

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Self-harm

Output: Equality analysis form – Topic Expert Group 3

Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic Expert Group meeting one - scoping
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Topic Expert Group 3

Topic: Self-harm

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Although variations in incidence of self-harm in terms of population characteristics do not necessarily relate to inequalities in access to care, the Topic Expert Group noted NICE CG16 recommendations about specific needs relating to:

- Children and younger people aged under 16
- People aged over 65

Statements 2, 3, 4 and 5 of the final quality standard refer to the appropriate recommendations specifically applicable to children and younger people.

Statements 2, 3 and 6 of the final quality standard refer to the appropriate recommendations specifically applicable to older people.

Additionally, the TEG considered data showing that incidence of self-harm might be higher amongst particular groups, for example women, and looked-after children and young people. The quality standard aims to support quality improvement across all groups. It is also recognised that particular groups may be less likely to access services, for example older adults and is expected that the quality standard will ensure equal access to appropriate assessment and care for all groups. Statement 1 states that all people who have self-harmed should be treated with dignity, and should encourage all people who have self-harmed to seek support.

Diagnosis of conditions associated with self-harm, such as borderline personality disorder might also be higher in particular groups, for example amongst women. Statement 3 focuses on comprehensive psychosocial assessments for people who have self-harmed. This should support identification of associated conditions.

The importance of tailoring services to meet individual needs is recognised. The rationale section of statement 6 on risk management plans highlights that people who self-harm should be involved in developing their plan to ensure joint ownership. The rationale of statement 8 on moving between services highlights the importance of service users being involved in agreeing how their support will be managed. These statements should help to address inequalities in access to care that relate to specific individual needs.

The quality standard highlights that good communication between healthcare services and people who self-harm is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who self-harm (or their parents or carers) should have access to an interpreter or advocate if needed.

Looked after children are a particularly vulnerable group but there can be difficulties ensuring their healthcare records follow if they move out of an area. Statement 8 of the self-harm quality standard states that people receiving continuing support for self-

harm and moving between mental health services should have a collaboratively developed plan describing how support will be provided during the transition. This is intended to support continuity of care for everyone receiving continuing support, so that people do not have unequal access to care because they move between services. The quality standard should be read alongside the quality standard for looked-after children and young people which addresses the issue of continuity for children and young people placed out of area.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

To gain multiple perspectives from all stages in the care of people who self-harm, representation within the Topic Expert Group was sought from a variety of audiences including secondary care services, primary care and community care. Consultation comments have been considered.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

The term self-harm is used in the guidelines to refer to any act of self-poisoning or self-injury carried out by an individual irrespective of motivation. There are a number of important exclusions to this, for example it does not include harm arising from:

- Neurodevelopmental disorders with repetitive stereotypical self-injurious behaviour
- Excessive consumption of alcohol
- Excessive consumption of recreational drugs
- Anorexia nervosa
- Smoking
- Body modification, for example piercing.
- Over-eating.

These exclusions are justified in creating an effective understanding of the term 'self-harm' and are consistent with the NICE guidelines (CG16 and CG133).

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services (including assessments and other interventions which are part of services).

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

A positive impact is expected. We believe these statements promote equality.