

UK National Screening Committee

Screening for depression in adult

15 July 2020

Aim

1. To ask the UK National Screening Committee (UK NSC) to make a recommendation, based on the evidence presented in this document, whether or not screening for depression in adult meets the UK NSC criteria for a systematic population screening programme.

Current recommendation

2. The UK National Screening Committee (NSC) does not currently recommend screening for depression in adults in the UK. This policy was informed by the last external evidence review on this topic, which was published in 2015. This review concentrated its attention on 3 areas:
 - the performance of questionnaire-based screening tests,
 - whether interventions to prevent milder depression (which screening would identify) from developing into severe depression were effective, and
 - evidence of the effectiveness of collaborative care approaches which would help optimise management of depression as part of current health care provision.
3. The 2015 review concluded that although depression is a common mental health disorder, there are key UK NSC criteria that are unmet. These include the poor positive predictive value of the questionnaire-based screening tests; the lack of strong evidence on the effect of treatment on treating subthreshold depression in preventing the onset of major depression; the lack of randomised controlled trials (RCTs) assessing the ability of screening for depression in the general population to reduce mortality or morbidity.



Although none of the stakeholders disagreed with the conclusion of the review, that population screening should not be recommended, they were concerned that the 'review focussed too much on the general population, rather than on subsets where there is a higher prevalence of depression, such as among people with hearing loss or chronic illness. One stakeholder organisation thought it is premature to be looking at the case for screening for depression in the general population as the health service is not achieving good detection in high risk groups.

Evidence Summary

5. The 2020 review was undertaken by Solutions for Public Health in accordance to the UK NSC evidence review process <https://www.gov.uk/government/publications/uk-nsc-evidence-review-process/uk-nsc-evidence-review-process>
6. The 2020 evidence summary addresses 3 key questions exploring the longer term (beyond 2 years) outcomes of interventions to treat milder forms of depression, evidence from RCTs on the effect of screening for depression and whether the clinical detection and management of depression is currently well implemented in the UK.
7. The conclusion of the 2020 evidence summary is that the current recommendation, that whole population screening for depression in adults should not be introduced in the UK, should be retained. This is because:
 - there was a lack of evidence in relation to the longer-term impact (beyond 2 years) of treating milder forms of depression in reducing the likelihood of more severe depression. Only 3 small studies explored outcomes for people with mild or subthreshold depression at baseline who were recruited through a screening exercise to identify eligible participants. Of these studies, only 1 had a follow-up of 2 years, but a number of areas of high risk of bias reduce confidence in such results. The applicability of the studies to population screening in the UK is unclear. The studies do not provide any evidence about the longer-term impact (beyond 2 years). **Criterion 9 is not met**



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- there was uncertainty about whether screening adults for depression reduces the risk of mortality and morbidity. Two small studies considered the effectiveness of screening for depression. The studies used different approaches to assess the impact of screening for depression and there was a lack of consistency in their conclusions. Both studies had a number of areas of high risk of bias which reduces confidence in their results. There is also uncertainty about the applicability of the studies to the UK population screening. **Criterion 11 are not met**
- there was uncertainty about whether the clinical management of depression is optimised in the UK. The small number of studies identified have uncertain applicability and are insufficient to assess whether the clinical detection and management of depression is currently well implemented in the UK. However, in these studies the proportion of patients receiving psychological therapies was lower than might be expected and compliance with treatment was variable and fairly low overall. **Criterion 15 are not met**

Consultation

8. A three-month consultation which ended on the 24th May 2020 was hosted on the UK NSC website. Direct emails were sent to 11 stakeholders. **Annex A**
9. Due to the lack of evidence found by the 2020 review update and the responses to the previous public consultation, we asked the stakeholders' opinion on whether whole population screening for depression in adults should be removed from the list of the conditions that the UK NSC regularly reviews.
10. Only one response from the Royal College of General Practitioners (RCGP), which supported the conclusion of the evidence summary, was received. The RCGP also agreed that 'screening for depression in the adult population' should be removed from the UK NSC list of topics for regular review. (See **Annex B** for comments).

Recommendation

11. The Committee is asked to approve the following recommendation:



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A systematic population screening for depression in adults is not recommended in the UK.

12. The Committee is asked to consider whether whole population screening for depression in adults should be removed from the UK NSC list of the conditions that it regularly reviews.



Criteria (only include criteria included in the review)	Met/Not Met
Section 1 - Criteria for appraising the viability, effectiveness and appropriateness of a screening programme	
The Intervention	
13. There should be an effective intervention for patients identified through screening, with evidence that intervention at a pre-symptomatic phase leads to better outcomes for the screened individual compared with usual care. Evidence relating to wider benefits of screening, for example those relating to family members, should be taken into account where available. However, where there is no prospect of benefit for the individual screened then the screening programme shouldn't be further considered.	Not Met
The Screening Programme	
11. There should be evidence from high quality randomised controlled trials that the screening programme is effective in reducing mortality or morbidity. Where screening is aimed solely at providing information to allow the person being screened to make an "informed choice" (such as Down's syndrome or cystic fibrosis carrier screening), there must be evidence from high quality trials that the test accurately measures risk. The information that is provided about the test and its outcome must be of value and readily understood by the individual being screened.	Not Met
The implementation criteria	
13. Clinical management of the condition and patient outcomes should be optimised in all health care providers prior to participation in a screening programme.	Not Met



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Annex A

List of organisations and individual contacted

1. The British Psychological Society
2. Depression Alliance
3. Faculty of Public Health
4. National Collaborating Centre for Mental Health
5. PHE adult screening programmes
6. Royal College of General Practitioners
7. Royal College of Nursing
8. Royal College of Physicians
9. Royal College of Physicians and Surgeons of Glasgow
10. Royal College of Physicians of Edinburgh
11. Royal College of Psychiatrists



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Name:	XXXX XXXX	Email address:	XXXX XXXX
Organisation (if appropriate):	Royal College of General Practitioners		
Role:			
Do you consent to your name being published on the UK NSC website alongside your response?			
Yes - Organisation name only			
<p>The consultation on this topic provides an opportunity for stakeholders to:</p> <ul style="list-style-type: none">• make an overall statement of their views on the issue of screening for depression in adults and on the standard of the review• draw attention to disagreements with the review's recommendations or with particular aspects of the review• highlight potential inconsistencies in the review's interpretation of the evidence• alert the Committee to questions or evidence which may have been omitted by the review• suggest amendments to important errors in the wording of the document <p>Public consultation for these purposes helps ensure that the UK NSC is informed about the views of stakeholders as it develops its recommendations.</p> <p>In addition, the UK NSC would be particularly interested to hear views on whether whole population screening for depression in adults should be removed from the list of the conditions that the Committee regularly reviews.</p>			



We are asking this question primarily because of the comments received during the consultation on the previous review in 2015. These comments can be accessed at this link: <https://legacyscreening.phe.org.uk/depression> (see document titled 'UK NSC coversheet and consultation responses' next to 'Key downloads' in grey box).

In this consultation some stakeholders felt that the review focussed too much on the general population, rather than on subgroups in which there is a higher prevalence of depression, such as among people with hearing loss or chronic illness.

It should be noted that the UK NSC's remit does not include subgroups such as these.

Please indicate here if you think that 'screening for depression in the adult population' should be removed from the UK NSC list of topics for regular review.

Yes

Section and / or page number	Text or issue to which comments relate	Comment <i>Please use a new row for each comment and add extra rows as required.</i>
General	General	The Royal College of General Practitioners (RCGP) supports the position of the UK NSC to not recommend a population screening programme for Depression.

Please return to the UK NSC Evidence Team at screening.evidence@nhs.net by 24 May 2020