

Depression in Adults (update)

Depression: the treatment and management of depression in adults

**National Clinical Practice Guideline Number X National
Collaborating Centre for Mental Health Commissioned by
the National Institute for Health and Clinical Excellence**

6.5.3.1 For people with persistent minor and mild to moderate depression who have declined a low intensity intervention or group CBT, counselling may be considered. However, practitioners should take care to explain the uncertainty about the effectiveness of counselling for people with depression.

6.5.6.1 For people with moderate depression who have declined or have not benefited from CBT or IPT short-term psychodynamic psychotherapy may be considered. However, practitioners should take care to explain the uncertainty about the efficacy of short-term psychodynamic psychotherapy in the treatment of depression.

Current Context – IAPT

- Majority of PCT's are creating an IAPT service
- IAPT national programme managers determine how performance is measured
- Performance of existing services compares favourably
- But only if like is compared with like

Service Performance - % Patients Recovered (above cutoff to below)

	D'caster	Newham	Pathfinders	Existing Services	
Patients referred and seen for 1 st assessment excluding those on waiting list or still in treatment	3,480	658	6,150	26,238	

Service Performance - % Patients Recovered (above cutoff to below)

	D'caster	Newham	Pathfinders	Existing Services	IAPT Target
Patients referred and seen for 1 st assessment excluding those on waiting list or still in treatment	3,480	658	6,150	26,238	
As % of cases completing treatment (min assessment +1 session) after deducting patients below clinical severity at assessment	56%	55%	49%	65%	61%

Service Performance - % Patients Recovered (above cutoff to below)

	D'caster	Newham	Pathfinders	Existing Services	IAPT Target
Patients referred and seen for 1 st assessment excluding those on waiting list or still in treatment	3,480	658	6,150	26,238	
As % of patients who began treatment (defined as attending at least 1 session after assessment)	51%	49%	39%	58%	50%
As % of cases completing treatment (min assessment = 1 session) after deducting patients below clinical severity at assessment	56%	55%	49%	65%	61%

Service Performance - % Patients Recovered (above cutoff to below)

	D'caster	Newham	Pathfinders	Existing Services	IAPT Target
Patients referred and seen for 1 st assessment excluding those on waiting list or still in treatment	3,480	658	6,150	26,238	
As % of patients who began treatment (defined as being accepted for treatment at assessment)	30%	30%	24%	30%	
As % of patients who began treatment (defined as attending at least 1 session after assessment)	51%	49%	39%	58%	50%
As % of cases completing treatment (min assessment = 1 session) after deducting patients below clinical severity at assessment	56%	55%	49%	65%	61%

Service Performance - % Patients Recovered (above cutoff to below)

	D'caster	Newham	Pathfinders	Existing Services	IAPT Target
Patients referred and seen for 1 st assessment excluding those on waiting list or still in treatment	3,480	658	6,150	26,238	
As % of patients seen for 1 st assessment (ex waiting list and still in treatment)	24%	16%	17%	26%	
As % of patients who began treatment (defined as being accepted for treatment at assessment)	30%	30%	24%	30%	
As % of patients who began treatment (defined as attending at least 1 session after assessment)	51%	49%	39%	58%	50%
As % of cases completing treatment (min assessment =1 session) after deducting patients below clinical severity at assessment	56%	55%	49%	65%	61%

Context Mid 2010 Onwards

Consequences of current financial crisis :-

- Huge national deficit, weakened pound
- Govt forced to cut back on big spending depts (NHS, Edn, Welfare, Defence)
- Great pressure on Trusts to reduce costs

Consequences of election spring 2010 :-

- Political support for IAPT weakened

Survival means demonstrating you are cost effective – not just effective.

Cost per Patient						
	Doncaster	Newham	Pathfinders	Existing Services		IAPT Feb 08 Target
				Min	Max	
Cost per patient referred	£455	£1,919	£298	£197		
				£105	£300	
Cost per patient completing treatment with pre/post measures	£961	£5,741	£699	£877		£380 - £590
				£199	£1,645	
Cost per patient recovered	£1,893	£11,657	£1,736	£1,507		£630 - £970
				£291	£2,284	

Reducing cost per patient recovered

- Reduce staff costs
- Improve efficiency of staff utilisation (eg reduce DNAs)
- Reduce overhead costs
- Reduce patient attrition

Patient Attrition Existing services

Patients seen for 1 st assessment (excluding those on waiting list or still in treatment)	100	
Not accepted – unsuitable for treatment	3 -	97
Referred on	5 -	92
Single session – treatment ended by mutual agreement	8 -	84
Accepted for therapy but no post measure completed	38 -	46
Completed treatment, with pre/post measures but scored below clinical level of severity at assessment	5 -	41
Completed treatment, with pre/post measures, scored above clinical level of severity at assessment, did not achieve recover	15 -	
Completed treatment, with pre/post measures, scored above clinical level of severity at assessment, achieved recovery		26

Patient Attrition

	Doncaster	Newham	Path- finders	Exist Serv
Patients seen for 1 st assessment (excluding those on waiting list or still in treatment)	100	100	100	100
Not accepted – unsuitable for treatment	11 -	35 -	12 -	3 -
Referred on	0	9 -	0	5 -
Single session – treatment ended by mutual agreement	8 -	1 -	17 -	8 -
Single session - unilateral termination by patient	8 -	4 -	8 -	8 -
Assessed but no further sessions	25	13 -	11 -	0
Accepted for therapy but no post measure completed	0	4 -	8 -	30 -
Completed treatment, with pre/post measures but scored below clinical level of severity at assessment	4 -	3 -	9 -	5 -
Completed treatment, with pre/post measures, scored above clinical level of severity at assessment, did not achieve recovery	19 -	13 -	18 -	15 -
Completed treatment, with pre/post measures, scored above clinical level of severity at assessment, achieved recovery	24	16	17	26

Conclusions

- **Become part of IAPT**
- **Be aware of how IAPT measure performance**
- **Use the same basis if there is any risk of your service performance being compared with IAPT services**
- **Work out what your cost per patient is and concentrate on reducing it over the next 18 month**
 - **Show that your cost per patient recovered compares favourably with other services**
 - Show a track record of having reduced your cost per patient recovered**
- **Focus on reducing patient attrition – in order to reduce cost per patient recovered**

Counselling

The evidence base for counselling as a treatment for depression is small (K=3) and an inconsistent picture of the effectiveness of the intervention in depression emerges. The 2004 guideline (NICE, 2004) did recommend counselling in mild to depression but in light of the increased evidence for a range of low intensity interventions and group CBT for mild depression the GDG decided not to support the recommendation for counselling. Nevertheless the GDG felt that counselling might still be consider for people with mild to moderate depression who had failed to benefit from low intensity interventions or group CBT but given the limited evidence felt that it was right that this limited evidence should be drawn to the attention of patient. There was considerable discussion of this recommendation in the GDG which took into account not just the limited evidence for counselling and the increased evidence for other interventions but also contextual changes in the NHS including the significant increase in evidenced based psychological interventions made available through the IPAT programme. Whilst the agreed recommendation did not reflect the view of all GDG members a very substantial number of GDG member supported the recommendation. *Page 195*