

Service Change Equality Analysis

Service(s) Under Review: Serenity Integrated Mentoring (SIM) London
Date of Equality Analysis:
Timescale for proposed changes:
Equality Analysis Lead Person & Job Title: Rachel Matheson Service Manager for Mental Health
<p>Overview of Current Service</p> <p>Oxleas NHS Foundation Trust provides a range of mental health services within the boroughs of Greenwich, Bexley and Bromley. The SIM project will be based within the Community Mental Health teams in Greenwich, initially within the East locality. The sub-teams (ICMP, ADAPT and PCP) will work with service users who will be part of the SIM cohort, along with the Early Intervention in Psychosis team (EIP).</p> <p>Overview of proposed Service changes</p> <p>SIM London focuses on the small number of people that are high intensity users of S136 of the Mental Health Act and associated crisis services including ambulance, police, mental health and emergency care. The main aim is to reduce S136 occurrences for these individuals.</p> <p>S136 provides emergency powers for the police to deprive a person of their liberty for up to 24 hours, if the person is in a place to which the public have access and certain conditions are met. The police may remove the person if it appears to them that they are suffering from a mental disorder and are in immediate need of care or control, and that it is necessary to remove that person to a place of safety in their own interests or for the protection of others. The person is not removed because they are suspected of committing any criminal offence.</p> <p>In the case of S136, the person must be removed to a place of safety for the purposes of enabling them to be examined by a registered medical practitioner, and to be interviewed by an approved mental health professional (AMHP) and for any necessary arrangements to be made for their care or treatment. (Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 Review Report and Recommendations pg. 8)</p> <p>In 2013, a new and integrated model of care called Serenity Integrated Mentoring (SIM), a service user led initiative, was piloted on the Isle of Wight. SIM brought mental health professionals and police officers together in joint mentoring teams. These teams began to intensively support service users who were struggling to manage high frequency and high-risk crisis behaviours. By combining the clinical expertise of a mental health professional with the boundary setting skills of a police officer in a personal, relational and consistent approach, the pilot showed that service users could start to change their key crisis decisions and consider healthier and safer responses to often highly complex emotions. One of the key components of this joint approach is a Care and Response Plan signed and owned by the service user and shared with the relevant stakeholders. The result of this intervention on the IOW was significantly fewer S136, 999 calls, ED attendances and hospital admissions.</p> <p>In July 2015, the SIM model of care was formally commissioned by IOW CCG as a permanent component of their crisis pathway. In 2016, a team led by Sir Bruce Keogh (Clinical Director of NHS England) reviewed SIM and decided that it was ready and fit for national scaling across the NHS. SIM was one of eight health innovations being supported by the NHS Innovation Accelerator (NIA) programme (2016/2017 cohort).</p> <p>As part of the NIA programme, it was identified that a professional network was required to connect the increasing number of SIM teams together. As a result the High Intensity Network was launched, an online community that enables all SIM teams to use the same training resources, collect and analyse the same patient data and connect practitioners each month with clinically themed webinars. This network meets all the key recommendations of the current Five Year Forward View for Mental Health strategy (as outlined on page 37 of this strategy). The online network can be found at www.highintensitynetwork.org.</p> <p>SIM meets the requirements of the Crisis Care Concordat to commit to work together to improve outcomes for people experiencing mental health crisis. It is now a multiple award-winning model of care, having won the HRH Prince of Wales Award for Integrated Approaches to Care at the Nursing Times Awards</p>

2016 and, more recently, both the Mental Health category and the Clinical Support Services category at the HSJ Value Awards 2017.

Oxleas is one of 4 SIM London Pathfinder sites, the intention of which is to replicate the outcomes of the IOW model as below for the identified high intensity users:

- Reduction in S136
- Reduction in hospital admissions (mental health bed days)
- Reduction in 999 calls
- Reduction in Emergency Department presentations
- Improved patient reported outcomes for High Intensity Users
- Improved outcomes for family and friends where identified

Will the proposals affect service users, staff or both?

Both service users and staff will be affected. The staff team will be joined by a new role within the multi-disciplinary team. Service users will have access to joined-up working, with a consistent approach provided between the Police and mental health professionals.

1. What is the impact of your service review or proposed change (positive and/or negative) in relation to the following protected characteristics:

- Age
- Disability
- Ethnicity
- Gender
- Sexual Orientation
- Religion/Belief
- Human Rights
- Pregnancy/maternity
- Transgender

AGE

National evidence

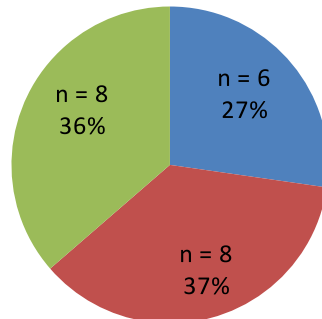
- The mean age for both men and women detained under S136 is between 32 – 41 years
- There is some age variation between different ethnic groups: black people are more likely to be younger, and white people older
- One study of 887 consecutive detentions in five south London boroughs between 2005 and 2008 showed that 57.4% were men, and detainees ranged in age between 13 to 86 years old (Borshmann et al 2010b).
- A study of 40 adolescents and adults detained under S136 over a three-year period in a London Mental Health Trust found that twice as many female as male adolescents were brought in on S136. Adolescents were found to have higher rates of institutionalization, abuse, criminal histories, and more likely to be brought in due to self-harm. Despite evidence of vulnerability and psychiatric problems, about half were admitted to hospital following assessment. The researchers went on to state that 'further research to address the needs and improve service provision for this group is indicated' (Patil et al 2013).
- It is believed that S136 is very little used for elderly people, perhaps because they are felt to pose less of a risk, but anecdotal examples given to the review by the police included the detention of people in their 80s and 90s, as well as children as young as 11. (Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 a literature review pg. 29)

Local evidence

An analysis of the 22 Greenwich Service users in 2016/17 who were treated within the Trust 136 suites was undertaken and the breakdown of their ages is reflected in the chart below:

Age (N = 22)

■ 18-31 ■ 32-41 ■ 42-65



In fact the oldest person to be assessed within the 136 suite was 54 years old.

SIM London:

Will collect quantitative and qualitative data on Age with a view to reviewing the data and improving outcomes.

- Positive Impact
 - The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
 - It is anticipated that the SIM service will reduce the occurrence of S136 for High Intensity Users across all age ranges.
 - For older persons who may have been in contact with mental health services for a long period, the pattern of access may be positively improved.
- Negative Impact
 - None

DISABILITY / PHYSICAL HEALTH NEEDS

National evidence

Approximately 7% of the UK's population have a serious mental illness such as schizophrenia, personality or delusional disorders, and there is a significant comorbidity between mental illnesses, and other health problems, as well as over-representation among the offender population (Offender Health Research Network, 2012). Particularly vulnerable groups can include homeless people, people with drink and/or drug problems, veterans of military conflict, and the elderly who may suffer dementia. (Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 a literature review pg. 29)

Local Evidence

An analysis of the High Intensity users of S136 2016/17 in Greenwich evidences that out of 22 service users

- 50% had a co-morbid physical health condition including; urinary incontinence, Hepatitis C, Arthritis, Asthma, angina, obesity, epilepsy, and chronic kidney disease.
- One person had a co-existing learning disability

SIM London:

- Will collect data on physical disability as a co morbidity of mental health disability with a view to reviewing the data and improving outcomes.
- Positive Impact
 - The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.

- It is anticipated that the service will reduce the occurrence of S136 for these High Intensity Users.
- By experiencing less crisis related situations, it is hoped that there will be a positive benefit on physical health conditions that could be aggravated by stress, crisis or attendance at a 136 suite.
- The intensive support afforded by SIM may permit staff to identify people with co-morbidity of physical and mental disability whose conditions may not have been identified previously
- Negative Impact
 - None

ETHNICITY

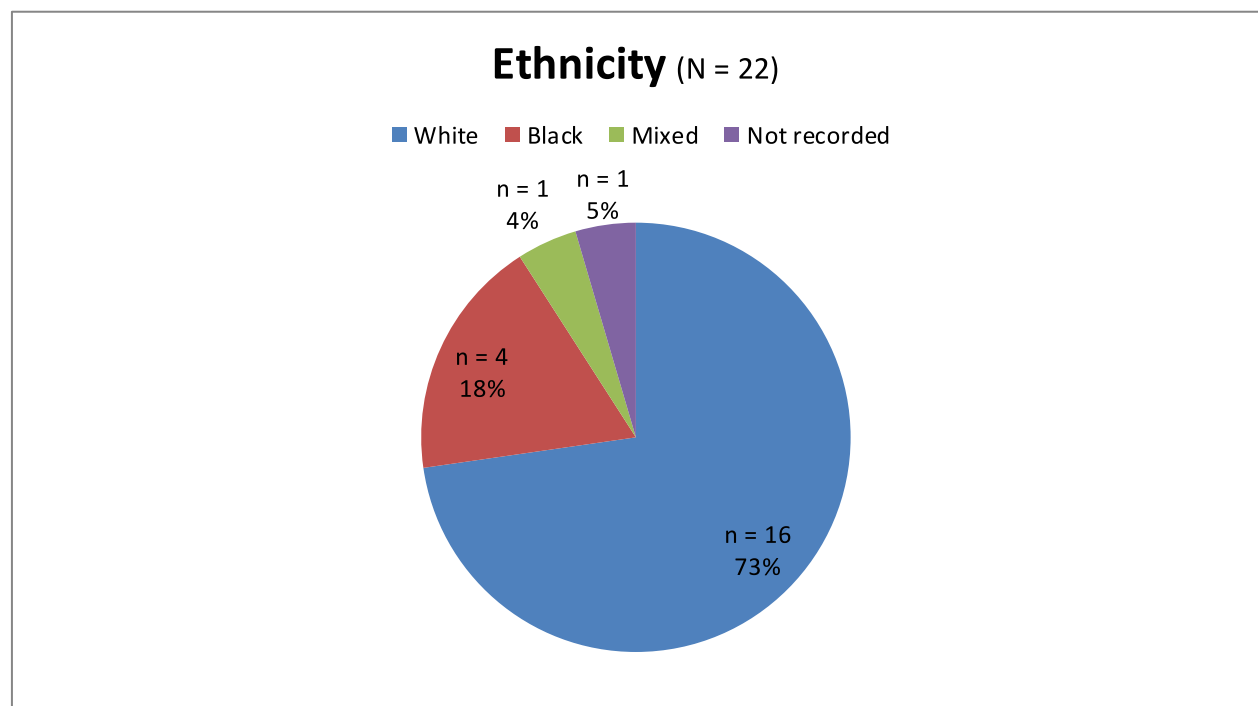
National Evidence

There is a well-established over-representation of Black and Minority Ethnic groups among S136 detentions. Several research studies since the 1980s have found disparities between ethnic groups in the frequency with which S136 is applied, with African-Caribbeans particularly likely to be detained under S136 (Rogers and Faulkner 1987, Dunn and Fahy 1990, Pipe et al. 1991, Bhui et al. 2003, Fernando et al. 2005, Borschmann et al 2010b).

(Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 a literature review pg. 30)

Local Evidence

An analysis of the ethnicity of the 22 High Intensity users of S136 2016/17 in Greenwich evidences the following:



The 16 white people comprise of 12 white British/English, one white Irish, and 3 white other. Of the 4 black people, 2 were Black British and 2 were African.

SIM London:

- Will collect quantitative and qualitative data on race with a view to reviewing the data and improving outcomes.
- Positive Impact
 - The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
 - It is anticipated that the SIM service will reduce the occurrence of S136 for these High Intensity Users.

- Intensive methods of support which is culturally relevant and appropriate can result in improved outcomes. It is important that this is a core element of service provision.
- Negative Impact
 - The nature of the relationship between BME communities and mental health services remains complex. The Sainsbury Centre for Mental Health report: "Breaking the circles of fear" outlines the various issues relevant to this:
 - Stigma remains a barrier to accessing mental health services for many BME communities.
 - Black African and Black British Caribbean service users remain disproportionately subject to the Mental Health Act within mental health services.
 - Accessing services via the courts and the police
 - Limited treatment options (greater availability of medication as opposed to psychological interventions)
 - Once accessed, black service users remain within services for long periods.
 - Community relations between these groups and the police is fraught with mistrust, notwithstanding the use S136 MHA. Interactions with the metropolitan police are not always considered positive so allocating a police officer as a mental health service care co-ordinator could reinforce negative views about mental health services
 - Unless steps are taken in the project design to address these issues (as outlined in the positive impact), building therapeutic relationships could prove difficult and make it harder to achieve projected outcomes.

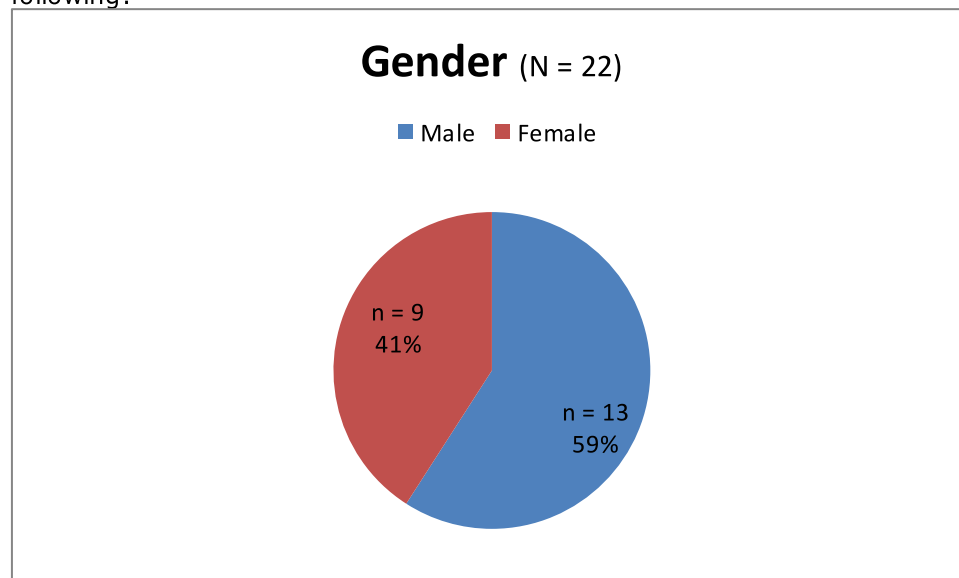
GENDER

National Evidence

- The 2013 study of all 95,618 detentions in hospital under Section 136 and 5,896 under Section 135 between 1984/5 and 2010/11, once data on gender was available from 1988/9 onwards, showed that on average 59% of Section 136 detentions were male. (Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 a literature review pg. 29)

Local evidence

An analysis of the gender of the 22 High Intensity users of S136 2016/17 in Greenwich evidences the following:



SIM London:

- Will collect quantitative and qualitative data on sex with a view to reviewing the data and improving outcomes.
- Positive Impact

- The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
- It is anticipated that the SIM service will reduce the occurrence of S136 for these High Intensity Users.
- The balance of data reflects the population within our acute mental health units in a third to two-thirds split. The benefits will be for a cohort of both men and women and the caseload of the SIM project will be monitored to ensure both male and female service users are represented.
- Negative Impact
 - None

SEXUAL ORIENTATION

National Evidence

- No studies explored the detention rates for LGBT communities under S136 and this data is not gathered by police forces or health services. However, LGBT people are just as likely to experience in their lifetime poor mental health as the rest of the population. There is some evidence in the US and UK to suggest that some LGBT people are at higher risk of mental disorder, suicidal behaviour and drug misuse, often due to experiences of discrimination (Mays and Cochran 2001, King and McKeown 2003). Discrimination has been shown to be linked to an increase in deliberate self-harm in LGBT people (Meyer 2003). Gay and bisexual young men appear to be particularly vulnerable to suicide and suicide attempts, often associated with experiences of discrimination such as physical attacks and bullying (Warner, McKeown, and Griffin et al 2004).
- LGBT people use mental health services more frequently than the general population but sometimes report poor experiences, including a lack of empathy about sexual orientation to incidents of homophobia (King and McKeown 2003): one in five lesbians and gay men and a third of bisexual men stated that a mental health professional made a causal link between their sexual orientation and their mental health problem (ibid). If such experiences discourage LGBT people from further approaching mental health services, they may be more likely to reach crisis point and so come to the attention of the police, for example through detentions under S136 (Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 pg. 30)

Local Evidence

An analysis of the sexual orientation of the 22 High Intensity users of S136 2016/17 in Greenwich shows that one of the 22 service users was homosexual. Other than this person there is no data recorded regarding sexuality of this group. This is likely to be because this information would be difficult to obtain during a crisis attendance at the 136 suite. No further data from wider RiO records could be found. This is an area for improved record keeping which will be raised with staff within the gatekeeping services and the 136 suite.

SIM London:

- Will collect quantitative and qualitative data on sexual orientation with a view to reviewing the data and improving outcomes.
- Positive Impact
 - The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
 - Access to the SIM project will be available for any service user regardless of sexual orientation. It is anticipated that the SIM service will reduce the occurrence of S136 for these High Intensity Users.
- Negative Impact
 - None

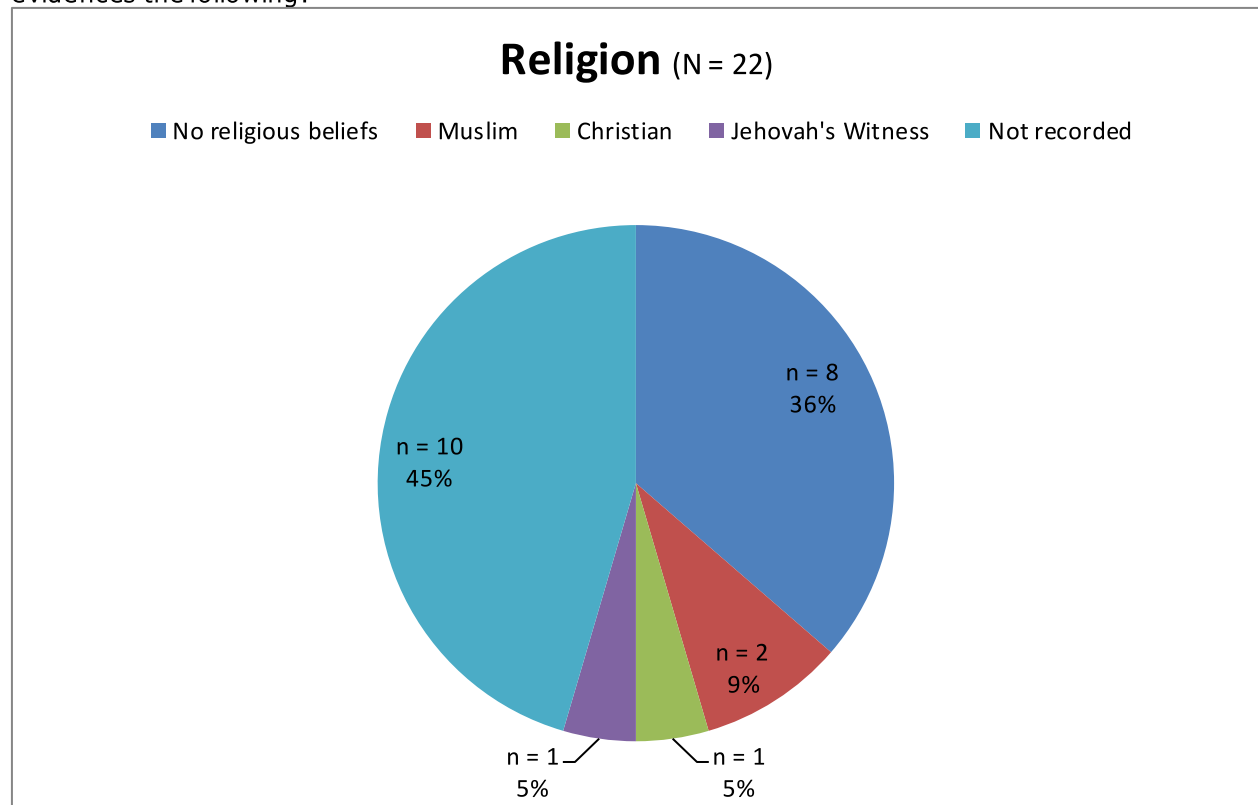
RELIGION/BELIEF

National Evidence

- No national data available

Local Evidence

An analysis of the religious beliefs of the 22 High Intensity users of S136 2016/17 in Greenwich evidences the following:



SIM London:

- Will collect quantitative and qualitative data on religion with a view to reviewing the data and improving outcomes.
- Positive Impact
 - The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
 - It is anticipated that the SIM service will reduce the occurrence of S136 for these High Intensity Users.
- Negative Impact
 - None

HUMAN RIGHTS

National Evidence

- A number of researchers have highlighted the ethical and moral ambiguity of the S136 power (Latham 1997, Jones and Mason 2002). In using S136, the police need to balance their duty to protect the safety and welfare of the community, and their obligations to protect individuals with disabilities (Lamb et al 2002). Finding the right balance between these sometimes competing considerations, in the unique context of individual cases, can present the police and health services with some difficulties which on occasions lead to failures in the operation of S135 and 136 powers to reach the best outcome for the person concerned (Costen and Milne 1999) and to risk aversion (Mental Health Act Commission 2007).
- Data from police showed the average length of detention was just over nine hours (with a range of between 4 hours 30 minutes minimum to over 16 hours maximum), ten hours 39 minutes in 2012/13 or 12 hours 19 minutes.
- A study of 887 consecutive S136 detainees in a south London Mental Health Trust 2005–2008 found that the mean average length of detention was six hours and 54 minutes (Borschmann et al 2010b).

- The detention of a vulnerable person suffering from acute mental distress in a police cell for more than 72 hours was considered to be an affront to human dignity and reached the threshold of degrading treatment amounting to a breach of Article 3 of the ECHR.
(Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 p.11)

Local Evidence

An analysis of the length of detention within 136 suite for the 22 High Intensity users (S136 2016/17) in Greenwich evidenced that the average length of time within the suite was 9.25 hours. This ranged from between 1 hour and 15 minutes to 23 hours and 15 minutes.

SIM London:

- Will collect quantitative and qualitative data on human rights with a view to reviewing the data and improving outcomes.
- Positive Impact
 - The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
 - It is anticipated that the SIM service will reduce the occurrence of S136 for these High Intensity Users therefore reducing the need to deprive someone of their liberty.
- Negative Impact
 - None

PREGNANCY/MATERNITY

National Evidence

- No national evidence available

Local Evidence

None of the 22 high intensity S136 users of 2016-17 were recorded as pregnant at the time of detention.

SIM London:

- Will collect quantitative and qualitative data on pregnancy and maternity with a view to reviewing the data and improving outcomes.
- Positive Impact
 - The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
 - It would appear that service users who are pregnant are not being treated within the 136 suite at this time. There is a bid underway for a perinatal mental health team to be funded for Greenwich which will be of further positive impact for this high risk group in the community. It is anticipated that the SIM service will reduce the occurrence of S136 for these High Intensity Users.
- Negative Impact
 - None

TRANSGENDER

National Evidence

- No national evidence available

Local Evidence

- This data could not be collected from records at this time and will be requested as an addition to the data set for review in future and for the SIM cohort.

SIM London:

- Will collect quantitative and qualitative data on gender reassignment with a view to reviewing the data and improving outcomes.
- Positive Impact

- The collection of qualitative and quantitative data will provide more detailed information about how the protected characteristics for this particular group impacts upon access to mental health services.
- The SIM project will be available for service users deemed suitable, no matter how the person describes their gender. It is anticipated that the SIM service will reduce the occurrence of S136 for these High Intensity Users.
- Negative Impact
 - None

2. What does the available data and the results of any consultations say about the impact of the proposed changes on the protected characteristics?

The origins and design of SIM came about through a personal experience of a S136 service user, who coincidentally happened to be a serving officer of the British police force. Through this personal experience it was clear that Police officers had little understanding of the complex issues that lead to high intensity use of S136 for some individuals, and that the working relationship with mental health services and other emergency relationships were often strained and again lacked understanding of each organisations role.

- One study (McLean and Marshall 2010), of a small sample of nine police constables, sergeants, and community officers, who were interviewed in depth on their views and experiences of dealing with people with mental health problems, suggested that:
 - they felt anger and frustration when they had problems accessing services for vulnerable individuals, and had to wait with the person for assessment only for that person to be released
 - repeated incidents with unsuccessful outcomes left the officers feeling powerless and resigned
- Psychiatric nurses can also be concerned that the police sometimes refer people who are inappropriate for hospital admission (Maharaj et al. 2013), with drugs and alcohol abuse being a common feature, and police-referred patients being among the most aggressive. (Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 A Literature Review pg. 40 & 41)

The evidence above indicates that the following are highly significant in relation to high intensity users of S136:

- Age
- Ethnicity
- Disability (Severe mental illness)
- Gender
- Human Rights

Less is known nationally or locally about:

- Sexual orientation (some evidence indicates high impact)
- Religious/Belief
- Pregnancy/maternity
- Transgender

Each SIM London pathfinder trust will capture and collate the following equalities characteristics in relation to the selected cohort of S136 high intensity users:

- S136
- Police activity
- Mental health bed days
- Use of S136 suite and or ED dept.
- London Ambulance activity
- Completed Care and Response plans

3. What steps could be taken to minimise any negative impacts that have been identified?

- The nature of the SIM project - high intensity support offered to those subject to S136 of the Mental Health Act - could potentially improve the outcomes and experience of individuals who interact with mental health services.
- Qualitative and quantitative data collected about the groups within the equality protected characteristics may provide an opportunity to gain comprehensive and meaningful insights regarding access to local mental health services for current service users and for carers from BME communities

- This project could allow Oxleas to gain organisational insights and understanding into local issues, trends and circumstances for patients from particular community groups in the immediate run-up to admission.

4. Could any of the identified negative impacts have a direct (discriminatory) effect?	Yes: Particular groups remain disproportionately subject to S136 of the Mental Health Act, so a project specifically targeting this aspect of mental health will reach these individuals.	No:
5. If Y, Can this discrimination be justified? (I.e. in some cases indirect discrimination can be justified in order to provide a targeted service. E.g. priority flu vaccinations for the over 60's)	Yes: It is only by engaging with these groups, using the SIM methodology of high intensity support, that any positive impact can be potentially delivered. This will inform future service planning by highlighting issues and barriers that may be currently inhibiting access to, and reducing the support from, Oxleas mental health services.	No:

Please identify any Action Required, Timescale and Leads
<p>Analysis of SIM London will provide a valuable opportunity to address data gaps:</p> <ul style="list-style-type: none"> • UCLP AHSN are leading a research bid for a randomised controlled trial on the impact of SIM • Feedback from Service Users and Carers (family & friends) will remain integral to the model <p>Plans already underway or in development to address the challenges and priorities identified:</p> <ul style="list-style-type: none"> • Oxleas is committed to including equalities characteristics in SIM high intensity user's data • Oxleas analysis on the impact of SIM London will include equalities information <p>Arrangements for continued engagement of stakeholders:</p> <ul style="list-style-type: none"> • Local stakeholders will meet regularly to discuss and resolve issues • Oxleas will continue to participate in SIM London pathfinder stakeholder meetings • Oxleas will be an active member of the High Intensity Network <p>Arrangements for continued monitoring and evaluation of the policy for its impact on different groups as the policy is implemented (or pilot activity progresses):</p> <ul style="list-style-type: none"> • SIM London Pathfinder sites are required to provide updates to the London Mental Health Transformation Board during 2018/19 <p>Arrangements for embedding findings of the assessment within the wider system, other partner agencies, local service provider:</p> <ul style="list-style-type: none"> • SIM London Pathfinder sites are required to provide updates to the Health Innovation Network /AHSN to present at the London Mental Health Transformation Board during 2018/19. • We have a local SIM task group that feeds back through the Greenwich Directorate Quality Board on a monthly basis.

Form completed by:
Name: Rachel Matheson & Juliana Frederick-James
Job Title: Service Manager (RM) & Head of Equalities Human Rights & Senior Community Development Worker (JF-J)
Date: