



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Distress Brief Interventions Service.
Service / service area responsible.	Mental Health, Orkney Health and Care (OHAC).
Name of person carrying out the assessment and contact details.	Lynda Bradford.
Date of assessment.	15 June 2021.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced, or changed significantly).	New service.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	Distress Brief Interventions (DBI) is a new service, supporting people who present to front-line health, Police, paramedic, and primary health staff in a state of distress. It is intended to improve mental health outcomes for people, as well as reducing the need for later, costlier interventions.
State who is, or may be affected by this function / policy / plan, and how.	All people who present to front-line services in a state of distress, with the intention of improving mental health outcomes.
Is the function / policy / plan strategically important?	Mental Health Services are one of the seven priorities of OHAC's Strategic Plan 2019-2022.
How have stakeholders been	National pilot programmes have seen the

involved in the development of this function / policy / plan?	involvement of service users throughout the process. Local third sector, mental health support agency, The Orkney Blide Trust, have been involved in development of the proposals, in Orkney.
Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	The pilot programmes, undertaken in mainland Scotland, indicated: <ul style="list-style-type: none"> • 57% of service users were female. • 72% of referrals involved people from the 5 most deprived deciles. • 17% of referrals featured money worries as a significant contributory factor.
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.	Please complete this section for proposals relating to strategic decisions). Yes. (Please see above.)
Could the function / policy have a differential impact on any of the following equality strands?	(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).
1. Race: this includes ethnic or national groups, colour and nationality.	None anticipated.
2. Sex: a man or a woman.	57% of pilot programme service users were female. It is anticipated that DBI will improve mental health outcomes for women.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	None anticipated.
4. Gender Reassignment: the process of transitioning from one gender to another.	A large body of literature around gender dysphoria suggests Transgender people experience a higher level of psychological problems than the general population. It is anticipated this new service will improve

	outcomes for those suffering psychological problems.
5. Pregnancy and maternity.	None anticipated.
6. Age: people of different ages.	None anticipated.
7. Religion or beliefs or none (atheists).	None anticipated.
8. Caring responsibilities.	None anticipated.
9. Care experienced.	According to the NSPCC (2015), care experienced people are four times more likely to experience mental health difficulties than people who experienced childhood with their birth family. It is anticipated this new service will improve outcomes for those suffering psychological and mental health problems.
10. Marriage and Civil Partnerships.	None anticipated.
11. Disability: people with disabilities (whether registered or not).	None anticipated.
12. Socio-economic disadvantage.	The national pilot programme demonstrated a very high level of referrals from low income areas. (See above.) In addition, 17% of referrals featured money worries as a significant contributory factor.
13. Isles-Proofing	None anticipated. This programme will encompass both the Mainland and the isles.

3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	No.
How could you minimise or remove any potential negative impacts?	N/A.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	No.
What action is to be taken?	None.
Who will undertake it?	N/A.
When will it be done?	N/A.
How will it be monitored? (e.g. through service plans).	N/A.

Signature:

Date: 15.06.21.

Name: Lynda Bradford.