Healthcare Improvement Scotland

# Equality and Human Rights Impact Assessment (EQIA) for Scottish Patient Safety Programme Mental Health (SPSP)

November 2025

Version 2

**Name: Scottish Patient Safety Programme Mental Health EQIA**

**Directorate: Community Engagement & Transformational Change**

**Team: Scottish Patient Safety Programme Mental Health, Transformational Change – Mental Health**

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# Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the 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.
- Advance equality of opportunity between people who share a protected characteristic 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 by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- 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 or have transitioned out of these arrangements.
- Per the UNCRC (Incorporation) (Scotland) Act 2024 Healthcare Improvement Scotland must ensure that its activities are compatible with UNCRC requirements.
- If the work will impact islands communities please follow the guidance from Scottish Government here: Island communities impact assessments: guidance and toolkit - gov.scot (www.gov.scot). Island communities are included within this impact assessment template.

# EQIA overview

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| **Status** | New ☐ | Existing ☒ |
| Aim(s) | The Scottish Patient Safety Programme Mental Health (SPSP MH) aims to enhance mental health services across Scotland by implementing the Core Mental Health Standards and supporting NHS Scotland Boards and Health and Social Care Partnerships to improve the safety and reliability of care and reduce harm. Underpinned by SPSP methodology and the Essentials of Safe Care, the programme also builds upon work of the previous collaborative, such as implementation of the Observation to Intervention Framework. In 2025-2027 the programme is running a collaborative with boards across Scotland, to improve quality and safety at points of transition between secondary mental health services. The programme will also support Time, Space, Compassion with regards to improving person-centred and people-led safety planning and management, in response to the findings of the National Confidential Enquiry into Serious Harms (2025). This work will be supported by a national learning system, with the aim of facilitating shared learning as part of the programme and knowledge. | |
| Intended Outcome(s) | The SPSP MH work will be delivered through the following activities:<br>• Build upon previous work within perennials for Scottish Patient Safety Programme for Mental Health (for example Observation to Intervention).<br>• Support the development and implementation of local improvement plans developed in response to the Core Mental Health Standards local assessment.<br>• Participation in Healthcare Improvement Scotland's Quality Management System for Mental Health (QMS MH). | |

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

# Advancing equality

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| **Age** | Age is an important factor in understanding the risks and needs around mental health care transitions. Whilst children and young people's services are not directly within the scope of this SPSP MH work, it is important to recognise that there may be occasions where teams working within the programme receive referrals from paediatric services and therefore accommodate a young person for a period of time. For young people, moving from child and adolescent services into adult care is a particularly vulnerable time, with research highlighting emotional challenges, the need for better preparation, and stronger involvement of carers [1].<br><br>As this is external-facing work aimed at system improvements, the main beneficiaries for this programme are intended to be adults who move between and out of mental health services. As we consider safety at point of transition for working-age adults, studies show that community-based services experience a wide range of patient safety incidents, from medication errors to self-harm and suicide, with contributory factors including workload pressures and gaps in coordination of care [2].<br><br>Other studies on discharge and follow-up, including peer support and continuity of care models, focus mainly upon adults and show that maintaining relationships after discharge can reduce readmissions and improve engagement [3, 4].<br><br>The programme's engagement will be with the NHS workforce and those they serve and support. All health board areas will, as part of the programme, be encouraged to seek the views of people who both use and provide services.<br><br>The median age of the people employed in NHS Scotland on 31 March 2024 was 44 [5]. Engagement with 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.<br><br>Most adults in Scotland have access to the technology and tools required to attend virtual events, with 91% of households confirming home internet access in 2023[6]. |
| Positive impact | This programme is designed to support NHS employees to make positive improvements at the points of transitions in |

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| | mental health care and treatment. The focus on engagement will be predominantly 18- to 60-year-olds in Scotland. If the programme achieves its outcomes, then people of different ages should all experience some positive impacts.<br><br>HIS team members involved in co-ordinating the programme have identified the need for engagement of people with lived and living experience.<br><br>HIS team members will assist any board area employee/s seeking ways to engage with people with lived and living experience in open and accessible ways, with options which do not rely on digital connections. |
| Negative impact | If interventions are designed mainly around adult services, younger people may find them less relevant or that they are not tailored to younger people's development needs. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their experiences, identities and journeys. |

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| **Care Experience** | Growing up with adverse childhood experiences (ACEs) such as abuse, neglect, community violence, homelessness or living with adults experiencing mental health issues or harmful alcohol or drug use can have a long-lasting effect on our lives. Psychological trauma and adversity experienced in childhood can significantly increase the risk of long-term negative impacts on physical and mental health and wellbeing [7].<br><br>For children, young people and adults with care experience, these risks are often more pronounced. They are significantly more likely to experience mental health difficulties, including higher rates of psychiatric consultations, hospitalisations, substance and process addictions and prescriptions for centrally acting medications, particularly antidepressants [8]. Notably, hospitalisations related to depression increase after young people leave care, highlighting the vulnerability of this |

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| | transition period [8]. Becoming an adult can be both exciting and challenging, but for care experienced individuals, the absence of stable, trusting relationships and consistent support can make this transition especially difficult [8]. The sharp rise in mental health needs after leaving care underscores the importance of continued, coordinated support well beyond the point of legal adulthood, ensuring that young people are not left to navigate complex mental health systems alone.<br><br>While not seeking to identify individuals who have care experience, this programme of work will recognise the life-long impact of family separation and dislocation, especially concerning life transition points such as becoming a parent, and the impacts on life chances associated with ACEs and unresolved loss and grief for people with care experience. |
| Positive impact | This programme seeks to build further understanding and improve service provision, by testing change ideas which aim to reduce instances of suicide and self-harm when moving between and out of services. This will include considering the experiences of and engaging with people who have lived experience of multiple ACEs. some of whom will be care experienced, recognising potential life-long impact. |
| Negative impact | Involvement in the SPSP MH program might be challenging for some individuals as it may bring up past experiences and trauma for some individuals. Care and consideration will be required by HIS staff in their work directly or indirectly with people who may, or may not, identify as being care experienced. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their experiences, identities and journeys. |

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| **Disability** | In Scotland, disabled people experience significantly lower levels of mental wellbeing compared to non-disabled people, with disproportionately higher rates of depression, anxiety, and severe mental illness [9].<br><br>The Scottish Government's Mental Health Strategy EQIA recognises that mental health conditions can be classified as disabilities under the Equality Act 2010 when they have a long-term impact on daily life [10]. Despite this recognition, many disabled individuals report that their experiences are not always acknowledged or taken seriously when accessing mental health services [11].<br><br>Barriers to access are particularly pronounced in rural areas and among those affected by digital exclusion. Additionally, a lack of inclusive communication remains a persistent issue, with survey data indicating that up to 41% of disabled people struggle to access health information in formats that meet their needs [11].<br><br>These challenges are especially critical at points of transition between services, where safety and continuity of care can be compromised if accessibility and communication needs are not adequately addressed. |
| Positive impact | SPSP MH engagement will be completed through virtual settings such as online webinars and workshops and will produce accessible materials using HIS guidelines (e.g. HIS Reasonable Adjustment Passport Guide) to reduce existing barriers to access. The programme's project management team will ensure technology assisted meeting accessibility. When engagement is held in person, SPSP MH team will follow good practice in using a range of approaches to tackle literacy, hearing and other requirements. |
| Negative impact | A potential limit of adaptations available for use by the project team may require further exploration, for example if a British Sign Language (BSL) interpreter is required. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their experience, identities and journeys. |

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| **Gender Reassignment** | An overwhelming 96% of transgender young people reported experiencing a mental health concern or related behaviours, with particularly high rates of anxiety (84%), stress (72%), and depression (74%) [12].<br><br>One of the significant contributing factors is minority stress. For trangender people, this includes enduring stigma, prejudice, discrimination, bullying, and the pressure to conceal their identities in environments that may be hostile or unwelcoming [13]. The psychological toll of these experiences can be profound. In one study, more than half of transgender people (52%) reported having considered suicide [14], underscoring the urgent need for supportive interventions.<br><br>Many transgender people also face problems when trying to get healthcare. Almost two in five transgender people (37 per cent) have avoided healthcare treatment for fear of discrimination [14]. With nearly three in five transgender people (59 per cent) have experienced healthcare staff having a lack of understanding of specific transgender health needs [14].<br><br>While access to gender-affirming medical interventions has been shown to significantly improve the mental health of transgender people. However, there are frustrations with the long waiting times, continued dysphoria and lack of communication, which contributes to worsened mental health outcomes [13]. Addressing these systemic issues is essential to ensuring that transgender individuals receive the compassionate, informed, and timely care they deserve. |
| Positive impact | We will endeavour to ensure service change and improvement results in a positive impact for transgender people accessing services and takes into consideration the mental health profiles that are documented. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their identities and journeys. |
| Negative impact | Involvement in the SPSP MH program might be challenging for some individuals as it may bring up past experiences and trauma for some individuals. |

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| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. |

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| **Marriage and Civil Partnership** | Being in a happy marriage or a stable, supportive relationship has been shown to positively influence mental wellbeing. Research indicates that high-quality relationships are linked to reduced stress levels and lower rates of depression [17].<br><br>Equally, studies have found that negative social interactions and relationships, especially with partners/spouses, increase the risk of depression, anxiety and suicidal thoughts [17]. |
| Positive impact | No positive impacts were identified. |
| Negative impact | No negative impacts were identified. |
| Neutral impact | This programme of work is unlikely to have any impact on marriage or civil partnerships, as factors in accessing support for mental health conditions. |

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| **Pregnancy and Maternity** | The pregnancy and maternity period is associated with an increased risk of mental disorders in women and birthing people prenatally and postnatally. This is the case regardless of a person having had previous problems. Suicide is the leading cause overall of maternal and birthing person deaths in the first year [13]. An estimated 20% of mothers and 10% of fathers experience poor mental health in the perinatal period [18]. Common perinatal mental health conditions include perinatal depression, perinatal anxiety, perinatal obsessive-compulsive disorder (OCD), postpartum psychosis and postpartum PTSD [13].<br><br>Stigma around perinatal and infant mental health can appear as judgment or lack of understanding from others, including health professionals [18]. Parents may feel ashamed or weak for struggling, especially when expected to be happy. This can prevent them from seeking help [18].<br><br>Evidence highlights considerable variation in the levels of knowledge and confidence on perinatal mental health needs, treatments, referral pathways and the role of other |

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| | professionals amongst health care professionals, especially for conditions other than postnatal depression [13]. |
| Positive impact | This programme will work with services who look after new parents and take the awareness of the specific needs of new parents during the first year of their infant's life across the programme.<br><br>Particularly, the programme will consider the out of area care provision provided to parents living in rural or island board areas and the impact which this can have on safety at the points of transition.<br><br>HIS will share the learning from the above stated work to promote best practice for treatment within pregnancy and maternity mental health care within the overall settings of inpatient, community and third sector care and treatment. |
| Negative impact | No negative impacts were identified. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their experiences, identities and journeys. |

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| **Ethnicity** | The Racial Inequality Scotland Report 2021 suggests that minority ethnic people in Scotland have been underrepresented in research into mental health. Therefore, there is not a clear picture presently of the mental health inequalities experienced by people from different minority ethnic groups.<br><br>The 2022 Scottish Mental Health Inpatient Census found that 73% of patients identified as White Scottish, with 19% of patients identified as Other White, while Asian, Asian Scottish or Asian British made up 2% of the census, and African, African Scottish or African British made up a further 1% [19].<br><br>However, recent studies have shown that minority ethnic communities are affected by a large number of social stressors which can impact mental health [20]. These include experiences of racism and discrimination, minority |

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| | stress, disproportionate likelihood of living in poverty, experiences of migration and experiences of generational trauma and exclusion [20,21].<br><br>One study has found that people from minoritised ethnic communities living in Scotland faced many challenges in accessing mental health treatment. This included support ranging from negotiating the asylum process, overcoming the stigma of a mental health difficulty, a primary care service that did not appear to understand their difficulties, and issues around language and interpreters [22]. |
| Positive impact | Through our work we will ensure areas are aware of the specific challenges and barriers facing minority ethnic communities in Scotland and endeavour to ensure service change and improvement constitutes an improvement for these communities. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their experiences, identities and journeys.<br><br>When engaging with people with lived and living experiences, the programme aims to overcome potential power imbalances through its makeup of a diverse working group. |
| Negative impact | No negative impacts were identified. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. |

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| **Religion or Belief** | While there is a lack of evidence relating to faith and belief and mental health in Scotland, there is evidence that being part of a community of support and guidance can be a positive impact on mental health [13]. Religion is associated with greater hope, optimism and life satisfaction, less depression and faster remission of depression, lower rates of suicide, and reduced prevalence of drug and alcohol abuse [23]. More than half of the young Muslim respondents in a 2021 report said they are likely to turn to faith when experiencing mental health struggles [24]. |

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| | However, there are significant experiences of discrimination and hate crime experienced by some religious groups in Scotland, which can negatively impact mental health such as depression and heightened levels of anxiety and suicidal thoughts. This includes Islamophobia and antisemitism [13]. The role of discrimination against religious minorities is highlighted as a barrier to being aware of the help that is available [25]. Sources also note language barriers can also be an issue which could restrict access to services to people from some religious groups [22]. |
| Positive impact | The programme team will design data collection and analysis to be mindful and respectful of different religions and beliefs and how these might impact people's experience of accessing and supporting mental health care. Participating teams will be encouraged to consider and explore cultural understandings of mental health throughout this work. |
| Negative impact | We recognise that the diversity of the programme's audience and stakeholders regarding religion and belief will be somewhat limited. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their experiences, identities and journeys. |

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| **Sex** | The programme team have carefully considered the potential barriers and inequalities related to sex that could impact participant to the programme and explored the differences different sexes experience mental health.<br><br>There are indications from data sources in Scotland and the rest of the UK that women are more likely to experience mental health concerns than men [13]. While women are more likely to have attempted suicide than men, men are at much higher risk of dying by suicide [26]. During the period 2011-2017, men accounted for 73% of the probable suicide deaths recorded in Scotland [27]. |

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| | In the UK, men are less likely to access psychological therapies than women with 36% of referrals to NHS talking therapies in England for men [28]. Similarly, data on mental health prescribing from Public Health Scotland shows that medicines are dispensed to women more than to men. 65% of patients who received antidepressant treatment are female, while 35% were male[29].<br><br>Evidence shows that men underuse mental health services due to barriers associated with stigma and difficulty in recognising mental health conditions [30]. One study found that men perceived services to focus more on the needs of women with a lack of male mental health practitioners[30].<br><br>People who identify as transexual or intersex often have challenges to their mental health, exacerbated by barriers to accessing healthcare and other support services [15]. |
| Positive impact | By taking into consideration the specific context for men and women we will potentially improve experiences for people accessing services in a way that includes gender specific challenges/barriers/experiences. |
| Negative impact | No negative impacts were identified. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics and / or specific circumstances or intersecting characteristics. We advised boards to include people with lived experience and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics and respecting their experiences, identities and journeys. |

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| **Sexual Orientation** | Research has shown that those who comprise the LGBTQI+ community have poorer mental health, compounded by barriers to accessing healthcare and other services [15]. Experience of both depression and anxiety are very common, and in one study most LGBTQI+ people indicated that they had suffered from both [16]. A common theme for all LGBTQI+ identities is the struggle to work out their sexual orientation and/or their gender identity, and the toll this period has on their mental health [16].<br><br>It is also acknowledged that poor mental health can lead to unhealthy coping mechanisms, such as higher rates of drug and alcohol use and other risk behaviours among LGBTQI+ populations. Many sources revealed a high prevalence of |

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| | suicidal thoughts and behaviours among LGBTQI+ people, with one in six LGBTQI+ people have deliberately harmed themselves in the last year [14].<br><br>Although there were huge frustrations at the long waiting times for mental health services and concerns about the appropriateness of some mental health services, appropriate counselling and medication were also felt to be very beneficial for improved mental health for many people [16]. One study found that across all LGBTQI+ groups there was much reliance on third sector providers for counselling and support, many of which were dedicated LGBTQI+ services [16]. |
| Positive impact | Considering the above context in our work and sharing this information with partner sites should work to ensure that service changes and improvements constitute an improvement for LGBTQI+ people accessing services from the NHS and from the third sector. We advised boards to include people with lived experience when discussing and scoring the local assessments and to be inclusive and diverse, whilst engaging with people across different backgrounds and protected characteristics. |
| Negative impact | No negative impacts were identified. |
| Neutral impact | The programme's work aims to be inclusive and diverse, engaging with people across different backgrounds and protected characteristics. |

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| **Socio-economic** | Section 6 of Mental Wellbeing Strategy identifies poverty as “the single biggest driver of poor mental health” and actively seeks to address these inequalities through the strategy [31]. However, living with mental health needs can increase the risk of poverty and living in poverty can have a negative impact on mental health outcomes. These circular links have been evident through the COVID-19 pandemic and the current cost-of-living crisis [32], causing additional stress and anxiety on people. Based on a Royal College of Physicians survey in April/May of 2022, 16% of those surveyed said that they had been told by a doctor or health professional in the past year that stress caused by rising living costs had worsened their health [33].<br><br>Research has shown that people living in the most deprived of areas of Scotland were almost twice as likely to experience psychological distress as those in the least |

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| | deprived areas [32]. Adults living in the most deprived areas were around two to four times as likely to report ever having attempted suicide [34].<br><br>People living on low incomes and/or in deprived areas can face additional barriers when accessing services. These include mental health stigma, lack of signposting and access to information, and geographical inequality in access [34]. One study found that the cost-of-living crisis was a barrier to mental health services for people living in rural areas due to worry of the cost of public transport links to get to in-person services [35]. Within rural areas, lack of access to suitable public transport and hidden pockets of rural deprivation can exacerbate inequalities [36]. |
| Positive impact | All SPSP MH events will be free, and the programme team will promote these events through HIS communication channels. Participants will not suffer from any additional expenses, such as travel costs, as our events are delivered remotely or by the HIS team member visiting the health board area. |
| Negative impact | No negative impacts were identified. |
| Neutral impact | Future event planning will continue to address socioeconomic factors to ensure equitable access for all participants. The program's resources are available at no cost on the HIS website and will be distributed via email. |

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| **Island communities** | Rural Scotland’s communities and dwellings accounts for 17% of the total population in Scotland and has consistently done so since 2011. In contrast to the population distribution, rural Scotland accounts for 98% of the land mass in Scotland (70% in remote rural and 28% in accessible rural) [36].<br><br>There are common challenges faced by people on the Scottish islands and in rural areas. Lack of affordable and timely travel options reduces access to services, especially specialist services, and can create a barrier to treatment and care.<br><br>This can include reduced access to GP surgeries and other inpatient and outpatient healthcare facilities (including mental health services), as well as other key services such as shops, post offices, cash machines and banking services, due to travel distances and costs [36]. |

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| | A lack of access to affordable and timely public transport is also a factor in rural areas. The 2017 Scottish Rural Mental Health Survey indicated that challenges with public transport are a barrier to receiving proper care, especially for those self-reporting suicidal thoughts and feelings and self-harming behaviour, leading to a "layering" of isolation factors [35].<br><br>Stigmatising attitudes to mental health can act as a barrier to accessing support in some areas. Due to smaller communities, respondents of the Rural Mental Health Survey expressed a lack of privacy and confidentiality and a level of judgement from the surrounding communities whilst trying to access mental health services [35]. |
| Positive impact | Engagement with the SPSP MH programme will mostly be conducted online though Microsoft Team meetings and webinars. This approach allows for more accessible participation of people who may live and work in island communities and locations at some distance from specialist care. |
| Negative impact | No negative impacts were identified. |
| Neutral impact | No neutral impacts were identified. |

# Overcoming negative impacts

| **Protected characteristic** | Actions | Person responsible |
|---|---|---|
| All characteristics | All SPSP MH events will be a safe space for participants to engage and share what they feel comfortable with.<br><br>The SPSP MH team will provide a range of times for engagement activities - different days and/ or times whenever possible.<br><br>All staff involved in the SPSP MH programme will be trauma-informed and will complete relevant online training modules to ensure sensitive and inclusive engagement.<br><br>All communications and interactions from the programme team will avoid the use of stigmatising language, ensuring respectful and affirming dialogue throughout the programme. | SPSP MH Team |
| **Age** | The programme will offer a range of engagement formats—including online, offline, and community-based options—to ensure accessibility and relevance for participants of all ages. | SPSP MH Team |
| **Care experience** | Individuals with lived experience will be supported during interviews by trained support workers to help safeguard their wellbeing throughout the process. | Participating teams within the SPSP MH |
| **Disability** | The SPSP MH team will provide event details in advance to enable the requests for participants to confirm if and what additional support they require to attend the event. This will help secure all requests can be accommodated before the event. | SPSP MH Team |

| Protected characteristic | Actions | Person responsible |
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| **Gender reassignment** | Individuals with lived experience will be supported during interviews by trained support workers to help safeguard their wellbeing throughout the process. | Participating teams within the SPSP MH |
| **Marriage/civil partnership** | | |
| **Pregnancy and maternity** | | |
| **Race** | | |
| **Religion or belief** | The SPSP MH team will use equality monitoring forms, where appropriate, to understand if people from particular groups are underrepresented in engagement activities we support. | SPSP MH Team |
| **Sex** | | |
| **Sexual orientation** | | |
| **Socio-economic** | | |
| **Island communities** | | |

# Impact rating

***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 |
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| **Age** | ✓ | | |
| **Care experience** | ✓ | | |
| **Disability** | | ✓ | |
| **Gender reassignment** | ✓ | | |
| **Marriage/civil partnership** | ✓ | | |
| **Pregnancy and maternity** | ✓ | | |
| **Race** | ✓ | | |
| **Religion or belief** | ✓ | | |
| **Sex** | ✓ | | |
| **Sexual orientation** | ✓ | | |
| **Socio-economic** | ✓ | | |
| **Island communities** | ✓ | | |

# Stakeholder collaboration

| Protected characteristic | Organisation / Team / Person | Contact details |
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# Monitor and review

| Identified issue | Person responsible | Review date |
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# Evidence and research

| No. | Evidence and research |
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| 2. | Averill P, Sevdalis N, Henderson C. Patient safety incidents within adult community-based mental health services in England: A mixed-methods examination of reported incidents, contributory factors, and proposed solutions. Psychological medicine. 2025;55:8. |
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| 5. | NHS Education for Scotland. NHS Scotland Workforce. 2024 [cited 2025 March 17]; Available from: https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/13-august-2024-workforce/annual-report/ |
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| 11. | Glasgow Disability Alliance. Supercharged: a human catastrophe. 2020. [cited 2025 September 05]; Available from: https://gda.scot/resources/supercharged-a-human-catastrophe/ |
| 12. | LGBT Youth Scotland. Life in Scotland for LGBT young people. 2018. [cited 2025 September 08]; Available from: https://www.lgbtyouth.org.uk/media/1354/life-in-scotland-for-lgbt-young-people.pdf |
| 13. | Scottish Government. Mental Health Equality Evidence Report 2023. 2023. [cited 2025 September 08]; Available from: https://www.gov.scot/publications/mental-health-wellbeing-delivery-plan-2023-2025/documents/ |
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# Appendix A

## UNCRC Checklist

If your proposal does not affect children and young people do not complete this section.

If your proposal affects children and young people, use the evidence you have collected to explain how your proposal could impact Children's Rights. Not all UNCRC rights may apply to your proposal. If this is the case, simply say 'Not relevant' or 'no known relevance'.

***although not a focus of the programme - this section has been completed as it is recognised that some children are admitted to adult wards within Scotland and therefore relevant to consider how this is addressed within the SPSP MH programme***

| UNCRC Right | How will your work limit or restrict this right? | How will your work progress this right? | Are any groups of children particularly impacted? |
|---|---|---|---|
| **3. Best interests of the child** | No restrictions identified | Consider including under 18 and young people in inpatient services. | Detained young people and young people who are in patients in mental health, substance use or eating disorder facilities. |
| **4. Making rights real** | No known relevance | Consider whether children who are detained are aware of their rights | Detained young people and young people who are in patients in mental health, substance use or eating disorder facilities. |
| **5. Family guidance as children develop** | No restrictions identified | Consider the views of family in our work. | Young people in inpatient care and their families/ carers |
| **6. Life, survival and development** | No restrictions identified | Completion of trauma informed training | All young people in mental health services. |

| UNCRC Right | How will your work limit or restrict this right? | How will your work progress this right? | Are any groups of children particularly impacted? |
|---|---|---|---|
| **7. name and nationality** | No known relevance | No known relevance | No known relevance |
| **8. identity** | No restrictions identified | Person centred risk management / safety planning/ care planning | Young people in transition between services. |
| **9. Keeping families together** | Out of area placements may limit family contact | Consider out of area placements for children and young people. | Child and young people placed away from home. |
| **10. Contact with parents across countries** | No known relevance | No known relevance | None identified. |
| **11. Protection from kidnapping** | No known relevance | No known relevance | None identified. |
| **12. Respect for children's views** | No restrictions identified | Person centred risk management / safety planning/ care planning | Children and young people in mental health services. |
| **13. Sharing thoughts freely** | No restrictions identified | Person centred risk management / safety planning/ care planning | Children and young people in inpatient and community care. |
| **14. Freedom of thought and religion** | No restrictions identified | Person centred risk management / safety planning/ care planning | Children and young people from minority faith groups. |
| **15. Freedom of association and peaceful assembly** | No known relevance | No known relevance | None identified. |
| **16. Protection of privacy** | No restrictions identified | Completion of information governance training | Detained young people and young people in inpatient settings. |

| UNCRC Right | How will your work limit or restrict this right? | How will your work progress this right? | Are any groups of children particularly impacted? |
|---|---|---|---|
| **17. Access to information** | No restrictions identified | Completion of information governance training | Children with a disability / disabilities and children with care experience. |
| **18. Responsibility of parents** | No known relevance | No known relevance | None identified. |
| **19. Protection from violence** | No restrictions identified | Awareness of national measure | Detained young people, children with experience of restraint. |
| **20. Children without families** | No restrictions identified | Equality and diversity considerations will include children in care or without stable family support, recognising their increased risk. | Children and young people who are care experienced. |
| **21. Children who are adopted** | No known relevance | Equality and diversity considerations will recognise adopted children and young people as being at increased risk. | None identified. |
| **22. Refugee children** | Language barriers and cultural exclusion may resist access. | Consideration given to equality and diversity | Refugee and asylum seeking children. |
| **23. Disabled children** | Barriers may arise from digital exclusion or inaccessible communication. | Programme will promote accessibility and reasonable adjustments to | Children and young people with disabilties. |

| UNCRC Right | How will your work limit or restrict this right? | How will your work progress this right? | Are any groups of children particularly impacted? |
|---|---|---|---|
| | | ensure disabled children's needs are met. | |
| **24. Enjoyment of the highest attainable standard of health** | No known relevance | No known relevance | None identified. |
| **25. Review of a childs placement** | No known relevance | No known relevance | None identified. |
| **26. Social and economic help** | No known relevance | No known relevance | None identified. |
| **27. Food, clothing and safe home** | No known relevance | No known relevance | None identified. |
| **28. Access to education** | No known relevance | No known relevance | None identified. |
| **29. Aims of education.** | No known relevance | No known relevance | None identified. |
| **30. Minority culture, language and religion** | Language and stigma may restrict access. | Programme will promote inclusive, culturally competent care that respects children's cultural linguistic and religious backgrounds. | Minority ethic children, children from minority faith groups. |
| **31. Rest, play, culture, arts** | No known relevance | No known relevance | None identified. |
| **32. Protection from harmful work** | No known relevance | No known relevance | None identified. |
| **33. Protection from harmful drugs** | No known relevance | No known relevance | None identified. |

| UNCRC Right | How will your work limit or restrict this right? | How will your work progress this right? | Are any groups of children particularly impacted? |
|---|---|---|---|
| **34. Protection from sexual abuse** | No restrictions identified | Programme staff complete child protection training | Children and young people in care, detained young people. |
| **35. Prevention from sale and trafficking** | No known relevance | No known relevance | None identified. |
| **36. Protection from exploitation** | No known relevance | No known relevance | None identified. |
| **37. Children in detention** | Restrictive practices such as restraint may limit rights. | Consider whether children who are detained are aware of their rights.<br><br>Potentially sharing the work of Aberlour Children's home in eradicating restraint. | Programme will ensure detained young people are aware of their rights and share learning from work aimed at eradicating restraint. |
| **38. Protection in war** | No known relevance | No known relevance | None identified. |
| **39. Recovery and reintegration** | No known relevance | No known relevance | None identified. |

# EQIA sign off

Please ensure the project lead is satisfied with the assessment and that you retain a copy for your records

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact the Equality, Inclusion and Human Rights Manager rosie.tyler-greig@nhs.scot

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|---|---|
| **Project lead** | Scott McBride |
| **Sign-off date** | 21/11/2025 |

Published | November 2025

Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

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