

Identifying and assessing common mental health disorders

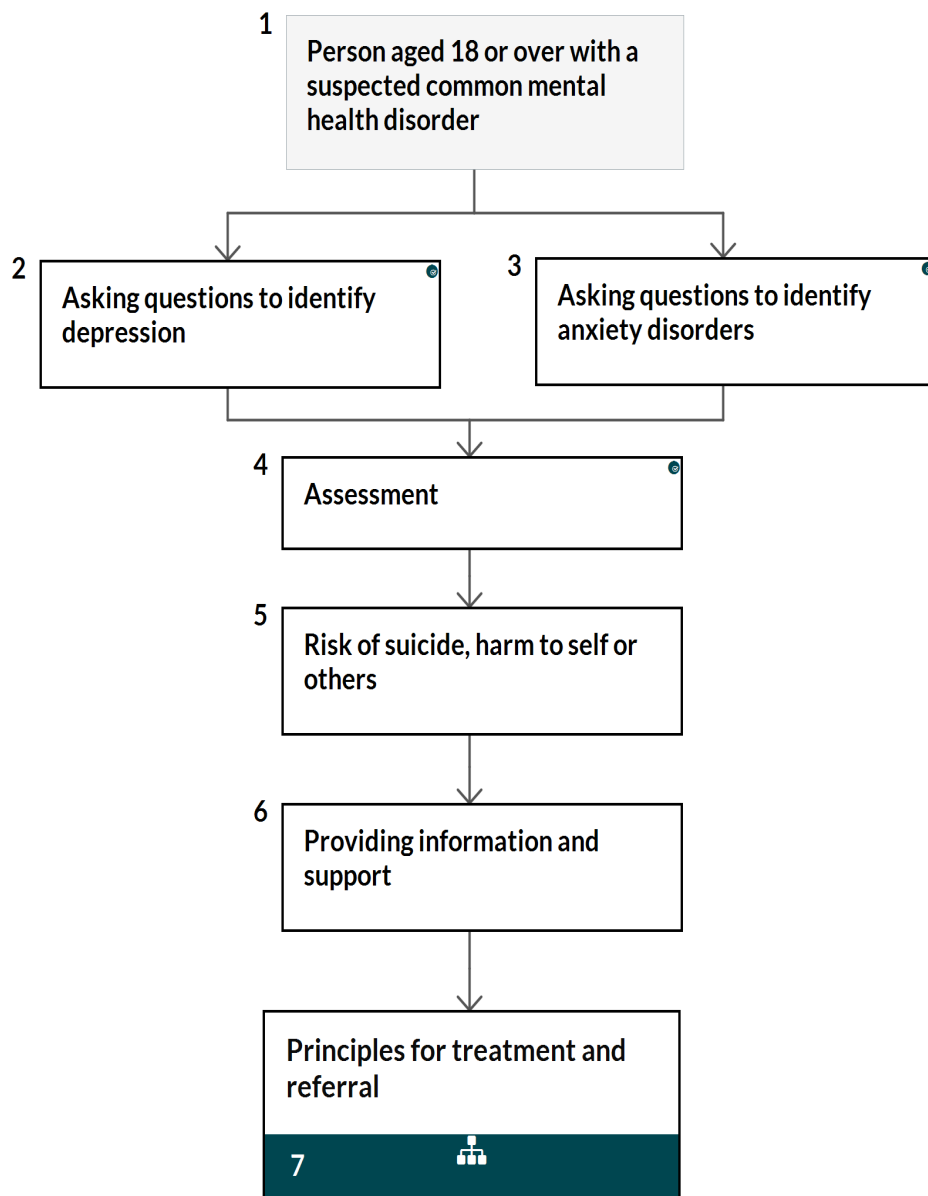
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/common-mental-health-disorders-in-primary-care>

NICE Pathway last updated: 04 December 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person aged 18 or over with a suspected common mental health disorder

No additional information

2 Asking questions to identify depression

Be alert to possible depression (particularly in people with a past history of depression, possible somatic symptoms of depression or a chronic physical health problem with associated functional impairment) and consider asking:

- During the last month have you often been bothered by
 - feeling down, depressed or hopeless?
 - having little interest or pleasure in doing things?

If a person answers 'yes' to either question, consider depression.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Mental wellbeing of older people in care homes

3. Recognition of mental health conditions

3 Asking questions to identify anxiety disorders

Be alert to possible anxiety disorders (particularly in people with a past history of an anxiety disorder, possible somatic symptoms of an anxiety disorder, or who have experienced a recent traumatic event). Consider using the GAD-2 scale (see information on the [GAD-2 scale \[See page 8\]](#)) to ask about:

- their feelings of anxiety and
- their ability to stop or control worry.

If a person scores three or more on the GAD-2 scale, consider an anxiety disorder.

If the person scores less than three on the GAD-2 scale, but you are still concerned they may

have an anxiety disorder, ask:

- Do you find yourself avoiding places or activities and does this cause you problems?

If the person answers 'yes' to this question, consider an anxiety disorder.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Mental wellbeing of older people in care homes

3. Recognition of mental health conditions

4 Assessment

A practitioner who is not competent to perform a mental health assessment should:

- refer the person to an appropriate healthcare professional – if this is not their GP, inform the GP of the referral.

A practitioner who is competent to perform a mental health assessment should:

- review the person's mental state and associated functional, interpersonal and social difficulties
- consider using a diagnostic or problem identification tool or algorithm, for example, the IAPT screening prompts tool (see appendix C of the IAPT Data Handbook at the [IAPT website](#) for more information).
- consider using a validated measure relevant to the disorder or problem being assessed, for example the PHQ-9, HADS or GAD-7
- for people with significant language or communication difficulties, consider using the Distress Thermometer and/or asking a family member or carer about symptoms; if significant distress is identified, investigate further.

In addition to assessing symptoms and associated functional impairment, consider how the following factors may have affected the person's presenting problem:

- a history of any mental health disorder
- a history of a chronic physical health problem
- any past experience of, and response to, treatments
- the quality of interpersonal relationships

- living conditions and social isolation
- family history of mental illness
- a history of domestic violence or sexual abuse
- employment and immigration status.

Assess the impact of the presenting problem on the care of children and young people (if appropriate) and, if necessary, follow local safeguarding procedures.

Be aware of any learning disabilities or acquired cognitive impairments, and if necessary consider consulting with a relevant specialist (see [principles for treatment and referral](#)).

Always ask directly about suicidal ideation and intent. If there is a risk of self-harm or suicide:

- assess whether the person has adequate social support and is aware of sources of help
- arrange help appropriate to the level of risk (see [risk of suicide, harm to self or others \[See page 6\]](#))
- advise the person to seek further help if the situation deteriorates.

Cultural, ethnic and religious considerations

Be respectful of, and sensitive to, cultural, ethnic and religious backgrounds, and be aware of possible variations in the presentation of common mental health disorders. Ensure competence in:

- culturally sensitive assessment
- using different explanatory models of common mental health disorders
- addressing cultural and ethnic differences when developing and implementing treatment plans
- working with families from diverse ethnic and cultural backgrounds.

Do not significantly vary the content and structure of assessments or interventions to address specific cultural or ethnic factors (beyond language and the cultural competence of staff), except as part of a formal evaluation of such modifications to an established intervention.

Training and competencies for mental health assessment

All staff carrying out the assessment of common mental health disorders should be competent in:

- determining the nature, duration, and severity of the presenting disorder

- assessing not only symptom severity but also associated functional impairment
- identifying appropriate treatment and referral options in line with NICE guidance
- relevant verbal and non-verbal communication skills
- the use of formal assessment measures and routine outcome measures.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Anxiety disorders

1. Assessment of suspected anxiety disorders

Mental wellbeing of older people in care homes

3. Recognition of mental health conditions

Depression in adults

1. Assessment

5 Risk of suicide, harm to self or others

If a person presents a high risk of suicide or potential harm to others, a risk of significant self-neglect, or severe functional impairment, assess and manage the immediate problem first and then refer to specialist services. Where appropriate inform families and carers.

If a person presents considerable and immediate risk to themselves or others, refer them urgently to the emergency services or specialist mental health services.

If the person is assessed to be at risk of suicide:

- take into account toxicity in overdose, if a drug is prescribed, and potential interaction with other prescribed medication; if necessary, limit the amount available
- consider increasing the level of support, such as more frequent direct or telephone contacts
- consider referral to specialist mental health services.

See what NICE says on [drug misuse prevention](#).

6 Providing information and support

Provide information about the services and interventions that constitute the local care pathway, including the:

- range and nature of the interventions provided
- settings in which services are delivered
- processes by which a person moves through the pathway
- means by which progress and outcomes are assessed
- delivery of care in related health and social care services.

When providing information about local care pathways to people with common mental health disorders, their families and carers:

- take into account their knowledge and understanding of mental health disorders and treatment
- ensure the information is appropriate to the communities using the pathway.

Provide all information about services in a range of languages and formats (visual, verbal and aural), and ensure it is available from a range of settings.

Ensure effective engagement with families and carers, where appropriate, to:

- inform and improve the care of the person with a common mental health disorder
- identify and meet the needs of families and carers.

7 Principles for treatment and referral

[See Common mental health disorders in primary care / Principles for treatment and referral in common mental health disorders](#)

GAD-2 scale

The GAD-2 screening tool consists of the first 2 questions of the GAD-7 scale.

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day	Score
1. Feeling nervous, anxious or on edge	0	1	2	3	
2. Not being able to stop or control worrying	0	1	2	3	
3. Worrying too much about different things	0	1	2	3	
4. Trouble relaxing	0	1	2	3	
5. Being so restless that it is hard to sit still	0	1	2	3	
6. Becoming easily annoyed or irritable	0	1	2	3	
7. Feeling afraid as if something awful might happen	0	1	2	3	
Total score					

Developed by Drs Robert L Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

Glossary

CBT

cognitive behavioural therapy

EMDR

eye movement desensitisation and reprocessing

ERP

exposure and response prevention

GAD

generalised anxiety disorder

Distress Thermometer

a single-item question screen to identify distress by asking the person to mark on a scale of 0 to 10 how distressed they have been during the past week

GAD-2

2-item generalised anxiety disorder scale

HADS

hospital anxiety and depression scale

GAD-7

7-item generalised anxiety disorder scale

IAPT

improving access to psychological therapies

IPT

interpersonal therapy

Mild

when applied to common mental health disorders, mild generally refers to relatively few core symptoms (although sufficient to achieve a diagnosis), a limited duration and little impact on day-to-day functioning

OCD

obsessive compulsive disorder

PHQ-9

9-item patient health questionnaire

PTSD

post-traumatic stress disorder

Sources

[Common mental health disorders: identification and pathways to care \(2011\) NICE guideline CG123](#)

Your responsibility**Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them

and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.