Crises as Growth and Opportunities

Understanding Equalities in Mental Health and Wellbeing During and After COVID-19

A Strategic Discussion Paper

Prepared by

Stephanie Kirkham and Janaka Jayawickrama

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ABSTRACT

The aim of this Strategic Discussion Paper is to gain an understanding of equalities in mental health and wellbeing, during and beyond the Covid-19 pandemic in the area of Greater Glasgow and Clyde. Examining the strengths, weaknesses, and opportunities a particular focus is placed on gaining intersectional feedback in relation to groups of people with protected characteristics represented in the UK Equality Act (2010). Discussions were initiated between staff, teams, partners and stakeholders who work within the realms of Equality, Human Rights and Mental Health in addressing the impact of mental health and wellbeing. Feedback was received via online video calls, phone calls and from Annex 1, available at the end of this paper.

Local and national organisations that are working in Greater Glasgow and Clyde, responded to the analysis of strengths, weaknesses, and opportunities for facilitating equalities in mental health and wellbeing. The organisations included,

- Glasgow City Health and Social Care Partnership: Health Improvement Glasgow Sectors
- Glasgow Association for Mental Health
- LGBT Youth Scotland
- Mental Health Foundation
- NHS Greater Glasgow and Clyde Sexual Health Team
- Wise Women

Responses identified three aspects central to facilitating equalities in mental health and wellbeing; capabilities of the population, personal and professional relationships and service providers, each of which have played a pivotal role in supporting individuals who are represented by the UK Equality Act (2010) through the COVID-19 pandemic. This paper placed particular emphasis on intersectional approaches to mental health, equalities and human rights as there is often a tendency to review each area separately. This policy discussion paper aims to generate a further dialogue between stakeholders to establish an opportunity for growth and opportunities within the delivery of services, policy and practice.

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EQUALITIES IN MENTAL HEALTH AND WELLBEING: AN INVITATION FOR DIALOGUE

If you want to go fast, go alone. If you want to go far, go together.
An African Proverb

This strategic discussion paper is an invitation for dialogue. Whether you are a policy maker, service provider, community member representing the protected characteristics of the UK Equality Act (2010) or a member of the general public, you may find some useful points. Obviously, the COVID-19 pandemic has created various challenges to everyone in British society. However, due to various divisions we have within our social, political, economic, cultural and environmental structures, some are experiencing greater disadvantages over others. In this, it is important for us to examine the challenges of the equality of mental health and wellbeing and continue with a dialogue to find solutions. This strategic discussion paper invites you to participate in this dialogue and together we will be able to figure out the most effective and relevant approaches to improve equalities in mental health and wellbeing in our society.

INTRODUCTION

This strategic discussion paper is based on a dialogue between the Mental Health, Equalities, Alcohol and Drug Health Improvement Team, and partner organisations, as well as stakeholders, for a deeper understanding of mental health and wellbeing of adults during and after COVID-19. This paper examines the strengths, weaknesses and opportunities for facilitating equalities in mental health and wellbeing, which in return aims to generate discussions among various stakeholders to improve services.

It is clear that healthcare workers on the frontline, patients, families and wider communities are facing challenges to their mental health and wellbeing at unprecedented levels (Xiang et al., 2020; Lai et al., 2020). While the situation in the UK is similar to many other parts of the world, there are added pressures that are unique and specific to each area of the UK. Various individuals and groups such as older people, single parents, ethnic minorities, people with disabilities, LGBT+ and other populations in society are facing challenges within their social, political, cultural, economic and environmental contexts that are affecting their mental health and wellbeing (Lima et al., 2020; Holmes et al., 2020).

Considering these challenges, this paper is grounded within the following principles of equality and human rights:

1. **The Universal Declaration of Human Rights**: Article 1 and 2 of the Declaration affirms that all human beings are born free and equal in dignity and rights. Article 3 specifically states that 'everyone has the right to life, liberty and security of person'. Within the context of COVID-19, it is important to understand that everyone is affected by the crisis and has the equal right to receive protection and assistance. Article 25.1 of the Declaration further points towards; 'everyone has the right to a standard of living adequate for the health and wellbeing of themselves and of their family'. This includes food, clothing, housing, medical care, necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond their control.
2. **The Equality Act (2010)**: provides a legal framework to protect the rights of individuals through eliminating unlawful discrimination, advance equality of opportunity for all and fostering good relations. There are nine characteristics which makes it against the law to discriminate against someone because of; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. In terms of COVID-19, these characteristics play an important role in providing and receiving protection and assistance. In the UK, the Mental Health Act (1983), Mental Health (Care and Treatment) (Scotland) Act 2003, Health Act (2006) and Mental Health (Scotland) Act 2015 are also significant elements of protection and assistance during and after the COVID-19 crisis. The Scottish Government also updated mental health legislation in the Coronavirus Act 2020.
3. According to the **World Health Organization (WHO, 2004)**: mental health is "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." It is important to recognise that this definition is moving away from the conceptualization of mental health as a state of absence of mental illness. Furthermore, it

identifies positive feelings and functions as key factors. In challenging life situations, such as the COVID-19 pandemic, this definition recognises the importance of wellbeing as a key element.

On this basis, "*let's not forget that the little emotions are the great captains of our lives and we obey them without realising it*" (Van Gogh, 1889 in COPE Scotland, 2020). It is important to recognise and acknowledge that we all have mental health and people in good mental health and wellbeing go through a rollercoaster of emotions and feelings. They can be happy, sad, well, unwell, calm and angry. This is part of life for a human being and has to be understood within the social, political, cultural, economic and environmental context, which individuals and communities live (Jayawickrama, 2018; Kleinman, 2006). Mental health and wellbeing in a crisis such as COVID-19 has to be examined within these contexts as well as people's capabilities to be well and healthy (Jayawickrama, 2018; Sen, 1999). This strategic discussion paper invites the readers to examine the growth and opportunities from our experiences of this pandemic, and if we can, use this learning to help improve the mental health and wellbeing of the Greater Glasgow and Clyde population.

BACKGROUND

Crises bring changes and transitions into people's lives, not giving them a choice and pushing them to deviate from their comfortable routines and practices, or further pulling people into greater disarray. People who may have previously reported good mental health are experiencing the effects of loneliness and isolation which is negatively impacting their mental health (Campbell, 2020). These changes and transitions can be due to physical displacement or sometimes displacement within the psychological world. Either way, this can bring tension within the physical, emotional, and mental capabilities of individuals. Whilst some people are managing these tensions in a way that is not detrimental to their mental health, others have experienced difficulties, resulting in their mental health and wellbeing suffering. Through various studies from crisis affected societies, it has become clearer that the mental health and wellbeing challenges are based on social, cultural, economic, political and environmental context of the individual and their families (Jayawickrama, 2018; Summerfield, 2008; Kleinman, 2006).

Pandemics and crises such as COVID-19, impact all people and all experience various levels of psychological distress. The United Nations claims this pandemic is "*an economic crisis. A social crisis. And a human crisis that is fast becoming a human rights crisis.*" (Guterres, 2020). However, most people recover and will improve over time (Fanelli and Piazza, 2020). At a global level, according to WHO, the prevalence estimates in crisis settings (Charlson, 2019), among people who have experienced crises in the previous 10 years, reports 1 in 11 (9%) will have moderate or severe challenges to their mental health and wellbeing. Furthermore, WHO (Charlson, 2019) reports that 1 in 5 people (22%) living in a crisis affected context is estimated to have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.

There are various types of challenges to mental health in any large emergency, (Charlson et al., 2019) including:

1. Pre-existing challenges such as poverty, discrimination, socio-economic disadvantage, harmful personal practices and disabilities.
2. Crisis induced such as lack of safety, family separation, grief, frustrations, disrupted social networks and loss of livelihoods.
3. Response induced such as governments and organisations undermining community support, difficulties to obtain basic services and lack of information and guidelines about services.

In the situation of COVID-19 in the UK, these challenges are present, and the psychological, emotional and mental health impact of the crisis is yet to be fully determined. Nonetheless, there are to date over 90 registered systematic reviews on PROSPERO, an international database, which relate to Covid-19 and Mental Health (PROSPERO, 2020). Furthermore, Ipsos MORI carried out a UK wide survey to explore what concerns people have about the impact of COVID-19 on their mental wellbeing. The findings suggested that 1 in 5 people were worried about loneliness and isolation as well as anxiety and becoming depressed. They also reported these feelings were linked to financial and employment concerns (Holmes et al., 2020). Correspondingly, the University of Glasgow is working in partnership with Samaritans and The Scottish Association for Mental Health (SAMH) to research and understand the mental health implications of COVID-19. The research seeks to consider and track the impact of social distancing measures on 3,000 adults' mental health, including positive mental health, anxiety, depression, self-harm and loneliness across the UK (SAMH,2020). Dr Trevor Lakey, NHS Greater Glasgow and Clyde, prepared a paper which proposes the main elements of public health response including; building resilience, addressing isolation and responding to the distress and mental wellbeing.[1] Understanding the impact of COVID 19 will undoubtedly support future planning and could lead to growth and opportunities in the area of mental health improvement.

A Different Perspective: Definitions of the Key Concepts

1. Context of Mental Health and Wellbeing in Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde is the largest NHS Health board in Scotland covering a population of 1.14 million. It provides services to six Health and Social Care Partnerships including: East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire, West Dunbartonshire and Glasgow City, which has the largest population (633,120) (Scottish Government, 2020). Glasgow is also the most ethnically diverse city in Scotland with 12% of the population from ethnic minority backgrounds. With an aging population, it estimates by 2041 there will be an over 50's population of 238,000. Prior to Covid-19, mental health inequalities and suicide were overt in areas of socio-economic disadvantage with an unequal distribution across the city. Studies show that the primary factors of poor mental health included poverty, poor education, unemployment social

[1] Public Mental Health Response in Greater Glasgow and Clyde during the COVID-19 Pandemic (Available at: https://www.nhsggc.org.uk/media/261122/public-mental-health-response-ggc-covid19-v2.pdf)

isolation/exclusion and life events (ScotPHO, 2019). The health gap is visible in Glasgow, where life expectancy between affluent areas and deprived areas are stark, for example: a boy born in East Renfrewshire is estimated to live seven years longer than one in Glasgow City (NRS, 2019).

Reports from Traci Leven, (2016) Health and Wellbeing Survey of Black and Minority Ethnic (BME) and The LGBT in Scotland Health Report (2018), raised concerns over the health inequalities faced by BME and LGBT+ people, with 46% LGB and 72% of trans people having experienced depression, anxiety and suicidal thoughts. Factors contributing to these figures are the result of discrimination and hate crimes, "being forced to live as someone you are not, in a society that doesn't accept you, can cause mental health issues" (Bridger, et al., 2018). In relation to people with disabilities, there are concerns about unaccounted mental health due to a lack of understanding of symptoms, terms, definitions, as well as conditions (Mental Health Foundation, 2016). People with disabilities, particularly learning difficulties, are likely to experience anxiety and depression, which has been linked to greater social disadvantage (Truesdale et al., 2017).

2. Mental Health

According to many scholars such as Chattoo and Atkin (2019), Lindekens and Jayawickrama (2019) and Kleinman (2006), it is agreed that, whilst illnesses are a biological construct, health is constructed within social, political, economic, cultural and environmental contexts. In the same line, this strategic discussion paper invites the readers to rethink the definition of mental health beyond the WHO (2004) definition: "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

It is strongly argued by Kleinman (2006, 2008, 2019), Jayawickrama (2010, 2018) and Summerfield (2005) that uncertainty and danger in life are part of being human and come in different forms. These can include earthquakes, tsunamis or pandemics, though most of the time, they can be rising house bills, illnesses, broken relationships, road accidents, job losses and death of loved ones. All these uncertainties and dangers can push the human limits and create both short- and long-term challenges to mental health.

3. Wellbeing

When examining the concept of wellbeing, there are two approaches in the mainstream discussion. The first approach (defined as hedonic) argues that seeking happiness and satisfaction of life and avoiding suffering are the only components of wellbeing (Bradburn, 1969; Lyubomirsky and Lepper, 1999). The second approach (defined as eudaimonic) argues that one shall seek living a life of virtue in pursuit of wellbeing (Rogers, 1961; Waterman, 1993). Although there are differences in these two approaches, most researchers agree that wellbeing is a complex and multi-dimensional construct (Stiglitz, Sen, and Fitoussi, 2009; Diener, 2009).

In these two approaches to wellbeing, it is important to note that wellbeing can be evident in most harrowing crises within developing countries, and not necessarily visible in most developed contexts. Jayawickrama (2008) notes that there is more laughter in refugee camps than in the

streets of London. Headey and Wearing (1992) examined wellbeing from the perspective of how people cope with change and how their levels of wellbeing are affected. They further argue that wellbeing is a depending factor on prior equilibrium levels of wellbeing of the person and of life events, and also on recent events. Although, Headey and Wearing (1992) point towards the connection of wellbeing with external factors, this strategic discussion paper points towards the internal factors such as emotions, feelings and understanding of context as part of wellbeing. Jayawickrama (2008, p.02) argues that the ability to engage with uncertainty and danger through internal capacities and capabilities is a defining factor of wellbeing:

> *"Dangers and uncertainties are an inescapable dimension of life, and well-being is the competence to live with uncertainty. Unpredictability makes life fulfilling, as it is part of human nature to deal with it. . . . The idea here is simply to point out that, though not knowing some things can create frustration, anger and helplessness, a process of pragmatic engagement with uncertainty can create a sense of well-being."*

This definition connects wellbeing and mental health together, whilst considering external factors such as crises. It is also important to understand that humans have less control of those external events and activities, which are based on social, political, cultural, economic and environmental structures (Kleinman, 2006). However, as human beings, it is possible to take control of one's physical, mental and emotional worlds. In this, traditional, cultural, social, religious and other approaches can facilitate the inner wellbeing.

INTERSECTIONALITY: TOWARDS AN ANALYTICAL FRAMEWORK

In terms of mental health and wellbeing, there is no such thing as a single-issue struggle because people do not live single-issue lives. Intersectionality as an analytical tool and a method of praxis challenges the idea of 'sameness' (i.e., people with disability are not all navigating their mental health and wellbeing in the same version of disability) and in doing so considers that differently situated people encounter mental health and wellbeing in different ways. According to Hill Collins (1990, p.18),

> *"Intersectionality refers to particular forms of intersecting oppressions, for example, intersections of race and gender, or of sexuality and nation. Intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice."*

This strategic discussion paper refers to intersectionality (see Figure 1) as particular forms of intersecting challenges, for example, of intersections of sexuality and relationships, or of race and gender. Intersectional paradigms help examine mental health and wellbeing within the social, cultural, economic, political and environmental contexts.

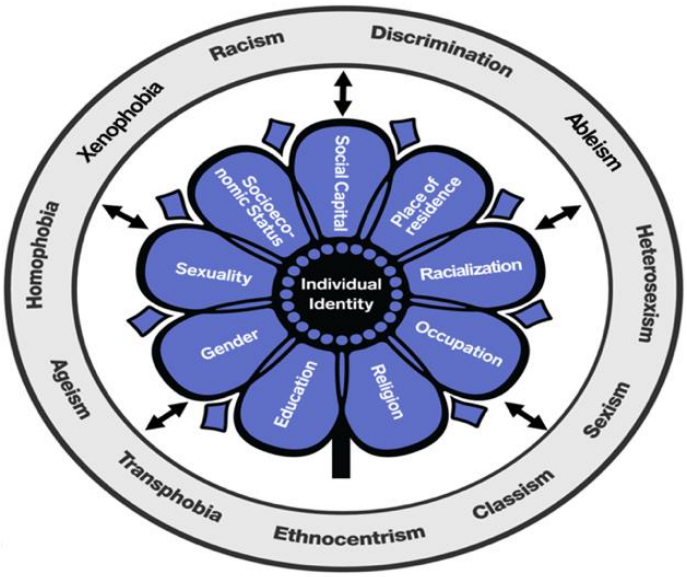

Figure 1: Intersectionality
Source: Crenshow, 1990

Intersectionality helps to understand people's experiences at the intersection of a number of simultaneous challenges including [but not limited to] race, class, caste, gender, ethnicity, sexuality, disability, nationality, immigration status, geographical location, religion and so on. Figure 2 below explains the impacts of context, circumstances and dimensions on wellbeing of individuals and communities.

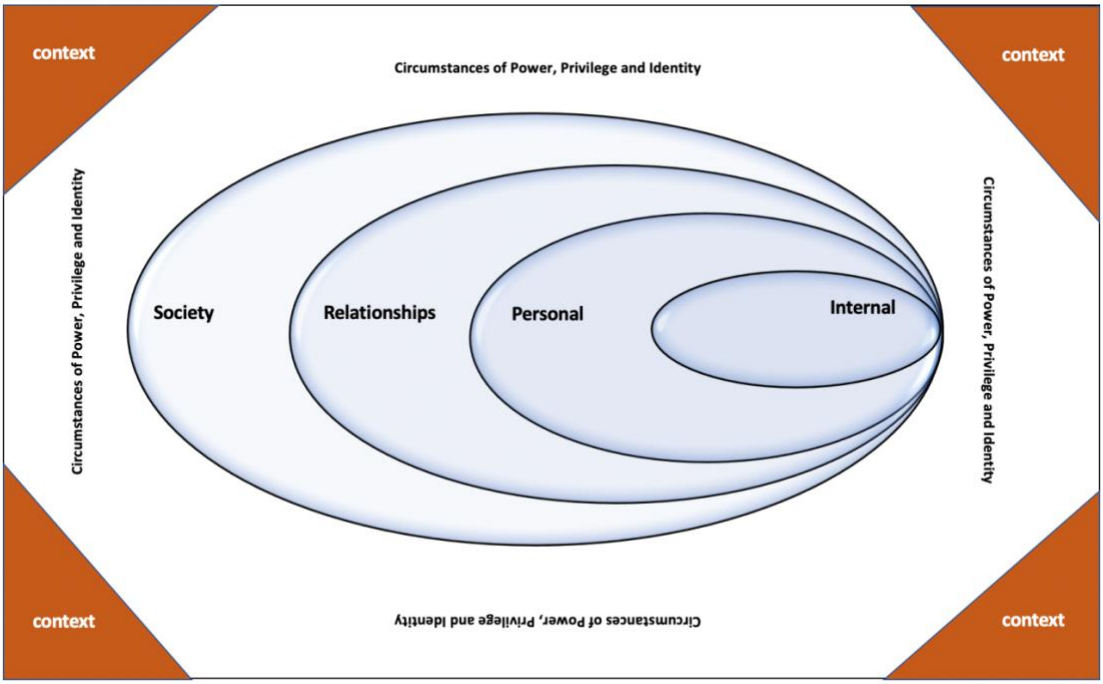

Figure 2: Context, Circumstances and Dimensions
Source: Authors, 2020

A crisis such as a pandemic impacts people within the context they live, and the social determinants of health will play a crucial role. Each individual and community has their own circumstances of power, privilege and identity. Hence, an individual's wellbeing is understood from an external perspective. The following four dimensions of society, relationships, personal and internal must be understood:

i. **Society:** The largest circle represents the society. State institutions, organisations, economic opportunities and livelihoods, political practices, traditional and customary institutions and practices, and access to and control over properties must be understood. In the wider social, political, cultural, economic and environment context, individuals and communities face different types of challenges to their mental health and wellbeing. Many of these challenges, such as poverty, migrations, economic and environmental hazards, are beyond the control of the individual and communities. All these external factors must be examined as positive and negative. Sometimes, the availability or lack of support mechanisms within the society can facilitate positive or negative outcomes. An example of this is where a single mother attempts to access socio-economic support for housing and food from the local government.
ii. **Relationships:** At the level of relationships, it is important to recognise immediate and extended families, friendships, professional and institutional engagements. Social, political, economic, cultural and environmental relationships facilitate the individual and community decision making towards positive or negative outcomes of mental health and wellbeing. This is where the increase or decrease of violence, abuse, and discrimination can impact the individuals and communities. These factors can also be reflected in peer groups and organisational cultures, which further contributes to mental health and wellbeing. For example, discriminated in access to services due to race, belief, sexuality or disability cannot be understood at an individual or community level, but needs the attention of the wider society. An example of this being a gay man who is experiencing partner violence and is attempting to receive support through the extended family and peers in the community.
iii. **Personal:** At the personal level, the making of the person in relation to social and relationships levels such as social status, professional identities, education, income, and family status, influence the mental health and wellbeing of the individual and community. In many ways, the nine protected characteristics of the Equality Act (2010) as well as the Universal Declaration of Human Rights, influences a person's social and relationships levels. There is often a tendency to focus on individual life histories, attitudes and behaviors in discourses on mental health and wellbeing, however, it is important to remember this is only one part that is influenced by factors at all other levels. An example of this is where an Asian woman is shouted at by the bus driver due to her skin colour.
iv. **Internal:** The internal world of the individual or community are a level that receives less attention at social and relationships levels. People's attitudes and values towards life circumstances are all based on what they learn through their relationships with their parents, teachers, religious institutions, media, government, cultural and traditional beliefs, social media and many other factors. These attitudes and values are the set of "rules" that facilitate people to make sense of their lives and make them feel safe. Often the things that people do not like or find most difficult to accept are those that do not fit in with their own attitudes and values. In this, the important question to ask is, what are the positive and negative factors within attitudes and values of the individual and community, and how can we

understand external challenges that affect their mental health and wellbeing? An example of the internal aspects of the person can be understood when someone is discriminating against an African woman because of an underlying attitude that believes African people are lesser. The internal can only be understood through the actions and reactions of a person.

Figure 2 shows how the facilitation of mental health and wellbeing of individuals and communities in a crisis situation should be examined within their respective context and circumstances. In that, there are external challenges, which the individual and community may have less or no control over. However, the internal challenges should be understood within the attitudes and values of the individual and their communities. Sometimes, service providers have to collaborate with individuals and communities to facilitate changes to attitudes and values that are negatively affecting mental health and wellbeing.

Intersectionality as an analytical framework (see Figure 1 and 2) to examine mental health and wellbeing of individuals and communities has become a fresh approach and tool that is useful to NHS organisations, partners and stakeholders. This facilitates a deeper understanding of external and internal strengths, weaknesses and opportunities, which in return feed into policy and practice of mental health and wellbeing within the context of COVID-19. The question is, will this become a blueprint for future crises?

EQUALITIES IN MENTAL HEALTH AND WELLBEING: AN EXAMINATION BY ORGANISATIONS

A combination of local and national organisations responded to the analysis of strengths, weaknesses and opportunities for facilitating equal access to services in mental health and wellbeing. The organisations included,

- Glasgow City Health and Social Care Partnership: Health Improvement Glasgow Sectors
- Glasgow Association for Mental Health
- LGBT Youth Scotland
- Mental Health Foundation
- NHS Greater Glasgow and Clyde Sexual Health Team
- Wise Women

Due to challenges of COVID-19, the engagement with responders was limited to digital platforms, however this did not negatively impact the quality of feedback, but perhaps impacted the quantity. A number of organisations were beyond their capacity to meet the needs of service users and funding constraints and were unable to take part in discussions. On that, the responses were received on the categories of women, mental health, LGBT+, BAME, refugees, and disability.

1. Strengths

"The Diverse Voices Group has had invaluable impact on the mental health of members"

All the responders acknowledged the internal strengths of their service receivers, namely that all individuals experiencing discrimination had developed their own coping mechanisms and strategies to deal with this, including internal processes that allow them to survive oppression. This was most prevalent amongst women who have experienced various forms of violence. Where there are collective aspects of relationships among various categories such as women and refugees, their relationships provide some level of support for finding internal strengths. The use of technologies such as WhatsApp, Zoom or other social media groups, and other forms of communication including newsletters, sharing information and knowledge and staff engagement via follow up 1-1s, enabled people to remain connected and maintain relationships during the initial lockdown.

During the pandemic, there has been an increased understanding, awareness and acknowledgement that discrimination and oppression against populations in various categories is happening. This is a strength and an opportunity, because through this awareness and acknowledgement, there is an opportunity to improve the services for various populations that are living in difficult conditions. It was recognised that many individuals, themselves living in vulnerable situations, took a role of mentoring people that were in vulnerable conditions often more challenging than their own. Peer support has had an invaluable impact on the mental health of groups, where isolation and loneliness may otherwise have been prevalent.

Membership or being part of a specific group has helped a lot of individuals to overcome feelings of helplessness as well as feeling connected and supported. More so, during the pandemic, where technology has played a major role. Compassion and kindness from peers have facilitated populations to develop hope.

Individuals, beyond their categories, play their roles in the society. As "carers" (both formal and informal), engaging with families and communities and carrying out various responsibilities towards themselves and others. These are huge strengths found in individuals and communities labelled as "vulnerable".

2. Weaknesses

"Conflict between expectations of women's role in the home and in workplace"

The lockdowns at local, regional and national levels have affected individuals and communities disproportionally (Millar et al., 2020; Aragona et al., 2020). Accessing face-to-face services, financial advice, mental health support and all the other services central to people's livelihoods became increasingly more difficult for particular subsets of the population. This left many individuals and communities feeling letdown, helpless and vulnerable. Individuals and communities have lost most of their contact with support services and do not know where to go in the absence of these services. Many families faced financial loss, deterioration in both their physical and mental health, concerns

for family members and their children, with a few even expressing suicidal thoughts. Lack of access to services when in crisis may lead to increased distress and reduction in positive coping mechanisms. Individuals who have not accessed services prior to COVID-19 pandemic have found that accessing services (both face-to-face and digitally) became even more difficult. This led to increased feelings of distress and insecurity, especially for women and refugees with language barriers, both verbal and physical. In addition, there has been an increased expectation of women to take on caring duties, support and education within the home during lockdown periods.

For LGBTQ+ individuals, there were times when limited support was available and young people were passed round different health services; none seemed to be able to provide on-going support. It is unclear whether this is directly linked to COVID-19 lockdown measures, but it certainly seemed more difficult to access support during this time. These concerns have become an internal challenge for many individuals.

The initial attempts to connect with individuals, families and communities have become a challenge due to lack of digital literacy, poverty and access to equipment. The sudden loss of services prior to COVID-19 pandemic have created an additional social helplessness and vulnerability among individuals, families and communities. This appears to be more prevalent in individuals that are living alone, with disabilities and those who are single parents. Single parents face many protection challenges, especially linked to their employment and living conditions. There have also been some additional communication barriers due to various physical and mental disabilities at a time in which digital or phone support was the primary type of help available.

The majority of individuals, families and communities have found that the lockdowns created practical problems, such as access to services, benefits and social support, and it's evident that practical support and access to care would have been invaluable to them.

3. Opportunities

"People are resilient, they have capabilities to turn adversity into possibilities to manage and survive given the right supports and genuine commitment is in place"

According to responders, there are many opportunities for improving equality in mental health and wellbeing. Improving the access to services by simplifying the methodologies and methods would increase the confidence of the service users. For example, facilitating user-led online forums to discuss their problems and challenges, which will feed into service access and delivery. In this process, it is possible to increase return of service providers, at all levels to ensure improved access and effective monitoring of service provision. This will also decrease the levels of distress and prevent mental health difficulties regardless of their status.

Responders suggest that providing and facilitating early access to a variety of support services would reduce the helplessness and vulnerabilities of their service users. These do not have to be professionally led and can include hobby and/or fun activity-based supports. These community-based support groups can lead to a strong connection between individuals that are from similar experiences and backgrounds.

Facilitating opportunities for policy makers and practitioners to consult directly with service users would allow bottom-up processes. These can be conducted informally and formally through mechanisms such as equality impact assessment, which can help future decision making. In the same line, it is important that all the policy and practice of service provisions are thoroughly reviewed in light of the challenges of the COVID-19 pandemic. This is an opportunity to improve the services as well as ensure that the service users are receiving support without discrimination.

Providing necessary IT training and education for service users will not only improve the access of services, and establishment of strong communities, but it will also improve life skills and opportunities. To strengthen this aspect, there may be the opportunity to provide free internet access to all social housing.

To achieve all the above, policy makers and service providers have to increase consultations with individuals, families and communities under different categories. These consultations can be both formal and informal, where individuals can freely provide their ideas, thoughts and comments.

There are opportunities to share organisational learning from the COVID-19 pandemic, which all different organisations can learn from each other. Equal level of services and care for mental health and wellbeing is not only for specific group of individuals, but for all and creating choices for people and including everyone that may have been excluded otherwise.

DISCUSSION POINTS

Through the responses, it became clear that there are three important aspects to facilitating equal level of services and care for mental health and wellbeing:

1. Capabilities[2]: Although there are conditions and situations that make individuals, families and communities vulnerable, people are capable of dealing with these challenges through their own mechanisms. The service providers may have to focus on the conditions and situations that create vulnerability and attempt to reduce them.
2. Relationships: Individuals draw strength from their relationships, whether this be family, friends, professionals and/or virtual communities. These relationships help sustain individuals, families and communities through challenging and difficult times.
3. Service providers: Organisations are overburdened by maintaining service while adapting to a digital platform, without any additional funding or resources. This has to be recognised in policy making, funding and allocation of other resources.

[2] The capability approach is a theoretical framework developed by the economist Amartya Sen (1998), that involves two major claims: (1). The freedom to achieve wellbeing is of primary moral importance and, (2). That wellbeing should be understood in terms of people's capabilities and functionings. Capabilities are the doings and beings that people can achieve if they so choose, such as being well-nourished, getting married, being educated, and travelling; functionings are capabilities that have been realised. Capabilities have also been referred to as real or substantive freedoms as they denote the freedoms that have been cleared of any potential obstacles, in contrast to mere formal rights and freedoms.

Stanford Encyclopedia of Philosophy, (2011), The capability Approach (substantial revision 2020), Available at: https://plato.stanford.edu/entries/capability-approach/, Accessed on: December 30, 2020.

Overall, the following discussion points have emerged through the responses:

1. Additional research is needed on understanding equal level of services and care for mental health and wellbeing. The research will become a tool that gives a voice to individuals, families and communities that are representing each category of the nine characteristics of the Equality Act 2010. In some cases, new data may require understanding the conditions and situations that make individuals vulnerable.
2. The strengths, capacities and capabilities of individuals, families and communities has to be incorporated into policy making and service provision. Each category of the nine characteristics of the Equality Act 2010 may represent one aspect of an individual's life. Their race, religion, marital status, sex, sexual orientation, age, disability and pregnancy and maternity status; even combined may not necessarily reflect who they are. Their skills, capacities and capabilities have to be understood within the situations and conditions that make them vulnerable.
3. Technology plays a vital role during the COVID-19 pandemic and will continue to be important in providing services and connecting individuals, families and communities. It is important that education and training on IT as well as provisions to access equipment as well as internet is provided for individuals, families and communities. Beyond the service provisions, IT can facilitate access to information, which can improve the equalities in mental health and wellbeing.
4. Inclusivity in policy and practice of service provision has to be considered. It is important to understand the language in policy and practice, so that traditionally excluded individual, families and communities can be included in accessing services without discrimination. There are many individuals from these groups who are experiencing poor mental health and wellbeing.
5. Organisations that are providing services have to collaborate and learn from each other. There may be various strategies and methodologies that are working for certain group of individuals, families and communities, which can be adopted to provide services to other groups. This also facilitates organisations to improve the quality as well as equality of access in providing services to individuals, families and communities that can be identified with more than one characteristic of the Equality Act 2010.
6. There has to be education and training opportunities for service providers to operationalise inclusivity in services. Whilst acknowledging the hard work of professionals in organisations, it is important to examine, understand and facilitate effectiveness and relevance of services. This can be done through evaluations and assessments of services in improving equalities of mental health and wellbeing.[3]

The above discussion points are to establish a dialogue among all the stakeholders that are developing policies and providing services to individuals, families and communities. These points have to be understood within each organisational context as well as the wider context of social, political, cultural, economic and environmental challenges. By doing so, the stakeholders can re-think existing policy and practice and develop new frameworks, which can improve equal access and care in mental health and wellbeing.

[3] Evaluation framework of Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD/DAC, 2019) based on relevance, coherence, efficiency, effectiveness, impact and sustainability can be adapted.

CONCLUSION

The purpose of this strategic discussion paper is to examine the strengths, weaknesses and opportunities for facilitating equalities in mental health and wellbeing, which in return aims to generate discussions among various stakeholders to improve services. This is no means a critique of the existing policy and practice; however, it is an attempt to understand the challenges created by the COVID-19 pandemic that has created further inequalities in mental health and wellbeing. This strategic discussion paper is an opportunity for all the stakeholders, including policy and practice of service provisions to improve the equalities of mental health and wellbeing for everyone.

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ANNEX 1: AN INTERSECTIONAL ANALYTICAL FRAMEWORK TO UNDERSTAND MENTAL HEALTH AND WELLBEING (Example included)

Organisation			
Protected Group/s			
Contact Person			
Contact Details			
Questions	**What have been the strengths of your organisation or project during COVID? Please consider the impact of mental health and wellbeing in relation to dimensions of health in your answers.**	**What have been the challenges and weaknesses of your organisation or project during COVID? Please consider the impact of mental health and wellbeing in relation to dimensions of health in your answers.**	**What possibilities have come as a result of COVID for your organisation or project? Please consider the impact of mental health and wellbeing in relation to dimensions of health in your answers.**
Dimensions of Health	**Strengths**	**Weaknesses**	**Possibilities**
1. Internal **(Within the affected person)**	Strong sense of culture Online support to prevent loneliness	Vulnerable to external pressure Financial loss Lack of funding to support digital needs	Training on how to deal with external pressure Increased awareness raising online
2. Personal **(How others perceive the person?)**	Support from the larger community	Experiencing discrimination within family. Lack of services to support emotional and physical needs.	Providing protection and mental health support.
3. Relationships **(Engagements within the family, community, society, including services)**	Receive help from the local church or charity.	Difficulties to connect with the foodbanks.	Facilitate relationships with service providers Increased online engagement
4. Society **(How society perceive the person as part of a collective / collectives?)**	Recognised as needing social support	Language barriers to understand instructions	Language training opportunities

**** Please add anything else that you think is important to improve the mental health and wellbeing of individuals and communities in Greater Glasgow and Clyde.***

In line with GDPR regulations, no personal information will be shared, and all responses will be confidential and stored appropriately. Please confirm if you are happy for us to share your organisations name in our findings: ☐ YES | ☐ NO

Please return your feedback to: stephanie.kirkham@ggc.scot.nhs.uk or email for an alternative communication method.

Authors

Stephanie Kirkham:
Equalities and Fairer Scotland Lead, Health Improvement and inequalities (Mental Health, Equalities, Alcohol and Drugs) Team, NHS Greater Glasgow and Clyde.

Janaka Jayawickrama, PhD:
Department of Health Sciences, Faculty of Sciences, University of York.
Centre for Community Wellbeing, Department of History, College of Liberal Arts, Shanghai University, Shanghai, China.

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If you require any further information, please don't hesitate to contact:

Stephanie Kirkham (stephanie.kirkham@ggc.scot.nhs.uk)
NHSGGC Equalities and Fairer Scotland Lead
Glasgow City Health and Social Care Partnership
Commonwealth House
32 Albion Street
Glasgow G1 1LH

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