



Healthcare
Improvement
Scotland

Evidence
Advice and guidance



Form for requesting evidence support

We welcome requests to provide evidence or analysis on issues facing the service.

We can assist with broad questions and problems, or provide specific analytical support.

Please describe your request using this form and send to our team. We will acknowledge receipt and indicate next steps.

If you would like to discuss your request with a member of our team - prior to completing the form, or if you would like further information about the work of the directorate, please send us your enquiry.

1. Contact details

Please provide your name, current role, organisation, email or phone number.

Please also provide details of groups and networks either involved in, or aware of, in your request for support.

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Organisation: SAMH

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Phone: 07971 892 807

2. How can we help you?

Please describe and explain the issue or question that needs to be addressed.

Please include the rationale for our support in undertaking this work.

You may wish to consider the following:

1. What is the anticipated health benefit or the benefit for health and care in Scotland?
2. To what extent is there uncertainty in this area (such as evidence or implementation)?
3. Is there inappropriate variation in terms of service provision or outcomes? Consider inequalities.
4. Will there be a likely impact on resource allocation?

SAMH is requesting that the archived SIGN guidelines on “Non-pharmaceutical management of depression” (Number 114) be refreshed.

Earlier this year, we published a report that explored access to treatment and support for depression in Scotland called “Decisions Were Made About Me Not with Me”. In this report, 91% of respondents to our survey indicated that they had been prescribed antidepressants. However, almost half (48%) of respondents had not been referred to psychological therapies (including 49% of those prescribed antidepressants). SAMH recognises that there are many reasons why an individual might not be referred to psychological therapies, including that patient’s own preferences. Nevertheless, our findings suggest that there are barriers to accessing non-pharmaceutical treatments; 46% of respondents said that they had not been given different treatment options.

SAMH believes that refreshing the guidelines concerning non-pharmaceutical treatment and support would improve access and awareness about alternatives to pharmaceutical treatment for depression. This would help patients with depression to make better informed choices about their treatment.

Our full report is available to read here:

https://www.samh.org.uk/documents/Decisions_were_made_about_me.pdf

In addition to this, the Scottish Parliament's Cross-Party Group on Mental Health recently published a report on the Prevention and Early Intervention theme of the Mental Health Strategy 2017-2027 which also called for these guidelines to be updated.

The CPG report is available here: <https://emmaharpermsp.scot/wp-content/uploads/2020/06/CPG-Prevention-and-Early-Intervention-Report-final.pdf>

3. Current situation and relevance in Scotland

Please help us to focus our assessment by specifying the current situation in Scotland.

Please consider the following in your response:

1. The relevant population or patient group.
2. Relevant epidemiology data or clinical activity rates.
3. Main outcomes of interest.
4. Current consideration of the topic within health and care (including settings, treatment pathways, national programmes of work, ongoing research).
5. Relationship to current Scottish Government priorities/policies, and those of Healthcare Improvement Scotland.

Depression is one of the leading causes of disease burden in Scotland.¹

SAMH believes that it is important people are able to access treatment that is aligned with their preferences. However, our research found that over a third (36%) of respondents to our survey were unhappy with their level of involvement in their treatment. As mentioned in the previous section, barriers to involvement included a lack of different treatment options or of information about different options.

Notably, our findings also show that respondents who were happier with their level of involvement were more likely to be satisfied with their treatment. This is

significant as research suggests that people who have higher levels of satisfaction concerning their treatment are more likely to benefit from it.²

In addition to this, improving the provision of psychological therapy services is also a part of the Scottish Government's Mental Health Strategy 2017-2027.³

SAMH believes that refreshing the guidelines on non-pharmaceutical support for depression would help to improve patients', as well as medical professionals', awareness about the different treatment options available for depression. Ultimately, this could help to improve people's satisfaction with their treatment which would benefit to the mental health of people in Scotland with depression.

Scottish Public Health Observatory, The Scottish Burden of Disease Study. 2016

² Priebe, S. & Miglietta, E., Assessment and determinants of patient satisfaction with mental healthcare, World Psychiatry, 2019

³ Scottish Government, Mental Health Strategy 2017-2027, 2017 (Action 24)

4. Scope for our work to help inform better health and social care

We would like to know how our work will be used.

Please help us to understand the likely impact of our work by considering the following:

6. Are there any existing networks, groups or strategies that will be able to facilitate the communication of our work and/or implementation of our final output?
7. How would successful support be defined, and what measures could be used to evaluate impact?
8. What are the timescales for this work, including major milestones?

As a result of new guidelines on non-pharmaceutical support for depression, SAMH would like people with depression to feel more involved in the decisions about their treatment and

an increase in the number of people with depression being offered the opportunity to engage in psychological therapies.

We believe that the Royal College of General Practitioners (RCGP) could help support the communication and implementation of refreshed guidelines.

In addition to this, SAMH has frequently cited the previous guidelines in various documents including reports and policy briefings. This is something we would continue to do with the refreshed guidance, particularly in relation to our work on improving access to psychological therapies.

One of the key recommendations from our report on treatment and support for depression, mentioned in the previous sections, is for the Scottish Government to review psychological therapy provision. With this in mind, refreshed guidelines could contribute to a benchmark for this review while also providing a framework to work towards in terms of improving access.

5. Information to get us started

We would welcome any further information to help get us up to speed with work to-date.

If available, please share with us details relating to the following:

9. Existing background documentation or references.
10. Cost considerations/data (where appropriate).
11. Any additional issues related to staffing, training, facilities and infrastructure.
12. People with knowledge/expertise in this topic area who could be consulted, including patient organisations.
13. Any further information considered relevant.

Existing background documentation/references:

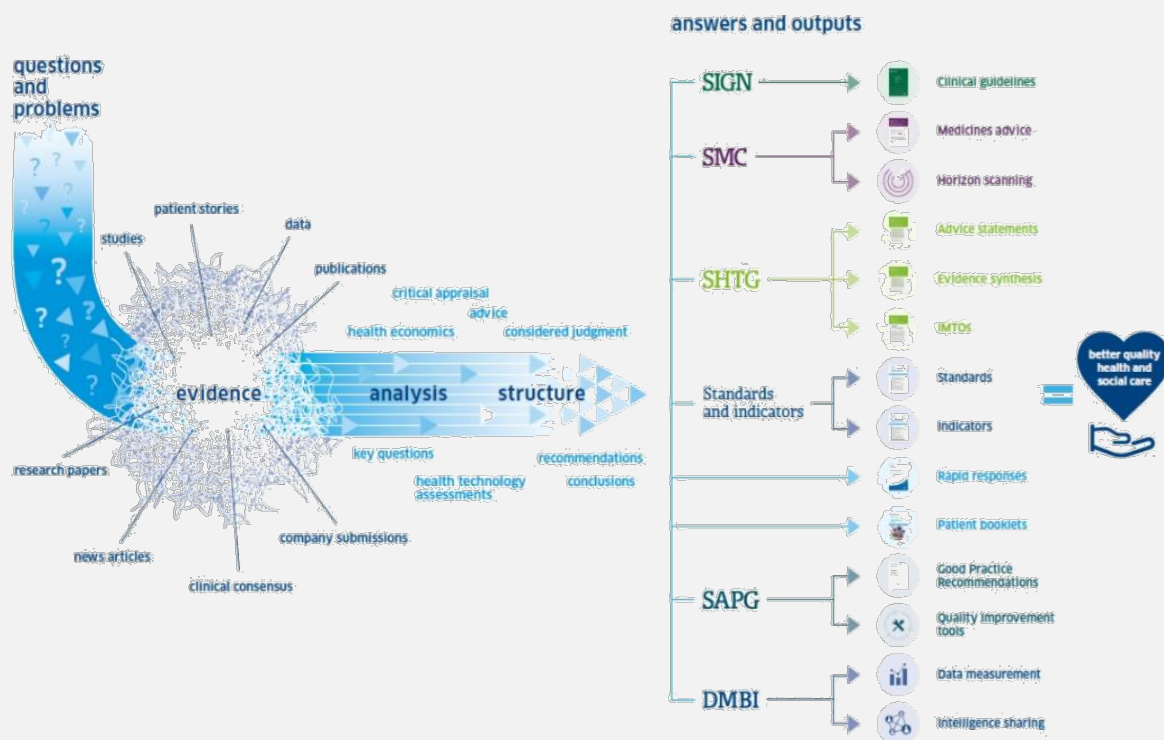
1. SIGN: Non-pharmaceutical management of depression in adults (archived in 2020)
2. NICE: Depression in adults: recognition and management, 2009
3. NHS Education for Scotland: The Matrix: a guide to delivering evidence based psychological therapies in Scotland, 2015
4. GMC: Consent: patients and doctors making decisions together, 2008
5. SAMH: Decisions were made about me not with me, 2020

People with knowledge/expertise in this topic area who could be consulted, including patient organisations:

1. SAMH (Scottish Association for Mental Health)
2. Royal College of General Practitioners
3. Royal College of Psychiatrists
4. COSCA (Counselling & Psychotherapy in Scotland)
5. BACP (British Association for Counselling and Psychotherapy)
6. VOX Scotland

Thank you for completing this form, kindly send to our team. We will acknowledge receipt and indicate next steps. For information, please see the process depicted below.

Figure 1. How we respond to questions and problems



Please note that the information submitted on this form will be held in accordance with Healthcare Improvement Scotland's policies. This information may be disclosed to third parties in accordance with the Freedom of Information (Scotland) Act 2002 (FOISA).