

Dr Arun Chopra
Executive Director
Mental Welfare Commission for Scotland
91 Haymarket Terrace
Edinburgh
EH12 5HD

Dear Dr Chopra,

Thank you for sharing the Mental Welfare Commission for Scotland report, <u>'Racial inequality and mental health services in Scotland: A call for action</u>' which sets out the scale of change needed to ensure racial discrimination is effectively challenged and addressed in our mental health services.

As recognised in the <u>UK College's Equality Action Plan</u>, racial discrimination impacts our members' ability to provide potentially life-saving care and those they provide care to. It also harms our patients within and outwith care settings. The Commission's findings provide us a much clearer picture of what these issues look like in a Scottish context, which will help guide future action.

Please find below our response to the two recommendations directed in the report to the College in Scotland:

Recommendation 19 – Consider why in the forms completed following detentions of people under the MHA why it is that people who are black are more likely to be recorded as a risk to 'self and others' than other racial groups; and why, of all the ethnic groups, a higher proportion of black and mixed race people were considered as greater risk to 'self and others' than to themselves.

This recommendation unfortunately reflects previous research by the Wessely Review in an English context. It provides us in Scotland, though, a strong basis on which to engage our membership to reflect on this finding and to seek change.

We are in the process of developing a Scottish-specific response to these findings. This includes through our Quality Improvement (QI) Collaborative to support organisations to implement the *Advancing Mental Health Equality (AMHE)* Resource methodology. The purpose of AMHE is to provide mental health organisations with a systematic approach to improve equality in access, experience and outcomes of mental health care offered to individuals with protected characteristics. This is being implemented across mental health services in England and we are in the process of considering equivalent actions in Scotland.

We are also supporting the implementation of the Patient & Carer Race Equality Framework (PCREF) in England, which is an organisational competency framework method again aimed at delivering equity in healthcare specifically for people from ethnic minority groups. It is currently being piloted in England and if the approach proves successful, we will be supporting the adaptation of the approach for Scottish contexts.

We also recognise that any perceptions or attitudes based on a patient's ethnicity which may have led to this finding must be challenged. We are in the process of mainstreaming equalities and bystander training for our members in Scotland, through our quarterly meetings and at faculty events. By giving these the biggest platform we can provide in terms of member engagement, we hope to ensure that negative attitudes or perceptions which may have led to this finding are addressed.

We will also continually evaluate what further training and engagement is required with our members to challenge stigma and/or presumptions that may impact a patient's care.

## Recommendation 20 – Explore the potential reasons behind the lower proportion of Fellows from psychiatrists from communities of colour in Scotland by September 2022

Following this recommendation, the College has reviewed information around the diversity of College Fellows.

The Fellowship process requires a member to have been so for over ten years, and for them to put themselves forward to seek the role. As this is likelier to be the older segment of the membership, this group potentially represents the diversity of the College 10 to 20 years ago.

As our membership has changed therefore, so have the demographics of members putting themselves forward to be a Fellow.

This is illustrated in the younger eligible cohort (35-44 years), among whom those from a 'Black, Asian and Minority Ethnic Group' background were proportionately likelier to become fellows in Scotland. 31% of fellows in this age bracket identified as 'Black, Asian and Minority Ethnic Group', with this group making up 30% of the eligible membership.

Nonetheless, we as a College recognise that there is more we can do to promote a more diverse membership, and improve career progression and opportunities at a senior level. We agree to work with UK colleagues to evaluate all potential barriers to becoming a Fellow which we can address. This includes whether the previous nomination system particularly hindered those from an ethnic minority background among our older membership.

## **Additional comments**

We would stress that, while this letter responds to those recommendations directed at the College, the role we can play in addressing wider concerns has been and continues to be an active consideration of our work. We pledge to play our role in the delivery of this work where possible.

We hope this response, and the work we have and will undertake, evidences our commitment to building on the efforts of the College and its membership to ensure racial discrimination is meaningfully challenged in our mental health services.

Yours sincerely,

Dr Linda Findlay Chair of the Royal College of Psychiatrists in Scotland

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Adrian James, President of the Royal College of Psychiatrists

Dr Rajesh Mohan Presidential Lead for Race Equality, Royal College of Psychiatrists Dr Shubulade Smith Presidential Lead for Race Equality, Royal College of Psychiatrists