

Public Health Scotland define health inequalities as the “avoidable and unjust differences in people’s health across the population.”

Some variations in health may be naturally occurring and unavoidable. However, health

In 2015, RCN Scotland produced a report entitled [<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2015/sco-pol-nursing-at-the-edge-main-report-time-to-change-report.pdf>] which outlined a range of systemic health inequalities which existed in Scotland and considered the opportunities which existed to address these in light of the planned integration of health and social care. The report made a series of recommendations around what integration bodies should do to reduce health inequalities, including a need to ensure the workforce is in place to run services and the importance of long-term funding

The national standard is that 90% of people referred for psychological therapies should start treatment within 18 weeks. However, this has never been met and the percentage of patients meeting this target has hovered at around 75%. As the largest staff group in the NHS mental health workforce, nursing staff play a key role in the delivery of services. Growing the mental health nursing workforce is therefore vital for reducing waiting times and increasing access to services.

Like other health services, the pandemic has caused disruption to the delivery of mental health services, including diagnosis and treatment. Worryingly, there is also growing evidence of the impact of the pandemic on mental health, particularly on groups already suffering pre-existing inequalities, with bereavement, social isolation, financial worries and social upheaval creating new demand for services as well as exacerbating existing conditions [See for example, <https://www.mentalhealth.org.uk/scotland/coronavirus/impacts-covid-19-vulnerable-groups>] RCN Scotland is also concerned that there needs to be early identification and support of nurses who have developed illness such as post-traumatic stress disorder (PTSD) due to the pandemic, whether through personal or work-related issues.

It is vital that mental health services are prioritised as part of remobilisation and recovery. RCN Scotland welcomes the government's focus on mental health through the Mental Health Transition and Recovery Plan and the additional funding that has been announced to support the plans' delivery. However, while work to increase understanding of the impact of the pandemic on mental health and wellbeing must continue, it is clear that growth in the mental health workforce is required to meet current and future demand.

The pandemic has had a disproportionate impact on individuals and health and care staff from minority ethnic groups. Covid has uncovered and exacerbated existing structural and institutional inequalities and highlighted the lack of adequate data to monitor the needs of different minority ethnic groups.

The lived experience and early research into Covid has found that people from an ethnic minority background were generally more likely to require hospital treatment, and subsequently die from Covid. Since the roll out of vaccines, this inequality has been further exacerbated by lower uptake of vaccines and boosters amongst people from an ethnic minority background.

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Equality Action Plan, results show that further action is needed to tackle racially motivated bullying, harassment and discrimination.

RCN Scotland recognises that work is underway to establish a National Minority Ethnic Network, which will comprise of the Chairs of local minority ethnic staff networks and external experts, and will focus on three key areas: employment, workforce culture and mental health. This wo

points. Those with poor health literacy, typically from groups who already suffer health inequalities are less able to identify or 'label' what is wrong with them and therefore less able to identify and self-refer to alternative pathways. Furthermore, the move to accessing services either over the phone or online risks further increasing health inequalities amongst those who find it difficult to or have no means by which to access services in that way.

A further impact of the pandemic has to be the impact of the nursing workforce, a predominantly female and predominantly lower paid workforce (all nursing staff below the top of a Band 5 Agenda for Change pay scale earn less than the median pay for full time employees in Scotland and nursing has high levels of part time employees). Making up the majority of the health and social care workforce in Scotland, women have led the response to the pandemic.

levels by virtue of the Health and Care (Staffing) (Scotland) Act 2019