

# Mental Health and Learning Disabilities **Research and Practice**

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# Editorial

One of the main obstacles to social inclusion, for people with mental health problems or learning disabilities, is discrimination and stigma. Despite a number of high profile campaigns to reduce the stigma surrounding mental health and learning disabilities, (most recently the Shift and Time to Change), social exclusion remains an issue. Tackling inequalities arising through public services, employment, age, disability, and gender, is being addressed through the changes proposed by the Equality Bill to be implemented in 2010. Of particular note is the intention of the Bill to allow public bodies to extend the use of positive action to meet the needs of disadvantaged groups. An explicit statement relating to the need to protect carers from discrimination is also to be welcomed.

In tackling social exclusion for people with mental illness and learning disabilities, we have to address inequalities in their access to services and their experience of services. This is particularly the case for those from Black and Minority Ethnic (BME) groups, older people, women, offenders, those living in rural areas, and lesbian, gay and bisexual communities. Safeguarding the rights of vulnerable groups is crucial but we also need to remain cognisant of the interests of those who are subject to restrictions under the Mental Health Act. Equality of access, outcomes and opportunity has to underpin policy and practice and drive long term planning for both commissioners and providers.

There is a legal duty on public bodies to promote equality and end discrimination. The Equality Impact Assessment process enables organisations to assess the impact of their policies and services for inequality and discrimination in relation to the range of groups for whom services are provided. This, in itself, is not sufficient to ensure equity and inclusion; workforce development is critical in the process of developing an understanding of equality and diversity issues. In this edition of the journal, Su Shaw and colleagues describe their experience of increasing awareness amongst staff in *'How can we develop an increased awareness of equality and diversity issues amongst our staff'*.

Public and patient engagement is also a fundamental element of gaining understanding of the service user experience of services in order to inform service planning. Taking service user engagement beyond the level of consultation to greater collaboration or co-production in developing long term service planning can lead to more effective service delivery. Makala Balls article *'Innovations in user involvement: the development and evaluation of a preparatory training package for service user representatives'* provides an example of the work that may be needed in order to effect meaningful engagement. Understanding the service user perspective also means recognising the person in the context of both physical and mental well being. Adams et al in *'Nutrition and mental health recovery'* and Robinson et al in *'Prevalence of Metabolic syndrome in psychiatric inpatients: a naturalistic study'* identify the impact of factors such as diet and stress on mental well being.

Personalised care is based on person centred care planning, support, empowerment of the individual service user and service provision which has dignity and respect at its core. To achieve this mental health and learning disability professionals have to address the inequalities which exist in order to improve outcomes. This edition of the journal provides a number of examples of service delivery which have attempted to achieve inclusive and responsive services.