NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM RECOMMENDATIONS

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in the recommendations of a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS

Sex/gender

- Women
- Men

Ethnicity

- Asian or Asian British
- Black or black British
- People of mixed race
- Irish
- White British
- Chinese
- Other minority ethnic groups not listed

Disability

- Sensory
- Learning disability
- Mental health
- Cognitive
- Mobility
- Other impairment

Age¹

- Older people
- Children and young people
- Young adults

^{1.} Definitions of age groups may vary according to policy or other context.

Sexual orientation & gender identity

- Lesbians
- Gay men
- Bisexual people
- Transgender people

Religion and belief

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).

Other categories²

- Gypsy travellers
- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people

^{2.} This list is illustrative rather than comprehensive.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: <u>RECOMMENDATIONS</u>

Guideline title: Psychosis and schizophrenia in children and young people: recognition and management

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

The scope identified that children, young people and adults with schizophrenia from black and minority ethnic (BME) backgrounds tend to present late to services. They are more frequently subject to compulsion and have less access to psychological therapies than their white counterparts. This will be tackled by looking for ways to improve access to, and engagement with mental health services specifically for this BME group of children and young people.

Throughout, the GDG have been mindful that services should be addressing the needs of children, young people and adults with schizophrenia from black and minority ethnic (BME) backgrounds and there are recommendations that specifically address this. For example recommendation 1.1.18 in the NICE guideline emphasises the importance addressing cultural, ethnic, and religious differences in beliefs about the causes of mental illness, as well as treatment expectations and adherence. Furthermore, recommendation 1.1.21 encourages services to work collaboratively with local voluntary black and minority ethnic and other minority groups, to jointly ensure that culturally appropriate psychological and psychosocial treatment, consistent with this guideline and delivered by competent practitioners, is provided to children and young people from diverse ethnic and cultural backgrounds

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

The guideline does not cover adults, aged 19 and older; children with co-existing conditions; and children primary drug and alcohol problems. All of the above issues are not primary conditions to psychosis or schizophrenia and have been addressed in guidelines specific to their principal need. However, recommendation 1.3.3 in the NICE guideline recognises the importance of a comprehensive multidisciplinary assessment for children and young people presenting with first episode psychosis, including routine monitoring for other coexisting mental health problems, including depression and anxiety, and substance misuse, particularly in the early phases of treatment.

Children and young people with schizophrenia and a mild learning disability

were included in the scope and recommendation 1.1. 12 focus on communication with the young person and their family and carers to ensure the information is relayed in an individually appropriate manner. This takes into account the child or young person's developmental level, emotional maturity, cognitive capacity, including any learning disabilities, sight or hearing problems or delays in language development.

3. Do the recommendations promote equality?

Yes the recommendations do promote equality. In particular the following issues are covered within the recommendations (example recommendation numbers from the NICE guideline are in brackets):

- Working safely and effectively with children and young people (e.g. 1.1.2-1.1.5)
- Establishing relationships with children and young people and their parents and carers, which focuses on building a relationship based on trust and transparency (e.g. 1.1.6-1.1.10) between the child and young person, the professional services and the family and carers.
- Communication and information (e.g. 1.1.11-1.1.16)
- Culture, ethnicity and social exclusion(e.g. 1.1.17-1.1.21)
- Transfer and discharge (e.g. 1.1.22)
- Improving access to educational, employment and occupational activities services (eg. 1.6.18- 1.6.22)
- Improving access to physical health assessment and monitoring (e.g. 1.3.16)