

# CHARTER OF RIGHTS

*And Actions For Change*



**EQUALLY**

**FIT**

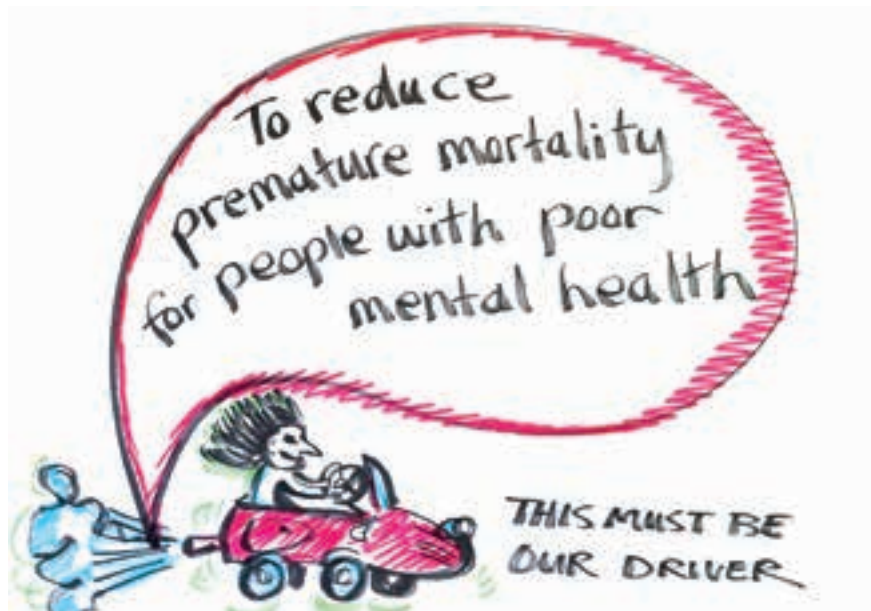


Ending the health inequalities experienced by people with serious mental illness to improve physical health, and to help people live longer, healthier and happier lives.

## WHY IS A CHARTER NEEDED?

The Equally Fit Charter of Rights is a clear statement about the high standard of care and treatment people with a mental illness should expect when they experience physical health problems and physical illness. This is to address the terrible statistic that people with serious mental illness are more likely to die up to 20 years prematurely compared to the rest of the population from treatable medical conditions. This is completely unacceptable.





## WHAT ARE THE ACTIONS FOR CHANGE?

The people we spoke to wanted more than a statement of rights: they wanted to change how services are delivered. Therefore we have added a menu of possible actions health and social care professionals, planners and policy makers can take in partnership with people with lived experience to change current practice and improve standards.

## WHO IS THIS CHARTER FOR?

The Charter will help people with mental illness who use services, family carers, friends and supporters, and professionals across mental and physical health services to understand why change is needed and to have increased confidence to campaign for change in local health board areas.

It is also hoped that this Charter will lead to change at legislative and Government policy level to significantly improve the stark inequalities within health services for people who suffer from serious mental illness and also are physically ill at the same time.

Our aim is that the principles of Equally Fit, enshrined in this Charter, are a catalyst for action and change beyond the life of the project.

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## HOW DID WE CREATE THIS DOCUMENT?

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This Charter and the Actions for Change Menu was developed through funding from See Me and is inspired by the 2nd right in the Rights for Life Declaration, that states that people with mental health problems should have “the right to the highest attainable standard of physical and mental health, (including) timely access to a range of quality care and treatment, without discrimination.”

The document is based on the views and personal testimony of people with lived experience of mental illness and carers who have experienced poor standards of physical health care, and their evidence of what needs to change.

The project started with a national conference in March 2016 attended by over 100 people, followed by 5 focus groups, and 2 surveys – one aimed at professionals and one for the 100 people who joined our Change Network.



We also know that there is a strong and growing evidence base of research that supports radical change including the findings of ‘The Abandoned Illness’ of 2012 and the Scottish Schizophrenia Survey of 2014, both reports highlighting the unacceptable inequalities that left people simply having to accept poor physical health.

## RIGHTS BASED APPROACH

An important principle behind Equally Fit is that this is a *rights* issue concerning health inequalities; and not a *behaviour* issue that we will tackle simply by encouraging individuals to adopt healthier lifestyles. People with mental illness know that stopping smoking, eating well and exercising regularly are essential to good physical health, but they face complex barriers to achieving these goals.



Equally Fit is asking health professionals to understand how a lack of understanding of mental ill-health within physical health services can leave serious underlying physical health problems undiagnosed or untreated. This has significant and sometimes life-threatening consequences, as assumptions are made that symptoms are an inevitable consequence of mental illness and/or prescribed psychiatric medication. We seek parity of esteem, defined by the Royal College of Psychiatrists as 'valuing mental health equally with physical health'.

## TACKLING LONELINESS AND THE IMPORTANCE OF COMMUNITY

Our consultation with people with lived experience and carers across Scotland highlighted some fundamental barriers to equality and quality of life that impacted on people's intrinsic sense of wellbeing. One of the main barriers that arose time and again was loneliness and isolation, which is recognised as giving rise to serious physical as well as mental ill-health<sup>1</sup>



<sup>1</sup> Equal Opportunities Committee Report on Loneliness, 2015. Scottish Parliament.



People with mental illness highlighted the importance of community, presenting opportunities to interact with others to share experiences, and of the social support provided particularly within buildings-based community facilities and projects. Such projects were seen as providing safe and nurturing places that kept people well through a range of open, accessible information, guidance and emotional support services, increased confidence and aided recovery and quality of life. However, people feared that such communities were under threat from budget cuts and austerity measures put in place by local authorities.

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## JOIN OUR CAMPAIGN

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We have created a Change Network of 100 people across Scotland to help us deliver the project in local areas. We have also recruited Change Champions who will take the Charter to health professionals to raise awareness and influence local and national change. There is still time to join our Change Network and/or become a Change Champion. Please contact Lesley at Equally Fit and she will give you more information.



## THE STATEMENT OF RIGHTS

- Right to be as physically well as possible in spite of my mental illness – I should not have to just ‘make do’ or accept poor physical health
- Right to be listened to as an expert in my own health and to be believed when I raise issues and concerns about physical symptoms or changes that are abnormal or unexpected
- Right to be fully involved in decisions about my care and treatment even though I may at times lack full capacity for making decisions
- Right to involve an advocate or relative/carer on my behalf when I am not able to speak for myself, and to have this person involved in decisions about my care and treatment if appropriate
- Right to good timely information and guidance at all stages of treatment including a clear statement of my rights at each stage
- Right to challenge decisions and poor practice without fear or anxiety
- Right of family members/carers to have their own rights and need for support respected and taken into account
- Right to be part of a community that allows me to feel connected to others, seek encouragement, grow in confidence and be in the best possible position to make good decisions about my health

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## POLICY COMMITMENTS

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We ask decision-makers at national and local policy level in Scotland to make a commitment to:

- Gathering data about the physical health needs of people with mental illness and transparency about treatment outcomes
- Funding plans that treat mental and physical health services equally based on the needs of the population
- Implementing health audits that track the economic benefits of early diagnosis and intervention in physical health problems for people with mental illness
- Requiring high quality annual physical health checks to be offered to every person with a serious mental illness, with a transparent audit system to monitor compliance with the standard
- Funding research into pharmaceutical options that reduce the negative impact of physical side effects
- Funding research into lifestyle interventions which improve long-term physical health outcomes
- Requiring and resourcing every primary care practice to have a dedicated mental health practitioner within the team to see patients quickly
- Requiring every health authority to include a clear statement about integrated physical and mental health care in health and social care plans, with a supporting action plan for their area
- Protecting and developing open, accessible community resources that encourage peer support, early intervention and keeping people safe

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## ACTIONS FOR CHANGE

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### *Strategic Commitments*

**Strategy Statement:** Does your Health Board area have a local strategy and plan? Can we help you to identify the actions that you could put in place to help achieve change? The following are simple changes or developments that people with mental illness have suggested would improve their experience of being treated for a physical health problem.

### *Joined Up Physical and Mental Healthcare*

- Annual physical health checks proactively offered with individual actions identified and implemented
- Information given about physical side effects of medication as part of the prescribing process
- GPs and Psychiatrists share information on prescribing psychiatric and physical health medication and develop ways of working more closely together
- Single Shared Assessments – all assessments routinely include questions about both physical and mental health
- Joint training for physical and mental health professionals to increase understanding and awareness as routine – challenge Stigma surrounding mental illness

Local mental health service user and carer organisations may be able to help to develop and deliver training to raise awareness and address unintentional stigma within services.

### *Hospital Treatment*

Going into hospital for a physical procedure generated the most difficulties. People said that their mental illness was not suspended for the time when they were in a general hospital and so neither should the treatment and support they would normally receive be.

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## *On Admission*

- > Information leaflet designed and given out covering what someone with a mental illness can expect on going into hospital for a physical procedure
- > Time allocated as part of admission process to discuss concerns with a mental health professional
- > Arrangements to access existing or different mental health support (CPN e.g.) and automatic input from mental health professional for stays of more than 3 days
- > Offer of therapies as well as medication to ease stress

## *Discharge Planning*

- > Information about what physical symptoms or changes to expect and when/where to seek further help if needed
- > Referrals to appropriate services if needed
- > Arrangements for follow-through – link to community teams if necessary

People told us that there was little follow-through or help with the transition out of hospital, which was difficult due to having both physical and mental health issues to consider.



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People told us that they felt they had no control over what happened to them, that they weren't listened to, or weren't believed. Sometimes, they found it very difficult to express their views, particularly when they needed to challenge staff when things went wrong. The following actions were suggested:

- Ensure when gathering patient opinion that people with mental illness are encouraged to express their views about their experience
- Review procedures to assess how well services/departments involve people routinely in their care – talk to mental health organisations about how to do this
- Involve family members/carers if possible – but if not then ensure they are still given information about what is happening to give reassurance

Confidentiality: carers asked that the need to observe a patient's confidentiality is not used as a barrier to keeping them as informed and supported as possible. The Mental Welfare Commission has produced guidelines on Confidentiality and Carers that describe how to inform carers without breaching confidentiality.

Involving the local community: ask local mental health service user and carer organisations to help review existing policies and procedures to ensure they do not inadvertently stigmatise people with mental illness.

### *Assisting with Lifestyle Change*

People with mental illness know that giving up smoking, eating well, taking exercise and addressing substance misuse are vital steps they must take to improve their health. However, they face significant additional barriers to making changes, and identified some ways that health services could help to overcome those barriers:

- Address the underlying causes of poor lifestyle choices with alternative therapies and counselling
- Deliver support in places that are familiar to people already with staff they know present and providing support

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- Develop facilities in the community that encourage people to participate: quiet, less crowded gyms with trained mental health staff on hand to support people
  - Connect weight management and eating plans and tailor to individuals – but must be done in conjunction with managing the side effects of medication
  - Ensure there is access to good quality, affordable hot food in existing mental health services
  - Resource practical support for individuals such as befriending, buddying and peer support
  - Support and promote self-management training as a way of developing a healthier lifestyle

### *Supportive Communities*

Local mental health services are already well placed to support people with a range of physical health issues such as lifestyle change, as they are already working with people to improve confidence, motivation and to promote recovery.

This Charter asks local health providers to consider developing more supportive local communities:

- Resource existing local community groups to do more rather than provide 'in-house'
- Work in partnership with local community groups to deliver things like health check clinics, courses, classes and routine information sessions
- Resource existing services to expand fundamental social support that addresses inequalities at source, including loneliness

**Please be part of our Change Network: we need to create a network of people willing and ready to help us improve people's mental and physical health.**

**Contact details** Equally Fit Administrator: [lesleyf@bipolarscotland.org.uk](mailto:lesleyf@bipolarscotland.org.uk)



## **Bipolar Scotland**

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End mental health  
discrimination

## **See Me**

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## **Support in Mind Scotland**

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*Illustrations by Claire Stevens: Equally Fit Conference, March 2016*