

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

**GUIDELINES EQUALITY IMPACT ASSESSMENT FORM
RECOMMENDATIONS**

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in the recommendations of a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS	
Sex/gender	<ul style="list-style-type: none"> • Women • Men
Ethnicity	<ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
Disability	<ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
Age¹	<ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹. Definitions of age groups may vary according to policy or other context.</p>
Sexual orientation & gender identity	<ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
Religion and belief	
Socio-economic status	<p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
Other categories²	<ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>². This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

**Guideline title: Common mental health disorders:
identification and pathways to care**

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Please confirm whether

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.

Please note this also applies to consensus work in or outside the GDG

- the development group has considered these areas in their discussions

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

Initial scoping reviews and advice from GDG members identified that in addition to factors that affect access for all individuals, there are other factors that need to be considered for certain vulnerable groups. Previous research has evaluated inequalities in access to healthcare for a wide range of different groups, based on socioeconomic situation, ethnicity, age and gender (see, for example, Dixon Woods *et al.*, 2005¹). The GDG therefore considered the evidence for all individuals requiring access to healthcare, as well evidence (when available) for different vulnerable groups. The GDG also choose to focus on two vulnerable groups – older people and those from black and minority ethnic (BME) groups

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- Does access to the intervention depend on membership of a specific group?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No.

¹ Dixon-Woods M., Kirk D., Agarwal S., et al. (2005) Vulnerable groups and access to health care: a critical interpretive synthesis (Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation Research and Development). London. National Co-ordinating Centre for NHS Service Delivery and Organisation.

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

A number of recommendations were developed that promote equality. In particular it is recommended that all healthcare professionals involved in the design of care pathways for common mental health disorders promote the active engagement of all populations served by the pathway, to offer assessments and interventions that are appropriately adapted to the cultural, gender, age and communication needs of the populations served.

Recommendations to promote equality include ensuring the competency of healthcare professionals to assess and negotiate with service users and carers from diverse cultural and ethnic backgrounds, providing interpreters where necessary. It is also recommended that information is provided in an appropriate language or, for those who cannot read written text, in an accessible format (visual, verbal or aural). In addition, delivery and assessment of interventions should take place either outside normal working hours, in the service user's home or other residential settings, or in non-traditional community-based settings, as appropriate. Services are also encouraged to provide a range of support services to facilitate access, including by providing crèche facilities and assistance with transport.

It is recommended that clinicians be aware of possible variations in the presentation of common mental health disorders among different groups, in particular BME groups, that they consider modifications to the method and mode of delivery of interventions based on assessed local need(s), use different explanatory models as required, and address cultural and ethnic differences when developing and implementing treatment plans. However, it is noted that there is little evidence to support significant variations to the content and structure of assessments or interventions for different ethnic groups. It is also recommended that clinicians do not routinely vary referral practice based on expected variation in response to treatment arising from factors such as ethnicity or gender.

It is recommended that clinicians be aware of any learning disabilities or acquired cognitive impairments and consider consulting with a relevant specialist when developing treatment plans and strategies, adjusting the method of delivery or duration of the assessment or intervention to take account of the impairment if required. However, when a person presents with a common mental health disorder and has a mild learning difficulty or mild cognitive impairment, it is recommended that clinicians consider referral for the same interventions as for other people with a common mental health disorder.

Signed:



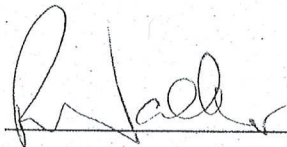
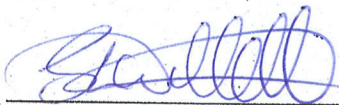
Centre Director

GDG Chair

Date: 11.11.2010

Date: 23.02.2011

Approved and signed off:



CCP Lead

GRP chair

Date: 12/4/11

