

Surveillance proposal consultation document

2018 surveillance of [Common mental health problems: identification and pathways to care](#) (NICE guideline CG123)

Proposed surveillance decision

We propose to not update the NICE guideline on Common mental health problems: identification and pathways to care.

During surveillance editorial or factual corrections were identified, which will be addressed through editorial amendments.

Reasons for the proposal to not update the guideline

No new evidence was identified which suggested NICE guideline CG123 should be updated. No ongoing studies were identified, so it is unlikely that new evidence will be available in the near future.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [Common mental health problems: identification and pathways to care](#) (NICE guideline CG123) remain up to date. The surveillance process for NICE guideline CG123 followed the static list review process. It consisted of:

- A search for new or updated Cochrane reviews
- Consideration of evidence from previous surveillance
- A search for ongoing research
- Examining related NICE guidance and quality standards and NIHR signals
- Feedback from topic experts via a questionnaire
- Consultation on the decision with stakeholders (this document).

After consultation on the decision we will consider the comments received and make any necessary changes to the decision. We will then publish the final surveillance report containing the decision, the summary of the evidence used to reach the decision, and responses to comments received in consultation.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Cochrane reviews

We searched for new Cochrane reviews related to the whole guideline. We found 3 relevant Cochrane reviews published between October 2012 and May 2018. However, none were considered to impact NICE guideline CG123 recommendations.

One review [1] considered a consultation liaison model of care, however, there is currently insufficient evidence comparing this to the standard stepped care model. Also, an [NIHR signal](#) indicated that this may not be the most effective model of support and that cost-effectiveness was not examined. A second review [2] supported the recommendations on the use of a stepped care model for depression. The third review [3] evaluated the use of patient reported outcome measures (PROMs). NICE guideline CG123 currently recommends the use of PROMs for the identification and assessment of symptoms. Although the review found insufficient evidence to support the use of PROMs, a high risk of bias created uncertainty in the results.

Previous surveillance

The 2013 Evidence Update for NICE guideline CG123 identified 9 studies on community-based rapid care interventions [4], validation of a Malaysian translation of GAD-7 [5], case-finding in postnatal depression [6], identifying common mental health disorders in people with learning disabilities [7-8], identifying distress and mild depression in primary care [9], validation of the Geriatric Depression Scale [10], PHQ-9 cut-off scores [11], and telephone counselling in people with acquired physical disabilities [12]. However, these studies were deemed to have no potential impact on the guideline at the time of the Evidence Update and we found no new evidence in these areas to suggest an update.

Ongoing research

A search for ongoing research did not find any relevant studies within the scope of NICE guideline CG123.

Related NICE guidance

NICE guideline CG123 was developed to be a high level, principle based guideline. It brings together advice from existing guidelines and combines it with recommendations concerning access, assessment and local care pathways for common mental health disorders. Whilst some evidence was identified for these source guidelines concerning the management of common mental health disorders, this is not in the scope of NICE guideline CG123. Since the publication of NICE guideline CG123 in May 2011, there have been related NICE guidelines published or updated which should be considered for cross-referencing to, these are detailed in the editorial amendments section.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to NICE guideline CG123.

There were 6 responses (out of 11 questionnaires sent) from topic experts of which 3 suggested an update and 3 suggested no update. Comments with the potential to change recommendations stated that NICE guideline CG123 should consider source guidelines as some of these are being updated and that the guideline should include social anxiety disorder recommendations. These changes will be actioned through editorial amendments.

A topic expert also commented that NICE guideline CG123 includes self-help groups as a treatment option for GAD and OCD when the individual guidelines for these conditions do not. However, NICE guideline CG31 on OCD includes recommendation 1.1.3.3 which states that healthcare professionals should encourage people with OCD to participate in local self-help and support groups where appropriate. Also, NICE guideline CG113 on GAD and panic disorder includes recommendations 1.3.7 and 1.4.6 which recommend offering self-help groups.

Topic experts identified 3 published studies. Two of the studies are relevant to source guidelines on depression and anxiety and are not in the scope of this guideline. The third study is not an RCT or systematic review of the evidence on service provision as used in the review protocol for NICE guideline CG123.

Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance decision is to not update the guideline, we are consulting on the decision.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified editorial or factual corrections which should be actioned:

- The stepped care model in section 1.2 of NICE guideline CG123 does not currently specify treatments for social anxiety disorder. Step 3 of the model

should include social anxiety disorder with recommended interventions taken from NICE guideline CG159.

- Recommendations specific to step 3 treatments for social anxiety disorder should be taken from NICE guideline CG159 and added into section 1.4.3 of NICE guideline CG123.

The following cross-referrals should be added:

- [Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#) (NICE guideline CG136) should be added to recommendations 1.1.1.3 and 1.1.1.4
- [Domestic violence and abuse: multi-agency working](#) (NICE guideline PH50) should be added to recommendation 1.3.2.6
- [Mental health problems in people with learning disabilities: prevention, assessment and management](#) (NICE guideline NG54) should be added to recommendations 1.3.1.3, 1.3.2.7, 1.4.1.7 and 1.4.1.8

The following amendments should be made:

- Footnote 4 in recommendations 1.3.1.3 and 1.3.2.7 should be removed as they will be replaced by a new footnote for NICE guideline NG54.
- Footnote 9 in recommendation 1.4.1.7 should be removed as it will be replaced by a new footnote for NICE guideline NG54.
- The footnote link at the end of recommendation 1.4.3.10 should be repaired.
- The link to the IAPT data handbook in footnote 6 should be repaired.
- Recommendation 1.4.2.4 should be amended to include the bullet point that self-help should be based on CBT principles.
- Recommendation 1.3.2.11 and footnotes 7 and 11 should be amended to update the guideline number from CG45 to CG192 in the cross-referrals.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided not to update at this time.

References

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4. Afuwape SA, Craig TKJ, Harris T et al. (2010) **The Cares of Life Project (CoLP): An exploratory randomised controlled trial of a community-based intervention for black people with common mental disorder.** Journal of Affective Disorders 127: 370–4
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