Summary of the Overview, Schizophrenia and Depression chapters of Croydon's 2012/13 Mental Health JSNA

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Contents

1 Background

Croydon's 2012/13 JSNA is made up of **five separate sections**,

1. An **Overview chapter** which describes the big picture of mental health and well-being in Croydon and considers the impact of demographic change on population mental health in Croydon.
2. The **Key Dataset** for Croydon which describes Croydon's position relative to London and England for over 200 indicators relating to health and well-being. It is not specific to mental health.
3. **Schizophrenia** in adults – in depth topic
4. **Depression** in adults – in depth topic
5. **Emotional health and well-being of children and young people** aged 0 to 18 – in depth topic

The MH JSNA will be signed off by the health and wellbeing board on the 12th June. At this meeting, a response from the adult MH commissioners and children's commissioners to the JSNA findings and recommendations will also be presented.

Each chapter has an executive summary, however many of the findings and recommendations from the chapters touch on similar themes and highlight common areas for development.

This document considers the two adult chapters (schizophrenia and depression) and the overview chapter which covers all ages. It identifies issues common to all three chapters and those that are chapter specific.

2 Aim of the summary document

- To provide a more accessible output from the overview, depression and schizophrenia chapters of Croydon's 2012/13 mental health JSNA thereby increasing the usefulness of the JSNA
- To summarise findings from individual chapters.
- To identify themes that are common to the three chapters
- To identity composite recommendations
- To support the MH partnership and commissioners in developing a strategy, action plan and prioritised recommendations.

3 Key findings from the chapters

For further information, see the executive summaries of the chapters or the full chapters

3.1 Overview Chapter

The overview chapter aims to consider how good mental health and well-being can be protected and promoted in Croydon. Mental health is more than just the absence of mental illness; it is about resilience and well-being.

Our mental health and wellbeing affects almost every part of our life. It has an impact on our physical health, our ability to work, the relationships we have with friends and family and our education. Mental health and wellbeing affects our lifestyle choices.

Mental health is a **spectrum**. The aim of public mental health interventions is to shift people from the "languishing" end of the spectrum to the "flourishing" end.

Croydon has many **assets** for mental health promotion in terms of a thriving voluntary sector and many parks and open spaces, although this is more challenging in the north of the borough

One in six adults has a mental health problem at any one time, mostly commonly anxiety and depression. **Changes in the population size and structure of Croydon** mean that the numbers experiencing mental health problems is likely to rise, which means the numbers seeking help may also rise. Detailed projects are presented in the overview chapter. The projections are likely to be an underestimate of demand for mental health services since the impact of the **recession** on mental health is difficult to quantify.

Mental health is **not just an issue for the NHS**. Several of the most important levers for improving well-being, for example planning, transport, education, leisure and housing, are the remit of **local government**.

3.2 Depression Chapter

The most effective way of dealing with depression is to prevent it happening in the first place. **High levels of wellbeing prevent depression, help those with depression to recover quickly and reduce relapse**

Depression is the most common mental health disorder and is the leading cause of disability for both males and females

At any one time in Croydon, around 34,000 people (nearly 12%) have either depression or mixed anxiety or depression. However not everyone with depression is diagnosed. **Nationally, one quarter of people with depression are estimated to have a diagnosis**

Depression comes at huge financial cost to society. In Croydon, **an estimated three quarters (77%) of the estimated costs of £50 million associated with depression are in lost employment**.

Some people are more likely to suffer from depression. People most prone to depression include those with long term physical health problems, those with medically unexplained symptoms, those on low incomes, carers, asylum seekers, substance misusers, and women

By 2021, we would expect numbers of people with depression in Croydon to increase by 5%

Depression is largely treated within primary care and **strong mental health services in primary care can reduce use of secondary care** and make better links between physical and mental health.

Many of the services that provide support to people with depression are of high quality and many service users report good experiences in using them. However the needs assessment identified a number of key issues:

Services users, carers and other stakeholders **wanted more community / wellbeing services to be offered in managing depression** and they perceived a lack of information about existing services and low capacity

People from BME backgrounds in Croydon have poorer access to depression services. They are less likely to be diagnosed with depression and have less good access to many secondary care services

Mental and physical health are inextricably linked and should be treated together. Depression is very much more common in people with LTCs. There is evidence that the costs of treating depression in people with some LTCs can be cost

effective within the NHS. **There is evidence of under diagnosis of depression in people with LTCs**

As is the case nationally, **there is variation in primary care quality in Croydon**. Practices varied to the extent to which they diagnosed depression, screened for depression, re-assessed severity of depression.

Talking therapy services are seen as high quality service but capacity is low and waiting times are longer than in other areas. Waiting times for IAPT (Improving Access to Psychological Therapies) services is around 6 months. Waiting times for CIPTS services, aimed at people with more complex need are over a year for some therapies.

There are good examples in Croydon of collecting and using service user experience in secondary care, however more could be done. The main issues raised by service users are around care and patient experience rather than clinical treatment.

3.3 Schizophrenia Chapter

Schizophrenia is a major psychiatric disorder characterised by psychotic symptom. It is most likely to start in young adulthood and affects a person for the rest of their lives. Approximately 1 in 100 people develop it during their lifetime. A diagnosis of schizophrenia can be associated with stigma and fear. Schizophrenia has a major impact on people's personal, social and occupational life.

People with schizophrenia die on average 15-20 years earlier than other people. Smoking is responsible for much of the excess morbidity and mortality. Schizophrenia is associated with a higher risk of other mental health problems, poorer physical health, less healthy lifestyles and lower life expectancy.

In Croydon, people with schizophrenia are **twice as likely to smoke, are 1.7 times more likely to have a high Body Mass Index (be overweight or obese)**. They are 3.3 times more likely to have **diabetes**, and 1.8 times more likely to have **hypertension** (high blood pressure).

For Croydon, the annual **cost of schizophrenia is estimated at £104 million to society,** and £**62 million to the public sector**.

Care involves treatment of acute episodes and supporting recovery. Recovery is concerned with hope – the belief that it is possible for someone to lead a meaningful life, despite serious mental illness.

Just over one percent Croydon's population is registered as having a serious mental illness(SMI), less than half with schizophrenia (1,735 adults). The number of people with schizophrenia is projected to increase by 24% over the next 10 years.

The pattern of schizophrenia prevalence in ethnic minorities in Croydon is different to that seen nationally and in research studies. Nationally, incidence rates for African-Caribbeans is estimated to be 2 and 18 times higher than whites. In Croydon, GP recorded prevalence is 30% higher.

In Croydon, those living in the **most deprived** quintile are nearly **four times times more likely** to have a diagnosis of schizophrenia than those living in the least deprived.

Early intervention aims to treat to people in the early stages of their first psychosis. Early detection aims to detect people at high risk of developing schizophrenia and can prevent the onset of the condition. There is some good evidence of effectiveness and cost effectiveness of early intervention although early detection services in Croydon are limited.

Demand for acute services is growing. Referrals to home treatment teams (that manage people in crisis), inpatient admissions and use of overspill beds (where inpatients are admitted to private hospital because NHS capacity is full) is growing, bed occupancy is sometimes at 100%.

Demand for acute services will be influenced not only by the quality of these services but also by the availability of community services, recovery services, primary care provision, voluntary sector support and levels of self care.

A key theme arising from the chapter consultation was the needs for greater emphasis on a recovery approach. Stable housing, help finding a job and support from friends is important. Services such as befriending, volunteering, income generation and welfare benefits advice were especially highly valued.

Families and carers can play an important part in supporting someone with schizophrenia and are often a vital part of recovery. One of the five most important changes recommended by stakeholders was to improve support of carers.

There is wide variation in quality of primary care. Practices varied in the completeness of physical health reviews and in the proportion of people with a comprehensive agreed care plan.

Antipsychotic medication is the most effective treatment for schizophrenia and psychosis but the medication often has unpleasant side effects that can be severe. Service users report that they would like an individualised approach to ensuring they are receiving the minimum effective dose and that this is regularly reviews.

User satisfaction with psychological therapy services is high however there is evidence of substantial unmet need.

4 Challenges in developing prioritised composite recommendations

This section describes some of the challenges in identifying recommendations from the JSNA and in developing composite recommendations across the chapters.

1. The wide ranging nature of mental health and wellbeing means that involvement is needed from a breadth of commissioners. This means not only mental health commissioners but also, for example, commissioners of physical health services, transport, housing and social care, green spaces, leisure etc.

2. For some recommendations, further work is required in order to identify actions. Identifying gaps in how services meet need is only the first part of the process of identifying recommendations with SMART targets and who will take the lead for each action : Taking two examples

   (1) Gap: people with depression in BME groups in Croydon are half as likely to be diagnosed with depression than their white counterparts

   Recommendation: “as a priority commissions, primary care providers and BME groups address the comparatively low diagnosis rates of depression in BME populations”.

   (2) Gap: “Psychological therapy service is seen as a high quality service. However it has relatively low capacity and long waiting times. It currently treats 3% of people with anxiety or depression, only one fifth of the Department of Health target for the end of 2014/15 of 15%”
   Recommendation: “reduce waiting time for IAPT services and increase its capacity”
3. Identifying areas for disinvestment do not naturally fall out of JSNAs – a health economics review such as the PBMA approach can help.

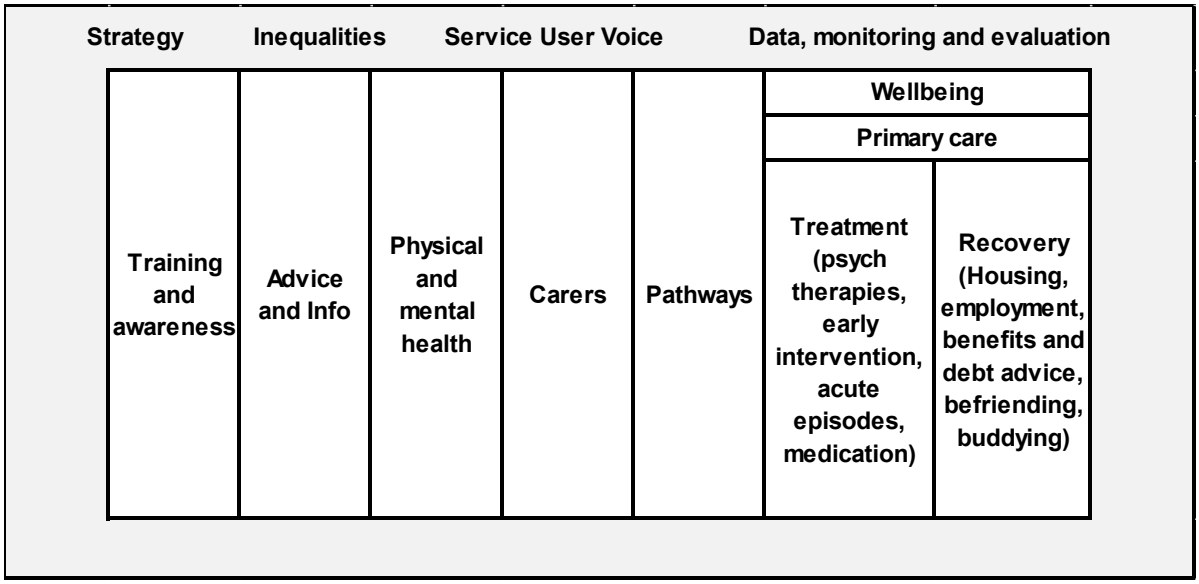
4. In prioritising areas for development, it is important to take account of the level of project management involved, cost effectiveness of the intervention, timescales, level of evidence for the intervention.

5. Taking forward recommendations or identifying actions requires considerable resources, including time and project management input of variable intensity and will have associated financial implications

5 Common themes from the Overview, Depression and Schizophrenia chapters

Thirteen key themes were identified. They are listed below and shown inFigure 1: Framework of ThemesFigure 1

Figure 1: Framework of Themes



Theme 1: Strategy – develop a prioritised mental health strategy and action plan. Review projected need. Consider introducing mental health and wellbeing impact assessments

Theme 2: Service User voice – strengthen engagement of service users in service developments and collect service user experiences more systematically

Theme 3: BME Inequalities – increase diagnosis rates of depression in people from BME populations and reduce inequalities in access to services

Theme 4: Wellbeing / prevention – promote and develop wellbeing services and improve access to them. Strengthen collaboration between primary care and wellbeing and community services. Strengthen support to pregnant women and parents of young children

Theme 5: Physical and mental health – integrate physical and mental health - increase the identification and management of depression in people with MUS (medically unexplained symptoms) and people with long term physical health conditions. Strengthen support for people with SMI who are at risk of developing, or who already have, long term physical health conditions or unhealthy lifestyles.

Theme 6: Primary Care – reduce unwarranted variation in care for people with depression and SMI eg physical health checks, care plans, diagnosis rates, screening for depression

Theme 7: Pathways – improve the interface between services and settings eg primary and secondary, primary and community (including social prescribing), social care and health care, recovery and treatment.

Theme 8: Treatment Services – Increase capacity of psychological therapies. Review and develop the early intervention in psychosis services, prioritise efforts to manage demand for acute services, strengthen shared decision making about antipsychotic medication.

Theme 9: Recovery Services – strengthen and develop recovery services in particular around housing, employment, benefits advice, debt advice, social inclusion, befriending and volunteering

Theme 10: Advice and Information – improve and promote information about services, self help strategies and the “five ways” to wellbeing

Theme 11: Training and Awareness - to mental health workforce as appropriate and mental health training to wider workforce. Promote healthy workplaces

Theme 12: Carers – strengthen support through carer assessments, carer support groups and better sharing of information with carers

Theme 13: Data – improve collection and availability of data about outcomes, activity, access by vulnerable groups.

6 Composite recommendations from the overview, depression and schizophrenia chapters grouped into the common themes

Theme 1: Strategy
1.1 Develop a prioritised strategy and action plan taking a whole system approach
1.2 HWBB to adopt MH champions
1.3 Promote use of MHWB IA in new strategies and commissioning decisions
1.4 Review projected need when census and other data available
Theme 2: Service User voice
2.1 Better collection and learning from service user experiences
2.2 Better engagement of service users in service developments
2.3 More shared decision making around treatment decisions especially around antipsychotic prescribing
Theme 3: Inequalities – esp by BME groups
3.1 Improve primary care diagnosis rates of depression in people from BME populations
3.2 Reduce inequalities in access to secondary care services in BME groups
3.3 Reduce stigma and discrimination in community and in services
Theme 4: Wellbeing / prevention
4.1 Social prescribing – more collaboration between primary care and community services
4.2 Promote self-care strategies.
4.3 Promote and develop wellbeing and peer support services, improve access to them and promote self-care approaches. Services include: Exercise referral scheme Befriending/ buddying Education programmes for older people Books on Prescription Play streets Green spaces
4.4 Promote services that support mental health of pregnant women
4.5 Develop parenting interventions
Theme 5: Physical and mental health
5.1 Integrate physical and mental health where possible
5.2 Increase identification and management of people with MUS (medically unexplained symptoms) in primary care
5.3 Increase identification and management of people with LTCs who have depression
5.4 Promote MH support in lifestyle services (stop smoking, physical activity etc)
5.5 Strengthen stop smoking services in people with schizophrenia and other psychotic conditions
5.6 Raise awareness of links between physical and mental health in those writing strategies, making decisions and delivering services

5.7 Consider MH aspects in development of new lifestyle and LTC services
Theme 6: primary Care
6.1 Reduce variation in quality of primary care practices in particular around: • Physical health reviews for people with serious mental illness • Care plans for people with serious mental illness • Diagnosis of depression • Screening for depression • Initial management of depression • Referral to services
Theme 7: Pathways
7.1 Improve the interface between some services particularly with primary care: 7.2 Access to secondary care from primary care 7.3 Collaboration between primary care and community support in promotion of wellbeing services and self-care support 7.4 Discharge of people with serious mental illness with low risk of relapse to primary care 7.5 Sharing the prescribing of antipsychotics between primary and secondary care 7.6 Eligibility for some social inclusion services
7.7 Explore the role of primary health care professionals - GPs, community pharmacists and nurses in supporting people with SMI in making treatment decisions about medication.
Theme 8: Treatment Services
PSYCHOLOGICAL THERAPIES: Increase the capacity of and reduce waiting times for psychological therapies for People with mild / moderate depression (IAPT) People with complex / treatment resistant depression People with SMI Consider increasing the availability of family intervention therapies
PRESCRIBING: Explore the prescribing of antidepressants by age and by type and develop appropriately Promote training for GPs in prescribing antipsychotics Work closely with SUs to agree antipsychotic medication with full information about risks and benefits
OUT OF HOURS SUPPORT Review current arrangements and develop appropriately
EARLY DETECTION SERVICE Review and consider developing an early detection service
TREATMENT OF THE ACUTE EPISODE Prioritise efforts to manage demand for acute services
Theme 9: Recovery Services
9.1 Strengthen advice on welfare benefits and housing
9.2 In light of growing demand, review and develop services that promote recovery, in

particular 9.3 Housing (with focus on increasing independent living) 9.4 Employment 9.5 Benefits advice 9.6 Debt advice 9.7 Befriending / volunteering services
RECOVERY TEAMS (MAP AND PSYCHOSIS) 9.10 Review and develop
Theme 10: Advice and Information
10.1 Improve information about services and self help strategies and raise awareness especially in primary care
Theme 11: Training and Awareness
11.1 For front line staff about mental wellbeing and the promotion of the five ways of wellbeing to clients
11.2 For staff providing services to people with LTCs about links between depression and physical health and available services
For those writing strategies, commissioners and providers: 11.3 links between physical and mental health especially 11.4 reduced life expectancy and higher risk of physical health problems in people with SMI 11.5 depression in people with LTCs 11.6 Prevention approach 11.7 Growing need in Croydon for some conditions 11.8 Links between wellbeing and mental health
11.9 For housing staff in particular: mental health awareness and available services
11.10 For general public: five ways to wellbeing and related Croydon services and opportunities
11.11 To employers and employees: benefits of healthy workplaces and opportunities to promote
11.12 Smoking cessation staff: the importance of good communication with prescribers of changes in smoking status
MH workforce: effective information sharing between carers and service users
MH workforce: recovery focused, compassionate attitude in dealing with SUs
Theme 12: Carers
12.1 Promote and develop carer assessments
12.2 Promote and develop carer support groups
12.3 Improve data sharing between carers, providers and service users
Theme 13: Data, monitoring and evaluation
13.1 Improve the collection and availability of data especially about service user and carer experiences, outcomes, activity and access by vulnerable groups.
13.2 Use WEMWBS to measure differences in wellbeing
13.3 Consider indicators that could be used to measure wellbeing

7 Recommendations from the overview, depression and schizophrenia chapters grouped by the common themes

This section lists all the recommendations made in the three chapters grouped by the thirteen common themes.

Key:

OR- = Recommendations from the Overview Chapter
DR- = Recommendations from the Depression Chapter
SR- = Recommendations from the Schizophrenia Chapter

	Links to other themes
Theme 1 : STRATEGY AND ACTION	
(OR-1) It is recommended that Public Health Croydon prioritise public mental health in Croydon based on the available evidence of what works in the short, medium and long term. Encourage the mainstreaming of well-being in as wide a range of settings and organisations as possible by co-ordinating awareness raising and appropriate training across organisations and sectors.	Strategy Wellbeing Awareness and training
(OR-2) To promote a wider perspective of mental health including awareness raising of the protective factors, it is recommended that the health and well-being board adopt a number of mental health champions to the board, from elected members and senior managers.	Awareness
(OR-3) To ensure that the recommendations in this Chapter are taken forward, there is a need for local action plans for public mental health to be developed, based on each of the 2012/13 JSNA chapters. Public Health Croydon should work with commissioners and other stakeholders to develop a clear strategy and action plan for public mental health based on each of the chapters of the JSNA chapters	
(OR-4) All Croydon strategies and commissioning decisions need to consider each aspect of the framework to ensure they enhance the protective factors for good mental health. This could be taken forward through mental well-being impact assessment or health impact assessment.	
(OR-26) It is recommended that the use of Mental Well-being Impact Assessment tools be encouraged to assess how all strategies, commissioning decisions and directly provided services can support and improve mental health and well-being.	
(OR-23) It is recommended that voluntary sector organisations are supported to find alternative funding when charitable grants are coming to an end or that statutory funding be considered for projects demonstrating positive outcomes.	Strategy
(DR-32) As a priority, that the mental health partnership considers	

developing a MH strategy based on the recommendations of the JSNA chapters and other relevant mental health work. Such a strategy should include an action plan and identify short, medium and long term SMART (specific, measurable, achievable, relevant and timely) targets with clear timescales and owners.	
(OR-6) As new Census data and deprivation indices are published, it is recommended that Public Health Croydon undertake further analysis to show the impact of the recession and welfare reforms on Croydon's population and to estimate more accurately the future prevalence of mental health conditions.	
(SR-2) It is recommended that projections of future numbers of people with schizophrenia are reviewed in the light of revised changes in size of risk factors for schizophrenia following publication of full census 2011 data and any relevant local data.	
Theme 2: SERVICE USER VOICE AND EXPERIENCE:	
(SR-5) It is recommended that MH commissioners ensure there is full and meaningful involvement of service users and carers in service developments and reconfigurations	
(SR-31) It is recommended that the HWBB improve user involvement in choice around care and treatment decisions and ensure the workforce is developed to meet users expressed needs for a more recovery focussed approach to care.	Training
(DR-30) That commissioners and providers, together with service users and carers strengthen the gathering of service user and carer experiences and the engagement of service users and carers in the development of services.	Data
Theme 3: INEQUALITIES ESP ACCESS BY BME GROUPS:	
(DR-1) That as a priority, commissioners, primary care providers and BME groups address the comparatively low diagnosis rates of depression in BME populations.	Primary care Awareness Training
(DR-8) That commissioners strengthen links with providers, communities, particularly BME communities, and other agencies to tackle stigma and discrimination within services, the community and the general public, through awareness raising, workforce training and evidence based campaigns.	Awareness Training
(DR-18) That commissioners, the IAPT service and voluntary sector groups consider exploring reasons behind lower access to IAPT services by BME groups and older age groups and take steps to improve access for these populations.	
(DR-23) That commissioners, primary care and the CIPTS service explore the reasons behind lower access to CIPTS by Asian and mixed ethnicity groups, and take steps to improve access for these populations.	

(DR-24) That commissioners work with the CIPTS service to explore how best to improve access by young asylum seekers, and people in crisis.	
(DR-26) That commissioners, primary care and MAP teams explore the reasons behind lower access to MAP CAG teams by Black and Asian groups, and consider what steps might improve access for these populations.	
Theme 4: WELLBEING:	
(DR-4) That commissioners, voluntary sector and primary care providers promote wellbeing services and self-management strategies to people with depression. Furthermore, that commissioners explore and support closer working between primary care and community services through mechanisms such as social prescribing.	Primary care Pathways
(DR-10) That the Exercise Referral Scheme and its commissioners review the recommendations made in the 2007 report and consider addressing those that have not been implemented.	Service-specific
(DR-11) That commissioners continue to support services, such as buddying and befriending schemes, that help people with depression to access services and engage in activities that promote wellbeing.	service – specific
(DR-12) That providers and commissioners of the Books on Prescription scheme consider how they might evaluate its effectiveness, especially in light of the proposed refresh and re-launch of the service.	service – specific Data
(DR-13) That commissioners and providers consider increasing availability of low intensity services, and services that improve access to low intensity services.	Strategy
(OR-21) It is recommended that Croydon's Older People's Partnership consider the feasibility of a co-ordinated befriending project in Croydon offering different opportunities for older people, in addition to phone befriending.	
(OR-13) It is recommended that Croydon Children, Families and Learners Partnership could work with the Planning department to explore the feasibility of developing 'play streets', particularly in the North of the Borough.	
(OR-18) It is recommended that the health of pregnant women continues to be prioritised in Croydon and that consideration be given to offering universal routine enquiry and targeted treatment for women at risk of depression, with a home visiting programme and health visitor training for post-natal depression, as part of a package of measures to improve perinatal mental health.[1] [2]	
(OR-17) It is recommended that Croydon's Children, Families and Learning partnership continue to prioritise the provision of parenting interventions in, and offer evidence-based parenting interventions to, families with children at risk of conduct disorder and those experiencing behavioural problems.	
(OR-19) It is recommended that Croydon's commissioners consider developing their educational programmes for older adults, particularly around information technology. This could increase social connectedness and play an important role in helping people to	

overcome the memory effects of dementias.	
Theme 5: PHYSICAL AND MENTAL HEALTH:	
(DR-2) That stakeholders writing strategies and developing existing and new services concerned with the care of people with LTCs or depression, understand and take account of the need for integrated mental and physical healthcare.	Awareness Strategy
(DR-3) That commissioners of physical and mental health services and primary care providers should consider ways to increase the identification of depression in people with long term conditions.	Training Awareness
(DR-21) That commissioners consider adopting a whole systems approach to identifying patients with medically unexplained symptoms (MUS) at an early stage, and offer psychological therapies to these patients, starting with improved identification and coding in primary care.	Prim care
(OR-22) It is recommended that mental health promotion is built into mainstream public health priorities by the adoption of a holistic approach to physical and mental well-being and by addressing the mental health dimensions of 'traditional' public health issues such as obesity, smoking, alcohol and sexual health.	Wellbeing
(SR-13) It is recommended that as a priority, local area teams of NHS England and Croydon CCG reduce GP practice variation in physical health monitoring for people with severe mental illness through supporting poorer performing practices and learning from areas of good practice.	Primary care
(SR-17) It is recommended that MH commissioners strengthen stop smoking services for people with SMI and that MH commissioners train staff, delivering this intervention, on understanding the importance of good communication with prescribers of changes in smoking status.	Treatment: medication Training
Theme 6: PRIMARY CARE:	
(DR-5) That commissioners and providers of primary care services seek to reduce unwarranted primary care variation in screening and diagnosing depression, and in re-assessment of severity of depression	
(DR-6) That commissioners and providers of primary care services strengthen primary mental health care service capability and capacity through workforce training and support, taking account of best guidance and practice.	Training
Theme 7: PATHWAYS AND INTERFACES:	

(OR-12) It is recommended that Croydon commissioners could explore access to social interventions in primary and community care pathways through social prescribing – specifically volunteering, including timebanks, exercise and physical activity, arts and creativity, learning and educational opportunities and environmental activity.	Wellbeing Primary Care
(DR-25) That commissioners consider reviewing the CPA / FACS criteria whereby only people on CPA or who are FACS eligible can be referred to some services such as social inclusion services.	Social inclusion
(DR-27) That commissioners, working with the MAP CAG teams and primary care, explore ways to improve the primary / secondary care interface.	Prim/sec
SR-12 It is recommended that MH commissioners take a whole system approach to strategic planning whereby relevant agencies work and plan together.	Strategy
SR-14 It is recommended that MH commissioners continue to support the development of the primary care service for people with stable serious mental illness. Furthermore, that the commissioners review primary and secondary services in the light of the outcome of this work	Primary / Secondary
(SR-19) It is recommended that there is ongoing support for the development and implementation of antipsychotic shared care protocols both for oral antipsychotics and depot injections.	Medication Primary Care
SR-30 It is recommended that the commissioners act on the findings of the review of eligibility criteria to some services	Recovery
Theme 8: TREATMENT: PSYCHOLOGICAL THERAPIES:	
(DR-17) As a priority, commissioners need to reduce waiting time for IAPT services and increase its capacity so that IAPT can meet the Department of Health 2014/15 target of reaching 15% of people in need.	Service
(DR-22) As a priority, commissioners need to reduce waiting times to talking therapies for people with complex needs who have depression.	Service
SR-21 It is recommended that the MH commissioners improve access to psychological and talking therapies for people with schizophrenia.	
SR-22 It is recommended that MH commissioners consider increasing the availability of family intervention therapies.	
Theme 8: TREATMENT: PRESCRIBING:	

(DR-14) Commissioners, pharmacy advisors and primary care providers should consider exploring the reasons behind the lower prescribing of antidepressants at older age groups and encourage anti-depressant prescribing that is clinically appropriate at all ages.	
(DR-15) Practices with high rates of dosulepin prescribing should be supported to review their patients' medication with the aim of reducing dosulepin use in line with NICE guidelines.	
(SR-15) It is recommended that clinicians engage closely with service users to agree together what medication regime works best for them and ensure that this is kept under regular review.	Service User Voice
(SR-18) It is recommended that commissioners and pharmacy leads provide ongoing training for GPs in antipsychotics prescribing	Primary care Training
(SR-16) It is recommended that consideration is given to how all health care professional in primary care - GPs, community pharmacists and nurses can support people to improve decision making and have systems in place to identify and resolve issues of poor compliance with treatment.	Service User Voice
Theme 8: TREATMENT: Early detection service	
SR-8 It is recommended that MH commissioners consider the current effectiveness and cost effectiveness of the EI service including the option of developing / extending an early detection service in Croydon.	
Theme 8: TREATMENT: Treatment of the acute episode	
SR-9 It is recommended that as a priority, MH commissioners, providers and community and service user representatives support efforts to manage demand for acute services through strengthening both acute services and provision in the community, particularly recovery services.	
Theme 8: TREATMENT: Out of hours provision	
SR-10 Commissioners should explore the impact of current out of hours provision on use of secondary care services and crisis support.	
Theme 9: RECOVERY	
SR-11 Raise awareness of the impact of recovery services on quality of life, wellbeing and demand for other services	Awareness
SR-20 It is recommended that commissioners look at the community mental health recovery services in more detail in order to understand the strengths and gaps in this service.	
SR-26 It is recommended that the HWBB ensures that the housing needs of people with schizophrenia and other severe mental illnesses are adequately addressed.	

SR-27 It is further recommended that the commissioners and provider review the type of housing commissioned to maximise independent living	
SR-28 Review eligibility to employment support and ensure that effective models are implemented.	
(OR-7) It is recommended that commissioners continue to fund debt advice and welfare rights service and consider the mix between face-to-face, telephone and web-based provision in Croydon.	
Theme 10: ADVICE and INFORMATION:	
(DR-28) That commissioners work with the voluntary sector and statutory services to support and strengthen the provision of advice about welfare benefits and housing.	Training Recovery
(DR-7) That commissioners, providers and community groups consider improving the range, accessibility and relevance of information provided about services and self-help resources and raise awareness of these resources in primary care.	Information Awareness Primary care
SR-29 Commissioners ensure that provision of benefits and debt advice meets the current and future needs of people with schizophrenia and other serious mental illnesses	Recovery
(OR-8) It is recommended that signposting to welfare advice, particularly employment, benefit uptake, debt management, financial literacy information and self-help be improved, and targeted at specific groups who may be particularly vulnerable to financial debt and mental health problems, for example low-income communities.	Advice Information Inequalities
Theme 11: TRAINING and AWARENESS:	
(OR-16) It is recommended that work is carried out to ensure all frontline professionals in all organisations across Croydon promote the Five Ways to Well-being, particularly to clients with risk factors for poor mental health.	Wellbeing Training,
(OR-24) It is recommended that all frontline staff (statutory and voluntary sector) in contact with people with physical health conditions and long term conditions should be given mental health awareness training to be able to respond appropriately to the mental health needs of these groups.	Training
SR-4 It is recommended that the CCG and the council ensure that commissioners and providers of both physical and mental health services, and lifestyle and wellbeing services, are aware of the increased risk of mental and physical health problems in people with schizophrenia or other serious mental illnesses.	Awareness Training
(OR-11) Training for housing case worker should build awareness, enable professionals to spot signs early, and provide support around simple adjustments and flexibilities that can prevent housing breakdown. Improved joint working and sharing of knowledge across health, housing and related services and sectors is needed to make sure that people with mental health problems are supported appropriately in a timely manner.	Awareness training Service interface

(OR-5) All frontline workers coming into contact with those who have recently arrived in the UK should encourage them to register with a GP in order be able to access mental health services, should it be required.	Training
(OR-15) It is recommended that the local version of the Five Ways to Well-being be updated by Public Health Croydon to raise public awareness, and ensure people are well informed and motivated to look after their mental health.	Awareness Advice
(OR-14) It is recommended that Croydon Council publicise the work of the Greenspaces team more widely and raise awareness of the benefits of the environment on mental health and well-being.	Awareness
(OR-9) It is recommended that workplaces in Croydon should be targeted to ensure employers are maximising opportunities to improve the mental well-being of their employees and to raise the profile of the importance of mental health and well-being at work.	Awareness Training
(OR-10) It is recommended that all people who work with individuals and families in their community, workplace or voluntary organisation should receive appropriate mental health training	Training Awareness
(OR-20) It is recommended that Croydon council and the voluntary sector co-ordinate and raise awareness of healthy ageing programmes for older people, particularly amongst GPs, and take action to measure improvements in well-being.	Awareness Information Primary Care Interfaces Data
SR-3 It is recommended that the CCG and council raise awareness among providers and commissioners that the number of people with schizophrenia is growing and that commissioners and those planning services take account of this changing need in strategies and commissioning plans.	Strategy
Theme 12: CARERS	
(DR-9) That commissioners, providers and carer representatives consider how to ensure that the needs of carers are considered in developing services that support people with depression	
SR-23 It is recommended that MH commissioners ensure training is provided on effective information sharing with carers and others so that practitioners feel more confident in balancing patient rights to confidentiality and risk management.	Training Data
SR-24 Croydon CCG and Croydon council should support the health and wellbeing of carers of people affected by schizophrenia by referring them for carers assessments, ensuring assessment are taken up appropriately and signposting to local support.	Training Information
SR-25 It is recommended that mental health commissioners develop more carer support groups in areas where service provision is low	Wellbeing

Theme 13: DATA, MONITORING and EVALUTION:	
(DR-16) That commissioners consider ensuring that outcome measures are collected by all services delivering psychological therapies across the voluntary sector	
(DR-19) That commissioners and providers consider how best to ensure that, with the introduction of the new IAPT information system, the service is able to report in detail on access by the priority groups identified by the government.	
(DR-20) That commissioners, the IAPT service and primary care explore reasons why ethnicity is poorly recorded at the point of referral.	
(DR-31) That commissioners work with providers to improve the collection and dissemination of data around experience, outcomes and activity, as well as access by higher risk and vulnerable groups.	
(DR-29) That commissioners and SLaM consider providing Croydon specific information when developing the PEDIC (Patient Experience Data Information Centre) system.	Service User voice
(OR-25) It is recommended that WEMWBS or a similar tool be routinely used to measure differences of well-being at baseline and after intervention in services/interventions/projects that have an impact on mental health in Croydon.	
(OR-27) It is recommended that Croydon considers the indicators that it can use to best measure well-being in conjunction with emerging national work, to understand and monitor Croydon's mental health and well-being across time.	
SR-1 It is recommended that the CCG and public health investigate the reasons behind the unexpected pattern of GP recorded schizophrenia prevalence by ethnicity .	
SR-6 It recommended that, the mental health partnership develops a shared understanding of the data needs in Croydon and improves access to good information.	
SR-7 It is recommended that the mental health partnership considers the findings of the MH outcomes subgroup in developing a local mental health outcome frameworks and in specifying contracts and drawing up service specifications.	