NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Common mental health disorders: identification and pathways to care

1.1 Short title

Common mental health disorders.

2 The remit

Following the decision to update NICE clinical guideline 22, 'Anxiety', and NICE clinical guideline 23, 'Depression' NICE has asked the National Collaborating Centre for Mental Health to develop a guideline on the identification and recognition of, and referral advice for, depression and anxiety in primary care.

3 Clinical need for the guideline

3.1 Epidemiology

a) Depression and anxiety disorders are common and may affect up to 15% of the UK population over the course of a year. Depression and anxiety disorders (panic disorder, generalised anxiety disorder, obsessive compulsive disorder, social phobia, post traumatic stress disorder) vary considerably in their severity but all conditions may be associated with significant long-term disability and have significant impact on a person's social and personal functioning. For example, the World Health Organization estimates that depression will be the second greatest contributor to disability-adjusted life years throughout the world by the year 2020. Depression is also associated with high levels of morbidity and also

with high mortality, and is the most common disorder contributing to suicide. The presence of a depressive disorder is also associated with a higher incidence of morbidity and mortality in a range of physical disorders including cardiovascular disease.

b) The prevalence of individual disorders varies considerably. In the 2007 UK Psychiatric Morbidity Survey, the 1-week prevalence was 4.4% for generalised anxiety disorder, 3.0% for PTSD, 2.3% for depression, 1.4% for phobia, 1.1% for panic disorder and 1.1% for obsessive compulsive disorder.

c) For many people the onset of these disorders occurs in adolescence or early adult life, but the disorders can affect people at any point in their life (for example in PTSD the onset of the disorder relates to specific traumatic events). Earlier onset is generally associated with poorer outcomes.

d) Depressive disorders often have a relapsing and remitting course, which may be lifelong. Many anxiety disorders have a chronic course. This chronic course may be associated with a considerable delay in presenting to services, with consequent significant personal, occupational and social impairment and possible negative consequences for their physical health.

e) Depressive and anxiety disorders are common in both men and women but tend to have a higher prevalence in women. Some ethnic groups also have a higher incidence of common mental disorders and depression is more common in those with chronic physical health problems. Common mental disorders may present in combination. For example, up to 50% of depressive disorders will be accompanied with comorbid anxiety disorders or significant anxiety symptoms.

3.2 Current practice

a) The vast majority of depression and anxiety disorders (up to 90%) are treated in primary care. Relatively few (typically the more severe depressive and anxiety disorders) go forward to treatment in secondary care.

b) Many people do not seek treatment, and both anxiety and depression are often undiagnosed. Recognition of anxiety disorders by GPs is often poor, and only a small minority of people who experience anxiety disorders actually receive treatment. For example, it is likely only 30% of people presenting with depressive disorder are diagnosed and offered treatment. This is a source of concern, although it is probably more the case for mild rather than more severe disorders. The problem of under-recognition for anxiety disorders has recently been highlighted by evidence that the prevalence of PTSD is significantly under-recognised in primary care. In part this may stem from GPs not recognising the disorder, and the lack of clearly defined care pathways. But from a patient's perspective, stigma and avoidance may also contribute to under-recognition. Pessimism about possible treatment outcomes may further contribute to this.

c) In primary care these disorders are mainly treated with psychotropic medication. Psychological interventions are generally preferred by patients but there is limited availability of these interventions in primary care. However, recent developments in the Improving Access to Psychological Therapies programme have begun to address this issue.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, ‘Further information’).

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider.

The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Adults (18 years and older) with common mental health disorders, that is:

- depression (including sub-threshold disorders)
- anxiety disorders (including generalised anxiety disorder, panic disorder, social anxiety, obsessive compulsive disorder and post-traumatic stress disorder)
- Co-morbid presentations of anxiety and depression will be covered, but sub-threshold mixed anxiety and depression will not.

4.1.2 Groups that will not be covered

a) Adults with:

- psychotic and related disorders (including schizophrenia and bipolar disorder)
- those for whom drug and alcohol misuse are the primary problem
- those for whom eating disorders are the primary problem

b) Children and young people (17 years and younger).

4.2 Healthcare setting

a) The guideline will focus on identification and assessment in primary care settings, but will also be applicable to community services funded and provided by the NHS and secondary care acute medical settings.

b) The guideline will not provide specific recommendations for prison medical services but it will be relevant to their work.

4.3 Clinical management

4.3.1 Key clinical issues that will be covered

a) Identification and recognition of the full range of depression and anxiety disorders (including the tools used in this area) .

b) Assessment of anxiety and depressive disorders, including assessment systems that have been tested and validated for the relevant disorders.

c) Systems for improving access to and uptake of mental health services for common mental disorders.

d) Systems (such as stepped care and triage) for organising and developing care pathways.

4.3.2 Clinical issues that will not be covered

a) Population based screening for common mental health disorders.

b) Evidence for the efficacy of treatment interventions.

4.4 Main outcomes

a) Diagnostic accuracy (Sensitivity, Specificity, Positive Predictive. Value, Negative Predictive Value, Area under the Curve) of identification tools.

b) Percentage of people receiving appropriate treatment.

c) The proportion of people from groups identified as having a greater incidence of unidentified disorders (for example, people from ethnic minorities) is in line with epidemiological data for the prevalence of the disorder in those groups.

d) Measures of efficiency (for example, reduced waiting times for appropriate treatment) and cost-effectiveness.

4.5 Economic aspects

Developers will take into account cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see section 6).

4.6 Status

4.6.1 Scope

This is the final scope

4.6.2 Timing

The development of the guideline recommendations will begin in December 2009.

5 Related NICE guidance

5.1 Published guidance

5.1.1 Other related NICE guidance

- Post-traumatic stress disorder (PTSD). NICE clinical guideline 26 (2005). Available from www.nice.org.uk/CG26.
- Obsessive compulsive disorder (OCD) and body dismorphic disorder (BDD). NICE clinical guideline 31 (2005). Available from www.nice.org.uk/CG31.
- Depression in adults (update). NICE clinical guideline 90 (2009). Available from www.nice.org.uk/CG90.
- Depression with a chronic physical health problem. NICE clinical guideline 91 (2009). Available from www.nice.org.uk/CG91.

5.2 Guidance under development

NICE is currently developing the following guidance, which will be incorporated into this guideline (details available from the NICE website).

- Anxiety (partial update of NICE clinical guideline 22). NICE clinical guideline. Publication expected January 2011.

6 Further information

Information on the guideline development process is provided in:

- 'How NICE clinical guidelines are developed: an overview for stakeholders' the public and the NHS'
- 'The guidelines manual'.

These are available from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).