

# NICE guidelines for mental health

With the guidelines for schizophrenia and depression under review, now is a good time to catch up with what the NICE guidelines currently recommend

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The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. NICE have currently published 15 guidelines for the treatment of mental health and behavioural conditions. Below you will find details of each of the guidelines and the psychological therapies recommended for them.

Please note, this summary does not give details of levels of evidence or the context of the original guideline in which the recommendations are made.

## 1. Antenatal and postnatal mental health

The following is a summary of the psychological therapies recommended for a range of different conditions that might occur during the antenatal and postnatal period:

### Depression

- Self-help approaches, including computerised CBT (CCBT)
- Brief psychological interventions, including counselling, CBT, interpersonal therapy (IPT) and non-directive counselling delivered

at home (listening visits)

### Generalised anxiety disorder

- CBT for women who are planning a pregnancy or are pregnant and women who have a new episode of generalised anxiety disorder.

### Panic disorder

- CBT, self-help or CCBT for women who are planning a pregnancy or are pregnant and women who have a new episode of panic disorder

### Obsessive-compulsive disorder

- Psychological therapy for women who are planning a pregnancy or are pregnant

### Post-traumatic stress disorder

- Focused psychological therapy – eg CBT or eye movement desensitisation and reprocessing therapy (EMDR) – for women planning a pregnancy or with pregnancy trauma

### Eating disorders

- Psychological therapy for women who have an episode of bulimia nervosa while breastfeeding.

### Bipolar disorder

- CBT
- Self-help
- CCBT
- Counselling
- IPT

## 2. Anxiety

Recommendations are made for both panic disorder and generalised anxiety disorder

as follows:

### Panic disorder

- CBT
- Self-help in the form of bibliotherapy.

### Generalised anxiety disorder

- CBT
- Self-help (bibliotherapy based on CBT principles).

## 3. Attention deficit hyperactivity disorder (ADHD)

The ADHD guideline focuses on treatment for pre-school children, school-age children and adults:

- Group-based parent-training/education programmes (CBT and/or social skills training)
- Individual-based parent-training/education programmes
- Individual psychological interventions (CBT or social skills training)
- Group or individual CBT.

## 4. Bipolar disorder

The guideline for bipolar disorder includes a number of recommendations for psychological therapies, including:

- Individual psychological therapy
- Structured psychological therapy
- Psychological treatment
- CBT

- Counselling (for women with unplanned pregnancy)
- Psychosocial intervention (psychoeducation and motivational enhancement)
- Self-help approaches (CCBT)
- Brief psychological interventions
- Focused family interventions.

## 5. Dementia

The guideline for dementia recommends:

- Psychological therapy (including CBT)
- Structured group cognitive stimulation programme,
- Psychoeducation
- Genetic counselling.

## 6. Depression

Psychological interventions feature in several of the key steps for the treatment of depression. Within step two, for the treatment of mild depression, the following treatments are recommended:

- Self-help based on CBT
- Brief psychological treatment – such as problem-solving therapy, brief CBT and counselling.

In both mild and moderate depression, psychological treatment specifically focused on depression, such as problem-solving therapy, brief CBT and counselling, of six to eight sessions over 10 to 12 weeks should be considered.

Within step three, for moderate to severe depression, the following treatments are recommended:

- CBT (the guideline states it should not be offered to patients with moderate or severe depression who do not take or who refuse antidepressant treatment)
- IPT if the patient expresses a preference for it or if, in the view of the healthcare professional, the patient may benefit from it. However, for moderate, severe and treatment-resistant depression, the treatment of choice is CBT
- Couple-focused therapy for patients who have a regular

partner and who have not benefited from a brief individual intervention

- Psychodynamic psychotherapy for the treatment of the complex comorbidities that may be present along with depression.

In step four, CBT and mindfulness-based CBT are recommended.

## 7. Depression in children and young people

The following interventions should be used:

- Following a period of up to four weeks of watchful waiting, all children and young people with continuing mild depression and without significant comorbid problems or signs of suicidal ideation, should be offered individual non-directive supportive therapy, group CBT or guided self-help for a limited period (approximately two to three months). This could be provided by appropriately trained professionals in primary care, schools, social services and the voluntary sector or in tier two CAMHS
- Children and young people with moderate to severe depression should be offered, as a first-line treatment, a specific psychological therapy (individual CBT, ITP or shorter-term family therapy). It is suggested that this should be for at least three months' duration
- Following multidisciplinary review, the following should be considered: an alternative psychological therapy that has not been tried or systemic family therapy (at least 15 fortnightly sessions), or individual child psychotherapy (approximately 30 weekly sessions).

## 8. Drug misuse: opioid detoxification

The psychological therapies recommended are:

- Self-help

- Group based psychoeducational interventions
- Opportunistic brief interventions focused on motivation
- Contingency management programmes
- Behavioural couples therapy
- Behavioural family interventions
- CBT (if anxiety or depression is present).

## 9. Drug misuse: psychosocial interventions

The recommended psychological therapies are:

- Self-help
- Support groups
- Contingency management.

## 10. Eating disorders

A range of psychological interventions are recommended for bulimia nervosa, anorexia nervosa and binge eating disorder:

- CBT for bulimia nervosa (CBT-BN), a specifically adapted form of CBT, should be offered to adults with bulimia nervosa. The course of treatment should be for 16 to 20 sessions over four to five months
- CBT for binge eating disorder (CBT-BED), a specifically adapted form of CBT, should be offered to adults with binge eating disorder
- Therapies to be considered for the psychological treatment of anorexia nervosa include cognitive analytic therapy (CAT), CBT, IPT, focal psychodynamic therapy and family interventions focused explicitly on eating disorders
- Other psychological treatments (IPT for binge eating disorder, and modified dialectical behaviour therapy) may be offered to adults with persistent binge eating disorder.

## 11. Obsessive-compulsive disorder (OCD)

The guideline for OCD includes:

- Psychological therapy for children and adults.
- Low or high intensity individual or group CBT, including exposure and response prevention.

## 12. Post-traumatic stress disorder (PTSD)

For PTSD if symptoms are mild and have been present for less than four weeks after the trauma, watchful waiting, as a way of managing the difficulties presented by individual sufferers, should be considered. Chronic PTSD sufferers should be offered a course of trauma-focused psychological treatment (trauma-focused cognitive-behavioural therapy or eye movement desensitisation and reprocessing).

## 13. Schizophrenia

- CBT
  - Family interventions for the families of people with schizophrenia who are living with or who are in close contact with the service user
  - Counselling and supportive psychotherapy are not recommended as discrete interventions in the routine care of people with schizophrenia where other psychological interventions of proven efficacy are indicated and available. However, service user preferences should be taken into account, especially if other more efficacious psychological treatments are not locally available.
- Psychoanalytic and psychodynamic principles may be considered to help health professionals to understand the experience of individual service users and their interpersonal relationships.

## 14. Self-harm

- Intensive therapeutic intervention
- Dialectical behaviour therapy

- Developmental group psychotherapy

## 15. Violence

- De-escalation techniques
- Observation and engagement

## Guidelines in development

NICE is updating its schizophrenia and depression in adults guidelines, due for publication in March and September 2009 respectively.

The following new guidelines are currently in development:

- Antisocial personality disorders (January 2009)
- Medicines concordance and adherence (January 2009)
- Borderline personality disorder (January 2009)
- Depression in chronic health problems (June 2009)
- When to suspect child maltreatment (July 2009)
- Alcohol use disorders (March 2010)
- Delirium (April 2010)
- Pregnancy and complex social factors (June 2010)
- Nocturnal enuresis in children (August 2010)
- Autism in children and adolescents (May 2011)
- Alcohol dependence (tbc)
- Severe mental illness with problematic substance misuse (tbc)

## NICE committees and working groups

NICE committees and working groups are made up of health and other professionals, patients, carers and members of the public, and technical experts. Current vacancies are listed at [www.nice.org.uk/getinvolved/joinnwc/join\\_a\\_nice\\_committee\\_or\\_working\\_group.jsp](http://www.nice.org.uk/getinvolved/joinnwc/join_a_nice_committee_or_working_group.jsp) For a complete list of NICE clinical guidelines for mental health and behavioural conditions visit [www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7281](http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7281)