

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### Psychosis and Schizophrenia in children and young people

#### 3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

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

**N/A (Clinical Guidelines Updates do not have a scoping phase)**

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?

- 1) Those with mild learning disability: assessing the mental state of a child with learning difficulties can be a complex process due to the difficulties associated with determining medical history and symptoms. Understanding a child's development and learning disability will therefore affect the assessment and what conclusions can be drawn from it. In light of this, the Committee specified those with mild learning disability as a subgroup for review; however no evidence was identified for this group.
- 2) Ethnicity: the Committee specified ethnicity as a subgroup for review as different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments. The Committee therefore specified ethnicity as a further subgroup however no relevant evidence was identified.
- 3) Sex: although schizophrenia affects males and females with equal frequency,

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 consequences of weight gain as an adverse effect of treatment may be experienced differently between the sexes, with the Topic Experts reporting their experience of girls being more sensitive to an increase in weight than boys and this is an important consideration with an impact on adherence.

- 4) English not first language: children and young people who do not speak English as a first language may not be able to fully describe their medical history or symptoms. Consequently it may be difficult to accurately establish clinical characteristics and symptom history which could lead to misclassification. This also has implications for discussing and understanding the different treatment options and benefits and harm associated with them.
- 5) Pregnancy – the Committee questioned the safety of antipsychotic medications during pregnancy but did not specify pregnancy as a subgroup of interest given there is a separate NICE guideline covering this area ('Antenatal and postnatal mental health' and 'Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors').
- 6) Looked after children – the Committee discussed that looked after children may experience a delay in access to services because of the complexity of various services involved in providing care for such children – the Committee noted the same could be apply to migrant workers and homeless populations who may also experience difficulty accessing services.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes - these are contained in the 'other considerations' section of the Linking Evidence To Recommendations table in the guideline. Relevant subgroups have also been specified in the review protocol however no evidence was identified to enable subgroup analysis to be undertaken.

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?

See above section 3.3.

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?

English not first language. Services should ensure that clinicians have access to interpreters when engaging with children and young people who do not speak English as a first language.

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