

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Psychosis and schizophrenia in adults

**Output:** Equality analysis form – Meeting 2

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://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 overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> 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).
<b>Marital status (including civil partnership)</b>

**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: Meeting 2

#### Topic: Psychosis and schizophrenia in adults

**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.

The development of psychosis and schizophrenia is complex and may not be triggered by a single risk factor. However protected characteristics such as race, socio-economic status (particularly urban living) and migration are all possible risk factors which may contribute to development of psychosis and schizophrenia as well as its management.

All equality issues have been considered during the development of the quality standard and specified where relevant to quality statements in question 4.

**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?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, representation was sought from a variety of specialist committee members including psychiatrists, psychologists, nurses, GPs, social workers and lay representation. The topic overview and request for areas of quality improvement have been published and wide stakeholder comment received, including from those with a specific interest in equalities. These suggested areas of quality improvement were then considered at the QSAC meeting attended by standing committee and specialist committee members.

The draft quality standard was published for a 4 week stakeholder consultation period in September 2014. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may have resulted in changes to the quality standard (see NICE website). This is the second stage of the process which looked to elicit comments from stakeholders.

**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 quality standard does not cover psychosis and schizophrenia in children (younger than 18 years) or with onset over 60 years (as this is generally considered a separate condition with a different set of symptoms). Psychosis and schizophrenia in children will be addressed by a separate quality standard on recognition and management of psychosis in children and young people. While related to psychosis and schizophrenia in adults, affective psychoses (such as bipolar disorder or unipolar psychotic depression), depression, anxiety, post-traumatic stress disorder, personality disorder and substance misuse have been or will be addressed by other quality standards.

There are no other exclusions at this stage.

**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?

Statements 1, 6, and 7 make an assumption about service user's attendance. These services should be aware that given the nature of the 'negative' symptoms of psychosis and schizophrenia (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect), potential service users may be less likely to access services and therefore there needs to be more proactive measures for making these services more accessible for this group of potential service users. When assessing adults with psychosis and schizophrenia it is also important for services to address cultural and ethnic differences in treatment expectations and adherence as well as cultural and ethnic differences in beliefs regarding biological, social and family influences on the causes of abnormal mental states.

Statements 2 and 3 focus on offering psychological interventions. Methods of delivering this treatment and the treatment duration will need to be adjusted to take into account disabilities or cognitive impairments.

Statement 5 focuses on providing supported employment programmes. Some adults may be unable to work are therefore other opportunities for occupation or education will need to be considered. Services should also ensure that they work in partnership with local stakeholders representing black, Asian and minority ethnic groups. Reasonable adjustments should also be made to enable adults with learning disabilities to access supported employment programmes.

Statement 7 refers to offering health eating programmes and smoking cessation services for adults with psychosis and schizophrenia. Health and social care practitioners involved in these services should be aware of the impact of social factors, such as inadequate housing, lack of access to affordable physical activity, poor cooking skills and limited budget for food, on continued healthy eating and physical activity.

Throughout the quality standard all services should as far as possible reflect the local community, with interpreters provided if no practitioner is available who speaks a language which the service users and their families and carers can converse fluently.

##### **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 by taking into consideration service users and their carers mental health, disabilities, race, religion or belief and socio-economic status and where necessary tailoring services appropriately.