

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Anxiety

Output: Equality analysis form – Topic overview

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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 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

| |
|---|
| 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 overview

Topic: Anxiety

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.

Studies have shown a lower likelihood of certain groups accessing support for common mental health disorders from GPs and other professionals. Studies suggest that:

- People from a non-white ethnic background may have less favourable views of medication and psychotherapy than those from white backgrounds. South Asian people with common mental health disorders, including generalised anxiety disorder (GAD) are less likely to have problems identified in primary care and have lower rates of uptake for treatment.
- Older people are less likely to perceive a need for services with the exception of medication.
- Children and young people rarely refer themselves to services.

There are a number of socioeconomic factors associated with GAD, such as lower household income and unemployment. Divorce, separation and death of a partner are also associated with an increased likelihood of GAD.

Prevalence rates of GAD have generally been found to be between 1.5 and 2.5 times higher in women than men. Studies have identified practical barriers for some women accessing services, such as financial problems, lack of transport and childcare.

GAD and social anxiety disorder often exist with other co morbidities, which are associated with poor quality of life and disability.

These issues will be considered by the QSAC during development of the quality standard. Where it is considered that a particular adjustment should be made this will be detailed in the equality and diversity considerations section of individual statements.

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?

This is the first stage of the process which will involve a period of consultation with stakeholders. A Quality Standards Advisory Committee (QSAC) will be involved in developing the quality standard. 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 anxiety disorders are being recruited. The topic overview and request for areas of quality improvement 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?

This quality standard will consider identification and management of anxiety disorders in primary, secondary and community care.

No exclusions have been identified at this stage of the process.

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?

Not applicable at this stage.

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?

Not applicable at this stage.