



**Equalities in
Mental Health**



National Mental Health
Development Unit

Equalities Organisational Development Toolkit

Equalities is a Management issue

40 Things you can do to make a difference-
Whatever your role or level

Introduction

No booklet can change reduce inequality-but the people who read this can!!!

What will you do?

This booklet is intended to help with reducing inequality in groups with protected characteristics as defined within the Equality Act 2010. Protected characteristics are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

This booklet can help you do that. It has practical ready to- go ideas that **you** can do that will make a difference. It also has ideas for the whole organisation. It is based on the premise that reducing inequalities is a management issue. The same disciplines and governance required for successful organisations is required for reducing inequalities. It also involves everyone in the organisation doing something differently.

The ideas are divided into 4 levels

- Board or Executive- this would be a organisation development approach
- Service Manager or lead professional- a manager or leader covering a range of services
- Team manager e.g. CMHT manager or ward manager or manager of a particular service
- Individual- anyone at any level whether they manage or not

Everyone can make an impact. Start by picking maybe just one idea! Note however that this approach does not preclude the need to have strategy in place that shows priorities and the rationale for selecting these. For example the Equality Delivery System (EDS) soon to be published by the NHS Commissioning Board will provide a strategic context for embedding equalities throughout an organisation.

Why reducing inequality in mental health is important?

There are four main reasons for tackling inequality in Mental Health organisations.

1. The legal case, organisations would want to comply with the Equality Act 2010 and the Human Right Act 1998
2. The moral case of being fair
3. The business case- reducing costs e.g. focusing on groups who use Mental Health services in high numbers or enhancing employee performance
4. The governance case - the Care Quality Commission Outcomes identifies key outcomes as part of their regulatory process. These include:-
 - Respecting and involving people who use services
 - Consent to care and treatment
 - Care and welfare of people who use services
 - Cooperating with other providers
 - Safeguarding people who use services from abuse
 - Safety and suitability of premises
 - Safety, availability and suitability of equipment
 - Requirements relating to workers
 - Supporting workers
 - Assessing and monitoring the quality of service provision

Focus

Within this project equality means tackling historic barriers of discrimination and disadvantage, which can be experienced by particular groups of people (i.e. protected groups or those with protected characteristics).

This applies equally to the individuals within your workplace as it does to managing the diversity of your service users.

For reducing inequality in health to be a reality, we must focus on outcomes. So we are at the forefront of attempts in mental health to demonstrate not only sound process but really effective results.

Can this toolkit work? – the St Andrew’s Healthcare Experience

Prior to publication NMH DU tested the usefulness of this toolkit. The lessons learned are captured in two case studies. The first shows the experience of the test site, St Andrew’s. NMH DU expresses thanks to them for enabling the testing of this product and for their willingness to share the learning.

The second case study identifies the learning of the consultant commissioned by NMH DU to deliver this project.

Together the two case studies demonstrate that this toolkit can be used to bring about positive change. They highlight critical success factors in doing so.

Case Study: Implementing the Organisation development Tool in St Andrew's Healthcare

St Andrew's is the UK's largest not for profit mental healthcare Charity. They provide an extensive variety of care pathways, through medium to low secure and pre-discharge services and also offer more specialist treatments including Autistic Spectrum Disorder, and Huntington's disease. The National Brain Injury Centre in Northampton is recognised as the national centre of excellence. In supporting the National Mental Health Development Unit's project to test their draft *Equalities Organisational Development Project (EqODP)* tool, St Andrew's took the following preliminary steps:-

- Secured sign-up from the senior management board
- Identified a director lead
- Identified a potential internal project lead
- Met with the EqODP leads from the National Mental health Development Unit to explore project options

The outcome of the preliminary discussion with the EqODP leads was that St Andrews wished to explore:-

- the extent to which a disproportionately high proportion of their Black and Minority Ethnic (BME) nursing staff worked at night;
- the perceptions and realities of the contributions of night staff to service user care, and the value placed on them;
- the relationship between potentially negative perceptions and experiences of night staff and the high proportion of BME nursing staff who comprise this section of the workforce.

The project involved gathering data from organisational workforce reports and from well facilitated focus groups covering the following perspectives:

- Night shift nursing staff
- Ward Managers
- Senior staff

The purpose of this approach was to consider an organisational challenge from different perspectives but most importantly to consider potential solutions which go beyond one dimensional responses (e.g. focusing solely on developing staff skills when organisational expectations or staffing levels may be unrealistic). The organisational development approach considered all aspects of the organisation, such as policies, culture, systems as well as skills of staff.

Outcomes

The project identified that some day time staff and managers held the view that night time nursing staff were, as a group, less competent than their day working contemporaries. Night time nursing staff felt undervalued and overlooked. There was not however an explicit association between the high number of BME staff and negative perceptions.

The potential solutions that were developed represented change for nursing teams working at night, ward managers and senior managers. For example, senior staff reflected that they could not recall ever seeing an article in the staff newsletter celebrating work of night staff. Possible changes to organisational policies and structural models were also considered. For example some sites within St Andrews charity had in place a rotational approach, which meant that all nursing staff worked both night and day shifts. The project raised the consideration as to whether this should be a standard approach charity-wide.

Key Learning for St Andrew's

1. The processes of deciding which organisational challenge to tackle was aided by exploring possibilities with external consultants who were knowledgeable about the subject.
2. Though the hypothesis was not proved (i.e. that the organisation had made a negative association between poor perceptions of night working nursing staff and ethnicity) the project was worthwhile and still contributed to St Andrews programme to tackle inequality.
3. St Andrews was mindful that despite the lack of explicit association between ethnicity negative perceptions of night staff there was still the possibility that a subliminal connection is made. There is great value in tackling the unspoken or implicit associations as studies of perceptions and prejudice illustrate that these connections are influential in race inequality.
4. Sometimes it is beneficial to focus on a discreet project and to transfer to learning across other aspects of equalities rather than setting far reaching objectives that appear attractive on page but which prove to be ineffectual over time.
5. The EqODP tool served as a useful framework and prompt for improvement. The tool was effective because of the commitment of the charity already in place at a senior level to address equality issues. This alongside the openness of the charity to honestly explore areas that may have highlighted weaknesses were critical success factors.

Case Study: Delivering the Equality Organisational Development Project (NMHDU)

The development of the Equality Organisational Development Project by the National Mental Health Development Unit (NMHDU) had the following phases:-

- Development of a draft tool to aid organisations to tackle inequalities from an organisational development perspective
- Testing the concept and substance of the tool with key partners on the national Mental Health Equalities Board
- Testing the practical utility of the tool in a provider mental health organisation and its effectiveness in tackling inequality

The experience

Concept development

The initial concept was for a competency framework to be developed. The consultant working with NMHDU advised that though competency frameworks have value as they describe 'what good looks like, they also have the potential to limit creativity. The project team took the decision to produce a tool that illustrated responsibilities at different levels within an organisation and made suggestions about how to move from aspirations around tackling inequality to practical application. The idea was to support organisations to reflect on what good might look like for them as opposed to imposing a fixed model of the right way to do things.

Testing the tool

Finding one or more sites to test the tool proved difficult. The unprecedented contraction in public sector spending meant that organisations were saturated with mandatory changes and had little capacity to take on a new project. This situation provided illustrated the challenges of implementing discrete projects on equalities. The equalities agenda competes with other priorities and this poses a major challenge with the level of organisational change imminent as a result of NHS reform and major budget reductions. A key lesson is that apart from requiring top level commitment, success in the equalities agenda will need to be achieved by embedding equalities within, rather than alongside all organisational priorities.

St Andrew's Healthcare was the test site for organisational development tool. Their case study, reproduced with their permission is included in this document.

Learning from the Equality Organisational Development Project

The organisational development tool was useful to prompt reflection but the real benefit flowed from a discussion with the organisation. When using the tool and deciding on a project to tackle inequality, organisations will benefit from critical analysis from someone who has extensive knowledge of running a mental health organisation and a deep understanding of how inequalities are manifested in service delivery and the workforce.

Lesson 1: Ensure that a suitably qualified consultant (whether internal to the organisation or external) contributes to the analysis of organisational challenges and the design of any programme

The project worked well in St Andrew's because they had in place board level lead, culture of openness and willingness to change, an internal project lead and a dedicated resource to drive the project (in this case a resource offered by NMHDU).

Lesson 2: Unsurprisingly the rigours of change management and project management are critical success factors. Expect success only by following these methodologies.

The organisational development tool emphasises a single equalities approach and recognises that change is required across all protected groups (as defined within the equality Act 2010) and within all dimensions of an organisation. In practical terms however, the project focused in a specific issue – in St Andrew’s case it was *night working nurses and the implications for BME staff*. St Andrews indentified this as a step in a series of potential further steps. Therefore though the organisational development approach was core to looking at the challenge in hand not all protected groups were the focus of the project. This reflects an organisational reality that specific focus will be required. Challenges may be looked at sequentially, concurrently and in a single equalities way (e.g. the relationship between ethnicity, gender and night working) but tightly defined projects will be more effective than sprawling organisational programmes.


Lesson 3: It is better to start with a small focused project that delivers concrete outcomes than to state massive global aims that are not achieved. Sometimes some early work on projects is essential before a major organisational strategy is produced. The strategy should aim to embed equalities throughout every decision and change.

The St Andrew’s experience was that their hypothesis about the relationship between poor perceptions of night working staff and ethnicity was not proved. However the higher proportion of BME staff working at night meant that this group of staff were disproportionately affected by the poorer experiences of night working staff, as verified by the project. The project led to helpful improvements for night nursing staff which would have a disproportionately positive impact on BME staff. Though the changes would be for all night staff and would not be labelled as addressing inequality, the explicit ambition was to tackle inequality and the reality was consistent with this. At the end of the project St Andrew’s were encouraged to make it explicit in their communications that the project outcomes were related to their work on tackling inequalities.

Lesson 4: Communicate the organisation’s work on tackling inequality to staff even if the exploration of an issue led to a different outcome than expected. This in itself begins to positively change organisational culture and expectations and will generate interest in a future organisational strategy to tackle inequality.

What will you do to Reduce Inequality?

Contents

Section	Page
 Ideas <ul style="list-style-type: none"> • Board or Executive level • Service Manager level • Team level • Individual level 	
Examples of some of these ideas in practice <ul style="list-style-type: none"> • Example 1 – Board/ Executive Priority Idea <ul style="list-style-type: none"> - Include commitments to equality and diversity in core values, mission statement and strategic plans. • Example 2 – Service Manager Level Priority Idea <ul style="list-style-type: none"> - Set objectives to reduce inequality in the service plan. • Example 3 – Team Level Priority Idea <ul style="list-style-type: none"> - Include in induction for new starters active learning of behaviours which promote equality and respect for diversity. • Example 4 – Individual Level Priority Idea <ul style="list-style-type: none"> - If you are in a management role, reflect on your style of management and consider the effect your behaviour may have on those around you. 	
Diversity Competencies and Behaviours	13
How to Choose an OD Consultant	14
Further links and resources	16



Board or Executive Level - this would be an organisation development approach

Ideas	We are already doing this	We would like to do this	Priority and timescale
1. Have equalities as a standing agenda item including assessments of the impact of policies and functions on protected groups and review achievements annually.			
2. Review representation of protected groups in services and set targets and SMART objectives to bring about change.			
3. Evaluate the impacts one of your policies in depth and extrapolate the learning across other areas of business or protected groups.			
4. Collect, analyse and publish workforce data relating to recruitment, selection, access to training, career progression, grievances and disciplinaries. Draft a strategy to prioritise and address these issues with clear milestones			
5. Pick one or two issues from equality and diversity agenda and embed into working practices as an exemplar project for managing organisational change.			
6. Organise a 'reducing inequalities' staff conference. Celebrate successes; create interest and involvement by generating ideas from staff.			
7. Develop an award scheme for staff who has taken action which has reduced inequality or had an impact overcoming challenges faced by specific target groups.			
8. Include commitments to equality and diversity in core values, mission statement and strategic plans.			
9. Have champions-Encourage board members/Exec directors to lead on specific equalities areas or have one member of the Board as the lead on this area.			
10. Use self assessment tools to help understand where you are and where you want to be.			
Your ideas...			



Service Manager Level

Who does this apply to?

Examples: Lead professionals, a manager or leader covering a range of services

Ideas	We are already doing this	We would like to do this	Priority and timescale
1. Set objectives to reduce inequality in the service plan e.g. <ul style="list-style-type: none"> • 'Get to know what is happening in your area' meaning who your staff are (demographic breakdown) and demographic information about the area that you cover • Improve sexual safety for female patients • Increased numbers of older people who have access to new services eg crisis intervention • Reduce disproportionate rates of compulsory detention of BME service users in inpatient units; • Ensure balanced range of effective therapies- such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective; 			
2. Ensure all service leaders have objectives for reducing inequality in their service plans.			
3. Run a mentor training scheme to develop senior managers to mentor junior managers from target groups.			
4. Create succession planning and talent management programmes, with a focus on positive action, specifically where monitoring shows under representative groups.			
5. Organise a management development programme which targets specific groups and provides a range of development opportunities including mentoring, shadowing, action learning, etc			
6. Create and develop strong mutually beneficial working relationships with external partners representing a variety of communities.			
7. Produce quarterly and annual data based reports for the Board on equalities and diversity issues.			
8. Set up a focus group for staff and service users to consult/ hear their experience and generate ideas for areas in which their needs could be best met.			
9. Develop and deliver a community engagement programme			
10. Include equalities and diversity issues in bulletins, newsletters, meetings and conferences.			



Team level

Who does this apply to?

Examples: CMHT manager, ward manager, manager of a particular service

Ideas	We are already doing this	We would like to do this	Priority and timescale
1. Set an equalities objective for each member of your team			
2. Arrange a facilitated team cultural awareness and capability session using the information on the NMHDU website http://www.nmhdu.org.uk/our-work/mhep/delivering-race-equality/dre-recap-training/			
3. Use mediation for interpersonal conflicts around equality issues			
4. Involve service users from protected groups to help redesign an aspect of your service to reduce inequality.			
5. Request and receive press cuttings from national and local press on equality and diversity issues and use to inform policy and practice.			
6. Become involved in external networks to identify those equality initiatives taking place elsewhere which may provide a model for in-house use.			
7. Use the websites of the Equality and Human Rights Commission, Stonewall etc in inform policy and practice.			
8. Carry out an assessment of impact on equality (AIE) on the current service.			
9. Include in induction for new starters active learning of behaviours which promote equality and respect for diversity.			
Your ideas...			



Individual level

Who does this apply to?

Examples: Anyone within the organisation, at any level, whether they are aware or not they are a manager

Ideas	We are already doing this	We would like to do this	Priority and timescale
1. Take the 'prejudice challenge' on the web- www.understandingprejudice.org/iat/			
2. Have the courage to challenge behaviours and working practices in others which you feel may be inappropriate and not in line with the organisations values/policies on equalities. Use support from manager where needed.			
3. Give constructive feedback to colleagues you know and like, irrespective of your relationship with them.			
4. Reflect on your own identity and how it affects your behaviour and interaction with colleagues and service users. Think about internal conflicts, e.g. between your faith and homosexuality.			
5. Choose three protected characteristics and analyse your caseload to see who fits into those groups and then compare the experiences and mental health outcomes with those for the rest of your caseload.			
6. Self reflect - Write a reflective piece about your relationship with someone who you work with who is from one of the protected groups (preferably service user but may be colleague)			
7. Include in your personal development plan learning and development around the law, policy and perspective/experiences of protected groups.			
8. Reflect on your style of management and consider the effect your behaviour may have on those around you.			
9. Consult and involve staff in action planning areas for improvement in all equality strands.			
Your ideas...			

Examples of some of these ideas in practice

Example 1 – Board/ Executive Priority Idea

 **Include commitments to equality and diversity in core values, mission statement and strategic plans.**

What does this involve?

Producing and leading on the development of an organisational statement, values and associated behaviours which are addressed in the strategic plans.

How and why does it reduce inequality?

Internal and external stakeholders will be aware that the Board is committed and actively promotes the implementation of equality and diversity initiatives. Stakeholders will recognise that the organisation is taking positive steps to address these issues and are every possible opportunity to work in accordance with their mission.

How to do this?

- Involve the Board in developing a strategy for managing diversity to prompt ownership and add credibility during a Board facilitated session.
- Communicate the organisation's commitment to reducing inequality by circulating a policy statement from the Board.
- Include equality and diversity targets and objectives in strategic plans.
- Celebrate successes and report on progress made to staff and service users via mainstream methods of communication such as the staff newsletter.
- Review quarterly and annual data based reports produced by Service level managers on equalities and diversity issues.
- Encourage a diverse membership of the Board.

Example - Manchester Mental Health & Social Care Trust

Trust Value on Respect and dignity

We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

Our vision is that MMHSCT will become:

- An organisation that recognises and embraces the talents of all by welcoming diversity in both our workforce and service users and managing it in a truly effective manner
- Able to demonstrate that equality of access is embedded in everything we do for users of our services
- An organisation that makes a positive difference to the lives of the people living in Manchester
- An organisation where all forms of harassment and discrimination are not tolerated, and are actively eradicated

Our aims as a service provider:

- As a provider of healthcare to the people of Manchester, our aim is to ensure that all our services are accessible, appropriate and sensitive to the needs of all members of the community.
- No-one should be excluded or suffer particular difficulty in accessing and effectively using our services because of their race, ethnicity, gender, disability, religion, sexual orientation or age.

Our aims as an employer:

- As an equal opportunities employer, we aim to ensure that our employees are not subject to any discrimination on the basis of their race or ethnic origin, gender, sexual orientation, age, disability or religion. Discriminatory behaviour will not be tolerated.
- We are committed to ensuring that our workforce has the right skills and diversity to deliver fair and quality services to the communities it serves.
- We are also committed to ensuring that the proportion of minority ethnic staff in areas and grades where they are under-represented is reflective of the local community in accordance to the demographic profile.

Example 2 – Service Manager Level Priority Idea

 **Set objectives to reduce inequality in the service plan.**

What does this involve?

Choosing an objective that will reduce inequalities –examples may be-

- Reduce sexual assaults on female patients
- Increased numbers of older people who have access to new services eg crisis intervention
- Reduce disproportionate rates of compulsory detention of BME service users in inpatient units;
- Ensure balanced range of effective therapies- such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are appropriate and effective across genders, Social class, , disabilities

How to do this?

Analyse service user data and pick an area where there is inequality

- Patient experience
- Patient stories and feedback
- GP feedback
- Patient survey
- Staff survey
- Complaints
- PROMs (patient related outcome measures)
- PEAT (patients environment action team) scores
- Nursing care indicators
- Governor feedback
- PALS (patient advise and liaison services)
- LINKs (Local Involvement Networks) / Healthwatch
- Relatives/carers/ community feedback
- Clinical

Set an objective and set up a project group to achieve the objective

Example 3 – Team Level Priority Idea

 **Include in local induction for new starters active learning of behaviours which promote equality and respect for diversity.**

What does this involve?

Developing an local induction programme that incorporates equalities and diversity aspects within it.


How and why does it reduce inequality?

From the outset it will show the new starter your personal commitment to good practice in diversity and equality. It will also ensure that staff are working according with the organisations policy and practices and to the way you want things done in your team

How to do this?

- Through performance management systems such as induction then supervision and appraisal, identify new starter's areas for personal development regarding these issues and identify interventions to meet these needs.
- Sign staff up for e-learning packages in equalities and diversity and get them to take the prejudice challenge on the internet www.understandingprejudice.org/iat/
- In your supervision session with new starter, discuss your organisations policies and mandatory training. Ask how and why do these reduce inequalities? Discuss client groups and sensitivities. Tell your new starters how you want them service users and other staff members to feel and what behaviours will help achieve this.
- Provide feedback to individuals when they display behaviours which are inconsistent with the organisation's values and policy.
- Use supervision to discuss appropriate action to minimise the impact of discrimination and oppression on staff and service users.

Example 4 – Individual Level Priority Idea

 **If you are in a management role, reflect on your style of management and consider the effect your behaviour may have on those around you.**

What does this involve?

- Reflecting on whether you are managing diverse staff in a way that is fair and based on their diverse needs and styles.

How and why does it reduce inequality?

Working effectively with diversity means recognising differences and individuality in yourself and others. It means creating an environment that enables all members of a workforce to be productive and role modelling the skills for valuing diversity so that these behaviours become the norm.

How to do this?

- Ask yourself: –
 - How do I ensure that I am assessing and developing all staff equally?
 - When responding to an individual or a situation how far your response is shaped for example by their gender, race, disability and/or sexual orientation.
 - Do I analyse and actively develop strategies to tackle priority area for improvements e.g. address issues raised for example on workforce profiles?
 - Do I look for patterns that indicate some staff appear to move disproportionately through the promotion system?
 - What discussions have I had about working arrangements to meet any cultural, religious, domestic or other requirements that team members and users might have?
- Take the time and make efforts to truly understand how diverse employees or colleagues might perceive a situation differently from you
- Be curious, getting to know staff
- Make your personal commitment to equality and diversity clear in meetings, events, conversations etc
- Using appropriate respectful language during your interactions
- Role model fair, respectful and inclusive values and behaviours
- Act in a timely matter if managing incidents of bullying, disrespectful or oppressive behaviour.

Diversity Competences and behaviours

This competency framework is a comprehensive view of how tackling inequalities adds the greatest sustained value to the organisations. It combines of professional competence with alignment to your organisational goals. This framework captures what people who can reduce inequalities do and looks at the underpinning skills, behaviour and knowledge that they need to be most successful.

Competency	Behaviour displayed
Decisive thinker	Demonstrates the ability to analyse and understand equality data and information quickly. Is able to use information, insights and knowledge in a structured way using judgement wisely to identify options and make robust and defensible decisions.
Curious	Shows an active interest equalities and in the continuous development and improvement of self and others at both organisation and individual levels. Is open minded with a bias and willingness to learn and enquire.
Skilled influencer	Being able to raise awareness social disadvantage and healthcare inequalities Demonstrates the ability to influence across a complex environment, to gain the necessary commitment, consensus and support from a wide range of diverse stakeholders in pursuit of reducing inequalities
Self reflect	The ability to reflect on one's own behaviour, values etc and their impact on others. A willingness to acquire new patterns of behaviour and belief and the humility to acknowledge what one does not know.
Personally credible	Builds a track record of reliable and valued delivery using relevant technical expertise and experience and does so with integrity and in an objective manner.
Courage to challenge	Shows courage and confidence to speak up, challenges others even when confronted with resistance or unfamiliar circumstances. Articulating disapproval when you see discrimination all its forms
Role model	Consistently leads by example. Acts with integrity, impartiality and independence, applying sound personal judgment in all interactions
Self aware	Develops awareness of prejudice by reflecting on and examining your own values, beliefs and cultural identity.
Collaborative	Being able to identify areas of similarities and differences between different groups or individuals.
Empathetic	Being prepared and able to understand the values and attitudes of others and the challenges faced by them.
Gutsy	Increasing association with those who might trigger our own unintentional prejudicial response. E.g. develop understanding through fostering relationships with different groups. Practice thinking non-prejudicial thoughts and executing non-prejudicial behaviours in many settings and in many ways until they become automatic.

How will reducing inequality affect future care and save money?

Service User Vignettes

This page contains some case studies for fictional service users and staff showing how competencies in the staff and some of ideas above will bring an improved outcome

- John is a CPN, failing to respond appropriately to sexual orientation
- Sharon is a health care assistant on a ward, failing to respond appropriately to religion or belief
- Kate is an OT who does not appreciate the impact of gender inequality on women

John is a CPN. He works with an man called Tom, who is in his early sixties .John had not perceived Tom as anything other than heterosexual and had not asked about sexuality, neither for monitoring data nor for developing the therapeutic relationship and assessment. Tom is gay and is hostile towards John as he experiences John's failure to assess his needs as an insult and a sign of homophobia.

What should happen?

John has attended equality and diversity workshop and is much more aware of the possibility that Tom could be gay or bisexual. The increased awareness helps John to ask sensitively. He later understands Tom's aggression and discusses this. The relationship between the two improves.

Benefits for the individual and organisation

Assessments become more accurate and more reflective of people's needs. This increases the chances of effective outcomes from therapeutic relationships.

Sharon is a health care assistant on a ward. She is atheist and very anti-religion as she suffered harsh treatment at Sunday school and the Christian boarding school. She had her hair pulled for small misdemeanours and would be sent to her dorm on her on for hours.

Sharon has to deal with Joan, religious women in her forties. Sharon discusses all her issues from the perspective of her belief. Sharon becomes irritable when dealing with Joan and begins to think that the religious views are symptomatic of a mental health problem. Sharon's strong reactions to Joan were noticed by a colleague, who gently asked her about it. Sharon said she didn't realise she had been reacting to Joan in a markedly different way. The colleague suggests Sharon reads the organisational policy on spirituality.

What should happen?

Sharon reflects on her practice and reads the policy and realises that service users are supported to express their spirituality. She discusses in supervision that she had not appreciated this before and

explained the reasons for her strong views. She takes time to listen more carefully from the Joan's viewpoint and is supportive.

Benefits for the individual and organisation

Sharon feels less tense at work and communicates better with service users. Joan is supported to reengage with her church after discharge and the support network helps to reduce the frequency of relapse. In future she is discharged more quickly to a supportive network.

Kate is an OT. She has been instructed to ask all her patients or clients about abuse as a child. Kate has told her manager Anne that she does not want to do this. She said that it was an invasion of privacy to ask someone about sex.

What should happen?

Kate needs to understand the evidence that many of the women in inpatient areas have experienced child sexual abuse and that there is a close link between abuse and mental health problems. She needs an explanation of the policy and appreciate that asking about sexual abuse can be empowering for people to talk about their distress as a result of this violence.

Benefits for the individual and organisation

An organisation that works with the root causes of people's mental health problems will see improved outcomes and less reliance on inpatient services and medication.

What to look for in a change agent who can reduce inequalities

To help you reduce inequalities it is sometimes best to have a name person, internal or external to help you deliver your objectives. The following is a guide to help the recruitment and selection of that person

General - look for an organisational development/management professional with knowledge of Equalities.

Knowledge

- Understanding of equality and diversity issues, and current thinking in the area.
- Knowledge of the legislation relating to equality and diversity
- Comprehensive knowledge of organisational development projects and interventions.
- Understanding of organisational development theory and processes, and of change management
- Understanding of mental health issues and the current challenges facing the sector

Skills

- Developing a variety of interventions which meet the needs of the client
- Project management skills
- Consulting in a professional, proactive manner
- Ability to work in partnership with a variety of stakeholders internally and externally, and on differing levels
- Achieving and sustaining productive and influential working relationships with key stakeholders
- Ability to communicate using a variety of mediums with diverse audiences
- Providing high impact presentations to diverse audiences.
- Advanced analytical and problem solving skills
- Ability to effectively prioritise work and self manage
- Demonstrable ability in the use of word processing and spreadsheet applications (Word and Excel)
- Ability to ask tough questions

Experience

- Experience of successfully leading change programmes, working collaboratively with the client and other stakeholders

- Track record of marketing and providing innovative consultancy-based services and solutions in an organisation of similar scale and/or complexity
- Managing projects within public sector organisations which involve working towards creating a non-discriminatory organisation
- Communicating, negotiating and influencing with impact verbally and in writing.
- Promoting an ethos of respect and support for equality and diversity
- Creating a diversity friendly workforce
- Embedding diversity into service delivery
- Facilitating groups using the appropriate interventions to manage group dynamics and reduce resistance
- Developing creative and innovative interventions
- Working in partnership to achieve outcomes within timescales and budget
- Experience of managing highly complex situations that require analysis of a number of different situations.
- Building effective working relationships with a diverse range of colleagues and service users, overcoming barriers to communication.
- Creating and implementing processes to support strategies.
- Systematic approach to problem solving, ability to consider a range of options that require analysis, interpretation and comparison.
- Managing time and prioritising in a pressured environment.

Further Links and Resources

Useful information and reports

Race for Health, led by 21 PCTs focus on three key areas: workforce development, commissioning service improvement.	Surinder Sharma, DoH www.raceforhealth.org, call 0161 958 4081 enquiries@raceforhealth.org
http://www.developbromley.com/public/SpiritualityandFaith/Tools/Guidelines.On.Spirituality.pdf	
Guide to providing mental health care support to asylum seekers in primary care 01 Jan 2009	Royal College of General Practitioners
Guidelines on spirituality for staff in acute care services -Recognising a person's spiritual dimension is one of the most vital aspects of care and recovery in mental health.	Staffordshire University 01 Jan 2009
Positive steps: supporting race equality in mental healthcare	Department of Health 21 Feb 2007
Unheard voices': listening to refugees and asylum seekers in the planning and delivery of mental health service provision in London 03 Apr 2006	Commission for Patient and Public Involvement in Health
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	Department of Health: 11 Jan 2005
Celebrating our cultures: guidelines for mental health promotion black and minority community, south Asian communities refugees and asylum seekers African Caribbean community	Department of Health
Legacy report providing a composite of all equalities publications produced by NMH DU and predecessor bodies	www.nmhdu.org.uk

Diversity E-Learning Package:-

Grass Roots - Marketing, research & HR services

Pennyroyal Court
Station Road
Tring
Herts HP23 5QY
Telephone: 01442 829400

Equality and Human Rights Commission,

Main offices

Manchester

Arndale House, The Arndale Centre, Manchester, M4 3AQ

Telephone 0161 829 8100 (non helpline calls only)

Fax 0161 829 8110

info@equalityhumanrights.com

London

3 More London, Riverside Tooley Street, London, SE1 2RG

Telephone 020 3117 0235 (non helpline calls only)

Fax 0203 117 0237

info@equalityhumanrights.com

Cardiff

3rd floor, 3 Callaghan Square, Cardiff, CF10 5BT

Telephone 02920 447710 (non helpline calls only)

Textphone 029 20447713

Fax 02920 447712

wales@equalityhumanrights.com

Glasgow

The Optima Building, 58 Robertson Street, Glasgow, G2 8DU

Telephone 0141 228 5910 (non helpline calls only)

Fax 0141 228 5912

scotland@equalityhumanrights.com

Stonewall

Address:

Tower Building

York Road

London SE1 7NX

[Info Line](tel:08000502020): 08000 50 20 20 (Mon-Fri 9:30am to 5:30pm)

For all information and resource requests and enquiries about Stonewall.

Office (admin): 020 7593 1850

Fax: 020 7593 1877

Minicom: 020 7633 0759

Email: info@stonewall.org.uk