

Improving equality of access to Independent Mental Health Advocacy (IMHA): a briefing for providers

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Key messages

- As a service with a public function, IMHA is subject to a general equality duty under the Equality Act 2010.
 - The research into IMHA practices shows that some groups of qualifying patients are particularly underserved by IMHA. Those include people from black, Asian and minority ethnic (BAME) communities; people with learning disabilities; older people with dementia; people who have hearing impairments or are deaf; young people; people on community treatment orders and people placed out of their area of residence.
 - To develop a targeted and effective service, IMHA providers must understand the needs of the local population and especially the demographic profile of people being treated under the Mental Health Act.
 - To enable the monitoring of differences in IMHA uptake it is **important** that the equality data of people who use these services is consistently recorded.
 - Cooperating with community organisations that already deliver support and/or advocacy to particular groups is the key to meeting diverse needs.
 - An equitable service must organise interpretation services, and also **consider** the communication styles and formats which are easiest and best for specific groups of service users.
 - An advocate's identity, sensitivity and knowledge of a specific group are all crucial when it comes to gaining the trust of service users.
 - Opening up IMHA to diverse communities is not just a question of service delivery but is also about adopting a principled approach that mirrors equality concerns.
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Introduction

This summary aims to assist Independent Mental Health Advocate (IMHA) providers to open up their service to everyone who has the right to use it. Ensuring equalities within IMHA services means reaching all qualifying patients regardless of their

ethnicity, age, gender, disability, beliefs, sexual orientation or any other characteristics protected by the 2010 Equalities Act. It also means taking these characteristics into careful account and developing a service that can understand their impact and meet people's needs in the best possible way.

Unequal uptake of IMHA

The **research into IMHA practice** shows gaps in service provision. Groups of qualifying patients who are particularly underserved by IMHA include:

- people from BAME communities
- people with learning disabilities
- older people with dementia
- people who have hearing impairments or are D/deaf
- young people
- people on community treatment orders (CTOs)
- people placed out of their area of residence.

It is a major concern that people from these groups are likely to be the ones who most need this service.

Equality duty of IMHA providers

As a service with a public function, IMHA is subject to a general equality duty under the **Equality Act 2010**. The groups of qualifying patients who make less use of IMHA share some of the relevant characteristics protected by the Act. These are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. IMHA providers are subject to a general duty 'to take steps to meet different needs'. They must also keep records of all relevant data to enable monitoring of progress in achieving equality goals.

Suggested principles for IMHA provision

Understanding the needs of the local population

IMHA providers must understand the needs of the local population and especially the demographic profile of people being treated under the Mental

Health Act. This means first becoming aware of different groups in the local population who are likely to need IMHA. Opening up IMHA to diverse communities is not just a question of service delivery but is also one of the whole organisation adopting a principled approach that mirrors equality concerns.

Equality monitoring and evaluation

To enable the monitoring of differences in IMHA uptake and the assessment of eventual improvements, it is important that the equality data of people who use these services is consistently and routinely recorded. The first step is to document and analyse the proportion of IMHA support given to service users who are likely to experience multiple discrimination. A comprehensive evaluation of IMHA provision should meaningfully involve service users from groups with relevant protected characteristics under the Equality Act.

Work with existing specialised community organisations

IMHA services need to find out which organisations are already offering support and advocacy to particular groups in their area and get to know them. They should work out the best ways to learn from these organisations how to make IMHA services accessible to different groups and find ways to work collaboratively to meet people's needs.

Visibility and accessibility of IMHA

Given the personal circumstances of people experiencing compulsory measures, the information about IMHA must be easy to understand and accessible in a range of adequate formats.

Accessibility is not only about service provision; IMHA providers also need to ensure that their own organisational practices and principles are inclusive

and they are proactive about equality, diversity and human rights.

Effective communication

An equitable service should use the communication styles and formats which are most accessible for the people who use the service. This may include organising an interpretation service for qualifying patients whose first language isn't English or who use sign language. Most importantly, however, good communication skills include careful listening, paying attention to things that are not said, being as non-judgmental and prejudice-free as possible, and engaging and empathising with the other person.

Advocates who can build trusting relationships with service users

Gaining the trust of service users is not a matter of using difficult technical skills. The advocate's identity, their sensitivity and knowledge of specific groups all play a crucial role in that process. IMHA providers need to consider how to offer people a choice about their advocate's gender, age, ethnicity and other specific characteristics. This means paying attention to the diversity of IMHA teams as much as this is feasible given their overall size, and resources. It is important, however, that services always begin by asking individual service users about their needs. It is not good practice to assume people will want an advocate of their own gender, ethnicity, age group or cultural background.

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