

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### Depression in adults

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?

- Men, older people, people from black, Asian and minority ethnic groups and people with coexisting mental health conditions were identified as groups requiring specific consideration in the scope. Subgroup analysis was undertaken for these groups where evidence was available to do this – namely older people, men and people from black, Asian and minority ethnic groups, with the aim of making recommendations for these specific groups if appropriate.
- Very little data was available for these sub-groups from the evidence reviews so it was not possible to make targeted recommendations. However, recommendations about the delivery of antidepressant medication for older people were retained from the previous guideline. A link was also added to the NICE guideline on dementia which contains some advice on the management of depression in people with dementia.
- The guideline update also included a review question relating to methods for improving access to services for people from these groups (older people, men and people from black, Asian and minority ethnic groups) and in addition people from the LGBT+ population. Some very limited evidence was found for all these groups except those from the LGBT+ population, and some recommendations to improve access for these groups were made.

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?

The committee identified some other potential equality issue as follows:

1. People with learning difficulties, people with physical or sensory disabilities people who have conditions which compromise their ability to communicate (such as autism) and asylum seekers may need additional support to access information or treatment for depression. To address this the committee amended the recommendations to advise alternative methods of communication be used (such as interpreters) and also cross-referenced to the NICE guidelines on mental health problems in people with learning disabilities and the NICE guidelines on autism spectrum disorder.

2. People with depression may be stigmatised and this may discourage them from seeking treatment. To address this the committee included recommendations about recognising and taking action to overcome stigma in the sections of the guideline on principles of care and access.

3. People with physical disabilities or physical health problems may need reasonable adjustments to access exercise interventions. To address this the committee included in their recommendations for exercise interventions that these reasonable adjustments would be required.

4. Remote consultations, emails and text messages are being more widely used in the NHS but these may not be suitable for people who do not have access to the appropriate devices or who have no access to the internet, or do not have the necessary privacy. To address this the committee made clear in their recommendations that alternatives such as face to face consultations must be available too.

5. People with certain socio-economic background or with complex social factors (poor or no housing, unemployment, debt) may be more prone to depression and may find it harder to access services, and may be more likely to need relapse prevention or further-line treatment. The committee included the need to consider socio-economic factors and complex social factors in their recommendations for the assessment and treatment of continuation therapy or further-line treatment for depression.

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

1. No, as previous recommendations amended only. No new evidence review carried out.

2. Yes, Evidence review H, Access

3. Yes, Evidence review B, first-line treatment

4. Yes, Evidence review H, Access

5. Yes, Evidence review C, Relapse prevention and Evidence review D, Further-line treatment.

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

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?

As described above under point 3, the exercise interventions may not be accessible for people with disabilities or physical health problems and they may need reasonable adjustments. To address this the committee included in their recommendations for exercise interventions that these reasonable adjustments would be required.

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 has alleviated any possible barriers to access by amending recommendations as described in 3.2.

Completed by Developer Hilary Eadon

Date 22<sup>nd</sup> September 2021

Approved by NICE quality assurance lead: Christine Carson

Date: 22<sup>nd</sup> November 2021