Equality and Diversity Impact Assessment

Findings from an Impact Assessment of the Surviving Suicidal Thoughts Project

February 2023

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

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Email: enquiries@nhs24.scot.nhs.uk

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

- Pregnancy and maternity

- Race

- Religion and belief

- Sex

- Sexual orientation

- Marriage and civil partnership (relates to the elimination of discrimination only)

- Socio-economic status

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

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.

It is appropriate to highlight that the impact assessment also considers if the NHS 24 Surviving Suicidal Thoughts project has the potential to impact on an individual's human rights.

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).

Section 3 - Aim/Purpose of the Surviving Suicidal Thoughts Project

Since 2017 rates of probable deaths by suicide have been increasing in Scotland - this comes after more than a decade of declining suicide rates.

If the effects of Covid-19 follow the pattern of earlier pandemics with widespread social and economic effects, we may soon experience a further increase in suicide rates. The integrated motivational volitional (IMV) model of suicide indicates that there is a crucial opportunity to intervene and prevent suicide at the transition between thought and action. In a large population-based sample, a strong association was found between internet searches for suicide, and suicidal thoughts and planning.

For **test of change** purposes this project will deliver a minimal viable product (MVP) which will be a micro site with five videos.

The overall aim is to develop a Scottish version of NowMattersNow.org optimised for mobile devices, with 10 to15 videos lasting 90 to120 seconds. A diverse group of people with lived experience will feature in the videos, sharing messages of hope; tips on managing stress, coping with suicidal thoughts, self-harm; and encouragement to seek help - when, how, and who to ask.

Project Deliverables

- An evidence-based, lived experience led, sustainable addition to the suicide prevention landscape, integrated within existing national clinically governed structures.

- Strong up-to-date evidence to inform and guide people thinking about suicide to safe online resources:

  ➢ across a variety of social media platforms

  ➢ in high-risk demographic groups:

    o men especially those between the age of 25 – 54;

    o people with lower socio-economic status;

- o divorced men;

- o unskilled workers;

- o people who self-harm;

- o armed forces personnel and veterans; and

- o LGBT+ (lesbian, gay, bi, trans, queer, questioning and ace)

➢ in a variety of geographical areas of Scotland: remote and rural.

Section 4 - Assessment of Impact

Based on the data and information available, consideration was given to the following:

1. Who is intended to benefit from this service and in what way?

2. How people have been involved in the development of this service

3. What outcomes are intended from the creation of content?

4. If people with protected characteristics will fairly receive the benefits from the content that is created.

5. If the content would increase the gap in relation to health inequalities.

6. If people from remote and rural areas will have a reduced benefit or be adversely affected when using the resources.

7. If the content would have an adverse impact on individual's who live in an area classed as a lower socio-economic status

Age

As presented in Table 1, the suicide deaths registered in Scotland by age show that people within the age range between 25 – 54 have a higher amount of suicide deaths registered in 2020.

Table 1 Suicide deaths registered in Scotland by age and sex

	Age at Death									
Year of registration	**0-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75-84**	**85+**	
Men	*	68	114	117	116	93	39	19	*	575
Women	*	23	32	52	58	32	23	8	*	230

In identifying barriers to mental health help-seeking among young adults aged 18 to 25 in the UK: a cross-sectional survey, showed that 35% of participants who reported having an emotional or mental health difficulty did not seek any formal or informal help. The prominent themes that were revealed were around stigmatising beliefs, difficulty identifying or expressing concerns, a preference for self-reliance, and difficulty accessing help.

In [Barriers to older adults' uptake of mobile-based mental health interventions](), older people tend to find it more difficult to talk about their mental health, as it was a more stigmatised topic when they were growing up. Concerns around Data privacy and confidentiality also influence perceptions of trust when using digital services and resources. It was also noted that older people may not be signposted to online resources due to practitioners perceiving older people are not digitally enabled.

In Biddle's paper on [Online help for people with suicidal thoughts]() it was noted that some people felt that online support offered by third sector organisations felt too impersonal or "corporate" and there is a lack of age-specific content "Some younger participants believed there was a lack of help provision aimed at young people, with contemporary role models, and providing 'teenage-friendly self-help'. However, some older participants argued that online material disproportionately focuses on young people."

An Office of National Statistics (ONS) [study]() highlighted the fact that lower digital usage is linked to increasing age. In their [bulletin]() in 2020 it is noted that Internet connections in households with one adult aged 65 years and over has increased by 7% since 2019 to 80% although these households still had the lowest proportion of internet connections. They advised that almost all adults aged 16 to 44 years in the UK were recent internet users (99%), compared with 54% of adults aged 75 years and over.

Age UK's [briefing paper]() looked at how Covid has changed digital inclusion in the UK. Finding information on health-related issues and on government services was the least, or one of the least, common use of the internet. Around half of people aged 50-64 (48% and 49%) used the internet for these purposes and around two in five people aged 65-74 (43% for health-related issues and 36% for government services). Among those aged 75+ just over one in three people (36%) used it to find health-related information.

During the User Research stage of this project, it was reported that using the Internet can be seen as a barrier due to access to data and devices along with lack of digital skills by some.

Disability

It has been reported that disabled people are four times more likely to have attempted suicide, after adjusting for significant sociodemographic and socioeconomic correlates.

The Office for National Statistics (ons.gov.uk) states that the number of disabled adults who were recent internet users in the UK in 2020, reached almost 11 million, 81% of disabled adults; up from just over 10 million (78% of disabled adults) in 2019.

For those who use the internet the Nuffield Trust advise that people with a disability were often more likely to use the internet for health-related activities than people without disabilities

Disability is also reported to be more prevalent with age, and as already noted, the lack of internet use is more marked among the older age groups.

Beyond digital exclusion, disabled people could experience a wide-ranging number of conditions that could impact a person's ability to access and use the content created to support Surviving Suicidal Thoughts work which will make it difficult for NHS 24 to always meet the needs of everyone fully.

Consideration should always be given to the provision of information in accessible formats, such as easy read, large print and colour contrasted backgrounds. The need to make information accessible to British Sign Language Users requires to be supported.

Race

Rethinks research on [Black Asian and Minority Ethnic (BAME) mental health](#) has gathered some of the barriers that somebody with an Minority Ethnic background can face when accessing mental health care which 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,

- white healthcare professionals not being able to fully understand what racism or discrimination is like,

- lack of publicity of mental health support and services in some communities,

- stigma about mental illness in some communities stops some people seeking help. This may be because they feel ashamed.

A report by the [Joseph Rowntree Foundation](#) highlighted that minority ethnic people in Scotland are more likely to experience poverty than white Scottish people. Asylum seekers, refugees, Gypsy/Travellers and Roma communities are some of the most likely groups to experience poverty. There is clear evidence of suicide attempts in people who live in the lowest 20% household income, with it being 5.0 times more common in men and 3.2 times more common in women.

This correlation between race and socio-economic status may mean that there is a greater likelihood of digital exclusion within minority ethnic communities in Scotland.

For people with a Minority Ethnic background whose first language is not English, many may have problems understanding information provided solely in English. Consideration should always be given to the provision of information in other languages to help reduce these inequalities.

Gender reassignment

Stonewall's research documented in [LGBT in Britain - Health](#) (2018) evidences that almost half of trans people (46 per cent) have thought about taking their own life in the last year while the [Samaritans](#) advise that in the general population, 1 in 5 people have thoughts about suicide at some time in their life.

Trans people continue to face significant barriers to accessing healthcare as they can face widespread discrimination in healthcare settings. It is noted in [Stonewall's research](#) that one in seven LGBT people (14 per cent) will avoid seeking healthcare for fear of discrimination from staff. As many as (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff.

Sexual orientation

Sexual orientation can have a significant impact on people's mental health which is further exacerbated by peoples' concerns that staff have limited understanding of lesbian, gay and bisexual (LGB) issues.

The [Scottish Government](#) reported that data in relation to the socio-economic status of LGB people is very limited. There are divergent views as to whether or not LGB people commonly experience poverty. However, there is not enough available evidence to suggest that LGB people would be more likely than other protected characteristic groups to experience digital exclusion because of their socio-economic status.

To build confidence and trust within the LGB+ community and for people to engage with our resources, consideration should be given to the diversity of those who are filmed to tell their stories.

Marriage and civil partnership

According to [research by Samaritans,](#) the greatest risk of suicide is among divorced men, who in 2015 were almost three times more likely to end their lives than men who were married or in a civil partnership.

[Evidence](#) suggests being married is associated with better mental health and that being in a good supportive relationship is beneficial for mental health.

Pregnancy and maternity

The Royal College of Midwives [survey response](#) in 2019 states that maternal suicide is the fifth most common cause of women's deaths during pregnancy and its immediate aftermath, and the leading cause of death over the first year after pregnancy

Religion or belief

Previously published [Evidence](#) suggests that having religious or other beliefs can be associated with better mental health.

Sex

As shown in Table 2, in 2020, the suicide rate for males was more than twice that for females.

Table 2 [Suicide deaths registered in Scotland by age and sex](#).

	Age at Death									
Year of registration	**0-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75-84**	**85+**	
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Women	*	23	32	52	58	32	23	8	*	230

Stonewall's [Health survey](#) reported that non-binary people are at a higher risk of self-harm which can mean they are more likely to be more at risk of suicide.

Socio-economic status

It is documented by the [Office for National Statistics](#) that people who live in more deprived areas - where there is less access to services, work and education - are more at risk of suicide. People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society.

Loss of employment and financial stressors are well-recognised risk factors for suicide. **Source:** [Gunnell, D. et al. Suicide risk and prevention during the COVID-19 pandemic. Lancet Psychiatry 0, (2020)](#).

Remote and rural

Communities in rural areas are more dispersed and so can require more effort and greater resources to deliver an equitable service. Distance, travel times and availability of transport are critical for patients in accessing healthcare in rural areas. The demographic profile of people in rural areas is also different with higher rates of older people. **Source:** [Equality Impact Assessment (publishing.service.gov.uk)](#)

For those who live in these areas, the limitation of local social support and fear of stigma where people know your business can be an added barrier. In Biddle's paper on [Online help for people with suicidal thoughts](#) the limitations of signposting were also highlighted, as providing potentially insensitive or unrealistic advice.

The [Scottish Public Health Observatory chart](#) below shows that suicide rate varies between different areas within Scotland and fluctuates over time. For 2016-20, seven NHS Board areas (Ayrshire & Arran, Forth Valley, Highland, Lanarkshire, Orkney Tayside and Western Isles) had a higher European age-sex-standardised rate than the Scotland average.

CHART 1 - European age-sex-standardised rates per 100,000 population: suicide deaths by NHS board, 2016-20, using new coding rules (Persons - all ages)
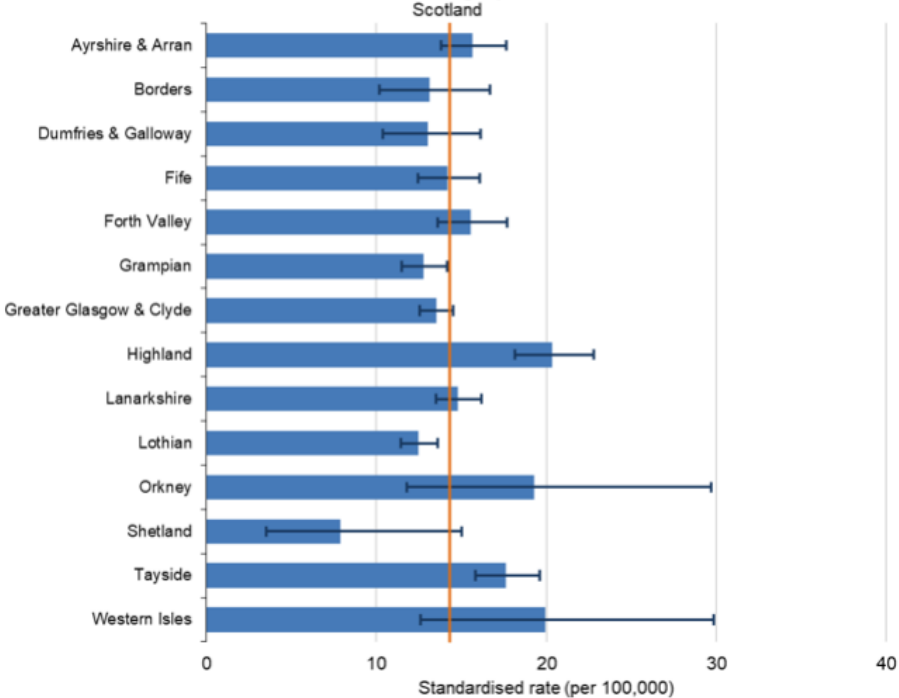
Access to the internet

The Ofcom report Connected Nations 2020: Scotland report (ofcom.org.uk) advises that superfast broadband coverage has increased to 94% of homes in Scotland, up from 92% last year.

The number of premises in Scotland without access to at least decent broadband continues to shrink. They estimate that around 34,000 (1.2%) premises in Scotland are still without a decent broadband connection.

Use of YouTube

Ofcom advice that "YouTube and Facebook are the most popular social video services in the UK, each with an adult reach of approximately 43 million in September 2020."

Ofcom also reports on stats on how many people watch short videos or online content at least once day but this includes Tick Tock and Facebook

Age range	Proportion of users of social media platforms in the UK
15 – 24	74%
25-34	55%
35 – 44	39%
45 – 54	28%
55 - 64	15%
65 - 74	13%
75+	15%

Recommendations intended to take account of the evidence obtained are contained within section five.

Section 5 - Recommendations for changes

1. With regards to socio-economic circumstances and to reduce any constraints on the use of people's data when watching the video content, explore ways in which the quality can be assured using minimum data.

2. Content should be made available in alternative/accessible formats and translated into community languages.

3. The Comms plan should include due consideration to promoting content in alternative formats and community languages.

4. The Comms plan should include engagement activities with organisations who support people from the identified high-risk demographics and the additional groups which were identified during the programme of work to promote the digital development. [Retired Police Officers, Animal Vets, Building Industry and Agricultural workers]

5. All film clips should be subtitled.

6. Film content should include an insert of a BSL interpreter.

7. Review the use of gender-neutral language within the Surviving Suicidal Thoughts content and supporting links.

8. The consultation should be shared with organisations that support people with learning disabilities, people who are neurodiverse, and carer and disabled led organisations so we can better understand what information they require and how it can be provided.

9. Explore ways in which we could offer video content in community settings.

10. Develop a partnership arrangement with third sector organisations enabling them to promote the content to their members and communities.

Supplementary recommendations

1. Consideration should be given to how we could improve NHS inform's ranking in search returns for all content.

2. Consideration should be given to future User Research taking place with those who have lower digital skills to look at ways to reduce barriers and support.

3. Investigate the usefulness of a separate BSL channel on YouTube.

Section 6 - Consultation

It was considered appropriate to allow for an 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. No responses were received.

Section 7 - Monitoring and Review

Arrangements for monitoring and reviewing the impact, planned and unplanned, of the NHS 24 Surviving Suicidal Thoughts project will be put in place with a further equality and diversity impact assessment being considered as appropriate.

Signed:

Designation: Director of Transformation Strategy Planning and Performance

Date: 20 February 2023

Annex A - **Who carried out the impact assessment?**

The impact assessment of service was carried out by NHS 24 staff listed below, each of them had been involved in the development of the NHS 24 Surviving Suicidal Thoughts project

Carol McCambley, Chris Begg, Colin O'Sullivan, Donald McIntyre, Gail Lumsden, Gary Black, Lucy Hartley, Robert Smillie.

Davie Morrison, the NHS 24 Participation and Equalities Manager also took part and supported the facilitation of this session.