



Equality and Diversity Impact Assessment

Findings from an Equality Impact Assessment of Breathing Space

February 2023

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Draft report on findings from an Equality Impact Assessment of Breathing Space

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Section 1 - NHS 24's Equality and Diversity Impact Assessments

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Phone: 0800 22 44 88

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NHS 24 has a legal duty to show due regard to the elimination of discrimination, the advancement of equality of opportunity and to foster good relations between people who share a protected characteristic and those who do not. The relevant protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (relates to the elimination of discrimination only)
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Equality and Diversity Impact Assessments consider the impact that changes to our services, policies or functions will have on groups of people across the relevant protected characteristics. Additionally, we will consider the impact on people

experiencing socio-economic disadvantage, care experienced young people, island dwellers and any other group identified as potentially being more likely to experience inequalities for unfair and preventable reasons.

The recommendations made in this report seek to improve equality of access and to help meet the specific needs of people with the relevant protected characteristics, where possible.

Where appropriate, health inequalities are also considered. Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age.

Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.

This report is a summary of the process used to undertake the impact assessment. It includes the minimum background information on the particular policy, service or function being assessed. If after reading this summary report you would find it helpful to have access to additional information, please contact:

nhs24.engagementteam@nhs24.scot.nhs.uk

Section 2 - An Introduction to NHS 24

NHS 24

NHS 24 is the national provider of digital and telephone based health and care services for Scotland. We provide people with access to information, care and advice through multiple channels including telephone, web and online.

We work in collaboration with partners, the public and our people to co-design services using technology and a digital first approach to sustainable service development and delivery.

Our Services

111

NHS 24 is best known for providing care and advice when GP practices and pharmacies are closed. People across Scotland can call NHS 24 using the free phone number 111. This gives people access to help and advice if they cannot wait until their GP practice reopens.

From 01 December 2020, people are now being asked to call 111 - day or night - if they feel they require urgent care treatment. The purpose of this new pathway is to support those people who turn to Accident and Emergency Departments across Scotland for healthcare advice and treatment to receive the right care, at the right time and by the right healthcare professional. Additionally, this new pathway will help keep people and staff safe from the COVID-19 virus, by reducing the numbers of patients in Accident and Emergency waiting areas.

Health Information and Support Services

NHS 24 provides access to evidence based health information and support through a range of different services including:

- NHS inform
- Care Information Scotland
- National smoking cessation service Quit Your Way

NHS inform hosts a Self Help Guide and Scotland’s Services Directory to signpost to other relevant services.

Scottish Emergency Dental Service

This service delivers advice and support on dental health and dental services to the people of Scotland during the out-of-hours period. Patients who contact NHS 24 with dental symptoms are assessed by Dental Nurses, the Scottish Emergency Dental Service (SEDS) booking Hub then direct the patient to the relevant dental care pathway.

Mental Health Hub

In March 2019, the Mental Health Hub was established and fully trained expert Psychological Wellbeing Practitioners joined the workforce at NHS 24 to provide Psychological Triage Assessments to the public in need of this support. Continually evolving and expanding the service, the Mental Health Hub is now also working closely with the Scottish Ambulance Service and Police Scotland to support them when dealing with vulnerable people.

Breathing Space

Breathing Space is a confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety. Breathing Space offers a listening and signposting service for people experiencing low mood, depression or anxiety about issues such as family and relationship difficulties.

NHS Living Life

NHS Living Life is an NHS 24 appointment based telephone service offering Cognitive Behavioural Therapy (CBT) and Guided Self-help (GSH) using a CBT approach.

Section 3 - Aim/Purpose of Breathing Space

Breathing Space is a free, confidential, phone and webchat service for anyone in Scotland over the age of 16 experiencing low mood, depression, or anxiety.

Breathing Space was launched in 2002 to address serious concerns about the mental wellbeing of people in Scotland. The service became a national phoneline in 2004.

Breathing Space complements the work of other phonelines and agencies that work to reduce suicide rates in Scotland.

Advisors come from a range of mental health, counselling and social work backgrounds. There is an equal ratio of male to female advisors, who may work part-time or full-time. Breathing Space is not a volunteer service.

Breathing Space is funded by the Scottish Government's Mental Health Unit. The service is operationally managed by NHS 24 and delivered from NHS 24 contact centres in Hillington and South Queensferry.

Section 4. - Assessment of Impact

For the purposes of this impact assessment, we considered:

- Accessibility and any potential barriers to the telephony and webchat service
- The Breathing Space website
- Demographics of service users and their likelihood to require the service based on their protected characteristics
- The experiences of service users broken down by the protected characteristics

Age

The service is currently only offered to people aged 16 and over. This restriction is highlighted on the homepage of the Breathing Space website but there is perhaps an opportunity to include it in other parts of the website if people do not come in via the landing page.

It is recommended that Breathing Space consider including information about the age limits within the [Need to talk?](#) and [Suicidal? Need help now?](#) sections of the website.

More prominent signposting or information on the website about what people under 16 can do to get help is also recommended.

The Scottish Youth Parliament has reported that young people can often find it challenging to transition from using mental health services aimed at people under 16 to adult services.

[The Mental Health Foundation](#) reports that the number of people aged 65 and over has grown by nearly half in the past 30 years and that older people are more vulnerable to mental health problems. Issues of loneliness, isolation and bereavement are more likely to be experienced amongst over 65's and the Mental Health Foundation estimate that that 85% of older people in the UK with depression receive no help from the NHS.

Breathing Space should be aware of the challenges people can experience at all ages and ensure that the service appropriately supports people regardless of their age when they might require help.

Disability

The Breathing Space website includes Reach Deck, which is a tool intended to help improve the accessibility, readability and reach of online content. It offers things such as a screen reader, colour constraints, simplified text and magnification.

In November 2020, NHS 24 undertook an [Equality Impact Assessment \(EQIA\) in relation to their role with the redesigned urgent care model](#). This included considering the barriers disabled people can experience when seeking to access telephone services. It was identified that the wide-ranging number of conditions that could impact a person's ability to communicate effectively over the phone will make it difficult for NHS 24 to always meet the needs of everyone. However, this should not mean that NHS 24 simply delivers telephone services without taking reasonable steps to consider what barriers exist and how they could be removed.

The 2020 EQIA referred to engagement activity NHS 24 staff undertook with disabled people who can experience barriers to communication (Art of the Possible). This engagement highlighted several things for NHS 24 to consider when delivering telephone-based services, they included:

- Complex language and jargon can make it difficult for people who can experience barriers to communication to interact with services. It was noted that not everyone has the confidence to ask questions when they are given information they don't understand
- Staff should have an awareness and understanding of communication differences, and how this negatively impacts the accessibility of phone-based services. For example, background noise in a contact centre environment can make it difficult for someone with a hearing impairment to communicate effectively, and they may need more time.
- There was a general lack of awareness of all the services provided by NHS 24 and knowledge of how to access them.
- Introducing a feature whereby communication support needs are highlighted on the call handling system, so that NHS 24 staff are immediately aware of a caller's specific needs.

- Involving users in the development of services, and planning for reasonable adjustments at the start of a project
- Interactive voice recorded menus could be a barrier to some disabled people. People with hearing impairments may struggle to hear the options or people with cognitive impairments may find long questions, or multiple response options difficult to remember.
- Disabled people whose conditions impact their verbal communication could be deterred from accessing telephone services. For example, a person with a stammer may be deterred from calling because of their anxiety around having telephone conversations.

Additionally, an EQIA undertaken by NHS 24 in September 2020, in relation to Digital Developments identified some of the challenges disabled people can experience when seeking to access information, advice and support using a digital device. It was recommended that information be provided in accessible formats, such as easy read, large print, colour contrasted backgrounds or audio. The need to make information accessible to British Sign Language Users was also highlighted. As was the need to ensure compatibility with screen readers for people with a visual impairment.

The results of a survey undertaken by Disability Equality Scotland on behalf of NHS 24 are copied below.

Question 1. Are you aware of the Breathing Space telephone service delivered by NHS 24?

- Yes – 46% (28 respondents)
- No – 54% (30 respondents)

Question 2. Are you aware of the Breathing Space web chat service that can be accessed via the Breathing Space website?

- Yes – 18% (11 respondents)
- No – 82% (49 respondents)

Though this is a small sample size of disabled people, it highlights an opportunity to improve awareness of Breathing Space, particularly the availability of the webchat service. It is worth noting that the free text feedback provided by respondents to the survey was very positive. People who had used the service praised the advisors they spoke to for the support they received.

Gender reassignment

An LGBT Health and Wellbeing report identified that COVID-19 had a significant impact on the mental and emotional wellbeing of LGBT people, increasing the sense of isolation and loneliness many community members already felt. It was reported that financial worries and being disconnected from people, including the wider LGBT community has led to a greater need for mental health and wellbeing support.

Transphobic hate crimes or any type of transphobic behaviour can have a significant impact on a trans person. It is important for people supporting trans people with their mental wellbeing to have an understanding and awareness of the issues trans people can experience. Additionally, having an awareness of organisations and services that specialise in supporting trans people would be helpful when signposting to additional sources of help

- [Helplines - Galop the LGBT+ anti-abuse charity - Galop](#)
- [Mental Health | Stonewall](#)
- [Help & Advice | Stonewall \(stonewallscotland.org.uk\)](#)
- [LGBT Health and Wellbeing](#)
- [LGBT Youth Scotland | LGBT Youth Scotland](#)

Marriage and civil partnership

The Mental Health Foundation reports that recent studies from Ireland and the USA have found that negative social interactions and relationships, especially with partners/spouses, increases the risk of depression, anxiety, and suicidal ideation. In contrast, they also report that positive interactions reduce the risk of these issues.

There is therefore a greater likelihood of someone in an unhappy marriage/partnership contacting Breathing Space for support.

Pregnancy and maternity

Perinatal mental health problems refer to any mental ill health issues someone experiences any time from becoming pregnant up to a year after they give birth.

Common perinatal mental health problems include:

- Perinatal depression
- Perinatal anxiety
- Perinatal obsessive-compulsive disorder
- Postpartum psychosis
- Postpartum post traumatic stress disorder

NHS inform notes that people who are pregnant might worry about:

- how they will cope
- whether they will be a good enough parent
- labour and giving birth
- feeling alone or unsupported
- bonding with their baby

Mind, an organisation that supports people experiencing mental health problems, reports that people who have recently had a baby and who are struggling with their mental health, can often find it difficult to talk openly about how they are feeling. They might feel:

- pressure to be happy and excited
- like they must be organised and in control of everything
- worried that they are a bad parent if they are struggling with their mental health
- worried that someone will take their baby away if they open about how they are feeling

According to the Royal College of General Practitioners, “Up to one in five women are affected by mental health problems in the perinatal period. Only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long lasting consequences”.

Ensuring advisors are suitably aware of the concerns people who are pregnant might seek help for will help to provide an inclusive service.

Race

NHS 24’s draft Equality Impact Assessment on the Surviving Suicidal Thoughts project noted the research [Rethink Mental Illness](#) did in relation to the experience of minority ethnic people when accessing mental health support. Issues reported included:

- cultural barriers where mental health issues aren’t recognised or aren’t seen as important
- language barriers
- professionals having a lack of knowledge about things that are important to someone from a minority ethnic background, or their experiences
- non-minority ethnic healthcare professionals not being able to fully understand what racism or discrimination is like
- lack of information about mental health support and services in some communities
- stigma about mental illness in some communities which can stop some people seeking help

The data shared in relation to Language Line usage for Breathing Space suggests that it is not widely used by people who require language translation. Additionally, the webchat service is currently only available in English.

Activity to promote awareness of Breathing Space amongst minority ethnic communities and to promote the availability of Language Line is recommended. Consideration should also be given to offering interactive voice response (IVR) messages in other languages, as per the 111 IVR.

Religion and belief

No specific issues associated with religion and belief were identified though the relationship between religion and belief and race should be considered.

Sex

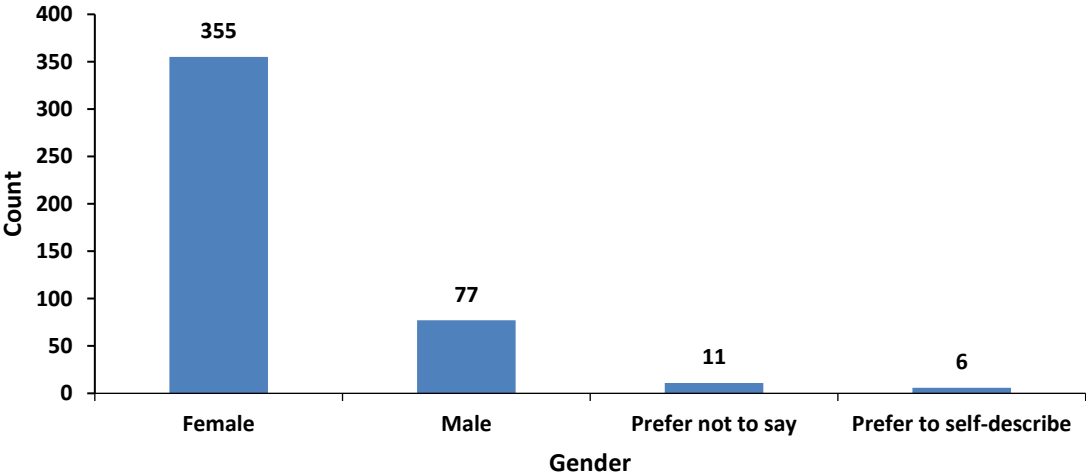
The below table shows the page views of the Breathing Space website broken down by gender and age during the month of September 2021. Please note the age ranges used are unable to be reported differently as these are the ranges set in the system used to capture this information.

Age	Gender	Page views
18-24	female	4085
18-24	male	3133
25-34	female	4760
25-34	male	3393
35-44	female	3086
35-44	male	2004
45-54	female	2410
45-54	male	1404
55-64	female	1660
55-64	male	1156
65+	female	930
65+	male	968
Total		28989

The below graph shows the gender breakdown of users of the Breathing Space Webchat Service.



Column chart showing gender breakdown of Web chat service users
29th June 2020 - 8th September 2021*



The data for this period suggests that women are more likely to access Breathing Space’s services than men. The Breathing Space service already promotes its service to men and this should continue, particularly given the high incidences of suicide amongst men.

Sexual orientation

[Stonewall report](#) that LGBT+ people are at a higher risk of experiencing common mental health problems than the general population. Experiences of discrimination and harassment in day-to-day life, rejection from one’s family and friends and being subjected to hate crimes and incidents can have a negative impact on the mental well-being of LGBT+ people.

Understanding the challenges LGBT+ people can experience is essential when seeking to offer support around mental wellbeing.

Other factors

[The Scottish Government’s Mental Health Strategy](#) notes inequality related to protected characteristics can affect mental wellbeing and increase incidences of mental illness. The strategy notes that stigma and discrimination can be a barrier to people receiving mental health support. It notes that, where people do not feel welcomed, or do not see themselves represented, it can be hard for them to talk about mental health problems or to believe they will be listened to. Differences in ethnicity, sexual orientation, gender identity, or any other protected characteristic, should not be barriers to receiving high quality mental health services.

Additionally, the strategy notes that other groups of people can also be more likely than others in our society to experience mental ill-health and poorer mental wellbeing – for example, people who have experienced trauma or adverse childhood events, people who have substance use problems, people who are experiencing homelessness, people who are experiencing loneliness or social isolation, veterans, refugees, and asylum seekers. Issues around access to services and support for those living in remote and rural communities was also noted.

Section 5. Recommendations

In order to meet the general equality duty, and taking into consideration inequalities people can experience during recruitment for other reasons, the following recommendations should be considered:

- 1. Breathing Space staff should be alert to the challenges people can experience at all ages and ensure that the service appropriately supports people regardless of their age when they might require help. Consideration should be given to highlighting the challenges young people can experience when transitioning from

child mental health services to adult mental health services. Consideration should also be given to the experiences of older people.

2. Breathing Space should explore the possibility of extending the service to support people of all ages.
3. It is recommended that Breathing Space consider including information about the age limits within the [Need to talk?](#) and [Suicidal? Need help now?](#) sections of the website.
4. How to overcome common barriers to access for disabled people should always be considered. This includes potential barriers to both the telephony and webchat service. As new solutions to promote improved access for disabled people are developed for other NHS 24 services, these should also be extended to include Breathing Space services.
5. Opportunities to improve the awareness of Breathing Space staff of the distinct issues trans people can experience should be considered.
6. Opportunities to improve the awareness of Breathing Space staff of the distinct issues lesbian, gay and bi people can experience should be considered.
7. Opportunities to improve the awareness of Breathing Space staff of the distinct issues people who are pregnant or on maternity leave can experience should be considered. Consideration should also be given to the impact pregnancy and childbirth can have on the mental wellbeing people's partners.
8. Positive action to promote an improved awareness of Breathing Space amongst minority ethnic communities and to promote the availability of Language Line and associated translated content on the website is recommended.

- 9. Breathing Space should explore the possibility of providing information about the service in other languages. Specifically, Breathing Space should consider providing information on its website about Language Line in the top 6 most requested languages and Ukrainian.
- 10. Consideration should be given to offering Breathing Space interactive voice response (IVR) messages in other languages, as per the 111 IVR.
- 11. The data available suggests that women are more likely to access Breathing Space’s services than men. It is recommended that Breathing Space continue to take positive action to promote their services to men.
- 12. Consideration should be given to how Breathing Space generally market their service to the different protected characteristic groups to help ensure that people are aware that they can get help no matter what their circumstances might be. Targeted social media messages shared via organisations that represent the interests of different protected characteristic groups might be an inexpensive way to help to promote awareness amongst different community groups. It is acknowledged that direct engagement with organisations and communities already takes place, and it is recommended that this continues.
- 13. Consideration should be given to how Breathing Space can engage with, and support people and communities affected by the cost of living crisis.


Section 6. Consultation

It was considered appropriate to allow for 12 week consultation period. This included other NHSScotland Health Boards, NHS 24 staff, and a range of third sector organisations in Scotland representing the views and experiences of people with the relevant protected characteristics. This was done by providing consultees with a copy of draft findings, and guidance on how to frame a response. The draft findings were posted on the ‘Get involved’ section of the NHS 24 web site and flagged as available for comment. The NHS Engagement Team were available to meet with any people or

organisations who wanted to discuss the draft findings before submitting any comments. One response was received “I have read the links and it was clear, informative, helpful and I think it has included all protected categories.”

Section 7. Monitoring and Review

Arrangements for monitoring and reviewing the impact, planned and unplanned, of the Equality Impact Assessment of Breathing Space will be put in place with a further equality and diversity impact assessment being considered during the financial year 2027 - 2028.

Signed: 

Designation: Director of Transformation Strategy Planning and Performance

Date: 20 February 2023