

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Severe mental illness and substance misuse (dual diagnosis): community health and social care services

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

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

People with 'dual diagnosis' (severe mental illness combined with misuse of substances) are some of the most vulnerable in our society.

The extent and nature of 'dual diagnosis' is poorly understood and may vary according to characteristics protected by the Equality Act 2010: age and race as well as other factors. There is a potential for equality issues to be important for particular groups, such as:

- adults or young people who are: homeless or in insecure accommodation, from a low-income family or on a low income, socially isolated, lesbian, gay, bisexual, transsexual or transgender, have been young or former offenders, sex workers, travellers, asylum seekers or refugees, from a minority ethnic group;
- adults or young people who have a learning disability; or
- adults who have a history of being 'looked after' or adopted; have a history of experiencing, or witnessing or perpetrating violence or abuse
- young people who: have experienced abuse or witnessed domestic violence and abuse, are 'looked after' or adopted, are excluded from school, are teenage parents, have been excluded from school or whose parents have mental health or substance misuse problems.

Prevalence, access to services and outcomes may also vary by geographical location.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The reviews that will be produced to inform guidance development will include, where available, evidence on populations with dual diagnosis that also have protected (and additional) characteristics.
These potential issues will be considered as part of PHAC discussions during guideline development.

Approved by NICE quality assurance lead _____
___Dr Catherine Swann

Date ___24/10/2014_____

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Yes. Stakeholders highlighted older age groups should be included.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

No this is not the primary focus.

However, the guideline will cover people who have a learning disability who may have communication needs. The guideline will also cover people who are asylum seekers, refugees or from a minority ethnic group for whom fluency in English may be an issue.

Furthermore, severe mental illness and / or substance misuse may present additional communication issues for people with dual diagnosis.

Approved by NICE quality assurance lead _

_Dr Catherine Swann_____

Date _____ 14/01/2015 _____

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?

Recommendation 1.5.4 of the draft guideline highlights that people with dual diagnosis are at higher risk of not using or losing contact with services. The recommendation highlights particular groups identified at scoping who may be particularly more vulnerable (people who are homeless; young people; men; parents or carers who may fear the consequences of contact with statutory services; people who have experienced or witnessed abuse or violence).

Recommendations 1.4.5-1.4.8 of the draft guideline highlights the importance of making services inclusive for all people with dual diagnosis. In the committee's discussion section, it is noted that the committee was aware that people with dual diagnosis face stigma or barriers to accessing services and it may particularly be the case for some groups who may be at risk of exploitation or have faced trauma (for example, sex workers or women who have experienced rape).

The committee's discussion section of the draft guideline highlights the lack of evidence on prevalence of dual diagnosis in particular groups identified at scoping. For example, this included, people with a learning disability, teenage parents, Gypsies and Travellers, asylum seekers or refugees, lesbian, gay, bisexual, transsexual or transgender people and sex workers. The section also highlights that the committee noted the evidence for ethnicity was mixed.

The committee's discussion section of the draft guideline highlights that the committee was aware from their experience that people with dual diagnosis have a range of social care needs but noted that there was limited evidence for some particular groups, including those who are on a low income, socially isolated, have a history of being 'looked after' or adopted or have experience of domestic violence and abuse.

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?

The committee noted in their considerations that for people with dual diagnosis there appears to be a general inequity within services. Recommendations in the draft guideline on meeting needs irrespective of where the person presents to the service in the first instance (recommendation 1.1), involving people in their care (in recommendation 1.2) the provision of inclusive services (in recommendation 1.4) and encouraging people to maintain contact with services (recommendation 1.5) aim to address this inequity.

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

Yes, in the committee's discussions section.

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?

No

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?

No

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No.

Approved by NICE quality assurance lead _____ Andrew Harding _____

Date ____ 06 May 2016 _____