

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

EQUALITY IMPACT ASSESSMENT

Preventing suicide in the community

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)

The area of suicide prevention crosses a number of settings and populations. The guideline will focus on settings in which community-based interventions are delivered.

It is proposed that the scope of this guideline will not cover prison and youth offending settings, secondary/ tertiary care or schools settings. NICE has published several guidelines that cover a number of the key risk factors for suicide and suicide ideation including Clinical Guideline 16 Self-harm (NICE 2004), Clinical Guideline 133 (NICE 2011) Self-harm: longer-term management and Public Health Guidelines 22 (NICE 2009) Promoting Mental wellbeing at work – and where appropriate this guideline will cross refer to related guidelines.

This guideline will cover all age groups and all interventions in a community setting. It is also acknowledged that adopting a life course approach in this area is important in building resilience to prevent suicide. Social media has been flagged as an area which guidance would be useful. There are currently NICE guidelines on social emotional wellbeing in early years (PH40), primary education (PH12) and secondary education (PH20), as well as NICE guidelines on violence and aggression: short-term management in mental health and community settings (NG10), Depression in children and young people: identification and management (CG28). Where appropriate NICE will cross refer to these guidelines.

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Other equality issues were identified at the stakeholder workshop (31.03.16). These included:

- It was suggested that some communities where particular stigma exists around suicide may have underreported suicide rates, and appropriate interventions may be under-researched.
- Victims of domestic abuse and young people leaving care were suggested as a high-risk group.
- Lesbian, gay, bisexual and transgender (LGBT) young people, refugees, those who experience social isolation, those who live in socio-economically deprived areas and those who are unemployed were also identified as particular at-risk groups for consideration.

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?

- At present, the draft scope is broad covering all population groups in a community setting.
- Prisons and criminal justice settings are excluded in the scope. This is because a clinical guideline [on the mental health of adults in contact with the criminal justice system](#) is in development. This guideline will include the following research question. What are the most effective support, training and education, and supervision programmes for health, social care or criminal justice practitioners to improve awareness, recognition, assessment, intervention and management of mental health problems in adults in contact with the criminal justice system? This question will investigate any staff support, training or supervision programme, including for example the Applied Suicide Intervention Skills Training (ASIST).

Completed by Developer ___James Jagroo and Caroline Mulvihill_____

Date _____10.04.16_____

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Approved by NICE quality assurance lead _____Andrew Harding_____

Date _____19.08.16_____

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?

The stakeholder consultation identified that there was a gap in the scope, under section '1.3 Activities, services or aspects of care'. It was proposed that 'postvention' interventions should be included. Postvention is described as an intervention conducted after a suspected suicide, largely taking the form of support for the bereaved (family, friends, colleagues and peers). Family and friends of the deceased may be at increased risk of suicides. The aim of postvention is to support and debrief those being affected; and to reduce the possibility of further suicides. Interventions recognise that those bereaved by suicide may be vulnerable to suicide themselves and may develop complicated grief reactions.

The consultation draft scope includes all population groups with the exception of people in prisons and in contact with criminal justice system. Stakeholders acknowledged that social and physical environments of custodial settings are very different to community settings, but that people in contact with the criminal justice system were very high-risk populations and suicide prevention in custodial settings should be prioritised. Under section '1.2 Settings', it was proposed that 'prisons' should be included.

The stakeholder consultation identified the following at-risk group for consideration when developing the guideline: people who are homeless; people who misuse drug and alcohol; people in custodial settings; people who were recently released from prison; people with debts; occupational groups with access to means; people who are socially isolated; people exposed to suicidal behaviour in others, especially close friends or family members; survivors of abuse or violence, including sexual abuse; people with untreated depression; people living with long term physical health conditions; lesbian, gay, bisexual and transgender people/community; black, Asian and minority ethnic groups; asylum seekers; military personnel and those transitioning to civilian life from military (including veterans); migrants, particularly refugees.

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

Postvention: this intervention was included following stakeholder consultation as it was acknowledged that the bereaved are a relevant high-risk group (section 1.3).

Custodial settings (including prisons) have been listed under 'settings that will be covered' (section 1.2) as it was acknowledged that people in the criminal justice system are a high-risk group. The scope also includes immigration removal centres and short-term holding facilities.

The scope was changed to make it clearer that community health and primary care settings, schools, colleges and workplaces are relevant community settings and are included (section 1.2).

The scope was changed to include adults, young people and children who are in contact with the criminal justice system under section 1.1 'who is the focus?'

Examples of high-risk groups were added to the scope under section 1.1 'who is the focus?' Examples were included based on the strength of stakeholder comments, although this list is not intended to be exhaustive: men aged 35-49, family and friends of those who have died by suicide and people who misuse drugs or alcohol.

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

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Updated by Developer ____Pete Shearn _____

Date____18.08.16_____

Updated by Committee Chair_____

Date_____

Approved by NICE quality assurance lead _____Andrew Harding_____

Date____19.08.16_____

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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?

All potential equality issues raised during the scope consultation were addressed by the committee when drafting the recommendations. This was reflected by the target population approach taken in the recommendations, with a specific focus on people at increasing risk of suicide such as people in custodial settings.

The terms used in this guideline was used to define the high risk groups. This (for example men aged 35 – 49 has been edited to young and middle aged men to ensure consistency with definitions of high risk groups used by the Department of Health and Public Health England

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?

Yes, people in the LGBT community was identified as a high-risk group that may be underserved so this group has been added to the definition of high-risk group.

People at high risk of suicide: The committee highlighted a lack of evidence on preventing suicide in some population groups who were potentially at high risk of suicides. These people may not have access to information about support service and they were reluctant to seek help when they felt suicidal due to existing stigma around suicide in their communities. For example, people whose first language is not English, people in traveller community and people in the rural communities including agricultural workers. The committee noted that there was no evidence base with which to provide specific recommendations for these groups but through consensus were satisfied that the evidence they had considered could apply across groups in community settings

Terminology: Limited evidence from 2 qualitative studies on media reporting of suicide indicated the importance of using appropriate terminology but a lack of consensus on preferred terms to described suicide. The committee recognised that the inappropriate use of terminology may have negative impact on people with suicidal thoughts as well as people who are affected by suicide. The committee decided to promote the use of sensitive language that aim to reduce stigmatising or distressing to people affected by suicide. The committee have reached a consensus

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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?

on the list of terms as sensitivity language for this guideline.

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

The committee discussion sections of the guideline contain details of the discussions that the committee had about equality issues.

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. The committee took the approach, as outlined in the scope, of considering the target population in the recommendations.

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. The committee took the approach, as outlined in the scope, of considering the target population in the recommendations.

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?

The committee have considered the evidence and developed recommendations that on consensus they feel apply across target population groups. The committee

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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?

recognised that there is a lack of evidence on people in custodial settings and have developed research recommendations and have draft consensus-based recommendations specifically of this population.

The committee also acknowledge the lack of evidence regarding the impact of suicide bereavement on individuals in relation to relationships to the person who died by suicide and personal needs. The committee agreed by consensus that the evidence they have considered and the subsequent recommendations they have made would likely apply to all eligible groups there is some uncertainty which is reflected in recommendation.

Completed by Developer _____ YingYing Wang _____

Date _____ 20.12.2017 _____

Completed by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

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

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

4.4 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 to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

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4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Updated by Developer _____

Date _____

Updated by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____

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5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

Approved by Developer _____

Date _____

Approved by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____