Equality Impact Assessment (EqIA) Form

The Equality Impact Assessment (EqIA) process is an approach designed to improve equality analysis, practice and outcomes. It helps determine and understand how what we do may affect people differently. Whilst it is a key part of the evidence that is needed to demonstrate compliance with the Equality Act's Public Sector Equality Duty, the most important outcome of this process is showing how individual research studies make a real difference to the lives of people from all communities.

Please read the Guidance Notes before completing each section.

1.   **Entitle and give a brief description of the research, study, review or proposal**

Research Title: Online Tool for Positive Mental Health[1].

Trial Design: The project will develop an online tool (initially in English) to help users to be more active in improving their mental health. The tool will highlight many practical measures that people can use on a daily basis to impact positively on their mental wellbeing. Examples may include exercise, socialising, group activities, personal hobbies etc. We believe that such measures will also have an impact on loneliness and social isolation.

Research Study/Location: Online, but based at the Centre for Ethnic Health Research in Leicester.
Planned Sample Size: 100 people aged 18+ online, plus a number of focus groups (either face-to-face if possible, or virtually via Zoom).

Planned Trial Period: 6 months initial engagement activity (with mental health organisations and specialists), building trust and confidence in communities; 6 months for consultation and specific engagement activities e.g. online sessions and focus groups; 6 months for review and write-up plus any necessary follow-up. Concluding with dissemination of results, including use of Plain English and Easy-to-Read versions (3 month period).

Number of participants: 100 people aged 18+ online, as many as 100 more (also aged 18+) through specific Focus Group activity.

Characteristics of Trial Participants: Each participating person has to have a clinically diagnosed mental health condition. We will also use equality-related data to ensure that we cover areas of under-representation and special significance e.g. men, people with other disabilities.

The current research points to areas of under-representation and special significance when it comes to people 'disclosing' mental ill health. We will also emphasise the 'universality' of mental health as an issue whilst respecting the afore-mentioned equality-related areas when it comes to diagnosed illness.

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2.   **What are the key aims and benefits of the research, study, review or proposal?**

Aims: The principal aim is to promote positive mental health. However, there are a number of further aims that relate to this. They include the following:

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[1] IMPORTANT: Though based on a number of actual projects, this Template is not in itself a live or past piece of research.

- Improving self-esteem
- Boosting self-care
- Decreasing loneliness and social isolation
- Increasing physical activity
- Improving mindfulness and meditation techniques
- Boosting confidence

Benefits: The project focuses on mental health, rather than mental illness, therefore encompassing everyone. Accordingly, there will be wide benefits due to this broad remit and because the tool is practical and easy to use. This being said, we will be focusing specifically on the mental health benefits to those with existing mental health conditions on the premise that such benefits will be harder to achieve within this group as opposed to the public more generally. Therefore, if there are recognisable benefits, they are likely to impact positively on the broader population. We would hope that more people will be able to use self-care activities and techniques and rely less on access to the NHS and specifically to mental health care treatments. Given the large numbers of people involved here, the potential benefits are huge and wide-ranging. Though there is a focus on people with mental health conditions (covered under the 'disability' protected characteristic), it is likely that the study will improve the mental health of people more generally and that issues of Intersectionality will ensure a positive impact for people who identify with the other eight characteristics as well. We would anticipate that a positive study and outcome will also have a beneficial effect on people's mood and confidence, thereby having an impact on issues such as employment potential, volunteering capacity, community cohesion and greater social inclusion.

3. **Identify any previous equalities related research or consultation relevant to your research, study, review or proposal**

The Equality Act 2010 stipulates that it is illegal to discriminate against people experiencing long-term mental ill health in a range of different contexts including access to healthcare. The 'disability' protected characteristic includes people with long-term mental health conditions. The Public Sector Equality Duty makes specific demands on public sector bodies including the involvement of service-users and the services that are provided for them.

There have been a number of practically-focused approaches to our research issue, including online narratives as well as projects such as Mind Apples that have involved many people from different communities and backgrounds. There has, though, been little equalities-related research or consultation as to effectiveness.

There is considerable research material on the subject of mental health per se, however. This includes issues relating to stigma and discrimination, important factors influencing our research.

Evidence from the Mental Health Foundation[2], for example, states the following:
- It is estimated that 1 in 6 people in the past week experienced a common mental health problem.
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem.
- Depression is the predominant mental health problem worldwide, followed by anxiety, schizophrenia and bipolar disorder.
- Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives.
- People with mental health problems are amongst the least likely of any group with a long-term health

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[2] See Stigma and discrimination | Mental Health Foundation

condition or disability to:
- Find work
- Be in a steady long-term relationship
- Live in decent housing
- Be socially included in mainstream society

These factors are likely to have a specific effect on loneliness and social isolation.

Key statistics on mental health are relevant to our study as we will need to ensure that there is appropriate representation in our engagement measures. We will need to consider 'positive action' in this regard.

With regards to groups experiencing a higher prevalence of mental ill health, the Mental Health Foundation[3] has identified the following:

- **Black, Asian and Minority Ethnic Groups** For example:
    - Research suggests that experiencing racism can be very stressful and have a negative effect on overall health and mental health.
    - In some communities, mental health problems are rarely spoken about and can be seen in a negative light. This can discourage people within the community from talking about their mental health and may be a barrier to engagement with health services.
- **Carers**
    - 71% of carers have poor physical or mental health.
    - 38% of young carers report having a mental health problem, yet only half report receiving additional support from a member of staff at school.
- **Homeless people**
    - In 2014, 80% of homeless people in England reported that they had mental health issues, with 45% having been diagnosed with a mental health condition.
    - Studies have reported a higher prevalence of mental health problems in the homeless population in comparison to the general population, including major depression, schizophrenia and bipolar disorder. Statistics suggest the prevalence of mental health conditions in this population to be at least 25-30% of the street homeless and those in direct access hostels.
- **LGBT[4] people**
    - Members of LGBT communities are more likely to experience a range of mental health problems such as depression, suicidal thoughts, self-harm and alcohol and substance misuse.
    - The higher prevalence of mental ill health among members of LGBT communities can be attributed to a range of factors such as discrimination, isolation and homophobia. This can lead to members of LGBT communities feeling dissatisfied with health services, with mental health services most often perceived to be discriminatory.
- **People experiencing Domestic Violence**
    - Research suggests that women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically abused, with 30-60% of women with a mental health problem having experienced domestic violence.
    - Domestic violence is associated with depression, anxiety, PTSD[5] and substance use in the general population.
- **People experiencing Substance Misuse**
    - 16.6% of adults in England report drinking to hazardous levels, while 1.2% report levels which indicate probable dependence on alcohol.
    - Half of people with drug dependence were receiving mental health treatment in 2014 and

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[3] See Statistics | Mental Health Foundation
[4] Lesbian, Gay, Bisexual and Transgender
[5] Post-Traumatic Stress Disorder

adults with drug dependence are twice as likely as the general population to be using psychological therapy.

- **People with Learning Disabilities**
  - A study in The British Journal of Psychiatry found that 54% of people with a learning disability have a mental health problem.
  - Children with learning disabilities are four and a half times more likely to have a mental health problem than children without a learning disability.

- **People with a Physical Health problem**
  - People with symptoms of a common mental health problem are more likely than those who do not have symptoms to have a long-term physical condition.
  - Over a third of people with severe symptoms (37.6%) have a long-term physical condition, compared to a quarter (25.3%) of those with no or few symptoms of a common mental health problem: a pattern that is found in both men and women.[6]

- **Refugees and Asylum Seekers** For example:
  - The increased vulnerability to mental health problems that refugees and asylum seekers face is linked to pre-migration experiences (such as war trauma) and post-migration conditions (such as separation from family, difficulties with asylum procedures and poor housing).
  - Research suggests that asylum seekers are five times more likely to have mental health needs than the general population and more than 61% will experience serious mental distress. However, data shows that they are less likely to receive support than the general population.

There is also evidence of issues relating to mental health stigma and access to help amongst male Polish migrants.[7]

Trans people are at particular risk of experiencing mental ill health due to barriers faced in relation to their gender identity, as well as transphobic discrimination.

A study by University College London, the University of East Anglia and City, University of London (2021) found that Lesbian, Gay and Bisexual people are significantly more likely to suffer poorer mental health or report drug and alcohol misuse compared to heterosexual people. Some 40.4% of bisexual people and 23.8% of lesbian and gay respondents were found to be experiencing conditions such as depression or anxiety – compared to 16.3% of straight people.[8]

Intersectionality is an important consideration in relation to all these issues.

There is considerable evidence that positive mental health is helped by a range of things including exercise, going outdoors, relaxation techniques, eating more healthily, learning something new, staying connected, setting boundaries[9], mindfulness, meditation, sleeping better[10], drinking sensibly, caring for others, taking breaks[11] and many other things. The University of Leicester's UMatter initiative included Mind Apples sessions that explore all of these activities and more.[12]

FURTHER INFORMATION (to consider including)
- *Reference to specific research material relating to mental health.*

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[6] See fundamental-facts-about-mental-health-2016.pdf
[7] See Feniks-2020-Mental-health-and-suicides-among-Polish-men-in-Scotland.pdf
[8] See Lesbian, gay and bisexual people 'significantly more likely to suffer poorer mental health' | London | ITV News
[9] See 7 Tips for Mental Health and Wellbeing During a Pandemic | City Lit
[10] See Top Tips To Improve Your Mental Wellbeing | One You (www.nhs.uk)
[11] See How to look after your mental health | Mental Health Foundation
[12] See U. Matter Mind Apples Online (umatterleicester.co.uk)

- *Reference to more recent research.*
- *Range of mental health conditions and how these relate to equality factors/issues e.g. prevalence.*
- *Mental health in particular contexts, particularly in relation to the nine protected characteristics, but also consideration of factors such as socio-economic status, employment, social deprivation and specific groups such as asylum seekers, carers, young people. Geographical issues may also play a part (rural isolation etc).*
- *Further research that indicates the positive benefits to mental health of exercise, being outdoors, engaging with other people, listening to music etc.*

4. Describe how the research, study, review or proposal will (or may) affect or impact upon equality

In addressing mental health, there will be a direct impact on disability as an equality protected characteristic. The specific focus will be upon people with existing mental health conditions with consequences for all with respect to general mental health. People with mental illnesses will therefore be over-represented in this research area.

With specific positive action measures and ongoing equality monitoring, we intend to ensure that all protected characteristic groups are included in the sense that people with mental health conditions have additional identities that are reflected in the protected characteristic groupings and indeed beyond. In this respect, the importance of Intersectionality is recognised and will be assessed as part of the EqIA and the study more generally.

Developing a specific 'online' facility in English will inevitably pose access problems for some people. Indeed, it may be inaccessible to people from some protected characteristic communities. These could include people with certain disabilities (visual impairments, for example); people whose first language is not English; people who do not, or are reluctant to, use ICT (e.g. some older people); and people who financially cannot afford the necessary equipment (for socio-economic reasons, for instance). We will explore mitigating measures to address this[13], though it is likely that we will have to 'flag up' the limitations and encourage further studies and projects to 'plug any gaps'.

The research is designed to address an important health inequality area/issue, namely positive action measures that could have a positive impact on the mental health of under-represented or 'easy to ignore' groups. Further research leading to additional practical measures would be needed to address the issues surrounding language, certain disabilities and access to ICT mentioned above. As such, this research may provide a benchmark as well as practical guidance on what to include in such work. For example, face-to-face group sessions including the material used in the online tool could be arranged by mental health practitioners and/or voluntary sector groups. This would negate the need for individuals to have specific ICT access.

Socio-demographic as well as equality-related data will help us to try and identify specific groups from which we can invite people to take part. Use of 'positive action' measures will be important in this respect. One of the issues is likely to be access to ICT in groups for which poverty and social exclusion are factors. We will be careful and thorough in our approach to effective monitoring so that we can demonstrate that inclusion is a constant factor in our research.

The issue of access to the online tool for people with visual impairments could be partially addressed through the use of accompanying speech. Nevertheless, some of the practical measures that will form part of the online tool do relate to visual stimuli. The same is true of those measures that require hearing e.g. access to calming/soothing music and sounds.

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[13] The use of accessibility screen readers may help in this context.

Version 5 September 2021

We will note that even though our initial focus is on providing a tool in English, it would be perfectly possible for it, the 'product', to be translated into community languages as a further roll-out. Further issues relating to cultural 'dexterity' would also be feasible, e.g. culturally appropriate food, literature, film and music. In other words, our online tool can be used as a basis from which variations can be tailored and produced based on community need and characterisation.

The issue of religion and mental health can be contentious, even though our research focuses on the commonality of mental health rather than the specifics of mental illness. Recruiting people with mental health conditions from religious groups will need careful and sensitive consideration and an approach that recognises the long-standing existence of stigma.

5. **Identify who – from the Protected Characteristic groupings or other relevant underserved or disadvantaged communities – will (or may) be affected and how** (please tick in the appropriate box)

Age	Positive Impact	Negative Impact	No Impact	Impact Not Known
	☑	☑		

Please explain your assessment:
The research and its practical application are likely to have a **Positive** impact generally on people of all ages due to the broad nature of positive mental health and wellbeing initiatives. This is particularly the case where there is evidence of an over-representation of people experiencing mental ill health.

However, there may also be a **Negative** impact due to varying means of accessing ICT and specifically the Internet, which are likely to affect more elderly people in greater numbers. We consider this to be a 'justifiable' negative impact as the focus is specifically on an online tool. Nevertheless, we will flag up this important issue in our research findings with a view to encouraging other researchers to investigate possible remedial action.

An additional **Negative** impact may emanate from the fact that many elderly people from a variety of ethnic minority communities do not use English as their first language. We mentioned previously the possibility of using community languages and tailoring the tool to make it more culturally appropriate.

Disability	Positive Impact	Negative Impact	No Impact	Impact Not Known
Including application of the NHS Accessible Information Standard (see Guidance Notes)	☑	☑		

Please explain your assessment:
We consider there to be an overwhelming **Positive** impact for those with pre-existing mental health conditions (constituting a disability) and a more general **Positive** impact for people with regard to mental health as a broader wellbeing concern. This would include those 'other' disabilities for which there is evidence of over-representation with regard to mental ill health (see Question 3).

Nevertheless, there is likely to be a **Negative** impact for those with specific disabilities that make accessing something online and indeed something visual more problematic. (People with visual impairments being the most obvious example) We consider this to be a 'justifiable' negative impact because of the focus being on an online tool. There may well be remedial actions that could be taken – the use of accompanying speech for example. However, many of the measures that we think may be important to include in our tool

require people to be able to see to experience and appreciate them. We will flag up this issue as a means of encouraging further research to tailor our tool more effectively to people with a variety of disabilities.

Intersectionality informs us that a combination of disability, poverty and social exclusion is also relevant, particularly when it makes access to ICT significantly harder.

Gender Reassignment	Positive Impact	Negative Impact	No Impact	Impact Not Known
	☑			☑

Please explain your assessment:
We consider the impact on trans people and those reassigning to be generally **Positive**, particularly given the over-representation of members of trans communities in statistics evidencing mental ill health.

As mentioned previously, there is evidence that trans people are at particular risk of experiencing mental ill health due to transphobia and barriers faced in relation to their gender identity. We do, however, suggest that there is a need for further specific research into the relationship between mental health, positive wellbeing measures and members of trans communities and those who identify as non-binary. Such research needs specific application, not generalised into LGBT. Given this, there may also be a case at the moment for **Impact Not Known**.

Marriage and Civil Partnership	Positive Impact	Negative Impact	No Impact	Impact Not Known
			☑	

Please explain your assessment:
We suggest that the impact on people in this group is most likely to be 'neutral', i.e. **No Impact**. That being said, the overall positive benefits for a broad range of people from our research and practical application also needs to be borne in mind.

Pregnancy and Maternity	Positive Impact	Negative Impact	No Impact	Impact Not Known
	☑			☑

Please explain your assessment:
We consider that there will be a **Positive** impact on those women in this group for the broad reasons outlined previously. We also believe that there will be a positive impact physically through greater mental wellbeing and the use of positive mental health measures.[14]

In a similar fashion to our consideration of Gender Reassignment, we would advocate the need for further specific research into the impact on women at various stages of pregnancy and maternity. And also on partners. For this reason, we suggest that **Impact Not Known** may also be appropriate.

Race	Positive Impact	Negative Impact	No Impact	Impact Not Known

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[14] The tool supports recommendations made by the Royal College of Obstetricians and Gynaecologists (RCOB) in their 'Maternal Mental Health – Women's Voices' report dated February 2017.

	☑	☑		

Please explain your assessment:

As we saw in our answer to Question 3, the Mental Health Foundation noted a higher prevalence of mental ill health in people from ethnic minority communities. As a response, our research and online tool is likely to have a **Positive** impact on these groups, particularly as its focus on personal engagement through the Internet is likely to significantly minimise any accompanying feelings of stigma. Put simply, people will not need to 'out themselves' as the focus is on one person engagement with an online tool.

Should people from ethnic minority communities not wish to take part in focus groups because of the stigma issue, they can be referred to our online equivalent (see Question 1) which runs alongside the face-to-face engagement.

There is the possibility of a **Negative** impact as those whose first language is not English may not be able to engage with the online tool or at least to the same degree of efficacy. We consider this to be a 'justifiable' negative impact given our focus. Nevertheless we will explore the possibility of more tailored arrangements using translation facilities, though it is likely that we will have to note this restriction and encourage further work that involves the practical use of more tailored interventions.

Religion or Belief	Positive Impact	Negative Impact	No Impact	Impact Not Known
	☑	☑		

Please explain your assessment:

Much of the same logic and conclusions as those indicated in the 'Race' section are also applicable to Religion or Belief. Issues of stigma are significant as is the issue of accessible language.

We drew attention in our answer to Question 4 to the issue of recruitment of people from religious communities to our focus groups. It may be the case that people are more likely to want to be involved in general focus groups rather than anything specially arranged for specific religious communities because of the issue of stigma and associated factors involving personal 'declarations' of mental ill health. There is, of course, always the possibility of online involvement.

Sex	Positive Impact	Negative Impact	No Impact	Impact Not Known
	☑			☑

Please explain your assessment:
We consider there to be a **Positive** impact for a number of reasons.

Firstly, in common with the generic trend, we believe our research and online tool will, generally speaking, have a significant and positive effect on the mental health of people wishing to use it, and maybe an even greater beneficial impact on those with underlying mental health conditions.

Given the fact that men aged 45-49 still have the highest rate of suicides[15], that suicide is the biggest killer of young people, that three quarters of deaths amongst young people are male and that rates are highest in men aged 20-24[16], there is potentially a significant impact on the mental health of men.

We also know that women in some groups (e.g. those experiencing domestic violence, women experiencing post-natal depression) are over-represented in statistics, research and knowledge relating to the prevalence of mental ill health in communities. As a consequence, the mental health benefits for people from such 'categories' using our tool is potentially substantial.

We are also aware of the association between mental ill health and members of trans communities and so for the same reasons as above, we suggest a positive impact. We believe that further research needs to be undertaken on the relationship between mental health and those people who identify themselves as non-binary so that we can determine both knowledgeable trends and appropriate interventions. For this reason we also consider there to be **Impact Not Known**.

Sexual Orientation	Positive Impact	Negative Impact	No Impact	Impact Not Known
	☑			

Please explain your assessment:
We also consider there to be a **Positive** impact for people from LGB (as well as T) communities for similar reasons to those posited in our previous responses, namely the generic trend and as a response to the higher prevalence of mental ill health indicated by the Mental Health Foundation and cited in our answer to Question 3.

Given the issues of discrimination, isolation and the impact of homophobia and biphobia – people from LGBT communities feeling dissatisfied with health services and the perception that mental health services are discriminatory – the fact that our tool does not require any engagement with such services is likely therefore to be seen positively. We will need to put effective and continuous monitoring arrangements in place to be able to ascertain whether this is actually the case.

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[15] See Suicide facts and figures | Samaritans
[16] See SamaritansSuicideStatsReport_2019_Full_report.pdf

Other	Positive Impact	Negative Impact	No Impact	Impact Not Known
e.g. socio-economic status, carers, location, asylum seekers, economic migrants, looked after children, homeless people	☑	☑		☑

Please explain your assessment:
Consideration of the categories of people identified by the Mental Health Foundation (and cited in Question 3) lead us to suggest that there is likely to be a number of different impacts depending on community and issue.

Positive impact – for those able to access the tool and who fall into any number of categories of people experiencing a higher prevalence of mental ill health (see Question 3).

Negative impact – related, in particular to access to ICT equipment and the Internet (see Question 4).

Impact Not Known – we suggest that further research needs to be undertaken on specific areas in relation to mental health support (including our online tool), e.g. asylum seekers, people in rural areas (for which broadband access may be an issue).

6. **Provide a summary of the main equality issues identified through this analysis**

We consider there to be **Positive** impacts and consequences when accessing our online tool for a number of groupings identified as protected characteristics under the Equality Act 2010. These are summarised as follows:
- **Age**, due to the broad nature of positive mental health and wellbeing initiatives.
- **Disability**, for the same reasons as Age, but also because of the direct focus on people experiencing mental ill health.
- **Gender Reassignment** for the same reasons.
- **Pregnancy and Maternity** for the same reasons.
- **Race**. In particular people from those ethnic minority communities that experience a higher prevalence of mental ill health, and those that are able to access the Internet and therefore the greater degree of 'anonymity' and 'confidence' that is inherently involved.
- **Religion or Belief**. See Race (above). Note should be made of the issue of stigma.
- **Sex**, because of the broad nature of the benefits/issues mentioned in other categories, but also because of issues relating to men and the higher prevalence of mental ill health in a number of age ranges, for women in some categorisations (post-natal depression, for example) and for members of trans communities.
- **Sexual Orientation** for similar reasons to those mentioned previously (namely the generic trend and as a response to the higher prevalence of mental ill health indicated by the Mental Health Foundation) but also due to the nature of the online tool.
- Various groups considered to be **Other**, and for whom there is a higher prevalence of mental ill health.

There may be **Negative** impacts and consequences for the following groups and for the following reasons:
- **Age**, for issues relating to accessing ICT. Likely to be a 'justifiable' negative impact, though we will flag this up for further attention and research. Language issues may also be a concern for elderly members of ethnic minority communities. The possibility of using community languages in the tool should therefore be explored.
- **Disability**, particularly in relation to those disabilities that involve visual impairments. Please see

the discussion in relation to 'justifiable' impact and the possibility of mitigating action.
- **Race**, as a result of the language factor for some people. The same issues, 'justifiability' and possible mitigation apply as for Age.
- **Religion or Belief**. See Race (above).
- Any **Other** groups affected by issues relating to ICT accessibility.

We consider there to be **No Impact** (or 'Neutral' Impact) for people under the following 'headings':
- **Marriage and Civil Partnership**

We suggest that there needs to be further research in relation to the following:
- The relationship between mental health, positive wellbeing measures and members of trans communities and those who identify as non-binary, and for women (and their partners) at various stages of their pregnancy/maternity.
- Also on specific areas in relation to mental health support, e.g. asylum seekers, people in rural areas.

In all these areas, the issue of Intersectionality is extremely important.

7. **How will you monitor and evaluate the equality impact of your study?**

In addition to equality monitoring (covering all the protected characteristics) of all those taking part in the study, we will undertake to do the following:
- Specific monitoring in areas of known higher prevalence of mental ill health
- Monitoring of language(s) spoken
- Geographical analysis (particularly in relation to urban versus rural)
- Mental health assessments (including those relating to loneliness and social isolation) at various stages
- Some specific assessments of nature and strength of mental health stigma
- Monitoring of ICT accessibility
- Assessments of non-visual methods of engagement and in the use of an equivalent to our online tool
- Some preliminary assessments of the impact of Intersectionality

We will also make the case for further research (as identified in our answers to questions 4, 5 and 6).

We will encourage people to submit qualitative information, including statements in relation to the above and case studies where feasible and/or appropriate. This is particularly relevant to areas/suggestions included in our online tool where there has been a noticeable positive impact on mental health.

8. **Use the Action Plan (Appendix) to record the actions that need to be taken to address the issues identified in this form**

ACTION PLAN

What actions do you intend to take (or have you taken) to address the findings arising from the EqIA?

(Note: Actions should include SMART actions highlighting reasonable adjustments you will take within the scope of your research, study, review or proposal. Based on indications of negative impact identified in Section 5, examples may include a) What you might do to mitigate the risk of people from ethnic minority communities, people with disabilities or people of religion being unable to participate in your research study; b) Extending the research study scope to better understand the experiences of people from one or more of the Protected Characteristic groups; c) Consulting with people from a particular Protected Characteristic group in more detail; d) Putting monitoring procedures in place focusing on one group in particular.

Please sign and date your Action Plan

Action	By when?	Responsibility of?	Monitored through (by and when)?	Impact?
1. Form specific equality-focused Action Team	Prior to start of project	EqIA Lead Officer (Member 1)	Regular meetings	Assessed via Action Plan. Ensure balanced work loads
2. Recruit project participants using equality & diversity criteria (including higher prevalence of mental ill health and range of mental health conditions)	Ongoing (but beginning at start of project)	Named individual (Member 2)	Reporting at meetings and to EqIA Lead Officer. Use of positive action measures	Assess diversity through scrutiny of protected characteristics. Ensure appropriate representation. Use positive action measures where/when appropriate.
3. Assess other criteria for participant selection (see answer to Question 3 and 'Other' categories in Question 5)	Ongoing	Named individual (Member 2)	Reporting at meetings and to EqIA Lead Officer. Use of positive action measures	Assess need for inclusion on an ongoing basis
4. Divide participants into online and focus group members	Ongoing (but beginning at start of project)	Named individual (Member 3)	Reporting at meetings and link to Member 2	Focus groups comprised of appropriate numbers and diversity of members. Focus groups to include as priority those unable to access tool at home
5. Recognition of Intersectionality	Ongoing	Named individual (Member 3)	Reporting at meetings and link to Member 2	List potential key areas of Intersectionality and assess individually

Version 5 September 2021

6. Instigate equality monitoring tasks (see answer to Question 7)	Prior to start of project	Named individual (Member 4)	Reporting at meetings	Ongoing monitoring will highlight potential areas for action as well as providing evidence of equality focus
7. Assess feasibility within current project scope for online tool to be in other languages and in different formats (see Question 4)	First 6 months of project	EqIA Lead Officer (Member 1) and others	Reporting at six-month stage	If feasible, to run pilot study (having assessed which language(s) and format(s) to use). If not feasible, to 'flag up' for future research opportunities
8. Ensure that online tool addresses cultural competence and uses a wide variety of different cultural measures	By end of project	EqIA Lead Officer (Member 1) and others	End of project report	Use project participants as a guide to cultural competence and to use of different measures from different cultural groups
9. Gather stories to be included in research papers and in project outcomes	Ongoing	Named individual (Member 5)	Reporting at meetings	Stories to be used appropriately as indicators of positive mental health outcomes. Stories to reflect diversity of participants
10. Assess impact of stigma	Ongoing	EqIA Lead Officer (Member 1)	Reporting at meetings	Potential use of specific focus groups (e.g. in relation to religion). To be included as a key section in final project report
11. Highlight 'next steps' areas, to include further research and practical implementation (to include more tailored tools)	End of project	EqIA Lead Officer (Member 1)	End or project report	Ensure that all potential practical measures are included and any research gaps where appropriate

Assessor's Name: A N Other   **Assessor's Signature:** A N Other
Date: 7ᵗʰ September 2021

Version 5 September 2021