NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Suicide prevention

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

### 1. TOPIC ENGAGEMENT STAGE

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| 1.1 Have any potential equality issues been identified during this stage of the development process?  |
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| The guideline committee highlighted that people whose first language is not English, people in the traveller community and people in rural communities including agricultural workers may not have access to information about support services and may be reluctant to seek help due to stigma around suicide in their communities. Any specific needs of these groups will be highlighted 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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| No population groups have been excluded from coverage at this stage. |

Completed by lead technical analyst Melanie Carr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date 10/10/18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date\_\_\_\_\_\_\_30/10/18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PRE-CONSULTATION STAGE

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| 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? |
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| The committee discussed the importance of ensuring that older people at high risk of suicide are identified. There are, however, no specific considerations for this group for the statements identified in the quality standard.The committee identified that people who are suicidal may temporarily lack mental capacity to consent to information sharing. Statement 4 therefore highlights that a person who temporarily lacks mental capacity should be asked if they want their family and carers to be involved in their care as soon as they are able to give consent.The committee highlighted that it is important to ensure that people with additional needs such as physical, sensory or learning disabilities, and people who do not speak or read English, or who have reduced literacy skills, can be involved in multi-agency suicide prevention partnerships and can access services that provide support after a suicide. Statement 1 in the draft quality standard identifies that multi-agency suicide prevention partnerships should make reasonable adjustments to ensure that people in these groups can participate in the strategic suicide prevention group and they should have access to an interpreter (including British Sign Language) or advocate if needed. In addition, statements 4 and 5 highlight that support services should make reasonable adjustments to ensure the service can be accessed by people in these groups and they should have access to an interpreter (including British Sign Language) or advocate if needed.The committee also identified that people from black, Asian, other ethnic minority groups and religious backgrounds may have different attitudes to suicide. Statement 5 therefore highlights that services that provide support after a suicide should ensure that they support people from black, Asian, other minority ethnic groups and people with religious beliefs in a culturally sensitive way. |

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| 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. |

| 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? |
| --- |
| The draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups. |

| 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?  |
| --- |
| The draft quality statements do not have an adverse impact on people with disabilities. |

| 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?  |
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| There are no additional explanations that the committee could make at this stage. |

Completed by lead technical analyst Melanie Carr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_8/3/19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

### Date\_\_\_\_\_11/4/19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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?  |
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| Stakeholders identified that information that is provided to people bereaved or affected by a suspected suicide should be accessible. Statement 5 therefore highlights that information for people bereaved or affected by a suspected suicide should be in a format that suits the person’s needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. 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.Stakeholders also identified that services that provide support for people who are bereaved or affected by a suspected suicide should ensure that staff are able to support the entire family including children and young people. Statement 5 therefore highlights that services that provide support after a suicide should ensure that staff have the skills and knowledge to support children and young people who are bereaved or affected by a suspected suicide. |

| 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?  |
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| Only minor changes have been made to the statements and they do not make it more difficult for specific groups 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? |
| --- |
| The statements do not have an adverse impact on people with disabilities. |

| 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?  |
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| The committee has not identified any additional explanations that could advance equality. |

Completed by lead technical analyst: Melanie Carr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_28/6/19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date\_\_24/7/19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 4. After Guidance Executive amendments – if applicable

| 4.1 Outline amendments agreed by Guidance Executive below, if applicable: |
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| No relevant changes were agreed by Guidance Executive |

Completed by lead technical analyst Melanie Carr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_14/8/19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date\_\_\_14/8/19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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