



Psychotherapy and Counselling Union (PCU)

The Psychotherapy and Counselling Union: standing up for therapists and therapy.

Psychotherapy and Counselling Union (PCU) Response to the Third Consultation on the NICE Guideline on Depression in Adults

12 January 2022

Introduction

As a union representing psychotherapists, counsellors, and related professions, our concern is to ensure that the expertise of our members is properly understood and that their skills are appropriately utilised in all situations where they can make a contribution.

We recognise the enormous importance of NICE guidelines in relation to psychological interventions, especially for frequently-encountered conditions such as depression. The guidelines will affect not only treatment recommendations by GPs and other healthcare professionals, but also the provision of different services for instance within IAPT settings, and more broadly the public perception of the effectiveness of different interventions.

We are therefore encouraged by a number of aspects of the latest draft guideline (NICE, 2021a), when compared to both the currently approved guideline (NICE, 2009) and the previous consultation draft (NICE, 2018). In particular, we welcome:

- The inclusion of both Counselling and Short-term psychodynamic psychotherapy (STPP) as first-line treatments for both less severe and more severe depression (NICE, 2021a, pp. 29-30, 33-35), rather than only as secondary options (NICE, 2018, pp. 23, 25).
- The new section 1.3 on choice of treatments (NICE, 2021a, pp. 10-11), emphasising shared decision-making and respect for the preferences of people with depression (in line with the new NICE guideline NG197), and the requirement for commissioners to ensure that all NICE-recommended treatments are available in practice (NICE, 2021a, p. 11).
- Underpinning section 1.3, the inclusion of evidence relating to service user experiences, and the use of a range of qualitative studies for this purpose (NICE, 2021c).
- The full discussion of issues related to antidepressant withdrawal (sections 1.4.10 to 1.4.20, NICE, 2021a, pp. 15-18), especially as compared to the cursory overview in the 2009 guideline (NICE, 2009, p. 34-35, cp. NICE, 2018, pp. 14-17).

Real-world practice



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Our members work on the front-line helping people with depression, and they see the full range of presentations and contexts that can appear in depression. We therefore remain concerned that the draft guideline does not encompass the complexities of real-world practice, as it continues to focus on a narrow evidence base, narrowly-defined outcome measures, and questionable classifications of both depression and counselling. More specifically:

- Excessive weight is still given to randomised controlled trials (RCTs), and consequently other high-quality data is ignored, including the huge volume of data available from the national Improving Access to Psychological Therapies (IAPT) programme. This may be partly an issue for the consultation on NICE guideline development, but the current guideline development manual (NICE, 2014, pp. 106-110) still allows for flexibility in this area.
- Depression is often a long-term, re-occurring condition (cp. IAPT data in Hepgul et al., 2016). The current draft guideline recognises some longer-term follow-up data (NICE, 2021b, p. 73), but it continues to rely heavily on very short-term outcomes, most commonly over a 6 to 12 week period. It also adopts a simple, binary model of recovery, ignoring partial recovery which in the real world may be very significant.
- The categories of depression in the draft guideline are significantly out-of-step with generally accepted classifications. On the one hand the guideline condenses the generally-accepted four categories of severity into just two ("less severe" and "more severe", NICE, 2021b, p. 10), partly in order to simplify the application of Network Meta-Analysis (NMA, see below). On the other hand it distinguishes "depression in people with a diagnosis of personality disorder" (previously labelled "complex depression") and "psychotic depression", from "chronic depression" (NICE, 2021a, pp. 45-49), contrary to guidance from the European Psychiatric Association (Jobst et al., 2016, pp. 19-20).
- The definition of counselling in the draft guideline is also confusing and contradictory. The guideline states that Counselling "Uses an empirically validated protocol developed specifically for depression" (NICE, 2021a, pp. 28-29, 33-34). This would suggest that it refers to something like the Person-Centred Experiential Therapy / Counselling for Depression (PCET/CfD) protocol approved for IAPT (UCL Psychology and Language Sciences, 2021). However, the corresponding entries in the lists of assessed interventions (NICE, 2021b, pp. 291-292) refer to something much more generic, described as "non-directive/supportive/person-centred counselling [individual counselling]", and in discussing a recent study that looked at PCET/CfD, the guideline documents state that "the PCET used in this study was not the same as non-directive counselling" (NICE 2021b, p. 146).

Network Meta-Analysis (NMA)



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One major change in the draft guideline (as compared to the currently approved 2009 document) is the use of Network Meta-Analysis (see Dias, Welton, Sutton, & Ades, 2016), combined with economic modelling, to generate an ordered list of interventions ranked by clinical and cost-effectiveness (NICE, 2021a, pp. 23-30, 31-37).

NMA is a new and sophisticated method of analysis drawn from the field of operational research, and it can undoubtedly yield valuable insights. However, it is very sensitive to inconsistencies between different studies, particularly variations in uncontrolled factors (effect modifiers), which can result in a form of Simpson's paradox and a failure of transitivity (see Baker and Kramer, 2002, and Cipriani, Higgins, Geddes, & Salanti, 2013), meaning that NMA will generate invalid results.

Unfortunately, in psychotherapy outcome research it is increasingly recognised that there can be many different factors (effect modifiers), and it is very difficult to control for them. This is the basic rationale for component studies and the on-going common factors debate (see Wampold, 2015, and Cuijpers, Reinjnders, & Huibers, 2019). And whether or not one agrees with the common factors model, the implication for NMA is that there is a very high risk that extraneous uncontrolled factors will lead to invalid results (which will be practically impossible to detect).

In short, given the current state of knowledge, psychotherapy outcome research is probably one of the least suitable fields for the application of NMA. The use of NMA could be justified in the context of small-scale pilot research, but for a mainstream guideline which will be used regularly by thousands of practitioners, the use of such an unproven technology seems highly inappropriate and completely unjustified.

Conclusion

Although we welcome some aspects of the current draft guideline, as explained above we remain very concerned about the underlying conceptualisation, which seems to regard depression and its treatment as almost a matter of "hard" science, where the application of sophisticated mathematics can lead to a precise set of criteria for determining the single best treatment in any situation.

This conceptualisation does not fit with the real-world experience of our members, where depression is likely to be just one aspect of a complex client situation, and the choice of appropriate psychological and/or pharmacological treatment will be affected by many personal and practical considerations, alongside which theoretical treatment efficacy may be a comparatively minor issue (cp. Wampold, 2015, p. 275, note $d=0.20$ for treatment differences).

We appreciate the steps that have been taken over the course of an unprecedented three rounds of consultation to address at least some of the issues raised above, and we are aware that NICE is now determined to publish the revised guideline on 12 May 2022 as



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planned. Consequently, there will be little room for further major change between now and then. However, we will look forward to continuing to engage in constructive dialogue with NICE (in coalition with other stakeholders) to ensure that the skills and expertise of our members are appropriately included within future provision for psychological therapies.

References

- Baker, S.G. and Kramer, B.S. (2002). The transitive fallacy for randomized trials: if A bests B and B bests C in separate trials, is A better than C? *BMC Medical Research Methodology*, 2, 13. Retrieved from <https://link.springer.com/content/pdf/10.1186/1471-2288-2-13.pdf>
- Cipriani, A., Higgins, J., Geddes, J.R., and Salanti, G. (2013). Conceptual and technical challenges in network meta-analysis. *Annals of Internal Medicine*, 159, 130-137. Retrieved from <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.689.7412&rep=rep1&type=pdf>
- Cuijpers, P., Reijnders, M., & Huibers, M. J. H. (2019). The role of common factors in psychotherapy outcome. *Annual Review of Clinical Psychology*, 15, 207-231. Retrieved from https://research.vu.nl/ws/portalfiles/portal/105340005/annurev_clinpsy_050718_095424_The_Role_of_Common_Factors_in_Psychotherapy_Outcomes.pdf
- Dias, S., Welton, N.J., Sutton, A.J., and Ades, A.E. (2016). *A Generalised Linear Modelling Framework For Pairwise and Network Meta-Analysis of Randomised Controlled Trials*. (NICE Decision Support Unit Technical Support Document 2.) Retrieved from <http://nicedsu.org.uk/wp-content/uploads/2016/03/A-general-linear-modelling-framework-for-pair-wise-and-network-meta-analysis-of-randomised-controlled-trials..pdf>
- Hegul, N., King, S., Amarasinghe, M., Breen, G., Grant, N., Grey, N... Cleare, A.J. (2016). Clinical characteristics of patients assessed within an Improving Access to Psychological Therapies (IAPT) service: results from a naturalistic cohort study (Predicting Outcome Following Psychological Therapy; PROMPT). *BMC Psychiatry*, 16(1), 52. Retrieved from <https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-016-0736-6.pdf>
- Jobst, A., Brakemeier, E.L., Buchheim, A., Caspar, F., Cuijpers, P., Ebmeier, K.P... Padberg, F. (2016). European Psychiatric Association Guidance on psychotherapy in chronic depression across Europe. *European Psychiatry*, 33, 18–36 Retrieved from https://research.vu.nl/ws/portalfiles/portal/26038326/2016_Jobst_Eur_Psychiatry_chronic_depression.pdf
- NICE (2009). *Depression in adults: recognition and management*. (Clinical Guideline CG90). Retrieved from



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<https://www.nice.org.uk/guidance/cg90/resources/depression-in-adults-recognition-and-management-pdf-975742636741>

NICE (2014). *Developing NICE guidelines: the manual*. Retrieved from <https://www.nice.org.uk/process/pmg20/resources/developing-nice-guidelines-the-manual-pdf-72286708700869>

NICE (2018). *Depression in adults: treatment and management. NICE guideline: short version. Draft for second consultation, May 2018*. Retrieved from <https://www.nice.org.uk/guidance/qid-cgwave0725/documents/short-version-of-draft-guideline>

NICE (2021a). *Guideline: Depression in adults. Draft for consultation, November 2021*. Retrieved from <https://www.nice.org.uk/guidance/qid-cgwave0725/documents/draft-guideline-4>

NICE (2021b). *Depression in adults: [B] Treatment of a new episode of depression. Evidence reviews underpinning recommendations 1.5.2 to 1.5.3, 1.6.1, 1.7.1 and research recommendations in the NICE guideline*. Retrieved from <https://www.nice.org.uk/guidance/GID-CGWAVE0725/documents/evidence-review-2>

NICE (2021c). *Depression in adults: [I] Patient Choice. Evidence review underpinning recommendations 1.3.1 to 1.3.6 in the NICE guideline*. Retrieved from <https://www.nice.org.uk/guidance/GID-CGWAVE0725/documents/evidence-review-9>

UCL Psychology and Language Sciences (2021). *Counselling for Depression*. Retrieved from <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-7>

Wampold, B.E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14, 270-277. Retrieved from <https://onlinelibrary.wiley.com/doi/pdf/10.1002/wps.20238>