NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Rehabilitation in adults with complex psychosis and related severe mental health conditions

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?

During scoping, the following groups were identified as potentially needing specific consideration during development of the guideline:

- o Men
- \circ Women
- Young adults
- Older people
- People who were in care as children
- Homeless people
- Black and minority ethnic groups
- o Refugees
- People living in poor neighbourhoods or cities
- People with mild learning disabilities and autism

The committee made a number of recommendations relevant to equality that address issues of access to services, specific provision or management, and adjustments within services:

Access to services:

Recommendations focussed on supporting equal access, and monitoring access for the following characteristics: **age**, **gender**, and **ethnicity** (see evidence report A and B). There was also a recommendation supporting access for those **people with**

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issues around their legal status to reside in the UK (for example **refugees**) (see evidence reports B and P).

Specific provision or management:

The committee identified that some groups may need specific provision and management to support their rehabilitation. The recommendations focussed on delivering non-discriminatory practice for **black**, **Asian and minority ethnic groups** (see evidence reports J and B), accounting for the increased physical health risks for **black**, **Asian and minority ethnic groups** (see evidence report C), and assessing the number of people in the locality who are **frail** (including **elderly people**; see evidence report B) or have **particularly complex needs** (such as **co-existing mild-learning difficulties and autism**; see evidence reports H and O).

Adjustments within services:

The committee recognised that some groups may require adjustments depending on their **age, gender** (see evidence report B) **and coexisting physical comorbidity** (see evidence report C).

No recommendations were made that specifically referred to **people who were in care as children**. The committee noted that people with complex psychosis would not come to rehabilitation services directly from care, but via acute mental health services. The committee discussed, however, that people who were in care as children may have experienced trauma, as may other people affected by complex psychosis and related severe mental health conditions. They therefore recommended that "**experiences of abuse and trauma**" be considered in a comprehensive needs assessment when people enter rehabilitation services (see evidence report C).

No recommendations were made that specifically referred to **homeless people**. The committee recommended that both supported housing and floating outreach were components of the rehabilitation pathway, and discussed that these components should be made available to all people with treatment-resistant psychosis and functional impairments, which would include those who are homeless and have a need for housing (see evidence report P).

No recommendations were made that specifically referred to **people living in poor neighbourhoods or cities**, but the committee recommended that all local areas should have a rehabilitation pathway, which would improve access for all people including those living in poorer areas (see evidence report F). 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?

Although the scope of this guideline does not cover people within forensic services, the committee recognised that **people leaving forensic services** were a specific group of people who might have more challenging needs (such as challenging behaviour or at have increased risks to themselves or others), that may affect their access to rehabilitation services. The committee made recommendations to consider this group when planning rehabilitation provision and managing any risks identified (see evidence report A and B).

During development, the committee also identified that **people living in rural locations** may be disadvantaged by lack of access to rehabilitation. Although no recommendations were made that specifically referred to people living in rural locations, the committee recommended that all local areas should have a rehabilitation pathway (see evidence reports B and F).

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

The committee's considerations have been included in the committee discussion sections of the evidence reports as outlined in the section above.

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 are intended to make it easier for specific groups to access services.

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 didn't believe there is potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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?

No, the committee didn't believe there are any further recommendations or explanations that could remove or alleviate barriers to, or difficulties with, access to services.

Completed by Developer: Rachel Marshall

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Approved by NICE quality assurance lead: Kay Nolan

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