DMS Mental Health in Derbyshire Minutes

- Introductions – Carolyn Green and Mark Broadhurst
- Caseload ~35,000 mostly adult community psychiatry
- Derby health inequalities – life expectancy, high admissions for self-harm and high levels of alcohol abuse (increased since pandemic). In Derbyshire this is similar, also with drug problems from Manchester – new things and heroin impacting service
- Adaptations to COVID: trauma-informed practice, i.e. being "people first"
- Same number of appointments but clinical outcomes are improving
- Trying to connect into the third sector (employment opportunities, social recovery essential)
- Link between adverse childhood experiences (ACEs) and Adverse Community Environments (e.g. bullying in school, discrimination, lack of opportunity and social mobility, poor housing quality and affordability) – Derby is seeing a double whammy of this.
- Trauma-informed practice involves:
  o Involvement of service users in support and training
- New publication: No wrong door: vision for MH learning disability and autism services in 2032
  o Ineffective mental health treatment costing £190bn – only scheduled to meet 27% of demand
  o Discussed impact of only 25-30% of people with MH issues receiving treatment on both the individual and society.
  o Plans made – delivery of the NHS long term plan, new Mental Health Act, third sector work, emerging integrated care systems
- Aim to provide the best possible care
- Secured additional funding and investment
  o Redesign of Chesterfield and Derby hospitals is in progress
  o Improved resources for both staff and patients
  o Reducing out-of-area placements to zero
  o Improved outpatient follow-up
  o Rapid response teams have reduced inpatient stays, enabling people to remain in the community with no increased harm impact
- Key achievements since 2020
  o Zero mental health homicides
  o Integrated substance misuse services
  o Almost 0% readmission in rehab services
  o Learning disability reduced mortality – award for LeDer response ensuring adults with LDs received COVID vaccinations
- Mark's notes
  o Sees psychosis, sz, bipolar, schizoaffective disorder, treatment-resistant depression and anxiety, ACEs and personality disorders
  o Agrees regarding impact of drug abuse – heroin easy to access
  o Increased referrals for ADHD (huge ~3yr waiting list for diagnosis noted – private sector diagnosis and difficulties with treatment access)
  o Autism with comorbid mental health difficulties also seen more frequently
  o Unchanged: bipolar affective disorder
  o Issues with bed provision – aim to reduce length of stay, which is better for both the patient and the number of beds. Therefore providing intensive support in the community instead.

- o Illness level in community generally higher
- National priorities for investment (Carolyn)
  - o Children/young people needing mental healthcare – providing training to schools
  - o IAPT (improving access to psychological therapies) – going well, provision very good in Derbyshire
  - o Dementia diagnosis rate – fewer referrals post-pandemic, some people declining referral and not wanting to know/be diagnosed
  - o Perinatal mental health services – reduced self-referrals (impact of ethnicity) and a lower birth rate, so may not meet this target
  - o Severe mental health having community contact early on – improving, but big issues with appointment DNAs and inability to follow up due to service limitations
  - o People in ICB commissioned beds out of area – to bring back to area (but difficulties around risk and high youth offending rate)
  - o Annual health checks for severe mental health issues and people with LDs
  - o Note that ADHD and autism assessments are not part of the plan – disconnect between community need and national targets
  - o National targets also neglect eating disorders, rates of which have increased by approx. 30%
- Questions taken:
  - o ?Ian voiced concerns about increased Derby beds being taken by out of area patients
  - o Discussed long-term differences in mental health presentation between Derby and Derbyshire
    - ▪ Supporting into work, other options and support available.
  - o Discussed issues with media – used to have a supportive effect in reducing stigma, but also can portray things in an unhelpful way
  - o Question about ADHD diagnosis – difficulty with private psychiatry link. Diagnosis rates very high and some reports are less robust. Aim for Derbyshire to have a pilot ADHD service, awaiting funding.
  - o Ian Scott: How are the police managing with acute psychosis response? Overall well, but there can be some tension in use of Section 136 and use of psych services for patients who are acutely physically unwell.
    - ▪ Police are involved in mental health service planning and are going to be training with the MH team
    - ▪ Funding now back for street triage team to be restarted!
  - o Discussed plan to have Wellbeing+ pathway for midrange mental health after IAPT ineffective.
  - o Online therapy plans will help to cut waiting lists, however some people will struggle with this and not find it suitable.
    - ▪ Massive potential for AI.