

# South East Mental Health Network 6 November

## Key Discussion Action Points

### Session One: Physical Healthcare in Severe Mental Illness

- What steps are we taking to increase the chances of patients with Psychosis/SMI being routinely screened and treated for any physical health conditions?
- What are we doing to reduce the risks of inducing physical health problems from our prescribing for SMI conditions?
- Who needs to be involved in ensuring physical health checks and management is systematically offered across all parts of the patient's journey, and how are we recording/auditing this?
- What progress have we made in the last 6 months and how can working across the STP/ICS help us continue to improve locally?

#### STP: Surrey

##### Key Action points

- 1) Issue not just to do with monitoring physical health but also increasing interventions eg physical activity
- 2) Inconsistent offer across STP: Medication is used sometimes to compensate for lack of service
- 3) Actions: Training others – is it adequate re physical health? Use of community pharmacists, GP groupings with specialisms, Data sharing agreements between partners.

#### STP: Kent and Medway

##### Key Action points

- 1) Recognise and treat getting to the stage of recognition. Data now being recorded
- 2) Primary and secondary care not yet perfectly integrated
- 3) Alcohol and smoking effects not captured well as yet. Local specialist alcohol service feels hopeful but limited referrals.

## Session Two: Tackling Enduring Depression

- Do we have a register of patients with enduring/resistant depression? What are we doing to treat such patients currently, do we commission a specific service and if so where from? Do we know the outcomes this delivers, if so what are they?
- Who needs to be involved in developing a service spec to ensure an optimal recovery-focused service is offered to such patients and what are the success measures/KPIs?
- What progress have we made in the last 6 months and how can working across the STP/ICS help us continue to improve locally?

### STP: Surrey

#### Key Action points

- 1) Difficulty of the overuse of the word depression
- 2) GPs – to ensure correct diagnosis according to NICE Guidelines
- 3) Continuing need for adequate resources to be able to offer more than just medication

### STP: Kent and Medway

#### Key Action points

- 1) GP SMI registers, IAPT may be able to report on PHQ9 scorings, SLAM Specialists
- 2) Commissioners, Provides, Services Users would be useful
- 3) Talking about it. 5 mood clinics historically – should they be commissioned? Should we have pathways provided specifically?