

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Self-harm: assessment, management and preventing recurrence

Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Accessibility of services for people within black, Asian and minority ethnic groups

No evidence was found on inequalities relating to people within black, Asian and minority groups. However, the committee made recommendations about adapting the information and support for people who face discrimination, such as people from Black, Asian and minority ethnic backgrounds to ensure their needs are met (1.1.4). The recommendations relating to assessment also highlighted the need for assessments to take account of any cultural factors, and a person's values that may impact a person's ability to access or engage with services (1.5.9 and 1.5.10). Recommendations were made that training for health and social care staff that care for people who have self-harmed should be culturally competent, as well as exploring staff's attitudes and biases (1.13.1 and 1.13.2). Finally, reference was made to the [service user experience in adult NHS mental health](#), [patient experience in adult NHS services](#) and [babies, children and young people's experience of healthcare](#), which all have further recommendations on making services culturally sensitive.

Accessibility of services for older people

No evidence was found on inequalities relating to older people. However, the committee made recommendations for the assessment of older people to ensure specialist mental healthcare professionals pay particular attention to any additional needs older people may have such as mental health problems, a higher risk of suicide and their personal situation

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

(1.5.12).

Accessibility of services for younger people

No evidence was found on inequalities relating to younger people. However, the committee made recommendations for the assessment of younger people to ensure specialist mental healthcare professionals pay particular attention to any additional needs younger people may have such as their home or peer situation and any child protection or safeguarding concerns (1.5.10 and 1.5.11). A recommendation was also made for GPs to make a referral to mental health services if children and young people had high levels of distress, despite attempts to help in primary care (1.6.6).

Recommendations were made to ensure that younger people are made to feel as comfortable as possible, and therefore more likely to access services, by ensuring that their environment and care are age appropriate (1.6.21 and 1.8.2).

The committee also agreed that ensuring healthcare professionals are proficient in understanding the legal frameworks around consent, capacity and confidentiality for children and young people will give them a greater sense of autonomy and therefore more likely to engage in services (1.2.2 and 1.4.2)

Finally, reference was made to the NICE guideline on [babies, children and young people's experience of healthcare](#).

Accessibility of services for people within the LGBT+ community

No evidence was found on inequalities relating to people within the LGBT+ community. However, the recommendations about psychosocial assessment highlights the need for specialist mental healthcare professionals to pay particular attention to any additional needs people within the LGBT+ community may have to ensure better engagement with services (1.5.10 and 1.5.11).

The committee also made recommendations about adapting the information and support for people who face discrimination, such as people from the LGBT+ community to ensure their needs are met

Reference was also made to the [service user experience in adult NHS mental health](#), and [babies, children and young people's experience of healthcare](#), which have further

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

recommendations on making services more inclusive for people within the LGBT+ community.

Accessibility of services for people with neurodevelopmental disorders

No evidence was found on inequalities relating to people with neurodevelopmental disorders. However a recommendation was made to ensure appropriate adjustments for any physical, mental health or neurodevelopmental conditions the person may have are made to improve access to services (1.5.8). In addition, the committee made a recommendation about adapting the information and support for people who face discrimination, such as people with disabilities to ensure their needs are met (1.1.4). Also, the recommendations about psychosocial assessment highlights the need to for specialist mental healthcare professionals to pay particular attention to any additional needs people with neurodevelopmental disorders may have to ensure better engagement with services (1.5.10 and 1.5.11).

Accessibility of services for prisoners and young offenders and other secure settings

No evidence was found on inequalities relating to people within the criminal justice system and other secure settings, but the committee made recommendations relating to their assessment and care. The recommendations raise awareness of this issue in these settings, and set out steps staff should take to enable people within the criminal justice system and other secure settings to better access services (1.7.7-1.7.11).

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

- Age

A recommendation was made for young people with significant emotional dysregulation difficulties who self-harm to ensure they receive targeted interventions

(1.10.3).

- Disability

Recommendations were made for people with coexisting physical or mental health problems of neurodevelopmental conditions to ensure their treatment takes account of any additional needs they may have, and that other coexisting conditions are treated as necessary (1.6.7, 1.10.1 and 1.10.9).

Additionally, the recommendation that encourages using other forms of communication to indicate distress may be helpful for those with neurodevelopmental conditions (1.4.5).

- Looked-after children

Recommendations were made to ensure that safeguarding and child protection issues are assessed by all people working with those that have self-harmed, and that they are trained to do so (1.3.1, 1.3.2, 1.4.2, 1.5.10, 1.5.11, 1.6.10, 1.6.15, 1.7.1).

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Consideration of equality issues are discussed in the committee discussion sections of the following reviews:

Evidence report A – Information and support needs

Evidence report B – Information and support needs – families/carers

Evidence report C – Consent, confidentiality and safeguarding

Evidence report D – Involving families and carers

Evidence report E – Non-specialist assessment

Evidence report F – Specialist psychosocial assessment

Evidence report G – Risk assessment

Evidence report H – Admission to hospital

<p>3.3 Have the Committee’s considerations of equality issues been described in the guideline for consultation, and, if so, where?</p>
<p>Evidence report I – Initial aftercare</p> <p>Evidence report J – Psychological Interventions</p> <p>Evidence report L - Harm minimisation</p> <p>Evidence report P – Skills in specialist settings</p> <p>Evidence report R –Skills in non-specialist settings</p>

<p>3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?</p>
<p>No, the recommendations do not make it more difficult for specific groups to access services</p>

<p>3.5 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?</p>
<p>No, the recommendations do not have the potential to have an adverse impact on people with disabilities.</p>

<p>3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE’s obligation to advance equality?</p>
<p>N/A</p>

Completed by Developer: Katherine Andrea

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Approved by NICE quality assurance lead: Simon Ellis

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