

## **Project Charter: Single Equality Impact Assessment: CPA review and Comprehensive Diagnosis**

### **Project Name**

Single Equality Impact Assessment: CPA Review and Comprehensive Diagnosis.

### **Project Sponsors**

Janet Davies and Bill Fulford (CSIP/DH)

### **Project Overview**

CPA: To ensure that the policy and implementation guidance issued to services on the Care Programme Approach has at its focus a person-centred (service user) approach which is equally beneficial to a range of groups. To do this the impact of policy objectives on different groups needs to be considered and action to address any inequalities made clear.

*Comprehensive Diagnosis: The Comprehensive Diagnosis programme has similar objectives to the CPA review except that its focus is specifically on how a mental health problem is understood. Hence the consultation will aim to produce a shared vision (between service users and service providers) of how a mental health problem should be understood that will then be issued to services in the form of guidance.*

### **Preliminary Understanding of Business Case or Need**

#### Why we are doing this

Since 2002 public authorities have been required to assess and monitor the impact of all their policies in terms of race equality. A similar duty came into force in December 2006 with regard to assessing the impact of policies on

disabled people under The Disability Discrimination Act 2005, and the The Equality Act 2006 will impose a duty to promote equality between women and men from April 2007. Another part of the Equality Act will prohibit discrimination in service delivery on the basis of religion or belief and sexual orientation.

Department of Health (DH) guidance ([Single Equality Scheme 2006-2009](#)) sets out the requirements for DH policy initiatives to conduct single equality impact assessments to cover race; disability; gender; religion or belief; sexual orientation and gender identity; and age.

Policy and implementation guidance that takes account of equality issues will also lead to more effective and efficient service delivery locally that better meets the needs of individuals and groups of service users.

#### What we know/are doing already

DH/CSIP have two major publications [Delivering race equality in mental health care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett](#) and [Women's Mental Health : Into the Mainstream](#) (the programmes of work on Race and Gender underway which provide a general evidence base on inequalities for people from BME groups and women and activities to address them. [Note – evidence base on men is less well developed]

Specific work to identify literature and evidence on race and gender inequalities in respect of CPA has been undertaken (Race and Gender Impact Screening: The Care Plan Approach)

*New research is not being commissioned by the Comprehensive Diagnosis programme. However, 1) there is a considerable literature on differences in rates of different diagnoses between genders and between different ethnic/cultural groups (though see below re interpretation of this literature), 2) there is considerable anecdotal and stakeholder 'grey' literature evidence of inequalities in the use of some diagnostic categories, 3) we expect further anecdotal and narrative feedback during the consultation process on this point, and 4) by way of precedents, there are well-established examples of abusive misuses of some mental health diagnostic categories (for example, the use of 'sluggish schizophrenia' for political dissidents in the former USSR).*

Following feedback from CPA specific consultation work streams have started to clarify links between CPA implementation and older people's mental health (OPMH); child and adolescent mental health (CAMHS); and learning

disabilities. CSIP also has general workstreams, programmes and networks on OPMH, CAMHS, learning disabilities and spirituality.

The Department of Health's Equality and Human Rights Group has established a Sexual Orientation and Gender Identity Advisory Group (SOGIAG) which can be a source for advice, evidence and networking in this area.

### Benefit Analysis

Policy development and guidance will comply with legal and good practice requirements.

Individuals and groups of service users will receive services better suited to their needs, and service staff will be trained and organised to meet these needs.

### Project Deliverables/Objectives

The evidence base around potential areas of inequality will be identified, examined and prioritised and an action plan developed.

Stakeholders (including service users and carers) will be engaged and consulted in the process.

Final policy and implementation guidance will include an equalities impact assessment and action plan.

### Draft Project Plan

[Click on link](#)

### In Scope

The CPA and Comprehensive Diagnosis SEIA applies to people in receipt of specialist secondary mental health services. In the main these are people of working age (18 – 65) but may include some people outside this age range (younger and older). The principles of CPA also apply to the providers of similar levels of care in the Third Sector.

#### Out of Scope

The CPA and Comprehensive Diagnosis SEIA does not cover primary care (GP practices).

#### Known Risks

The climate around race and mental health is sensitive following criticisms of DH on the mental Health Bill race impact assessment. This may overspill to this work. Clear consultation processes are essential and links to work already carried out on race impact for the Bill.

The evidence base may be less developed in some areas and there may be pressures to act on anecdotal evidence or grey literature.

Resources for consultation are limited and there may be criticism that not all groups have been reached. Use of a variety of means of communication is essential.

*In addition to the above and in relation to Comprehensive Diagnosis there are further risks arising from the fact that different groups of researchers interpret some of the differences in rates of diagnoses between gender and ethnic/cultural groups, in radically different ways. In particular, there are opposite views on the very high rates of diagnoses such as 'schizophrenia' in young African-Caribbean men as to whether this reflects a form of 'institutional racism' ([Singh, S.P. and Burns, T. \(2006\) Race and mental health: there is more to race than racism. British Medical Journal, 333:648-651.](#))*

McKenzie, K. and Bhui, K. (2007) Institutional racism in mental health care. *British Medical Journal*, 334: 649-650).

## Roles and Responsibilities

### Project sponsors and support

Janet Davies (CPA) and Bill Fulford (Comprehensive Diagnosis): Project sponsors  
Dawn Fleming (CPA) programme support and Ruth Kent (Comprehensive Assessment) project support

### Project leads

Denise Bobb and Hazel Sawyers, project leads

### Project advisory group

- Karen Newbigging, CSIP Joint Women's and Gender Lead
- Nadine Schofield, CSIP Older People's Mental Health Lead CSIP
- Savita Ayling, National CAMHS support service
- Selina Ullah, CSIP Race Equality Lead
- David Wilkins, Policy Officer, Men's Mental Health Forum
  
- Lord Victor Adebawale (CBE), Chief Executive, Turning Point
- Professor Sheila Hollins, President, Royal College of Psychiatrists
- Anthony Deery, Head of Mental Health, PVH Administration: Healthcare Commission
- Andrew Dillon, Chief Executive, National Institute for Health and Clinical Excellence
- Carolyn Steele, Programme Lead: Third Sector Partnerships, Department of Health and CSIP
- Gary Hogman, Programme Lead: SHiFT, CSIP
- Hugh Griffiths, Deputy Director for Mental Health, England, and Programme Lead, Outcomes Programme, Department of Health

- Janet Davies, Programme Lead: National Mental Health Risk Management Programme and Care Programme Approach Review, CSIP and Department of Health
- Kathryn Tyson, Programme Director: Mental Health, Department of Health
- Matthew Fagg, Programme Lead: Common Assessment Framework, Social Care Directorate
- Roslyn Hope, Programme Lead: Workforce and New Ways of Working, NIMHE and CSIP
- Wayne Eckersley, National Lead: Choice Programme, Department of Health
- Bill Fulford, Lead: Good Practice Guidance on Comprehensive Assessment
- Jackie Ardley, Director, CSIP South East Development Centre
  
- Other project advisors are also currently in the process of being appointed.

#### Other stakeholders

1. Department of Health's Equality and Human Rights Group;
2. Commission for Racial Equality
3. Delivering Race Equality
4. Mental health service users and carers and their representative organisations
5. Professional groups including the RCN; RCPsych
6. Mental health Workforce Leads
7. Liberty
8. Stonewall
9. CPA review advisory group
10. Comprehensive Assessment advisory group
11. Social Care Directorate
12. Mental Health and Substance Abuse Section of the WHO
13. World Psychiatric Association