

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### Mental wellbeing at work (Update)

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

#### **1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? No

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

None

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

The Equalities Act of 2010 was passed since the guideline being updated was published in 2009. In updating the scope, the protected characteristics identified under the Equalities Act have been considered. During [surveillance](#) in 2018, topic experts identified that the current guideline PH22 does not refer to groups who may experience disadvantage in the workplace or consider wellbeing by sexuality, gender, culture, ethnic background, age, religion or disability.

- **Age:** Only employees aged 16 years or older are considered in this update, as

regulations are different for those aged under 16 who may work part time.

Younger employees are more likely to have been diagnosed with a mental health condition than older employees and may also feel less comfortable talking about mental health at work, or discussing a mental health issue with their manager ([Mental health at work 2018](#)). Interventions to improve mental wellbeing may need to give consideration to the specific needs of younger employees who may be at greater risk of poor mental wellbeing. Currently only 2% of employees in England are aged over 65 years, but this may rise with the staged increases to the State Pension Age to 68 years ([Department for Work and Pensions 2017](#)), which may impact on the mental wellbeing of older employees.

- **Disability:** The rate of employment is far lower among people with a disability (48%) compared with people without a disability (80%), and amongst people who have mental health disabilities it is just 32% ([Department for Work & Pensions and Department for Health & Social Care 2017](#)). Around one third of employers report having no supportive framework to help retain people with disabilities or long-term conditions in work, or to manage their condition ([Chartered Institute of Personnel and Development 2018](#)). Employees with a disability or chronic illness may have increased absence from work, for example due to attending medical appointments, so may be at risk of missing out on interventions delivered during their absence.
- **Gender reassignment:** Incidence of poor mental health including stress, depression, anxiety, self-harm and suicide is very high amongst transgender people ([National Institute of Economic and Social Research 2016](#)). Half of transgender employees deliberately hide their identity at work due to fear of discrimination, such as verbal abuse and intimidation, and 21% report being physically attacked in the past year in their place of work ([Stonewall 2018](#)). Interventions to improve mental wellbeing may therefore need to give consideration to the specific needs of this group who may be at greater risk of poor mental wellbeing.
- **Pregnancy and maternity:** No specific equalities issues relating to pregnancy and maternity were identified. Up to 20% women may experience poor mental wellbeing during this time ([Centre for Mental Health 2015](#)), with those who have experienced poor mental health in the past being particularly vulnerable ([NHS 2018](#)). Interventions that exclusively target pregnant women and/or which focus on illnesses associated with pregnancy are excluded from the scope. However, all employees who receive interventions to improve mental wellbeing are included, including those who are pregnant.
- **Race:** There are some variations in mental wellbeing according to ethnicity. Self-reported mental wellbeing is worse amongst black ethnic groups than for other ethnicities ([Public Health England 2019](#)). Prevalence of mental health conditions is similar amongst ethnic groups for males, but there are variations in females with 29% black women reporting disorders such as anxiety or depression compared to 21% white women ([Public Health England 2018](#)). Additionally, employees from black and minority ethnic groups are less likely than white employees to feel comfortable discussing mental health issues at work ([Mental health at work 2018](#)). Therefore, black and minority ethnic employees, and particularly females, may be more vulnerable to experiencing poor mental

wellbeing at work and interventions may need to give consideration to their specific needs.

- **Religion or belief.** No specific equalities issues relating to religion or belief were identified. However, where employees are absent at specific times or on specific days due to their beliefs, they may be at risk of missing out on interventions to improve mental wellbeing that are delivered during their absence. Interventions may need to give consideration to the availability of employees relating to religion.
- **Sex:** There is evidence of variation in mental wellbeing and responding to poor mental wellbeing by sex. At work, women appear more likely to experience poor mental health (65% compared to 57% males), but also are more confident discussing mental health in the workplace (58% report feeling comfortable compared to 50% males). Females of all ages appear more likely to experience common mental health conditions, but the disparity is particularly prominent during ages 16-24 ([Public Health England 2018](#)). However, over half of women aged 45-55 report experiencing menopause symptoms that they report has impacted upon their mental wellbeing at work ([Chartered Institute for Personnel and Development 2019](#)).

Males who experience mental health issues at work are less likely to seek support (24%) than women (35%), and to disclose these issues to a manager ([Mental health at work 2018](#)). Interventions to improve mental wellbeing may therefore need to give consideration to these specific needs relating to experiencing poor mental health in women, and support seeking in men.

- **Sexual orientation:** There is evidence of variation in mental wellbeing by sexual orientation and employees who identify as lesbian, gay, bisexual or transgender (LGBT) may be at risk of poor mental wellbeing. The [Office for National Statistics](#) reports that in 2017 people identifying as LGBT had lower perceptions of life satisfaction, happiness and feeling worthwhile, and higher anxiety, than people who identify as heterosexual. Amongst employees identifying as LGBT, 72% have experienced mental health issues due to work ([Mental health at work 2018](#)) and interventions to improve mental wellbeing may therefore need to give consideration to the specific needs of these groups.
- **Socio-economic factors:** Mental wellbeing varies greatly between regions and 41% of the variation in mental and physical health has been attributed to regional differences ([Thriving Places 2018](#)). Lower income jobs, living in more deprived neighbourhoods, poor housing and less access to green space are all associated with poorer mental wellbeing ([The Marmot Review 2010](#)). This makes it more likely that employees in more deprived areas and on lower incomes will experience poorer mental wellbeing than their colleagues, so interventions may need to give consideration to their specific needs.

Where data are identified, any variation in the effectiveness and cost effectiveness of interventions due to the above factors will be considered, during the update of the guideline.

- **Other definable characteristics:**

- **refugees/ asylum seekers**

Most asylum seekers in the UK do not have the right to work so will not be legally employed. Refugees and asylum seekers in employment may have specific mental health needs based on their experiences that may impact upon their mental wellbeing at work, however. They may face challenges related to language or culture that may impact upon their mental wellbeing or their access to, and experience of, workplace interventions and support. There may also be interruptions in their access to interventions if work is temporary.

- **migrant workers**

Migrant workers may face challenges related to language or culture that may impact upon their mental wellbeing or their access to, and experience of, workplace interventions and support. There may also be interruptions in their access to interventions if the work is temporary or seasonal. Migrant workers therefore are at risk of poor mental wellbeing and may not have access to interventions in the workplace.

- **size of employer**

Just over half of UK employees work in businesses that employ under 250 employees ([Department for Work and Pensions and Department of Health, 2017](#)), defined as micro, small or medium enterprises, and there are variations in access to support at work for mental wellbeing issues by organisation size. Access to occupational health services is provided by 85% of large employers compared with 33% of small, and 16% micro employers. Also large organisations are more likely to have policies in place to support mental health amongst employees such as flexible working, access to mentoring and counselling ([Department for Work and Pensions 2017](#)). Employees in small-, micro- and medium-sized organisations therefore may not have access to workplace mental wellbeing interventions that are more commonly delivered in larger organisations.

- **remote workers**

While many employees are centrally located and carry out their work on their organisation's premises, with regular contact with colleagues and facilities, others work remotely. The [Institute of Occupational Medicine \(2009\)](#) identified psychological distress amongst two thirds of remote workers, who are defined by the [Health and Safety Executive](#) as those who work by themselves without close or direct supervision. This group may be more likely than centrally located workers to miss out on interventions to improve mental wellbeing where these are delivered centrally. Additionally, employers may have less opportunity to identify poor mental wellbeing amongst these employees.

- **part-time and shift workers**

Interventions to improve mental wellbeing may need to give consideration to part-

time employees and shift workers. These groups may have less opportunity to access interventions to improve mental wellbeing where these are delivered during their absence. Additionally, employers may have less opportunity to identify poor mental wellbeing amongst these employees.

- **employees on zero hours contracts**

Interventions to improve mental wellbeing may need to give consideration to employees who are on zero hours contracts. These groups may be more likely than other employees to miss out on interventions to improve mental wellbeing that are delivered during their absence. Additionally, employers may have less opportunity to identify poor mental wellbeing amongst these employees.

- **volunteers**

Interventions to improve mental wellbeing may need to give consideration to employees who are volunteers. These groups may be more likely than other employees to miss out on interventions to improve mental wellbeing that are delivered during their absence. Additionally, employers may have less opportunity to identify poor mental wellbeing amongst these employees.

- **employees with caring responsibilities outside of work**

Carers are at risk of poor mental wellbeing, with a [survey of 3,400 carers](#) identifying that 57% report a mental health condition. The same survey identifies that half of carers report that their caring responsibilities have caused them to experience stress at work. Increased risk of absenteeism and of having to reduce working hours increases the likelihood of experiencing poor mental wellbeing, and employees with caring responsibilities may miss out on interventions to improve mental wellbeing delivered during their absence. If they feel pressured to continue to work, for example to avoid loss of income, despite poor physical or mental health due to caring responsibilities, then there is increased risk of presenteeism.

### 1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

Positive outcomes relating to mental wellbeing are known to be more difficult to achieve in these population groups and therefore specific recommendations in these groups may be needed. If there is evidence available, the committee will be able to use subgroups or sensitivity analyses to identify any need for specific recommendations for these groups.

None of these groups have been excluded from the guideline.

Completed by Developer S Willett (completed by Geoff Bates)

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Approved by NICE quality assurance lead: Nichole Taske, Guideline Lead

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