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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Coexisting severe mental illness and substance misuse

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?
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No specific equality issues have been identified at this stage. However, it is noted that people with severe mental illness combined with misuse of substances are some of the most vulnerable in our society. Prevalence, access to services and outcomes may vary by geographical location.

This will be considered during development of the quality standard.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
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The quality standard will not cover children and young people under 14 years. These groups would be cared for by specialist paediatric services.
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Completed by lead technical analyst: Eileen Taylor

Date: 18/09/2018

Approved by NICE quality assurance lead: Nick Baillie

Date: 11/10/2018

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2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

People aged 14 and over who are homeless may have a higher prevalence of coexisting severe mental illness and substance misuse. They may also have less contact with services such as primary care. Services may need to adapt their practices to make contact with this population. This should be considered throughout the quality standard. Where there are specific issues relating to a quality statement, these are included in the quality standard.

The QSAC noted that the symptoms of severe mental illness can be different in young people compared with adults therefore it has been noted under statements 1 and 2 that mental health and substance misuse professionals need to take this into account when working with this population, being aware that young people may present with quite subtle manifestations of mental illness. Professionals working with young people, for example in the criminal justice system or substance misuse services, should have access to expertise and advice from a child and adolescent mental health team.

The QSAC noted that coexisting severe mental illness and substance misuse can occur in the older population but there are often misconceptions that this is an issue for younger people. It is noted under statement 1 that they should be assessed for substance misuse when they present to services.

The QSAC noted that people who are homeless may be difficult to contact if they do not attend an appointment. Statement 4 notes that when people who are homeless first attend services, agreements should be made on how they can be contacted, for example through friends or relatives or through voluntary services. The audience descriptors for statement 4 also note that services should be flexible around the specific needs of people with coexisting severe mental illness and substance misuse, which includes arranging appointment times and locations around people's specific requirements. This should ensure that all people using the services including people who are elderly or have a disability, for example a physical disability or severe anxiety, have the opportunity to engage.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

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2.3 Do the draft quality statements 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 draft statements make it more difficult for a specific group to access services.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

No.

Completed by lead technical analyst: Eileen Taylor

Date: 21/01/2019

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Date: 05/03/2019

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3. POST CONSULTATION STAGE

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

The QSAC noted that people should be provided with information about their appointments that they can easily understand. The quality standard notes under statement 4 that information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. People should have access to an interpreter if needed. It also notes that for people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](#).

3.2 If the quality statements have changed after the consultation stage, are there any 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 updated quality statements make it more difficult for a specific group to access services.

3.3 If the quality statements 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.

3.4 If the quality statements 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 questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

No.

Completed by lead technical analyst: Eileen Taylor

Date: 07/06/2019

Approved by NICE quality assurance lead: Nick Baillie

Date: 09/07/2019

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4. After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No changes needed following Guidance Executive.

Completed by lead technical analyst: Eileen Taylor

Date: 31/7/19

Approved by NICE quality assurance lead: Nick Baillie

Date: 31/7/19

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