NICE National Institute for Health and Care Excellence

NICE quality standard

Anxiety disorders

Quality standard

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Contents

This standard is based on CG31, CG113, CG123, CG159 and NG116.

This standard should be read in conjunction with QS48, QS50, QS8, QS14, QS15, QS71, QS73, QS88, QS108, QS102, QS99, QS95, QS80, QS9, QS115, QS175 and QS200.

Quality statements

Statement 1 People with a suspected anxiety disorder receive an assessment that identifies whether they have a specific anxiety disorder, the severity of symptoms and associated functional impairment.

Statement 2 People with an anxiety disorder are offered evidence-based psychological interventions.

Statement 3 People with an anxiety disorder are not prescribed benzodiazepines or antipsychotics unless specifically indicated.

Statement 4 People receiving treatment for an anxiety disorder have their response to treatment recorded at each treatment session.

Quality statement 1: Assessment of suspected anxiety disorders

Quality statement

People with a suspected anxiety disorder receive an assessment that identifies whether they have a specific anxiety disorder, the severity of symptoms and associated functional impairment.

Rationale

Accurate diagnosis of a person's specific anxiety disorder can help them understand their condition and ensure that they are offered the most appropriate treatment at the earliest opportunity.

Quality measures

Structure

a) Evidence of local arrangements for people with a suspected anxiety disorder to receive an assessment that identifies whether they have a specific anxiety disorder, the severity of symptoms and associated functional impairment.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that healthcare professionals receive training to perform assessments of anxiety disorders.

Data source: Local data collection.

Process

Proportion of people with a suspected anxiety disorder who receive an assessment that

identifies whether they have a specific anxiety disorder, the severity of symptoms and associated functional impairment.

Numerator – the number of people in the denominator who receive an assessment that identifies whether they have a specific anxiety disorder, the severity of symptoms and associated functional impairment.

Denominator – the number of people with a suspected anxiety disorder.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure they provide services for people who have a suspected anxiety disorder to diagnose specific anxiety disorders, and that the assessment services are delivered by fully trained healthcare professionals.

Healthcare professionals carry out an assessment for people who have a suspected anxiety disorder to diagnose specific anxiety disorders, or refer to a practitioner who is trained to carry out such an assessment.

Commissioners ensure that they commission services that carry out assessments for people with a suspected anxiety disorder to diagnose specific anxiety disorders.

Peoplewho may have an anxiety disorder are offered an assessment to find out whether they do have an anxiety disorder, what type of disorder it is and the effect it may have on their everyday life.

Source guidance

- Common mental health problems: identification and pathways to care. NICE guideline CG123 (2011), recommendations 1.3.2.4 and 1.3.2.6
- Social anxiety disorder: recognition, assessment and treatment. NICE guideline CG159 (2013), recommendations 1.2.5 to 1.2.9 and 1.4.5 to 1.4.8

Definitions of terms used in this quality statement

Anxiety disorder

Anxiety disorders are generalised anxiety disorder, social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder.

Assessment of anxiety disorders

Assessment of anxiety disorders includes the nature, duration and severity of the presenting disorder and associated functional impairment. It also includes consideration of the ways in which the following factors may have affected the development, course and severity of the disorder:

- a history of any mental health disorder
- a history of a chronic physical health problem
- any past experience of, and response to, treatments
- the quality of interpersonal relationships
- living conditions and social isolation
- a family history of mental illness
- a history of domestic violence or sexual abuse
- employment and immigration status.

[NICE's guideline on common mental health problems, recommendations 1.3.2.4 and 1.3.2.6]

A diagnostic or problem identification tool or algorithm may be used to inform the assessment. [NICE's guideline on common mental health problems, recommendation 1.3.2.3, NICE's guideline on social anxiety disorder, recommendations 1.2.7 and 1.4.9 to 1.4.12]

Assessment of social anxiety disorder

The assessment of social anxiety disorder is slightly different from assessment of other anxiety disorders. It includes consideration of fear, avoidance, distress and functional impairment. It takes into account comorbid disorders, including avoidant personality disorder, alcohol and substance misuse, mood disorders, other anxiety disorders, psychosis and autism. A detailed description of the person's current social anxiety and associated problems and circumstances is obtained, including:

- feared and avoided social situations
- what they are afraid might happen in social situations (for example, looking anxious, blushing, sweating, trembling or appearing boring)
- anxiety symptoms
- view of self
- content of self-image
- safety-seeking behaviours
- focus of attention in social situations
- anticipatory and post-event processing
- occupational, educational, financial and social circumstances
- family circumstances and support (for children and young people)
- friendships and peer groups (for children and young people)
- medication, alcohol and recreational drug use.

[NICE's guideline on social anxiety disorder, recommendations 1.2.5 to 1.2.9 and 1.4.5 to 1.4.8]

Suspected anxiety disorder

An anxiety disorder may be suspected in people with a past history of an anxiety disorder, possible somatic symptoms of an anxiety disorder or recent experience of a traumatic event, and in people who avoid social situations. It may be suspected because of the

person's responses to initial questions about their symptoms. The 2-item Generalized Anxiety Disorder scale may be used to ask the person about their feelings of anxiety and their ability to stop or control worry. [NICE's guideline on common mental health problems, recommendation 1.3.1]

Equality and diversity considerations

Consideration should be given to modifying the method and mode of delivery of assessment according to the needs of the person with a suspected anxiety disorder. Technology should be considered for people who may find it difficult to, or choose not to, attend a specific service, for example people with social anxiety who are anxious about attending a healthcare service. Communication needs should be considered for people who do not have English as their first language, for example by providing bilingual therapists or independent translators.

For people with sensory impairment or a learning disability, use of the distress thermometer and asking a family member or carer about the person's symptoms should be considered.

When assessing people with a suspected anxiety disorder and a moderate to severe learning disability or moderate to severe acquired cognitive impairment, consideration should be given to consulting a relevant specialist.

Assessments should be culturally sensitive, using suitable explanatory models of common mental health disorders and addressing any cultural and ethnic needs. Relevant information, including cultural or other individual characteristics that may be important in subsequent care, should be identified during assessment. For example, if the boundary between religious or cultural practice and obsessive-compulsive symptoms is unclear, healthcare professionals should, with the service user's consent, consider seeking the advice and support of an appropriate religious or community leader to support the therapeutic process.

Quality statement 2: Psychological interventions

Quality statement

People with an anxiety disorder are offered evidence-based psychological interventions.

Rationale

Evidence-based psychological interventions can be effective treatments for anxiety disorders. They are recommended first-line treatments in preference to pharmacological treatment. Healthcare professionals should usually offer or refer for the least intrusive, most effective intervention first, in line with the stepped-care approach set out in the NICE guidance.

Quality measures

Structure

Evidence of local arrangements to ensure that people with an anxiety disorder are offered evidence-based psychological interventions.

Data source: Local data collection.

Process

Proportion of people with an anxiety disorder who receive evidence-based psychological interventions.

Numerator – the number of people in the denominator who receive evidence-based psychological interventions.

Denominator – the number of people with an anxiety disorder.

Data source: Local data collection. National data are collected in the NHS Digital Improving Access to Psychological Therapies (IAPT) Data Set and the Royal College of Psychiatrists National Audit of Psychological Therapies for Anxiety and Depression (standard 1b).

What the quality statement means for different audiences

Service providers ensure that they are able to provide evidence-based psychological interventions to people who are referred to them with anxiety disorders.

Healthcare professionals ensure that they offer evidence-based psychological interventions to people with anxiety disorders.

Commissioners ensure that they commission services from providers who are able to deliver evidence-based psychological interventions to meet the needs of people with anxiety disorders.

People with an anxiety disorder are offered psychological treatments (sometimes called 'talking treatments') that have been shown by evidence to be helpful for their disorder.

Source guidance

- Common mental health problems: identification and pathways to care. NICE guideline CG123 (2011), recommendation 1.4.1.4
- Obsessive-compulsive disorder and body dysmorphic disorder: treatment. NICE guideline CG31 (2005), recommendations 1.5.1.8, 1.5.1.9 (key priority for implementation) and 1.5.1.10 (key priority for implementation)
- Post-traumatic stress disorder. NICE guideline NG116 (2018), recommendations 1.6.6, 1.6.7 and 1.6.11
- Social anxiety disorder: recognition, assessment and treatment. NICE guideline 159 (2013), recommendations 1.3.2 (key priority for implementation), 1.3.4 (key priority for implementation), 1.3.7, 1.3.12, 1.5.3 (key priority for implementation) and 1.5.6

Definitions of terms used in this quality statement

Anxiety disorders

Anxiety disorders are generalised anxiety disorder, social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder.

Evidence-based psychological interventions

Evidence-based psychological interventions include both low-intensity interventions incorporating self-help approaches and high-intensity psychological therapies.

For adults with generalised anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder or body dysmorphic disorder psychological interventions are offered based on the stepped-care approach. [NICE's guideline on common mental health problems, recommendation 1.4.1.4]

Cognitive behavioural therapy has been specifically developed to treat social anxiety disorder in adults, children and young people. [NICE's guideline on social anxiety disorder, recommendations 1.3.2 and 1.5.3]

Psychological therapies have been specifically developed to treat obsessive-compulsive disorder, body dysmorphic disorder and post-traumatic stress disorder in children and young people. [NICE's guideline on obsessive-compulsive disorder and body dysmorphic disorder, recommendations 1.5.1.9 and 1.5.1.10, and NICE's guideline on post-traumatic stress disorder, recommendation 1.6.11]

Equality and diversity considerations

For people with generalised anxiety disorder who have a learning disability or cognitive impairment, methods of delivering treatment and treatment duration should be adjusted if necessary to take account of the disability or impairment, with consideration given to consulting a relevant specialist.

It is important that healthcare professionals familiarise themselves with the cultural background of the person with an anxiety disorder. They should pay particular attention to

identifying people with post-traumatic stress disorder whose work or home culture is resistant to recognising the psychological consequences of trauma.

Quality statement 3: Pharmacological treatment

Quality statement

People with an anxiety disorder are not prescribed benzodiazepines or antipsychotics unless specifically indicated.

Rationale

NICE guidance provides recommendations on pharmacological therapies for anxiety disorders. Benzodiazepines are associated with tolerance and dependence, and antipsychotics are associated with a number of adverse effects. Therefore, they should not be used routinely to treat anxiety disorders.

Healthcare professionals should be aware of circumstances in which benzodiazepines and antipsychotics may be appropriate, such as short-term care and anxiety disorder crises.

Quality measures

Structure

Evidence of local monitoring arrangements to ensure that people with an anxiety disorder are not prescribed a benzodiazepine or an antipsychotic to treat their disorder unless specifically indicated.

Data source: Local data collection.

Process

a) Proportion of people who have an anxiety disorder and are prescribed a benzodiazepine that is not specifically indicated.

Numerator – the number of people in the denominator for whom a benzodiazepine is not specifically indicated.

Denominator – the number of people with an anxiety disorder who are prescribed a benzodiazepine.

b) Proportion of people who have an anxiety disorder and are prescribed an antipsychotic that is not specifically indicated.

Numerator – the number of people in the denominator for whom an antipsychotic is not specifically indicated.

Denominator – the number of people with an anxiety disorder who are prescribed an antipsychotic.

Data source: Local data collection.

Outcome

a) Rates of prescribing benzodiazepines.

b) Rates of prescribing antipsychotics.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that there are procedures and protocols in place to monitor the prescribing of pharmacological treatment for people with anxiety disorders to ensure that benzodiazepines and antipsychotics are not offered to treat that disorder unless specifically indicated.

Healthcare professionals ensure that people with anxiety disorders are not offered benzodiazepines or antipsychotics to treat that disorder unless specifically indicated.

Commissioners ensure that they monitor rates of prescribing of benzodiazepines and

antipsychotics to treat anxiety disorders and only commission services from providers who can demonstrate that they have procedures and protocols in place to monitor this prescribing.

People with an anxiety disorder are not offered benzodiazepines (medication used to help people sleep or act as a sedative) or antipsychotics (medication used mainly to treat psychotic conditions such as schizophrenia) for that disorder unless there are specific clinical reasons why these treatments may be of short-term benefit.

Source guidance

- Obsessive-compulsive disorder and body dysmorphic disorder: treatment. NICE guideline CG31 (2005), recommendations 1.5.3.21, 1.5.3.22, and 1.5.6.21
- Generalised anxiety disorder and panic disorder in adults: management. NICE guideline CG113 (2011), recommendations 1.2.25 (key priority for implementation), 1.4.7 and 1.4.8
- Social anxiety disorder: recognition, assessment and treatment. NICE guideline CG159 (2013), recommendation 1.6.2

Definitions of terms used in this quality statement

Anxiety disorders

Anxiety disorders are generalised anxiety disorder, social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder.

Quality statement 4: Monitoring treatment response

Quality statement

People receiving treatment for an anxiety disorder have their response to treatment recorded at each treatment session.

Rationale

Regular monitoring of psychological and pharmacological treatment response ensures that the effectiveness of treatment can be assessed and treatment adjusted if needed. It also provides an opportunity for healthcare professionals to monitor other outcomes such as effects on any long-term conditions and the person's ability to continue or return to employment.

Quality measures

Structure

Evidence of local arrangements to monitor response to treatment for people being treated for an anxiety disorder at each treatment session and use the findings to adjust delivery of interventions.

Data source: Local data collection.

Process

Proportion of people receiving treatment for an anxiety disorder who have their response to treatment recorded at initial contact and each subsequent treatment session.

Numerator – the number of people in the denominator whose response to treatment is recorded at initial contact and each subsequent treatment session.

Denominator – the number of people receiving treatment for an anxiety disorder.

Data source: Local data collection. Routine outcome monitoring is part of the NHS Digital Improving Access to Psychological Therapies (IAPT) Data Set, the NHS England Children and young people's IAPT programme and the Royal College of Psychiatrists National Audit of Psychological Therapies for Anxiety and Depression (standard 9).

Outcome

Evidence from feedback that people receiving treatment for an anxiety disorder are aware of their progress.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place to record response to treatment at each treatment session for people receiving treatment for anxiety disorders.

Healthcare professionals ensure that they record response to treatment at each treatment session for people receiving treatment for anxiety disorders and adjust treatment if needed.

Commissioners ensure that they commission services that record response to treatment at each treatment session for people receiving treatment for anxiety disorders.

People who are receiving treatment for an anxiety disorder have a check at each treatment session to find out how well their treatment is working and help decide how best to continue with their treatment.

Source guidance

- Common mental health problems: identification and pathways to care. NICE guideline CG123 (2011), recommendations 1.5.1.3 (key priority for implementation) and 1.5.1.10

- Social anxiety disorder: recognition, assessment and treatment. NICE guideline CG159 (2013), recommendations 1.3.1 (key priority for implementation) and 1.5.1

Definitions

Anxiety disorders

Anxiety disorders are generalised anxiety disorder, social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder.

Monitoring

This includes individual routine outcome measurement, which can be made available for routine reporting and aggregation of outcome measures, as well as audit and review of effectiveness. Specific monitoring tools and routine outcome measures are used. [Adapted from NICE's guidelines on common mental health problems and social anxiety disorder]

Treatment for an anxiety disorder

Treatments for which responses are monitored include psychological interventions and pharmacological treatment.

Equality and diversity considerations

The method of collecting self-reported treatment responses should be tailored to the person with an anxiety disorder, according to their communication needs and preferences. It should be culturally appropriate, accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with anxiety disorders should have access to an interpreter or advocate if needed.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Anxiety UK
- College of Mental Health Pharmacy
- Royal College of General Practitioners (RCGP)