NICE National Institute for Health and Care Excellence

Appendix A: Stakeholder consultation comments table

2018 surveillance of Common mental health problems: identification and pathways to care (2011)

Consultation dates: Monday 16 July to Friday 27 July 2018

Do you agree with the proposal not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Anxiety UK	Yes	However this is subject to the stated editorial amendments being actioned, particularly with reference to social anxiety and the inclusion of self-help groups as part of the treatment pathway.	Thank you for your comments. We will action the proposed editorial amendments as part of the surveillance review process. All changes are detailed in full in the surveillance report.
British Association of Psychopharmacology	Yes	Overall the guideline remains sound. We do however note that given that the emergence of common mental disorders occurs frequently across the adolescent period the cut-off age of 18 seems somewhat arbitrary. In addition we note the need to ensure that this guideline remains in step with other related NICE guidelines.	Thank you for your comments. Whilst it is recognised that children and young people also experience common mental health disorders, the scope for NICE guideline CG123 only covers care for people aged 18 and over. There are published NICE guidelines to cover children and young people including NICE guideline CG28 for depression. NICE has also published guidelines to support interventions for social and emotional wellbeing in primary (NICE guideline PH12) and secondary (NICE guideline PH20) education.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

			With regards for the need to ensure that NICE guideline CG123 remains in step with other related NICE guidelines, the surveillance review editorial amendment proposals will address this. Future surveillance reviews will maintain the links between related guidelines and determine the need to incorporate any changes from source guidelines.
Public Health England	No	Public Health England (PHE) does not agree with the proposal for the reasons provided below.	Thank you for your comments. We have responded to the individual reasons for the PHE disagreements in the relevant sections below.
Royal College of Nursing	Yes	We have reviewed the evidence provided which credibly justifies the decision not to update this guideline.	Thank you for your comments.
Department of Health and Social Care	Not stated	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your comments.
False Allegations Support Organisation (FASO)	Not stated	With reference to this consultation. As we deal with prisoners (in particular those maintaining innocence) and we are being told of their lack of access to health care, and having many of the prisoners with mental health issues. Has your new guidelines addressed this issue to ensure that prisoners in England, Wales, Scotland and Northern Ireland get the mental health treatment that the NHS demands be given to all.	Thank you for your comments. The scope of NICE guideline CG123 notes that although it does not provide specific recommendations for prison medical services it will be relevant to their work. NICE has also published NICE guideline NG66 to cover the mental health of adults in contact with the criminal justice system. The NICE Pathway on common mental health disorders advises that local care pathways should be developed that promote access to services for people from a range of socially excluded groups including those in prison or in contact with the criminal justice system.

		We also have an input to the House of Commons Health and Social Care Committee Inquiry into Prison Health Care - in a late submission, not yet published. See other submissions at https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/prison-healthcare-inquiry-17-19/publications/ in particular Dr Denis Eady, whose input I support and have knowledge of. Main web for all inputs - https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/prison-healthcare-inquiry-17-19/publications/ FASO specific input http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/prison-health/written/86675.html	The submissions to the prison healthcare inquiry you have provided are more relevant to NICE guideline NG66. We will add details of this prison healthcare inquiry to the issues log for NG66 so it can be considered in the surveillance review of that guideline.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Anxiety UK	No response provided	We feel that health anxiety should be covered by the scope of this guideline as it is a common mental health disorder and a condition that Anxiety UK receives many enquiries about every year.	Thank you for your comments. NICE guideline CG123 was developed to be a high level, principle based guideline bringing together advice from existing guidelines. Whilst the stakeholder comment suggests that health anxiety is a common mental health disorder, there are currently no

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

			recommendations specific to the disorder within the source guidelines. As such, NICE guideline CG123 does not include health anxiety disorder specific advice within its recommendations.
British Association of Psychopharmacology	No	No comments provided.	Thank you for your response.
Public Health England	Yes	**Alcohol misuse** The guidance for alcohol misuse is inadequate in light of the strong correlation between hazardous and harmful alcohol misuse and common mental illness and suicide. The guidance recommends referral to specialist alcohol treatment for patients who "drink at harmful levels or are dependent". However, there is a link between non-dependent alcohol misuse and depression and anxiety, self-harm and suicide. Specialist alcohol treatment is not appropriate for non-dependent drinkers, but there is strong evidence for the effectiveness of alcohol screening and brief interventions (SBI), delivered opportunistically by non-alcohol specialists, in reducing consumption and resulting physical and mental health harm in non-dependent alcohol misusers (See NICE PH24). The most recent Cochrane review "Effectiveness of brief alcohol interventions in primary care populations" was published in February 2018. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review (PHE, 2016) highlights the following:	Thank you for your comments. The scope of NICE guideline CG123 does not include people for whom alcohol misuse is the primary problem. NICE guideline CG115 would cover the diagnosis and management of this group. Recommendation 1.4.1.6 in CG123 is adapted from CG115 and advises on a referral for treatment of harmful drinking or alcohol dependence before treating the common mental health disorder. Harmful drinking and alcohol dependence are terms defined in the glossary of NICE guideline CG123 as well as within the alcohol guidelines. Those who do not fall into the categories of harmful or dependent drinking would be treated for their common mental health disorder following the recommendations in NICE guideline CG123. However, NICE guideline CG123 does not currently provide advice on screening for alcohol misuse. Footnote 8 will be amended to include the addition of 'See also recommendation 9 in NICE guideline PH24 for advice on alcohol screening'. The NICE guidelines on alcohol misuse are currently under surveillance review and we will consider your comments during the review process for those guidelines. The Cochrane review and Buckman et al. (2018) study referenced in your comment are more relevant to NICE guideline PH24 which covers screening and brief interventions for alcohol use disorders. NICE has previously been made aware of the Cochrane review and

		- In England in 2014/15, there were 203,700 hospital admissions for mental and behavioural disorders due to alcohol use, accounting for almost 19% of all alcohol-related hospital admissions - The current research suggests a causal link between alcohol use disorder (AUD, i.e. hazardous harmful or dependent alcohol misuse) and depression, meaning that increasing alcohol use increases the risk of depression. The presence of either AUD or depression doubles the risk of the second disorder, with pooled Odds Ratio around 2.0. The most plausible association between AUD and depression is one in which AUD increases the risk of depression, rather than vice versa. - An individual may die by suicide following a single bout of heavy drinking or as a result of suicidal ideation attributable to chronic heavy drinking. In England in 2014/15, there were 5,800 hospital admissions for intentional self-harm and a further 170 admissions for events of undetermined intent. Among men aged 25 to 34 years, intentional self-harm was the leading cause of alcohol-related death and in women of this age it was the second. - A meta-analysis of 31 observational studies has shown a significant association between AUD and suicidal ideation (OR=1.9, 1.4, 2.4), attempted suicide (OR=3.1, 2.5, 3.8) and completed suicide (OR=2.6, 2.0, 3.2), (RR=1.7, 1.3, 2.2). Similar findings have been observed in a review of the relationship between addiction and suicide which reported that between 10% and 69% of completed suicides tested positive for alcohol use	we have scheduled an exceptional review to consider the potential impact of this evidence on NICE's alcohol guidelines. The Public Health England (2016) publication The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review has summarised information from the relevant NICE guidelines on interventions for people with alcohol use disorders. Other information within the PHE publication is relevant to NICE's alcohol guidelines and will be considered during their review. With regards to drug use, the scope of NICE guideline CG123 does not include people for whom drug misuse is the primary problem. NICE guideline CG51 already covers the identification, assessment and management of this group. Section 1.4.6 in CG51 advises on the use of psychological treatments for the treatment of comorbid depression and anxiety disorders in line with existing NICE guidance. The Weaver et al. (2003) study and the PHE Better care for people with co-occurring mental health and alcohol/drug use conditions publication are more relevant to NICE guideline CG51 and will be considered during its next review. With regards to smoking cessation interventions, NICE has produced a suite of guidelines on interventions, education and service provision in this area. The systematic review and meta-analysis, PHE Smoking cessation in secure mental health settings, and the Government's Tobacco control plan for England are more relevant to NICE guideline NG92 on stop smoking interventions and services. NICE guideline CG123 is not limited to providing advice strictly for IAPT services and it is expected that these services will have their own practice and service provision guides to be used in conjunction

		and 10% to 73% of attempted suicides tested positive for alcohol use. Because non-dependent and dependent alcohol misuse can exacerbate common mental health problems and simple SBI can be delivered by the mental health practitioner to effectively address hazardous and harmful drinking, the absence of SBI as a treatment element in this guideline is a significant omission. We suggest that the guidance should take into account the evidence for SBI and recommend alcohol screening for all patients with common mental illness, with brief advice provided for all patients who screen positive for non-dependent alcohol misuse. As there is other NICE guidance that deals with the evidence for and clinical delivery of alcohol SBI, it may be possible to include this intervention for non-dependent alcohol misusers, delivered by the mental health professional as a small addition to section 1.4 with a link to the detailed guidance in PH24. Alcohol misuse is sometimes used as an exclusion criterion for people trying to access help for their common mental illness (CMI). Buckman et al. (2018) concluded that "Alcohol misuse on its own should not be used as an exclusion criterion from IAPT services" and that "IAPT services may be well placed to offer psychological therapies to patients with common mental disorders and comorbid AUD." **Drug use** Drug use (misuse of or dependence on illicit drugs, prescription or over the counter medications) commonly occur with CMI. Weaver et al. (2003) concluded that 75%	with relevant NICE guidelines. These service guides would include details of commissioning services based on local needs and available resources. As the majority of the populations described in your comments are beyond the scope of this guideline, we did not search for or include any evidence relevant to their care. The surveillance review of NICE guideline CG123 did not search for or identify any evidence of alcohol or drug use being used as exclusion criteria from services. However, the NICE Pathway on common mental health disorders advises that access to services should focus on entry and not exclusion criteria.

		of people in contact with drug services had a psychiatric disorder in the last year. Drug use is often an exclusion criterion for people trying to access help for their CMI (Better care for people with co-occurring mental health and alcohol/drug use conditions, PHE). The absence of any reference to drug use is an omission. This omission has the potential to reinforce poor practices and continue to exclude a significant population from access to evidence based mental health interventions. Opportunities for the delivery of brief interventions on drug use will also be missed. Relevant guidelines include: - The IAPT positive practice guide for people who use drugs and alcohol recommend that people should be offered an assessment for their CMI even if substance use features in the presentation. - NICE CG51 recommends the delivery of a brief intervention to people using drugs (not in drug treatment) in mental health and general health care settings. This should focus on motivation to change drug using behaviour. - CG51 also states that evidence based interventions for depression and anxiety recommended by NICE should be offered to people who misuse drugs. **Smoking** There is no reference to smoking cessation interventions in this population. Smoking cessation is associated with improved physical and mental health and a systematic review and meta-analysis found:	

		'Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. The effect size seems as large for those with psychiatric disorders as those without. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.' This important finding should prompt consideration on the impact of smoking cessation as a treatment for mental health problems (in addition to preventing physical health problems), particularly when smoking rates are higher than the general population (Smoking cessation in secure mental health settings, PHE). We would therefore recommend the inclusion of evidence based smoking cessation interventions along with treatment pathway recommendations as part of a core and standard treatment offer for depression in mental health services. This is supported by Government's Tobacco control plan for England which states: *'Primary care and community care providers are fundamental in delivering an integrated tobacco dependence treatment pathway. This includes the systematic identification of smokers, provision of advice and access to effective support to quit or reduce harm. Shared ownership and responsibility in the local health and social care system is essential to ensure the continuity of care between primary, community and inpatient settings.'*	
Royal College of Nursing	No	Nothing further to add at this stage.	Thank you for your comments.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Department of Health and Social Care	Not answered	No comments provided.	Thank you.
False Allegations Support Organisation (FASO)	Not answered	No comments provided.	Thank you.

Do you have any comments on equalities issues?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Anxiety UK	No response provided	Guidelines should take into account and provide for, those common mental health conditions where a symptom of which can result in face to face interactions and/or travel being problematic (e.g.) social anxiety disorder and/or agoraphobia	Thank you for your comments. NICE guideline CG123 includes recommendations 1.1.1.7 and 1.1.1.9 which advises on providing services in a variety of settings and modes of delivery to improve access to services.
British Association of Psychopharmacology	No	No comments provided	Thank you for your response.
Public Health England	Yes	Around a quarter of alcohol-related mental and behavioural disorders occur in the lowest socio-economic decile (Local Alcohol Profiles for England, PHE). People with severe and prolonged mental illness mental health problems die on average 15-20 years earlier than the general population. High smoking rates in people with mental illness are a significant contributor to this widened inequality (Five Year Forward View for Mental Health). When surveyed, a high proportion of people with mental	Thank you for your comments. As detailed in the section above in reply to your previous comments, NICE has published separate guidance on the assessment and management of alcohol, drug and smoking in relation to the impact on mental health. These are not areas covered in NICE guideline CG123 and we did not search or find evidence to impact recommendations.

		health problems want to quit smoking but report that they are not being routinely asked about effective support options available. Ensuring effective tobacco dependence treatment pathways are embedded in mental health services will significantly contribute towards closing the inequality gap. (The Stolen Years, The Mental Health and Smoking Action Report).	
Royal College of Nursing	No	No comments provided.	Thank you for your response.
Department of Health and Social Care	Not answered	No comments provided.	Thank you.
False Allegations Support Organisation (FASO)	Not answered	No comments provided.	Thank you.