MENTAL HEALTH NEEDS ASSESSMENT FOR ADULTS AGED 16-64 IN EAST AND WEST SUSSEX

EXECUTIVE SUMMARY

Mental illness is becoming the most important cause of disability in both childhood and adulthood in this century. The overall prevalence for all types of mental health problems in adults of working age is around 24% of the population. Mental illness is likely to be the most common cause of disability in the worldwide adult population by the year 2020. Studies looking at disability attributable to self reported 'mental or emotional health problems' suggest that mental health problems currently cause more disability than all physical health problems put together.

The aim of this review is to assess the mental health needs of people aged 16 to 64 in the populations of the three PCTs within the East and West Sussex boundaries:

- East Sussex Downs and Weald PCT
- Hastings and Bexhill PCT
- West Sussex PCT

with a view to making recommendations about services.

This report describes demographic and epidemiological information, vulnerability and risk factors and spending, service provision and service activity benchmarking information for the purposes of making comparisons between different areas based on need. It makes recommendations which are specific to East and West Sussex separately as well as recommendations which apply to East and West Sussex combined and to Sussex as a whole, where this is appropriate.

SUMMARY OF KEY FINDINGS

A. EAST SUSSEX

1. Mental health needs and deprivation

While deprivation tends to be highest in inner city areas, such as northern cities and London, East Sussex also has a significant level of deprivation. East Sussex ranks as the 11th most deprived of the 34 shire counties in England. Some parts of Eastbourne and Hastings are in the worst 10% of areas in the country in terms of deprivation. Deprivation is associated with *higher* levels of mental health problems.

2. Mental health needs as defined by needs indices

East (and West) Sussex has mental health needs as defined by a range of needs indices which are between 10-25% *lower* than the rest of the country as a whole.

3. Predicted rates of mental disorders

Estimates of each main type of mental disorder have been calculated based on the age structure of the population. Predicted rates for all types (ie, neurotic disorders, psychosis and personality disorders) of mental health problems are highest in Hastings and Eastbourne.

4. Prevalence of mental health problems based on the local Health Counts survey

The Health Counts survey showed that Hastings and St. Leonards had a significantly lower level of reported good mental health compared with other areas in East Sussex. The risk of major depression was highest in Hastings and St Leonards at 36.1% of respondents with Eastbourne Downs following closely with 34% of respondents.

5. Suicide

The suicide rate in East Sussex in 2005 was higher than it was in the mid-1990s in spite of the government target to reduce suicide by 2010 and since 2001/2 has been consistently higher than that for England making the achievement of the target extremely challenging. Eastbourne and Hastings have mortality ratios for suicide above the national average and Eastbourne in particular has between 1.5 and 2 times the suicide mortality rate of England. In particular, the *female* suicide rate in East Sussex is higher than the national and regional average and in Eastbourne may be as much as 2-3 times higher than women in the rest of the country. However, the relatively small numbers mean that there is a wide margin of error as to the statistical meaningfulness of the rates, particularly within smaller areas so differences must be interpreted with caution.

6. Substance misuse

There appears to be a high rate of alcohol-related deaths in men in Eastbourne which requires validation and further exploration.

7. Mental health needs of Black and Minority Ethnic Groups: asylum seekers

Many refugees and asylum seekers arrive in the UK in good health, however, others, possibly as a result of their experiences, arrive with specific mental health needs such as Post-Traumatic Stress Disorder (PTSD) and for some there is an increased risk of suicide. There is a lack of appropriate therapeutic services available for these types of conditions. There was an increase in overseas nationals seeking asylum and allocated accommodation in Sussex in 2002/3.These people were mainly from Asia and the Middle East, the European Union and Eastern Europe. Hastings has the highest number of asylum seekers in Sussex currently and this has implications for services which need to be culturally appropriate.

8. Spending on mental health services

Benchmarking information has shown that although mental health needs are likely to be significantly greater in Brighton and Hove than in East Sussex, (and least in West Sussex), the budgetted spend per capita has been highest in East Sussex and the lowest in Brighton. This may reflect a lower and decreasing local authority spend in Brighton. East (and West) Sussex shows higher spending on overheads and also on secure services than Brighton and Hove.

9. Service provision

Benchmarking information has shown that East Sussex has a much higher level of 'other therapists' (eg, psychotherapists, speech/physiotherapists, art/drama therapists) and counsellors and a higher level of social care staff *relative to need* compared with other parts of Sussex. However, there remains a lack of staff in the 'new staff groups' category

eg, Graduate Workers, Gateway Workers, STAR Workers and Black and Ethnic Minority Workers.

East Sussex has a higher provision of primary care mental health staff relative to need compared with the other areas.

There is a shortfall in Crisis Resolution Teams and in Early Intervention In Psychosis services. East Sussex also has a shortfall in single sex inpatient accommodation and a shortfall in the provision of opportunities for supported employment.

East Sussex has a much higher level of residential placements relative to need than the other areas. Most of this is provided in registered care homes. There is a shortfall in the availability of other forms of supported accommodation.

10. Service utilisation

Benchmarking information has shown that East Sussex has a higher proportion of inpatient stays in the over 35s which are recorded as being 0 days in length compared with Brighton and nationally. The above raises issues about decisions to admit and data coding. Since 2001 the greatest decrease in admissions to inpatient units has been seen in East Sussex compared with the rest of Sussex and this is likely to reflect development of, and improvements in, community services.

In terms of the use and application of the Care Programme Approach (CPA) East Sussex is performing the best on the CPA coverage performance indicator compared with the rest of Sussex. East Sussex is also performing the best in relation to contact after discharge.

11. Prescribing of psychotropic medication

High prescribing of psychotropic drugs, particularly benzodiazepines and anxiolytics, is associated with higher than average levels of deprivation and with a high prevalence of substance misuse. In 2004/5 benzodiazepine prescribing was highest in the Hastings and St Leonards area, however, more recently, this is likely to have reduced in all areas as reduced prescribing of benzodiazepines became a DoH performance indicator. Audits conducted in Hastings and St Leonards GP practices between April 2004 and March 2006 to review appropriateness of prescribing confirmed the appropriateness of the prescribing in the PCT.

Prescribing of antidepressants has increased although costs have reduced.
Recent NICE guidance has recommended that Cognitive Behaviour Therapy, CBT should be used as a first-line treatment for depression in primary care. If this guidance is followed, we would expect to see a *reduction* in prescribing of antidepressants.

12. Mental health needs of prisoners.

A recent inspection report for HMP Lewes has highlighted the small size of the mental health inreach team in the prison relative to the workload. It is important to recognise the complexity of mental health problems the team manages as well as the volume of work. In addition to common neuroses, the prison is also dealing with a high level of functional psychoses and personality disorders. This needs review and consideration given to increased staffing. National data suggests there are high levels of co-morbid mental illness and borderline learning disability in prisons and there is currently no clear way of responding to such issues.

13. User involvement

There is a need to ensure that there is greater user involvement across the county. Currently there is no local group in the Eastbourne Downs area and this may affect how involved service users feel in that patch. There is a need to find ways to engage with difficult to reach groups who do not necessarily engage with current user groups, such as black and minority ethnic communities.

B. WEST SUSSEX

1. Population

Projections suggest that by 2011, Arun could have around 1074, Worthing 850 and Crawley 804 more people aged 16-64 with mental health problems compared with 2005 as a result of population changes. By 2016 Horsham could have over 1600 more. This will have implications for the need services.

2. Mental health needs and deprivation

In West Sussex, the most deprived areas are seen along the coast in Shoreham, Littlehampton, Bognor Regis and Worthing with a pocket inland in Crawley. This is where we can expect mental health needs associated with deprivation to be the highest. By contrast, Horsham and Mid-Sussex are two of the most affluent areas in the entire country.

3. Mental health needs derived from needs indices.

Information from mental health needs indices suggests that West Sussex has mental health needs which are between 10-25% lower than the rest of the country. The needs in West Sussex are lower than in the rest of Sussex
although the combined costs of services are higher.

4. Predicted rates for all types of mental disorders.

The predicted rates for all types of mental health problems (ie. neurotic conditions, psychoses and personality disorders) are highest in Crawley, Shoreham, Worthing, Littlehampton and Bognor.

5. Substance misuse.

Unlike the situation in East Sussex, there is currently a lack of detailed audit data on drug-related deaths in West Sussex which needs to be addressed. West Sussex has also not made as much progress as other areas in relation to alcohol misuse and an alcohol strategy needs to be completed.

6. Depression and anxiety and Cognitive Behaviour Therapy (CBT).

CBT is the treatment of choice for mild/moderate depression and anxiety as recommended by NICE. Based on estimates, e*ach* general practice will need sole access to the equivalent of at least 1.2 CBT therapists if the Lord Layard recommendations for access to CBT are to be met. There is a national shortage of CBT therapists and locally, long waiting lists for psychological therapies. In addition, in West Sussex, access to

computerised CBT (cCBT) is very patchy with very few practices in Worthing and Crawley providing it. This contravenes recent NICE guidance on the availability of cCBT.

7. Spending on mental health services

Benchmarking information shows that although mental health needs are likely to be greatest in Brighton and Hove, and least in West Sussex, the budgetted spend per capita has been highest in East Sussex and the lowest in Brighton (although local authority funding has not been included for West Sussex so the figure may be an underestimate). This may reflect a lower and decreasing local authority spend in Brighton. Both East and West Sussex show higher spending on overheads and also on secure services than Brighton and Hove although needs for services are less.

8. Service provision

Benchmarking information shows that West Sussex has much higher medical and nursing staff establishments per weighted (for need) unit population than East Sussex and Brighton. The difference in medical staffing is largely accounted for by a much higher number of training grade doctors in West Sussex (with fewer consultants). West Sussex has a greater level of lower grade (A/B) and higher grade (H/I) nurses than elsewhere but a very low level of counsellors.There is a shortfall in respect of staff in the 'new staff groups' category ie. Graduate Workers, Gateway Workers, STaR Workers and Black and Ethnic Minority Workers.

There is a shortfall in Crisis Resolution Teams and in Early Intervention In Psychosis services. West Sussex has a greater number of acute inpatient beds per unit adjusted population than the other two areas.

West Sussex provides lower levels of staff working in daytime social care than the other areas and there is a need to provide more opportunities for supported employment and for supported accommodation.

The provision of community-based services for Mentally Disordered Offenders (MDOs) is small particularly in West Sussex. Most of the spend on MDOs is accounted for by secure-unit admissions/placements.

West Sussex has the lowest level of primary care-based mental health workers in Sussex.

Regarding the annual Local Implementation Team (LIT) assessment, West Sussex has more areas assessed as being 'red' than East Sussex. These are: the number of Graduate Workers, Black and Ethnic Minority Community Development Workers and StaR Workers. Priority should be given to addressing the shortfall.

9. Service activity

Benchmarking information on service activity shows that the standardised admission rate to inpatient units is higher in West Sussex than the other two areas; it is almost twice that of Brighton for the same level of need. Although admission rates are falling elsewhere, the rate in West Sussex has fluctuated since 2000 so there is no consistent trend. West Sussex has a higher proportion of inpatient stays which are recorded to be 0 days in length in young people and a higher proportion of stays in the over 35s which are recorded as being 0 days in length compared with national figures. This raises issues about

decisions to admit and data coding. However, the greatest decrease in short-stays has been seen in West Sussex so there has been some improvement.

In relation to the use and application of the Care Programme Approach (CPA), West Sussex needs to improve significantly.

10. Prescribing of psychotropic medication

High prescribing of psychotropic drugs, particularly benzodiazepines and anxiolytics, is associated with higher than average levels of deprivation and with a high prevalence of substance misuse. In West Sussex in 2004/5 benzodiazepine prescribing was highest in the Adur, Arun and Worthing areas, however, more recently, this is likely to have reduced in all areas as reduced prescribing of benzodiazepines became a DoH performance indicator.

Prescribing of antidepressants has increased although costs have reduced. Recent NICE guidance has recommended that Cognitive Behaviour Therapy, CBT should be used as a first-line treatment for depression in primary care. If this guidance is followed, we would expect to see a *reduction* in prescribing of antidepressants. However, in the absence of sufficient psychological support in the form of CBT, pharmacological intervention remains the main treatment offered in primary care at the present time.

11. Mental health needs of prisoners.

HMP Ford currently has little in the way of support for prisoners with mental health problems and needs to review its current practices and procedures. Although there is some support for inmates with drug problems there are no dedicated services for inmates with alcohol dependence.

12. Service user involvement.

Although there is a mechanism in place for engaging service users in planning and monitoring services, there is a need to find ways to engage with difficult-to-reach-groups who do not necessarily easily become involved in user activities, such as black and minority ethnic communities.

C. EAST AND WEST SUSSEX

In addition to the issues described above, there are some further issues which apply to both East and West Sussex and in some cases to Sussex as a whole:

1. Neurotic conditions eg. anxiety, depression, phobias, panic etc.

Although a large number of people are estimated to be experiencing neurotic conditions, only a proportion of these are likely to need interventions. The scope for meeting most of these needs in *primary care* should be the current focus in planning. NICE guidance recommends the use of Cognitive Behaviour Therapy as a first-line treatment for anxiety and depression but this is not widely available currently.

2. Psychosis including schizophrenia.

Data collection on emerging ie. first diagnosis, of psychosis needs to be improved.

3. Dual diagnosis of mental illness and substance misuse.

Between 10-20% of people in contact with community mental health teams have a dual diagnosis of mental illness and substance misuse but this often goes unrecognised and services do not always follow good practice guidelines.

4. Personality disorder.

People with personality disorder (PD) place a significant burden on health and social care services as well as criminal justice agencies but services specifically for people with PD remain relatively undeveloped and often rely on expensive out-of-area placements in specialist services.

5. Early-onset dementia.

There is currently little information locally regarding people who develop dementia before the age of 65. people with this condition are likely to 'slip through the net' of services and may end up being cared for in inappropriate environments.

6. Gender Identity Disorder (GID).

Gender Identity Disorder is a form of atypical gender development and is not a mental illness *per se.* However, it is associated with high levels of anxiety, depression and suicide. Although the numbers of people with this condition who wish to transition and live in the opposite gender are quite small, they experience significant problems in accessing services in specialist centres due partly to the very limited number of designated providers and partly to the fact that PCTs regard funding for these services to be a low priority. In addition, there is currently very little support locally in Sussex. All PCTs in Sussex rely on using services in London which are overstretched and highly specialised. There is, however, potential to develop a Sussex-wide care pathway and 'gateway' service by working with the Sussex Partnership NHS Trust.

7. Cognitive Behaviour Therapy (CBT) and primary care.

CBT is the treatment of choice for mild/moderate depression and anxiety as recommended by NICE. Estimates suggest that e*ach* general practice will need sole access to the equivalent of at least 1.2 CBT therapists if Lord Layard's recommendations for access to CBT are to be met. There is a national shortage of CBT therapists and locally, long waiting lists for psychological therapies. The unmet need for CBT in primary care should be addressed as a priority.

8. Services for mentally disordered offenders (MDOs).

There is a significant reliance on the use of costly out-of-area placements in low and medium secure units.

68% of offenders seen by the Sussex-wide Court Diversion Scheme have some form of mental health problem which is significantly higher than in the general population .

The Scheme has identified a number of service deficits; the need to identify suitable places for people requiring higher levels of security remains a challenge and identification of services for offenders with developmental and learning difficulties and younger people who fall outside the

criteria of many local services remain a problem. The needs of sex offenders requires further consideration as they are not currently included in the Scheme

9. Severe mental illness (SMI) in primary care.

There is wide variation in the way people have been selected for inclusion on General Practice SMI registers. In order to assess needs more accurately it would be helpful to have SMI data standardised across the PCTs. There is also wide variation between practices in the monitoring of lithium medication (which potentially has serious side-effects if serum levels are not kept within the acceptable range). Physical illnesses in people with mental health problems are often neglected or poorly managed.

RECOMMENDATIONS

A. EAST SUSSEX

1. Suicide

The comparative position of East Sussex with the South East and nationally on suicide mortality does reinforce the priority that this issue must have across all organisations that make up Local Strategic Partnerships, especially in Eastbourne. There is a clear need to focus attention on the west of the county and particularly on females and older people. This is already within the local Action Plan. There should continue to be a local audit of suicide deaths in order to monitor trends and the Suicide Prevention Strategy should be kept under constant review.

2. Substance misuse

a) Drug-related deaths

- *Drug-related deaths should continue to be monitored and inquiries carried out as soon as possible after inquests to improve the accuracy of the information provided*
- *GPs should be discouraged from prescribing benzodiazepines to drug users, but should to transfer responsibility for this to substance misuse services .*
- *The impact of the Brighton and Hove Benzodiazepine Liaison Nurse on prescribing in primary care should be determined and consideration given to implementing similar practice in East Sussex.*
- *The use of dispensing arrangements such as instalment prescribing and supervised consumption should be encouraged to restrict the diversion of benzodiazepines onto the illicit market.*
- *Research is needed to quantify the extent of benzodiazepine prescribing within primary care in East Sussex.*
- *The quantity of methadone diverted to the illicit market should be reduced by increasing the proportion of patients who consume methadone under supervision.*
- *Consideration should be given to reallocating existing resources to increase the capacity of prescribing services to deliver opiate replacement therapy.*

- *Improved links with local Accident and Emergency departments should be developed to encourage drug users at high risk of overdose being referred for treatment.*

- *The proportion of drug users and carers trained to identify and treat overdose victims should be increased and this could include the use of naloxone.*

- *An audit should be carried out to determine whether patients leaving treatment are receiving aftercare plans*

b) Services for drug misusers

Priorities are as follows:

- *Employment opportunities for drug users undergoing treatment need to be identified with local employers*

- *Drug misusers should receive employment and training support while they are in treatment*

- *Further work is needed to develop outreach for drug misusers who are hard-to-reach, particularly in rural areas*

- *Drug service users should be involved in planning and developing services*

- *Service provision in education settings for young people under the age of 19 should be extended eg. in Pupil Referral Units and special education provision.*

c). Alcohol misuse.

Priorities are:

- *The apparent high rate of alcohol-related deaths in men in Eastbourne requires validation and further exploration.*

- *Continued funding needs to be identified to maintain the existing alcohol and domestic violence service at the Conquest Hospital in Hastings*

- *Appropriate methods of engaging street drinkers in treatment need to be identified.*

- *Care pathways for dual diagnosis ie. mental health problems with substance misuse, need to be identified.*

- *Alcohol education and support for 16-21 year olds in Further and Higher Education settings needs to be improved.*

- *The screening and referral processes for alcohol services for young offenders under the age of 19 need to be reviewed.*

3. Domestic violence

Further work needs to be done to identify and support people with mental health problems which result from domestic violence and/or abuse.

4. Services for people with Severe Mental Illness (SMI)

- *East Sussex needs to provide further single sex inpatient accommodation*
- *East Sussex needs to develop Early Intervention in Psychosis services.*

5. Mental health needs of prisoners in HMP Lewes

- *The small size of the mental health inreach team relative to the workload needs review and consideration given to increased staffing.*
- *The primary care service in the prison should be managing the same range of mental health issues that are managed through practice-based services in the community and only referring the more complex problems to the mental health inreach team.*
- *There needs to be more diversion of seriously mentally ill offenders away from the prison to hospital as the inpatient unit is often acting as a holding place for prisoners in transit from and to secure accommodation.*
- *Development of inreach team working protocols, with specific information on the management of dual diagnosis prisoners with co-existing mental illness and substance misuse problems should be a priority.*
- *There should be better recording of learning disability in the prison inmate medical notes.*

6. User involvement

- *There is a need to ensure that there is greater user involvement across the county. Currently there is no local group in the Eastbourne Downs area.*
- *There is a need to find ways to engage with difficult to reach groups who do not necessarily engage with current user groups, such as black and minority ethnic communities.*
- *The work with user groups with regard to the Mental Health Partnership Board will need to be taken forward within the context of the wider changes that are being provoked by the conclusion of the Shaping the Future of Services in Sussex process.*

B. WEST SUSSEX

1. Population changes

In planning mental health services for the future, commissioners will need to take account of projected population changes in certain parts of the county such as along the coastal strip and in Crawley and Horsham.

2. Substance misuse

a) Drug-related deaths

Work needs to be done in West Sussex to systematically audit drug-related deaths and identify appropriate interventions in line with the approach taken in East Sussex.

b) Services for drug misusers

- *Data collection on the percentage of crack users in treatment requires improvement.*
- *Further work is required to ensure that a higher proportion of clients who are referred to services attend for triage.*
- *Further work is required on improving retention in treatment and successful completion rates for clients in treatment*
- *Data coding for ethnicity requires improvement in substance misuse services.*
- *Further work is required to meet waiting times targets, especially for specialised prescribing.*
- *A Harm Reduction Strategy needs to be developed which includes action to increase testing and vaccination for Hepatitis B and C in drug users.*

c) Alcohol misuse

West Sussex has not made as much progress as other areas; the alcohol strategy needs to be completed.

3. Psychological therapies: Cognitive Behaviour Therapy (CBT)

In West Sussex, access to computerised CBT is very patchy with very few practices in Worthing and Crawley having access to it. This contravenes NICE guidance and should be addressed as a priority. The long waiting lists for psychological therapies including CBT requires attention.

4. Domestic violence

The Worth Project on domestic violence in West Sussex should be extended to other parts of the county. Further work needs to be done to identify and support people with mental health problems which result from domestic violence and/or abuse.

5. Service provision

- *West Sussex should review its reliance on inpatient beds and consider whether there is scope for further alternatives to admission.*
- *West Sussex should review the level of provision of counsellors and counselling services.*
- *West Sussex should review the level of provision of social day care.*
- *West Sussex has the lowest level of primary care-based mental health workers compared with the rest of Sussex and this needs to be addressed.*
- *Priority should be given to addressing the shortfall in the number of Graduate Workers, Black and Ethnic Minority Community Development Workers and StaR Workers*

6. Mental health needs of prisoners in HMP Ford

- *As a minimum a full-time mental health worker based in the prison should be funded*
- *An improved system for identifying prisoners with mental health needs should be developed, including screening and training in mental health awareness for health care staff and prison officers.*
- *Guidelines for the identification and management of those at risk of suicide or self-harm should be reviewed*
- *The current service provided by counsellors/listeners should be reviewed.*
- *Awareness of the CARAT service for drug misuse should be improved among the prisoners and prison staff, and clear referral protocols should be developed for referral from the healthcare centre to the CARAT team.*
- *As a minimum, a half time mental health worker should be funded specifically to address alcohol dependence in the prison.*
- *Awareness of alcohol abuse services should be raised in the prison, and referral arrangements from the health care centre developed.*

7. User involvement

- *There is a need to find ways to engage with difficult-to-reach-groups who do not necessarily easily become involved in user activities, such as black and minority ethnic communities.*

C. EAST AND WEST SUSSEX

1. Targeting services

Commissioners should ensure that community- based services are targeted on the areas with the greatest need.

2. Shift towards prevention for vulnerable people

There needs to be a greater focus on preventive and self-help services in primary care and in the community particularly for vulnerable groups such as people who are separated, divorced, bereaved, single or are a lone parent.

3. Mental health problems in primary care

a) Cognitive Behaviour Therapy (CBT)

There should be improved capability and capacity to manage neurotic disorders such as anxiety and depression in primary care settings. In line with NICE guidance, there needs to be improved access to Cognitive behaviour Therapy (CBT), including computerised CBT as a matter of priority.

b) Primary care data

- *PCTs should work with practices to compare predicted prevalences of specific mental health disorders with actual numbers of diagnoses in order to identify how effectively people are being diagnosed.*

- *There is much variation in the way people have been selected for inclusion on General Practice Severe Mental Illness (SMI) registers. In order to assess needs more accurately SMI data should be standardised across the PCTs.*

- *PCTs should discuss with practices the further development of their registers, how they are maintained and agree local criteria for inclusion on the register which is harmonised across the PCTs.*

- *There is wide variation between practices in the monitoring of lithium medication (which potentially has serious side-effects if serum levels are not kept within the acceptable range). PCTs should discuss significant variations with practices.*

- *Physical illnesses in people with mental health problems are often neglected or poorly managed and it is good practice for each patient's physical health to be reviewed on an annual basis. The feasibility of doing this should be explored with practices.*

4. Primary and secondary care data

- *Services need to collect accurate data on new presentations of schizophrenia in order to compare the observed with the expected incidence to ensure that cases are not being missed.*

- *Variation between different local authority areas in the number of people who show non-fatal suicidal behaviour (deliberate self-harm) needs to be validated against service data to compare the estimates with the observed numbers so that interventions can be appropriately targeted*

5. Services for dual diagnosis

Mainstream mental health services and substance misuse services should review their current provision for people with dual diagnosis to ensure it is in line with best practice.

6. Black and Minority Ethnic (BME) Groups

It is essential that PCTs commission culturally-appropriate mental health services and primary care services which meet the needs of black and ethnic minority groups.

7. Post-Natal Depression

Health visitors and midwives should be actively case-finding women suffering from Post-Natal Depression (PND) to prevent it from going unrecognised. Women who may be vulnerable to developing PND should be identified in the antenatal period and offered extra support.

8. Service provision

- *All areas need to provide further Crisis Resolution Team staff and Early Intervention (EI) staff and East Sussex needs to provide a full EI team.*

- *East and West Sussex need to provide a greater level of supported accommodation and supported employment.*

- *There is a significant reliance in both East and West Sussex on the use of costly out-of-area placements in low and medium secure units and a low level of community-based services for Mentally Disordered Offenders. The feasibility of developing local alternatives should be explored.*

9. Prescribing

- *Prescribing of antidepressants is increasing, however, recent NICE guidance has recommended that Cognitive Behaviour Therapy, (CBT) should be used as a first-line treatment for mild depression in primary care. If this guidance is followed, we would expect to see a reduction in prescribing of antidepressants.*

- *In the absence of sufficient psychological support e.g. CBT, pharmacological intervention remains the main treatment offered in primary care at the present time and this needs to be addressed.*

- *Medicines Management Teams need to continue to work with practices and secondary care clinicians to promote cost-effective prescribing. The continuing reliance on benzodiazepines and anxiolytics is of concern but is likely to continue until alternative forms of effective therapy such as CBT are made more widely available.*

10. Early-Onset Dementia

National guidance requires that there should be a register of people with early onset dementia: case registers would be valuable in enabling services to focus on prevention and support.

11. Data quality

This analysis of the need for mental health services should be viewed as a starting point for a review of data capture and quality throughout all services.

D. SUSSEX-WIDE

1. Services for Personality Disorder

*The possibility of developing specialist services for PD **locally** for Sussex as a whole should be explore.*

2. Gender Identity Disorder (GID)

- *All PCTs should have an up-to-date policy and care pathway for GID.*
- *Consideration needs to be given by all PCTs in Sussex, to working with the Sussex Partnership Trust to identify a local psychiatrist and multidisciplinary team (MDT) which would develop expertise in GID issues and carry out initial assessments prior to referral to a tertiary centre. Assessments for GID should involve a consideration of the role and usefulness of psychological interventions.*
- *Consideration needs to be given to employing a GID Care Co-ordinator/Gender Nurse in the Partnership Trust who can act as a case-manager and work with and support individual service users through each step of the care pathway.*
- *Primary care-based psychological interventions should be provided eg. brief therapy and Cognitive Behavioural Therapy to avoid unnecessary referrals to secondary and tertiary care for people who are unsure about their commitment to transitioning.*
- *Assessments for GID should involve a consideration of the role and usefulness of psychological interventions at all stages of the care pathway.*

3*. Sussex Court Assessment and Diversion Scheme*

- *The need to identify suitable inpatient care for people requiring higher levels of security remains a challenge and requires continuing attention.*
- *Identification of services for offenders with developmental and learning difficulties and younger people who fall outside the criteria of many local services requires attention.*
- *The unmet needs of sex offenders requires further consideration as they are not currently included in the Scheme.*

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July 2007.