

A Response to Mental Health Commission's consultation:

**"Equality Impact Assessment on Access
to Mental Health Commission Services
for People with Mental Health Needs"**

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Introduction

Women's Support Network

The Women's Support Network (WSN), established in 1989, is an infrastructural umbrella organisation, which provides support services to, and represents over 40 groups (see Appendix 1 for full member and associate member listing) including; community-based women's centres, women's projects and women's infrastructure groups.

WSN aims to achieve social, political and economic justice through the promotion of the autonomous organisation of women. The Network aims to strengthen the collective voice of women's groups and to promote and develop networking opportunities, to enable collective action and to impact upon policy and decision making processes. The WSN provides an accessible, feminist, relevant and high quality support service and resource for its member groups. The Network is also an important information resource on issues relevant to community-based women's organisations and for other infrastructure groups, nationally and internationally.

WSN welcomes this opportunity to respond to the Mental Health Commission's (MHC) Equality Impact Assessment (EQIA).

General Comments

WSN welcomes the publication of this EQIA which goes some way to respecting equality in access to mental health care and welcomes that MHC has revised its decision not to conduct an EQIA. However WSN believes that the EQIA should expressly identify the relevant sources of these principles in Human Rights Law. These provisions include: Articles 2, 3, 5, 6, 8 and 14 of the European Convention of Human Rights (ECHR);¹ Article 12 of the International Covenant on Economic and Social Rights (ICESR);² Article 12 of the Convention on Elimination of Discrimination against Women;³ and Article 11 of the European Social Charter 1961.⁴

It is particularly to be regretted that there is no reference to the ECHR, as under the Human Rights Act (HRA) 1998, the MHC is obliged to act compatibly with these rights. WSN believes that MHC should be encouraging the highest Human Rights standards in the discharge of its functions. WSN contends that there should be explicit reference to these in the EQIA.

Specific Comments

WSN wishes to make a number of specific comments mainly relating to five areas: the appointment of Mental Health Commissioners; data collection; review of hospital and community facilities; improper detention; and review of untoward complaints.

1 Mental Health Commissioners

The EQIA states that there are a number of fundamental barriers to accessing the Commission and its services. One of the barriers includes the profile of

¹ Art 2 (Right to Life); Art 3 (Prohibition from Torture); Art 5 (Right to Liberty and Security); Art 6 (Right to a Fair Trial); Art 8 (Right to respect for Private and Family Life); Art 14 (Prohibition from Discrimination)

² Art 12 of ICESR states “Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health.”

³ Art 12 (1) CEDAW “States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”

⁴ Art 11 states “Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.”

current Commissioners. WSN notes that one of the proposed action points is to engage with DHSSPS to explore further opportunities for encouraging individuals from under-represented groups to serve as Commissioners. **WSN notes that there is no reference to the gender profile of Commissioners in the document. WSN would ask MHC to give a full breakdown of Commissioners profiles in order to ascertain if women are adequately represented.**

A report entitled "Encouraging Women in Political and Public Life" (2006) highlighted that the average figure for women holding public appointments was 33%.⁵ **WSN would urge MHC to consider how it will ensure that the Commission will be representative of communities and in particular women. WSN contends that bodies should be representative as a matter of good practice.**

2 Data Collection

2.1 WSN welcomes the section on data collection as it indicates MHC is aware of the lack of data in this area and appreciates the need to be proactive in obtaining useful data. The EQIA highlights challenges in data collection for example ethical issues in direct engagement with potential service users. WSN notes that data collection for the EQIA was gathered from a number of sources. One of the sources cited was qualitative data from a roundtable discussion with voluntary sector organisations. The EQIA states that 90 organisations from the voluntary sector from a range of section 75 groups were invited with six individuals eventually taking part. **WSN would ask MHC to clarify if womens groups were contacted to participate as they do not appear to be represented in the roundtable discussions.**

⁵ These figures were from 1999-2005 and were obtained from a report of a conference held at Hillsborough Castle held in November 2006 and is available at the following link:
<http://www.ofmdfmi.gov.uk/women-in-political-and-public-life-conference-3.pdf>

3 Review of Hospital and Community facilities

3.1 The document outlines one of the functions of the Commission is to review the treatment and care given to patients in hospital and community settings. The EQIA has identified that some groups may be subject to negative and discriminatory attitudes from staff. Amongst the groups identified are women (for examples negative attitudes relating to self harming) and lesbian or bisexual women (due to homophobic attitudes). WSN welcomes MHC commitment to seek assurances from service providers that staff will receive training on the needs of section 75 groups, monitor extent of anti-discrimination policies and seek evidence that service providers are promoting diversity. **WSN however would ask MHC to detail in their EQIA what functions they have. For example if their monitoring discloses inadequacies such as inappropriate anti-discrimination policies (or no policy) or if service providers show little evidence of efforts to promote diversity, as the EQIA highlights that the Mental Health (NI) Order 1986 has not conferred powers on MHC to sanction service providers.**⁶

3.2 The EQIA has also identified a potential lack of privacy in hospital settings affecting particular groups of women for example women who have been victims of sexual or physical abuse as well as lesbian and bisexual women. **WSN notes with some surprise that there is no specific reference to victims of domestic violence given its prevalence and the impact domestic violence can have on mental health.**⁷

WSN also notes that the Commission has made a commitment to seek information as to the provisions hospitals have in place in relation to privacy. Again, WSN would ask MHC to set out its functions in the EQIA, for example, what actions they may take if

⁶ Equality Impact Assessment on Access to Mental Health Commission Services for People with Mental Health Needs, pg 22.

⁷ See NIO and DHSSPS “Tackling Violence at Home Strategy: A Strategy for addressing Domestic Violence and Abuse in NI”, Pg 9.

hospitals are found not to have the appropriate provisions for privacy, as the EQIA states that MHC has no powers to sanction service providers.

4 Review of Improper Detentions

4.1 WSN welcomes the thorough literature review on gender under key findings on review of improper detentions. WSN notes that in relation to improper detentions that the data suggests an adverse impact on three groups: age; ethnicity; and sexual orientation. WSN notes that the EQIA suggests that more men are involuntarily detained than women who are more likely to be voluntarily detained. **WSN would ask if MHC has figures on improper detentions in NI, particularly statistics relating to improper detention of women and we would suggest it would be beneficial to have such data contained in the EQIA.**

5 Review of Untoward Events and Complaints

5.1 WSN notes that under this section there is reference to literature which identifies that women patients are disproportionately affected by physical or sexual abuse either by patients on patients or by staff. However there appears to be no proposed action point to deal with this issue, as the section makes reference to MHC engaging with the voluntary sector in designing specific support measures for older people, people from BME backgrounds and people with a disability to assist them in making complaints. **WSN would therefore recommend that there is engagement with the Women's sector with a view to designing support measures for dealing with complaints relating to physical violence or sexual abuse or other complaints.**

Conclusion

WSN again welcomes the publication and opportunity to respond to this draft EQIA. WSN has offered some constructive suggestions as to how it can be improved. We hope the Mental Health Commission will take these into consideration.

Appendix 1

WSN Member groups

Ardoyne Women's Group
ATLAS
Al Nisa Women's Group
Ballybeen Women's Centre
Ballymurphy Women's Group
Belfast Travelers' Support Group
Carrickfergus Women's Forum
Carew II Newtownards Road Women's Group
Causeway Women's Aid
Clan Mor Women's Group
Derry Women's Centre
Falls Women's Centre
First Steps Women's Group
Footprints Women's Centre
Foyle Women's Information Network
Greenway Women's Centre
Lesbian Advocacy Services Initiative
Lesbian Line
Lenadoon Women's Group
Ligoneil Family Centre
Markets Women's Group
Northern Ireland Women's Aid Federation
NIWEP (NI Women's European Platform)
Newry & Mourne Women
Older Women's Network
Shankill Women's Centre
Strabane & Lifford Women's Centre
Windsor Women's Centre
Women's Aid
Women's Aid Federation
Women into Politics
Women's Information Group
Women's News
Women's TEC
WRDA

ASSOCIATE MEMBERS

Ballymena Community Forum
EBCEC
Newtownabbey Community Voice
Parents Advice Centre
WEA

Rasharkin Women's Group