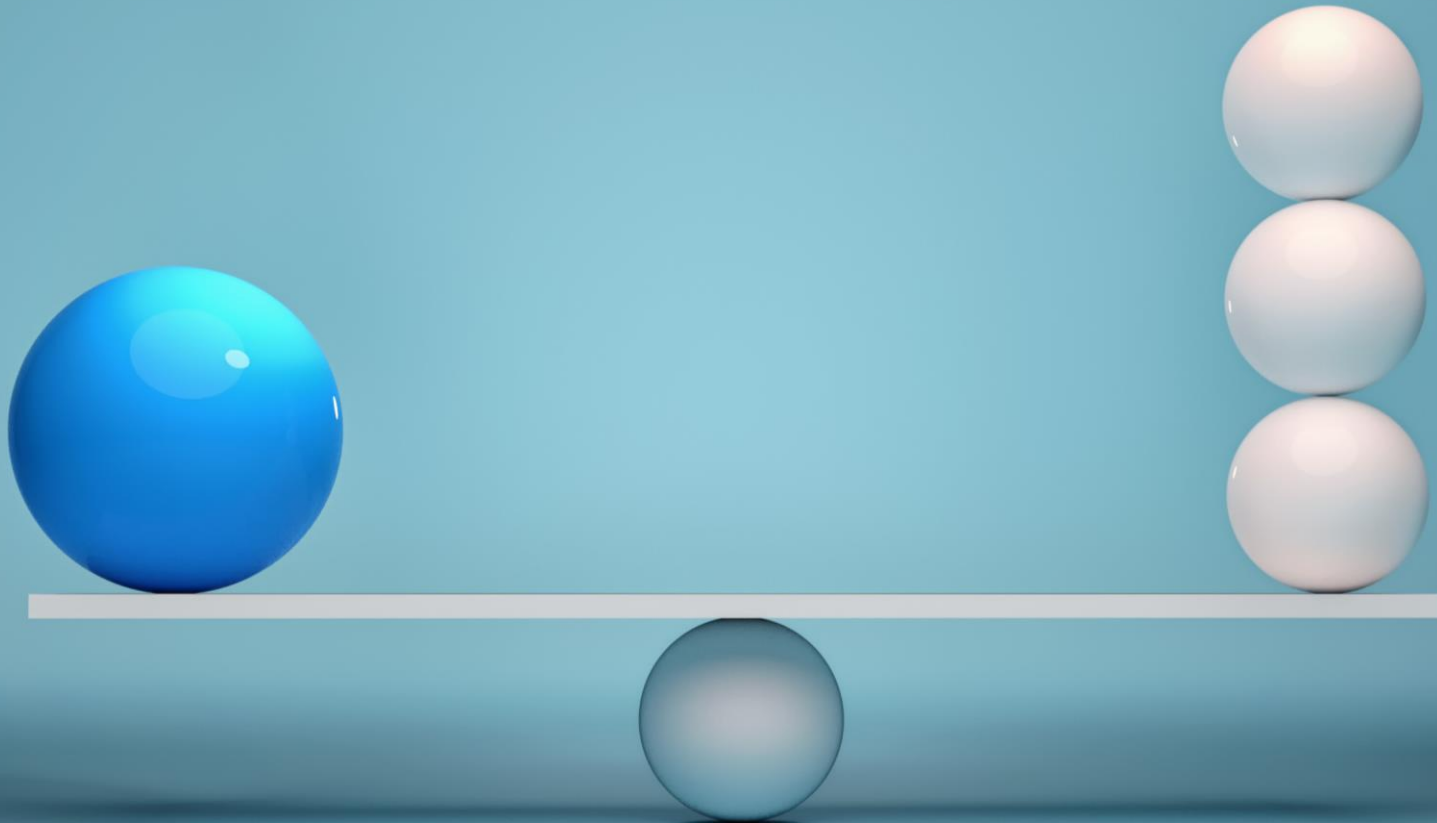




# Value Me to Reduce Inequality





To enable the right ingredients for an

## **Inclusive** culture

which is...

**Anti racist**

and

**Anti discriminatory**

for **all**

to

**Improve**

**access,**

**experience**

and

**outcomes**

for

**our people**

# Why...



# Value Me to Reduce Inequality



What..



Every person to be valued and understood



Why...



So that I have a fair opportunity to take the next step-*whatever that looks like for me*



# Definitions

- Health Inequalities ([England » Definitions for Health Inequalities](#))

Health inequalities are **unfair** and **avoidable** differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

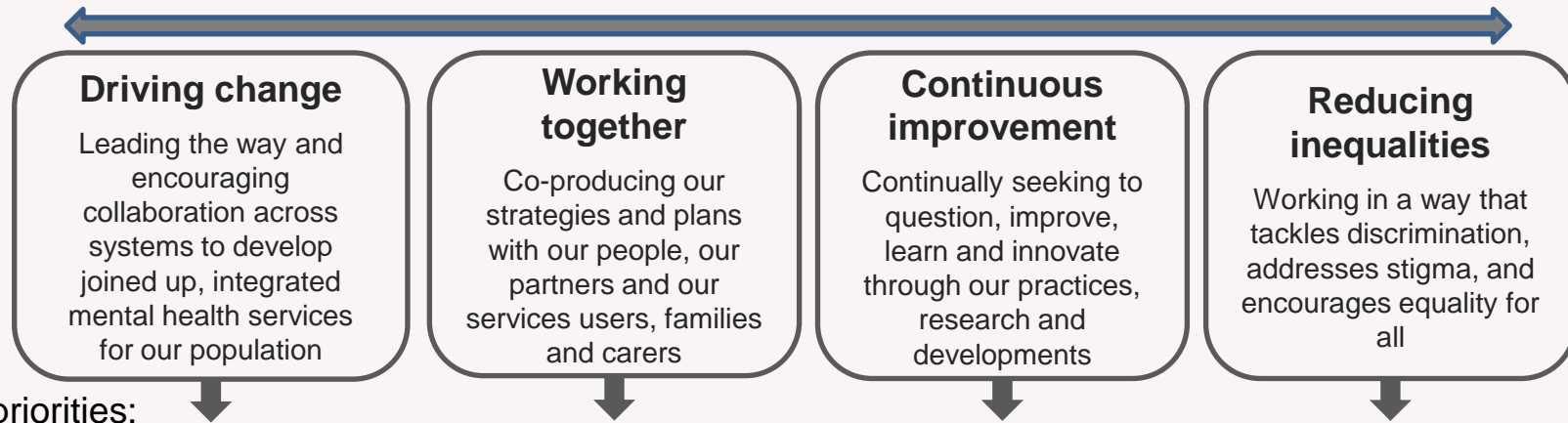
- Mental Health Inequalities

Mental health inequalities are often linked with wider cultural and societal systems of disadvantage which impact a person's wellbeing; including (but not limited to) stigma, discrimination and environment – including housing security.

# How our strategic priorities align

**One vision: improving mental health wellbeing**

We will need to work in four key ways to achieve this vision, and these are themes running through our strategy:



Four strategic priorities:

<b>Clinical Services</b>	Leader in mental health – integrated pathways and services; system partnerships	Recovery focussed - co-production as a norm for how we develop and design services	Service transformations; clinically effective and evidence-based	Rooted in communities – reducing inequalities for our service users and carers
<b>Quality</b>	Patient Safety collaboratives; system working e.g. suicide prevention, safeguarding	Improving service user experience – emphasis on co-production and EbE roles	A focus on quality improvement, learning lessons, using data and research	Reducing unwarranted variation; physical health
<b>People</b>	Workforce planning across the system	Staff engagement; lived experience roles; co-production of our systems and processes	Evidence based people practice; using data and analytics	Embedding our value of inclusion; diverse workforce; just culture; safety to speak up
<b>Sustainability</b>	Range of strategic partnerships and governance structures to support integrating	Staff and service users involved in identifying and developing and evaluating opportunities	Digital transformation evidence/research based; sharing practice/learning; environmental initiatives;	Resources, partnerships and data to support reducing inequalities; ensuring digital inclusion



# What's planned...

## Listen....Listen....Listen

We will review our policies and policy application through an anti racist & anti discriminatory lens

We will support our people to understand racism & what it means to be anti racist & anti discriminatory

Our leadership will be representative of the communities we serve

We will support our colleagues by creating cultures of civility, respect and safety

We will understand, improve and use inequalities data within our Governance

## Data...Data...Data



# Race Health Observatory Rapid Review



Less evidence about the experiences of Roma, Gypsy and Irish Traveller and Chinese groups

- Lack of Interpreting services acting as deterrent



Ethnic minority groups experienced clear inequalities in access to Improving Access to Psychological Therapies (IAPT)

- Self referral
- GP referral
- Receipt of CBT
- Ethnic minority people with psychosis less likely to be referred for CBT



Very large and persisting ethnic inequalities in compulsory admission to psychiatric wards, particularly affecting Black groups, but also Mixed Black & White groups and South Asian groups



Evidence of harsher treatment for Black groups in inpatients wards, e.g., more likely to be restrained in the prone position or put into seclusion.



Review affirms that some inequalities present for adult populations were replicated in younger populations. Parents reported their children facing the same barriers to accessing services as reported for adult mental health services.



Black children were 10 times more likely to be referred to CAMHS via social services (rather than through the GP) relative to White British children.



# What does this mean for Psychological Professionals?