

# Depression in adults

Quality standard

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This standard is based on CG90 and CG91.

This standard should be read in conjunction with QS14, QS15, QS34, QS48, QS50, QS53, QS87, QS88, QS108, QS99, QS80, QS9, QS115, QS134 and QS143.

## Introduction and overview

This quality standard covers the assessment and clinical management of persistent subthreshold depressive symptoms, or mild, moderate or severe depression in adults (including people with a chronic physical health problem).

Note: NICE is aware that there is a wider social context to depression that this quality standard does not directly address but which is acknowledged in the development of this standard. The focus of the standard is on clinical assessment and management as described above.

### *Introduction*

Depression is a broad and heterogeneous diagnosis. Central to it is depressed mood and/or loss of pleasure in most activities. Severity of the disorder is determined by both the number of and severity of symptoms, as well as the degree of functional impairment. Mild depression accounts for 70%, moderate depression 20% and severe depression 10% of all cases. Estimates of the incidence of depression within the population range from 3-6% of adults and the number of people identified with and requiring treatment for depression is estimated to increase by 17% to 1.45 million in 2026. It is estimated that depression is two to three times more common in people with a chronic physical health problem (such as cancer, heart disease, diabetes or a musculoskeletal, respiratory or neurological disorder), occurring in about 20% of this population. The annual service costs to treat people with depression in 2007 were estimated to be £1.7 billion, far less than the cost to the economy attributed to depression (£7.5 billion).

This quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people with depression in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.

- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

The [NHS Outcomes Framework 2011/12](http://www.gov.uk) is available from [www.gov.uk.http://www.dh.gov.uk/](http://www.dh.gov.uk/)

## Overview

The quality standard for depression in adults requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole depression care pathway. An integrated approach to provision of services is fundamental to the delivery of high quality care to people with depression.

It is also noted that patient preference and choice need to be taken into account, and practitioners should offer appropriate evidence-based interventions in their consultations with individual service users. Reflecting patient choice will be particularly important when measuring achievement against statements using the process measures. However, the quality standard uses the term 'receive' so as to facilitate measurability, audit and reporting.

## List of statements

Statement 1. People who may have depression receive an assessment that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

Statement 2. Practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression receive regular supervision that ensures they are competent in delivering interventions of appropriate content and duration in accordance with NICE guidance.

Statement 3. Practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression record health outcomes at each appointment and use the findings to adjust delivery of interventions.

Statement 4. People with persistent subthreshold depressive symptoms or mild to moderate depression receive appropriate low-intensity psychosocial interventions.

Statement 5. People with persistent subthreshold depressive symptoms or mild depression are prescribed antidepressants only when they meet specific clinical criteria in accordance with NICE guidance.

Statement 6. People with moderate or severe depression (and no existing chronic physical health problem) receive a combination of antidepressant medication and either high-intensity cognitive behavioural therapy or interpersonal therapy.

Statement 7. People with moderate depression and a chronic physical health problem receive an appropriate high-intensity psychological intervention.

Statement 8. People with severe depression and a chronic physical health problem receive a combination of antidepressant medication and individual cognitive behavioural therapy.

Statement 9. People with moderate to severe depression and a chronic physical health problem with associated functional impairment, whose symptoms are not responding to initial interventions, receive collaborative care.

Statement 10. People with depression who benefit from treatment with antidepressants are advised to continue with treatment for at least 6 months after remission, extending to at least 2 years for people at risk of relapse.



Statement 11. People with depression whose treatment consists solely of antidepressants are regularly reassessed at intervals of at least 2 to 4 weeks for at least the first 3 months of treatment.

Statement 12. People with depression that has not responded adequately to initial treatment within 6 to 8 weeks have their treatment plan reviewed.

Statement 13. People who have been treated for depression who have residual symptoms or are considered to be at significant risk of relapse receive appropriate psychological interventions.

In addition, quality standards that should also be considered when commissioning and providing a high-quality depression service are listed in related NICE quality standards.

## Quality statement 1: Assessment

### *Quality statement*

People who may have depression receive an assessment that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

### *Quality measure*

**Structure:** Evidence of an assessment process for people who may have depression that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

**Process:** Proportion of people who receive an assessment for depression that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

**Numerator** – the number of people in the denominator receiving an assessment that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

**Denominator** – the number of people receiving an assessment for depression.

### *What the quality statement means for each audience*

**Service providers** ensure that a process is in place for assessing people who may have depression that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

**Healthcare professionals** ensure that people who may have depression are assessed using a process that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

**Commissioners** ensure they commission services that have an assessment process in place that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode.

People who may have depression receive an assessment to find out how severe their symptoms are, how much they are affected by the depression and how long it has lasted for.

## *Definitions*

The term 'people who may have depression' includes all people with a chronic physical health problem who may have depression.

For details of the assessment see appendix C of [NICE clinical guideline 90](#) and [91](#). This should be supported by use of a formal rating scale for symptom severity (for example, Patient Health Questionnaire [PHQ-9], Hospital Anxiety and Depression Scale [HADS], Beck Depression Inventory [BDI]).

The assessment of functional impairment should include social perspectives of impairment as defined by the World Health Organisation [International Classification of Functioning, Disability and Health](#).

## *Source guidance*

[NICE clinical guideline 90](#) recommendation 1.1.4.1 and [NICE clinical guideline 91](#) recommendation 1.1.3.1 (key priorities for implementation).

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection. Information on assessment of severity is collected by Quality and Outcomes Framework (QOF) indicator [Depression 2](#): In those patients with a new diagnosis of depression, recorded between the preceding 1 April to 31 March, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care.

## *Equality and diversity considerations*

Quality statement 1 should be supplemented with recommendation 1.3.1.5 (which is the same in [NICE clinical guideline 90](#) and [91](#)) in cases where the person with depression has significant language or communication difficulties.

Recommendation 1.3.1.5 states: 'For people with significant language or communication difficulties, for example people with sensory impairments or a learning disability, consider using the Distress Thermometer and/or asking a family member or carer about the person's symptoms to identify possible depression. If a significant level of distress is identified, investigate further.'

## Quality statement 2: Practitioner competence

### *Quality statement*

Practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression receive regular supervision that ensures they are competent in delivering interventions of appropriate content and duration in accordance with NICE guidance.

### *Quality measure*

#### **Structure:**

- a) Evidence of local arrangements for the regular supervision of practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression.
- b) Evidence of local arrangements for regular monitoring of compliance with applicable competencies for practitioners delivering pharmacological, psychological or psychosocial interventions.
- c) Evidence that services are commissioned to provide pharmacological, psychological or psychosocial interventions of content and duration in accordance with NICE guidance for people with depression.

#### **Process:**

- a) Proportion of practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression who receive regular supervision.

Numerator – the number of practitioners in the denominator receiving regular supervision.

Denominator – the number of practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression.

- b) Proportion of people with depression receiving interventions who receive interventions of appropriate content in accordance with NICE guidance.

Numerator – the number of people in the denominator receiving interventions of appropriate content in accordance with NICE guidance.

Denominator – the number of people with depression receiving psychological, psychosocial or pharmacological interventions.

c) Proportion of people with depression receiving interventions who receive interventions of appropriate duration in accordance with NICE guidance.

Numerator – the number of people in the denominator receiving interventions of appropriate duration in accordance with NICE guidance.

Denominator – the number of people with depression receiving psychological, psychosocial or pharmacological interventions.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place to regularly supervise practitioners to ensure they are competent in delivering interventions of appropriate content and duration for people with depression in accordance with NICE guidance.

**Healthcare professionals** ensure they are competent to deliver interventions of appropriate content and duration for people with depression in accordance with NICE guidance.

**Commissioners** ensure they commission services that supervise practitioners and provide programmes of appropriate content and duration for people with depression in accordance with NICE guidance.

**People with depression** receive suitable treatment for the right length of time from competent staff.

### *Definitions*

The term 'people with depression' includes all people with depression and a chronic physical health problem.

NICE clinical guideline 90 and 91 provide information on the correct content and duration of interventions.

Competencies for practitioners delivering psychological therapies are provided by the Improving Access to Psychological Therapies (IAPT) programme.

A competency based curriculum for specialist training in psychiatry is provided by the Royal College of Psychiatrists.

Regular supervision involves a review and reflection on practice and should be in a format appropriate to the setting, type of practitioner and type of intervention being delivered.

### *Source guidance*

NICE clinical guideline 90 recommendation 1.1.5.1 and NICE clinical guideline 91 recommendation 1.1.4.1 (key priorities for implementation).

### *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 3: Recording health outcomes

### *Quality statement*

Practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression record health outcomes at each appointment and use the findings to adjust delivery of interventions.

### *Quality measure*

**Structure:** Evidence of systems in place to monitor health outcomes for people with depression at each appointment and use the findings to adjust delivery of interventions.

**Process:** Proportion of people with depression receiving pharmacological, psychological or psychosocial interventions who have their health outcomes recorded at initial contact and subsequent review.

**Numerator** – the number of people in the denominator whose health outcomes are recorded at initial contact and subsequent review.

**Denominator** – the number of people with depression receiving pharmacological, psychological or psychosocial interventions.

(Suggested audit standard derived from Improving Access to Psychological Therapies [IAPT] performance indicators: Achievement of 90% data completion of health outcomes at initial contact and subsequent review).

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place to record patient health outcomes.

**Healthcare professionals** ensure they record patient health outcomes and use findings to adjust delivery of interventions.

**Commissioners** ensure they commission services that record patient health outcomes at each appointment and use findings to adjust delivery of interventions.



**People with depression** have their progress checked at each appointment to help decide on how best to continue with treatments.

### *Source guidance*

NICE clinical guideline 90 recommendation 1.1.5.1 and NICE clinical guideline 91 recommendation 1.1.4.1 (key priorities for implementation).

### *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 4: Low-intensity interventions for persistent subthreshold depressive symptoms or mild to moderate depression

### *Quality statement*

People with persistent subthreshold depressive symptoms or mild to moderate depression receive appropriate low-intensity psychosocial interventions.

### *Quality measure*

**Structure:** Evidence of local arrangements to provide appropriate low-intensity psychosocial interventions to people with persistent subthreshold depressive symptoms or mild to moderate depression.

**Process:** Proportion of people with persistent subthreshold symptoms or mild to moderate depression who receive appropriate low-intensity psychosocial interventions.

**Numerator** – the number of people in the denominator receiving appropriate low-intensity psychosocial interventions.

**Denominator** – the number of people with persistent subthreshold depressive symptoms or mild to moderate depression.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place for people with persistent subthreshold depressive symptoms or mild to moderate depression to access appropriate low-intensity psychosocial interventions.

**Healthcare professionals** ensure people with persistent subthreshold depressive symptoms or mild to moderate depression receive appropriate low-intensity psychosocial interventions.

**Commissioners** ensure they commission services that provide appropriate low-intensity psychosocial interventions to people with persistent subthreshold depressive symptoms or mild to moderate depression.

**People with some mild but long-lasting symptoms of depression or with mild or moderate depression** receive appropriate psychological treatment, for example a self-help programme

(undertaken alone or, if the person has a long-term physical health problem, in a group), a group exercise programme, or a treatment using a computer called 'computerised cognitive behavioural therapy' (or CCBT for short).

## *Definitions*

The term 'people with persistent subthreshold depressive symptoms or mild to moderate depression' includes all people with persistent subthreshold depressive symptoms or mild to moderate depression and a chronic physical health problem.

NICE clinical guideline 90 and 91 define appropriate low-intensity interventions as:

- individual guided self-help based on the principles of cognitive behavioural therapy (CBT)
- a structured group physical activity programme
- computerised CBT
- group-based CBT for people with persistent subthreshold depressive symptoms or mild to moderate depression and no existing chronic physical health problem who decline low-intensity psychosocial intervention
- a group-based peer support (self-help) programme (for people with persistent subthreshold depressive symptoms or mild to moderate depression and a chronic physical health problem only).

## *Source guidance*

NICE clinical guideline 90 recommendations 1.4.2.1 and 1.4.3.1, and NICE clinical guideline 91 recommendation 1.4.2.1 (key priorities for implementation).

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## *Equality and diversity considerations*

NICE clinical guideline 90 recommendation 1.4.2.1 and NICE clinical guideline 91 recommendation 1.4.2.1 include computerised cognitive behavioural therapy as a recommended intervention, which has been identified as a possible issue for people with learning disabilities and acquired cognitive impairment (although it may improve access for some people with mobility problems). A number of alternative interventions are offered in the recommendations (guided self-help, physical activity, peer support) in order to take this into account.

In addition, people with physical disabilities may experience access issues relating to participation in physical activity interventions. Therefore alternative interventions are provided in recommendation 1.4.2.1. In addition, recommendation 1.4.2.2 (NICE clinical guideline 91) recommends that physical activity programmes are modified to take into account participants' physical disability.

## Quality statement 5: Antidepressants for persistent subthreshold depressive symptoms or mild depression

### *Quality statement*

People with persistent subthreshold depressive symptoms or mild depression are prescribed antidepressants only when they meet specific clinical criteria in accordance with NICE guidance.

### *Quality measure*

**Structure:** Evidence of local arrangements to support the correct prescribing of antidepressants to people with persistent subthreshold depressive symptoms or mild depression in accordance with the NICE guidance.

**Process:** Proportion of people with persistent subthreshold depressive symptoms or mild depression prescribed antidepressant medication who meet specific clinical criteria for the prescription of antidepressants in accordance with NICE guidance.

**Numerator** – the number of people in the denominator meeting the specific clinical criteria for the prescription of antidepressants in accordance with NICE guidance.

**Denominator** – the number of people with persistent subthreshold depressive symptoms or mild depression prescribed antidepressants.

### *What the quality statement means for each audience*

**Service providers** ensure policies are in place for the prescription of antidepressants to people with subthreshold depressive symptoms or mild depression only when specific clinical criteria are met in accordance with NICE guidance.

**Healthcare professionals** ensure they prescribe antidepressants to people with subthreshold depressive symptoms or mild depression only when the person meets the specific clinical criteria in accordance with NICE guidance.

**Commissioners** ensure they commission services that monitor whether the prescription of antidepressants to people with subthreshold depressive symptoms or mild depression is being carried out in accordance with NICE guidance.

People with some mild but long-lasting symptoms of depression or mild depression are not usually prescribed antidepressants except in particular circumstances (for example, if they have had moderate or severe depression in the past; have depression which has lasted for a long time – usually at least 2 years; still have depression after other treatments; or if treatment of a physical health problem is made more difficult because of mild depression).

## *Definitions*

The term 'people with persistent subthreshold depressive symptoms or mild depression' includes all people with persistent subthreshold depressive symptoms or mild depression and a chronic physical health problem.

[NICE clinical guideline 90](#) recommendation 1.4.4.1 and [NICE clinical guideline 91](#) recommendation 1.4.3.1 state that antidepressants should not be used routinely for people with persistent subthreshold depressive symptoms or mild depression, but may be considered in cases where there is:

- a past history of moderate or severe depression or
- initial presentation of subthreshold depressive symptoms that have been present for a long period (typically at least 2 years) or
- subthreshold depressive symptoms or mild depression that persist(s) after other interventions or
- mild depression that complicates the care of a physical health problem (for people with depression and a chronic physical health problem only).

## *Source guidance*

[NICE clinical guideline 90](#) recommendation 1.4.4.1 and [NICE clinical guideline 91](#) recommendation 1.4.3.1 (key priorities for implementation).

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 6: Moderate to severe depression and no existing chronic physical health problem

### *Quality statement*

People with moderate or severe depression (and no existing chronic physical health problem) receive a combination of antidepressant medication and either high-intensity cognitive behavioural therapy or interpersonal therapy.

### *Quality measure*

**Structure:** Evidence of coordination and cooperation between services delivering pharmacological and psychological interventions.

**Process:** Proportion of people with moderate or severe depression (and no existing chronic physical health problem) who receive a combination of antidepressant medication and either high-intensity cognitive behavioural therapy or interpersonal therapy.

Numerator – the number of people in the denominator receiving a combination of antidepressant medication and either high-intensity cognitive behavioural therapy or interpersonal therapy.

Denominator – the number of people with moderate or severe depression (and no existing chronic physical health problem).

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place for the delivery of a combination of antidepressant medication and either high-intensity cognitive behavioural therapy or interpersonal therapy for people with moderate or severe depression (and no existing chronic physical health problem).

**Healthcare professionals** ensure people with moderate or severe depression (and no existing chronic physical health problem) receive a combination of antidepressant medication and either high-intensity cognitive behavioural therapy or interpersonal therapy.

**Commissioners** ensure coordination and cooperation between services to enable effective delivery of combined psychological and pharmacological therapy for people with moderate or severe depression and no existing chronic physical health problem.

People with moderate or severe depression and no long-term physical health problems receive antidepressants along with psychological treatments (either a treatment called 'cognitive behavioural therapy', or CBT for short, or a treatment called 'interpersonal therapy', or IPT for short).

### *Source guidance*

NICE clinical guideline 90 recommendation 1.5.1.2 (key priority for implementation).

### *Data sources*

**Structure:** Local data collection.

**Process:** Local data collection.



## Quality statement 7: Moderate depression and a chronic physical health problem

### *Quality statement*

People with moderate depression and a chronic physical health problem receive an appropriate high-intensity psychological intervention.

### *Quality measure*

**Structure:** Evidence of local arrangements to provide appropriate high-intensity psychological interventions for people with moderate depression and a chronic physical health problem.

**Process:** Proportion of people with moderate depression and a chronic physical health problem who receive an appropriate high-intensity psychological intervention.

**Numerator** – the number of people in the denominator receiving an appropriate high-intensity psychological intervention.

**Denominator** – the number of people with moderate depression and a chronic physical health problem.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place for the delivery of appropriate high-intensity psychological interventions for people with moderate depression and a chronic physical health problem.

**Healthcare professionals** ensure people with moderate depression and a chronic physical health problem receive appropriate high-intensity psychological interventions.

**Commissioners** ensure they commission services to provide appropriate high-intensity psychological interventions to people with moderate depression and a chronic physical health problem.

**People with moderate depression and a long-term physical health problem** receive appropriate psychological treatment (for example, group or one-to-one CBT, or a treatment for people with a regular partner called behavioural couples therapy, if appropriate).

## *Definitions*

NICE clinical guideline 91 defines appropriate high-intensity interventions for people with moderate depression and a chronic physical health problem as:

- group-based cognitive behavioural therapy (CBT) or
- individual CBT for people who decline group-based CBT or for whom it is not appropriate, or where a group is not available or
- behavioural couples therapy for people who have a regular partner and where the relationship may contribute to the development or maintenance of depression, or where involving the partner is considered to be of potential therapeutic benefit.

## *Source guidance*

NICE clinical guideline 91 recommendation 1.5.1.2 (key priority for implementation).

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 8: Severe depression and a chronic physical health problem

### *Quality statement*

People with severe depression and a chronic physical health problem receive a combination of antidepressant medication and individual cognitive behavioural therapy.

### *Quality measure*

**Structure:** Evidence of local arrangements to provide a combination of antidepressant medication and individual cognitive behavioural therapy (CBT) to people with severe depression and a chronic physical health problem.

**Process:** Proportion of people with severe depression and a chronic physical health problem who receive a combination of antidepressant medication and individual CBT.

**Numerator** – the number of people in the denominator receiving a combination of antidepressant medication and individual CBT.

**Denominator** – the number of people with severe depression and a chronic physical health problem.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place to provide people with severe depression and a chronic physical health problem with a combination of antidepressant medication and individual CBT.

**Healthcare professionals** ensure people with severe depression and a chronic physical health problem receive a combination of antidepressant medication and individual CBT.

**Commissioners** ensure they commission services to provide a combination of antidepressant medication and individual CBT to people with severe depression and a chronic physical health problem.

**People with severe depression and a long-term physical health problem** receive antidepressants along with one-to-one CBT.

## *Source guidance*

NICE clinical guideline 91 recommendation 1.5.1.3

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 9: Collaborative care

### *Quality statement*

People with moderate to severe depression and a chronic physical health problem with associated functional impairment, whose symptoms are not responding to initial interventions, receive collaborative care.

### *Quality measure*

**Structure:** Evidence of local arrangements to provide collaborative care to people with moderate to severe depression and a chronic physical health problem with associated functional impairment, whose symptoms are not responding to initial interventions.

**Process:** Proportion of people with moderate to severe depression and a chronic physical health problem with associated functional impairment, whose symptoms are not responding to initial interventions, who receive collaborative care.

Numerator – the number of people in the denominator receiving collaborative care.

Denominator – the number of people with a chronic physical health problem and moderate to severe depression with associated functional impairment whose symptoms are not responding to initial interventions.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place for providing collaborative care to people with moderate to severe depression and a chronic physical health problem with associated functional impairment, whose symptoms are not responding to initial interventions.

**Healthcare professionals** ensure collaborative care is provided to all people with moderate to severe depression and a chronic physical health problem with associated functional impairment, whose symptoms are not responding to initial interventions.

**Commissioners** ensure they commission services that provide collaborative care for people with moderate to severe depression and a chronic physical health problem with associated functional impairment, whose symptoms are not responding to initial interventions.

People with moderate to severe depression and a long-term physical health problem affecting their everyday life, whose symptoms have not improved after early treatments, receive 'collaborative care', which means that a dedicated team of healthcare professionals work together to treat the depression and the physical health problem.

## *Definitions*

NICE clinical guideline 91 states that collaborative care should form part of a well-developed stepped-care programme. In stepped care the least intrusive, most effective intervention is provided first; if a patient does not benefit from the intervention initially offered, or declines an intervention, they should be offered an appropriate intervention from the next step.

Collaborative care requires that the patient and healthcare professional jointly identify problems and agree goals for interventions, and normally comprises:

- case management which is supervised and supported by a senior mental health professional
- close collaboration between primary and secondary physical health services and specialist mental health services in the delivery of services
- the provision of a range of evidence-based interventions
- the long term coordination of care and follow-up.

## *Source guidance*

NICE clinical guideline 91 recommendation 1.5.4.1 and 1.5.4.2.

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 10: Continuing antidepressants

### *Quality statement*

People with depression who benefit from treatment with antidepressants are advised to continue with treatment for at least 6 months after remission, extending to at least 2 years for people at risk of relapse.

### *Quality measure*

**Structure:** Evidence of local arrangements for monitoring and reviewing people prescribed antidepressants.

**Process:**

a) Proportion of people with depression benefiting from antidepressants who remain on them at least 6 months after remission.

Numerator – the number of people in the denominator remaining on antidepressants at least 6 months after remission.

Denominator – the number of people with depression benefiting from antidepressants.

b) Proportion of people with depression benefiting from antidepressants and at risk of relapse who remain on them 2 years after remission.

Numerator – the number of people in the denominator remaining on antidepressants 2 years after remission.

Denominator – the number of people with depression benefiting from antidepressants and at risk of relapse.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place for monitoring and reviewing all people with depression prescribed antidepressants.

**Healthcare professionals** ensure people with depression benefiting from antidepressants are advised to continue with treatment for at least 6 months, extending to at least 2 years for people at risk of relapse.

**Commissioners** ensure they commission services that monitor compliance with antidepressant medication.

**People with depression who are feeling better after taking antidepressants** are advised to keep taking them for at least 6 months, and for up to at least 2 years if their symptoms are likely to return.

## *Definitions*

The term 'people with depression' includes all people with depression and a chronic physical health problem.

The level of medication at which acute treatment was effective should be maintained for at least 2 years (unless there is good reason to reduce the dose, such as unacceptable adverse effects) if:

- they have had two or more episodes of depression in the recent past, during which they experienced significant functional impairment
- they have other risk factors for relapse such as residual symptoms, multiple previous episodes, or a history of severe or prolonged episodes or of inadequate response
- the consequences of relapse are likely to be severe (for example, suicide attempts, loss of functioning, severe life disruption and inability to work).

## *Source guidance*

NICE clinical guideline 90 recommendations 1.9.1.1 (key priority for implementation) and 1.9.1.4.

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.



## Quality statement 11: Reassessing people prescribed antidepressants

### *Quality statement*

People with depression whose treatment consists solely of antidepressants are regularly reassessed at intervals of at least 2 to 4 weeks for at least the first 3 months of treatment.

### *Quality measure*

**Structure:** Evidence of procedures to regularly reassess people with depression whose treatment consists solely of antidepressants.

**Process:** Proportion of people with depression treated solely with antidepressants who are reassessed at least every 4 weeks for the first 3 months of treatment.

**Numerator** – the number of people in the denominator reassessed at least every 4 weeks for the first 3 months of treatment.

**Denominator** – the number of people with depression treated solely with antidepressants.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place to ensure people treated solely with antidepressants are reassessed at least every 2 to 4 weeks for at least the first 3 months of treatment.

**Healthcare professionals** ensure they reassess people treated solely with antidepressants at least every 2 to 4 weeks for at least the first 3 months of treatment.

**Commissioners** ensure they commission services that reassess people treated solely with antidepressants at least every 2 to 4 weeks for at least the first 3 months of treatment.

**People with depression treated only with antidepressants** are checked at least every 2 to 4 weeks for the first 3 months of treatment or longer.

### *Definitions*

The term 'people with depression' includes all people with depression and a chronic physical health problem.

## *Source guidance*

NICE clinical guideline 90 recommendation 1.5.2.6 and NICE clinical guideline 91 recommendation 1.5.2.19.

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 12: Lack of response to initial treatment within 6 to 8 weeks

### *Quality statement*

People with depression that has not responded adequately to initial treatment within 6 to 8 weeks have their treatment plan reviewed.

### *Quality measure*

**Structure:** Evidence of local arrangements to identify people with depression that has not responded adequately to initial treatment within 6 to 8 weeks and to review treatment plans.

**Process:** Proportion of people with depression that has not responded adequately to initial treatment within 8 weeks who have their treatment plan reviewed.

Numerator – the number of people in the denominator receiving a review of their treatment plan.

Denominator – the number of people with depression that has not responded adequately to initial treatment within 8 weeks.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place for reviewing treatment plans for people with depression that has not responded adequately to initial treatment within 6 to 8 weeks.

**Healthcare professionals** ensure people with depression that has not responded adequately to initial treatment within 6 to 8 weeks have their treatment plan reviewed.

**Commissioners** ensure they commission services that review the treatment plans for people with depression that has not responded adequately to initial treatment within 6 to 8 weeks.

**People with depression whose symptoms have not much improved 6 to 8 weeks after starting treatment** have their treatment plan reviewed.

## *Definitions*

The term 'people with depression' includes all people with depression and a chronic physical health problem.

## *Source guidance*

Recommendations on sequencing of treatments after initial inadequate response are contained within section 1.8 of [NICE clinical guideline 90](#).

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Quality statement 13: Residual symptoms or risk of relapse

### *Quality statement*

People who have been treated for depression who have residual symptoms or are considered to be at significant risk of relapse receive appropriate psychological interventions.

### *Quality measure*

**Structure:** Evidence of local arrangements to provide appropriate psychological interventions to people who have been treated for depression who have residual symptoms or are at significant risk of relapse.

**Process:** Proportion of people who have been treated for depression who have residual symptoms or are at significant risk of relapse who receive appropriate psychological interventions.

**Numerator** – the number of people in the denominator receiving appropriate psychological interventions.

**Denominator** – the number of people who have been treated for depression who have residual symptoms or are at significant risk of relapse.

### *What the quality statement means for each audience*

**Service providers** ensure systems are in place to provide appropriate psychological interventions for people who have been treated for depression who have residual symptoms or are considered to be at significant risk of relapse.

**Healthcare professionals** ensure people who have been treated for depression who have residual symptoms or are considered to be at significant risk of relapse receive appropriate psychological interventions.

**Commissioners** ensure they commission services that provide appropriate psychological interventions for people who have been treated for depression who have residual symptoms or are considered to be at significant risk of relapse.

**People who have been treated for depression who have remaining symptoms or whose symptoms are likely to return** receive further suitable psychological treatment.

## *Definitions*

The term 'people who have been treated for depression' includes all people with a chronic physical health problem who have been treated for depression.

The term 'at significant risk of relapse' includes those who have relapsed despite antidepressant treatment or who are unable or choose not to continue antidepressant treatment.

People with depression are at risk of relapse if:

- they have had two or more episodes of depression in the recent past, during which they experienced significant functional impairment
- they have other risk factors for relapse such as residual symptoms, multiple previous episodes, or a history of severe or prolonged episodes or of inadequate response

Appropriate psychological interventions for people at significant risk of relapse are:

- individual cognitive behavioural therapy for people who have relapsed despite antidepressant medication and for people with a significant history of depression and residual symptoms despite treatment
- mindfulness-based cognitive therapy for people who are currently well but have experienced three or more previous episodes of depression.

## *Source guidance*

[NICE clinical guideline 90](#) recommendation 1.9.1.8 (key priority for implementation).

## *Data source*

**Structure:** Local data collection.

**Process:** Local data collection.

## Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in the [development sources](#) section.

### *Commissioning support and information for patients*

NICE has produced a [support document](#) to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard. A full [commissioning guide on services for people with common mental health disorders](#) is also available.

[Information for patients](#) using the quality standard is available on the NICE website.

It is also noted that service user preference and choice need to be taken into account, and practitioners should offer appropriate evidence-based interventions in their consultations with individuals. Reflecting this choice will be particularly important when measuring achievement against statements using the process measures. However, the quality standard uses the term 'receive' so as to facilitate measurability, audit and reporting.

### *Quality measures and national indicators*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of healthcare. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so aspirational achievement levels are likely to be 100% (or 0% if the quality statement states that something should not be done). However, it is recognised that this may not always be appropriate in practice taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the NHS Information Centre through their [Indicators for Quality Improvement Programme](#). For statements where national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of healthcare.

For further information, including guidance on using quality measures, please see [What makes up a NICE quality standard](#).

### *Diversity, equality and language*

During the development of this quality standard, equality issues were considered.

Good communication between health and social care professionals and people with depression is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be 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 depression should have access to an interpreter or advocate if needed.

It should also be noted that quality statement 1 should be supplemented with recommendation 1.3.1.5 (which is the same in [NICE clinical guideline 90](#) and [91](#)) in cases where the person with depression has significant language or communication difficulties. The quality standard should be used in accordance with clinical guideline 90 recommendations 1.1.4.4 and 1.1.4.5, and clinical guideline 91 recommendations 1.1.3.4 and 1.1.3.5 on assessment and care of people with learning disabilities and depression.



## Development sources

### *Evidence sources*

The documents below contain clinical guideline recommendations or other recommendations that were used by the TEG to develop the quality standard statements and measures.

[Depression: the treatment and management of depression in adults](#). NICE clinical guideline 90 (2009; NHS Evidence accredited source).

[Depression in adults with a chronic physical health problem](#). NICE clinical guideline 91 (2009; NHS Evidence accredited source).

### *Policy context*

It is important that the quality standard is considered alongside current policy documents, including:

Department of Health (2009) [New Horizons: a shared vision for mental health](#).

[Improving Access to Psychological Therapies](#) programme.

Department of Health (2007) [Mental health ten years on: progress on mental health care reform](#).

Department of Health (1999) [National service framework for mental health: modern standards and service models](#).

### *Definitions and data sources*

References included in the definitions and data sources sections can be found below:

[Quality and Outcomes Framework](#) indicators.

World Health Organisation. [International Classification of Functioning, Disability and Health](#).

The Royal College of Psychiatrists. [A competency based curriculum for specialist training in psychiatry](#).

Specifications for the Improving Access to Psychological Therapies (IAPT) dataset.

## Related NICE quality standards

Patient experience in adult NHS services. NICE quality standard 15 (2012).

Service user experience in adult mental health. NICE quality standard 14 (2012).

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## About this quality standard

NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

The methods and processes for developing NICE quality standards are described in the [healthcare quality standards process guide](#).

This quality standard has been incorporated into the NICE [depression pathway](#).

We have produced a [summary for patients and carers](#).

### Changes after publication

**April 2015:** minor maintenance.

**August 2013:** minor maintenance.

**April 2013:** minor maintenance.

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## *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.

- [British Association for Psychopharmacology](#)
- [British Psychological Society](#)
- [College of Mental Health Pharmacy](#)
- [College of Occupational Therapists](#)
- [Depression Alliance](#)
- [Mind](#)
- [Royal College of Nursing](#)
- [Royal College of Psychiatrists](#)