Depression in adults: treatment and management
Consultation on draft guideline - Stakeholder comments table

23 November 2021 - 12 January 2022

ID	Stakeholder	Document	Page No	Line No	Comments	Developer's response
1.	Greater Manchester Mental Health Service	Evidence Review	General	General	It is our clinical opinion that IAPT data sets need to be used as evidence of efficacy of counselling within IAPT services. Across our service all practitioners including HIT, CBT, PWP and Counsellors collect required IAPT data at beginning and end of therapy. This data shows that counselling is at least as effective as other models of therapy.	Thank you for your comment. When making recommendations, the committee interpreted the RCT evidence in light of their knowledge of the clinical context (including drawing on their knowledge of the IAPT dataset) so that the 'reality' for people experiencing depression was taken into account. In response to stakeholder comments, the committee have re-structured treatment recommendations in order to take into account implementation factors. In January 2020 NICE published a statement of intent signalling the ambition for the future use of wider sources of data and analytic methods (including sources commonly referred to as real-world data and evidence). To make decisions about the relative effectiveness of interventions, RCTs will continue to be prioritised in line with the NICE guidelines manual, in order to ensure that the populations treated with various interventions are equivalent. However it is possible that in the future, high-quality real-world datasets such as the IAPT dataset, could inform questions about access and engagement.

| 2. | Greater Manchester Mental Health Service | Evidence Review | General | General | Patient Experience Questionnaire information is collected as evidence of patient experience. Across our service all practitioners including HIT CBT, PWP and Counsellors collect the IAPT PEQ post treatment questionnaire regarding patients experience of therapy at the beginning and end of their treatment. This data in our service shows that patients are satisfied with their counselling treatment and believe that the treatment they receive resolved the main issue for which they presented to therapy. Counselling is almost always offering benefit to patients and at least as effective as other models of therapy. These recommendations are disrespecting patients' evidence by not including IAPT data sets and Patient Experience Questionnaires in the research evidence. Patients complete the data set in the hope that the data collected will be used to develop services. This data should be used. | Thank you for your comment. When making recommendations, the committee interpreted the RCT evidence in light of their knowledge of the clinical context (including drawing on their knowledge of the IAPT dataset) so that the 'reality' for people experiencing depression was taken into account. In response to stakeholder comments, the committee have re-structured treatment recommendations in order to take into account implementation factors. In January 2020 NICE published a statement of intent signalling the ambition for the future use of wider sources of data and analytic methods (including sources commonly referred to as real-world data and evidence). To make decisions about the relative effectiveness of interventions, RCTs will continue to be prioritised in line with the NICE guidelines manual, in order to ensure that the populations treated with various interventions are equivalent. However it is possible that in the future, high-quality real-world datasets such as the IAPT dataset, could inform questions about access and engagement. |

3.	Greater Manchester Mental Health Service	Evidence Review	General	General	It is inconsistent with patient care if the data presented by the patient within IAPT services is not used.	Thank you for your comment. When making recommendations, the committee interpreted the RCT evidence in light of their knowledge of the clinical context (including drawing on their knowledge of the IAPT dataset) so that the 'reality' for people experiencing depression was taken into account. In response to stakeholder comments, the committee have re-structured treatment recommendations in order to take into account implementation factors. In January 2020 NICE published a statement of intent signalling the ambition for the future use of wider sources of data and analytic methods (including sources commonly referred to as real-world data and evidence). To make decisions about the relative effectiveness of interventions, RCTs will continue to be prioritised in line with the NICE guidelines manual, in order to ensure that the populations treated with various interventions are equivalent. However it is possible that in the future, high-quality real-world datasets such as the IAPT dataset, could inform questions about access and engagement.

| 4. | Greater Manchester Mental Health Service | Patient Choice | General | General | The impact of NICE guidelines not including the IAPT data regarding the evidence of the efficacy of counselling within current IAPT service means services of counsellors are not commissioned. Consequently, fewer counsellors are employed by IAPT services, patients continue to choose/request counselling and may wait longer for the counselling service which they have chosen. | Thank you for your comment. The committee drew on their knowledge of the IAPT dataset to inform recommendations and to re-structure treatment recommendations in response to stakeholder comments. To make decisions about the relative effectiveness of interventions, RCTs have been prioritised in line with the NICE guidelines manual.

Based on their overall review of the clinical evidence the committee agreed that some treatment classes and interventions appeared to be more effective than others, but there was otherwise little to choose between treatments. The committee therefore reviewed the results of the health economic modelling which determined which treatments were cost-effective, and used this to develop a suggested prioritisation of which treatments should be offered to people with depression, or considered for use. Cost-effectiveness is an important NICE criterion that underpins recommendations, as it ensures efficient use of resources. All the data on which the order is based are contained in Evidence review B: efficacy rankings are listed separately for clinical and cost-effectiveness.

For less severe depression, counselling appeared to |

						be less cost-effective than other treatment options and did not appear to be cost-effective compared with GP care. The committee agreed that there may be some sub-groups of people in whom supportive empathetic counselling may help, particularly those with psychosocial, relationship or employment problems contributing to their depression, and that in these groups counselling may be more cost-effective than in the wider population of people with depression. For this reason counselling was included as a treatment option in Table 1. For more severe depression, counselling had been demonstrated to be cost-effective and as such is included as a treatment option in Table 2. The guideline recommendations on choice (and in the sections on treatment options) are very clear that a shared decision should be made and patient preferences taken into consideration. The NICE guidelines are evidence-based and so the interventions for first-line treatment are listed in order of clinical effectiveness and cost-effectiveness to aid clinicians and people with depression to choose the most effective treatment that is right for them, and to guide choice when there is no preference.

| 5. | Greater Manchester Mental Health Service | Patient Choice | 60 | 5.2 | Referral to services are not universally available as Counselling is not equitably represented in the report. This will have a bearing on the commissioning of counselling as a service and have a negative effect upon patient choice and wait times. | Thank you for your comment. The committee drew on their knowledge of the IAPT dataset to inform recommendations and to re-structure treatment recommendations in response to stakeholder comments. To make decisions about the relative effectiveness of interventions, RCTs have been prioritised in line with the NICE guidelines manual.

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| 6. | Greater Manchester Mental Health Service | Patient Choice | 62 | 14-16 | Counselling as a form of therapy takes its lead from the patient perspective asking about their experience of their depression rather than 'telling the practitioners perspective of depression' and offering therapists solutions. Counselling would therefore appear to be a most appropriate form of treatment for depression. | Thank you for your comment. Based on their overall review of the clinical evidence the committee agreed that some treatment classes and interventions appeared to be more effective than others, but there was otherwise little to choose between treatments. The committee therefore reviewed the results of the health economic modelling which determined which treatments were cost-effective, and used this to develop a suggested prioritisation of which treatments should be offered to people with depression, or considered for use. Cost-effectiveness is an important NICE criterion that underpins recommendations, as it ensures efficient use of resources. All the data on which the order is based are contained in Evidence review B: efficacy rankings are listed separately for clinical and cost-effectiveness.

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7.	Greater Manchester Mental Health Service	Patient Choice	62	26	As the importance of a trusting relationship is recognised as the most important part of therapy yet is potentially the most difficult to measure, use of the Patient Experience Questionnaires and patients IAPT data sets would be the most effective way of ensuring the patient experience is collected, used and evidenced.	Thank you for your comment. When making recommendations, the committee interpreted the RCT evidence in light of their knowledge of the clinical context (including drawing on their knowledge of the IAPT dataset) so that the 'reality' for people experiencing depression was taken into account. In response to stakeholder comments, the committee have re-structured treatment recommendations in order to take into account implementation factors. In January 2020 NICE published a statement of intent signalling the ambition for the future use of wider sources of data and analytic methods (including sources commonly referred to as real-world data and evidence). To make decisions about the relative effectiveness of interventions, RCTs will continue to be prioritised in line with the NICE guidelines manual, in order to ensure that the populations treated with various interventions are equivalent. However it is possible that in the future, high-quality real-world datasets such as the IAPT dataset, could inform questions about access and engagement.

| 8. | Greater Manchester Mental Health Service | Patient Choice | General | General | Patient Experience Questionnaire information is collected and needs to be treated as evidence of patient experience. Refer point 2 above. | Thank you for your comment. When making recommendations, the committee interpreted the RCT evidence in light of their knowledge of the clinical context (including drawing on their knowledge of the IAPT dataset) so that the 'reality' for people experiencing depression was taken into account. In response to stakeholder comments, the committee have re-structured treatment recommendations in order to take into account implementation factors. In January 2020 NICE published a statement of intent signalling the ambition for the future use of wider sources of data and analytic methods (including sources commonly referred to as real-world data and evidence). To make decisions about the relative effectiveness of interventions, RCTs will continue to be prioritised in line with the NICE guidelines manual, in order to ensure that the populations treated with various interventions are equivalent. However it is possible that in the future, high-quality real-world datasets such as the IAPT dataset, could inform questions about access and engagement. |

9.	Greater Manchester Mental Health Service	Patient Choice	General	General	In not including counselling as equal in NICE guidelines is NICE are failing to support the mental health needs of the population.	Thank you for your comment. Based on their overall review of the clinical evidence the committee agreed that some treatment classes and interventions appeared to be more effective than others, but there was otherwise little to choose between treatments. The committee therefore reviewed the results of the health economic modelling which determined which treatments were cost-effective, and used this to develop a suggested prioritisation of which treatments should be offered to people with depression, or considered for use. Cost-effectiveness is an important NICE criterion that underpins recommendations, as it ensures efficient use of resources. All the data on which the order is based are contained in Evidence review B: efficacy rankings are listed separately for clinical and cost-effectiveness. For less severe depression, counselling appeared to be less cost-effective than other treatment options and did not appear to be cost-effective compared with GP care. The committee agreed that there may be some sub-groups of people in whom supportive empathetic counselling may help, particularly those with psychosocial, relationship or employment problems contributing to their depression, and that

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