

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Bipolar disorder in adults

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: Bipolar disorder 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.

There is no consensus on the cause of bipolar disorder. Both males and females of any age and from any social or ethnic background can develop this illness. The scope of the [clinical guideline185](#) identified older people as a subgroup that required specific consideration. Specific recommendations were made where relevant for this group.

Young adults (specifically new students leaving home) have been highlighted as a group at particular risk of rapid deterioration.

Pregnant women and women of childbearing potential may be particularly vulnerable and experience first onset of the disorder as well as deterioration in mental state. Also, some medication can be harmful for the fetus or reproductive health and as such not recommended to women with childbearing potential.

All equality issues have been considered during the development of the quality standard.

The provision of alternative formats of the 'Information for the public' (IFP) will not be required for this topic.

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 bipolar 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. Draft quality standard was published for public consultation and invited stakeholder involvement from a range of organisations.

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 bipolar disorder in children and young people (younger than 18 years). Bipolar disorder in children and young people will be addressed by [Bipolar disorder, psychosis and schizophrenia in under 18's](#) quality standard which is currently being developed. While related to bipolar disorders in adults, anxiety, personality disorders, ADHD and substance misuse are being addressed by other quality standards.

The quality standard will not cover bipolar disorder in pregnant women as a currently developed quality standard on [antenatal and postnatal mental health](#) will cover this specific area in more detail.

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 and 2 make an assumption about service user's attendance. The services should be aware that potential service users 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. When assessing adults with bipolar disorder 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 abnormal mental states.

Statement 3 focuses on offering psychological interventions. Methods of delivering this treatment and the treatment duration will need to be adjusted to take into account disabilities or cognitive impairments.

Statement 5 may prevent some women from receiving the medication because of their age and reproductive potential. This population has been selected in line with the recommendations in [clinical guideline 185](#).

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.

