

### 3.0.1 DOC EIA

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

### NICE guidelines

#### Equality impact assessment

### Mental health problems in people with learning disabilities: prevention, assessment 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 draft guideline consultation)

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

**Ethnicity:** Some evidence was identified on improving accessibility of services to people from a South Asian community in the UK but it was of very low quality. The GC developed recommendations which address accessibility for marginalised groups from both the evidence and the nominal group technique (NGT). The relevant recommendations include 1.2.2 "...provide a person-centred integrated programme of care" and 1.2.8 "all people...should have a key worker who...helps services communicate with the person and their family...in a format and language suited to the person's needs and preferences".

**Age:** No specific evidence was identified. However the GC did attempt to address these issues with recommendations developed through NGT around transition (recommendation 1.2.4) and with specific recommendations relating to the identification (1.5.5) and assessment (1.6.16) of possible dementia.

**Degree of disability:** Very little evidence was identified on people with profound learning disabilities or those who lack language skills. However the GC addressed these issues via NGT with recommendations relating to providing access to interventions for anyone with a learning disability (1.2.5), specific to those with more severe learning disabilities (1.6.4 "that mental health problems can present differently in people with more severe learning disabilities"; 1.9.2 "only specialists with expertise...should start medication to treat a mental health problem in adults with severe or profound learning disabilities"), and language/communication needs (1.3.1, which also addressed adjustments to accommodate sensory impairments).

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Accessibility in appropriate format and language is covered in recommendation 1.28 as noted above under ethnicity. Needs of families or carers are addressed in 1.3.5. The difficulty that people with mild learning disabilities may have in accessing services (and potentially falling between the gaps) was discussed a number of times and is addressed in 1.2.5 (ensuring providers provide access to services and clarify responsibilities to ensure people's needs are met by the right service).

**Socioeconomic status:** No evidence was identified. However the GC addressed these issues via NGT with recommendations relating to local accessibility of services (1.2.2, 1.2.6), training of staff (1.2.9 "...people with learning disabilities can develop mental health problems ....for example because of financial worries...") and assessment (1.6.6 "...assess the person's family and social circumstances and environment...").

**Religion or belief:** No specific evidence was identified. However the GC addressed these issues via NGT with recommendations relating to the assessment and intervention for mental health problems

- 1.6.5 "...the person's understanding of the problem..."
- 1.6.11 "...there are significant differences between the views of the person and the views of their family, carers, care workers or staff..."
- 1.8.3 "...collaborate with the person and their family members, carers or care workers (as appropriate) to...develop an understanding of how the person expresses or describes emotions or distressing experiences".

**Needs of those in contact with the criminal justice system:** The only related evidence identified was on the use of a number of assessment tools to assess the risk of violence. However, these were not recommended as they were not explicitly about mental health. One small controlled before-and-after study which considered the use of CBT in participants with sexually inappropriate behaviour was identified but methodological concerns limited its use in providing sufficient evidence to make specific recommendations for this population (in particular, the comparison groups were determined by self-selection). However, many of the recommendations in the guideline will apply to this group, such as 1.2.5 which specifies that people with learning disabilities should have access to all NICE-recommended interventions. Additionally, the GC were aware that the needs of people with learning disabilities will be addressed within the Mental Health in the Criminal Justice System guideline

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

that is currently in development.

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?

Specific issues relating to looked-after children and their families and carers were identified during GC meetings. A recommendation was drafted through informal consensus (1.10.2).

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

Yes. Discussions are included in the GC discussion sections of the 'Recommendations and link to evidence' tables, as well as in chapter introductions.

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?

In 1.8.8-1.8.9 the recommendations are specifically focused on children because parent-training and preschool classroom-based interventions are appropriate for children and is what the evidence was based on.

In 1.9.2 the GC recommend that only learning disability specialists commence pharmacotherapy for a mental health problem for adults with severe to profound learning disabilities, and children and young people. This is due to the greater risk of such treatment in these groups and was considered to be an important stipulation for

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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?

safe care in these populations.

As the recommendations refer to existing recommendations in NICE guidelines on interventions for prevention or treatment of specific mental health problems, people with mental health problems that are not covered by existing NICE recommendations may not have specific recommendations for treatment. For example, there is currently no guidance on sexually inappropriate behaviour (which is not a mental health problem in itself but is a behaviour that may indicate that one exists); paraphilias are being covered in the Mental Health in the Criminal Justice System guideline, but it will not be published until after this guideline publishes.

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 aim of the guideline is to promote equal access to high-quality care for people with learning disabilities and mental health problems. All recommendations were drafted and considered by the GC in this context.

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?

These have been documented above.

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Completed by Developer



Date 1/3/16

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_\_\_