

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Personality disorders: borderline and antisocial

Output: Equality analysis form – Meeting 2

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 2

Topic: Personality disorders: borderline and antisocial

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.

People with borderline and antisocial disorders tend to have high prevalence of substance misuse, depression, suicide and be more likely to be unemployed and have difficulties building and maintaining relationships. These are not protected characteristics but they can make people vulnerable to exclusion, judgmental attitude and poor experience of care.

Whilst there are clear benefits to establishing a formal diagnosis this can be stigmatising and linked in the public mind to criminality and dangerousness. There can also be an assumption that people with this diagnosis are unable or unlikely to change. People with personality disorders may have frequently been excluded from health or social care services because of their diagnosis.

Antisocial personality disorder is much more prevalent and recognized among men than among women. Borderline personality disorder is more frequently diagnosed among women; however this is believed to be due to women seeking treatment more often than men and differential response because of the gender.

Borderline personality disorder is more frequent amongst the transgender population.

Criminal behaviour is associated with antisocial personality disorder. People with antisocial personality may be overrepresented within the criminal justice system - prison and probation services.

All equality issues have been 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?

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 borderline and antisocial personality disorders in adults have been recruited. The topic overview and request for areas of quality improvement was published and wide stakeholder comment invited, including from those with a specific interest in equalities.

During the first QSAC meeting, specialist committee members supported the equality issues highlighted within the EQIA published alongside topic overview.

The draft quality standard was published for a 4 week stakeholder consultation period between 21 November and 19 December 2014. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may have resulted in changes to the quality standard (see NICE website). This is the second stage of the process which looked to elicit comments from stakeholders.

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?

In regards to antisocial personality disorder this QS will exclude children and young people under 18 because the condition is not diagnosed before the age of 18. NICE quality standard 59 covers antisocial behaviour and conduct disorder in children and young people. In regards to borderline personality disorder this QS will exclude children which is in line with NICE clinical guideline 78 [Borderline personality disorder](#).

There are no other exclusions.

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, 2, 3, 5 and 6 make an assumption about service user's attendance. These services should be aware that given the nature of borderline or antisocial personality disorders potential service users may be less likely to access services and therefore there is a need for more proactive measures and making these services more accessible for this group. When assessing adults with borderline or antisocial personality disorders it is also important for services to address cultural and ethnic differences in treatment expectations and adherence as well as cultural and ethnic differences in beliefs regarding biological, social and family influences on the causes of mental health illness.

Statements 2 and 3 focus on offering psychological interventions. Methods of delivering this treatment and the treatment duration will need to be adjusted to take into account severity of the condition, cognitive impairments or disabilities.

Statement 6 focuses on identifying long term education and employment goals. Some people may be unable to work are therefore other opportunities for development or volunteering need to be considered. Services should also ensure that they work in partnership with local stakeholders representing minority ethnic groups.

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 statements promote equality by taking into consideration service users and their carers mental health, disabilities, race, religion or belief and socio-economic status and where necessary tailoring services appropriately.