

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

Clinical guideline: Bipolar Disorder

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?
During scoping the needs of each age group (children, adolescents, adults, older adults) were raised and the treatment for each of these groups will be looked at in the development of the guideline.	Specific recommendations were made where relevant. Also, the following recommendation was made: Ensure that older people have access to the same services and treatment for bipolar disorder as younger people.
Additional issues relating to the assessment and management of Bipolar Disorder in BME groups will also be considered.	The guideline development group searched for evidence relating to BME groups with Bipolar disorder, and this issue was raised at consultation. However, no evidence was identified that lead to specific recommendations for BME groups.
Other comments	
It was noted in the Scoping equality impact assessment form: The guideline will not make recommendations about other mental health conditions (such as drug and alcohol misuse) that commonly co-exist with bipolar disorder as this has been covered in other guidelines. It will, refer to other guidelines where this is the case, and highlight any necessary modifications to the treatment of either bipolar disorder or the co-existing condition where the co-existing condition is already the subject of an existing NICE guideline. It will also not apply to people with non-bipolar affective conditions as this is covered in other guidelines.	

Insert more rows as necessary.

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>For each review question, the following sub-question was asked:</p> <p>What amendments, if any, need to be made for gender?</p>	<p>One recommendation made a cross-reference to the APMH guideline (CG45) for women of childbearing potential.</p> <p>One recommendation specifically recommended that a drug should not be used for women of childbearing potential.</p>
<p>It was identified that people with bipolar disorder and a coexisting learning disability may be offered different care.</p>	<p>A recommendation was made to specifically state that people with bipolar disorder and a coexisting learning disability should be offered the same care as other people with bipolar disorder.</p>
Other comments	

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.

Yes, the NICE version of the guideline has a specific section about 'treatment and support for specific populations'. In addition, specific recommendations are made for older adults and children and young people where relevant. In addition, specific recommendations are made for carers.

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.

Yes, there are specific recommendations for support for people with bipolar disorder. For example, one recommends, if the person with bipolar agrees, that health care professionals consider talking directly with education staff, creditors, and employers about bipolar disorder and its possible effects, and how the person can be supported.