

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Psychosis and schizophrenia in adults

Output: Equality analysis form – Meeting 1

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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: Meeting 1

Topic: Psychosis and schizophrenia in adults

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.

The development of psychosis and schizophrenia is complex and may not be triggered by a single risk factor. However protected characteristics such as race, socio-economic status (particularly urban living) and migration are all possible risk factors which may contribute to development of psychosis and schizophrenia.

Men under the age of 45 have twice the rate of schizophrenia than women, but there is no difference in its incidence after this age.

All equality issues will be considered during the development of the quality standard.

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?

This is the second stage of the process which will look to elicit comments from stakeholders.

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to psychosis and schizophrenia in adults have been recruited. The topic overview and request for areas of quality improvement have been published and wide stakeholder comment received, including from those with a specific interest in equalities.

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?

The quality standard will not cover psychosis and schizophrenia in children (younger than 18 years) or with onset over 60 years (as defined by NICE clinical guideline 178). Psychosis and schizophrenia in children will be addressed by a separate quality standard on recognition and management of psychosis in children and young people. While related to psychosis and schizophrenia in adults, affective psychoses (such as bipolar disorder or unipolar psychotic depression), depression, anxiety, post-traumatic stress disorder, personality disorder and substance misuse have been or will be addressed by other quality standards.

There are no other exclusions at this stage.

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?

Statements 1, 8, and 9 make an assumption about service user's attendance. These services should be aware that given the nature of the 'negative' symptoms of psychosis and schizophrenia (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect), they may be less likely to access services and therefore there needs to be more proactive measures for making these services more accessible for this group of potential service users.

Statements 4 and 5 focus on offering psychological interventions. Methods of delivery this treatment and the treatment duration will need to be adjusted to take in account disabilities or impairments.

Statement 7 focuses on providing supported employment programmes. Some adults may be unable to work are therefore other opportunities for occupation or education will need to be considered. Services should also ensure that they work in partnership with local stakeholders representing black, Asian and minority ethnic groups. Reasonable adjustments should also be made to enable adults with learning disabilities to access supported employment programmes.

Statement 3 focuses on the assessment of co-existing psychiatric disorders. These assessments should be culturally sensitive, using suitable explanatory models of co-existing psychiatry disorders.

Throughout the quality standard all services should as far as possible reflect the local community, with interpreters provided if no practitioner is available who speaks a language which the service users and their families and carers can converse fluently.

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?

A positive impact is expected. We believe these draft statements promote equality.