Indicators for the NICE menu for the QOF

**Indicator area:** Depression and anxiety

**Indicator:** NM123

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The percentage of patients with a new diagnosis of depression and/or anxiety disorder in the preceding 1 April to 31 March, whose notes record an offer of referral for psychological treatment within three months of the date of diagnosis.

**Introduction**

NICE guidelines provide advice on treatments and care for people with a common mental health problem. This indicator aims to ensure that GP teams know how to access different types of talking therapies locally and help people with depression and anxiety decide on treatment options that are suitable for them.

**Rationale**

This indicator aims to ensure that people with a new diagnosis of either depression or anxiety disorder are offered referral for psychological treatments.

The NICE guideline on **common mental health disorders** makes recommendations about the care and treatment for people living with a common mental health problem. Psychological treatments that may be offered include, but are not limited to: counselling, psychotherapy and cognitive behavioural therapy. GPs and their teams should know how to access these therapies in their local area and how to help people decide what may or may not be helpful for their individual needs.

The NICE guideline on **depression in adults** states that the treatment offered should depend on the severity of the disorder. There should be a range of
treatments, including medication, available for people with depression or anxiety:

- For **people with mild depression**, medication is generally not recommended and a combination of self-help and counselling may be most appropriate.

- For **people with moderately severe depression**, either medication, counselling or cognitive behavioural therapy is appropriate.

Statement 2 of the NICE quality standard on anxiety disorders indicates that people with anxiety disorders should be offered evidence-based psychological interventions.

**Source guidance and recommendations**

- Depressin in adults (2009) NICE guideline CG90:
  
  - Recommendation 1.4.2.1: For people with persistent subthreshold depressive symptoms or mild to moderate depression, consider offering one or more of the following interventions, guided by the person’s preference:
    
    - individual guided self-help based on the principles of cognitive behavioural therapy (CBT)
    
    - computerised cognitive behavioural therapy (CCBT)
    
    - a structured group physical activity programme.

  - Recommendation 1.4.2.2: Individual guided self-help programmes based on the principles of CBT (and including behavioural activation and problem-solving techniques) for people with persistent subthreshold depressive symptoms or mild to moderate depression should:
    
    - include the provision of written materials of an appropriate reading age (or alternative media to support access)
• be supported by a trained practitioner, who typically facilitates the selfhelp programme and reviews progress and outcome

• consists of up to six to eight sessions (face-to-face and via telephone) normally taking place over 9 to 12 weeks, including follow-up.

• Common health disorders (2011) NICE guideline CG123:
  - Recommendation 1.4.1.4 When offering treatment for a common mental health disorder or making a referral, follow the stepped-care approach, usually offering or referring for the least intrusive, most effective intervention first.

• Obsessive-compulsive disorder (2005) NICE guideline CG31:
  - Recommendation 1.5.1.8 For children and young people with OCD with mild functional impairment, guided self-help may be considered in conjunction with support and information for the family or carers.

• Post-traumatic stress disorder (2005) NICE guideline CG26:
  - Recommendation 1.9.5.1 Trauma-focused cognitive behavioural therapy should be offered to older children with severe post-traumatic symptoms or with severe PTSD in the first month after the traumatic event.
  - Recommendation 1.9.5.2 Children and young people with PTSD, including those who have been sexually abused, should be offered a course of trauma-focused cognitive behavioural therapy adapted appropriately to suit their age, circumstances and level of development.

• Social anxiety disorder (2013) NICE guideline CG159:
  - Recommendation 1.3.2 Offer adults with social anxiety disorder individual cognitive behavioural therapy (CBT) that has been
specifically developed to treat social anxiety disorder (based on the Clark and Wells model or the Heimberg model)

**Reporting and verification**

See indicator wording for requirement criteria. All patients should be offered a referral for psychological therapy unless clinically inappropriate. These patients may be reported as ‘exceptions’. Where local commissioning arrangements allow patients to self-refer to these services then this should be recorded using the appropriate Read codes and these patients will be included in the numerator for this indicator. When an offer is made but the referral is declined by the patient then these patients will also be included in the numerator for this indicator.

When a patient is recorded as having a new diagnosis of both depression and anxiety then the offer of referral will be evaluated against the earliest of these diagnoses.

**Further information**

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

http://www.nice.org.uk/standards-and-indicators/gofindicators