

NATIONAL CLINICAL AUDIT OF ANXIETY AND DEPRESSION

KEY FINDINGS

ACCESS / ASSESSMENT



Key information is not routinely being recorded during assessments. This was particularly noticeable for physical health data, demographic information, comorbidities, history of trauma, and responses to previous treatment.

SHARED DECISION MAKING



Although 91% of service users had a care plan, **shared decision making needs to be improved.** Service users are not always given a copy of their care plan and key information is not routinely being shared with service users and carers.

PSYCHOLOGICAL THERAPIES



Psychological therapies were only offered to 39% of service users.

OUTCOME MEASUREMENT



Outcome measures are **not routinely being used to assess change**; 39% of service users were not assessed using an outcome measure.

DISCHARGE



Although a majority of people received a follow-up after discharge, **26% of service users did not have a crisis plan** at the point of discharge and sufficient notice was not always given.

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KEY RECOMMENDATIONS

ACCESS / ASSESSMENT



NHS Trusts should: provide effective systems that enable clinicians to routinely collect and record key information from assessments for all service users, so that appropriate care plans can be developed.

SHARED DECISION MAKING

Clinicians should: ensure that care plans are collaboratively developed and all service users are given a copy; and that identified carers are provided with information about support services and offered a carer's assessment.



Service managers should: review the involvement of carers with reference to best practice guidance ('the Triangle of Care (2013)') and ensure that information about medication is available in accessible formats to all service users prescribed medication.

PSYCHOLOGICAL THERAPIES



Clinicians should: routinely offer psychological therapies in line with NICE guidance. **Trusts should:** investigate the reasons for low referral rates.

OUTCOME MEASUREMENT

Trusts should: agree outcome measures that can be reliably used to evaluate the treatment provided and ensure that clinicians are trained in the use of outcome measures for assessing change. **Clinicians should:** routinely use outcome measures at both assessment and review appointments.



DISCHARGE



Clinicians should: ensure that all service users and, where agreed, their carers are offered at least 24 hours' notice of discharge; that jointly developed crisis plans are in place at the point of discharge; and that all service users receive follow-up within 48 hours.

Trusts should: provide systems to ensure discharge letters are sent to primary care services within 24 hours.