

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technologies evaluation programme

### Equality impact assessment: Guidance development

#### MT580 Guided self-help digital cognitive behavioural therapy for children and young people with mild to moderate symptoms of anxiety or low mood

The impact on equality has been assessed during this evaluation 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#### Draft guidance consultation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?

A number of potential equality issues have been identified during scoping. However, there are multiple equality considerations for this class of technologies which are addressed in more detail in [NICE's guideline on depression in children and young people: identification and management](#). Key aspects include:

- Children and young people from certain socio-economic backgrounds and those with disabilities are disproportionately affected by higher risk of mental health issues.
- Patient-facing digital health technologies may be unsuitable for people with cognitive impairment, problems with manual dexterity or learning disabilities. Carer or advocate assistance may be required to navigate the program and consideration of this should be made by the company as well as the referring practitioner when considering appropriate intervention for the child or young person. Further considerations can be found in NICE Guidance on mental health problems in people with learning disabilities ([NG54, 2016](#)).
- Patient facing digital health technologies should ensure their program is accessible for screen readers (people with visual impairments) and those with hearing impairments.
- Children and young people with English as a second language may have difficulties navigating digital technologies provided in English.

- The way that children and young people with symptoms of anxiety or depression and their families view mental health problems may be affected by their ethnic, religion and cultural background.
- Specific groups may particularly benefit from improved access to CBT online, for example:
  - Adolescents may have increased engagement with this format of intervention.
  - Those living in rural areas might have problems with travelling to face-to-face appointments if public transport is sporadic and unreliable, and their parents are unable to drive them there.
  - Children and young people from lower socioeconomic groups may lack the financial support required to ensure that they attend face to face sessions. These families may also be less likely to seek help in the first place and or be less able to navigate the healthcare system.
  - Children and young people with more chaotic home lives may lack the family support required to ensure that they attend face to face sessions. These families may also be less likely to seek help in the first place and or be less able to navigate the healthcare system.
  - Children and young people from abusive homes may be prevented from seeking help and or attending face to face therapy sessions by controlling parents or carers.
  - Looked after children and young people may lack support needed to engage with mental health services.

However, accessibility would not be improved for those who are unable to engage with a digital service due to a lack of equipment, unavailability of internet connection, lack of experience with computers or lack the privacy needed to complete the intervention.

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?

Yes, the patient experts noted that children and young people who are autistic are more likely to have significant mental health issues. They look at digital technologies differently and it is important that they meet their needs. They noted that they were a fan of the online interaction that replaces human socialising. The committee concluded that this subgroup may benefit from this more remote method of delivering therapy. This is described in section 3.4 in the draft guidance.

Further evidence generation in this subgroup has been recommended by the committee (section 4 of the draft guidance).

**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?

Children and young people with accessibility issues are unlikely to benefit from the guided self-help digital CBT technologies. This is described in section 3.5 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 CBT may be more appropriate for children and young people with accessibility issues. This is described in section 3.5 of the draft guidance.

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 section 3.4 and 3.5 in the draft guidance.

**Approved by Associate Director:** Anastasia Chalkidou

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