



Fairness for all

Inequality increases the risk of mental health problems. There is strong evidence that people from marginalised groups, especially those from minoritised ethnic communities; LGBTQ+ backgrounds; women and those with disabilities, have poorer access, a poorer experience and/or worse outcomes in mental healthcare. There are clear and compelling moral, ethical and clinical reasons to address these disparities, and the financial cost of this inequity is also enormous. In addition, there are significant differences in attainment, referrals for disciplinary action, career progression and pay for staff from minoritised groups. Negative experiences in the workplace affect retention at a time when we have unprecedented workforce shortages and can ill afford to lose staff unnecessarily. During 2024-26, we will continue to oppose all forms of discrimination and promote equity, diversity and inclusion for patients and carers; all our members and staff; all psychiatrists and other members of the multi-disciplinary team.

Driven by our values of courage and respect and our organisational competencies of fairness, allyship and co-production, we will also strive to engender a sense of belonging for all within the College. We will encourage mental health services to tackle all forms of

discrimination faced by their staff. Our strategic aim is to ensure that effective policies and procedures around equity and equality are fully embedded into our systems and become part of how things are routinely done.

We will do this by:

1. Continuing to promote equity, equality, diversity and inclusion for everyone regardless of their background – with a specific focus on tackling inequity driven by gender, race and ethnicity, disability and sexuality, with attention given to intersectionality. This will be done through initiatives like Advancing Mental Health Equity (AMHE), Tackling Racism in the Workplace guidance, the Women's Mental Health Matters Strategy, the RCPsych commitments on promoting an LGBTQ+ friendly workplace for staff, and supporting the implementation of the Patient and Carer Race Equality Framework (PCREF).
2. Working closely with patients and carers to reduce inequality and inequity by promoting co-production and co-design as the norm across mental health services. This will be achieved through reviewing our 'Working Together' model of engaging with patient and carer representatives, having a focus on co-production and thus incorporating lived experience into all our guidance for mental healthcare and mandating co-production in all our quality improvement work.
3. Enhancing the roles of the College Equality Champions so they can support the delivery of initiatives to improve equity and equality, through all College forums and activities (in each of the Four UK Nations, as well as in each division and faculty).
4. Ensuring that all College programmes and policies relating to equality, reflect the importance of advancing equity, so that the drivers of health disparities can be more meaningfully addressed.
5. Using our influence and evidence-backed arguments to help healthcare funders and policymakers to understand the importance to mental healthcare of advancing equity and to understand their duty to promote equity-focused outcomes.
6. Improving workforce training on the issues that impact women's mental health (in particular, gender-based violence and hormonal health), addressing data gaps and improving evidence-based responses to women's mental healthcare.

7. Lobbying and influencing across the system to improve awareness and response to tackle gender-based violence.
8. Focusing on the needs and rights of people with visible and invisible disabilities through publishing and campaigning for the implementation of the recommendations of the RCPsych Disability Task and Finish Group, across the Four UK Nations.
9. Developing a framework to generate a clearer understanding of intersectional inequity and how this can be addressed through a workstream led by the National Collaborating Centre for Mental Health.
10. Ensuring the College Centre for Quality Improvement core standards include robust and meaningful measures of equity, diversity and inclusion, and that support is provided to clinical teams to embed change.
11. Supporting the NHS Race and Health Observatory in their mission to eliminate inequity and inequality in health services by co-producing an effective implementation strategy.
12. Developing and promoting training programmes to deliver equity, equality, diversity and inclusion-related courses, providing skills and competencies for our members and affiliates, healthcare providers and other audiences.
13. Partnering with a range of stakeholder organisations, including leading charities, to influence and catalyse change to support the delivery of equity, diversity and inclusion outcomes.
14. Continuing to prioritise tackling differential attainment in psychiatry and widening the participation of medical students and foundation doctors in psychiatry.
15. Supporting all mental health employers to become compliant with the Specialty and Specialist doctors (SAS) Charter, deliver the RCPsych SAS Doctor Strategy and to implement the International Medical Graduates (IMGs) Induction Programme.
16. Reviewing the job approval process to reduce bias in job descriptions and embed equity so that applicants are not disadvantaged due to gender, race or ethnicity, religion, disability, sexuality and intersectionality.
17. Lobbying mental health providers to prioritise actions to reduce their gender and ethnicity pay gaps.
18. Supporting all mental health service providers to collect high-quality, disaggregated healthcare data, to monitor any forms of disparities and ensuring that such data is appropriately interrogated to effectively address differences in access, experience and outcomes in mental healthcare.

