APPENDIX 5: REVIEW PROTOCOLS

Access to healthcare

Clinical review protocol for the review of models of service delivery

Component	Description
Review question	In adults (18 years and older) at risk of depression or anxiety disorders* (in particular BME groups and older people), what factors prevent people accessing mental healthcare services?
Objectives	To perform a narrative synthesis of the evidence that assesses and identifies potential factors affecting access to mental healthcare services.
Subquestions	• What factors, or attributes of the individual who requires mental healthcare, can inhibit access to services? • What practitioner-level factors or attributes can inhibit an individual from accessing healthcare? • Do systems and processes utilised in mental healthcare services inhibit access to healthcare? • What practical or resource-based factors inhibit access to mental healthcare services?
Population	Adults (18 years and older) identified as at risk of depression or anxiety disorders.*
Intervention(s)	Not applicable
Comparison	Not applicable
Critical outcomes	Identified factors affecting access
Electronic databases	Systematic reviews: CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO RCTs: CENTRAL
Date searched	Systematic reviews: 1 January 1995 to 10 September 2010 RCTs: 1 January 2004 to 10 September 2010
Study design	Systematic review and RCT
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias, and PTSD.	

Clinical review protocol for the review of models of service delivery

Component	Description
Review question	In adults (18 years and older) at risk of depression or anxiety disorders* (in particular older people and people from ethnic minorities), do changes to specific models of service delivery (that is, community based outreach clinics, clinics or services in non-health settings), increase the proportion of people from the target group who access treatment, when compared with standard care?
Objectives	To perform a narrative synthesis of the evidence, which assesses the effectiveness of adapting or changing existing models, methods, services and interventions, with the aim of improving access to healthcare.
Subquestions	Do adaptations to existing services improve access to mental healthcare for all individuals? Do adaptations improve access to mental healthcare for vulnerable groups (for example, older people, BME groups)?
Population	Adults (18 years and older) identified as at risk of depression or anxiety disorders*(in particular, older people and people from BME groups
Intervention(s)	• Service developments or changes which are specifically designed to promote access. • Specific models of service delivery (that is, community-based outreach clinics, clinics or services in non-health settings). • Methods designed to remove barriers to access (including stigma (both cultural and self and stigmatisation), misinformation or cultural beliefs about the nature of mental disorder).
Comparison	• Standard care
Critical outcomes	• Proportion of people from the target group who access treatment • Uptake of treatment
Secondary outcomes	• Satisfaction, preference • Anxiety about treatment
Electronic databases	Systematic reviews: CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO RCTs: CENTRAL
Date searched	Systematic reviews: 1 January 1995 to 10 September 2010 RCTs: 1 January 2004 to 10 September 2010
Study design	Systematic review and RCT
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias and PTSD.	

Clinical review protocol for the review of service developments

Component	Description
Review question	In adults (18 years and older) at risk of depression or anxiety disorders* (in particular, older people and people from ethnic minorities), do service developments which are specifically designed to promote access, increase the proportion of people from the target group who access treatment, when compared with standard care?
Objectives	To perform a narrative synthesis of the evidence which assesses the effectiveness of service developments which are specifically designed to promote access.
Subquestions	- Do new service developments targeted at changing the behaviour of the individual or the practitioner improve access to healthcare services? - Do service developments targeted at the healthcare system improve access to healthcare services? - Do specific treatments or interventions developed for vulnerable groups improve access to healthcare services?
Population	Adults (18 years and older) identified as at risk of depression or anxiety disorders* (in particular, older people and people from ethnic minorities)
Intervention(s)	- Service developments which are specifically designed to promote access - Specific models of service delivery (that is, community based outreach clinics, clinics or services in non-healthcare settings)
Comparison	Standard care
Critical outcomes	- Proportion of people from the target group who access treatment - Uptake of treatment
Secondary outcomes	- Satisfaction, preference - Anxiety about treatment - Individual/Practitioner Communication
Electronic databases	Systematic reviews: CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO RCTs: CENTRAL
Date searched	Systematic reviews: 1 January 1995 to 10 September 2010 RCTs: 01 January 2004 to 10 September 2010
Study design	Systematic review and RCT
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias and PTSD.	

Case identification

Clinical review protocol for the review of case identification tools

Component	Description
Review question(s)	1. In adults (18 years and older) with a suspected anxiety disorder at first point of contact, what ultra-brief identification tools (1 to 3 items) when compared with a gold standard diagnosis (based on DSM or ICD criteria) improve identification (that is, sensitivity, specificity, positive likelihood ratio, negative likelihood ratio, diagnostic OR) of people with an anxiety disorder? 2. In adults (18 years and older) with a suspected anxiety disorder at first point of contact, what longer identification tools (4to 12 items) when compared with agold standard diagnosis (based on DSM or ICD criteria) improve identification (that is, sensitivity, specificity, positive likelihood ratio, negative likelihood ratio, diagnostic OR) of people with an anxiety disorder?
Objectives	To determine whether there are any case identification instruments that could be recommended for use in primary care.
Population	Adults (18 years and older)
Intervention(s)	Case identification instruments (≤12 items)
Comparison	DSM or ICD diagnosis of anxiety or GAD
Critical outcomes	Sensitivity, specificity, positive predictive value, negative predictive value, AUC
Electronic databases	EMBASE, MEDLINE, CINAHL, PsycINFO
Date searched	Inception to 10 September 2010
Study design	Cross-sectional

Clinical review protocol for the review of assessment tools and methods for the delivery of assessments

Component	Description
Review question	In adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*, what is the clinical utility of more formal assessments of the nature and severity of common mental health disorder (including problem specification or diagnosis) when compared with another management strategy?
Objectives	To perform a narrative synthesis of NICE guidelines and systematic reviews.
Population	Adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*
Intervention(s)	Formal assessments of the nature and severity of common mental health disorder (including problem specification or diagnosis)
Comparison	Another management strategy
Critical outcomes	Clinical utility
Electronic databases	Systematic reviews: CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO RCTs: CENTRAL
Date searched	Systematic reviews: 1 January 1995 to 10 September 2010 RCTs: 1 January 2008 to 10 September 2010
Study design	Systematic reviews and RCTs
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias and PTSD.	

Assessment

Clinical review protocol for the review of risk assessment

Component	Description
Review question	In adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*, what is the definition, delivery and value (or otherwise) of risk assessment?
Objectives	To perform a narrative synthesis of existing NICE guidelines and systematic reviews addressing risk assessment for people with common mental health disorder.
Population	Adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*
Intervention(s)	Risk assessment
Comparison	Standard management strategy
Critical outcomes	Clinical utility
Electronic databases	Systematic reviews: CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO RCTs: CENTRAL
Date searched	Systematic reviews: 1 January 1995 to 10 September 2010 RCTs: 1 January 2008 to 10 September 2010
Study design	Systematic review and RCTs
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias and PTSD.	

Clinical review protocol for the review of predictors of response

Component	Description
Review question	In adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*, what factors predict treatment response and/or treatment failure?
Objectives	To perform a narrative synthesis of existing NICE guidelines and published systematic reviews addressing treatment response factors for people with common mental health disorder.
Population	Adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*
Intervention(s)	Not applicable
Comparison	Not applicable
Critical outcomes	Association between predictor and treatment response/ failure
Electronic databases	Systematic reviews: CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO
Date searched	1 January 2003 to 10 January 2011
Study design	NICE guidelines, systematic reviews
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias, and PTSD.	

Clinical review protocol for the review of routine outcome monitoring

Component	Description
Review question	In adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*, should ROM be used, and if so, what systems are effective for the delivery of ROM and use within clinical decision making?
Objectives	To perform a narrative synthesis of systematic reviews addressing the use of ROM for people with common mental health disorder.
Population	Adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*
Intervention(s)	ROM, systems for the delivery of ROM
Comparison	Standard management strategy
Critical outcomes	common mental health disorder symptoms, duration of treatment
Electronic databases	Systematic reviews CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO RCTs: CENTRAL
Date searched	Systematic reviews: 1 January 1995 to 10 September 2010 RCTs: 1 January 1995 to 10 September 2010
Study design	Systematic review and RCTs
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias, and PTSD.	

Systems for organising and developing local care pathways

Clinical review protocol for the review of routine outcome monitoring

Component	Description
Review question	In adults (18 years and older) with depression (including subthreshold disorders) or an anxiety disorder*, what are the specific components of a good care pathway?
Objectives	To conduct a narrative synthesis of existing systematic reviews to establish the specific components of a good care pathway.
Population	Adults (18 years and older) identified with depression (including subthreshold disorders) or an anxiety disorder*
Intervention(s)	Not applicable
Comparison	Not applicable
Critical outcomes	Not applicable
Electronic databases	CDSR, CINAHL, DARE, EMBASE, MEDLINE, PsycINFO
Date searched	1 January 1995 to 10 September 2010
Study design	Systematic review
* Including GAD, panic disorder, social anxiety disorder, OCD, specific phobias, and PTSD.	

Appendix 5