NICE National Institute for Health and Care Excellence

2018 surveillance of common mental health problems: identification and pathways to care (NICE guideline CG123)

Surveillance report

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Contents

Surveillance decision

We will not update the guideline on common mental health problems.

Reasons for the decision

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. Although 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 of this report.

From the evidence considered in this surveillance, a Cochrane review (Gillies et al. 2015) indicated that a consultation liaison model of care may improve the delivery of mental healthcare in primary care. However, there is currently insufficient evidence comparing consultation liaison to the standard stepped care model as recommended in section 1.2 of the guideline. Also, a National Institute for Health Research (NIHR) signal indicated that consultation liaison may not be the most effective model of support and that cost effectiveness was not examined; although another Cochrane review (Smith et al. 2017) supported the use of a stepped care model for depression. It was therefore considered that given this mixed evidence, there is currently insufficient evidence to change recommendations away from the stepped care model for the delivery of care for common mental health problems.

A Cochrane review (Kendrick et al. 2016) evaluated the effects of using patient-reported outcome measures (PROMs) for the management of common mental health disorders. The use of such measures are recommended in 1.3.2.3, 1.3.2.5 and 1.5.1.10 of the guideline. Although the study found evidence which does not support the use of PROMs, a high risk of bias created uncertainty in the results. This study is unlikely to change recommendations in NICE guideline CG123 on the use of outcome measures as part of assessment and treatment of common mental health problems.

The new evidence is unlikely to affect recommendations in NICE guideline CG123. 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 2018 surveillance followed the static list review process, consisting of:

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

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

Search and selection strategy

The 2013 evidence update for NICE guideline CG123 identified 9 studies that were considered to have no impact on recommendations. This surveillance review found no new evidence in these areas to suggest an update.

Using the static list process, 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.

We also identified 1 NIHR signal on a relevant study.

From all sources, we considered 13 studies to be relevant to the guideline.

Ongoing research

We checked for relevant ongoing research and did not find any studies within the scope of NICE guideline CG123.

Intelligence gathered during surveillance

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 received 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 generalised anxiety disorder (GAD) and obsessive-compulsive disorder (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.

Implementation of the guideline

Two topic experts indicated that uptake and implementation of the guideline recommendations is low. The suggestion was that the stepped care model was not being followed in most cases in services as instead they used a stratified care model. However, the surveillance review did not find any evidence on the use of a stratified care model for common mental health problems. Uptake data is available on the NICE guideline CG123 webpage for recommendation 1.4.1.10 only. The recommendation advises on how to meet the social, educational or vocational needs of people with common mental health problems. The annual data states that 23–27% of people surveyed indicated that they had received information or advice on support groups or employment services. The source of the uptake data was the Care Quality Commission, community mental health survey and the reason(s) for the low response rates are not known.

Views of stakeholders

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

Overall, 6 stakeholders commented; of these, 1 represented a charity organisation, 2 were government organisations, 2 were professional bodies, and 1 response was received from a voluntary organisation.

Three stakeholders agreed with the decision to not update the guideline, 1 disagreed and 2 did not state a response.

One stakeholder suggested updating the guideline to include recommendations on screening and treatment for people with a common mental health problem who also misuse alcohol, drugs or tobacco. This is not likely to impact recommendations as the scope of NICE guideline CG123 does not include people for whom alcohol or drug misuse is the primary problem. Also, there are other published NICE guidelines covering screening, interventions and service provision for people who use alcohol, drugs or tobacco. There is currently 1 recommendation in NICE guideline CG123 that advises on a referral for treatment of harmful drinking or alcohol dependence before treating the common mental health disorder. We propose to amend the footnote to this recommendation to include a cross-referral to NICE guideline PH24 for advice on alcohol screening.

One stakeholder suggested the need for recommendations on health anxiety to be included in NICE guideline CG123. However, the guideline was developed to bring together advice from other existing guidelines. As there are currently no recommendations specific to health anxiety within the source guidelines, this disorder is unlikely to be included within NICE guideline CG123.

One stakeholder commented that prisoners have a lack of access to mental healthcare. Although the scope of NICE guideline CG123 does not include recommendations specific to prison medical services, the guideline will be relevant to their work. 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. NICE guideline NG66 also covers the mental health of adults in contact with the criminal justice system.

One stakeholder commented that symptoms of some common mental health problems make it difficult for people to attend appointments. NICE guideline CG123 already 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.

One stakeholder commented that the age cut-off of 18 in NICE guideline CG123 is arbitrary as adolescents can also experience common mental health problems. This is not likely to impact recommendations as the scope of the guideline only covers adults aged 18 and over. Also, there are other published NICE guidelines on the assessment and treatment of mental health problems in children and young people.

Other general comments from stakeholders supported the review proposal subject to the editorial amendments being actioned and for the guideline to remain in line with related NICE guidelines.

See appendix A for full details of stakeholders' comments and our responses.

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 the following points in the guideline that should be amended.

- 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.
- Alcohol-use disorders: prevention (NICE guideline PH24) should be added to footnote 8 for recommendation 1.4.1.6.

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 Improving Access to Psychological Therapies (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 cognitive behavioural therapy (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 that no update is necessary.

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