NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Depression in adults (update)

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

### 1. TOPIC ENGAGEMENT STAGE

Specific adjustments for the following groups have been identified:

* older people: when prescribing antidepressant medication, their general physical health, comorbidities and possible interactions with other medicines need to be taken into account and they need to be monitored carefully for side effects. Healthcare professionals also need to be aware of the increased risk of falls and fractures and of the risk factors for hyponatremia (low sodium levels, especially people who are at greater risk of hyponatremia due to also taking antidiuretics) in this group.
* people with acquired cognitive impairments, including dementia: there are recommendations on assessment, and adjusting the methods of delivery and length of interventions, if needed.
* people with physical disabilities or physical health problems: adaptations may be needed to support participation in exercise interventions.
* people from certain socio-economic backgrounds and experiencing complex social factors (for example, deprivation) may be more prone to depression and more likely to need relapse prevention or further treatment.

There is a need to improve access and uptake of mental health services among men (in whom a higher incidence of suicide was noted during development of the [NICE guideline on depression in adults NG222](https://www.nice.org.uk/guidance/ng222/chapter/)), older people and people from black, Asian and minority ethnic backgrounds. These groups may also experience stigma or discrimination when using some or all mental health services and these factors may discourage them from seeking treatment. Offering a range of communication methods, including alternatives to online consultations - such as face-to-face consultations - and to text and email communication (which are all being more widely used in the NHS) may help to support engagement and delivery of care. This recognises that some people do not have internet access, the appropriate devices or necessary privacy to use electronic or online communications or participate in remote consultations, or do not wish to receive services by these means.

These issues will be considered as the quality standard update is developed.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The quality standard for depression in adults will not cover the care of children and young people with depression aged 5 up to their 18th birthday.

There is a separate quality standard to cover this population group, NICE’s quality standard on [depression in children and young people](https://www.nice.org.uk/guidance/qs48) (QS48).

Completed by lead technical analyst: Rachel Gick

Date:4 July 2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 7 July 2022

**2. PRE-CONSULTATION STAGE**

**2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?**

The committee suggested that healthcare practitioners should be aware that depression and other mental health conditions may be more prevalent among adults who are lesbian, gay, bisexual and trans, particularly those struggling with their gender identity. Concerns were raised around whether depression is recognised in these groups due to diagnostic overshadowing at the initial assessment. Although the committee did not prioritise a statement on the initial recognition of symptoms of possible depression each statement in the quality standard highlights the need to tailor care to individual needs.

Assessment of adults who may have depression was prioritised as statement 1. The statement highlights that the assessment incorporates a discussion of the factors affecting the development, course and severity of an adult’s depression. Stakeholders felt that prioritising this area may help to improve take-up of treatment among adults from socially deprived backgrounds, adults from minority ethnic backgrounds, refugees and asylum seekers. To encourage participation in assessment and improve uptake of treatment by adults in these groups, statement 1 highlights the need to give information about depression that meets different cultural needs and to carry out culturally sensitive assessments. Stakeholders highlighted that depression is more prevalent in older adults but may be under-diagnosed because symptoms may be regarded as part of the normal ageing process. The equality and diversity section therefore highlights that the needs of older adults should be identified and addressed, which includes giving information on depression in a way that is age appropriate.

Stakeholders commented that depression may be more prevalent in women, particularly women of working age, who have inter-generational caring responsibilities. The statement itself highlights the need for a comprehensive assessment that takes into account a range of factors and not symptoms alone.

The committee discussed the importance of recognising and supporting the communication needs of adults with depression, in line with recommendations in NICE’s guidelines on depression in adults and depression in adults with a chronic physical health problem. The equality and diversity section of this statement highlights adjustments which can enable adults with additional needs, including adults with dementia (an acquired cognitive impairment) – a group who the committee commented are at increased risk of depression – to participate in an assessment. Adjustments include consulting with a relevant specialist.

Statement 2 concerns discussion of treatment options, supported by information about treatments, to enable adults to make an informed decision about their preferences and choice of treatment; this enables the choice of treatment to be matched with the clinical needs and preferences. The equality and diversity section highlights that providers should make reasonable adjustments to provide information about treatments for depression that adults can easily read and understand themselves, or with support, so that they can discuss treatment options and express their preferences. It should also be accessible to adults who do not speak or read English and it should be culturally appropriate and age appropriate. The section also highlights that adults should have access to an interpreter or an advocate if needed. For adults with additional needs related to a disability, impairment or sensory loss, or whose ability to communicate is affected, information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/) or the equivalent standards for the devolved nations. Adults should also be offered a therapist of the gender they prefer.

In line with NICE’s guidelines on depression in adults, the equality and diversity considerations section highlights that in order to further support informed decision making around preferences for and choices of treatment, potential barriers arising from disabilities and acquired cognitive impairments (such as dementia), language or communication needs need to be identified. Examples of actions to identify additional needs and adjustments to the delivery of interventions are provided.

The need to recognise and address cultural and ethnic differences when developing and implementing treatment plans is also highlighted.

Stakeholders highlighted that adults from minority ethnic backgrounds are disproportionately less likely to access early help and intervention, but disproportionately more likely to be detained under the Mental Health Act. The committee highlighted NHS England’s (2020) [Patient and Carer Race Equality Framework](https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy/). The framework sets the expectation that all local systems need to reduce mental health inequalities by 2023/24. The committee therefore prioritised statement 5 on providers and commissioners supporting access to mental health services for adults with depression from minority ethnic backgrounds by monitoring and comparing rates of access to mental health services among adults with depression by ethnicity. By using these data commissioners can identify approaches for promoting and improving access among underrepresented groups to address variation in access.

Audience descriptors highlight the need for service providers to collect ethnicitydata to enable inequalities in access to treatment among adults from minority ethnic backgrounds to be identified, and for commissioners to monitor the extent to which providers reduce inequalities in access to mental health services in underrepresented groups. Audience descriptors also highlight the need to provide culturally adapted information, in different languages, about pathways to treatment as a means of promoting access to treatments.

The equality and diversity considerations section highlights the need to provide accessible information for people with additional needs related to a disability, impairment, sensory loss, or whose ability to communicate is affected, to enable them to access information about pathways to treatment.

**2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?**

No changes have been made to the scope of the quality standard at this stage.

**2.3 Do the draft quality statements make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?**

The draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups.

**2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?**

The draft quality statements do not have an adverse impact on adults with disabilities who may have or are diagnosed with depression.

**2.5 Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?**

There are no additional explanations that the committee could make at this stage.

Completed by lead technical analyst: Rachel Gick

Date: 21/12/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 21/12/2022

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Equality and diversity considerations have been redrafted to make them more focused and enhance clarity.

Stakeholders raised the following issues in relation to 3 statements:

Statement 1:

* Statement wording should include recognising additional communication needs.
* Statement should refer to consulting with a speech and language therapist who are key to supporting communication needs and to community navigators and peer support workers.
* Other suggestions for amendments to the equality and diversity considerations:
	+ Change “culturally sensitive” to “culturally competent”.
	+ Explain what “using language which takes account of the person's family and wider context” means in practice.
	+ Refer to asking about experiences rather than symptoms; adults and carers may not identify the experiences as being relevant to depression

The following amendments were made:

* The rationale highlights the need to identify and adjust the assessment to meet the needs of adults with suspected depression who have additional language and communication needs, to enable them to participate in the assessment.
* "culturally sensitive” has been removed from the equality and diversity considerations.

Other suggestions which could not be progressed:

* The committee felt it was not appropriate to highlight particular roles which may be relevant to providing additional support for adults with additional needs.
* The equality and diversity considerations provides suggestions for adaptations of assessments and information but not an exhaustive range.
* Suggestions around asking about experiences rather than symptoms could not be linked to specific equality groups and so were not progressed.

The committee agreed to highlight the importance of encouraging access to services among adults from groups who may experience difficulties doing so due to stigma. This was highlighted in relation to encouraging uptake of services in statements 2 and 3 at internal review.

Statement 2:

* The implications of offering remote online delivery of treatments around meeting individual needs, including accessibility, should be highlighted.
* Using antidepressants in pregnancy and while breastfeeding should be noted.

The following amendments were made:

* The healthcare professionals audience descriptor refers to the importance of tailoring treatments to individual needs.
* Information on the risks of taking antidepressants when planning pregnancy, during pregnancy and while breastfeeding have been added to statement 2. This was also felt to be relevant for statement 4.

Statement 5:

* Stakeholders suggested that other underserved groups should be recognised as experiencing barriers to accessing mental health services.
* Access beyond traditional routes (such as support for community locations in schools) is important, relative to pathways for adults from a Black ethnic background negatively affecting treatment outcomes and willingness to engage with mainstream services.
* A “one-size-fits-all” approach is ineffective and a range of strategies for improving access to mental health services is needed such as: improving awareness and understanding of the cultural and religious issues in specific communities; understanding that cultural interpretations that impact access may help reduce stigma; specialist primary mental health care or culturally sensitive GP services which recognise cultural and religious influences.
* Mental health services need to consider language barriers to support access, particularly among communities whose first language is not English: services delivered from within an adult’s own community may be more effective; interpreters may typically require training and knowledge of dialects and awareness of confidentiality in culturally-sensitive areas; adults who are newer or first-generation migrants may seek assistance from religious leaders or respected community members, with whom they can communicate more easily; community dialogue or culturally appropriate workshops may be needed to improve access within certain communities.
* Adults’ wider social context is not always considered when culturally sensitive assessments are delivered.

The following amendments were made:

* Other groups who may potentially experience difficulty in accessing mental health services had been highlighted.
* An outcome measure, on time from first presentation with symptoms of depression to starting treatment for depression, by ethnicity, has been added so that inequalities around delayed access can be identified and monitored.

The committee considered the other points and felt these to be covered by:

* Strategies to help improve access to mental health services by adults with depression and considering language barriers:
	+ The definition section highlights that culturally adapted information about pathways to treatment should be available, including adaptations to reflect beliefs about mental illness and experience of stigma and in different languages.
	+ The audience descriptors refer to GPs (and other primary healthcare professionals) giving information on how to access mental health services and are aware of local pathways and relevant culturally adapted information in different languages.
	+ The audience descriptors refer to commissioners identifying the needs of the local population and working with providers to develop local pathways tailored to those needs.
* Statement 1 refers to using language which takes into account the person’s family and wider context.

### 3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No changes to the statements have an adverse effect on people with disabilities.

### 3.4 If the quality statements have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

No additional recommendations or explanations have been identified at this stage.

Completed by lead technical analyst: Rachel Gick

Date: 31/05/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 07/06/2023

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

None made.

Completed by lead technical analyst: Rachel Gick

Date: 05/06/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 12/06/2023