mental health and wellbeing issues. A summary report from the findings of all of these meetings was a key document in the development of the strategy.		
Summary of consultation: who was consulted and how?	See the above summary report for more information.		
Assessment of impact and key follow-up actions:	See the action plan for the strategy.		
For further information on the EIA contact:	Clare Mitchison, public health team.		

4.   List detailed data and/or community feedback which informed your EIA

Title (of data, research or engagement)	Date	Gaps in data (Identify how you will fill these gaps in future, in your action plan)	Contact
Summary report on consultation	May 2014	Needs assessment for military veterans – regional work currently underway	
National research		See references above	
Local research	2012	Health Counts survey	Kate Gilchrist
Public health data	Ongoing	Public health outcomes framework see fingertips.phe.org.uk	