

Depression screening and management of staff on long-term sickness absence

Occupational health
practice in the NHS
in England

A national clinical audit

Executive summary



Royal College
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Executive summary

The first national clinical audits in occupational health were coordinated by the Occupational Health Clinical Effectiveness Unit (OHCEU) in 2008. Two comparative clinical audits were conducted, providing a starting point for the occupational health community to raise standards and reduce variability of occupational health care in the NHS.

This report describes the findings of one of these first audits: the national audit of screening for depression measures how well occupational health professionals are assessing and managing depression in staff of NHS trusts in England¹ on long-term sickness absence.

We chose to audit depression screening in staff off sick for at least four weeks (for any health problem) as we know that many people with chronic physical symptoms also develop depression. We also know that the longer an employee is off sick, the greater the risk of depression; and the less likely they are to make a successful return to work. Long-term sickness absence has repercussions for the individual, their family, their employer, the benefit system and the wider economy and society as a whole.

The Audit Leads, supported by the multidisciplinary Audit Development Group, developed an audit tool based on the National Institute for Health and Clinical Excellence (NICE) Guideline on the Management of Depression.² Occupational health doctors and nurses used the tool to audit case notes. The audit included only first occupational health consultations with employees who had been absent from work for at least four weeks (for any health-related reason). The anonymised data were analysed by the OHCEU. In addition to the national results presented below, each participating trust received its own local confidential results.

These audits offer a unique opportunity for all occupational health providers to focus on quality. The overall results form a baseline relevant both to trusts that participated and those that were unable to. Local results (provided to all participants) will enable occupational health services to compare themselves against best practice and to benchmark against other occupational health services across England. Each trust can use the results to identify areas in which improvements are needed, supported by the OHCEU. Future rounds of audit will measure performance against the baseline and identify further areas in which improvements could be achieved.

How to interpret your trust's results

Each participating trust has received its own results for comparison with the national results. These sets of data only provide part of the picture: we advise that they are considered in conjunction with the following factors:

- A sample of 40 cases is considered large enough to reliably indicate local practice. Trust results based upon a small number of cases may not accurately represent local practice.

¹ NHS Plus, the commissioner of the OHCEU, is funded by the Department of Health for England.

² National Institute for Health and Clinical Excellence (2004) *Depression: management of depression in primary and secondary care (CG23)*.

- Audit relies on documentation and we recognise that actions may have been carried out but not recorded. This may be due to competing priorities and/or lack of resources. We comment on the importance of good documentation in the Introduction and we expect that this audit will lead to improvements in documentation as well as practice.
- All audits demonstrate variation in practice both within and between trusts. Those that participated now have a baseline from which they can measure improvements in performance through future audit rounds. An occupational health service that has taken part in this early stage in the audit cycle indicates a willingness to improve its practice.
- This audit measures a very specific area of occupational health practice. The results cannot be extrapolated as a measure of the full range of diverse activities undertaken by occupational health services. Each occupational health service will operate under different local circumstances. We also note that results could be heavily influenced by local policies and practice.
- The OHCEU has not ranked trusts. The local results should be interpreted by each trust itself, taking into account knowledge of its service.
- The report is a tool for reviewing the occupational health care provided to the staff of a trust. It should be used by each trust for facilitating dialogue between occupational health services and the trust management to develop the most effective mechanisms for improvements.
- We make recommendations for the questions that should be asked during a consultation based on the most appropriate guideline available. However, we recognise that the exact nature and number of questions required to screen for depression and assess its severity will vary depending on the presentation of the case. The NICE Guideline states that ‘The guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.’

Key findings and recommendations

Participation

- National clinical audit of occupational health practice in the NHS in England is achievable, with 69% of trusts participating in this first depression screening audit round. Many of the remaining trusts will be able to share the results obtained by their occupational health provider, as many services provide care for the staff of more than one trust (see *Section 2*).
- A fifth of trusts entered fewer than ten cases and will need to interpret their local results with caution as they may not be truly representative of local practice. We suggest these trusts pay particular attention to the national findings.

Case note audit: first consultation with NHS staff off work for at least four weeks for health-related reasons

- We found wide variation in practice. There were very high levels of compliance with the NICE Guideline on the Management of Depression in some consultations (regardless of the severity of the case), and low levels of compliance in others.

This finding shows that the NICE Guideline can and is being followed in some occupational health departments and that further work is needed to achieve a higher and consistent standard of care nationally. Documentation in the case notes should be comprehensive.

- 58% of all cases were screened for depression. However, screening occurred in a much higher proportion of cases referred for a psychological problem (83%) than those with a different diagnosis (15%).

This finding shows that many more consultations need to include screening for depression, particularly where the presenting problem is a physical one.

- In 18% of cases with evidence of distress, the OH professional asked about six core symptoms of depression. 11% of cases were asked about none of the six symptoms.

These findings suggest that occupational health professionals need to include more questions about the core symptoms of depression in their consultations, to avoid missing depression in staff on long-term sickness absence.

- 31% of cases with evidence of distress were asked about thoughts of suicide or deliberate self harm. This figure was slightly higher (37%) for cases with a diagnosis of depression. Of those who reported thoughts of this nature, two thirds were asked further important questions about their plans and half were asked about any previous acts.

The management of employees with distress and depression could be improved if appropriate questions about suicide were more frequently asked by occupational health professionals.

- Over 60% of cases with distress were asked about family members. 33% were asked about alcohol and 9% were asked about drugs.

A better understanding of potential barriers to recovery would be gained by asking about aspects of home and family life more often. Importantly, more consultations should include questions about alcohol and illicit drug use.

Variations between occupational groups

- A higher proportion of nurses and a lower proportion of doctors were entered into this audit than would be expected from the demographics of the NHS workforce.

It is important that trusts ensure that all staff groups have full access to occupational health services and are encouraged to seek advice.

- Few other differences between occupational groups were seen in the results for the other audit questions, which is reassuring.

Type of trust analysis

There were few differences found in the results between types of trust, although compliance was slightly poorer in Mental Health trusts than in the other types of trust.³

Conclusions

We found wide variation across England in meeting the criteria we chose to audit.

For all staff on long-term sickness absence, regardless of their presenting problem, OH professionals need to consider the possibility of depression. Where there is a suggestion of depressed mood, individuals should have a more thorough assessment of depression including suicide risk. Additionally, many more cases should be asked about alcohol and drug use.

The audit showed evidence of constructive communication with line managers. OH professionals were good at recording the contribution of workplace factors to any depression and assessing whether to discuss this with the employer. Another encouraging finding was the high proportion of cases with depression who were asked about contact with other healthcare professionals.

Next steps

Occupational health providers

We recommend that OH departments consider their own results in light of the targets and in comparison with the national results detailed in this report.

Where consultations do not meet the standards set in the NICE Guideline, we recommend that OH professionals review their practice and develop mechanisms for service improvement. These might involve some or all of the following activities:

- education and training;
- sharing good practice between staff of the department, regionally and more widely;
- developing tools to facilitate improvement, for example algorithms and action plans;
- developing systems to support comprehensive documentation of consultations.

OHCEU

- NHS Plus will host a national conference for OH professionals in Spring 2009. At the conference we will disseminate the findings of the audit and facilitate sharing of good practice. We will begin the process of developing materials and mechanisms for improving OH provision for NHS staff nationally.
- The OHCEU will hold regional workshops and focus groups during 2009. These events will enable participants to share their experiences of using the audit to change practice, barriers to such change, and how these can be overcome.
- The OHCEU will develop tools for implementing change based on audit findings and feedback from the conference, workshops and focus groups. The tools will be disseminated nationally.

The participants in this audit will be key stakeholders for these activities.

³ We did not include all the types of trust in these analyses as for some categories there were too few consultations to allow meaningful interpretations to be made.

Copies of the full audit report are available from NHS Plus:
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