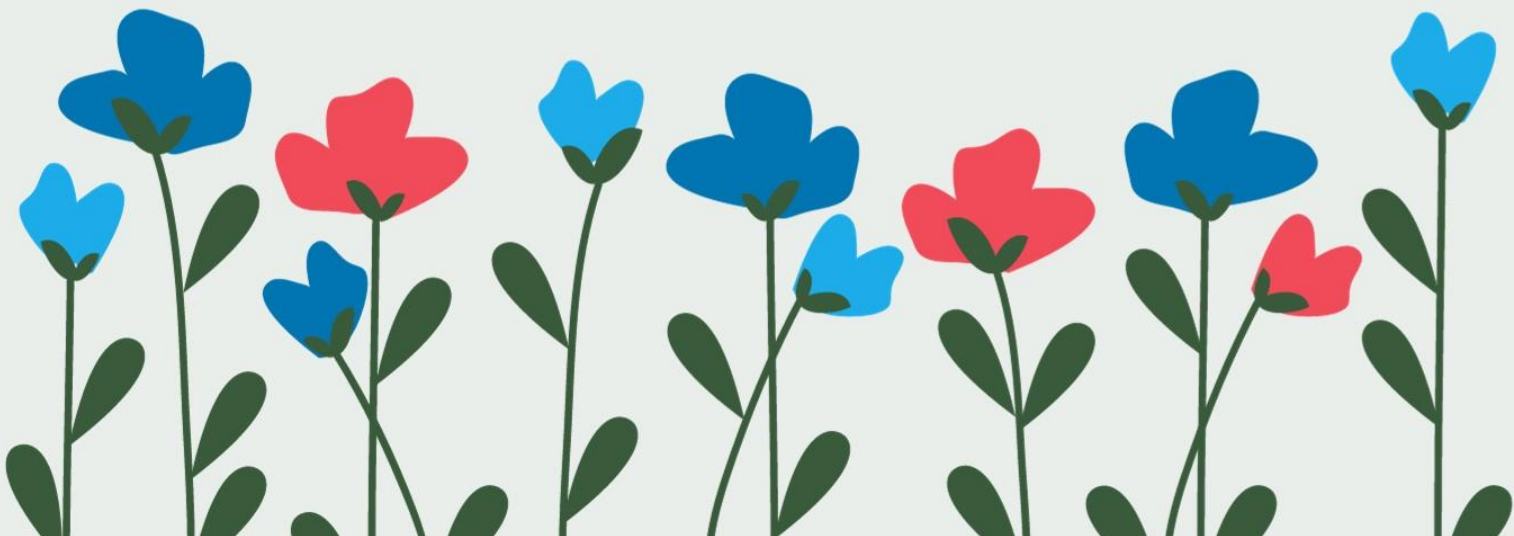# Addressing equality, diversity and inclusion in psychological therapies services

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Contents

Introduction

The Royal College of Psychiatrists (RCPsych) strives to demonstrate its commitment to promoting equality, diversity, and inclusion (EDI) through all realms. Whether this be through membership, staff, or quality improvement, the College actively counteracts potential barriers to care.
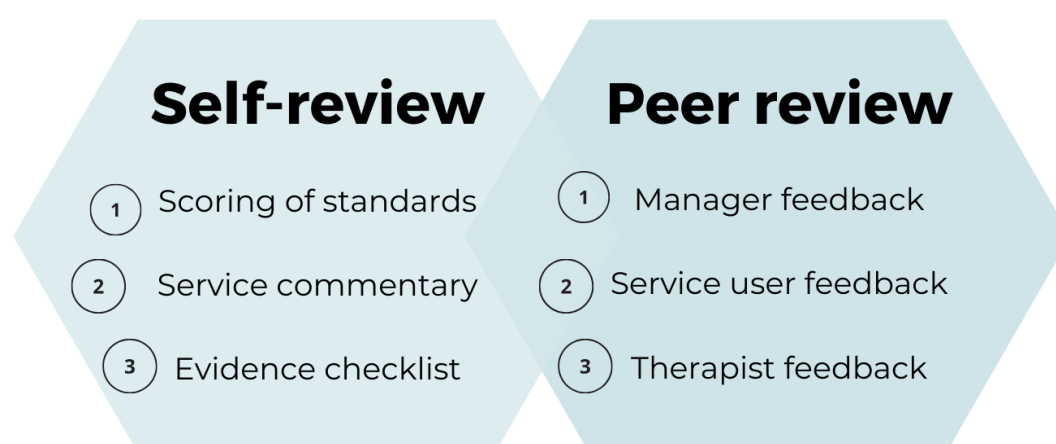
In addition to the values that the College adheres to, RCPsych promotes their commitment to EDI through several forums and committees[1]. These working groups help ensure that the organisation considers all identities when decisions are made.

EDI at the College Centre for Quality Improvement

The College Centre for Quality Improvement (CCQI) has developed core standards to assess EDI. These standards have been tailored to be present in all quality networks to help identify gaps in EDI policies across mental health services.

Some key standards established by the CCQI to promote EDI across mental health networks cover topics such as feedback gathering to identify differences due to protected characteristics and data collection to address inequalities of access[2].

How are services assessed by APPTS?

Self-review
1. Scoring of standards
2. Service commentary
3. Evidence checklist

Peer review
1. Manager feedback
2. Service user feedback
3. Therapist feedback

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[1] Equal opportunities at The Royal College of Psychiatrists.
[2] Standards for Community Mental Health Services.

For the Accreditation Programme for Psychological Therapies Services (APPTS), EDI is assessed through a set of key standards that measure mental health service responsiveness.

The APPTS team assess whether a service has met or not met a standard measuring responsiveness by:

1. Reviewing therapist and service user questionnaires
2. Peer review feedback by team managers, therapists and service users
3. Evidence submitted during self-review.

Special Interest Days

The APPTS team introduced special interest days in 2022 to provide more learning opportunities for members across the network. These events strive to bring members together by proving a platform for the sharing of best practice. Thus far, the APPTS team has hosted two of these events, one addressing barriers to access and another on systemic approaches to therapies.

Barriers to Access

Barriers to accessing psychological therapies services encompass limited resources, geographical limitations, and stigma, among other factors, that impede individuals from receiving the treatment they need. To counter these challenges, efforts can be directed toward identifying what these barriers are and how they can be addressed. While increased funding for mental health services is imperative, expanding access to teletherapy as well as the creation and distribution of deliverables tackling stigma are crucial to increasing access to care.

Working Systemically with Families and Communities

The systemic dynamic between families and communities accessing mental health services must involve recognising the interconnectedness of service users and their social environments. By involving family members and community support, therapies can help to address the underlying causes impacting wellbeing. The fostering of collaborative mental healthcare can promote a holistic approach to identifying a service user's mental health challenges while cultivating an integrative support system to promote good mental health.

Key APPTS Standards that Address EDI

R1
The service has a strategy in place to promote equality and diversity and to address any barriers to access.

R2
The service can demonstrate that it promotes culturally sensitive practice.

R3
The service routinely collects data that can be used to measure equity of access and equity of delivery against protected characteristics.

R4
Data are used to understand who is accessing the service, identify under-represented groups and improve the accessibility of the service.

R6
If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community.

R9
Gaps in local service provision are identified and steps are taken to improve availability of appropriate treatment options for people with unmet needs, either within the service or by highlighting the need for the development of alternative services.

R15
The service can provide information in a range of formats to suit individual needs.
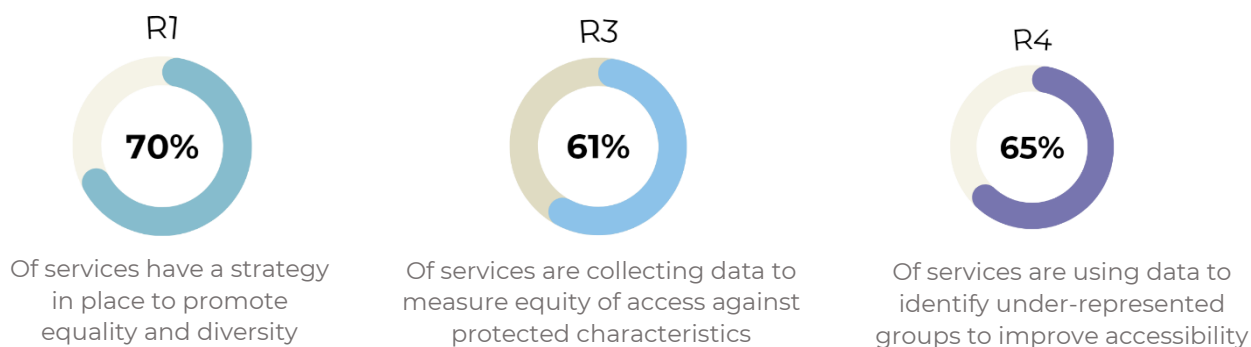
R17
The service is delivered in environments that are welcoming and easily accessible for service users.

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[3] APPTS Standards, 5th Edition.

Commonly unmet EDI standards

The APPTS aggregated report shows that some of the most commonly unmet standards are R1, R3, and R4. These standards measure various aspects of EDI.
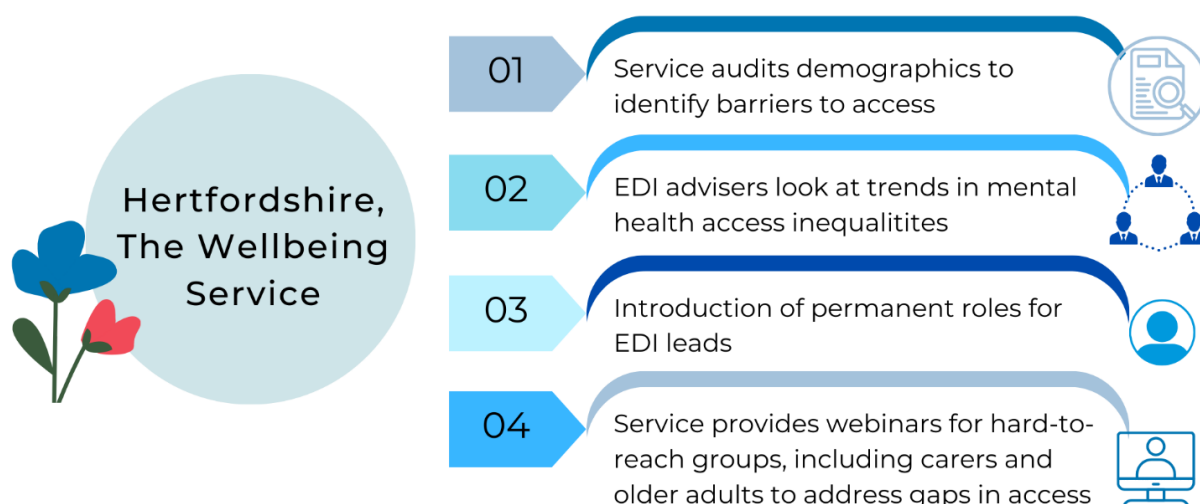
R1

70%

Of services have a strategy in place to promote equality and diversity

R3

61%

Of services are collecting data to measure equity of access against protected characteristics

R4

65%

Of services are using data to identify under-represented groups to improve accessibility

Why are these standards commonly unmet?

Services may fail to meet these standards as they may not collect data to measure equity of access. Alternatively, services may collect data on demographics but not perform any analysis on the information gathered.

Another explanation as to why services fail to meet these standards may be that, while the service collects data on protected characteristics and have a general plan on addressing gaps in care provision, they may not have a formalised EDI strategy. This may lead to a lack of knowledge among staff across the service on how to address barriers to access. It may also result in a lack of evidence to support how the service upholds EDI principles.

Good Practice Example:

Hertfordshire, The Wellbeing Service

01 Service audits demographics to identify barriers to access

02 EDI advisers look at trends in mental health access inequalitites

03 Introduction of permanent roles for EDI leads

04 Service provides webinars for hard-to-reach groups, including carers and older adults to address gaps in access

Design an EDI Strategy for your Service

IDENTIFY BARRIERS TO ACCESS

This step may require that services collect data on protected characteristics of patients under care.

Consider the data gathered against the demographics of the population in the geographical area.

1

2

DEVELOP ACTION PLANS

Identify a framework and draft an action plan to address barriers uncovered.

Be sure to use the data collected to evaluate equity of access.

Set a clear timeline and account for necessary resources.

Consider desired outcomes and project obstacles.

3

INVOLVE SERVICE USERS

Ensure that opportunities are available for service users to be involved in the strategy development process.

Promote the gathering of service user feedback to drive quality improvement.

EDI STRATEGY

Develop service-level reports that highlight and promote culturally sensitive practice.

Consider building a manual that includes materials for patients in different languages, signposting information in different formats, guidance on the availability of interpreters, among any other resources.

5 **4**

MONITOR PROJECT IMPLEMENTATION

Develop protocols to monitor and assess project progress.

Identify the measures and key stakeholders involved in progress assessments.
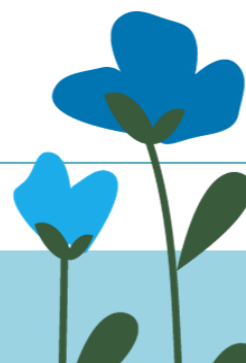
Recommendations

1. How can services collect data to address barriers to access?

- Obtain data on service users' protected characteristics at the point of initial assessment

<div style="background-color:#2b3648; color:white; padding:1em;">

- AGE
- DISABILITY
- GENDER REASSIGNMENT
- MARRIAGE AND CIVIL PARTNERSHIP
- RACE
- RELIGION OR BELIEF
- SEX
- SEXUAL ORIENTATION

</div>

- Audit referrals and outcomes for service users accessing the service in line with their protected characteristics
- Gather data through self-reported assessments for service user feedback

2. How can data be used to build an EDI strategy?

- Compare caseload against the demographics of the geographical area
- Perform health inequality analyses against outcome measurement data

3. How to ensure equity of access?

- Outreach work to any community groups not currently accessing the service
- Develop an action plan to enable increased access to mental health care for underrepresented groups
- Reach out to GP, community clinics to increase take up and raise awareness for the service

Glossary

Term	Definition
Carer	Family members, partners, or friends supporting a loved one who needs help due their mental health problem.
Co-production	This involves engaging with service users and family members to participate in the development of any initiatives at the service to promote person-centred care.
Diversity	Recognising, respecting, and celebrating everyone's visible and non-visible differences
Inclusion	refers to the practice of ensuring environments are welcoming to all by recognising differences
Inequalities	Differences across differences groups due to access and individual characteristics or conditions.
Equality	Ensuring all individuals have equal opportunities
Outreach work	This refers to the work that mental health professionals d to encourage participating and enable access to service by groups most disadvantaged in communities.
Protected characteristics	Set of characteristics protected under the Equality Act 2010 from discrimination. These include age, gender, ethnicity, race, sexual orientation, religion, disability, pregnancy, among many others.
Psychological therapies	Talking therapies that are evidence-based, delivered by qualified practitioners.
Quality improvement	A systemic approach to identifying gaps in a body of work and putting in place action plans to address these.
Signposting	This encompasses a service's redirection to other professionals or provision of resources to further support their condition.
Stigma	Negative attitudes or discrimination to individuals due to their condition and/or characteristics.
Underrepresented group	This refers to a set of individuals that make up the smallest percentage of those accessing a service.

Resources

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