

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTHTECH PROGRAMME

Equality impact assessment – Scoping

Digital front door technologies to pre-assess people before assessment for NHS Talking Therapies

The impact on equality has been assessed during this assessment according to the principles of the NICE Equality scheme.

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?

National data ([NHS Talking Therapies for anxiety and depression manual](#)) indicates that the following groups tend to be under-represented in NHS Talking Therapies for anxiety and depression services:

- People who have disabilities, including people with autism and people with hearing impairments
- Lesbian, gay, and bisexual people
- Transgender people
- Men
- Older people
- People from ethnically and culturally diverse communities
- People for whom English is not their first language
- People with caring commitments
- People from deprived communities, including those who are on low incomes, unemployed or homeless
- People with learning disabilities
- People in prison or in contact with the criminal justice system
- Refugees and asylum seekers

- Serving and ex-serving armed forces personnel
- People with specific anxiety disorders such as social anxiety, specific phobias, obsessive-compulsive disorder, and PTSD
- People with long-term physical health conditions
- People with addictions, including gambling and substance misuse.

Several potential equality issues have been identified in line with equality considerations for using digital front door technologies. Key issues include:

- Digital front door technologies are used through a mobile phone, tablet, or computer. People will need regular access to a device with internet access to use the technologies. Additional support and resources may therefore be needed for people who are unfamiliar with digital technologies, or do not have access to smart devices or regular internet access.
- People with visual, hearing, or cognitive impairment; problems with manual dexterity, a learning disability, or who are unable to read or understand health-related information (including people who cannot read English) may need additional support to use digital technologies.
- Some people would benefit from digital front door technologies in languages other than English.
- People's ethnic, religious, and cultural background may affect their views of mental health conditions and interventions.
- People from Black and other minority ethnic backgrounds have experienced poorer access to, and outcomes from, NHS Talking Therapies for anxiety and depression services. They are less likely to access services and tend to wait longer for assessment and to access treatments compared to people from White British backgrounds. Poorer outcomes were experienced by people from South Asian communities, in particular Bangladeshi groups. People of mixed ethnicity, mostly White and Black Caribbean, are the least likely to access these services.
- The referral rate for NHS Talking Therapies for anxiety and depression services for older people is low. NHS Talking Therapies for anxiety and depression services should offer self-referral routes for older people, such as digital front door technologies, that do not restrict access to the services for older people.

Age, disability, race and religion or belief are protected characteristics under the Equality Act (2010).

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

The potential equality issues will be noted by the committee and inform discussions where appropriate.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

Potential equality issues were discussed at the scoping workshop. Stakeholders agreed with the potential issues that were raised and one additional equality issue was discussed: the use of language in digital front door technologies should be considered. It's essential to use words that are inclusive, respectful, and free from bias. Avoiding jargon and complex language ensures that information is accessible to people with varying literacy levels. Additionally, being mindful of cultural sensitivities and using respectful, empathetic wording fosters inclusivity, especially when discussing sensitive topics like gender, mental health or socioeconomic status.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders have been identified.

Approved by Associate Director (name): ...Lizzy Latimer.....

Date: 26/11/2024