

NICE guidelines

Equality impact assessment

Self-harm: assessment, management and preventing recurrence

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

<p>4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?</p>
<ul style="list-style-type: none">• Age <p>Stakeholders raised that psychosocial assessments of children and young people who have self-harmed need to be age appropriate and factor in the circumstances that are unique to children and young people. Recommendation 1.5.11 was amended to clarify that the mental health professional carrying out the psychosocial assessment needs to be experienced in assessing children and young people who self-harm.</p> <ul style="list-style-type: none">• Disability <p>Stakeholders raised that the needs of people with learning disabilities and neurodevelopmental conditions should be explicitly addressed because they have unique challenges in getting support for self-harm. Recommendations have been amended relating to information and support (1.1.3, 1.1.4), assessment (1.5.8, 1.5.9, 1.5.13) and safer prescribing (1.13.3) to ensure health and social care professionals consider any additional needs those with learning disabilities or neurodevelopmental conditions may have. Also recommendation 1.11.2 about treating co-existing conditions has been amended to include several NICE guidelines related to learning disabilities.</p> <p>Stakeholders raised that deaf people need to be specifically mentioned throughout the guideline to ensure their linguistic and cultural needs are attended to. The committee did not make a change to the guideline as a result of this comment because the NICE guidance on Patient experience in adult NHS services, Service user experience in adult mental health and Babies, children and young people's experience of healthcare, all include comprehensive recommendations on ensuring care is person-centred with the persons communication, information, access and care needs and preferences taken into account. These guidelines have already been</p>

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

extensively cross-referenced within this guideline.

- Religion or belief

Stakeholders commented that the drivers for self-harm can be culturally specific and that this needs to be understood and taken into account during assessments. The recommendations on principles for assessment (1.7.1 and 1.8.1) were amended to include professionals having an awareness of cultural sensitivity in order to treat the person with respect, dignity and compassion.

- Sexual orientation

A stakeholder commented that people who identify as LGBT+ have high rates of self-harm and staff who assess people need to be skilled in working with people with a range of sexual and gender identities so that they can sensitively assess the unique stressors the individual may be managing. The committee did not make a change to recommendations based on this comment as recommendation 1.14.2 already states that staff should receive training which should cover "being culturally competent through respecting and appreciating the cultural contexts of people's lives".

- Other definable characteristics (these are examples):

- refugees
- asylum seekers
- migrant workers
- looked-after children
- people who are homeless
- prisoners and young offenders
- any others identified

A stakeholder commented that there is a power imbalance which exists between staff and inmates at prisons and other secure settings which can lead to adverse treatment. Stakeholders thought it was important the guideline addressed this issue to ensure people who self-harm in these settings are treated with dignity. The recommendations on principles for assessment and care in non-health sectors (1.8.1) were amended to specify that professionals need to work collaboratively with the person who has self-harmed to ensure their views are listened to in decision making.

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?

None of the recommendations should make it more difficult in practice for a specific group to access services compared with other groups

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?

No, the recommendations should not 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

As above, the recommendations made should not present any barriers to access to services.

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

Consideration of equality issues are discussed in the committee discussion sections of the following reviews:

Evidence report A – Information and support needs

Evidence report E – Non-specialist assessment

Evidence report F – Specialist psychosocial assessment

Evidence report O – Safer prescribing

Updated by Developer: Angela Bennett

Date: 25 July 2022

Approved by NICE quality assurance lead: Simon Ellis

Date: 27 July 2022

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 NICE quality assurance lead _____

Date _____

NICE guidelines

Equality report EIA analysis form

Self-harm: assessment, management and preventing recurrence

Product Code									
Title / Topic		Self-harm: assessment, management and preventing recurrence							
If equality issues identified, how many?		7							
What was the breakdown of identified equality issues, by protected, socioeconomic, or 'other' characteristic?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
2	1			1			1		2
How many issues had an impact on recommendations?		7							

If equality issues were identified, summarise what they were		Accessibility of services for people within BAME groups, older people, younger people, people within the LGBTQ+ community, people with neurodevelopmental disorders, prisoners and young offenders and other secure settings							
What was the breakdown of equality issues with an impact on recommendations?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
10	5			4			1		8
If equality issues had impacts on recommendations, summarise these impacts		Recommendations made to try to address potential inequalities in access to services experienced by the above groups.							