

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Mental wellbeing at work

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

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The findings of the equality impact assessment (EIA) for pre-scope consultation (section 1) and post-scope consultation (section 2) were discussed at length by PHAC throughout development of the draft guideline. A series of expert testimonies have been presented to PHAC at meetings 7, 8, 9 and 10 with testimony provided on engagement and representation of affected groups and the impact of COVID-19 on mental wellbeing in the workplace. These were discussed alongside systematic reviews of the evidence. In light of the various evidence presented and discussions had, and on review of the findings for EIA section 1 and 2 PHAC revised some recommendations and made other recommendations in an attempt to address the issues raised. PHAC agreed that none of the groups highlighted as being at potential risk of inequality regarding mental wellbeing in the workplace have been excluded from the guideline and have been actively considered in its development.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

PHAC did not want to give an impression that certain groups were more or less likely to have difficulties in the workplace when undertaking this equality impact assessment (EIA). They highlighted that in the EIA reference is made to people with

disabilities and their potential greater risk of lower mental wellbeing in the workplace. PHAC outlined that this places quite a large and varied group as being at risk when this may not necessarily be an issue, for example in absenteeism. PHAC acknowledge this potential risk to exacerbating issues in the process of developing the draft guideline.

- Culture, religion or belief

PHAC suggested that there may be issues regarding the stigma that can be associated with mental ill-health in some cultures, religions and beliefs. This was discussed and considered in the development of the draft guideline.

- Socio-economic factors

PHAC noted that those from lower socioeconomic groups may experience poorer mental health and the ability of micro, small and medium-sized businesses to address these issues within their workforce may be challenging. In order to proactively address this and reduce potential health inequalities this issue was discussed and considered in the development of the draft guidelines with a specific recommendation for micro, small and medium businesses.

PHAC raised the issue of digital access and being online in the context of the ongoing COVID-19 pandemic as creating a potential inequality of access issue which may alter the way mental wellbeing at work interventions are delivered. PHAC considered this point further and have amended the draft guidelines to consider the individual needs of intervention recipients be they work-related or outside work-related.

- Other definable characteristics:

- Self-employed

PHAC discussed how the guidelines need to speak to the self-employed, acknowledging the variety of scenarios they face and the potential for them to not see this guideline as applying to them and their unique challenges. In order to proactively address this and reduce potential health inequalities the draft guideline now makes specific reference to the 'self-employed'.

- People without contracts

PHAC discussed that contractual status with employer may impact access to any proposed intervention. In order to proactively address this and reduce potential health inequalities PHAC have amended the guideline to ensure that employees can access interventions regardless of 'contract type, income level and job role'.

- COVID-19

PHAC recognised that COVID-19 will impact on mental wellbeing in multiple ways across multiple scenarios.

PHAC discussed working situations and scenarios and how this could impact certain

groups positively and negatively. Discussions centred around homeworking and choice. For example, not having to commute which PHAC suggested would be considered a positive for some but not having the space to effectively undertake homeworking would be viewed negatively by others. PHAC did not consider this an equalities issue per se and have ensured that the draft guideline allows for flexibility and varied scenarios that may present themselves including the potential for longer term changes in working patterns as a consequence of the on-going COVID-19 pandemic.

- Carers

PHAC highlighted that those with caring responsibilities may not be able to access proposed interventions. PHAC have acknowledged this in the draft guideline with an emphasis on the consideration of individual circumstances and where appropriate and feasible adaptations to allow inclusion or alternative action.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Recommendation 1.1.4 refers to the use of psychosocial risk assessment to be carried out for each job role in order to identify and subsequently reduce the negative impacts of any risks identified. This would identify and proactively address potential equalities issues linked to these factors.

Recommendation 1.2.1 refers to fostering a positive and inclusive work environment, climate, and culture to support mental wellbeing including being aware of the holistic context of mental wellbeing, beyond the workplace which aligns with and addresses a number of items raised in section 1, 2 and 3.2 of the EIA.

Recommendation 1.2.2 calls for the development of policies and process and ways of working with staff that are supportive, inclusive and encourage a fair and supportive culture. Specific reference is made to the Equality Act 2010 and employer-led strategies.

Recommendation 1.4.3 and 1.4.5 recognises the need to engage with staff and if necessary, tailor interventions to meet organisational and individual needs which were raised in section 1, 2 and 3.2 of the EIA as a potential equality issue.

Recommendation 1.4.6 emphasises the need to consider giving all employees access to employee assistance programme and occupational health services.

Recommendations 1.6.2, 1.6.3 and 1.6.4 all seek to address issues regarding engagement between employee and employer regarding mental wellbeing discussions and facilitating access to intervention which have been flagged in section 1, 2 and 3.2 of the EIA as potential equalities issues.

Recommendation 1.6.4 and 5 highlight the need to help people access interventions which could be space and time to engage with interventions or access interventions

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

for example IT equipment internet access which speaks directly to points raised in section 1, 2 and 3.2 of the EIA regarding equality of access

Recommendations in 1.7 focuses on employees who have or are at greater risk of poor mental health. This addresses points raised in section 1, 2 and 3.2 of the EIA regarding those with protected characteristics and in the context of the current COVID-19 pandemic who have or may be at greater risk of poor mental health. The recommendations in this section go on to suggest areas of organisational support such as flexible working arrangements, the opportunity for discussion regarding the need for intervention and an offer of cognitive behavioural therapy (CBT) sessions, mindfulness, or stress management.

Recommendation 1.9.2 and 1.9.3 highlight the need to consider potential barriers and facilitators when consulting with employees regarding intervention; and ensuring equality in access to intervention. The factors to consider include considerations regarding intervention engagement and the specific needs of employees. The need to consider barriers and facilitators for example the specific needs of employees were highlighted in section 1, 2 and 3.2 of the EIA as key facilitators for reducing potential issues of equality of access and engagement across protected characteristics.

3.4 Do the preliminary recommendations 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?

None of the recommendations have been identified as making it more difficult in practice for a specific group to access services compared with other groups.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The preliminary recommendations are not considered to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

3.6 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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

None identified

Completed by Developer: Sarah Willett (completed by James Jagroo)

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Approved by NICE quality assurance lead: Nichole Taske

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