

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Bipolar disorder, psychosis and schizophrenia in children and young people

**Output:** Equality analysis form – Meeting 1

## **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 1

### Topic: Bipolar disorder, psychosis and schizophrenia in children and young people

#### 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.

Children and young people with psychosis from black and minority ethnic (BME) backgrounds tend to present late to services. They are more frequently subject to compulsion and have less access to psychological therapies than their white counterparts. Ensuring cultural and communication needs are addressed when assessing whether a referral to specialist mental health services is needed is included in statement 1 and also in statement 6 where healthy lifestyle advice is provided. The importance of providing culturally appropriate psychological and psychosocial interventions is addressed in statements 2, 3 and 4.

The committee discussed how childhood adversity is the most significant risk factor for psychosis. This has been addressed in Statement 1 to ensure health and social care professionals that work with this group are alert to the signs of an at risk mental state.

It has been highlighted that it can be difficult to recognise psychosis and bipolar disorder in children and young people with a learning disability due to more limited communication skills. This has been addressed in statement 1 to ensure early referral to a specialist mental health service. Statements 3 and 4 highlight the need to ensure psychological interventions are adapted to meet the needs children and young people and family members who have a learning disability.

Socio-economic disadvantage is addressed in statement 6 as there is a need to ensure healthy lifestyle advice is adapted for those that may find it more difficult to eat healthily and participate in physical activity. This is also addressed in statement 9 to ensure parent and carer support is accessible if support cannot be provided locally.

The provision of alternative formats of the 'Information for the public' (IFP) will not be required for this topic although the committee has highlighted the need to consider using social media to promote the QS to children and young people.

#### 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, specialist committee members from a range of professional and lay backgrounds relevant to bipolar disorder, psychosis and schizophrenia have been recruited. The draft quality standard will be published and wide stakeholder comment invited, including from those with a specific interest in equalities.

**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 will not cover adults aged 18 years old or older. This is justified as this has been dealt with in detail by the separate [Psychosis and schizophrenia in adults](#) and [Bipolar disorder in adults](#) quality standards.

Psychotic disorders include a broad definition of a number of non-affective, affective, and substance-induced psychotic disorders. This quality standard will focus only on bipolar, psychosis and schizophrenia which are the most commonly occurring psychotic disorders in children and young people. Unipolar psychotic depression is included in the [depression in children and young people \(QS48\)](#) quality standard.

**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 make it difficult for specific groups to access 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.