

Equality Impact Assessment including Children's Rights and Wellbeing Impact Assessment (CRWIA)

Part 1: Background and Information

Title of proposal	Mental Health and Wellbeing Strategy (2025-2028)
Brief description of proposal (including intended outcomes & purpose)	One in three people experience mental health problems of some kind each year. In Fife this equates to around 125,000 people (national Records of Scotland, 2024). The Health and Social Care Partnership's Mental Health and Wellbeing Strategy sets out our vision for the people of Fife and describes the approach we will take over the next four years to work with and support organisations, communities, families, carers and to create a Fife where people can achieve their best mental health and wellbeing. The strategy is supported by annual Delivery Plans, which include details of the actions we have planned to progress our priorities and deliver our vision. The Mental Health and Wellbeing Strategy includes five key priorities: 1. Talking about mental health. 2. Prevention, early intervention and wellbeing. 3. Improved response to mental health distress and crisis. 4. Support, care and treatment that is easy to access and makes a difference. 5. Harnessing technology (Using technology in helpful ways).
Lead Directorate / Service / Partnership	Complex and Critical Care Services, Fife Health and Social Care Partnership
EqIA Lead Person	Karen Marwick, Head of Complex and Critical Care Services Fife Health and Social Care Partnership
EqIA Contributors	Mental Health and Wellbeing Strategy Working Group Fife Lived Experience Team

	Mental Health Strategic Implementation Group (MHSIG) Mental Health Services Redesign Programme Senior Leadership Team Strategic Planning Group Quality and Communities Committee NHS Fife Executive Leadership Team
Date of EqIA	19 th August 2025

How does the proposal meet one or more of the general duties under the Equality Act 2010?

Please refer to the HSCP Equality Impact Assessment Guidance.

Consider proportionality and relevance (See Page 10 of Guidance).

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	Many people with mental health problems say that stigma and discrimination have had a negative effect on their lives. This can include stopping someone from seeking help when they need it, or making someone's mental health problems worse.
	A key priority of Fife's Mental Health and Wellbeing Strategy is to tackle mental health stigma and discrimination, and help to create a culture across Fife where people can talk openly about their mental health, without fear or judgement, and where individuals, families and carers feel supported to seek help when they need it.
	Some of the key actions we will take to reduce discrimination, harassment, and victimisation are:
	"Change the conversation" by making mental health and wellbeing a key part of discussion in areas like health, housing, education, culture, justice, and work. This can be done through special campaigns and programmes to improve understanding of mental health.

	 Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups. Identify the main factors that harm mental health and wellbeing and take public health steps to improve mental health for everyone. Make sure that people with complex and overlapping needs can get support from all services by adjusting those services to fit their needs. Include people with lived experience. Create chances for learning, working together, new ideas, and research. This will help reduce stigma, raise awareness about mental health, and lead to ongoing improvements. Create a system that offers round-the-clock support for people of all ages, making sure no one misses out on help because of service hours or gaps between services. Use data and evidence to make changes that help create a fair and effective mental health system.
Advancing equality of opportunity	Across Fife many communities face additional and multiple disadvantages, for example fewer employment opportunities, increased social and digital exclusion, increased poverty, and housing which is overcrowded and/or poorly maintained. An increased responsibility for caring can be a disadvantage to many people, particularly women, and carers who also have a disability or a long-term health condition. These circumstances can have a negative impact on people's health and wellbeing, including the health conditions they experience, the care and support that is available to them, and how long they are likely to live. Fife's Mental Health and Wellbeing Strategy aligns with the direction of the national Mental Health and Wellbeing Strategy and aims to ensure that the care and support we provide is person-centred, and community based wherever possible. Some of the key actions we will take to advance equality of opportunity are:

	 Create clear and easy-to-follow care pathways that connect mental health, social care, and physical health, making it simpler for people to get the support they need. Use a "no wrong door" approach, meaning no one will be turned away or have their referral rejected. People will always be guided to the right help. Promote working together to provide better services. Help professionals work across different areas. Organise and plan care based on what people need, in local communities and places. Make sure we have a strong, well-supported workforce that can give the best care to help people recover. Offer more types of online mental health therapy to help people build their strength and mental wellbeing. Make sure everyone can access services, whether they use digital tools or need other options. Make our digital systems work better together to provide care that focuses on the whole person.
Fostering good relations	Effective communication can improve understanding and support better relations between individuals and groups who share a protected characteristic, and those who do not. Fife's Mental Health and Wellbeing Strategy is supported by a Communications Plan that aligns with national campaigns to promote better mental health and promotes an inclusive, whole system approach. Some of the key actions we will take to foster good relations are:
	 Support new digital tools that help people access therapy, learn about mental health, and connect with others online. "Change the conversation" by making mental health and wellbeing a key part of discussion in areas like health, housing, education, culture, justice, and work. This can be done through special campaigns and programmes to improve understanding of mental health.

community-based mental health services with lessons learned from previous projects that involved people's input. 4. Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages and in different settings. 5. Help people meet their basic needs and support people with the basics for good	3. Make mental health services and supports easier to access by improving
 4. Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages and in different settings. 5. Help people meet their basic needs and support people with the basics for good 	
	4. Act early to build resilience and focus on helping people build strong coping skills
mental health, support them to take control of their mental health, and help them fi their way through the mental health system when needed.	 Help people meet their basic needs and support people with the basics for good mental health, support them to take control of their mental health, and help them find
6. Build stronger, healthier communities by using local resources and planning service that fit the needs of the community.	6. Build stronger, healthier communities by using local resources and planning services that fit the needs of the community.
 Fight social isolation to help vulnerable people connect with others and build relationships by working together with communities. 	7. Fight social isolation to help vulnerable people connect with others and build

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	We recognise that socio-economic disadvantage can impact negatively on people's mental health and wellbeing. For example, low income and reduced access to resources, can affect an individual's ability to:
	 have safe, good quality, accessible housing, access their local community and families for support, access nutritious food, and know how to prepare/cook fresh produce, buy fuel to heat homes and cook nutritious meals access to health and social care services.
	All of these factors can create stress and anxiety, contributing to a negative impact on an individual's physical and mental health.
	Fife's Mental Health and Wellbeing Strategy supports ethical commissioning through the Partnership's Commissioning Strategy (2023 to 2026) and a commissioning approach

which actively promotes positive health and wellbeing choices, supports independence, and builds resilience through self-care and self-management. This approach can enable individuals to effectively utilise the support, information and other resources that are available, and can reduce negative impacts, including poor mental health. However, it is also recognised that some individuals may not be able to improve or increase their own self-care and self-management. This could be due to external circumstances that they are unable to change, or because they are currently overwhelmed or unwell. Fife Health and Social Care Partnership will continue to provide high quality, person-centred, care and support, enabling individuals to achieve their best possible mental health and wellbeing. Inequalities of outcome Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic and other vulnerable groups, can lead to improved health outcomes for individuals, their families and carers. The Mental Health and Wellbeing Strategy supports collaborative working with our community-based service partners to ensure that everyone in Fife, particularly those most at risk of experiencing mental health challenges, are able to access a network of local high-quality mental health and wellbeing support. We will also continue to raise awareness of the value of lived experience, and champion peer support, including increased investment in peer practitioners within Fife mental health services.

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected Characteristics and the Mental Health and Wellbeing Strategy for Fife

The Mental Health and Wellbeing Strategy for Fife aligns with Scotland's national priorities to improve mental health outcomes and reduce inequalities. This Equality Impact Assessment explores how the Strategy may impact individuals across the nine protected characteristics defined in the Equality Act 2010, using evidence from the Scottish Government's Mental Health Equality Evidence Report (2023), national Equality Impact Assessment's including the EQIA for Scotland's Suicide Prevention Strategy, and related guidance including an evidence synthesis of literature on the concept of intersectionality (i.e. how different aspects of a person's identity - such as race, gender, disability, sexual orientation, age, and socioeconomic status - interact and overlap to shape their experiences, especially in relation to discrimination, privilege, and access to resources).

Evidential analysis indicates that:

- Minority ethnic people, women and girls, disabled people, and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus) individuals experience higher levels of poor mental health due to multiple inequalities. Therefore, these groups are likely to benefit most from both targeted and broad actions.
- The recent COVID-19 pandemic and cost of living crisis have worsened existing inequalities.
- There is a lack of comprehensive data on mental health conditions and service impact. At a national level there is a need for better data on socio-economic, geographic, and protected characteristics.

Further narrative for each protected characteristic is included below.

1. Age

Mental health needs vary significantly across age groups:

- **Children and young people** face challenges such as adverse childhood experiences and trauma, which can impact long-term wellbeing. Early intervention and trauma-informed approaches are essential. Children and young people can be vulnerable during transitions, especially in their teenage years; social media and bullying are key concerns.
- Older adults often experience isolation, bereavement, and physical health issues, which can exacerbate mental
 health conditions. Loneliness and barriers to accessing services are more pronounced in this group, especially in
 rural areas.

2. Disability

People with disabilities are disproportionately affected by mental health inequalities. They often face:

- Limited access to tailored services.
- Higher rates of mental health conditions due to social exclusion and stigma. The Mental Health and Wellbeing Strategy must ensure accessible, inclusive services and promote co-production with disabled individuals.
- There is a higher risk of suicide among disabled and autistic individuals; and an identified need for accessible support.

3. Gender Reassignment

Trans and non-binary individuals experience elevated risks of poor mental health due to discrimination, lack of inclusive services, and social isolation. The Mental Health and Wellbeing Strategy should:

- Promote gender-affirming care.
- Train staff in inclusive practices.
- Ensure safe spaces for support.

4. Marriage and Civil Partnership

While this characteristic is less directly linked to mental health outcomes, relationship status and caregiving responsibilities can influence access to support networks. The Mental Health and Wellbeing Strategy will consider:

- Support for carers and partners.
- Relationship counselling and family support services.

5. Pregnancy and Maternity

Perinatal mental health is a key focus:

- Women may experience anxiety, depression, or trauma during and after pregnancy.
- Suicide is a leading cause of maternal death and perinatal mental health support is crucial.
- The Mental Health and Wellbeing Strategy supports perinatal mental health services and parenting programmes to improve outcomes for mothers and infants.

6. Race

Ethnic minority communities face:

- Higher barriers to accessing culturally appropriate mental health services.
- Increased exposure to social determinants such as poverty and discrimination. The Mental Health and Wellbeing Strategy must embed anti-racist practices and ensure representation in service design.

7. Religion or Belief

Faith communities can be both protective and challenging in mental health contexts. The Mental Health and Wellbeing Strategy should:

- Respect religious beliefs in care provision.
- Collaborate with faith-based organisations to improve outreach.

8. Sex

Gender differences in mental health prevalence and service access are well-documented:

- Women are more likely to experience anxiety and depression. Women and girls can be disproportionately affected by poverty, violence, and caregiving responsibilities.
- Men may face stigma in seeking help. The strategy should address gender-specific needs and promote inclusive messaging.
- Men are more likely to die by suicide; women are more likely to attempt suicide, therefore gender-specific support is needed.

9. Sexual Orientation

Individuals who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus) are at higher risk of mental health issues due to societal stigma and discrimination. The Mental Health and Wellbeing Strategy must:

- Ensure inclusive services.
- Provide targeted support and safe spaces

Intersectionality and Data Collection

Improved data collection and analysis are essential to:

- Identify gaps in service provision.
- Monitor outcomes across diverse groups.
- Inform continuous improvement.

Across Fife, service design and delivery across our Mental Health Services are being shaped by the lived experiences of individuals with intersecting protected characteristics, ensuring that diverse voices, such as disabled LGBTQIA+ people and ethnic minority carers, are central to co-production efforts. Their insights are vital in identifying barriers, informing inclusive practices, and creating services that are truly responsive and equitable for all.

In summary, the Mental Health and Wellbeing Strategy for Fife must be inclusive, trauma-informed, and responsive to the diverse needs of individuals across all protected characteristics. By embedding equality into every stage of planning and delivery, the Mental Health and Wellbeing Strategy can contribute to reducing mental health inequalities and improving outcomes for all. Detailed impact analysis and mitigations for each equality group are included in the tables below.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	Fife Adult Mental Health Services provide comprehensive general mental health services for adults and older people of all ages. The Child and Adolescent Mental Health Service (CAMHS) provides support for children and young people up to 18 years of age who are experiencing persistent, complex or severe mental health difficulties. Support is based on assessed need, and where possible, individual preferences. The Mental Health and Wellbeing Strategy and supporting Delivery Plans include actions that will provide positive impacts for people of all ages. For example, increased use of community settings, peer support, digital tools and therapies, and self-help options.	 failure to consider differential knowledge or experience of using digital tools and technologies, particularly for older people during service planning and delivery. arranging appointments, or offering support that is only available during school hours, or in locations with limited public transport options. some older people may be reluctant to seek or accept help with their mental health. Potential issues for older people include retirement, bereavement, being a carer, families and relationships, finance, and poor health including 	 Providing easy-read versions, and information that is accessible to individuals with a range of competences, reading skills, and different levels of capacity. This includes existing information, for example publications specifically designed for children and young people. utilising an appropriate range of formats for services and support (including digital tools and therapies, leaflets, guidance, appointments, letters, and other communications) for example options might include digital, telephone and face-to-face (whenever a range of options is possible).

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		long-term conditions or loss of mobility.	ensuring that appointments, events, and support are provided in locations that are accessible and suitable for the intended audience.
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	The Strategy will ensure that everyone, including those living with a disability or caring for someone with a disability, have access to high-quality information and local support, in the right place, and at the right time.	Failure to consider and mitigate the specific barriers faced by people with mental and physical disabilities when planning, commissioning, and providing mental health services could have a negative impact for individuals, families and carers, and local communities. Potential issues: • arranging appointments or offering support in locations which are difficult to access, for example no wheelchair access, or using meeting rooms which are located	Arranging appointments, events and support options in locations with disabled access and appropriate facilities such as induction loops, interpreters, or extra staff assistance if required. ensuring that digital tools and therapies are available in accessible formats and suitable for assistive technologies. providing easy read versions.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		 a long distance from the car park. using websites or providing online documents that do not meet accessibility standards. 	 increasing the number of peer support practitioners. providing advice and information in formats that align with the needs of the target audience.
Gender Reassignment	Some individuals who are proposing to undergo, undergoing, or have undergone a process to reassign their sex can experience mental health issues, including anxiety, depression and other conditions. Fife's Mental Health and Wellbeing Delivery Plans include actions to provide care, treatment and support for people at key points in their life, and to provide them with knowledge and tools to help them look after their own mental health. This will have a positive impact for people with the protected characteristic of gender reassignment by	arranging appointments and other activities in venues that do not provide suitable facilities for transgender people, for example buildings which only provide gender-neutral or single sex, toilets, signage, and other amenities. providing forms or surveys which do not include appropriate options for pronouns and gender (natal, identified, and expressed).	arranging activities in venues that provide appropriate facilities and signage for transgender people. considering and discussing privacy options with individuals to identify their preferences.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	encouraging and enabling better mental health and wellbeing.	failure to consider and/or provide appropriate privacy, for example in public waiting/meeting areas, or in personal correspondence (e.g. letters).	
Marital Status (Marriage and Civil Partnerships)	The Mental Health and Wellbeing Strategy provides an integrated framework for mental health services and support across Fife. This applies equally to individuals who are married or in a civil partnership, and those who are not.	No negative impacts are expected for this equality group as a direct result of the implementation of the Mental Health and Wellbeing Strategy.	No specific mitigations are required for this equality group because the Mental Health and Wellbeing Strategy applies equally to individuals who are married or in a civil partnership, and those who are not.
Pregnancy and Maternity	NHS Fife provides a Specialist Perinatal Mental Health Service for women and their partners/families in both the antenatal and postnatal stages. The Partnership's Mental Health and Wellbeing Strategy aligns with the specialist support provided by partner bodies to ensure that women are not treated unfavourably because	arranging appointments and events in venues that have limited access or facilities for women who are pregnant or breastfeeding.	Mitigations include:

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	they are pregnant, breastfeeding, or have given birth, when they are accessing mental health services and/or support.		can breastfeed if they wish to. • collaborating with partner agencies to link patient appointments, for example using staggered appointments to reduce travel time.
Race (All Racial Groups including Gypsy/Travellers)	Improved access to mental health services and support will enable more people to identify the help that they need to achieve better mental health and wellbeing. It will also enable them to build resilience so that they can manage potential issues in the future. Overall, this supports better health outcomes and can extend healthy life expectancy for individuals.	Potential issues: providing limited access options, for example digital-only appointments, or failure to provide information in different languages. arranging face-to-face appointments/activities in venues that may be difficult for some individuals to access, or at times that may be restrictive.	ensuring that interpretation services, including interpreting tools and face-to-face interpreters, are available if/when required. providing advice and information in alternative formats and languages. organising activities in appropriate locations and offering tailored opportunities where required.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
			In line with Scottish Government guidance, NHS Fife will develop and deliver against their own anti-racism plans, covering both workforce and racialised healthcare inequalities with mental health being highlighted as a key area of focus.
Religion, Belief, and Non-Belief	A perceived stigma of mental illness in some religious communities can prevent individuals from seeking appropriate care and support. The Mental Health and Wellbeing Strategy will have a positive impact by promoting awareness, education and support for individuals who may be at risk or facing challenges with their mental health in relation to their religion or belief/non-belief systems.	arranging meetings or events on specific days or at times that are likely to be restrictive for particular religious groups. holding events in religious venues, for example churches or denominational schools. providing information and materials that contain content that	providing information and advice for religious groups that promotes increased awareness and understanding of mental health issues and the support that is available. ensuring that community-based support is available in suitable locations and offering tailored

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		could be perceived as discriminatory towards particular groups.	 opportunities where required. providing advice and information in formats that align with the needs of the target audience.
Sex (Women and Men)	In Fife, women have a life expectancy of 81 years, and men have a life expectancy of 77 years. People with lifelong mental illness are more likely to die 15 to 20 years prematurely because of physical health problems. Improved access to mental health services and support will enable more people to identify the help that they need to achieve better mental health and wellbeing. It will also enable them to build resilience so that they can manage potential issues in the future. Overall, this supports better health outcomes and can extend healthy life expectancy for some individuals.	gender bias in mental health diagnosis leading to misdiagnosis or underdiagnosis. social and cultural gender stereotypes which encourage mental health stigma and discrimination.	providing advice and information that raises awareness and promotes understanding about the causes of mental health issues, potential challenges, common misconceptions, and signposts sources of care and support.
Sexual Orientation	Individuals who identify as	Potential issues:	Mitigations include:

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
(Heterosexual, Gay, Lesbian and Bisexual)	LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus) are more likely to develop a mental health problem or experience poor mental health, due to their life experiences. The health inequalities experienced by LGBTQIA+ people are well-documented and deeply concerning. For example, 45% of trans young people and 22% of cis LGBTQIA+ young people have attempted suicide, compared to 13% of girls and 5% of boys in the general population. LGBTQIA+ individuals are also disproportionately affected by homelessness, with 24% of homeless youth identifying as LGBTQIA+, and 69% of them citing parental rejection as a key factor. Furthermore, 23% of LGBTQIA+ people have witnessed anti- LGBTQIA+ remarks by healthcare staff, and 42.8% of LGBTQIA+ women have experienced sexual	failure to identify and address the negative impacts produced by stigma and discrimination related to sexual orientation. Individuals may have a range of different experiences (e.g. physical harm or social exclusion) and different responses including distress, feelings of shame, hopelessness, isolation or reluctance to ask for/accept support, care and treatment. Reluctance to seek and accept help could delay recovery and/or exacerbate current issues.	 providing mental health support, counselling, education and resources that are tailored to the specific needs and circumstances of the individual and, where relevant, their family. promoting peer support and open, supportive approaches which focus on dignity, respect, and positive encouragement.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	violence — more than double the national average for women. These figures underscore the urgent need for tailored approaches that recognise the unique challenges faced by LGBTQIA+ communities in MH services		
	The Mental Health and Wellbeing Strategy includes actions to tackle mental health stigma and discrimination and promotes open, supportive approaches which focus on dignity, respect, and positive encouragement, regardless of sexual orientation.		

Please also consider the impact of the policy/strategy/process change in relation to:

	Positive impact	Negative impact	Mitigations	No Impact
Armed Forces Community	Fife's Armed Forces Community includes at least 45,000 to 50,000 people. This includes approximately 1,000 serving personnel, 500 reservists, 21,000 veterans, and their families. (family numbers	Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services.	Work is underway to raise awareness in Fife partner agencies of the Armed Forces Covenant and what this means for the Armed Forces Community. This includes:	
	are not consistently recorded so this number may be higher). The Mental Health and Wellbeing Strategy aligns with the Armed Forces Covenant Duty which places specific requirements on the Fife partner bodies. This includes thinking about: • the special duties	Potential issues experienced by members of the Armed Forces Community include: • disability • mobility • post-traumatic stress disorder (PTSD) • mental health challenges • alcohol and drug issues • debt • loneliness • family and relationship problems	 Fife services are now included in the Forces Connect App, and a new area has been set up on the Partnership's website. e-learning modules are being developed to 	
	of, and things given up by, the armed forces. • the idea that it is good to remove problems that happen to service people because	 multiple short-term employment history or gaps in employment, particularly for partners/spouses seeking employment lack of local knowledge about the services, 	raise employee awareness of potential issues and enable them to identify when and how to provide support for	

	they are or were in the armed forces. • the idea that special help for service people, and their families, can be fair because of how being in or having been in the armed forces impacts them.	support, or grants etc. that are available in Fife. Employees and other colleagues may be unaware of the Armed Forces Covenant, how to identify members of the Armed Forces Community, and the services and support that are available across Fife.	members of the Armed Forces Community.	
Carers	Many carers are included in the protected characteristics groups highlighted above. This includes carers who are in protected characteristics groups themselves, and individuals who care for other people that are in protected characteristics groups. The Carers (Scotland) Act 2016 identifies 'young carers' as children and young people who are aged under 18 years old, a pupil at school, and who provide care for another person. The Mental Health and Wellbeing Strategy recognises the additional	There are more than 35,000 unpaid carers in Fife. However, many people do not identify themselves as unpaid carers, they are unaware of the support that is currently available, and/or they don't know about their rights, for example protection from discrimination under the Equality Act 2010, and the right to a carer needs assessment under the Carers (Scotland) Act 2016. Carers may also be disadvantaged by changes to services provided to those they care for. Often these impacts can be significant, such as affecting their ability to combine caring with employment or school, a breakdown in the caring role, economic hardship, or a negative	The Mental Health and Wellbeing Strategy aligns with the Partnership's Carers Strategy (2023-2026). This approach ensures that all carers, their requirements, and potential impacts on their mental health and wellbeing, as well as their capacity to undertake their caring role, are considered in all service planning and decision-making. Carers can identify their needs and preferences in an Adult Carer Support Plan or a Young Carer	

	challenges faced by many young carers including increased stress, tiredness, isolation, loneliness, and less time for their own activities including homework, interests, and social relationships. Improved outcomes for this group can include better educational attainment, improved mental and physical health, and more time for friends, hobbies and other interests.	impact on the carer's own health and wellbeing. This may be particularly challenging for carers who also have a disability or a long-term health condition.	Statement. In line with the Partnership's Waiting Well Policy, some individuals will be signposted to self-help and other appropriate resources. Ongoing discussion and collaboration with partners and community groups that have experience of engaging with and supporting carers, for example Fife carers Centre and Fife Young Carers.	
Care Experienced and Care Leavers	The Mental Health and Wellbeing Strategy will ensure that individuals who have experienced care or are care leavers, will receive the necessary support, resources and services to meet their specific needs. This could include addressing issues such as trauma or mental health issues, and building resilience to support the transition to independent living.	insufficient resources and/or funding to meet the demand for services and support.	discussion and collaboration with partners and community groups that have experience of engaging and supporting care experienced individuals and care leavers.	

Improved outcomes for this group can include better educational attainment, enhanced emotional wellbeing, and increased stability in their lives.	promoting peer support and open, supportive approaches which focus on dignity, respect, and positive encouragement.
	 providing a range of suitable support options including ageappropriate digital tools and therapies.
	Support for initiatives aimed at supporting individuals who have experienced care or are care leavers including, The
	Promise, Getting it Right for Everyone (GIRFE), and Education Maintenance

			Allowance (EMA).	
Privacy (including information security, data protection, and human rights)	Fife Health and Social Care Partnership has robust procedures in place to ensure compliance with legislative requirements including data protection and privacy rights.	No negative impacts are expected in relation to privacy as a direct result of the implementation of the Mental Health and Wellbeing Strategy. Fife Health and Social Care Partnership, and the partner organisations involved in delivering the Mental Health and Wellbeing Strategy have robust information security, privacy and data protection policies in place.	No specific mitigations are required because Fife Health and Social Care Partnership, and the partner organisations involved in delivering the Mental Health and Wellbeing Strategy have robust information security, privacy and data protection policies in place	
Economy	The Partnership's Medium-Term Financial Strategy (2023-2026) includes appropriate mitigations for potential economic impacts. The annual Delivery Plans for the Mental Health and Wellbeing Strategy are aligned to the Medium- Term Financial Strategy.	The annual Delivery Plans for the Mental Health and Wellbeing Strategy are aligned to the Medium-Term Financial Strategy	The Partnership's Medium-Term Financial Strategy (2023-2026) includes appropriate mitigations for potential economic impacts.	

As part of the 'Mental Health and Wellbeing in Primary Care and Community Settings Project', Fife Health and Social Care Partnership commissioned Fife Centre for Equalities to facilitate engagement with communities from all protected characteristics. An evidence report was produced with findings and recommendations, this report is included in Appendix 1.

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Legislative requirements, benchmarking,	Strategic Plan 2023-2026
stakeholder input, strategic priorities and delivery	Carers Strategy 2023-2026
plans.	Commissioning Strategy 2023-2026
	Medium-Term Financial Strategy 2023-2026
	Mental Health and Wellbeing Strategy 2024-2028
	Prevention and Early Intervention Strategy 2024-2027
Ongoing engagement with stakeholder groups.	Participation and Engagement Report Phase 1
	Mental Health and Wellbeing in Primary Care and Community Settings:
	Fife Equalities Report
Equality outcomes.	Equality Outcomes and Mainstreaming Report
Benchmarking and information.	Academic research

If this proposal will impact on children/young people's rights either directly or indirectly, please complete Part 3. If this proposal will have no impact on children/young people's rights, please provide an explanation below and continue to Part 5.

A Children's Rights and Wellbeing Impact Assessment (CRWIA) is required.

Part 3 - Children's Rights & Wellbeing Impact Assessment

Which UNCRC Articles are relevant to the
policy/procedure/strategy/practice (Please check
Guidance for information)

Several rights in the United Nations Convention on the Rights of the Child (UNCRC) align closely with children's mental health and their right to be heard and taken seriously:

Rights Related to Mental Health

- 1. Article 3: The best interests of the child must be a primary consideration in all decisions affecting them, including mental health care and support.
- **2. Article 6**: Every child has the right to life, survival, and development, which includes mental, emotional, and psychological wellbeing.
- **3. Article 24**: Children have the right to the highest attainable standard of health and access to health services, including mental health care.
- **4. Article 27**: Children have the right to an adequate standard of living to support their physical, mental, and social development.

Rights Related to Being Heard and Taken Seriously

- 1. Article 12: Every child has the right to express their views freely in all matters affecting them, and their views must be given due weight in accordance with their age and maturity.
- **2. Article 13**: Children have the right to freedom of expression, including seeking, receiving, and imparting information and ideas.
- **3. Article 17**: Children have the right to access information from diverse sources, which is particularly relevant for understanding and addressing mental health issues.

	 4. Article 19: Children must be protected from all forms of physical or mental violence, neglect, or exploitation, ensuring a safe environment to support mental health. These rights collectively emphasise the importance of ensuring children's mental health is prioritised, their voices are heard, and they are treated as active participants in decisions that affect their lives, including about their mental health.
What impact will the policy/procedure/ strategy/practice have on children's rights?	 □ Negative ☑ Positive □ Neutral
Will there be different impacts on different groups of children and young people?	Yes, Fife's Child and Adolescent Mental Health Service (CAMHS) provides support for children and young people up to 18 years of age who are experiencing persistent, complex or severe mental health difficulties. Complex mental health difficulties can include: • acts of self-harm and/or thoughts of suicide • eating disorders and disordered eating such as food restriction, self-induced vomiting, purging or significant reduction in body weight • extreme distress or acute agitation • increased, persistent anxiety • persistent mood disturbance • persistent, obsessive or repetitive behaviours that interfere with daily function • unusual behaviour or confusion, "voices" or other abnormal experiences/disturbed thinking.
	CAMHS is a multi-disciplinary service which includes Child and Adolescent Psychiatry, Mental Health Nursing, Clinical Psychology, Child

Psychotherapy, Occupational Therapy, Systemic Psychotherapy, Art Therapy and Social Work.

Support is based on assessed need, and where possible, individual preferences. This means that the support and services provided, and the impact on the child or young person's mental health and wellbeing, and their longer-term outcomes, will be unique to each individual.

Fife Children's Services Partnership Strategy, outlined in the Fife Children's Plan 2023 to 2026 also aims to deliver improved outcomes for children, young people, and their families. This work is firmly aligned with the principles of The Promise, GIRFEC (Getting it Right for Every Child), and the UNCRC (United Nations Convention on the Rights of the Child), ensuring that all actions are guided by a commitment to children's rights. wellbeing, and achieving the best possible future for every child in Fife through the Child Wellbeing Pathway. The Plan sets out a multi-agency approach to ensure children, young people, and their families have equitable access to timely and appropriate mental health supports and services. Through collaboration with education, health, and community partners, the Partnership are committed to implementing a 'No Wrong Door' approach, enhancing professional capacity with targeted training, and robust data analysis to inform and improve service delivery and outcomes. This strategic focus aligns with reducing stigma, promoting early intervention, and ensuring supports are accessible and responsive to the evolving needs of children and young people.

What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?

Work is already underway to reduce waiting times for referral to CAMHS, and additional support has been developed to support children and young people while they are waiting for their CAMHS appointment. This includes 'Things to Try' which has an A-Z of topic pages, websites and apps aimed at supporting children and young people's mental health and wellbeing.

	The annual Delivery Plans for the Mental Health and Wellbeing Strategy will include ongoing improvement actions for CAMHS.
How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?	Fife's Mental Health and Wellbeing Delivery Plans include actions to provide care, treatment and support for people at key points in their life, and to provide them with knowledge and tools to help them look after their own mental health. This will have a positive impact for children and young people by encouraging and enabling better mental health and wellbeing, and building skills and resilience which can provide benefits throughout their whole life.
	Planned actions include:
	 Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups. Make sure that people with complex and overlapping needs can get support from all services by adjusting those services to fit their needs. Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages and in different settings. Build stronger, healthier communities by using local resources and planning services that fit the needs of the community. Focus on those who are at higher risk of mental distress or crisis and would benefit from early intervention and prevention. Support new digital tools that help people access therapy, learn about mental health, and connect with others online. Create a system that offers round-the-clock support for people of all ages, making sure no one misses out on help because of service hours or gaps between services

How will the policy/procedure/strategy/practice promote the Rights of the Child?	Article 24 says that children and young people have a right to know about the health services they have access to, and they should get good quality healthcare. Information about physical and mental health should be easily available, and children and young people should know about the services they can use if they have difficulties with either their physical or their mental health.
	Young people have the right to get information about their health in private, without a parent or guardian's knowledge. While as a child it might have been in their best interests for a parent or guardian to make decisions about their health, young people should be able to choose which services they need.
	The Mental Health and Wellbeing Strategy promotes the Rights of the Child, particularly Article 24, by providing relevant information (for example through the CAMHS 'Things to Try' website) and by ensuring that children and young people are involved in decisions about their care and support. The annual Delivery Plans include ongoing improvement actions to ensure the provision of high quality, person-centred mental health services and support.
Have you engaged with children & young people in the development of this policy/procedure/	⊠ Yes – Please complete Part 4
strategy/practice?	□ No – please explain why

Please record the evidence used to support the children's rights and wellbeing impact assessment. This could include demographic information, academic research, service monitoring/inspection reports, user surveys etc. Look at what existing evidence tells you about children and young people's views and experiences. Identify any gaps in the evidence base and advise how you will address these.

Evidence used	Source of evidence
Legislative requirements, benchmarking,	Strategic Plan 2023-2026
stakeholder input, strategic priorities and delivery	Carers Strategy 2023-2026
plans.	Commissioning Strategy 2023-2026
	Medium-Term Financial Strategy 2023-2026
	Mental Health and Wellbeing Strategy 2024-2028
	Prevention and Early Intervention Strategy 2024-2027
	Childrens Services Plan
	Director of Public Health Annual Report 2023
Ongoing engagement with stakeholder groups.	Participation and Engagement Report Phase 1
Equality outcomes.	Equality Outcomes and Mainstreaming Report
Benchmarking and information.	Academic research

Part 4 – Children's Rights & Wellbeing – Engagement and Participation of Children and Young People

Engagement and participation with children and young people should incorporate the 7 golden rules of participation. Please tell us how you made sure these were followed during participation and engagement

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
		e 'Our Minds Matter Framework', the activities included in the Participation and Engagement o ensure accessibility for children and young people, for example an 'easy read' survey and face-leted groups.
	This is a link to the Framework https://www.fife.gov.uk/kb/docs/articles/health-and-social-care2/help-for-young-people/emotional-wellbeing.	
2.	A chance to be involved	Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?
		ultation an easy read version of the online survey was developed to ensure that the questions d relevant for all individuals.

	· · · · · · · · · · · · · · · · · · ·	ngagement Team are very experienced and ensured that all of the activities, including the face-to- ns were appropriate for the individuals involved.
3.	Remember it's my choice	How did you make sure you gave children and young people choices?
		ngagement Team are very experienced and ensured that all of the activities, including the face-to- ns were appropriate for the individuals involved.
4.	Value Me	How did you make sure that children and young people know their views have been taken seriously and have made an impact?
		nt Report has informed the final versions of the Mental Health and Wellbeing Strategy and Year se documents are on the Partnership's website.
5.	Support Me	How did you identify and overcome any barriers to participation?
		ngagement Team are very experienced and ensured that all of the activities, including the face-to- ns were appropriate for the individuals involved.
6.	Work Together	How well did working together achieve aims of participation?
		nt Report has informed the final versions of the Mental Health and Wellbeing Strategy and Year se documents are on the Partnership's website.
7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
	U U	nt Report has informed the final versions of the Mental Health and Wellbeing Strategy and Year se documents are on the Partnership's website.

What impact has the engagement/participation made?

The Phase 2 Engagement Report has informed the final versions of the Mental Health and Wellbeing Strategy and Year One Delivery Plan. These documents are on the Partnership's website.

Part 5: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
The Equality Impact Assessment will be reviewed and updated once the Mental Health and Wellbeing Strategy and Year One Delivery Plan are finalised and approved.	Karen Marwick Head of Complex and Critical Care Services.	Fife Integration Joint Board approved the Mental Health and Wellbeing Strategy and supporting papers, including this EQIA, on 29 th September 2025.
The Equality Impact Assessment will be reviewed and updated annually. This will align with the development of the Annual Reports and Delivery Plans for Year Two and Year Three of the Strategy.	Karen Marwick Head of Complex and Critical Care Services.	September 2026 September 2027

By signing off the EqIA including CRWIA, you are agreeing that the EqIA including CRWIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed: 19 th August 2025	Date sent to Compliance Team: FOI.IJB@fife.gov.uk
Senior Officer Name: Karen Marwick	Designation: Head of Complex and Critical Care Services

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	2024.010
Date checked and initials	19/12/2024 CH/AS