



Healthcare
Improvement
Scotland

An Equality Impact Assessment of

**Early Intervention in Psychosis Phase 2
(April 2021-March 2023)**

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Equality Impact Assessment of Early Intervention in Psychosis

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1. Introduction

Healthcare Improvement Scotland is required to assess the impact of applying a proposed new or revised policy, against the needs of the general equality duty, namely the duty to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it

The relevant protected characteristics are:

- age
- disability
- gender reassignment
- race
- religion and belief
- sex
- sexual orientation
- marriage and civil partnership (relates to the elimination of discrimination only)

The recommendations made in this report seek to improve equality and to help meet the specific needs of people with the relevant protected characteristics, where possible.

Our impact assessments also consider if the Early Intervention in Psychosis programme has the potential to impact on health inequalities.

Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age.

Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.

The potential impact of the Early Intervention in Psychosis programme on an individual's human rights has also been considered.

Giving due regard to these factors is also intended to help Healthcare Improvement Scotland to meet its duties under the Fairer Scotland Duty, which requires public bodies to reduce inequalities of outcome caused by socioeconomic disadvantage.

2. Aim/Purpose of the Early Intervention in Psychosis Programme

The Early Intervention in Psychosis programme is a programme work commissioned by the Scottish Government and led by Healthcare Improvement Scotland. The aim of this programme is to ensure that people presenting for the first time with psychosis anywhere in Scotland will have early access to evidence-based care and treatment.

To achieve this, we will:

- Engage with people with lived experience of psychosis
- Design and deliver services
- Collect evidence and data
- Build capacity and capability
- Share learning

2. Assessment of impact

Psychosis develops due to an interaction between several biological, psychological and social factors occurring over a given period. It is widely agreed that stress vulnerability models provide the best framework to explain how these interact and trigger psychosis.

It is possible that gene environment interactions hold the key as to why social and psychological **adversity** (growing up in an urban environment, being part of an **ethnic minority group**, experiencing child abuse) may increase risk of a first episode of psychosis. There is increasing evidence that structural inequalities (for example, enduring **racial discrimination or social marginalisation** such as **homelessness**) significantly increase risk of psychosis.

First episode psychosis typically occurs between late teens and mid-thirties with **¾ of men and ⅔ of women** experiencing their first episode before age 35. Early intervention in psychosis services typically treat those with symptoms of psychosis **aged 16-35 years**. EIP services however need to be sensitive to the needs of people presenting outwith this age range.

Diagnosis in the early stages of psychosis can be unreliable. In keeping with a recovery focused approach, most services delay formal diagnosis, embrace diagnostic uncertainty and view psychosis on a continuum. This offers the advantage of being less stigmatising and fostering hope.

People with psychosis have high prevalence rates of depression, social anxiety and trauma. The most clinically complex comorbidities tend to be Autism Spectrum disorder, personality disorder and substance misuse.

If untreated or poorly treated, psychosis can become a long-term condition with high levels of relapse, high rates of hospital admission, increased compulsory detention, and a range of other health problems.

People with psychosis are multiply disadvantaged and live about 15-20 years less than the general population, largely because of cardiovascular impacts such as diabetes and obesity, partly contributed to by anti-psychotic medication.

The purpose of the Early Intervention in Psychosis programme is to address the variation in provision across Scotland for people affected by first episode psychosis. There are anecdotal reports of increases in psychosis presentations during the coronavirus pandemic.

Evidence gathered about the experience of those people who might be impacted:

- Research evidence
- Lived experience engagement activity including workshops led by lived experience engagement project worker
- Information from service providers via the needs assessment visits
- Feedback and evaluation from engagement with key stakeholders

Research indicates there is evidence of barriers to accessing services for people from minority groups – particularly BAME communities. Barriers include: not knowing there is help or where to access help; language barriers; financial barriers; lack of trust in healthcare professionals, not feeling listened to or understood by white professionals. <https://bmjopen.bmj.com/content/6/11/e012337>. People may face physical difficulties accessing services due to physical health needs and there may be some potential barriers for access for people who present with substance use.

Engagement activities that have taken place to gather evidence and understand people's experiences:

- Needs Assessment visits to all 14 territorial boards
- Workshops in two accelerator sites (Argyll & Bute and Forth Valley)
- Establishment of local lived experience reference groups in accelerator sites
- National Lived Experience Reference Group meetings
- Contribution of a paid lived experience co-chair on EIP Advisory Group
- Membership of people with lived experience on advisory group
- Commissioning of Support in Mind Scotland to undertake engagement
- Delivery of national EIP Network events and a wider EIP Learning System
- Employment of a public involvement advisor

Due to the impact of COVID-19 most of our work has moved online. This has positive and negative consequences for engagement with people.

4. Recommendations for change

The following actions are recommended.

1. Engage with a more diverse group of people with lived experience of psychosis

We know that some populations are more adversely affected by psychosis, but not all groups are currently represented in our engagement activities. We need to ensure appropriate support is given to younger people to facilitate their representation in the EIP programme.

2. **Explore experiences of diverse groups of people when accessing services to identify key barriers.** From this work we can build in improved information on services and access pathways for people from minority communities. Training for healthcare staff on the need to ensure services are culturally sensitive, equitable and actions are taken to reduce barriers will be developed. We also commit to understanding the experiences people have in accessing services across Scotland, recognising the variation in provision for people and the likelihood that experiences will be different depending on the area in which someone lives.

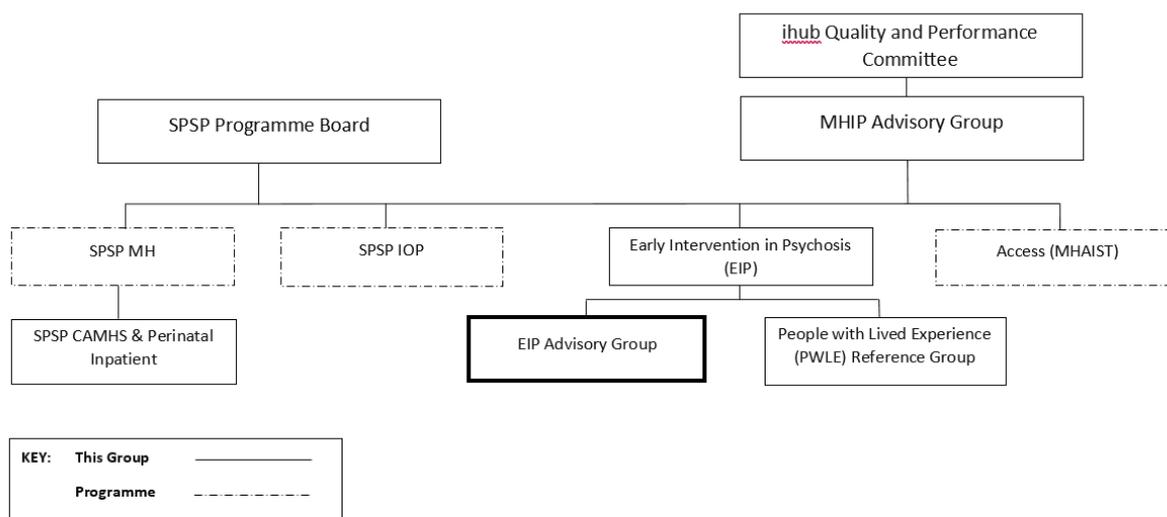
3. **Provide expenses to support people with lived experience to take part in the work.** From our work in phase one of EIP, we know there may be various and complex reasons people with lived experience do not participate, or do not continue with participation in healthcare improvement programmes. Some of these reasons may be due to impact on family, health or wellbeing (Lindsay 2021). We also know that this group can be affected by digital inequalities and exclusion. The EIP programme will ensure actions are taken to support engagement for people with lived experience to take part in this work, in relation to digital access and wellbeing for individuals.

We do not believe that the changes recommended will create any new, adverse, impacts.

5. Monitoring and review

This work will be monitored within the governance structures of Healthcare Improvement Scotland. Guidance, support and advice will be provided by the Early Intervention in Psychosis (EIP) Advisory Group, Mental Health Improvement Portfolio (MHIP) Advisory group and the Lived Experience Reference Group. A report on the Early Intervention in Psychosis programme will be submitted to Scottish Government in March 2023.

Mental Health Improvement Portfolio and Early Intervention in Psychosis Structure



6. Who carried out the impact assessment

Impact assessment completed by - Steven Robertson, Programme Manager (MHIP).

EQIA completed by – April Masson, Senior Improvement Advisor,
Steven Robertson, Programme Manager,
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EQIA reviewed by – Rosie Tyler-Greig, Equality and Diversity Advisor

7. Contact Information

If you have any comments or questions about this report, or if you would like us to consider producing this report in an alternative format, please contact our Equality and Diversity Advisor:

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