

Personality Disorder Improvement Programme

Equality Impact Assessment (EQIA)

September 2024

Version 1.0



|  |  |
| --- | --- |
| **Name** (policy/ procedure/ practice/ function) | Personality Disorder Improvement Programme |
| **Directorate** | Community Engagement and Transformational Change Directorate |
| **Team** | Reform, Transformational Change Mental Health |
| **EQIA Lead** | Ashley Hose |
| **Responsible Manager** | Rachel King |
| **Date** | September 2024 |

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September 2024

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**www.healthcareimprovementscotland.org**

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# Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the [Public Sector Equality Duty](https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty) to actively consider the need to:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents).
* Advance equality of opportunity between people who share a [protected characteristic](https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics) and those who do not.
* Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

* We give consideration to the principles of the [Fairer Scotland Duty](https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/fairer-scotland-duty) by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
* If the work will have a specific impact or relevance for children up to the age of 18, its impact on [children’s human rights and wellbeing](https://www.gov.scot/publications/child-rights-wellbeing-impact-assessment-external-guidance-templates/pages/5/) should be independently assessed.
* As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
* If the work is relevant to islands communities as well as mainland communities, any specific [impacts on islands communities](https://www.gov.scot/publications/island-communities-impact-assessments-guidance-toolkit-2/) should be assessed.

This template is designed to guide teams through assessing the impact of their work. A team should begin this assessment as soon as they start planning a new piece of work or revising an existing piece of work. A team might use this template solely as a planning tool, or keep it as a live document to review and update as the work progresses.

# 2. EQIA overview

Use this section to provide details about the status **(new or existing)** of the work (which could be policy/practice/procedure/function) and provide an outline of the proposal including **aims** and **outcomes**.

|  |  |  |
| --- | --- | --- |
| Status | New | Existing |
| Aim(s)  Intended Outcome(s) | The overall aim of phase two of the Personality Disorder Improvement Programme is to deliver meaningful improvements in services and supports for people with a diagnosis of personality disorder, as identified in the phase one recommendations. These are:   * Supporting NHS boards in the development and implementation of improved care processes. * Amplifying the voice of people with lived experience to ensure services are co-designed and co-produced with people with lived experience. * Maintaining and further developing a national learning system to support a focus on capturing and sharing learning to accelerate the practical work of improvement.   Longer term, the aspiration remains that people who may attract a diagnosis of personality disorder presenting to mental health services anywhere in Scotland will have timely access to effective care and treatment. | |

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| --- | --- | --- |
| Is there specific relevance for children and young people? | Yes | No |
| Are island communities included in the work? | Yes | No |

# 3. Advancing equality

Provide details of how you think the work might impact **positively**, **negatively** or **neutrally** on people who share the characteristics listed below. This is about your judgement – you do not need to identify a positive, negative *and* neutral impact for every characteristic.

We are aiming to ensure we do not cause discrimination or miss an opportunity to ensure the diversity of intended beneficiaries enjoy the outcomes equitably.

It will be helpful to consider things like potential access issues, health inequalities or past experiences of discrimination that could be relevant to communities and that we can respond to / demonstrate awareness of somehow.

It will also be helpful to think about human rights and whether these will be impacted for any group. Our rights are described in the [Human Rights Act](https://www.equalityhumanrights.com/en/human-rights/human-rights-act). Some groups are also protected by specific conventions, which are highlighted for your information in the relevant sections below.

|  |  |  |
| --- | --- | --- |
| Image result for family icon png | **Age** | Think about people from different age groups. Will the work affect specific age groups, including in particular ways?  If children are specifically affected, use a Children’s Rights and Wellbeing Impact Assessment to provide more information.  [Convention on the Rights of the Child](https://cypcs.org.uk/rights/uncrc/) |
| Positive impact | | A range of age groups are well represented in the programme. Personality disorder diagnosis is most common in adulthood, especially early adulthood9, and this is reflected in PDIP's focus on engagement with predominantly 18 to 60 years olds in Scotland.  In 2022, NHS Scotland and local authority staff groups are mostly reported at the 25 to 64 years old range21.  Engagement with people with lived and living experience and workforce across health and care will be predominantly virtual via Microsoft Teams meetings, online webinars, workshops and sharing of learning resources and other related documents online. Most adults in Scotland have access to the technology and tools required to attend virtual events19, with 96% of households confirming home internet access. |
| Negative impact | | The 2021 Census data shows that the population of Scotland is ageing with people living longer16. Some individuals in this age group may face barriers in accessing the programme’s activity. These barriers may include access to tools like internet access, computers or smartphones that are needed to join virtual events19. 9% of 60 to 74 years old surveyed reported not to use the internet, with this increasing to 29% for over 75 year olds. |
| Neutral impact | | Limited evidence identified at time of publication. |

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| --- | --- | --- |
| noun_care_2152472 | **Care Experience** | Think about children and young people up to the age of 26 who have experience of being in care. Care can include foster care/supported care, kinship care, residential care, or being looked after at home with the support of a supervision order.  Healthcare Improvement Scotland is named as a corporate parent under the [Children and Young People (Scotland) Act 2014](https://www.legislation.gov.uk/asp/2014/8/contents/enacted). You can find information and working examples of what this means for us in our [Children’s Rights Report](https://www.healthcareimprovementscotland.scot/publications/childrens-rights-and-corporate-parenting-joint-report-2020-2023/) or by speaking to a member of our [Children and Young People Working Group](http://thesource.nhsqis.scot.nhs.uk/our-organisation/Pages/Children-and-Young-People-Working-Group.aspx) about our Corporate Parenting Action Plan. |
| Positive impact | | Childhood trauma and insecurity can be linked to diagnosis of personality disorder and/or emotional instability, in addition to other mental health issues.  This programme seeks to build further understanding and improve service provision, considering the experiences of and engaging with people with lived experience of PD and care experience. |
| Negative impact | | Engagement with PDIP may be distressing for some participants in recalling past experiences and trauma. Staff experiencing difficult times at work may not have capacity to hear negative feedback from service users17. |
| Neutral impact | | Limited evidence identified at time of publication. |

|  |  |  |
| --- | --- | --- |
| Image result for wheelchair png | **Disability** | Think about people with sensory impairments, communication difficulties, learning disabilities, physical impairments, sensory impairments like sight or hearing loss, energy impairments, autism spectrum disorder, mental health conditions and cancer. Think also about deaf users of British Sign Language. You might also consider unpaid carers here.  [Convention on the Rights of Person with Disabilities](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html) |
| Positive impact | | PDIP engagement will mostly be completed through virtual settings such as online webinars and workshops and will produce accessible materials. The programme’s project management team will ensure technology assisted meeting accessibility.  We follow good practice in using a range of approaches to tackle literacy, hearing and other requirements when doing in person events. Our lived experience reference group wrote a guidance sheet for us to adhere to when doing in person events. |
| Negative | | There are commonly co-occurring conditions that should be taken into account in PDIP work; for example, mental health conditions such as depression, anxiety, and post-traumatic stress disorder are significantly comorbid with diagnosis of personality disorder5,8,14.  Possible lack of access to technology for event participants may limit their engagement and ability to participate in sharing their experiences7. A potential limit of adaptations available to the project team may require further exploration, for example if a British Sign Language (BSL) interpreter is required. |
| Neutral impact | | Limited evidence identified at time of publication. |

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| --- | --- | --- |
| Image result for gender reassignment png | **Gender Reassignment** | Think about trans / transgender people - anyone whose gender does not match the sex they were assigned at birth. |
| Positive impact | | Limited evidence identified at time of publication. |
| Negative impact | | Limited evidence identified at time of publication. |
| Neutral impact | | The PDIP will focus on learning from engaging and involving people with lived experience of personality disorder. The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation. |

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| --- | --- | --- |
| Image result for marriage icon png | **Marriage & Civil Partnership** | Are there any implications for people who are married or in a civil partnership? |
| Positive impact | | Limited evidence identified at time of publication. |
| Negative impact | | Limited evidence identified at time of publication. |
| Neutral impact | | The PDIP will focus on learning from engaging and involving people with lived experience of personality disorder. The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation. |

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| Related image | **Pregnancy & Maternity** | Think about people who are pregnant, breast-feeding or who recently gave birth. |
| Positive impact | | Limited evidence identified at time of publication. |
| Negative impact | | Limited evidence identified at time of publication. |
| Neutral impact | | The PDIP will focus on learning from engaging and involving people with lived experience of personality disorder. The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation. |

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| **Image result for race ethnicity icon png** | **Race** | Think about people from the diversity of minority ethnic communities. This includes gypsy/travelers. Are there health inequalities or access barriers that should be considered and addressed?  [Convention on the Elimination of all forms of Racial Discrimination](https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx) |
| Positive impact | | The PDIP will focus on learning from engaging and involving people with lived experience of personality disorder. The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation. |
| Negative impact | | Evidence of barriers to services for people from minority groups, particularly minority ethnic communities, have been identified in research10,22. These include language barriers; financial barriers; not knowing support is available or how to access it; lack of trust in healthcare professionals, not feeling listened to or understood by white professionals. Linked to other protected characteristics such as socioeconomic, participants may be employed to work shifts at irregular hours and may not have access to technology without a mobile phone.  Recent evidence highlights the lack of race and ethnicity representation within the health and social care workforce in Scotland. In a 2022 survey, 90% of staff identified as ‘White’, 2% as Asian, Scottish Asian or British Asian, and on average 1% each for other ethnic groups offered21.  We acknowledge the evidence that government bodies are not always viewed as trustworthy. This is the view among some under-represented groups, specifically described as affecting those from Gypsy, Roma and Traveller communities, other minority ethnic groups and documented and undocumented migrants13. We hope to provide a space with our learning system to raise concerns and communicate with related actors to build relationships towards better outcomes. |
| Neutral impact | | Limited evidence identified at time of publication. |

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| **Image result for multi faith png** | **Religion or Belief** | Think about people who follow particular religions, or none. For example: Judaism, Islam, Sikhism, Christianity. Are there particular beliefs or practices that are assumed or that may be impacted? |
| Positive impact | | When selecting dates for events we will consciously schedule to avoid religious dates. We design our data collection and analysis to be mindful and respectful of different religions and beliefs and how these might impact people’s experience of accessing mental health care. |
| Negative impact | | We recognise the diversity of audience in regard to religion and belief will be somewhat limited. For example, health and care staff in Scotland have predominantly self-identified as not belonging in a religion, religious denomination or body (50%) in 202221. 20% identified as Church of Scotland and 14% as Roman Catholic. 1% of staff identified as Muslim, with less than 1% each of staff identifying as other religions such as Hindu, Buddhist, Sikh, Jewish, and Pagan. |
| Neutral impact | | The PDIP will focus on learning from engaging and involving people with lived experience of personality disorder. The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation. |

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| Image result for gender equality png | **Sex** | Think about any differences for women compared to men, or vice versa.  [Convention on the Elimination of all forms of Discrimination Against Women](https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx) |
| Positive impact | | The PDIP will focus on learning from engaging and involving people with lived experience of personality disorder. The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation.  Our team aims to produce a safe space for all to participate in activities. The programme is implementing a human rights-based approach, ensuring it reflects on what works for different people. We host spaces in our learning system that respect attendees’ dignity and rights, offering multiple methods to contact the team and get involved. We provide recordings for our events and share resources on our webpage and by email where possible. This means individuals with child-caring responsibilities and or who work shifts, for example, can still take part in learning and information sharing. |
| Negative impact | | In this assessment we have carefully considered the potential barriers and inequalities related to sex that could impact participants of programme activities especially. This includes health and social care staff and people with lived experience.  Research has identified PD is predominantly diagnosed in women11 and that women are more likely to present to services than men12. As a result, the programme may feature limited reach in achieving engagement from people with lived experience who identify as men or non-binary.  Structural inequalities linked to women such as caring responsibilities may be societal barriers to engagement with PDIP work. Research has also indicated potential difficulties in engaging with men due to the associated stigma of a mental health diagnosis22. |
| Neutral impact | | Limited evidence identified at time of publication. |

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|  | **Sexual Orientation** | Think about people who are lesbian, gay or bi or who have another minority sexual orientation (for example, are not heterosexual / straight). Are there health inequalities or access barriers that should be considered and addressed? |
| Positive impact | | Limited evidence identified at time of publication. |
| Negative impact | | Research would indicate that those who comprise the LGBTQI+ community often face barriers in relation to access to overall health care services1. This is in conjunction with considerable evidence that would indicate elevated prevalence of common mental health issues among this group (for example, depression and anxiety). These barriers may be in part due to factors concerned with fear of disclosure or practitioner attitudes2. |
| Neutral impact | | The PDIP will focus on learning from engaging and involving people with lived experience of personality disorder. The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation. |

|  |  |  |
| --- | --- | --- |
| Image result for british pound png | **Socio-economic** | Think about people living on low incomes and / or in deprived areas. Consider this as a cross-cutting issue since people from some protected characteristic groups are more likely than the general population to experience poverty. |
| Positive impact | | Access to PDIP events will be free and access will be promoted through communications activity. No additional expenses for our events such as travel costs are required from participants due to remote delivery of work20. Consideration of potential travel costs to in person events will be taken by the team when designing sessions.  Any future event planning will continue to consider socioeconomic implications in its design to continue offering equitable access to engagement. The programme’s resources are available free of charge on our webpage and distributed by email. |
| Negative impact | | Research has indicated a link between protected characteristics such as race, sex and socioeconomic status. These are shared barriers to engagement and participation. Participants may have work commitments that limits their potential to attend PDIP events (shift working, limited time off work) and competing demands of time such as childcare or working multiple jobs6.  There is also evidence that would support the assumption that those from lower socioeconomic status or areas of deprivations are less likely to utilise health care services1 and more likely to experience trauma (such as adverse childhood experiences), which are linked to the development of personality disorders and poor mental health outcomes3,9,15,18. |
| Neutral impact | | Limited evidence identified at time of publication. |

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|  | **Island communities** | Think about people living on the Scottish islands. Does the work cover the islands as well as the mainland? What might be different for island communities? |
| Positive impact | | Delivery of the vast majority of PDIP work will be completed online with technology support to achieve successful virtual engagement. This approach allows for more accessible participation of people who may live and work in island communities and geographically more remote locations. |
| Negative impact | | Participants who reside in island communities may have concerns about stigma in engaging with our work. Potential for self-identification by participating in PDIP events may be prevalent in island communities with smaller population sizes, leading to hesitancy to participation. This has been highlighted by the work of Daly4, which highlighted the significant role of rurality on interactions with mental health services and that mental health stigma was a concern within these communities, particularly in Highland. |
| Neutral impact | | Limited evidence identified at time of publication. |

4. Overcoming negative impacts

Where it has been identified that the work has potential to adversely affect people who share one of the characteristics noted, or you think there are certain things you will need to do to ensure all relevant groups benefit equitably, provide details of what you will do to improve outcomes.

| Protected characteristic | | Actions | Person responsible |
| --- | --- | --- | --- |
| All characteristics | |  |  |
| Image result for family icon png | Age |  |  |
|  | Care experience | All PDIP events will be a safe space for participants to engage and share what they feel comfortable with.  We will be working with pathfinder NHS boards and encouraging them to engage with a lived experience -focused piece of work incorporating peer support and service user evaluation. | PDIP team |
| Image result for wheelchair png | Disability | PDIP will continue developing a trauma informed approach.  PDIP is aware of the prevalence of mental health comorbidities in this group (for example adverse childhood experiences and other mental health conditions) and aims to build empowering relationships across and between services and promote equality and equity in access to services through our work.  We will communicate event details in advance including what technology may be required. We will request participants to confirm if and what support they require in advance of events to allow for its organisation. Bespoke engagement sessions could be explored if specific support required, such as a British Sign Language (BSL) interpreter. | PDIP team |
| Image result for gender reassignment png | Gender reassignment |  |  |
| Image result for marriage icon png | Marriage/civil partnership |  |  |
| Related image | Pregnancy and maternity |  |  |
| Image result for race ethnicity icon png | Race | PDIP will provide a range of times for engagement activities - different days and/ or times whenever possible. Recordings of webinars will be available, and those unable to attend events are actively requested to engage with PDIP work via email to the portfolio’s inbox. | PDIP team |
| Image result for multi faith png | Religion or belief | PDIP will provide a range of times for engagement activities - different days and/ or times whenever possible. Recordings of webinars will be available, and those unable to attend events are actively requested to engage with PDIP work via email to the portfolio’s inbox. | PDIP team |
| Image result for gender equality png | Sex | PDIP will provide a range of times for engagement activities - different days and/ or times whenever possible. Recordings of webinars will be available, and those unable to attend events are actively requested to engage with PDIP work via email to the portfolio’s inbox. | PDIP team |
|  | Sexual orientation |  |  |
| Image result for british pound png | Socio-economic | PDIP will provide a range of times for engagement activities - different days and/ or times whenever possible. Recordings of webinars will be available, and those unable to attend events are actively requested to engage with PDIP work via email to the portfolio’s inbox. | PDIP team |
|  | Island communities | All participants will have access to privacy options during events, such as: keeping camera off, using chat box instead of microphone, and using initials or nickname instead of full name (unidentifiable details). | PDIP team |

5. Impact rating

Considering what you said in sections 3 and 4, provide an impact rating based on the degree to which the work may negatively impact on people who share one of the noted characteristics.

## Impact Rating Key

Low

There is little or no evidence that some people are (or could be) differently affected by the work.

Medium

There is some evidence that people are (or could be) differently affected by the work.

High

There is substantial evidence that people are (or could be) differently affected by the work.

| Protected Characteristic | | Low | Medium | High |
| --- | --- | --- | --- | --- |
| Image result for family icon png | Age |  |  |  |
| C:\Users\richardmc\AppData\Local\Microsoft\Windows\INetCache\Content.Word\noun_care_2152472.png | Care Experience |  |  |  |
| Image result for wheelchair png | Disability |  |  |  |
| Image result for gender reassignment png | Gender Reassignment |  |  |  |
| Image result for marriage icon png | Marriage/Civil Partnership |  |  |  |
| Related image | Pregnancy & Maternity |  |  |  |
| Image result for race ethnicity icon png | Race |  |  |  |
| Image result for multi faith png | Religion or Belief |  |  |  |
| Image result for gender equality png | Sex |  |  |  |
|  | Sexual Orientation |  |  |  |
| Image result for british pound png | Socio-economic |  |  |  |
| C:\Users\RosalindT\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\9I8QJIHV\Island icon-03.png | Island Communities |  | |  |

6. Stakeholder collaboration

Provide details of stakeholder collaboration and consultation.

Our [Public Involvement Team](mailto:his.contactpublicinvolvement@nhs.scot) can help you identify relevant national or local groups.

|  |  |  |
| --- | --- | --- |
| Name and job title | Organisation / Team | Contact details |
| Ashley Hose, Senior Improvement Adviser | Healthcare Improvement Scotland | his.transformationalchangementalhealth@nhs.scot |
| Tim Agnew, Co-chair | Scottish Personality Disorder Network (SPDN) | [Timothy.agnew@nhs.scot](mailto:Timothy.agnew@nhs.scot) |
| Emma Cormack, Policy Team Lead | Scottish Government | [Emma.Cormack@gov.scot](mailto:Emma.Cormack@gov.scot) |
|  |  |  |

7. Monitor and review

Regular reviews ensure that policy, procedure and practice is kept up to date, and meets the requirements of current equality legislation. Where a negative impact has been identified and remedial actions are being implemented, the person leading the work should define a timescale for review.

|  |  |  |
| --- | --- | --- |
| Identified issue | Person responsible | Review date |
|  |  |  |
|  |  |  |
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8. Evidence and research

Please detail the evidence you used as part of this assessment. This will help others understand what you have considered. You might use journal articles, reports / resources from organisations or testimony from people you have engaged in the work. You can attach lists if this is helpful.

Please only list or attach information that was used in this assessment.

|  |  |  |
| --- | --- | --- |
|  | Evidence & Research | Image result for attachment png |
| 1 | Alencar Albuquerque G, de Lima Garcia C, da Silva Quirino G, Alves MJ, Belém JM, dos Santos Figueiredo FW, et al. Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. BMC International Health and Human Rights. 2016(1):1-0. | [Link](https://doi.org/10.1186/s12914-015-0072-9) |
| 2 | Brooks H, Llewellyn CD, Nadarzynski T, Pelloso FC, Guilherme FD, Pollard A, Jones CJ. Sexual orientation disclosure in health care: a systematic review. British J Gen Pract. 2018;68(668):e187-96. | [Link](https://doi.org/10.3399/bjgp18X694841) |
| 3 | Cookson R, Propper C, Asaria M, Raine R. Socio‐economic inequalities in health care in England. Fiscal studies. 2016(3-4):371-403. | [Link](https://doi.org/10.1111/j.1475-5890.2016.12109) |
| 4 | Daly CL. Mental Health Services and Social Inclusion in Remote and Rural Areas of Scotland and Canada: A Qualitative Comparison [thesis]. The University of Edinburgh; 2014. | [Link](https://pure.uhi.ac.uk/en/studentTheses/mental-health-services-and-social-inclusion-in-remote-and-rural-a) |
| 5 | Friborg O, Martinussen M, Kaiser S, Øvergård KT, Rosenvinge JH. Comorbidity of personality disorders in anxiety disorders: A meta-analysis of 30 years of research. Journal of affective disorders. 2013 Feb 20;145(2):143-55. | [Link](https://pubmed.ncbi.nlm.nih.gov/22999891/) |
| 6 | George S, Duran N, Norris K. A Systematic Review of Barriers and Facilitators to Minority Research Participation Among African Americans, Latinos, Asian Americans, and Pacific Islanders. American Journal of Public Health. 2014;104(2). | [Link](https://doi.org/10.2105/AJPH.2013.301706) |
| 7 | Gregor P, Sloan D, Newell AF. Disability and Technology: Building Barriers or Creating Opportunities? Advances in Computers. 2005;64:283-346. | [Link](https://www.sciencedirect.com/science/article/abs/pii/S0065245804640071) |
| 8 | Hirschfeld RM. Personality disorders and depression: comorbidity. Depression and anxiety. 1999;10(4):142-146. | [Link](https://pubmed.ncbi.nlm.nih.gov/10690575/) |
| 9 | Hughes K, Lowey H, Quigg Z, Bellis MA. Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey. BMC public health. 2016:(1):1-1. | [Link](https://doi.org/10.1186/s12889-016-2906-3) |
| 10 | Memon A, Taylor K, Mohebati LM, Sundin J, Cooper M, Scanlon T, et al. Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. BMJ Open. 2016;6. | [Link](https://bmjopen.bmj.com/content/6/11/e012337) |
| 11 | National Institute for Health and Care Excellence (NICE). Borderline personality disorder: recognition and management. 2009 [cited 2024 September 27]; Available from: https://www.nice.org.uk/guidance/cg78 | [Link](https://www.nice.org.uk/guidance/cg78/resources/2018-surveillance-of-personality-disorders-nice-guidelines-cg77-and-cg78-4906490080/chapter/Surveillance-decision?tab=evidence) |
| 12 | National Institute for Health and Care Excellence (NICE). BPD Final Scope. 2007 [cited 2024 September 27]; Available from: https://www.nice.org.uk/guidance/cg78/documents/personality-disorders-borderline-final-scope2 | [Link](https://www.nice.org.uk/guidance/cg78/documents/personality-disorders-borderline-final-scope2) |
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9. EQIA sign off

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| Please ensure you retain a copy of the EQIA for your records and notify the Public Involvement Team that the assessment is complete.  [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot) |

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| If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact: [rosie.tyler-greig@nhs.scot](mailto:rosie.tyler-greig@nhs.scot) |

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| Project Lead | Ashley Hose |
| Sign-Off Date |  |

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We are happy to consider requests for other languages or formats.   
Please contact our Equality and Diversity Advisor on 0141 225 6999   
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