

6.1 Anxiety Depression - Adults

Anxiety is a condition characterized by persistent worry or unease and is usually accompanied by fear, panic, irritability, poor sleep, poor concentration and avoidance, as well as physical symptoms such as excessive sweating, a racing heart, palpitations or rapid breathing.

Depression is a condition characterized by persistent low mood and loss of interest which is usually accompanied by changes in appetite, weight or sleep pattern, low energy, poor concentration, feelings of guilt or worthlessness and suicidal ideas.

People may experience different levels of severity of anxiety and depression and may also experience symptoms of both conditions at the same time. The implementation of the 'Stepped Care Model' across Northern Ireland is designed to take account of the different levels of severity so that people may receive the appropriate care and treatment.

NICE¹⁰ defines depression as follows;

Mild depression: Few, if any, symptoms in excess of the 5 required to make the diagnosis, and symptoms result in only minor functional impairment.

Moderate depression: Symptoms or functional impairment are between 'mild' and 'severe'.

Severe depression: Most symptoms are evident, and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms.

¹⁰ National Institute for Health and Clinical Excellence (NICE) (2009) Depression: The Treatment and Management of Depression in Adults (update) <http://guidance.nice.org.uk/CG90> (NOTE: This partially updates and replaces NICE Guidelines Depression: Management of Depression in Primary and Secondary Care December 2004.)

Overarching Standard 32: Mild to moderate anxiety and / or depression – assessment, early intervention, treatment and ongoing care

A person experiencing mild to moderate anxiety and / or depression should have an early assessment of their psychological, physical, clinical and social needs at primary care level using a validated assessment tool in line with NICE Guidelines and, if appropriate, offered low intensity short term interventions.

Rationale

Early assessment improves detection of mental health problems and allows timely intervention leading to better outcomes.

Early and appropriate short term interventions are effective in treating anxiety and mild to moderate depression. This may prevent the need for longer term intervention for many people. Service users prefer to be treated in primary care settings where possible

Evidence

National Institute for Health and Clinical Excellence (NICE) (2009) Depression: The Treatment and Management of Depression in Adults (update)
<http://guidance.nice.org.uk/CG90>

A National Standard for Mental Health NHS England

Stepped Care Model in New Ways of Working, Care Services Improvement Partnership <http://www.newwaysofworking.org.uk/>

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009
<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

Responsibility for delivery/implementation

HSC Trusts
Primary Care
In partnership with voluntary and community organisations

Quality Dimensions

Person Centred – People and what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for the person given their unique context and lifestyle.

Timely/Effective/Efficient – Early involvement and intervention can improve outcomes and minimise longer term problems

Safe – Minimises risk to self and others

Equitable – Available across Northern Ireland

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of patients with a new diagnosis of depression who have had an assessment of severity at the outset of treatment	QOF	To be determined	March 2013
Percentage of people referred to low intensity short term interventions (Level 1 & 2 – Stepped Care Model)	Mild to Moderate Depression DES	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of people referred to low intensity short term interventions who complete them	Mild to Moderate Depression DES	Establish baseline Performance levels to be determined once baseline established	March 2013

Overarching Standard 33: Depression Moderate to Severe (Adults) – Assessment, Early Intervention, Treatment and Ongoing Care

A person experiencing moderate to severe depression should have an assessment, early intervention and ongoing care in line with NICE Guidelines. This should include an assessment of their psychological, physical, clinical and social care needs including an assessment of risk by a mental health specialist(s) using a recognised outcome measurement tool.

Rationale

Early assessment and involving people meaningfully in their care planning at the beginning of their treatment and care will encourage better communication and this has been shown to improve outcomes and aid recovery. Many people with moderate to severe depression do not require routine reviews by specialist mental health services. The shared care plan will help reduce unnecessary review appointments whilst ensuring quick access to specialist services when required. Evidence has shown that psychological interventions used following medication can improve recovery.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2009) Depression: The Treatment and Management of Depression in Adults (update)

<http://guidance.nice.org.uk/CG90>

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<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

DHSSPS (2009) Promoting Quality Care - Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services [http://www.dhsspsni.gov.uk/good-practice-guidance-and-risk-](http://www.dhsspsni.gov.uk/good-practice-guidance-and-risk-assessment.pdf)

[assessment.pdf](http://www.dhsspsni.gov.uk/good-practice-guidance-and-risk-assessment.pdf)

Responsibility for delivery/implementation

HSC Trusts

Primary Care

Quality Dimensions

Person Centred – People and what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for the person given their unique context and lifestyle.

Timely – Receiving appropriate care and treatment or onward referral to age

appropriate specialist mental health services improves long term outcomes.
Effective Treatment and care for a person with treatment-resistant, recurrent, atypical and psychotic depression should be provided by specialist mental health services in partnership with primary care. This reduces duplication and improves communication
Safe – If presenting either a risk to themselves or others should be referred to and assessed by mental health specialist(s) immediately. This minimises risk to self and others

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Agree and implement standardised outcome measurement tool	HSC Trust report	All HSC Trusts	March 2013
Percentage of people being treated where outcome measurement shows improvement after 12 months	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2014
Percentage of people being offered a choice of medications and psychological interventions	Audit of care plans Trust user and carer forums Patient Client Council	Establish baseline Performance level to be determined once baseline established	March 2013