

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technologies evaluation programme

### Equality impact assessment: Guidance development

#### Digitally enabled therapies for adults with depression: early value assessment

The impact on equality has been assessed during this early value assessment (EVA) according to the principles of the [NICE Equality scheme](#).

#### Draft guidance consultation

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

The committee thoroughly considered the potential equality issues that were identified during scoping. Key issues included:

- People need regular access to a smart device or computer with internet access to use digitally enabled technologies. Additional support and resources may be needed for people who are unfamiliar with digital technologies or do not have access to smart devices or the internet. Other treatment options may be more appropriate for some people who have limited access to digital technologies or who prefer face-to-face treatment.
- People with cognitive impairment, problems with manual dexterity, learning disabilities or who have difficulty reading or understanding health-related information may need additional support to use digitally enabled therapies. This should be considered when selecting and delivering these interventions. Further considerations can be found in [NICE's guideline on mental health problems in people with learning disabilities](#).
- Digitally enabled therapies should be accessible to people with visual impairments using screen readers, and people with hearing impairments. Several digitally enabled therapies included in this EVA have considered accessibility and inclusivity in their design.
- People with English as a second language may have difficulties navigating digitally enabled therapies provided in English. Digitally enabled therapies

and mental health services should consider how to translate these interventions or provide additional support as needed.

- People's views of mental health problems or intervention may be influenced by their ethnic, religion and cultural background. People have the right to make informed decisions about their care, including the use of digitally enabled therapies.
- Digitally enabled therapies may increase access to treatment and address an unmet clinical need. Access to mental health care will not increase for those who are unable to engage with a digital service due to a lack of equipment, unavailability of internet connection, lack of experience with computers or lack the privacy needed to complete the intervention. Treatment options should be discussed by healthcare professionals, patients and (where appropriate) carers and should consider clinical assessment, patient preferences and needs, the level of support needed and the suitability of the treatment to match these considerations.

Additionally, the committee discussed potential equality considerations related to mental health problems. People facing social inequality and disadvantage, discrimination and social exclusion are at higher risk of mental health problems. The rates of depression are higher in women. Among people with a common mental health disorder, women, people from a White British background or in midlife are more likely than others to receive treatment. These should be considered when selecting and delivering digitally enabled therapies with steps take to reduce health inequalities. Age, disability, race and religion or belief are protected characteristics under the Equality Act (2010).

**2.** Have any other potential equality issues been highlighted in the company's submission, or patient and carer organisation questionnaires, and, if so, how has the committee addressed these?

No, all equality issues considered by the committee were raised during scoping.

**3.** Have any other potential equality issues been identified by the committee and, if so, how has the committee addressed these?

No other potential equality issues or considerations were identified by the committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to or difficulties with access for the specific group?

Adults with limited access to the necessary technologies or who are less comfortable or skilled at using digital technologies may be less likely to benefit from digitally enabled therapies. Additional support may also be needed for people with additional accessibility needs or who are unable to read or understand English. The committee concluded that other treatment options such as face-to-face therapy may be more appropriate for some adults with depression. This is discussed in sections 3.10 and 3.11 of the draft guidance.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

Other treatment options including face-to-face treatment may be more appropriate for some adults with depression. This is discussed in sections 3.5, 3.10, 3.11 of the draft guidance.

7. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

Yes, these have been discussed in sections 3.10 and 3.11 of the draft guidance. The importance of patient choice is also discussed in section 3.5 of the draft guidance.

**Approved by Associate Director: Anastasia Chalkidou**

Date: 23/02/2023

## Medical technology guidance document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

No new equality issues were raised

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?

N/A

3. If the recommendations have changed after consultation, is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

N/A

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

N/A

5. Have the committee's considerations of equality issues been described in the medical technology guidance document, and, if so, where?

Section 3.8 and 3.9 discuss equality considerations. Sections 3.5 to 3.7 also discuss patient considerations.

**Approved by Programme Director:** Sarah Byron

**Date:** 31/3/23