

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Medical technologies evaluation programme

Equality impact assessment: Guidance development

Digital health technologies to help manage symptoms of psychosis and prevent relapse in adults and young people: early value assessment

The impact on equality has been assessed during this early value assessment (EVA) according to the principles of the [NICE Equality scheme](#).

Draft guidance consultation

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

The committee thoroughly considered the potential equality issues that were identified during scoping. Key issues included:

- People may need regular access to a smart device or computer with internet access to use digital health technologies. Additional support and resources may be needed for people who are unfamiliar with digital technologies or do not have access to smart devices or the internet. Other treatment options may be more appropriate for some people who have limited access to digital technologies or who prefer face-to-face treatment.
- People with visual or cognitive impairment, problems with manual dexterity, a learning disability or who have difficulty reading or understanding health-related information may need additional support to use digital health technologies. This should be considered when selecting and delivering these interventions. Further considerations can be found in [NICE's guideline on mental health problems in people with learning disabilities](#).
- People with English as a second language may have difficulties navigating digital health technologies provided in English. Some people will benefit from digital health technologies in languages other than English. Digital health technology developers and mental health services should consider how to translate these interventions or provide additional support as needed.

- Digital health technologies may increase access to treatment and address a clinically unmet need. Access to mental health care will not increase for those who are unable to engage with a digital service due to a lack of equipment, unavailability of internet connection or lack of experience with computers to complete the intervention. Treatment options should be discussed by healthcare professionals, patients and (where appropriate) carers and should consider clinical assessment, patient preferences and needs, the level of support needed and the suitability of the treatment to match these considerations.
- People's views of mental health problems or interventions may be influenced by their ethnic, religious and cultural background. People have the right to make informed decisions about their care, including the use of digital health technologies. Healthcare professionals should discuss the language and cultural content of the technologies with patients before use.

Additionally, the committee discussed potential equality considerations related to mental health problems and specifically symptoms of psychosis that are related to technology. People facing social inequality and disadvantage, discrimination and social exclusion are at higher risk of mental health problems. Black men are more likely to be diagnosed with psychosis than white men and less likely to have cognitive behavioural therapy for psychosis for first episode psychosis. These should be considered when selecting and delivering digital health technologies for people with psychosis and steps taken to reduce health inequalities. Age, disability, race and religion or belief are protected characteristics under the Equality Act (2010).

2. Have any other potential equality issues been highlighted in the company's submission, or patient and carer organisation questionnaires, and, if so, how has the committee addressed these?

Patient experts advised that people with mental health conditions face a lot of stigma and discrimination. Some people from some ethnic backgrounds may also experience shame or have negative views of mental health treatment. This may affect their ability or willingness to seek treatment. The committee considered that some people with psychosis may prefer digital health technologies over standard care. Use of these technologies as an alternative option may help promote greater engagement and access to treatment for some people. However, adequate and timely professional support should be provided to react to alerts and outputs from using the technologies.

3. Have any other potential equality issues been identified by the committee and, if so, how has the committee addressed these?

No other potential equality issues or considerations were identified by the committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to or difficulties with access for the specific group?

Adults with limited access to the necessary technologies or who are less skilled or comfortable or skilled at using digital technologies may be less likely to benefit from digital health technologies. Additional support may be needed for people with additional accessibility needs or who are unable to read or understand English. The committee considered that other treatment options may be more appropriate for some adults with psychosis. This is discussed in section 3.12 and 3.13 of the draft guidance.

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.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

Other treatment options including face-to-face treatment may be more appropriate for some adults with psychosis. This is discussed in section 3.10 of the draft guidance. The recommendation in section 1.4 for children and young people agreed by committee should encourage research in these populations to help increase access to these technologies.

7. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

Yes, these have been discussed in sections 3.11, 3.12, 3.13 and 3.14 of the draft guidance.

Approved by Associate Director: Anastasia Chalkidou

Date: 13 December 2023

Early value assessment guidance document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

No

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?

The recommendation in section 1.4 has been updated to exclude children as this population was not in the original scope of the assessment.

3. If the recommendations have changed after consultation, 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?

N/A

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

N/A

5. Have the committee's considerations of equality issues been described in the medical technology guidance document, and, if so, where?

Sections 3.11 to 3.14 discuss equality considerations. Sections 3.10 also discuss patient considerations.

Approved by Associate Director: Anastasia Chalkidou

Date: 20 March 2024