

**Evaluation of Inequalities, Gender Sensitivity and Primary Care Mental
Health Pilot work in South West Glasgow.**

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1. INTRODUCTION

This report presents some early findings and learning points from the South-West Community Health and Social Care Partnership, Inequalities Gender Sensitivity and Primary Care and Mental Health pilot work. The remit of the evaluation report is focused on the model for incorporating an explicit commitment to addressing inequalities within developing practice in the South West of Glasgow. Consequently it does not set out to evaluate the Pathways service¹ within which the pilot work is taking place. The findings will feed into Greater Glasgow and Clyde developments on gender and inequalities, in the context of forthcoming inequalities legislation for public bodies.

The report provides an initial evaluation of the objective to integrate both an understanding of inequalities in general and of gender inequality in particular into the developing service in the South West of Glasgow. It sets out to address a set of key questions about the pilot work and provides a baseline for the elaboration of a methodology for further evaluations of inequality and gender sensitive practice in mental health service provision.

Objectives of the evaluation report

The initially elaborated objectives of this evaluation report were to identify learning points from the South-West CHSCP, Inequalities Gender Sensitivity and Primary Care and Mental Health pilot work that can be used to further develop Glasgow's health and social care service response to social inequalities. The brief for the evaluation set out a number of key research questions:

¹ Pathways are a primary care mental health service aimed at people with a mild to moderate mental health problem. More details of Pathways is outlined Appendix 3.

1. What impact does gender and other social inequalities have on clients of the South West PCMHT team?
2. What are the clients' perspectives on the response of the primary mental health care team to their needs, and in respect of gender and other social inequalities?
3. What awareness and capacity does the team have of gender and other social inequalities? (This information to be drawn from pre-and post training surveys, qualitative data to be collected from interviews and observation)
4. What information does the team access about gender and other social inequalities? (from the e-library survey), from communications with the GGNHSB. Qualitative data to be collected by interviews and observations in respect of information requirements and response to the information provided).
5. How do staff from the wider CHP teams understand and respond to gender and other social inequalities? (from a tailored information-sharing staff event).

The Report

The report sets out the background to the pilot work and some of the development issues encountered so far. (A chronology of activities in relation to this work is included in Annex 1).

The report then goes on to provide a brief overview of health in Scotland and the identification of mental health issues in recent evidence and literature. The focus then shifts to questions about the team and their learning and understanding with information from a range of sources. These include the pre-training and post-training surveys undertaken by GGNHSB, the e-library survey undertaken by a member of the library staff and the development day organised for the Pathways team In March 2006. The learning points are outlined in section two with section nine outlining some recommendations in respect of these findings. A number of key references are included in section ten.

Development Issues

With respect of development issues encountered so far, in response to staff needs and development imperatives for the pilot work in South West Glasgow, the evaluation report focus has been changed. The main change is around the capacity at this stage to reflect the perspectives of clients or to identify indicators for the impact of the service on the clients. The pilot work itself will contribute to identifying how this might be captured. In regard to this matter, feedback from the Pathway's team has raised a complex issue in respect of understanding how population level inequalities including gender inequality might translate into a service delivery issue. In addition, while understanding that structural inequalities may be a contributory factor in the development of mental health problems, the challenge for the team was to understand how this might present in individuals with mental health problems.

A further change was in respect of the tailored information day. The original intention was to use a development day to network and develop relationships within the Community Health Partnership in the South West. However, in response to feedback from staff in the primary mental health team, the day was designed and conducted around their need to understand more about the pilot work's focus on inequalities and how this understanding could be translated into service delivery. This need to reassess the objectives for the evaluation report is an important learning point, reflecting the need to work at the team's pace and to be flexible. A key issue was major structural and organisational change in NHS and Social Services and this undoubtedly affected, at the time, prioritisation and confidence as regards this work.

Further factors for consideration are the pace of the introduction of other social infrastructure like the appointment of a health improvement worker and the Carr Gomm² service coming in place. These have had an impact on the

² Carr- Gomm is an organisation providing person centered support; supported living and community care services. It provides housing and support services to people who are vulnerable. Carr-Gomm supports over 3000 people each year who have a variety of needs including: mental ill-health, drug and alcohol misuse, learning disabilities, HIV and AIDS, single mothers, young people leaving care and people who are homeless (www.carrgomm.org.uk)

early stage of the pilot work. The result is that parts of the network of support were not in place. Carr Gomm is now in place but the health improvement worker is still to be appointed. In addition, the team identified other support like allowances for transport or childcare as factors for consideration.

Methodology

The methodology for the evaluation report included desk based research on Scottish based literature about inequalities and mental health, interviews with a range of key actors in the South West including the team leader for Pathways, team members from the GGNHSB Corporate Inequalities – Gender team, and with the Public Health Programme Manager Glasgow Centre for Population Health (GCPH). These provided both context information and observations. Further information and understanding was gathered from attendance at the development day as a participant observer, attendance at Steering Group meetings and participation in a sub-group on evaluation facilitated by GGNHSB and with input from the Glasgow Centre for Population Health³. GCPH provided the both financial support for the evaluation work and the remit for the report. One of the key tasks of the Centre is to evaluate the local impacts of health strategies and to share developing and good practice across Glasgow.

³ The Glasgow Centre for Population Health is a research and development centre. It works across the boundaries of research, policy, implementation and community life to shape a healthier future for Scotland. The Centre brings people with different perspectives together to commit to fresh thinking and approaches to improve Glasgow's health. Based in Glasgow, the Centre has a focus on the particular characteristics of this part of the world, including health inequalities - and we believe that our approaches and learning will have implications for many cities and regions.

2. FINDINGS/LEARNING POINTS

Team development and understanding

- ❖ The Pathways Team report a greater understanding of inequality, mental health problems and the impact this might have on service users. This includes an understanding of the range of factors such as gender, poverty and ethnicity and how these might combine to exacerbate mental health problems. They also reported a greater confidence in respect of providing a responsive service.
- ❖ Nevertheless, the team found the issue of gender inequality more difficult to get to grips with at the level of individual clients and as regards their role in community bridge building. As indicated earlier, feedback from the Pathway's team has raised a complex issue in respect of understanding how population level inequalities including gender inequality might translate into a service delivery issue. In addition, while understanding that structural inequalities may be a contributory factor in the development of mental health problems, the challenge for the team was to understand how this might present in individuals with mental health problems. This remains a challenge, particularly as few clients come to the service saying anything specifically about the effect of gender roles on their mental health. However, the well established focus in society on relationships gives a useful context to discuss 'healthy' approaches to how men and women see themselves and each other and how individual experience of gender socialisation; gender in culture and expectations around this from family / friends impact on mental health and health and how this is played out in services.
- ❖ The team are still grappling with issues in respect of some of the other equality strands notably religion and/or belief and how this might present in respect of the service.
- ❖ Notwithstanding these tensions, some practice issues have been identified by staff in respect of picking up on differential responses and needs of clients. For example, consideration of how to promote access for a number of specific groups like younger women and men, ethnic

minority groups, LGBT groups or middle-aged / older men and women. The take up of the service at present is largely white women from mid-twenties to fifties. Issues around the cost of transport, childcare and other social infrastructure have also been identified as potential factors influencing take-up. In addition, the question of whether the sex of the therapist matters has been identified as a possible issue and one that should be monitored even if the service cannot provide a choice at present. However, these are only some factors in progressing a gender and inequalities sensitive approach, systematic approaches to all day to day work needs key consideration.

- ❖ The experience of organising the development day and the need to reassess the questions for the evaluation report are important learning points. The key learning point is the need to work at the team's pace and to be flexible and responsive. This is a challenge when operating within the framework of the health service where performance frameworks and established practice as well as time and resource constraints persist.
- ❖ The provision of awareness raising and training has been an important element of the model designed for this pilot work. The surveys underline the progression for staff and their willingness to engage with change. For a minority of the Pathways team, survey responses indicate that they perceive themselves to have a high level of understanding of the issues and that they do not perceive a need for support and training. However, overall there is not evidence that this is the case and it may be that this confidence needs to be challenged. It may also be necessary to find ways of evaluating understanding through further surveys or review.
- ❖ As the eLibrary survey underlined, a lack of expertise in computers is a barrier for some of the team. In respect of information and evidence, the findings of the survey suggest that there is still work to be done in establishing or consolidating the rationale for the team to do their own research, developing more skills in research techniques and in the use of equipment. The development of skill and expertise in this area needs

to be monitored along with the development of core understanding of the issues.

- ❖ As the pilot work represents building in specific considerations into service provision that may have been implicit but that are now explicit, it is important to provide support for staff throughout the process of capacity building and practice delivery. The development day was part of the response to this need and there is agreement that this should be done on a regular basis and in a structured manner. The identification of good practice in service delivery is considered very important by the team alongside opportunities for discussion and exchange in a constructive environment.

Client feedback

- ❖ The need to capture client's perspectives and the impact of the service on the users is an important part of the way health services are delivered and monitored in Scotland. However, it was agreed that the best method of doing this required further consideration and time. A number of factors influenced this decision: The service is still developing and all elements were not in place; feedback from clients is more complex in a developing service that offers different therapeutic interventions; clients may not have experience or awareness of different options or indeed experience of being consulted about their needs. More thought needs to be given on how clients can be consulted on impact of gender and inequalities on their mental health and response from mental health services to this.

Signposting v Intervention

- ❖ There was some discussion of this at the development day and at steering group meetings. The Pathways Team are clear that their role is therapeutic, based on empowerment and that it is not to intervene across a range of related issues for clients. However, in developing and testing a social model for mental health services, intervention is a consideration as well as a key role for PCMHTs. Evidence from other pilot work in Glasgow, on addressing underlying structural inequalities in mental health and elsewhere (Mackenzie et al, 2006; WellFamily Service, 2002; Tew et al, 2005), underlines the positive response of

clients to intervention that addressed issues that are inextricably linked to mental health such as abuse, housing. 'purposeful activity' and poverty. The capacity of the therapist to address the wider issues was highly valued by the women clients in this pilot. There was evidence from the Pathways PCMHT Development Day (March 2006) that team members employ different approaches to asking and responding to issues, for example, financial problems and abuse.

Communications

- ❖ Interviews with key actors and observation at the South West pilot work Steering Group meetings highlight the fact that communication is a key issue in terms of understanding the objectives of the pilot work, clarifying expectations from the team at GGNHSB, the Pathways Team and the partnership in the South West. Good communications and overall clarity about the pilot work is also critical in identifying issues for staff in an area of ongoing development and learning. The development day was, in part, a response to this need for improved understanding and communications. In addition, discussions with GGNHSB staff, the team leader and Development Manager in the South West and the Steering Group, have facilitated better exchange around expectations and around concerns about the practice change that the pilot work is identifying.
- ❖ It was important to make clear the parameters for the ongoing evaluation and to stress that it is about learning from the pilot work so far, about understanding and responding to the needs of the team in respect of support and training rather than about the adjudication on the team or their expertise. The development day provided an opportunity to explore unease among staff that they may be judged against some performance measures that they did not fully understand.

Ownership

- ❖ Pilot work such as this faces a challenge to strike a balance between local ownership and direction and the central provision of support and expertise. In addition issues of accountability and expectations in respect of practice development and change in service delivery need to

be clarified and negotiated. As the conduit of team views at steering group meetings, the team leader plays a pivotal role. Facilitated exchange like that provided for the development day offer an opportunity to clarify objective, share unease about expectations, identify pressure points like time and resources and to share learning and experience between the team and GGNHSB staff. While team meetings provide an opportunity for exchange, of necessity they will be addressing a range of issues and there may not be sufficient time for exploring broader questions.

3. BACKGROUND

Greater Glasgow and Clyde NHS has been developing a model of service delivery that considers gender related aspects of broader mental health service provision as well as inequalities more generally⁴. This provides the context for the pilot work in the South West of Glasgow that is the subject of this evaluation report. This development work will aid learning relating to equalities legislation for the public sector – notably the forthcoming duty in respect of gender equality .

Developing Inequalities Sensitive Practice

Two year funding has been secured ('Inequalities Sensitive Practice Initiative' - ISPI) from the Scottish Executive to expand development work in four areas (mental health, maternity, addictions, children's services) within the Greater Glasgow and Clyde NHS area. The work is building on experience with GGNHSB of targeted intervention around women's health and men's health and learning from innovative pilot work on integrating gender sensitivity into addictions services.

The work is informed by evidence about the continuing and detrimental effects of social, cultural and economic inequalities, including that of gender, on health in Scotland.

This pilot work in the South West of Glasgow provides an opportunity for learning that can inform ongoing and future service developments with a view to enhancing the effectiveness of interventions.

The model incorporates the following elements:

- ❖ Capacity building and training for members of the primary mental health care team in inequalities, gender and mental health,
- ❖ Community development work with an inequalities and gender focus,

⁴ The objectives of this work are outlined in appendix 11

- ❖ Exploration of the potential for better, proactive use of e-library resources, and
- ❖ Creating more opportunities for pathways between the primary care mental health team, wider primary care staff teams, voluntary sector and user networks within the SCCHP.
- ❖ A Steering Group that draws on expertise from GGNHSB staff, staff from the South West and expertise in respect of evaluation and learning.

Inequalities and Health

The Primary health care model developed for the Pathways service aims to provide an accessible and responsive service that encapsulates a social model of mental health care. This model responds to the growing evidence that inequalities in general and gender inequalities in particular have an impact on health outcomes⁵. The pilot work provides an opportunity to learn from the work in the South West of Glasgow in relation to identifying the support and training needed for staff as they develop their understanding of the interaction between inequalities and health outcomes, and, in respect of the change in practice necessary to provide an accessible and responsive service to clients.

Extensive research has shown that the people who are most affected by societal inequalities related to factors such as low income, gender, social position, ethnic origin, geography, age and disability are more likely to have poorer physical and mental health than the general population. (Scottish Executive [Inequalities in Health - Report of the Measuring Inequalities in Health Working Group](#) Edinburgh 2003).

The pilot work in the South West provides an opportunity to explore the implications of the application of a social model for understanding health inequalities and service provision. This framework for developing practice

⁵ More details of the practice model and the Pathways service are included in Annex II

acknowledges that biological differences alone do not result in different health outcomes for women and men. It recognises that gendered norms and values have an impact on ill health and how it manifests, response to interventions and to accessing and using health services.

The current model of health intervention is based on a medical/biological model. While mental health interventions may be predicated on responding to individual need, characteristics like gender, race, disability, sexual orientation and religion are not considered in an explicit manner. Making inequalities explicit, and understanding how gendered expectations and norms can contribute to health problems, will assist in designing a more responsive and accessible service and bring inequalities considerations to the mainstream of service provision. It will also provide an environment where innovation and change can be undertaken.

In his recent book looking at inequality and health, Wilkinson discusses relevant issues in some detail⁶. He draws on literature from around the world and discusses the issues, shifting the evidence available. His writing sets out evidence that more unequal societies tend to have an aggressively male culture. This in turn has a negative impact on the health of both men and women. He identifies emerging evidence that in societies where gender equality is more pronounced, there are better health outcomes for women and men (Wilkinson: pp. 216-227).

⁶ Wilkinson, Richard (2005) *The Impact of Inequality: How to Make Sick Societies Healthier*. The New Press.

4. HEALTH IN SCOTLAND

The persistence of major health problems in Scotland represents a considerable challenge for politicians, policy-makers and service providers. Across a range of indicators like coronary heart disease, all-cause mortality, life expectancy and mental health, Scotland performs poorly in comparison with UK and EU health statistics.

A number of significant initiatives have been undertaken to support a more systematic approach to gender inequalities in health. *Fair for All*, a process led by the Scottish Executive Health Department through Health Scotland seeks to integrate equalities considerations into health policy formulation and delivery. A number of other factors provide an impetus for the application of a social model of health care:

- ❖ The Equality Strategy (2000) promotes mainstreaming, that is building in equality considerations to mainstream policy-making and implementation.
- ❖ Greater responsibility for health has been devolved thus creating local opportunities to inform the development of policy from a gender-sensitive perspective. This includes the development of Community Health Partnerships (CHP's) like that in the South West of Glasgow within which this pilot work is being undertaken.
- ❖ The NHS Reform (Scotland) Act 2004 places a duty on NHS Boards to promote equal opportunities.
- ❖ The Equality Bill (2006) includes a public sector duty to promote sex equality.

5. GENDER AND MENTAL HEALTH IN SCOTLAND

The report **Equal Minds**, 2005, provides an up-to date account of mental health issues in Scotland and underlines some of the factors that contribute to this including socially constructed gender roles. The report cites evidence

underlining the fact that for women, a number of factors including socio-economic status and social and reproductive roles can combine to result in poverty, low self-esteem and poor mental health. (Equal Minds, 2005)

Poor men face particular health risks, including heart disease, testicular cancer, alcohol abuse, suicide and high overall mortality. They are more prone to depression and there is some evidence that they are less willing than women to use professional health services. In addition, there is evidence that men's experience or response to poverty or unemployment may be different from the response of women in similar economic circumstances (EOC 2003, Equal Minds 2005).

Census data indicate that 37% of households in Scotland contain at least one resident with a limiting long-term illness, health problem or disability (Scottish Executive, 2004). Specifically in relation to mental illness, in 2001, 30,000 people were admitted to hospital with a mental illness, of these 52% were men and 48% women (Scottish Executive, 2004).

In Scotland, as in the rest of the UK (Palmer *et al*, 2003) mental health problems affect more women than men.

- ❖ The incidence and prevalence of depression and anxiety is higher among women than men (ISD, <http://www.isdscotland.org/isd/>) Melzer *et al*, 2001). This same pattern is consistent across ethnic groups (Nazroo, 1997; Melzer *et al*, 2001; Melzer *et al*, 2004).
- ❖ Anxiety – specifically fear of going out at night among aged over 60 is four times more prevalent among women than men; and 1.5 times more prevalent among women on low incomes as other women (Palmer *et al*, 2003).
- ❖ Based on community samples (Melzer *et al*, 2001) and hospital discharge figures (ISD, <http://www.isdscotland.org/isd/>) rates of schizophrenia and of alcohol and drug abuse are higher among men than women.

- ❖ In Scotland there are, however, rising levels of alcohol-related harm among women – especially among young women (Scottish Executive, 2003).
- ❖ Suicide was the leading cause of death among Scots men aged 15–34 in 2000 (ISD, <http://www.isdscotland.org/isd/>).
- ❖ Asian women aged between 15–35 years are two to three times more vulnerable to suicide and self-harm than their non-Asian counterparts (Soni-Raleigh, 1996, in Bhardwaj, 2001).

Good Practice

In England and Wales, women consulted as part of the process of developing a strategic approach to mental health care said they wanted were services that:

- Kept them safe.
- Promoted empowerment, choice and self-determination.
- Placed importance on the underlying causes and context of their distress in addition to their symptoms.
- Addressed important issues relating to their roles as mothers, the need for safe accommodation and access to education, training and work opportunities.
- Valued their strengths, abilities and potential for recovery.

According to the Equal Minds report, there does not appear to have been any Scotland-wide research to indicate the experiences of women with mental health problems who use services. However, there is some evidence from pilot work with GGNHSB in respect to responding to gender and other inequalities within mental health services (MacKenzie et al, 2006). This evidence reinforces the view that interventions around multiple advocacy were valued highly by women clients.

Equal Minds (2005, pp36)

The approach identified in the above table, fits very well with the current practice in Greater Glasgow and Clyde NHS and with the impetus of the pilot

work on building **in** gender/inequality considerations to service design and delivery. The systematic approach to evaluation and shared learning will provide more detail on service issues as they apply to Scotland. This will be particularly helpful in respect of the forthcoming Gender Equality Duty (GED)⁷ and complements the patient focus of the health improvement strategy at Scottish level.

The South West of Glasgow

The Health Scotland profile of the area provides a useful data in respect of trends and in comparison to other areas in Scotland. These profiles cover the whole of Scotland and provide indicators for a range of health outcomes - life expectancy, mortality, hospitalisation and health determinants - smoking levels, breastfeeding, income, employment and access to services.

What the profile of the South West underlines is that there is a high incidence of unemployment, a high level of illness that prevents participation in the labour market, a high percentage of people on incapacity benefit, a gap in life expectancy between men and women that is more pronounced than the Scottish average and a range of other inequalities that have an impact on mental health and wellbeing. For example, the number of prescriptions for anti-depressants, outlined in the profiles, underlines the severe nature of the problem.

These profiles would be enhanced by providing an analysis of the evidence base and an explanation that makes connections with the extensive research on inequalities and health outcomes. At present, while there is very detailed information about health and indeed ill health in Scotland, this is not presented in a manner that can inform public policy interventions in respect of health care. Furthermore, performance frameworks and monitoring systems

⁷ The general and specific duties will come into effect on 6th April 2007. All public authorities will be subsequently required to consider the gender equality dimension of all of their functions/activities ranging from service delivery, policy design, implementation, evaluation and, with respect to their role as employers.

are not designed to capture information relating to equality/gender equality, and the interaction between inequalities and health outcomes.

6. PILOT WORK DEVELOPMENT

As indicated in the introduction, one of the key elements of the model is capacity building and training for members of the primary mental health care team in respect of inequalities, gender and mental health.

Training days were held in July 2005 and September 2005 on social inequalities and gender. Pathways Team members participated in both pre-training day and post-training day surveys to identify learning needs, progress in respect of understanding the issues and to identify further training or support needs. This section outlines some of the findings of the surveys and highlights further learning and issues arising from the Development Day for the team organised in March 2006.

The pre-training day and post-training day interview questionnaires were not carried out as part of this evaluation. Alongside the Development Day report and a range of interviews, the evaluation report draws on their findings to identify learning points and issues for further development.

Pre-training surveys

In the completed pre-training surveys returned for the Pathways Team there are a number of commonalities and some minor differences. The commonalities are around the following:

- ❖ The fact that this is a new service and that practice is developing. The team in South West were clear about the need for on going reporting and evaluation in order to identify improvements.
- ❖ Respondents acknowledged lack of expertise or experience with ethnic minority communities presenting with mental health problems.
- ❖ There was a high awareness of poverty in the geographic area of the South West and some awareness gender and age in relation to

poverty. However, there was also a sense that this is a complex and substantial agenda.

- ❖ There was keen interest in identifying good practice – notably in service delivery as this is an area where there seems to be very little information and comparative examples.
- ❖ Respondents reported that they have less understanding about the role of religion and how this impacts on inequalities.
- ❖ At least half of respondents expressed the view that resources and finance were an issue in terms of providing the level of service demanded and responding to the needs of different communities.

Among the differences expressed, were a minority who expressed that the view that they did not need training or find it useful. There were also varied perceptions around the extent to which managers were taking a pro-active approach to ensuring that inequalities are being addressed in the service. A quarter of the respondents were unsure. This reflects the newness of the service and the fact that people are still unsure about what change in practice is required.

Post-training surveys

The post-training survey identifies that the Pathways Team have begun to understand some of the interactions between inequality, mental health problems and the impact this might have on service users. Respondents reported a greater understanding of the issues, notably the interaction between a number of factors such as gender, poverty and ethnicity and how these might combine to exacerbate mental health problems. They also reported a greater confidence in respect of changing and providing a responsive service.

As with the pre-training survey responses, there are a number of commonalities and differences, reflecting some different professional approaches and some personal responses.

The commonalities included:

- ❖ For most of the respondents, poverty, gender and ethnicity issues have assumed more importance in respect of their own work, for a minority, religion has become a more important factor.
- ❖ About one third of the respondents had initiated change within their practice following the training.
- ❖ The majority found the training day very useful and reported that they increased their understanding of the issues.
- ❖ All of the respondents identified the need for more training and capacity building. In addition, they expressed support for opportunities for discussion and exchange and more information generally including statistics, analysis of evidence and identification of good practice.
- ❖ For staff, one of the key needs identified was for information, where possible, on practice development and the service delivery aspect of building gender sensitivity and sensitivity around inequality into the delivery of mental health services.
- ❖ There were a range of individual feedback points including, more liaison with the voluntary sector, more internal debate and capacity building, and more sharing between localities.
- ❖ A minority of respondents suggested that as they are already focused on individual and their empowerment, training on this area was less relevant for them.

Development day

As indicated previously, in response to identified needs for both information sharing and exchange, a Development Day for the Pathways Team took place on 15 of March. The original intention was to use a development day to network and develop relationships within the CHP in the South West. However, in response to feedback from staff in the primary mental health team, the day was designed and conducted around their need to understand more about the pilot work's focus on inequalities and how this understanding could be translated into service delivery.

The Day had a number of elements:

- ❖ The provision of a background pack including key readings, pilot work information, a chronology of activities to date and the draft evaluation report.
- ❖ Brief introductory presentations
- ❖ Workshops with case studies
- ❖ Group discussions

The development day was attended by the Pathways Team, including the new social care manager from Carr Gomm, the evaluator for the pilot and a range of representatives from the Health Board, including the Corporate Inequalities Team (CIT). A member of the CIT facilitated the day and provided a written report that has been drawn on for this evaluation report and has been circulated to the Pathways Team.

Participants spent the majority of the day in groups working through two case studies, one male, Dean and one female, Lynn. The group exercise lasted most of the morning and was followed by a lengthy discussion after lunch.

The development day report notes that due to lack of time, the exercise on community based preventative work did not go ahead. Given this, it was suggested that the Pathways Steering Group consider how best to take this area of work forward, especially in light of the pending appointment of the ISPI Development Worker. The report provided a set of key considerations for the future that reflect much of the learning points from the day:

- ❖ Time for more discussion and debate
- ❖ Learn from current models of good practice – link with existing local agencies/community groups
- ❖ Information on particular areas of training e.g. multi-agency
- ❖ Move emphasis to wider mental health system e.g. involve other services and operational managers in future development days

- ❖ Continue to identify inequalities issues throughout the life of the pilot
- ❖ Make practice changes where possible e.g. try out new things and learn from what does/doesn't work – ok to make mistakes
- ❖ Make inequalities sensitive practice more concrete for Team members

Among the issues the team had an opportunity to explore were expectations about the pilot, issues about understanding gender and social inequalities and how this impacts on service delivery, the capacity to take initiatives within the pilot work, recording and reporting, flexibility and responsiveness and issues around signposting to other services rather than extending their role into non-therapeutic areas.

Elibrary and evidence base

As indicated earlier, another component of the model is support for the identification of evidence, targeted literature and information. These elements have been addressed through an *elibrary*⁸ survey and literature/evidence search. The outputs from this have included material specifically geared to the needs of staff in the South West.

The *elibrary* survey provided some useful information that reinforces learning from the other surveys and from the development day about the needs of staff in this pilot work:

- ❖ Time is a critical factor both time to develop capacity in respect of research and data and time to utilise and enhance the skills.
- ❖ The need for sources that are relevant and data that is sourced from credible and verifiable sources. Team members recognised that the

⁸ Blair J. (2006) *Do NHS Greater Glasgow and Clyde staff use the NES eLibrary to access the information and knowledge they require improving the health of the Glasgow population?* Dissertation submitted in part fulfilment of the Masters in Information Science Research Project, University of Northumberland – Distance Learning Course.

elibrary is a dedicated resource but would use a handy search engine like *google* as a short cut.

- ❖ Pathways Team appreciated assistance with elibrary searches and articulated the need to identify case studies of developing and good practice. However, the survey reported that they felt that they had no time at all to spend looking for evidence of best practice.
- ❖ Lack of skill around utilising computers is a barrier.

The researcher offered individual sessions for Pathway's Team members and this is ongoing. The development of skill and expertise in this area needs to be monitored along with the development of core understanding of the issues.

7. PATIENT/CLIENT PERSPECTIVE

As indicated earlier, while a key perspective identified is that of the client, it was decided that this was not appropriate at this early stage and will be a task for the next period with input from the team leader, the Steering Group and the ISPI worker.

Feedback from clients is more complex in a developing service that offers different therapeutic interventions and where clients may not have experience or awareness of different options or indeed experience of being consulted about their needs.

However, there is an internal audit process in place that provides patterns of service usage that can inform the baseline and targets for the development of the service.

The 3 month Pathways internal report, provided in April 2006, indicates baseline trends and has identified some early patterns in use of the pathways service:

- ❖ Over two-thirds of the clients are women
- ❖ About one third of those using the service are men.

- ❖ The age profile is very much in the middle range with very little take-up among younger people or older people
- ❖ There is very poor take-up among ethnic minorities
- ❖ In respect of inequalities – clients are not presenting with multiple issues

Demographic Details:

- 68% (n=290) of referrals were female, 32% (n=135) were males
- The average age of clients accessing the service is 40 years, with the majority of clients (68%) between the ages of 25 -54 yrs.
- In relation to ethnicity, 93% of clients classified themselves as white Scottish
- With regards to sexual orientation 83% of clients classified themselves as heterosexual

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Within the Steering Group and the pilot work team, there is consideration of how best to capture the views of clients and some focus group work may be undertaken. This area will be taken forward by the ISPI co-ordinator and the team leader in the South West. 'Live' case studies and tools which show how to approach these issues (e.g. ways of asking & responding) may be useful starting points on what is important to mental health service clients in relation to gender and inequalities.

8. STEERING GROUP

The Steering Group has been an important resource for the pilot work and a locus for discussion around issues that are both complex and potentially problematic. It has a range of members and draws on expertise from GGNHSB staff, staff from the South West including the team leader and the Development manager, the Public Health Programme Manager, GCPH and consultancy expertise in respect of evaluation and learning. The composition of the group has facilitated a systematic approach to learning from the project and crucially, responsiveness to the needs of the team in the South West. For example, the organisation of the development day was as a result of needs identified and the decision to focus on the Pathways Team rather than the wider partnership was important to the efficacy of the day.

In the course of the study and in response to staff needs and pilot work findings, these questions have been changed. The main change was around the capacity at this stage to reflect client's perspectives and the impact of the service on the clients. An additional change was the focus of the development day for staff of the South West PCMHT team. The original intention was to use a development day to networks and develop relationships within the CHP in the South West, however, in response to feedback from staff in the primary mental health team, the day was designed and conducted around their needs to understand more about the pilot works focus on inequalities and gender inequalities in particular. This need to reassess the objectives for the evaluation is an important learning point, reflecting the need to work at the team's pace.

The fact that the Steering group meeting regularly also provides a mechanism for two-way communication ensuring that important issues and learning can be brought to the wider management and corporate inequalities team within GGNHSB. The team leader in the South West is a key actor in respect of the pilot work. She is the conduit of two-way information and is the key to good

communications both within the team and with the GGNHSB team. It is important to acknowledge this responsibility and the resulting demand that this places on the team leaders time.

9. RECOMMENDATIONS

Recording and reporting

- ❖ The three monthly audit provides crucial information on who is using the service. It also provides an opportunity to target groups who are not well represented in the current client group. Young males would be one such group alongside ethnic minority communities.
- ❖ At the development day, staff discussed a number of practice development issues that can provide useful feedback in respect of clients needs. In order to provide evidence, a systematic approach to monitoring and reporting needs to be put in place. Good systems are in place within Pathways, which could be built on (e.g. staff are currently working on inequalities areas identified from their internal 3 month review. Monitoring of groupwork / community bridge building regarding inequalities is also required.). For example, questions around whether the sex of the therapist matters and how to capture that data. Currently, they are not in a position to offer a choice. However, it is important to ask the question and to record the answers in order to establish whether it is a factor for some clients in the South West. There was a discussion about whether the current system where people have to sign an assent form for treatment might be intimidating for some young people in particular. In addressing this perhaps some variation in approach could be tried in a number of cases e.g. asking whether the client agreed to treatment with a yes or no tick box system.
- ❖ In respect of signposting, while the team are clear that their role does not extend to assisting clients with welfare, debt, 'purposeful activity' or other issues, it might be useful to record the extent to which this signposting is necessary for clients and to what kind of service. Analysis of this will provide further useful data that can help to inform

both targeting and indicators for future evaluations. As indicated earlier, evidence from other pilot work (MacKenzie et al, 2006) , underlines the positive response of clients to intervention around gender and inequalities.

- ❖ Consideration could be given to the elaboration and provision of guidance targeted at different health professionals, e.g. for mental health professionals. This could be done in partnership with other bodies like the EOC, DRC and CRE. The Health Board Corporate Inequalities Team is coordinating such an approach. Such guidance would assist in promoting a common understanding of the health inequalities and the role that factors like gender can play in this. The guidance could address issues like how to develop indicators for measuring progress across the service and critically, outline a monitoring system that can capture equality-sensitive information. This would be particularly useful in respect of the current duty in respect of race relations and the forthcoming duties in respect of disability equality and gender equality. It will also be strategic in respect of the advent of the Commission for Equality and Human Rights. This may be a task that the ISPI development worker could undertake or manage. A starting point for the ISPI worker on this will be reviewing the Pathways Information Needs Review and particularly the 'Evidence Directories'.

Measurements: Outcomes and indicators

Team outcomes

- ❖ For the team in the South West, a key outcome would be that staff develop an understanding of the interaction between poverty and characteristics like gender, race, disability, age, religious beliefs and sexual orientation and health outcomes. In particular, for staff to develop an understanding of how deeply embedded gender roles and expectations can affect mental health. As indicated above, feedback and assessment of this through surveys or reviews will be important for both measuring progress among staff and for responding to information and training needs.

- ❖ Another key outcome is the development of team confidence in respect of delivering the equality agenda in their service. As already mentioned, discussions at the development day highlighted a number of initiatives that staff identified around collecting data, the process of assent to therapy and the length of intervention. This responsiveness provides an excellent base for innovative action and for the systematic learning from the pilot work.

At this stage it is also useful to identify outcomes that would represent progress for the pilot work

Service outcomes

- ❖ Accessibility in the service – making it more available in less traditional locations.
- ❖ The further development of an inequalities sensitive rapid assessment and approaches to this in interventions.
- ❖ Reaching a more diverse client base and thinking about a target for this in respect of different communities of interest.
- ❖ Identifying the significance of the experience of inequality on service users and the capacity of the service to address this issue.
- ❖ Outcomes as identified in the ISPI submission to the Scottish Executive (Laughlin, 2006).
- ❖ Identification of the implications of gender-sensitive practice for the development of primary care mental health services in Greater Glasgow and Clyde and for mental health services in general.

Exchanging experience and codifying learning

- ❖ The team were very supportive of this as work around developing gender-sensitive and equality sensitive practice development is groundbreaking and new. It is critical to share learning and to develop relationships within the team and with partners in the area. In addition, the ability to exchange with other areas/localities where pilot work or new practice development is being undertaken (the GGC Public Mental Health Staff Network can be a key area to take this forward). Monitoring and evaluation are critical for this exchange to be effective.

Experience from EU regional policy delivered through the Structural Funds underlines the benefits of exchange of experience and codifying good practice. The exchange of experience networks that were funded by the EU in respect of gender mainstreaming provided a useful source of systematic learning across the member states.

11. Next Steps

Additional funding has been identified for extending the inequalities and gender-sensitive pilot work across Glasgow. An allocation from the Scottish Executive to support 'INEQUALITIES SENSITIVE PRACTICE (ISPI) within the Health Board is providing additional resources for the pilot work, including that in the South West. The ISPI Mental Health Lead has a remit to also facilitate work across all GGC PCMHTs. The additional funding extends the timeframe of the pilot work over three years.

A number of posts have been recruited for ISPI with responsibilities to facilitate bringing an understanding of inequalities to the mainstream practice a fulltime person to work in the South West, an overall Co-ordinator/Development worker for ISPI across GGC and three other posts for a training worker, an evaluation officer, plus an administrative worker. The addition of a dedicated ISPI worker for the South West provides an opportunity to build on the learning points outlined in this report. The key tasks are to follow through on the recommendations in respect of staff development and training, monitoring in respect of access and the pattern of take-up of the service including the issues identified around signposting and the sex of the therapist, the identification of outcomes from the pilot work, the introduction of regular forums for exchange of experience and good practice across the pilot work in Glasgow, the elaboration of an evaluation framework for both ongoing and ex-post evaluation and the design of mechanisms for client feedback.

Evaluation

The support of the Glasgow Centre for Population Health for this evaluation report underlines the support for exchange and learning. As one of the key tasks of the Centre is to evaluate the local impacts of health strategies and to

share developing and good practice across Glasgow, this provides a useful partner for the ISPI worker and for GGNHSB. The Centre can continue to play a key role in the development of evaluation methodologies and in the dissemination of learning. Glasgow is already recognised as being at the forefront of health change and innovation and this provides an opportunity to codify and share learning at Scotland and UK levels.

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Appendix I: Chronology

Inequalities, Gender and Poverty Activity in Pathways Primary Care Mental Health Team, South West CHCP

2004

- Strategic Meetings regarding inequalities and pan Glasgow Primary Care Mental Health development.
- Team Leader seeks information on local work on inequalities and PCMH (e.g. abuse + PCMH; Women's Mental Health Demonstration Project)
- Pan Glasgow PCMH Development Days raise inequalities issues including gender.
- Agreement from GGNHSB Primary Care and Sexual Health Planning Group to pilot work with Pathways and Partners on inequalities and gender practice and policy. Interface between Mental Health and Sexual Health to be part of this.

2005

- Proposal developed and funded from PCMH fund until March 2006 on gender and inequalities practice / policy development for Pathways and partners. Focus on team development (e.g. assessment, interventions, supports) and community bridge building.
- Steering Group set up meetings (approx 6 weekly) with representation from Pathways; PCMH Implementation Manager; Board Corporate Inequalities Team and Library; Social Work; User representation, Centre for Population Health and Freelance Inequalities Consultant and Researcher.

- Part of funding used for scoping exercise on inequalities and community bridge building.
- Pathways Team participate in two-day social inequalities and gender training. Ideas from team raised at this training: 'ideally all services in one place / supports across inequalities - genuine options'; need to think about key links with developments in pipeline (e.g. health improvement resources/social care); think about 'early intervention – young boys and men especially (e.g. around schools); dearth of resources locally for self-esteem for women; dilemmas about brief interventions model vs enduring social problems; need to explore links with Health Visitors / Midwifery / Stress Centre / Sandyford; resources agreed for gender and inequalities as pilot in South West and need to learn from WMHP; going to an event with Social Work on child protection and domestic abuse; raised 'general frustrations with other services (e.g. need to build similar thinking in CMHT) although stated that PCMH services will lead on health improvement and inequalities. Pre and post training surveys completed.
- Pathways participate in race equality training, further Pan PCMH days which raise inequalities and certain team members attend more abuse events/courses
- E-library training given/research conducted on needs. Further e-library training on inequalities planned.
- Evidence base search conducted, final reports forthcoming
- Centre for Population Health fund process evaluation focussing on learning from developments to-date.

2006

- Two-year funding from Scottish Executive for 'Inequalities Sensitive Practice Initiative' given. A team of 8 people will be employed (Project Co-ordinator; leads for 4 settings where some inequalities development has taken place: PCMH (focussing on Pathways and partners); Maternity; Addictions; Integrated Children Services; Trainer; Evaluator; Administrator). The team will have close links with Corporate Inequalities Team at Board to avoid duplication and maximisation of learning.
- Pathways continue to discuss inequalities developments at team meetings. Steering Group agrees a Development Day on 15th March 2005 for team to explore roles and responsibilities especially in context of wider developments (e.g. social care, ISPI).
- Evaluator's interim report completed which highlights context; development to-date; findings so far (e.g. from pre and post inequalities training surveys) and areas for key consideration in future developments on inequalities for Pathways and partners.
- Pathways Team researching best practice and 'making links locally' re increasing access & service acceptability to men and other target groups as well as psycho-educational approaches in groupwork. Opportunities for abuse training are being considered.
- August 2006 - ISPI Mental Health Coordinator in post. Working out an action plan with South West CHCP.

Appendix II: Aims and Objectives of the Pilot Work

The overarching aim for the project is:

To develop an inequalities sensitive approach, with an initial focus on gender, within primary care mental health service provision both in relation to policy and practice and community bridge building.

One of the key components identified is outlined below with a number of objectives ascribed to each area of development.

(a) Policy and practice

This element will consider the ethos of the service and the team's understanding of the effects of different aspects of inequality and the relationship between them and how this can be embedded into practice. The objectives of the work are:

- (i) To build understanding within the PCMHT of the impact of inequalities, focussing on gender, to inform practice across the different disciplines;
- (ii) To identify an inequalities sensitive rapid assessment;
- (iii) To identify the significance of the experience of inequality on service users and the capacity of the service to address this.
- (iv) To consider training requirements for the PCMHT to carry out this agenda;
- (v) To promote partnership working with primary health care team members and other agencies to facilitate a co-ordinated approach in addressing inequalities.
- (vi) To develop a shared approach to identifying and responding to gender-based violence.
- (vii) To develop a better understanding of the links between mental health and sexual health from an inequalities perspective
- (viii) To consider implications for Greater Glasgow and Clyde primary care mental health development and mental health services in general.

Developing community based preventive work

Whilst therapeutic work, either on a 1:1 or group work basis, is a key part of the Pathways Team approach, the scale of the problem is such that supply of mental health services is likely to be soon outstripped by demand. To make a sustainable impact on the mental health of the population requires more emphasis on work within the community and a proactive approach to engaging with them to develop positive mental health. The objectives for this component of the pilot are:

- (i) To address inequalities, focussing on gender, as part of community bridge building activity;
- (ii) To build links with community organisations to facilitate a broader understanding of factors contributing to good mental health.
- (iii) To engage actively with the community to identify ways of developing good mental health
- (iv) To identify gaps in local resources which would progress this agenda;
- (v) To assess where clients perceive gaps in terms of services meeting their needs.

The team has identified the need to establish outreach work, which does not focus on therapy, but rather provides alternative ways of assisting people to develop positive mental health e.g. creative writing groups/workshops; peer support etc. Such work is, however, time consuming and requires some level of community-based experience. The Team Lead will liaise with Social Work Community Development Resources as regards capacity to do this work or consider staff within the current Pathways team with some relevant experience in this field. However, if the latter supports for this member of staff in terms of specific training & mentoring will be required to enhance capacity to complete the requirements of this aspect of the proposal.

(c) Developing evidenced based practice

A proposal¹⁰ has been developed for proactive systematic use of library resources. This will aid in a continuous way team understanding of interventions associated with inequalities, gender and stepped care. A GGNHSB library worker has allocated time to train & support two staff members in this way. This worker will act as participant observer and write up the work including whole team perceptions of how useful this aspect of the project is for a Masters in Information Science.

Appendix III: Pathways

In their literature, the Pathways team set out the development of a service to provide psychological therapies to people living in the South West of Glasgow. The target group are those who define themselves as having a mild to moderate mental health problem, and who are not deemed as requiring triage, or referral, on to a more specialist service.

Figure 1: Pathways Stepped Care Model of Service

