

**Draft NICE decision aid on making decisions about managing depression**

**Deadline for comments 5pm on Thursday 15 February 2024. Submission by email to: [PDA@nice.org.uk](mailto:PDA@nice.org.uk)**

Please read the [checklist](#) for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

1. How helpful do you think this decision aid will be in supporting discussions between healthcare professionals and patients, and relatives and carers as appropriate?
2. Is there anything you would add, delete or change about each of the sections?
3. What is your overall impression of the decision aid (for example, was it easy to navigate around the PDA; was the order of information logical)?

<b>Organisation name</b>	Royal College of General Practitioners
<b>Name of person completing form:</b>	Michael Mulholland/ Adrian Hayter/ Anika Mandla

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Question	Comments:
1. How helpful do you think this decision aid will be in supporting discussions between healthcare professionals, patients, relatives and carers?	<p>Do not paste other tables into this table because your comments could get lost – type directly into this table.</p> <p>The document seems quite difficult for some people to access if they have significantly disabling depressive symptoms unless they are highly motivated, with good concentration, attention, reading skills and analytic skills. Whilst each individual sentence is clear, the totality of information is extensive and advice from the Plain English Campaign and easy read versions would be beneficial (especially for people with LD, ASD and ADHD). Additionally, the document could be shorter and in a format that could be communicated out by text or e-mail with follow on references.</p> <p>We are concerned that there is no mention of people with learning disability or neurodiversity. There are 14 pages of quite complex information that will be difficult for most people with even a very Mild LD to navigate through. There is need for an easy read version where there has been consultation and specialist Speech and Language Therapy input. There is a helpful overview of how to design decision making support information for people with a more significant learning disability - <a href="#">Visual-communication-aids-booklet.pdf (cardiff.ac.uk)</a></p>
2a. Is there anything you would add, delete or change about the following section: <b>What is this document?</b>	
2b. Is there anything you would add, delete or change about the following section: <b>1. What is depression?</b>	The language used is unclear. It mentions “they have seriously injured themselves...” and later “you do not feel you can keep yourself...”. This creates confusion between a third-person reference and a sudden shift to second person. As a reader, we are concerned it would be challenging to understand the intended meaning. It may be worth mentioning that depression is a clinical diagnosis and that professionals may use various tool e.g PHQ -9 to make a diagnosis and follow-up on their management plan.
2c. Is there anything you would add, delete or change about the following section: <b>2. What are my options?</b>	The information can be made more concise and the options could possibly be grouped e.g. medications, self-help and therapy. Additionally, the find out even more URL <a href="https://www.nhs.uk/mental-health/talking-">https://www.nhs.uk/mental-health/talking-</a>

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	<p>Do not paste other tables into this table because your comments could get lost – type directly into this table.</p> <p><a href="#">therapies-medicine-treatments/talking-therapies-and-counselling/types-of-talking-drafttherapies/</a> is not clickable and does not work (even when it is copied and pasted into a browser).</p> <p>Although the information provided on the different options is good, it is important to clearly state that all those options may not be instantly or at all available in all areas of the UK.</p>
<p>2d. Is there anything you would add, delete or change about the following section:</p> <p><b>3. How likely are the options to help?</b></p>	<p>Although the information is clear and important, the evidence may not take into account specific subgroups of the population. Have you considered responses from people living with health inequalities and diversity and especially people with neurodiversity? Additionally, we think it is important to consider the following questions:</p> <ul style="list-style-type: none"> <li>• Is there an evidence base to support interventions like mindfulness and talking therapies in patients with learning disability?</li> <li>• Where there is an evidence base, are adapted versions available in practice in the NHS?</li> <li>• Is the outcome data cited applicable to PWLD given: <ul style="list-style-type: none"> <li>-the evidence base already referred to, and</li> <li>-that they have substantially higher levels of physical health problems, mental illness and co-morbid anxiety disorder and atypical psychosis.</li> </ul> </li> <li>• Is the outcome data applicable to people with ASD as they have substantially higher levels of physical health problems (especially epilepsy), ADHD, mental illness and co-morbid anxiety disorder? Patients with <u>neurodiversity</u> can respond adversely to CBT. (<a href="#">El Baou et al (2023) Effectiveness of primary care psychological therapy services for treating depression and anxiety in autistic adults in England: a retrospective, matched, observational cohort study of national health-care records Lancet Psychiatry 10,12, 944-954</a>)</li> </ul>
<p>2e. Is there anything you would add, delete or change about the following section:</p> <p><b>4. What’s important to you?</b></p>	<p>It would be beneficial to provide the same scoring format for “other things”.</p>

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2f. Is there anything you would add, delete or change about the following section: <b>5. Making a decision</b>	Do not paste other tables into this table because your comments could get lost – type directly into this table.  We think this section could be made more concise. Additionally, RCPsych has a number of good resources on depression (not just on stopping antidepressants but on depression, treatments and medications) which should be included in the list.
2g. Is there anything you would add, delete or change about the following section: <b>6. How this decision aid was produced</b>	We wonder how much patient involvement has been considered in producing this decision aid.
3. What is your overall impression of the decision aid?	<p>Overall, although the decision aid consists of important information, we think it is too long and not useful to incorporate into a GP consultation in its current form. Patients with depression may find it challenging to understand and navigate through, making its useability questionable.</p> <p>We also believe that the evidence base needs to be considered and more thought needs to be given the generalisability of the evidence base cited. It is also important to provide training for primary care mental health workers, practice nurses, pharmacists and others to use an adapted-collaborative decision-making tool with the patient and where appropriate with their families and/or carers. Such a tool could be based on this document.</p> <p>It is important to be mindful that in relation to the decision about treatment for depression neurodiverse individuals may be a population who lack capacity, whose capacity fluctuates, or who only have capacity with support. There is some NHS England Guidance about support for clinical management in for all specialities: <a href="#">NHS England » Clinical guide for front line staff to support the management of patients with a learning disability and autistic people – relevant to all clinical specialties</a> . However, this does not focus on depression, but is useful as a general framework. The Royal College of Speech and Language Therapists have a lot of information about supported decision making on their website e.g. <a href="#">Supported decision-making and mental capacity   RCSLT</a> – much of it is linked to the Mental Capacity Act, but that is very relevant to this group of people. Input from a specialist Speech and Language Therapist is essential for this kind of guidance if it is to be adapted.</p>

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	<p>Do not paste other tables into this table because your comments could get lost – type directly into this table.</p> <p>Careful thought needs to be given in relation to reasonable adjustments if this type of tool is going to adapted into an inclusive intervention following <a href="#">Treat me well top 10 reasonable adjustments.pdf (mencap.org.uk)</a> which, although it is based on hospital care, has links relevant to all the NHS : <a href="#">NHS England » Accessible Information Standard</a>.</p> <p>Lastly, NICE already appear to have done some work on this in relation to wider decision making and the Mental Capacity Act: <a href="#">Decision-making and mental capacity (nice.org.uk)</a> <a href="#">Development of a Best Interest Decision Making Toolkit to support health and care professionals who work with those with cognitive impairment to achieve better outcomes   NICE</a> and this could be extended to this decision aid.</p>

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**Checklist for submitting comments:**

- Use this comment form and submit it as a Word document (**not a PDF**).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Do not include any confidential information or any medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets. Any comment forms that include such attachments will be deleted without being read.
- We are seeking comments on the draft decision aid only; we are not able to accept any comments about the published NICE guideline on depression in adults: treatment and management (NG222, 2022). The decision aid does not amend or update the NICE guideline in any way.
- We do not intend to provide formal responses to comments received but we will take all comments you provide carefully into account.