

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: Psychosis and schizophrenia in adults
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As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected 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 form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <p>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 (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>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 can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

1. Have the equality areas identified during scoping 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 equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>During scoping several equalities issues were raised and considered by the scoping group. The impact of functional problems associated with psychosis and schizophrenia and their related socio-economic outcomes. To measure these, meaningful activity (which includes volunteering and employment) and accommodation were all added to the list of outcomes which may be considered by the guideline development group.</p>	<p>The update focused on service level interventions to improve the length and quality of life for those who are at risk and who have experienced episodes of psychosis and schizophrenia. Not only were these issues reflected as outcomes, recommendations have been drafted to promote physical health, self management and peer support, employment, education and occupational activities- these are reflected in NICE recommendations sections 1.1.3, 1.1.61.5.8</p>
Other comments	
<p style="text-align: center;">Insert more rows as necessary.</p>	

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>Physical health was quickly identified by the group as an area which has been too commonly ignored by health and social care professionals. The increased risks of obesity or diabetes are just two out of many health impacts directly correlated with a decrease in life expectancy and quality of life for those with psychosis and schizophrenia.</p>	<p>Reviewing diet and exercise interventions were part of the scope however there are social and psychological stigmas associated with these words. The GDG felt that physical health and wellbeing would be better understood and more relevant for the purpose of the clinical recommendation, equally it is hoped that this would be better received by the service user. Physical health is relevant across the entire care pathway and can be seen in the NICE guideline section 1.1.3.</p>
<p>The Public Health guideline on Smoking cessation in secondary care</p>	<p>It was felt by the GDG that the service user would be demonised for smoking following this Public Health guidance and that the service user should be given a choice of NRT (see NICE recommendation 1.1.3.4). Furthermore, after reviewing the Cochrane Review on Smoking Cessation and the FDA for the use of Varenicline and Bupropion, it appeared there is a risk for people with psychosis and schizophrenia of harm. The GDG felt strongly that this guideline should recommend the drug with caution.</p>
<p>Those who are 'at risk' of developing a psychosis</p>	<p>As the title of the guideline changed to include people with psychosis the GDG felt it was important to bring attention to those who are 'at risk' of psychosis. This is incredibly important as untreated psychosis is too commonly ignored which propagates the difficulties experienced by the service user. This not only traumatises the service user it creates an extra barrier to access services. Please see section 1.2 for recommendations on 'Preventing psychosis'.</p> <p>Also see recommendation 1.3.1.1 where the recommendation promotes access to early intervention services irrespective of the person's age or duration psychosis.</p>
<p>Carers</p>	<p>The intention of this guideline was to revise service level interventions in the aim of improving a holistic and social approach to</p>

	<p>providing care. Carers have been too commonly ignored. As stated in the introduction of the NICE guideline, “Carers, relatives and friends of people with psychosis and schizophrenia are important both in the process of assessment and engagement, and in the long-term successful delivery of effective treatments. This guideline uses the term ‘carer’ to apply to everyone who has regular close contact with people with psychosis and schizophrenia, including advocates, friends or family members, although some family members may choose not to be carers.” Please see NICE recommendations 1.1.5.1-1.1.5.7.</p>
<p>Asians were identified as not being adequately represented with the Black and minority ethnic group.</p>	<p>See recommendations 1.1.2.3 and 1.5.8.2</p>
<p>Other comments</p>	

Insert more rows as necessary.

3. 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?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

We believe so

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The recommendations have been formulated to promote equalities for all people who receive healthcare in all settings within the adult NHS services, irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.