NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Anxiety disorders

Output: Equality analysis form – Meeting 1

Introduction

As outlined in the Quality Standards process guide (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality 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 is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status 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 (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

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 are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Topic overview

Topic: Anxiety disorders

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Equality issues were raised during development of the topic overview relating to variations in access to services to support people with anxiety disorders across different groups. The QSAC considered equality issues when prioritising areas for improvement at the first meeting of the QSAC for this topic.

The stakeholder engagement exercise identified that anxiety affects a number of children and adolescents. The quality standard will cover children and adolescents as part of its overall population.

The stakeholder engagement exercise identified that anxiety disorders can have a profound impact on people with long-term health conditions and are often a co-morbidity. The quality standard will aim to improve identification, assessment and appropriate treatment for all groups. A statement has also been drafted on monitoring of health outcomes.

A number of equality issues are highlighted within the range of NICE guidance on anxiety disorders, which relate to the draft statements on identification and assessment. These are detailed below and are highlighted in the equality and diversity considerations of draft statements 1 and 2.

Identification

Adults with significant language or communication difficulties, for example people with sensory impairments or a learning disability might benefit from a different approach to identification of a potential anxiety disorder. NICE clinical guideline 123 recommends that consideration should be given to using the Distress Thermometer tool and/or asking a family member or carer about the person's symptoms to identify a possible common mental health disorder. If a significant level of distress is identified, further assessment should be offered or the advice of a specialist sought.

NICE clinical guideline 159 recommendation 1.1.10 states that when communicating with children and young people and their parents or carers the child or young person's developmental level, emotional maturity and cognitive capacity should be taken into account, including any learning disabilities, sight or hearing problems and delays in language development.

These considerations are highlighted in the equality and diversity considerations of draft statement 1.

Assessment

A number of considerations have been identified relating to assessment to ensure

that it meets individual needs, including:

- The timing and method of delivery of assessments should suit the person with a suspected anxiety disorder. For example, people with certain anxiety disorders may prefer to make use of technology or a home assessment. Communication needs should be considered for people who do not have English as their first language, for example through provision of bilingual therapists or independent translators.
- Assessment should be culturally sensitive, using different explanatory models of common mental health disorders, addressing cultural and ethnic differences when developing and implementing treatment plans and working with families from diverse ethnic and cultural backgrounds. Necessary relevant information including cultural or other individual characteristics that may be important considerations in subsequent care should be identified during assessment. NICE CG31 recommendation 1.1.4.1 recommends that when the boundary between religious or cultural practice and obsessive-compulsive symptoms is unclear, healthcare professionals should, with the patient's consent, consider seeking the advice and support of an appropriate religious or community leader to support the therapeutic process.
- When assessing people with a suspected anxiety disorder and a moderate to severe learning disability or moderate to severe acquired cognitive impairment, consideration should be given to consulting with a relevant specialist.
- NICE CG159 recommendation 1.1.10 recommends communication strategies for communicating with children and young people and their parents or carers, such as taking into account emotional maturity and cognitive capacity and being aware of issues relating to social anxiety. It recommends tailoring communication methods and using communication aids (such as pictures, symbols, large print, braille, different languages or sign language) if needed. Recommendations 1.1.12 and 1.1.13 set out confidentiality and consent issues to consider when working with children.
- The number of multiple assessments by different healthcare professionals should be minimised for people with OCD or BDD and continuity of care should be ensured, as these conditions are frequently recurring or chronic conditions that often affect some of the most intimate aspects of a person's life.

Psychological interventions

There is evidence that people from certain socially excluded groups that would benefit from psychological interventions might be less likely to access them, such as:

- black and minority ethnic groups
- older people
- those in prison or in contact with the criminal justice system
- ex-service personnel.

It is anticipated that all groups will benefit from a statement on access to psychological interventions. NICE CG123 recommends providing services for people with anxiety disorders in a variety of settings to support access for all groups. Examples are set out in recommendation 1.1.1.7. Recommendation 1.1.1.8 sets out a range of support services that primary and secondary care clinicians, managers and commissioners should consider to facilitate access and uptake of services.

NICE CG159 recommends that changing of healthcare professionals or services should be minimised for people with social anxiety disorder, as they may be particularly stressful. Concerns should be discussed beforehand and detailed information provided about any changes, especially those that were not requested by the service user.

NICE CG159 recommends that practitioners should offer to provide treatment in settings where children and young people with social anxiety disorder and their parents or carers feel most comfortable, for example, at home or in schools or community centres, with appointments set in a way that does not interfere with school or other peer and social activities. Practitioners should consider providing childcare (for example, for siblings) to support parent and carer involvement.

NICE CG113 recommendation 1.1.5 recommends that methods of delivery or duration of interventions provided for people with GAD should be offered to people with GAD who have a mild learning disability or mild acquired cognitive impairment and adjusted if necessary to take account of the disability or impairment. Recommendation 1.1.6 recommends that when offering an intervention to people with GAD and a moderate to severe learning disability or moderate to severe acquired cognitive impairment, practitioners should consider consulting with a relevant specialist.

Healthcare professionals should familiarise themselves with the cultural background of the people with an anxiety disorder. NICE CG26 recommends that healthcare professionals should pay particular attention to the identification of individuals with PTSD where the culture of the working or living environment is resistant to recognition of the psychological consequences of trauma.

NICE CG31 recommendation 1.1.3.1 recommends that where people with OCD or BDD do not have the capacity to make decisions, or children or young people are not old enough to do so, healthcare professionals should follow the Department of Health guidelines (Reference guide to consent for examination or treatment [2001]).

Pharmacological interventions

The equality and diversity considerations section highlights that Clinical judgement should be used when the use of non-NICE recommended drugs is being reviewed, on a case-by-case basis. For example, some older people may have been receiving long-term prescriptions for anxiety that pre-date NICE guidance.

Monitoring of outcomes

The equality and diversity considerations section flags that consideration should be given to the method of collecting self-reported outcome measures to ensure that it is tailored to the individual, according to their communication needs and preferences.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the Quality Standards Advisory Committees (QSACs).

The QSACs have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. The QSACs include representation from a number of people in order to gain a range of perspectives from those involved in diagnosing and managing Anxiety disorders. Representation was sought from a variety of specialist committee members including psychological therapies, primary care, clinical psychology, psychological Medicine, child and adolescent psychiatry, child psychology and lay membership.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

No populations or groups have been excluded.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services. It is envisaged that the draft statements would promote access to services for all people with anxiety disorders.

The quality standard will clearly state that good communication between healthcare professionals and people with anxiety disorders is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with anxiety disorders should have access to an interpreter or advocate if needed. This information is reiterated in the equality and diversity considerations of relevant quality statements.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

We believe these draft quality statements promote equality, improving quality of care for people with anxiety disorders.