

# INCLUSION NEWS

*The Newsletter of the Equalities and Diversity Team  
of Central and North West London NHS Foundation Trust, incorporating  
FIS News, the Newsletter for CNWL's Focused Implementation Site Project.  
Bringing you examples of good practice, information and updates on  
developments within Equalities and Diversity.*

Issue No. 10, August 2008

## In this issue

Nationally, the important development is the Government's publication of its *Framework for a Fairer Future – The Equality Bill*. We have devoted much of this Newsletter to providing an overview of this document. The full document can be found on Trustnet at:

<http://trustnet/CNWL/trustwide/8287.htm>.

In addition we include an update on the Trust's Single Equality Scheme, we announce new CNWL Equality, Diversity and Human Rights Policies that are currently being drafted; and we include Trustnet, Training and FIS updates, an overview of the Human Rights Act, a Focus On... mental illness article, Equalities and Diversity 'Good Practice' and a book review.

## Contents

CNWL's Single Equality Scheme	1
Framework for a Fairer Future – The Equality Bill	1
Trustnet Update	3
New CNWL Equalities, Diversity and Human Rights Policies	3
Human Rights Act	4
Training Update	4
FIS Project and Clinical Trailblazer Update	5
Equalities and Diversity 'Good Practice'	6
Focus on ... mental illness	7
Book Review	8

## CNWL's Single Equality Scheme

The main area of focus within Equalities and Diversity remains on the Trust's first *Single Equality Scheme* (reported on in the last issue of *Inclusion News*). This important document was approved by the Trust Board of Directors in May and is now in place. It can be accessed on Trustnet at: <http://trustnet/CNWL/trustwide/9026.htm>. All staff are encouraged to access this important document as it does contain the Trust's commitment and planned actions to address the Equalities agenda, inclusive of race/ethnicity, disability, gender, age, sexual orientation and religion or belief. A Powerpoint presentation providing an overview of the Single Equality Scheme is also available on Trustnet at: <http://trustnet/CNWL/trustwide/9026.htm>

## Framework for a Fairer Future - The Equality Bill

In May 2008 the Government presented to Parliament a framework document for a forthcoming Equality Bill setting out the general areas that the future Bill is likely to address, with indications of further consultations on areas that it would seem no decision has been taken on.

*Framework for a Fairer Future: The Equality Bill*, covers a range of Equality issues and the following is a summary of many of the key areas. This is going to be a significant Bill having particular relevance for, and impact on, the Trust and all staff. The Equality Bill is intended to 'de-clutter' the law in relation to equality and discrimination. The *Framework* highlights 5 main areas:

1. Introduce a new Equality Duty on the public sector
2. End age discrimination
3. Require transparency
4. Extend the scope of positive action
5. Strengthen enforcement

## 1. Introduce a new Equality Duty on the public sector

The three existing public sector equality duties require public authorities, including NHS Trusts, to tackle discrimination and promote race, disability and gender equality. The *Framework* states that:

‘The Equality Bill will contain a new streamlined Equality Duty to replace the race, disability and gender equality duties, which will also cover gender reassignment, age, sexual orientation and religion or belief.’

What this means in practice is that the duty will require public bodies to consider how their policies, programmes and services affect disadvantaged groups in the community. Discussions are promised with relevant organisations as to how the new duty will work in practice, especially in relation to religion or belief.’

Whilst the extension of the public duty to cover gender reassignment, age, sexual orientation and religion or belief is to be welcomed, the use of the word ‘streamlined’ is a concern. Does this mean areas of emphasis may be lost, in particular in relation to disability? And whilst it is good that public bodies will need to consider how their policies and services affect different disadvantaged groups, the actual phrase ‘Equality Impact Assessment’ (EIA) does not appear in the *Framework*. Whether this means a redefining of this process or a shift of emphasis is unclear, but given the value of EIAs to enable managers to ensure that services and policies are inclusive, we must hope that this element is not going to be diminished.

## 2. End age discrimination

It is planned that The Equality Bill will make it unlawful to discriminate against someone because of their age when providing goods, facilities and services or carrying out public functions. The *Framework* gives the following example:

‘The new law will ban unjustifiable age discrimination against over-18 year olds. For example, a doctor failing to investigate a health complaint raised by an older person or not providing treatment simply because of their age.’

For the Trust, this will have particular significance and impact. The *Framework* recognises that: ‘... in mental health and social care, research suggests that there are

extensive differences in treatment between age groups.’ Acknowledging this to be a long-term challenge the *Framework* indicates interested parties will be consulted with (including health and social care providers) on how to make the new law effective and ensure the law does not prevent justified differences in treatment for different age groups.

## 3. Require transparency

The *Framework* acknowledges that ‘inequality cannot be tackled if it remains hidden’, and therefore the importance of transparency. It sets out commitments to:

- ensure public sector employers publish clear information about their progress on important equality issues.
- improve transparency in the private sector through public sector purchasing.
- ban secrecy clauses which prevent people discussing their own pay.
- work with the Equality and Human Rights Commission and businesses to improve equality practice.’

The *Framework* requires public bodies ‘to comply with the Equality Duty in their role as employers by reporting on important inequalities:

- gender pay
- ethnic minority employment; and
- disability employment.

Under the existing public sector equality duties NHS Trusts and other public bodies already have to consider how to promote race, disability and gender equality through their procurement functions. The *Framework* includes a commitment to look at how to help public bodies comply with the duty more effectively, through legislative and non-legislative mechanisms, to encourage greater transparency among private sector contractors to contribute to the delivery of our equality targets.’

### *An equality “kite-mark”*

Also included in the framework is a commitment to ‘work with business, the Equality and Human Rights Commission and others to develop a “kite-mark” scheme for employers who are transparent about reporting their progress on equality.’

## 4. Extend the scope of positive action

The *Framework* extends the scope of ‘positive action’ to redress disadvantage as well as tackle discrimination. While employers can currently target a particular group with job

adverts, training or mentoring schemes, the law does not allow an employer to take under-representation into account when it comes to choosing between two equally qualified candidates.

'The Bill will extend positive action so that employers can take under-representation into account when selecting between two equally qualified candidates.'

Positive action, however, should not be confused with positive discrimination which remains unlawful.

### 5. Strengthen enforcement

The *Framework* allows for tribunals to make wider recommendations in discrimination cases, going beyond benefiting the individual so that there are benefits for the rest of the

workforce of the employer found to have discriminated. The Government also plans to 'explore further how to allow discrimination claims to be brought on combined multiple grounds, such as where someone is discriminated against because she is a black woman'. Previously claims had to be made against particular Equality strands.

#### *Next steps towards the Equality Bill*

A more comprehensive paper on the content of the Equality Bill is to be published shortly, which will also include the Government's response to the consultation, '*Discrimination Law Review; A Framework for Fairness: Proposals for a Single Equality Bill for Great Britain*' that was carried out last year. We will keep you updated on developments.

## Trustnet Update

The European Commission has published the final report of the Study 'Quality in and Equality of Access to Healthcare Services'. This study is based on detailed analysis provided by studies on the situation of the following eight countries: *Finland, Germany, Greece, the Netherlands, Poland, Romania, Spain, and the United Kingdom*. Both the full report and Executive Summary are available on Trustnet at:

<http://trustnet/CNWL/trustwide/10772.htm>

### Equality Impact Assessment

A reminder that a selection of completed Equality Impact Assessments are now being published on Trustnet to provide a resource that will help staff who are beginning to complete their own. It can be accessed at:

<http://trustnet/CNWL/trustwide/10297.htm>

### Gender

NIMHE in collaboration with the Royal College of Nursing have recently published *Informed Gender Practice: Mental health acute care that works for women* (July 2008) It can be accessed on Trustnet at:

<http://trustnet/CNWL/trustwide/4088.htm>

### Transgender

*Guidance for GPs, other clinicians and health professionals on the care of gender variant people* has been produced by the Department of Health. It can be accessed on Trustnet at:

<http://trustnet/CNWL/trustwide/4088.htm>

### Sexual orientation

The monthly LGBT History Month newsletters can be accessed directly at

<http://www.lgbthistorymonth.org.uk/news/bulletin.htm> or from

<http://trustnet/CNWL/trustwide/4086.htm>

### LGBT Mental Health and Well Being

Presentations from the National Conference on *Mental Health and Well Being for Lesbian, Gay, Bisexual and Transgender People (LGBT)* held recently in Nottingham can be downloaded from:

<http://www.glasgows.co.uk/mentalhealthconference/presentations.html>

A links page for the presentations is also available on Trustnet at:

<http://trustnet/CNWL/trustwide/4086.htm>

### Faith and Spirituality

#### Faith Festival Posters and Wall Charts

Faith festival posters produced by Brent Mental Health Services are available at

<http://trustnet/CNWL/trustwide/7866.htm>

Please use these as Faith festivals arise.

### Faith and Cultural Festivals

A monthly listing of Festivals (religious and national) with commentary on each continues to be posted on Trustnet at:

<http://trustnet/CNWL/trustwide/9598.htm>

### Ramadan Health Guide

There is a link from Trustnet page:

<http://trustnet/CNWL/trustwide/6513.htm> to the Department of health's Ramadan health guide: a guide to healthy fasting.

### Trustnet Index

Don't forget the hyperlinked Equalities and Diversity index of contents on Trustnet at:

<http://trustnet/CNWL/trustwide/55.htm>

## New CNWL Equality, Diversity and Human Rights Policies

The Trust's Equal Opportunities Policy has recently been updated. The previous policy placed particular emphasis on employment issues and it was felt that we also needed a specific focus on service delivery as well and to extend both these areas to include Human Rights.

As a result two new policies are being produced: *Equality, Diversity and Human Rights Policy (Employment)* and *Equality,*

*Diversity and Human Rights (Service Delivery)*. It will be the first time that the Trust has had an Equalities policy addressing service delivery and any specific policy addressing Human Rights.

Further information will be included in the next issue of *Inclusion News*, detailing more fully the areas covered by these two new policies.

## Human Rights Act

The Human Rights Act 1998 came into force in October 2000. It affects acts or decisions of public authorities made on or after 2 October 2000. It enables people to enforce the European Convention on Human Rights in the UK courts (Britain has been a co-signatory to since 1947). The Human Rights Act has focused attention on the concept of human rights and as a result people are more aware of their rights. The Trust recognises its direct responsibilities under the Human Rights Act both towards employees and staff under its care.

Rights provided for by the Act include:-

- Article 2 – Right to life
- Article 3 – Prohibition of torture
- Article 4 – Prohibition of slavery and forced labour
- Article 5 – Right to liberty and security
- Article 6 – Right to a fair trial
- Article 7 – No punishment without law
- Article 8 – Right to respect for private and family life

- Article 9 – Freedom of thought, conscience and religion.
- Article 10 – Freedom of expression
- Article 11 – Freedom of assembly and association
- Article 12 – Right to marry
- Article 13 – Prohibition of discrimination

Article 13 states that 'the enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status'.

Later additions to the European Convention on Human Rights include:

- Article 1, Protocol 1 – Protection of property
- Article 2, Protocol 1 – Right to education
- Article 3, Protocol 1 – Right to free elections
- Article 1, Protocol 6 – Abolition of the death penalty.

## Training update

### CNWL 2008/9 Training Directory

We again wish to draw your attention to the Equalities and Diversity section of the CNWL 2008/9 Training Directory which is reflective of the growing number of training opportunities being developed within the Trust to address Equalities and Diversity issues.

Included are:

- Cultural Competency for Managers
- Cultural Competency for Doctors
- Diversity in the Workplace – e-learning
- Understanding Disability – e-learning (under development)
- Reasonable Adjustment for Managers

- Equality Impact Assessment Training

### Cultural Competency Training for Managers

Future dates in 2008: Wed 24 Sept, Tues 28 Oct, Fri 5 Dec. Also Wed 11 Feb 2009 – all at Greater London House. For more information contact Richard on 020 3214 5769, [richard.bryant-jefferies@nhs.net](mailto:richard.bryant-jefferies@nhs.net) or David on 020 3214 5771, [david.truswell@nhs.net](mailto:david.truswell@nhs.net)

A number of managers who have undertaken the Cultural Competency for Managers

training attended a Review Meeting on 30<sup>th</sup> June. DVDs from the *Skillbooster* series (reported on in the last issue of *Inclusion News*) was shown addressing diversity issues and applying zero tolerance policies regarding racial abuse in clinical settings with a view to including these in future training.

It was also requested that a quarterly network meeting could be established for managers, who wished to, to meet to discuss equalities and diversity-related issues with a range of colleagues from across the Trust and gain further support in the process of establishing cultural competency initiatives. We would welcome further comment on this from other managers as to whether this would be helpful and what areas might be usefully addressed. Please contact Richard or David (details above).

#### **Cultural Competency for Doctors**

Two pilot training days have been run and feedback obtained from the doctors attending. This is currently being analysed with a view to making recommendation on future cultural competency training initiatives for doctors.

#### **Reasonable Adjustment Training for Managers**

Dates for 2008 are: Mon 22 Sept, Tues 25 Nov. For further information please contact Richard (details above) or George Taylor on 020 3214 5705 or email to [george.taylor@nhs.net](mailto:george.taylor@nhs.net)

#### **Equality Impact Assessment Training**

Equality Impact Assessment training is continuing to be run at Greater London House, and at other CNWL sites on request. Undertaking Equality Impact Assessment on services, policies, protocols and procedures is a legal requirement. All staff with responsibility for managing services, developing services, policies, protocols need to attend this training. Next training date is: 18<sup>th</sup> September 2008, 2-4pm, Greater London House. To book contact Richard (details above)

#### **Diversity in the Workplace – e-learning**

Diversity in the Workplace has now been rolled out across the Trust and is available for all staff to access. Please discuss accessing this with your manager.

#### **‘Skill Boosters’ Equalities and Diversity Training**

The Trust has purchased a set of DVDs and CD Roms that will be used to provide training across all Equalities strands. Workshops will be developed to provide an opportunity for staff to develop further their understanding of equalities and diversity issues. Further information about this initiative will be publicised later in the year.

#### **Disability Awareness – e-learning**

The Trust’s ‘Understanding Disability’ e-learning package continues to be worked on. Software issues have unfortunately delayed its implementation, but it is planned to have this available before the end of the year.

## **FIS Update - FIS Gets Out More!**

#### **UCLan (University of Central Lancaster) Funded Projects – Mental Health Needs of Minority Communities**

All three UCLan community engagement projects that the FIS is involved with are have produced their final versions of their reports on the mental health needs of Chinese people over 50, Gujarati speaking South Asian people over 50 and young Bangladeshi people. These will be uploaded onto Trustnet as soon as they have been made available in electronic form.

#### **Delivering Mental Health Awareness**

The FIS Project has started to deliver a series of pilot sessions to BME communities on Mental Health Awareness, Mental Health Stigma and the new Mental Health Act. Yemi

Oloyede and David Truswell were out and about for these presentations at Chelsea Methodist Church on 18<sup>th</sup> June 2008, Westminster Faith Leaders Mental Health Training on 25<sup>th</sup> June 2008, Refugees in Effective and Active Partnerships (Hillingdon) on 29<sup>th</sup> June 2008, Kensington and Chelsea Carers Group on 15<sup>th</sup> July 2008 and Brent Asian Women’s Resource Centre on 21<sup>st</sup> July 2008.

#### **FIS and BMHS Do The Right Thing**

FIS and the newly appointed Faith Co-ordinator, Melissa Lyall reported back to the Brent Multi-Faith Forum on how Brent Mental Health Services had incorporated most of the recommendations from last year’s FIS ‘Listening to Faith Communities’ event into its

2008-2009 Business Plan. On the basis of a report on this work the FIS Project was invited to chair a discussion on Good Practice in working with Faith and Spirituality at the Mental Health Providers Forum on 23<sup>rd</sup> June in Northampton.

### **FIS goes to the Doctors**

Richard Bryant Jeffries and David Truswell completed two pilot sessions on Cultural Competency for Doctors. These are currently being evaluated.

### **FIS gets a Social Life**

FIS took part in the Launch of EKTA on 32<sup>nd</sup> May 2007. EKTA is a social networking venture for service users from a South Asian background developed by Open-Up Media and Harrow Mental Health Services from discussions with the Harrow South Asian Reference Group.

### **FIS Advice Line**

The FIS Project was approached to provide comment on The Metropolitan Police's new Standard Operating Procedure for transport of people with mental health problems under the new Mental Health Act, provide support with an application for funding for developing Chinese Mental Health Advocacy as a Social Enterprise and advice on sustainability planning for a South Asian Women's Mental Health Drop-in.

### **FIS Free Stuff!**

The presentations we have developed on Mental Health Awareness and the new Mental Health Act are basic and straightforward and we can either deliver them directly to BME community Groups that you are working with or we can send you the Powerpoint slides to use yourself. Contact David Truswell on 0781 2031 215 or [david.truswell@nhs.net](mailto:david.truswell@nhs.net). It's free – honest.

## **Equalities and Diversity 'Good Practice'**

Whilst Trustwide emphasis in addressing the Equalities and Diversity agenda rightly has its place, much that is relevant for services requires a focus at service or team level. The following initiative addresses ethnic monitoring in this context.

### **Diversity Report - Harrow Drug and Alcohol Service**

*The Missing Minorities: lost and found? Evaluation of diverse groups accessing drug treatment in the London Borough of Harrow,* by Nimesh Samarasinghe & Taruna Dhaniram.

This is a report just completed looking at the access to Harrow Drug and Alcohol Services by service users from different ethnic backgrounds. The specific aims of the research was:

- To identify the proportion of service users engaging in drug treatment from different ethnic backgrounds
- To identify proportion of service users from different ethnic backgrounds prescribed with Buprenorphine or Methadone, and their dosages

To identify the proportion of men and women from different ethnic backgrounds engaging in drug treatment

- To identify discharge reasons by ethnicity

General Trust or directorate wide ethnic and gender monitoring does not pick up on local and specific treatment variations and inequalities. By bringing Equalities and Diversity monitoring down to a more detailed and treatment specific focus this initiative serves to inform developments that can contribute to addressing (in the case of this Report) local and specific race and gender equality issues. The full report, its findings and recommendations can be accessed on Trustnet at

More information can also be obtained from Nimesh Samarasinghe ([nimesh.samarasinghe@nhs.net](mailto:nimesh.samarasinghe@nhs.net)) & Taruna Dhaniram ([t.dhaniram@nhs.net](mailto:t.dhaniram@nhs.net))

## Focus On... mental illness

This article is the latest in the Inclusion News 'Focus On...' series that describe particular disabilities or issues related to a disability.

As a provider of Mental Health services, many CNWL staff will already have a deep understanding of the nature of mental illness from the perspective of the health or social care professional. There will also be members of staff who themselves have direct experience of a mental health problem either of their own or of a close relative or friend.

This article does not intend to present a clinical picture, but rather some basic information to ensure that the many non-clinical Trust staff can develop their own appreciation of mental health disorders.

The following is taken from the *Mind* leaflet 'Understanding Mental Illness'<sup>1</sup> and is included here to provide a general overview of mental health conditions.

### What forms can mental distress take?

Mental distress takes many forms. The terms used to diagnose them are sometimes words that are in everyday use, for example, 'depression' or 'anxiety'. This can make them seem easier to understand, but their familiarity can mean underestimating just how severe and incapacitating these conditions may be. Some of the most commonly diagnosed forms of mental distress are described below.

### What is mental illness?

Mental illness is very common. About one in four people in Britain have this diagnosis, but there is a great deal of controversy about what it is, what causes it, and how people can be helped to recover. People with a mental illness can experience problems in the way they think, feel or behave. This can significantly affect their relationships, their work, and their quality of life. Having a mental illness is difficult, not only for the person concerned, but also for their family and friends.

Mental illnesses are some of the least understood conditions in society. Because of this, many people face prejudice and discrimination in their everyday lives. However, unlike the images often found in

books, on television and in films, most people can lead productive and fulfilling lives with appropriate treatment and support. For some people, drugs and other medical treatments are helpful, but for others they are not.

Medical treatment may only be a part of what helps recovery, and not necessarily the main part. It's important to remember that having a mental illness is not someone's fault, it's not a sign of weakness, and it's not something to be ashamed of.

Seeing someone's problems solely as an illness that requires medical treatment is far too narrow a view. It discourages people from thinking about the many different influences on someone's life, thoughts, feelings and behaviour that can cause mental distress. It may also prevent people from exploring the various non-medical treatment options that are available. For these reasons, some people prefer to talk about mental or emotional distress, rather than mental illness.

### Depression

Depression lowers a person's mood, and can make them feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite and self-esteem, and interfere with daily activities. It may even affect their physical health. This may set off a vicious cycle, because the worse they feel, the more depressed they are likely to get.

### Anxiety

Anxiety can mean constant and unrealistic worry about any aspect of daily life. It may cause restlessness, sleeping problems and possibly physical symptoms; for example, an increased heart beat, stomach upset, muscle tension or feeling shaky. Someone who is highly anxious may also develop related problems, such as panic attacks, a phobia or obsessive compulsive disorder.

### Panic attacks

These are sudden, unexpected bouts of intense terror. A person experiencing an attack may find it hard to breathe, and feel their heart beating hard. They may have a choking sensation and a pain in the chest, begin to tremble or feel faint. It's easy to mistake these for the signs of a heart attack or another serious problem. Panic attacks can occur at any time, and this is what distinguishes them from a natural response to real danger.

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<http://www.mind.org.uk/Information/Booklets/Understanding/Understanding+mental+illness.htm>

Having one panic attack doesn't necessarily mean that someone will have another one. But, sometimes, the experience is so frightening that people become afraid of having another. This fear may actually trigger another attack when a similar situation arises.

### **Obsessive-compulsive disorder**

Someone with an obsessive-compulsive disorder feels they have no control over certain thoughts or ideas that are highly disturbing to them, but which seem to force themselves into consciousness. These thoughts, or obsessions, create unbearable anxiety, which can only be relieved by performing a particular ritual to neutralise them. This could be something like repeatedly opening and closing a door, washing your hands, or counting.

### **Phobias**

A phobia is an unreasonable fear of a particular situation or object. It may cause major disruption to life because it imposes such restrictions on the way people live.

Agoraphobia can cause such paralysing fear that a person may remain isolated in their own home, afraid to go out. Other common phobias include fear of animals, heights, flying and enclosed spaces.

### **Bipolar disorder (manic depression)**

Bipolar disorder is a mood disorder. During 'manic' episodes, people tend to be hyperactive, uninhibited, reckless, full of grandiose schemes and scattered ideas. At other times, they may go through long periods of being very depressed. Not everyone experiences both these extremes.

### **Schizophrenia**

Schizophrenia is one of the most debilitating of all mental illnesses and can severely interfere with someone's ability to perform everyday tasks and activities. Symptoms may include hearing voices and seeing things that other people can't. Someone with these problems may become confused and withdrawn

## **Book review**

*Caring for Muslim Patients* (2<sup>nd</sup> edition) Edited by Aziz Sheikh and Abdul Rashid Gatrad

The 1<sup>st</sup> edition of this title, published in 2000, was described in *The Lancet* as: 'Excellent. Informative. Recommended to health professionals, policy makers and non-Muslim readers for better understanding of people of a different faith'.

This 2<sup>nd</sup> edition broadens the scope of that first edition. As well as including core Islamic beliefs and demographic information, the authors provide a valuable overview of Muslim belief and practice in the context of health care. It includes sections addressing health

and disease in an Islamic framework, the principles of Islamic bioethics, the family, birth customs, fasting, Hajj and death and bereavement in a health context.

Additionally, *Caring for Muslim Patients* also includes a useful list of informative websites addressing both Islamic beliefs and Islam and health, a listing of organisations that can be contacted for further information and a glossary of Islamic terms. The style is readable and accessible.

Radcliffe Publishing Ltd.  
2008 ISBN 978 1 85775 8122  
145 pages paperback £24.95

**Please remember to let us know if you know of books addressing health-care related issues in the context of Equalities and Diversity we could mention in this section in future issues of Inclusion News.**

**Aware that not all staff have access to Trustnet, we encourage managers to make available paper copies of *Inclusion News*, new reports and other Equalities and Diversity information on Trustnet to staff.**

To receive a copy, provide feedback, or to suggest topics for future issues of ***INCLUSION NEWS*** contact:

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**A large print version of this Newsletter is available**

An electronic version and back copies are available at <http://trustnet/CNWL/trustwide/5449.htm>