

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Depression in children and young people: identification and management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

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

Not applicable. This update did not include a scoping process.

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?

No scoping was carried out for this short update.

The committee identified a number of potential equality issues which included those concerning: young offenders, looked after children, ethnic/cultural/language differences, physical access to the sessions, computer access, socioeconomic status and people with neurodevelopmental disorders.

Many of these issues were related to difficulties in ensuring the attendance/access of the children and young people with depression to the therapy sessions.

- Children and young people living in rural areas might have problems with travelling to their appointments if public transport is sporadic and unreliable, and their parents are unable to drive them there.

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?

- Some children and young people, particularly those from lower socioeconomic backgrounds, might not have access to a computer if an online, computer based therapy is the preferred option. Alternatively, they may have access, but not be able to use online systems due to a lack of experience with computers or lack the privacy needed to complete the therapy if they only have access using a school or public library computer or they may have parents who control their computer use and may prevent them from accessing the therapy. (The unsuitability of digital therapy for very young children is not an equality issue, but rather a developmental one, and should be taken into account by the practitioner when matching the therapy to the person.)
- Young offenders depend on their carers/ prison officers to escort them to appointments and these appointments may not be a priority for the staff at these institutions.
- The committee advised that adolescents are less likely to turn up to appointments compared with children aged 5 to 11 years and this is not dependent on the severity of depression. This may be due to a number of factors including transport problems and issues with remembering to go to the appointment if not escorted by parents or carers. In contrast, children aged 5-11 years are likely to be brought to sessions by parents and carers and have better attendance as a result.
- Children and young people from lower socioeconomic groups may lack the financial support required to ensure that they attend the sessions. These families may also be less likely to seek help in the first place and/ or less able to navigate the healthcare system to ensure that the child or young person receives the help they require.
- Children and young people with more chaotic home lives (for example, due to alcohol and drug abuse by family members, neglect or absence) may lack the family support required to ensure that they attend the sessions. These families may also be less likely to seek help in the first place and/ or be less willing or able to navigate the healthcare system to ensure that the child or young person receives the help they require.
- Children and young people from abusive homes may be prevented from seeking help and/ or attending therapy sessions by controlling parents or carers.

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?

- Looked after children and young people may lack the support they need to engage with mental health services.
- The way that children and young people with depression and their families view mental health problems may be affected by their ethnic, religion and cultural background. Families or carers from some ethnic groups/ religious or cultural backgrounds may view mental health issues as shaming or stigmatising and be less likely to seek medical help as a result. Or they may be less able to navigate the healthcare system to ensure that the child or young person receives the help they require. Language difficulties may also hinder access to treatment.
- Children and young people with neurodevelopmental disorders might respond differently to psychological therapies. (This may also be the case for children and young people with learning disabilities, but they are out of scope for this guideline. Please refer [to NICE guidance NG54](#) on mental health problems in people with learning disabilities: prevention, assessment and management for recommendations covering psychological interventions for people with learning disabilities to treat depression.)
- LGBT children and young people may have different requirements to other children and young people with depression.
- Children with physical illnesses, such as cancer, may have additional requirements due to their physical illness.

The committee dealt with these issues in several ways. Firstly, by recommending: that practitioners should discuss the choice of therapies with children and young people and their family members or carers (as appropriate) and explain what the different therapies involve and how these might meet their needs and preferences. By promoting the involvement of children and young people with depression and their families or carers (as appropriate), in the decision making process cases of non-attendance that occur because the person with depression or their family member/ carer does not like/want that particular type of psychological therapy may be reduced. In addition, the family members/carers will have a greater understanding of what is involved in the psychological therapy and may be more able to provide support for the child or young person with depression.

Secondly, the committee recommended that the choice of interventions is based on a full assessment of needs, including the circumstances of the person and their

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?

carer(s), their history and presentation, and the context in which treatment is to be provided. The committee noted that consideration of these factors should help practitioners to identify the needs and circumstances of the person and to choose the best psychological therapy for them. For example, this could involve ensuring that children and young people who do not have computer access are not offered an online therapy and that people in young offenders institutes are not penalised if they miss sessions due to a lack of staff to supervise their transfer to the sessions. In addition, for mild depression, the recommendations include a choice of group, digital or individual therapy allowing the format of the sessions to match the needs and preferences of the child or young person with depression.

Thirdly, the recommendations for mild depression and for moderate to severe depression both offer a choice of first line treatments, but then go on to recommend a second grouping of therapies if the earlier options would not meet the child or young person's needs or are unsuitable for their circumstances. This stresses the importance of tailoring the treatment to the requirements of the individual again.

Fourthly, the committee noted that the studies included in the evidence did not provide information on the effectiveness of these therapies for the subgroups listed above. As a result, they recommended that each of the therapies that were covered by research recommendations should include subgroup analyses that cover environment and family situation and neurodevelopmental disorders as part of the clinical trial process to provide evidence for future updates of the guideline.

Finally, the new recommendations cover the treatment of children and young people with depression after they have requested help. They do not address the problem that certain disadvantaged groups are less likely to seek help in the first place as consideration of barriers to seeking help was not part of this update. However, this issue will be considered for future updates of this guideline.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes – in the "other factors the committee took into account" section of the committee's discussion of the evidence.

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 preliminary recommendations should not have that effect. By specifically stating that the treatment should be tailored to the needs of the child or young person with depression, their background and environment, and by offering a range of treatment options the committee tried to ensure that no specific groups of people were disadvantaged compared to other groups. For example, children and young people who lack computer access will not be able to take part in digital CBT sessions, but should be offered an alternative suitable treatment instead.

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, this should not be the case.

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 already addressed these issues where they pertain to the current review question.

Completed by Developer _____ Susan Spiers _____

Date _____ 17/01/19 _____

Approved by NICE quality assurance lead _____

Date _____ 18/01/19 _____