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SURREY HEARTLANDS
Health and Care Partnership

Depression & Anxiety Lunch & Learn

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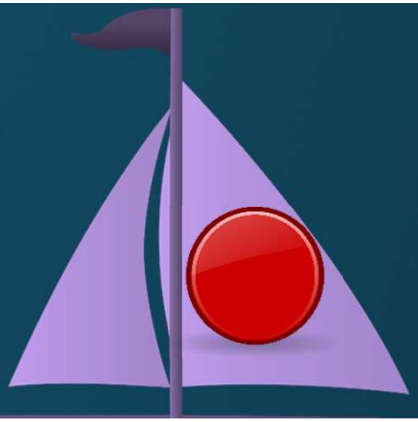
For a better life

Housekeeping

Training is Recorded



This slide is a reminder at beginning for the presenters to ensure recording is started.

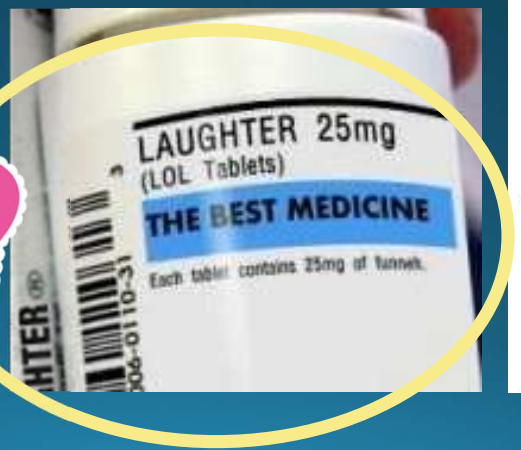
Select the three dots here
Then select record and transcribe and then start both

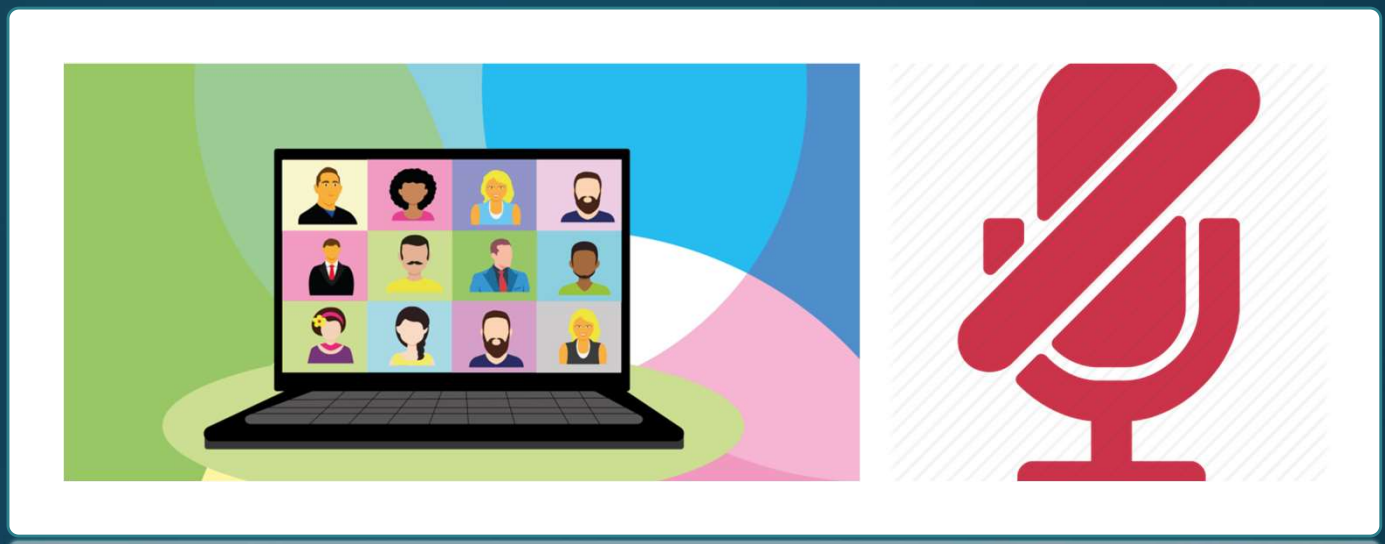
Recording will be available from the Surrey Hub. A link and code will be provided to you for this.

If you do not want to appear on the recording, then camera maybe turned off

Attendees, please put your mics on mute if not already

Please have your lunch and self provided fancy cakes and teas etc..





Video's On and Mic's on mute

This is preferrable unless bandwidth problems or if you have an interruption or you do not want to be in recording.
However, as we don't get to meet many of you it would really be nice to see your faces

How To Ask Questions

- Questions section is provided please add your questions here
- Please could participant like the question if it is important to them and we will try to answer the most popular one at the end of the first session.
- Some of your questions may be deferred to another session if it fits in with that topic
- We will provide you a summary of Q and A at the end of the six sessions and this will be emailed to all participants via the Surrey Hub. Hopefully access to these will be on the hub and on the PAD if governance agrees

Certificate, Hand Outs, Access to Video Recording of Lecture

Course evaluation to be completed at the end of the session via questionnaire sent as link

Surrey Hubs will provide you with a CPD certificate

Surrey Training Hub

NHS Surrey and Borders Partnership NHS Foundation Trust

DEPRESSION & ANXIETY LUNCH AND LEARN

SURREY HEARTLANDS Health and Care Partnership

3 x 1-hour sessions designed for primary care prescribers
Delivered by specialists from SABP and Surrey Heartlands

Session Dates & Topics

Thursday 13th February | 1-2 PM
Part 1 - Identifying and Documenting
Part 2 - Pharmacological treatments

Thursday 6th March | 1-2 PM
Part 3: How clinicians can support patients in deciding if medicine is appropriate and which one?
Part 4: Monitoring of Pharmacological Treatments

Thursday 13th March | 1-2 PM
Part 5: Swapping or Stopping
Part 6: Resources and Referrals

Who Should Attend?

Primary care prescribers and healthcare professionals interested in improving care pathways and outcomes for patients with depression and anxiety.

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Part 1: Identifying and documenting

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Learning Outcomes

State the prevalence and symptoms of Depression & Anxiety

How to differentiate between depression and anxiety including use of screening tools (PHQ2, PHQ9, GAD2, GAD7, HADS)

State why optimising antidepressants is a national priority (overview of NICE guidance)

How to correctly document consultations utilising SNOMED codes and meeting QOF requirements

Recording Consultations for the Management of Patients with Depression

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How to Record Your Depression Consultations?

Ardens have template in both EMIS and SystmOne which will enable clinicians diagnose, manage and review patients with symptoms of depression or anxiety.

Why Am I Telling You This Information Now?

The documentation process is effectively your pathway to manage the patient.

Through out the education we will refer to the relevant template page or section

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Why Use The Ardens Depression Clinical Template?

- To standardise consultations,
- Pathway following national
- SNOMED coding for the most part
- Spaces to free text the patient story/journey
- Questionnaires and assessement tools
- QoF points = £££
- Diary recall system
- Patient resources
- Wording for text messages to patients

Is the Ardens Depression Review template available for all clinicians?

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Yes, it is available on both EMIS and SystmOne. You can find out how to access and more about the template at the following links

Depression: Ardens EMIS Web

Depression: Ardens SystmOne

How To Access the Ardens Template on EMIS

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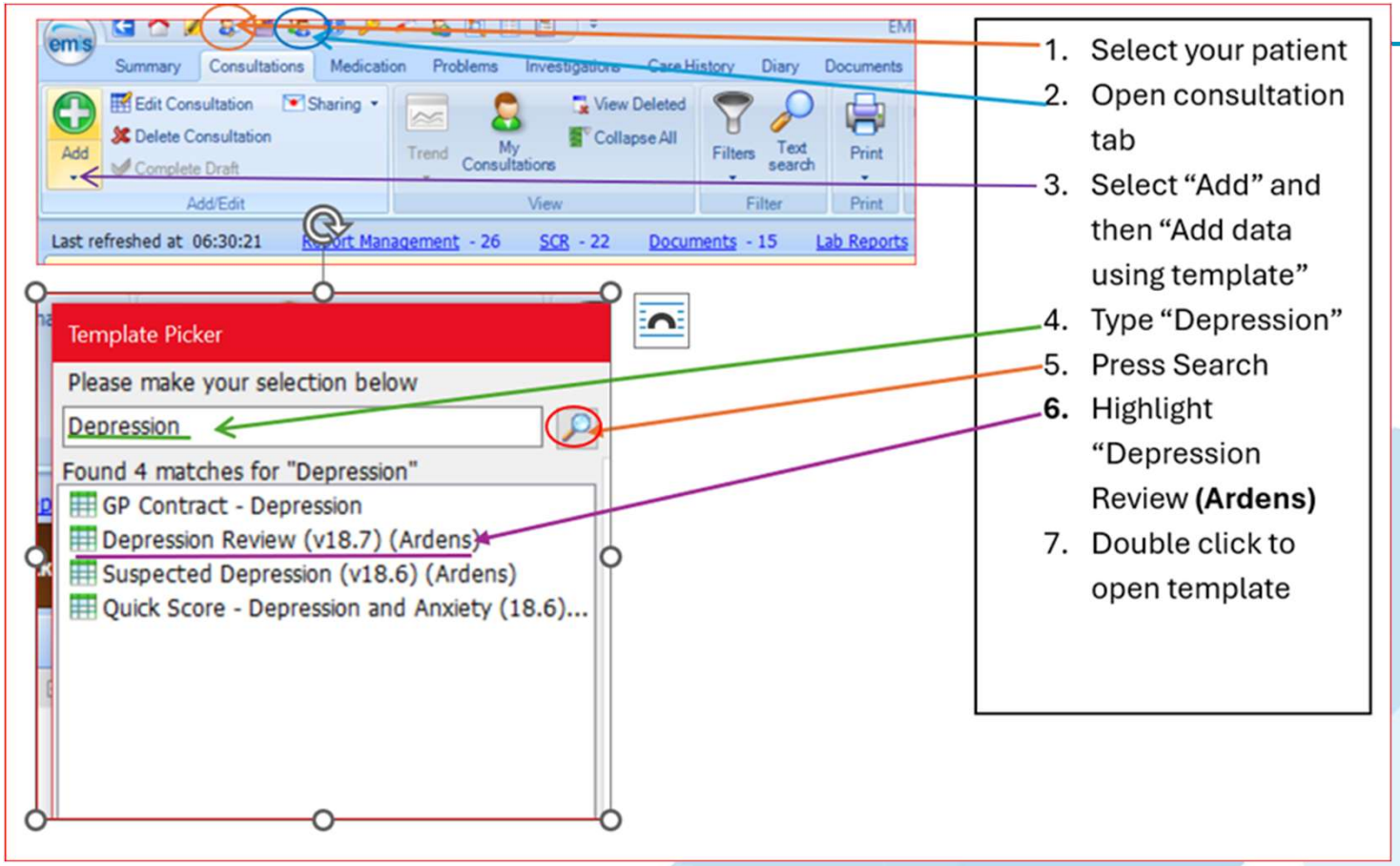

1. Select your patient
2. Open consultation tab
3. Select “Add” and then “Add data using template”
4. Type “Depression”
5. Press Search
6. Highlight “Depression Review **(Ardens)**
7. Double click to open template

Note info on how to access on SystmOne can be provided.

How Does The Ardens Template Look Once Opened and Pages Available

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The template will open with the following heading on the left hand side

The Ardens Depression Review template has 12 pages, but do not be overwhelmed by its size as you will only need to complete the pages that are relevant.

It also has a "Quick Entry" page for those times when your consultation time is precious and this will capture the essentials.

Th last two pages are not consultation documentation pages:

1. a resource for patients including messages that you may wish to copy and paste and send as text message,
2. page for the clinician to use to record learning for CPD.

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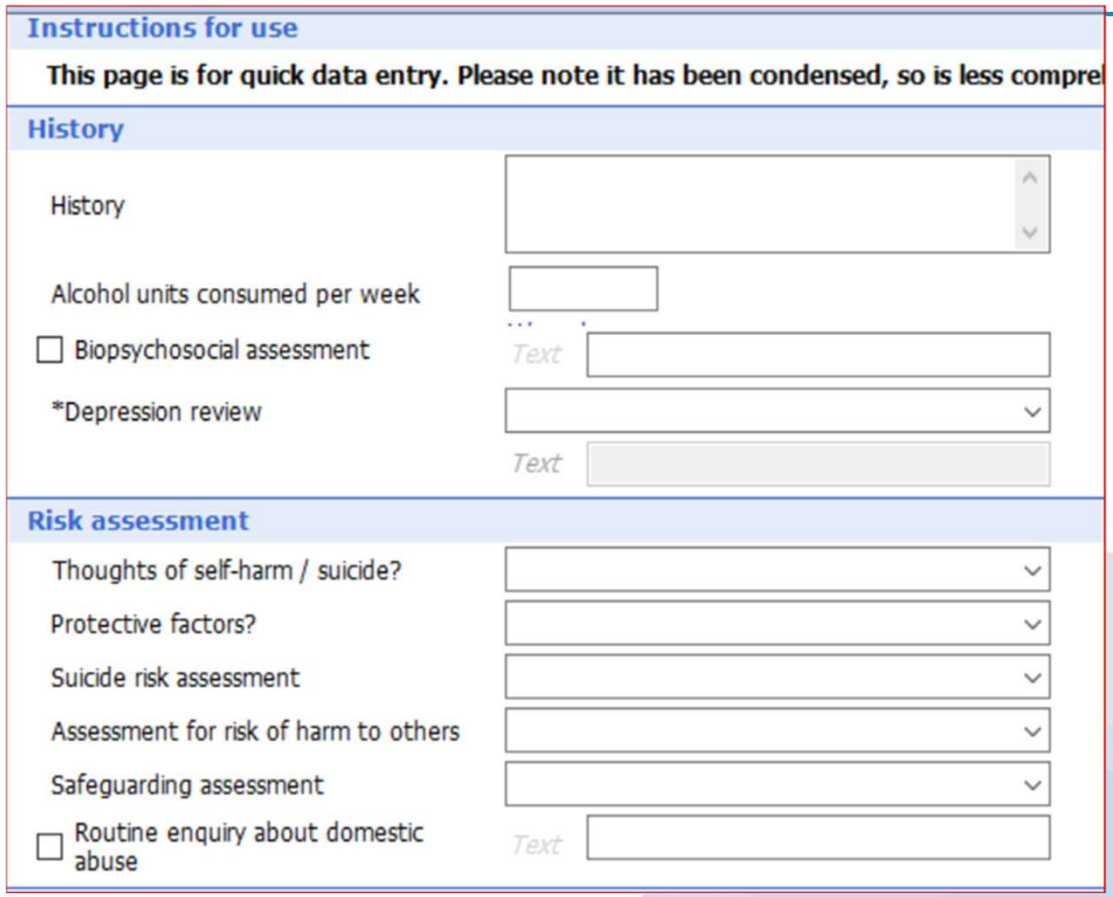
Ardens Depression Template: Quick Entry Page



Ardens Depression Template: Questionnaire and Scores

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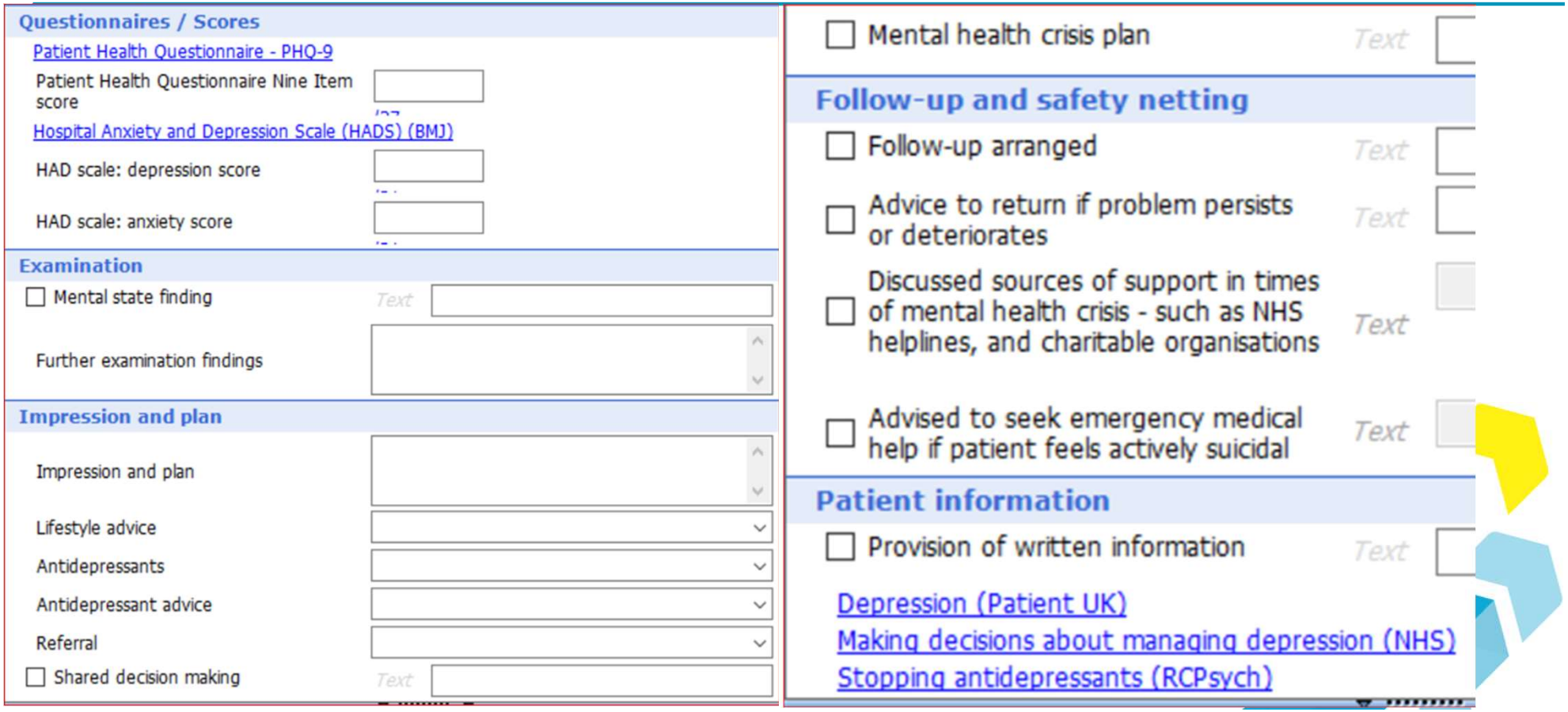
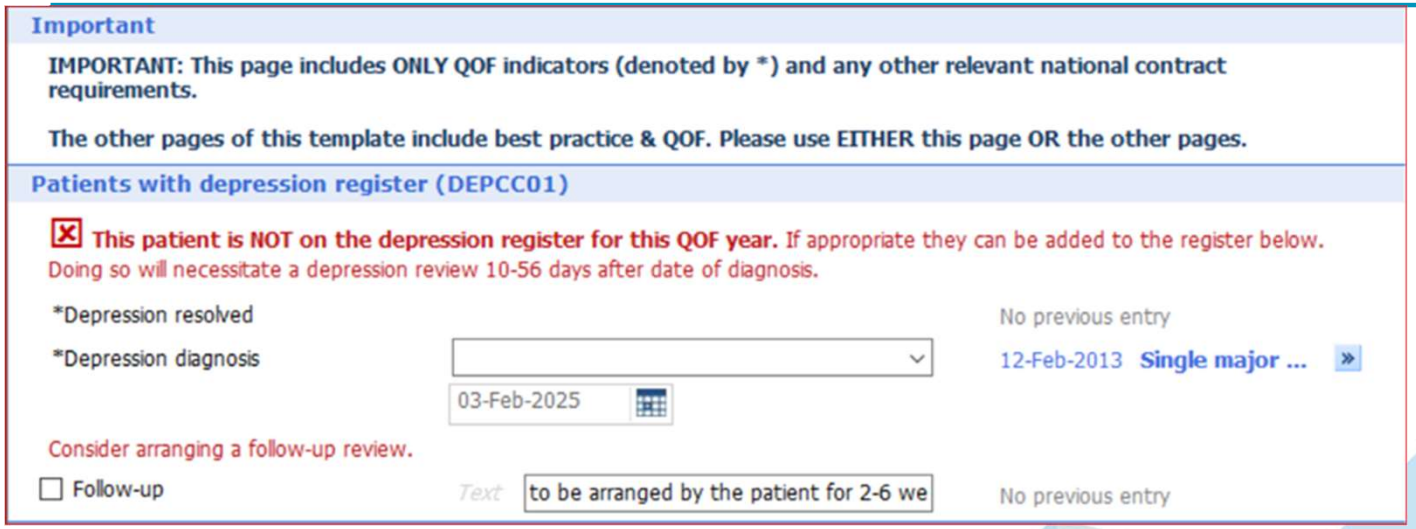
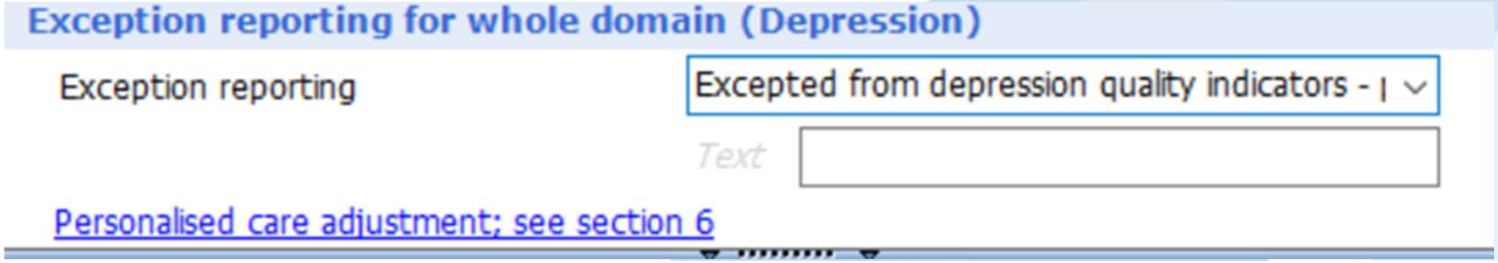


Ardens Depression Template: QoF

Surrey and Borders Partnership NHS Foundation Trust





Also on this page

- Smoking QoF
- Obesity QoF

Ardens Depression Template: Symptoms

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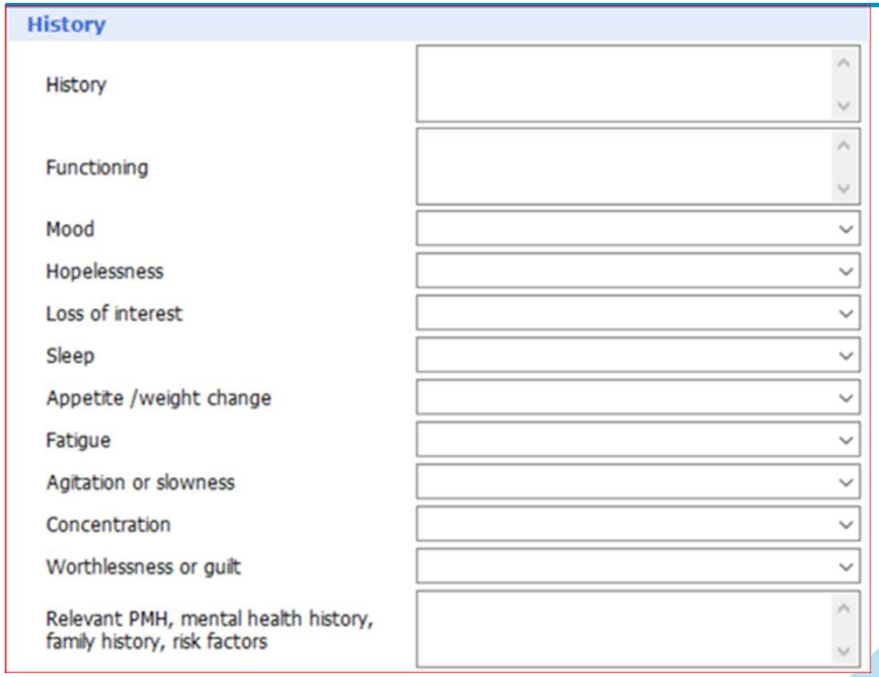
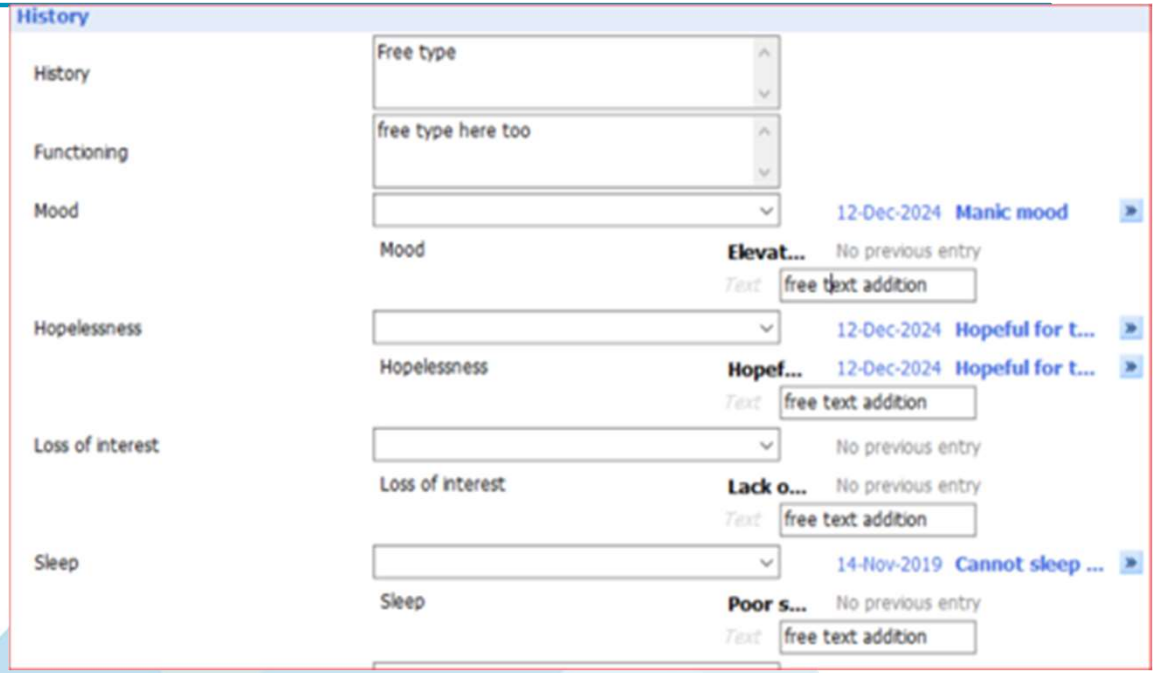
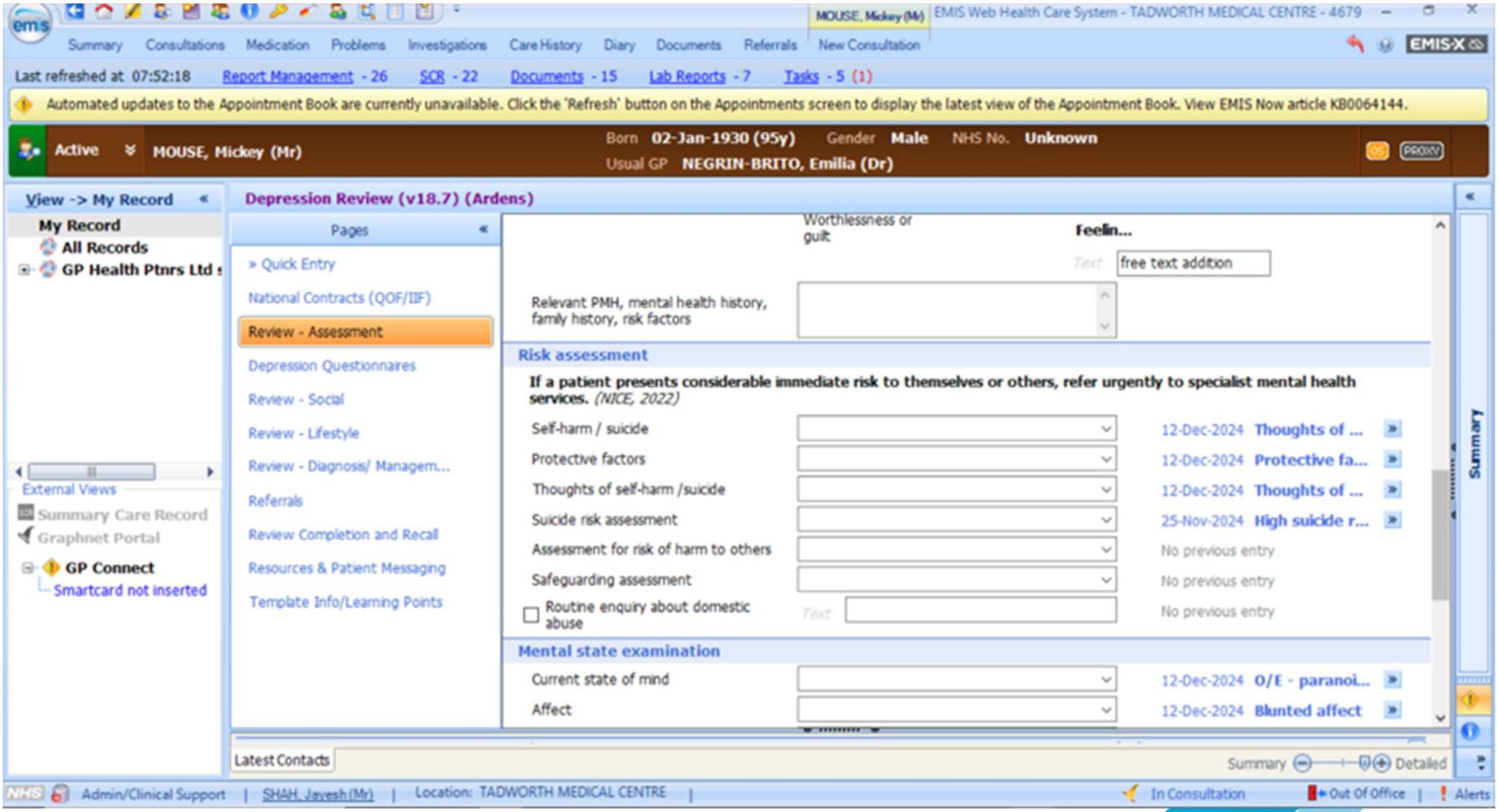




For a better life


MOUSE, Mickey (Mr)
EMIS Web Health Care System - TADWORTH MEDICAL CENTRE - 4679
Summary
Consultations
Medication
Problems
Investigations
Care History
Diary
Documents
Referrals
New Consultation
EMIS-X
Last refreshed at 07:52:18
Report Management - 26
SCR - 22
Documents - 15
Lab Reports - 7
Tasks - 5 (1)
Automated updates to the Appointment Book are currently unavailable. Click the 'Refresh' button on the Appointments screen to display the latest view of the Appointment Book. View EMIS Now article KB0064144.
Active
MOUSE, Mickey (Mr)
Born 02-Jan-1930 (95y)
Gender Male
NHS No. Unknown
Usual GP NEGRIN-BRITO, Emilia (Dr)
PROXY
View -> My Record
My Record
All Records
GP Health Ptnrs Ltd
External Views
Summary Care Record
Graphnet Portal
GP Connect
Smartcard not inserted
Depression Review (v18.7) (Ardens)
Pages
Quick Entry
National Contracts (QOF/IIF)
Review - Assessment
Depression Questionnaires
Review - Social
Review - Lifestyle
Review - Diagnosis/ Managem...
Referrals
Review Completion and Recall
Resources & Patient Messaging
Template Info/Learning Points
Worthlessness or guilt
Feelin...
Text
free text addition
Relevant PMH, mental health history, family history, risk factors
Risk assessment
If a patient presents considerable immediate risk to themselves or others, refer urgently to specialist mental health services. (NICE, 2022)
Self-harm / suicide
12-Dec-2024 Thoughts of ...
Protective factors
12-Dec-2024 Protective fa...
Thoughts of self-harm /suicide
12-Dec-2024 Thoughts of ...
Suicide risk assessment
25-Nov-2024 High suicide r...
Assessment for risk of harm to others
No previous entry
Safeguarding assessment
No previous entry
Routine enquiry about domestic abuse
Text
No previous entry
Mental state examination
Current state of mind
12-Dec-2024 O/E - paranoi...
Affect
12-Dec-2024 Blunted affect
Summary
Latest Contacts
Summary
Detailed
NHS
Admin/Clinical Support
SHAH, Jayesh (Mr)
Location: TADWORTH MEDICAL CENTRE
In Consultation
Out Of Office
Alerts

Ardens Depression Template: Social Situation

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Social situation

Biopsychosocial assessment is important and may include some of the following:

Parents/childhood/schooling	
Quality of interpersonal relationships	
Significant life events/trauma	
Military service	
Living conditions/housing	
Past history of depression	
History of illicit drug use	
Social support network	
Financial concerns	

For a be

Ardens Depression Template: Questionnaires

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Patient Health Questionnaires (PHQ-2 and PHQ-9) - depression assessment

PHQ-2 is used to screen for depression. PHQ-9 is recommended for further evaluation when screening is positive.

PHQ-2

PHQ-2 score — No previous entry

PHQ-9

PHQ-9 score — 03-Oct-2011 **21 /27**

☐ PHQ (patient health questionnaire) 9 declined — Text — No previous entry

Hospital Anxiety and Depression Scale (HADS)

HADS

HAD scale: depression score — 15-Aug-2006 **9 /21**

HAD scale: anxiety score — 15-Aug-2006 **14 /21**

General Anxiety Disorder-7 (GAD-7)

GAD-7 (General Anxiety Disorder-7)

GAD-7 score — No previous entry

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Burden of depression & anxiety

Untreated or incompletely-treated depression have an associated burden to both the individual and to society

Individual risks

- Continuing symptoms, increased risk of mortality (due to physical illness and suicide), co-morbid substance misuse and other risky behaviours

Societal risks

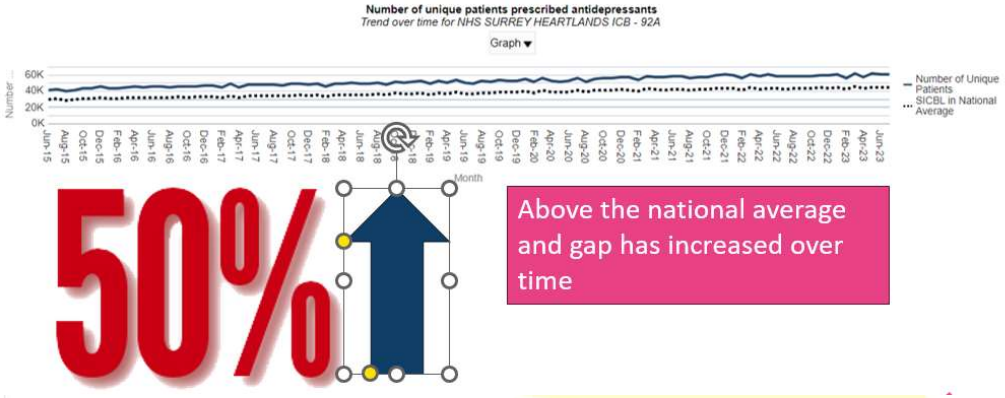
- Increased financial burden due to lost productivity due to long-term ill health and early death

Also consider the potential burden of long-term treatment with antidepressants

How do we compare to the country for prescribing of antidepressants?

36% more than the national average

Trend Over Time of Antidepressant Prescribing in Surrey



Above the national average and gap has increased over time

Place	Population	Sum of Depression Register >18yr for 2022/23	Depression Register (however register is 18y>)	Rx Antidepressant - patients	Population: Depression code and on antidepressant	Antidepressant not used in depression	As % of Rx antidepresssant by place in depression	As % of Rx antidepresssant by place2 not in depression
ES	194502	19372	10%	14917	6490	8427	44%	56
G&W	234404	24405	10%	19237	8160	11077	42%	58
NWS	388354	35010	9%	28966	10955	18011	38%	62
SD	316296	27653	9%	19684	6585	13099	33%	67
Total	1133556	106440	9%	82804	32190	50614	39%	61

Aetiology

Unknown but assumed to be heterogeneous

Several factors may be involved:

Neurotransmitter abnormalities

Endocrine abnormalities

Genetic factors

Psychological factors

Prescribed medication

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Risk factors

- Genetic: heritability estimates at 40-70%
- Childhood experiences
- Personality traits
- Social circumstances and life events
- Physical illness

https://cks.nice.org.uk/topics/depression/background-information/risk-factors/

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Symptoms of depression

Psychological	Physical (somatic/biological)
Low mood/affect	Pain
Anhedonia	GI disturbance
Negative thinking	Weight loss/gain
Anxiety	Poor appetite
Low self-esteem	Fatigue
	Sleep disturbance
	Hypersomnia
Cognitive	**Behavioural**
Poor concentration	Self-neglect
Poor memory	Retardation
	Agitation
	Withdrawal

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Depression diagnostic criteria

ICD depressive episode	DSM major depressive disorder
Depressed mood	Depressed mood
Diminished interest in activities	Diminished interest or pleasure in activities
Reduced energy or fatigue	Fatigue/loss of energy
Hopelessness	Worthlessness/excessive or inappropriate guilt
Feelings of worthlessness or excessive or inappropriate guilt	
Recurrent thoughts of death or suicide	Recurrent thoughts of death, suicidal thoughts or active suicide attempts
Difficulty concentrating	Diminished ability to think, concentrate or indecisiveness
Psychomotor agitation or retardation	Psychomotor agitation or retardation
Changes in appetite or sleep	Insomnia or hypersomnia
	Significant weight loss or gain and/or appetite increase or decrease

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

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- PHQ-2 - The first 2 questions used as a screening tool

Table 4. PHQ-9 Scores and Proposed Treatment Actions *

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521

Link available in Ardens Template
Patient Health Questionnaire (PHQ) Screeners. Free Download | phqscreeners

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Severity – as per NICE guidance

The severity of depression depends on the intensity and frequency of symptoms, their duration, and impact on personal and social functioning.

The National Institute for Health and Care Excellence (NICE) guideline classifies new episodes of depression according to severity on the PHQ-9 scale:

'Less severe depression' — this encompasses subthreshold and mild depression, defined as depression scoring less than 16 on the PHQ-9 scale.

'More severe depression' — this encompasses moderate and severe depression, defined as depression scoring 16 or more on the PHQ-9 scale.

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Anxiety disorders

- Generalised Anxiety Disorder
- Panic Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder
- Social Anxiety Disorder

https://cks.nice.org.uk/topics/generalized-anxiety-disorder/background-information/risk-factors/

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GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

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- GAD-2 - The first 2 questions used as a screening tool
- GAD-7 - Scores of 5, 10, and 15 represent cutpoints for mild, moderate, and severe anxiety, respectively.
- A recommended cutpoint for further evaluation is a score of 10 or greater.

Patient Health Questionnaire (PHQ) Screeners. Free Download | phqscreeners

HADS

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Hospital Anxiety and Depression Scale (HADS)

Please answer the following questions about how you are feeling currently. Choose one response from the four given for each question. Try to give an immediate response and avoid thinking too long about your answers.

A	**I feel tense or 'wound up':**	
	Most of the time	3
	A lot of the time	2
	From time to time, occasionally	1
	Not at all	0

D	**I still enjoy the things I used to enjoy:**	
	Definitely as much	0
	Not quite so much	1
	Only a little	2
	Hardly at all	3

A	**I get a sort of frightened feeling as if something awful is about to happen:**	
	Very definitely and quite badly	3
	Yes, but not too badly	2
	A little, but it doesn't worry me	1
	Not at all	0

D	**I can laugh and see the funny side of things:**	
	As much as I always could	0
	Not quite so much now	1
	Definitely not so much now	2
	Not at all	3

A	**Worrying thoughts go through my mind:**	
	A great deal of the time	3
	A lot of the time	2
	From time to time, but not too often	1
	Only occasionally	0

D	**I feel cheerful:**	
	Not at all	3
	Not often	2
	Sometimes	1
	Most of the time	0

A	**I can sit at ease and feel relaxed:**	
	Definitely	0
	Usually	1
	Not Often	2
	Not at all	3

D	**I feel as if I am slowed down:**	
	Nearly all the time	3
	Very often	2
	Sometimes	1
	Not at all	0

A	**I get a sort of frightened feeling like 'butterflies' in the stomach:**	
	Not at all	0
	Occasionally	1
	Quite Often	2
	Very Often	3

D	**I have lost interest in my appearance:**	
	Definitely	3
	I don't take as much care as I should	2
	I may not take quite as much care	1
	I take just as much care as ever	0

A	**I feel restless as I have to be on the move:**	
	Very much indeed	3
	Quite a lot	2
	Not very much	1
	Not at all	0

D	**I look forward with enjoyment to things:**	
	As much as I ever did	0
	Rather less than I used to	1
	Definitely less than I used to	2
	Hardly at all	3

A	**I get sudden feelings of panic:**	
	Very often indeed	3
	Quite often	2
	Not very often	1
	Not at all	0

D	**I can enjoy a good book or radio or TV program:**	
	Often	0
	Sometimes	1
	Not often	2
	Very seldom	3

	Scoring (add the As = Anxiety. Add the Ds = Depression). The norms below will give you an idea of the level of Anxiety and Depression.	
	0-7 = Normal	
	8-10 = Borderline abnormal	
	11-21 = Abnormal	

Reference:

GP Clinical System Templates:
This one is by “Primary Care IT”

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New Depression code checker (HP201)

On this page

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This protocol will ensure the recording of new depression codes within EMIS is recorded in a way that satisfies QOF and doesn't duplicate existing diagnoses in the record.

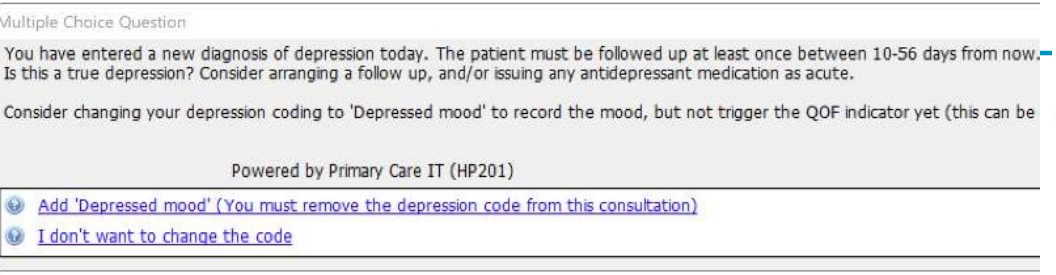
What does it actually do?

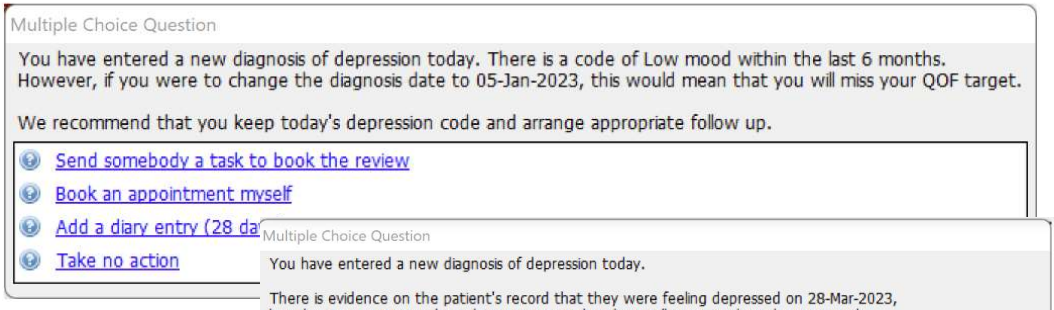
The protocol performs the following functions:

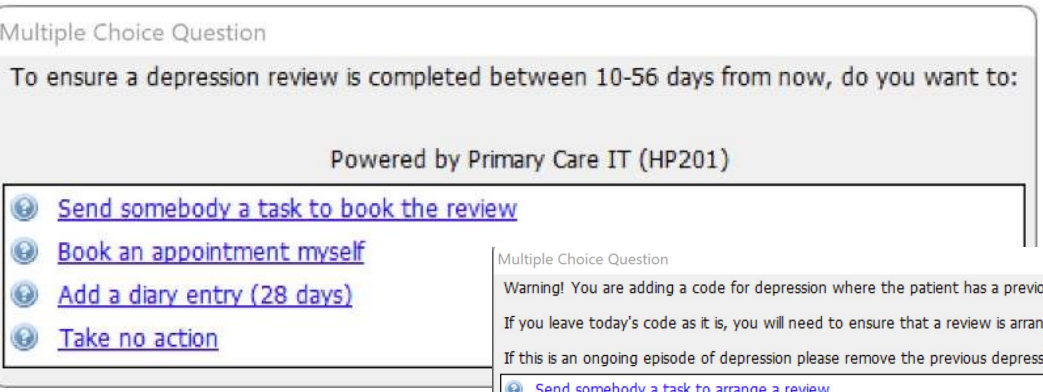
1. Flags if a patient is due a depression review and prompts the user to complete it when entering a depression code
2. Flags if a new diagnosis of depression has been entered and prompts the user to ensure either appropriate follow up for review is made, or the code "Depressed mood" is used whilst the patient is observed pending diagnosis
3. Flags if a previous "Depressed mood" diagnosis has been entered and lets the user know if this is in a time frame that allows coding of a review today to satisfy QOF
4. Flags if a previous "Depressed mood" diagnosis has been entered and highlights where this is outside time frames allowing coding of a review for QOF
5. Flags if previous different codes for depression have been used or resolved in the past - so the user can consider if it is appropriate to reactivate or unresolve them, negating the need for a QOF review.

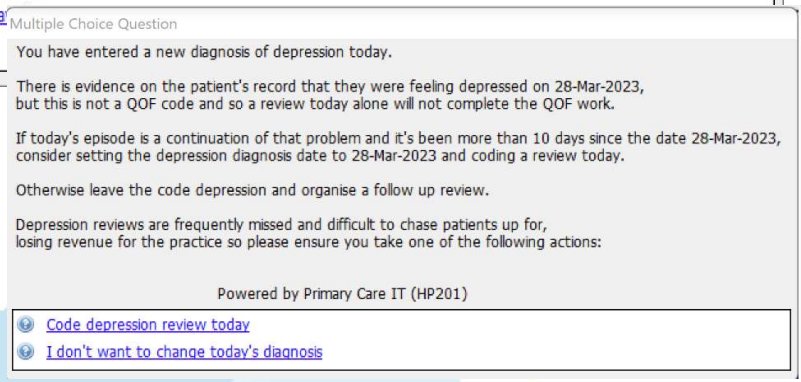
Primary Care IT Depression Template cont.

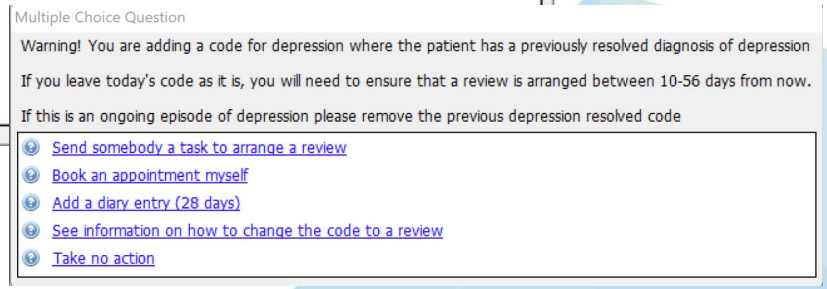
What does it look like?











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Part 2: Pharmacological treatments

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Learning Outcomes

Overview of medicines used in pharmacological management of depression and anxiety (in line with severity of condition)

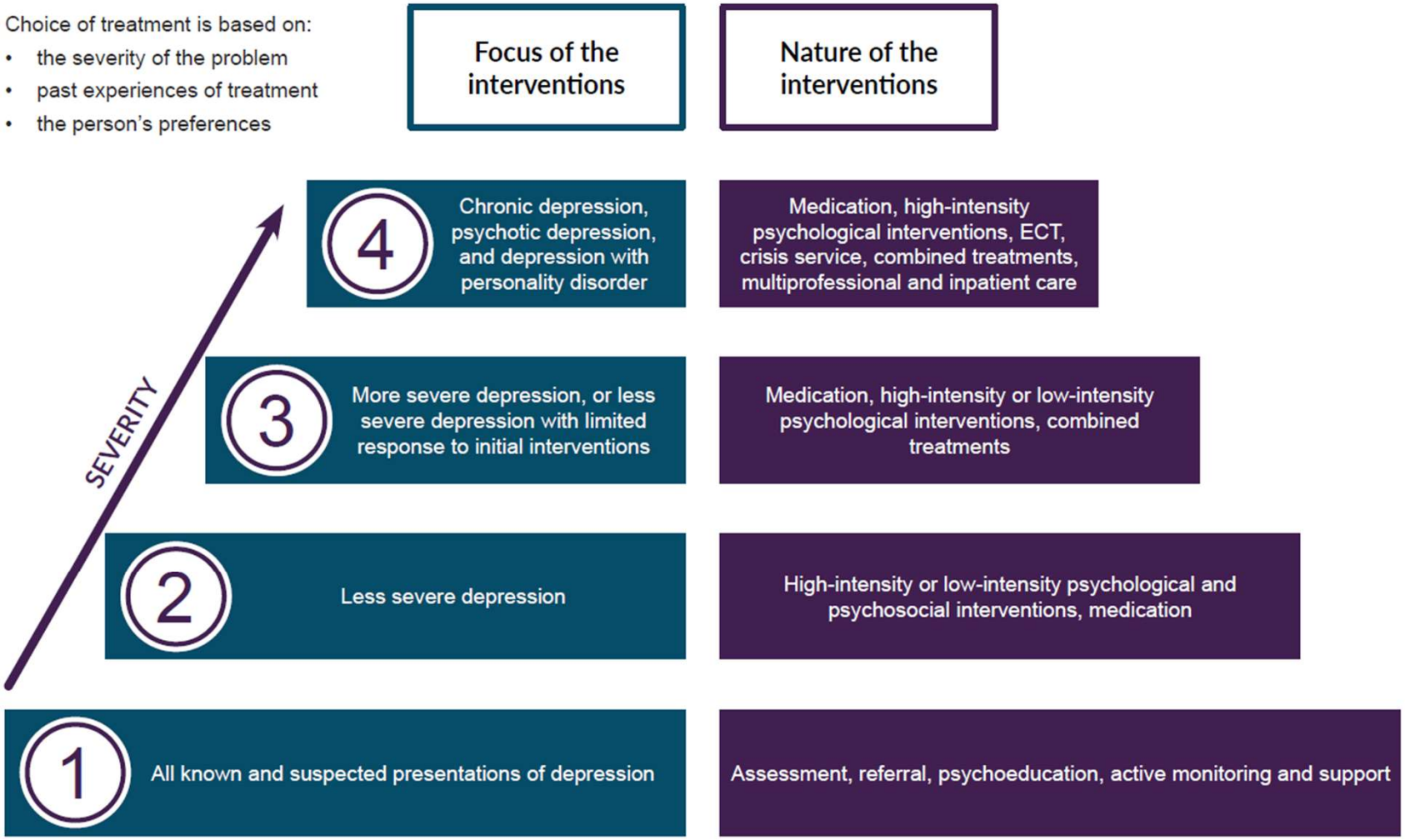
Consider risk assessments and safety netting (including suicidality, harms and safeguarding)

State when to refer to secondary care services

Depression in adults: the matched care model

Choice of treatment is based on:

- the severity of the problem
- past experiences of treatment
- the person's preferences



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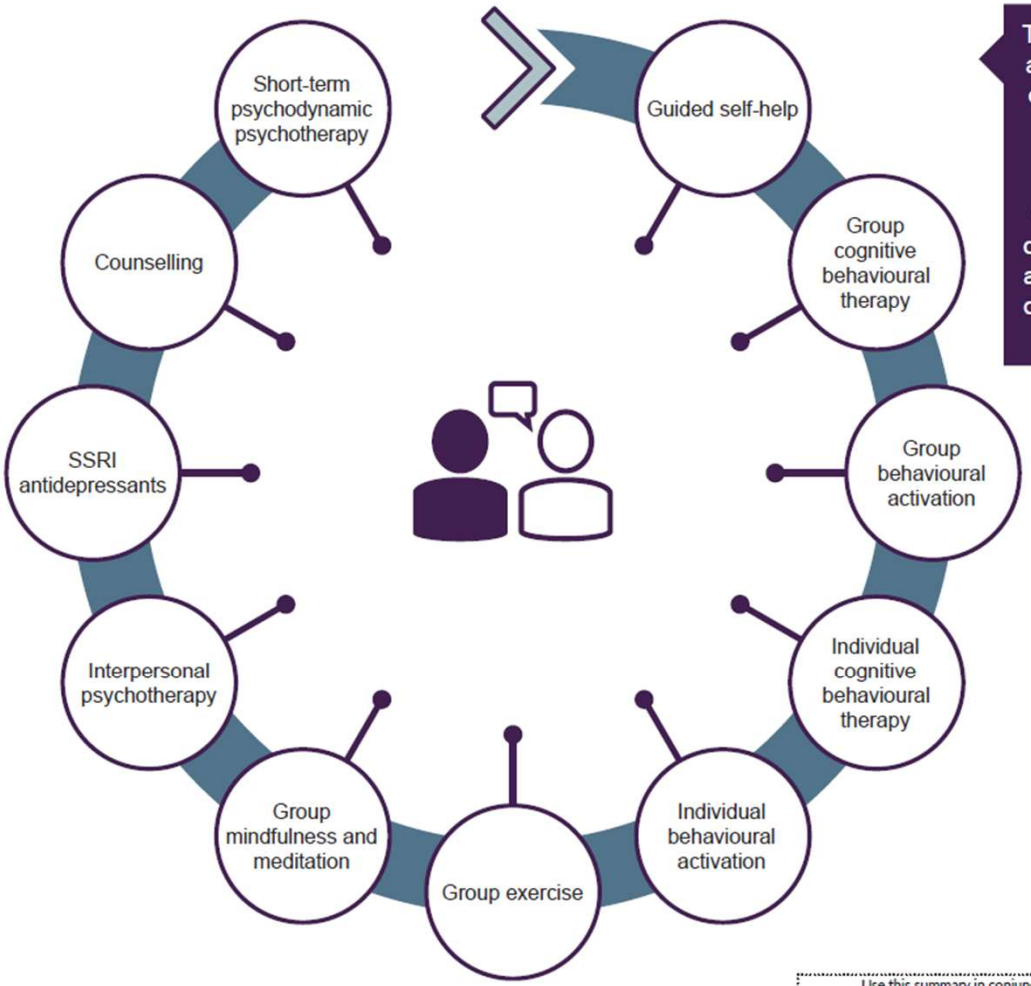
Depression in adults: discussing first-line treatments for less severe depression

Discuss treatment options and match the choice of treatment to clinical needs and preferences, taking into account that any option can be used as first line, but consider the least intrusive and least resource intensive treatment first (guided self-help).

If the person has a clear preference, or experience from previous treatment to use as a guide: support the person's choice, unless there are concerns about suitability for this episode of depression.

Do not routinely offer antidepressants as a first-line treatment, unless that is the person's preference.



Treatment options are listed in order of recommended use, based on the committee's interpretation of their clinical and cost effectiveness and consideration of implementation factors.

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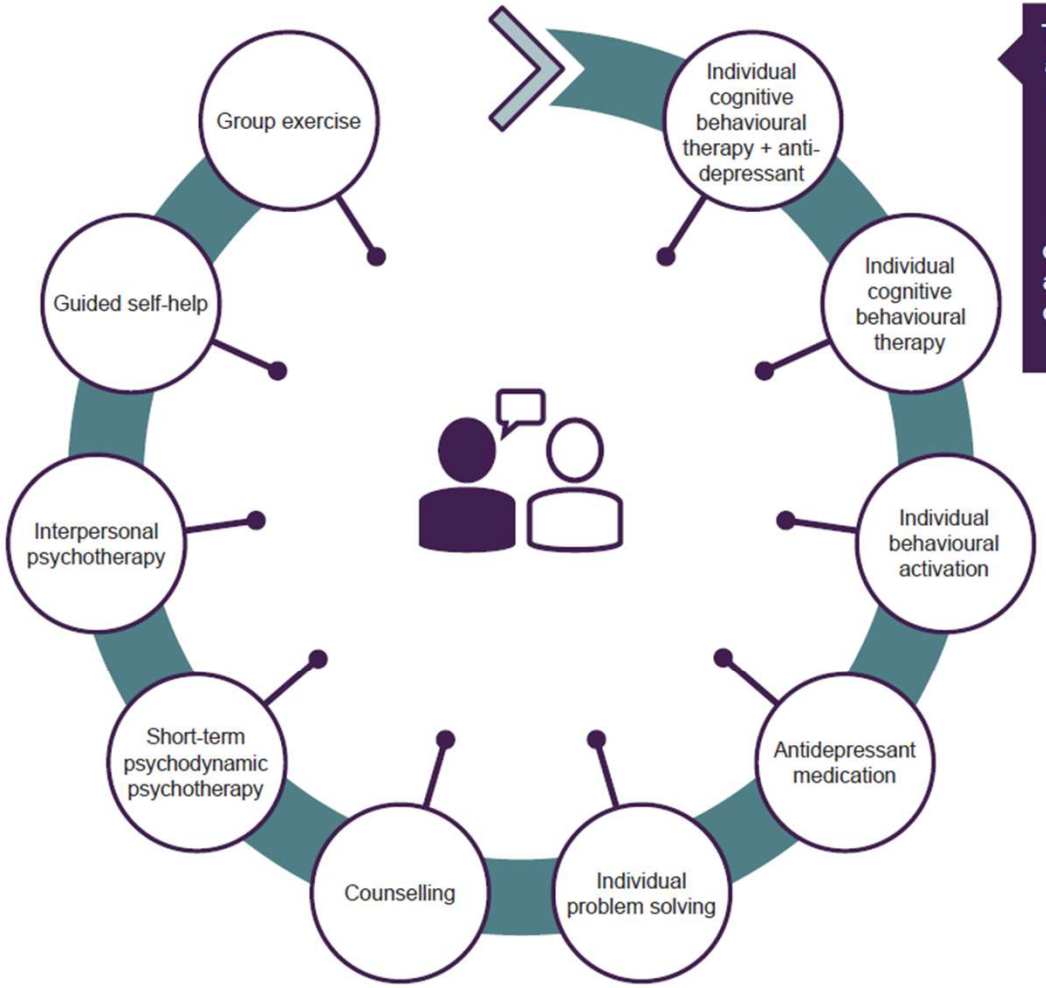
Depression in adults: discussing first-line treatments for more severe depression

Discuss treatment options with people who have a new episode of more severe depression. Match their choice of treatment to their clinical needs and preferences.

If the person has a clear preference, or experience from previous treatment to use as a guide: support the person's choice, unless there are concerns about suitability for this episode of depression.



Treatment options are listed in order of recommended use, based on the committee's interpretation of their clinical and cost effectiveness and consideration of implementation factors.

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Use this summary in conjunction with table 2 in the NICE guideline on depression in adults: treatment and management.

SSRIs, TCAs and MAOIs

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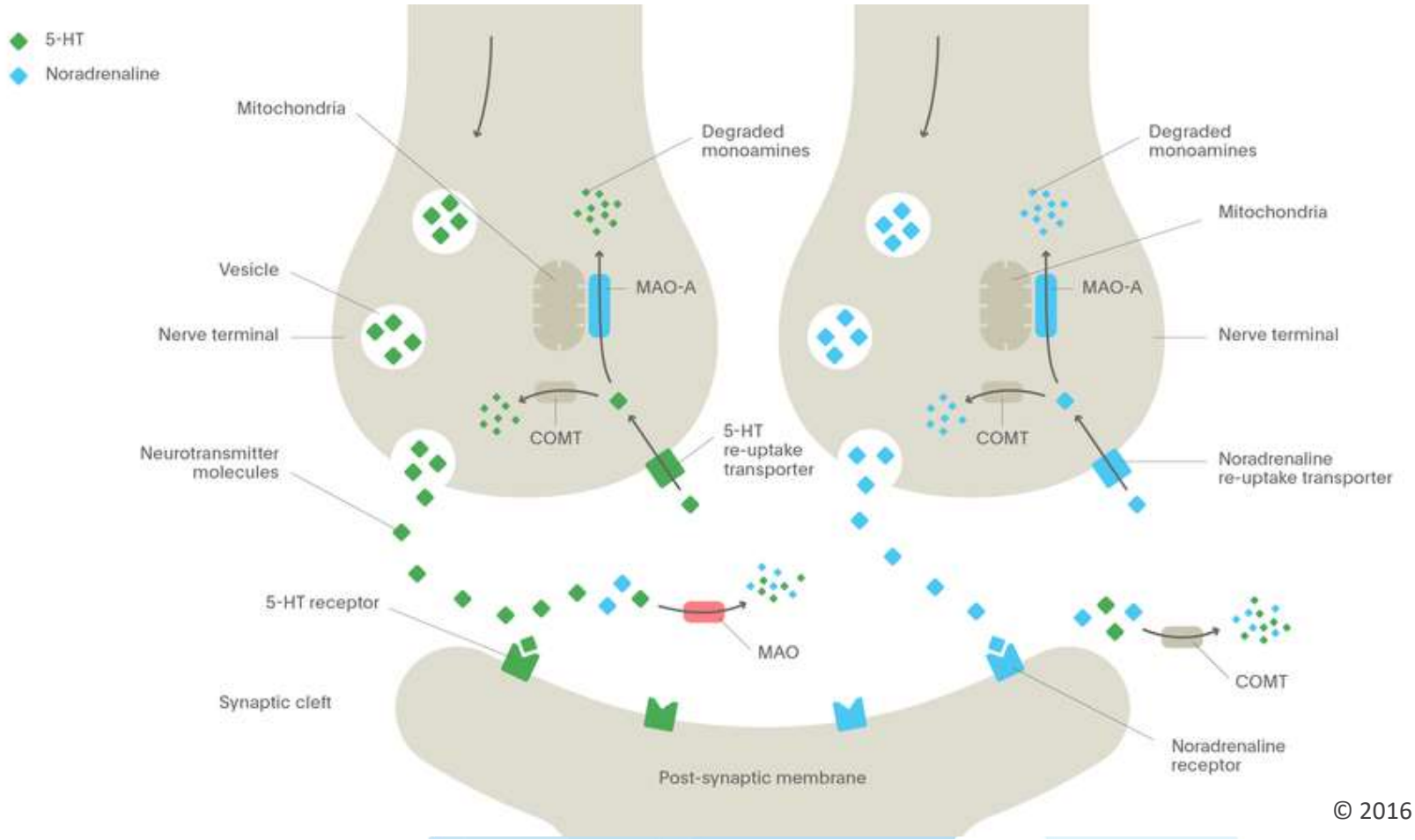
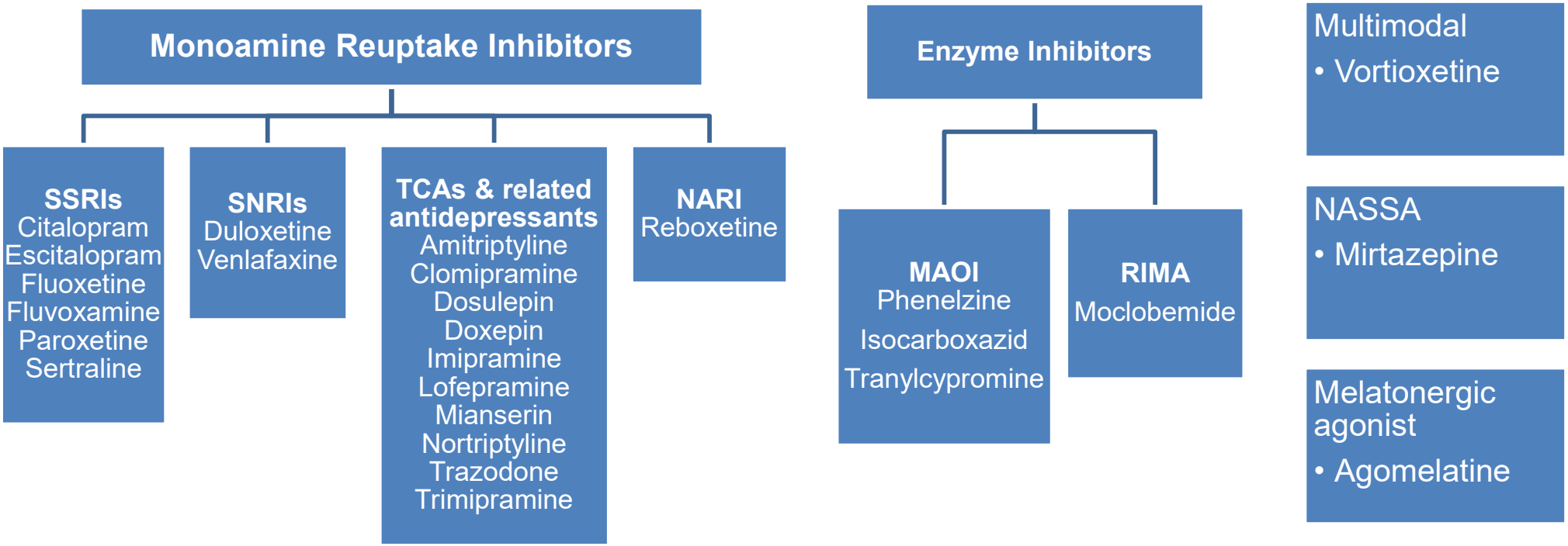


For a bette



TCA: tricyclic antidepressant; **MAOI**: monoamine-oxidase inhibitor; **RIMA**: reversible inhibitor of monoamine-oxidase A; **NARI**: noradrenaline re-uptake inhibitor; **SSRI**: selective serotonin re-uptake inhibitor; **SNRI**: serotonin & noradrenaline re-uptake inhibitor; **NaSSA**: noradrenergic & specific serotonergic antidepressant

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SSRI side effects, Safety concerns, CIs

Side effects

- Nausea and diarrhoea
- Sexual dysfunction and loss of libido
- Motor symptoms, particularly akathisia
- Nocturnal teeth grinding (bruxism)
- Anxiety

Safety

- Suicidal ideation
- Toxicity in overdose
- GI bleeding
- Serotonin syndrome
- QTc prolongation (citalopram, escitalopram)
- Hyponatraemia
- Mania (contra-indication)

Useful reference: Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis The Lancet Cipriani, Andrea Vol. 391 Issue 10128, pp. 1357–1366, 2018.

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Tricyclic: side effects, safety concerns, CIs

Side Effects

Sedation, drowsiness and weight gain

Memory problems and confusion

Dry mouth, blurred vision, constipation and urinary retention

Hypotension

Safety

Cardiac toxicity

Toxicity in overdose

Lowered seizure threshold

Contra-indication

Heart block

Recent MI

Mania or hypomania

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Other Antidepressants

SNRIs • Venlafaxine • Duloxetine	Mirtazapine	Agomelatine	Vortioxetine
Reboxetine	Trazodone	MAOIs & Moclobemide	St Johns Wort (Hypericum) – not recommended

Relative Side Effects

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Class of antidepressant	Sedation	Weight gain	GI Upset	Anticholinergic effects	Sexual dysfunction	Sleep disturbances	Cardiac toxicity	Toxicity in overdose
SSRIs	+	+	+++	+	+++	+	+	+
Venlafaxine	+	+	+++	++	+++	+++	++	++
Mirtazapine	+++	+++	-	-	-	+	+	+
TCAs	+++	++	++	+++	++	+++	+++	+++
Duloxetine	+	+	+++	+	++	++	++	++
Agomelatine	-	-	-	-	-	-	-	+
Vortioxetine	-	-	++	+	-	++	-/+	-/+
Trazodone	+++	+	++	-	+	-	+++	+++
Reboxetine	-	-	-	+++	-	+	++	++
MAOIs	+	+++	++	++	+	+++	+++	+++
Moclobemide	+	+	++	++	+	+	+++	+++

Not known/none, + low, ++ moderate, +++ high

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Propranolol

- **Risk of toxicity in overdose** - there have been a number of prevention of future deaths reports involving propranolol
- Although propranolol is licenced for use in anxiety management, there is no mention of this in the guidance produced by NICE
- Where patients identified who may be at risk, consider if further safety measures could help to safeguard the patient, for example:
  - prescribing smaller quantities
  - dispensing weekly or reduced frequencies
  - referring the person to a specialist
  - knowing who to contact to raise any concerns

https://www.pharmacyregulation.org/about-us/news-and-updates/regulate/patient-safety-spotlight-under-recognised-risk-toxicity-propranolol-overdose

Treatment

Choice of antidepressant

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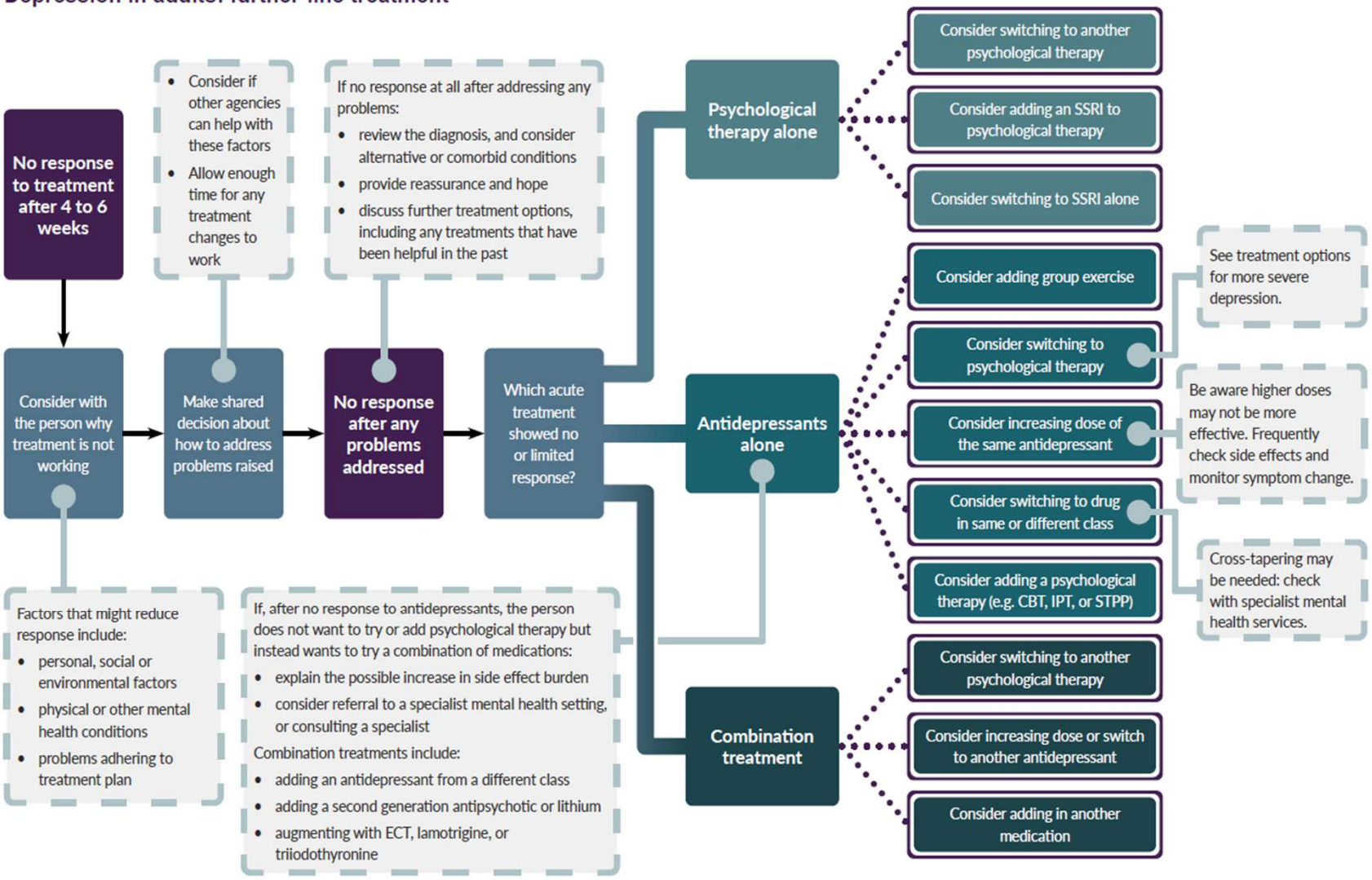
Whatever treatment is used, it must be:

- At an optimum dose
- Used for an adequate period of time
- With good adherence

Depression in adults: further-line treatment



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RCPsych Position Statement

- Informed consent and shared decision-making
- Use of antidepressants should always be underpinned by a discussion with the patient, and family/carer (as appropriate), about the:
- potential level of benefits and harms, including withdrawal, and concordance
- initiation and continuation
- regularly reviewing antidepressant use to monitor how well the treatment is working and any side effects

For a better life

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

PS04/19

Position statement on antidepressants and depression

May 2019

POSITION STATEMENT

Surrey and Borders Partnership
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Suicide

- Trust your gut
- Might not be thinking rationally – may seem the only/best option
- **Be direct**
- Talking about suicide DOES NOT make it more likely
- Your concern and involvement *can* make a difference
- Would you know what to do/where to go/who to contact?

See the problem

Say the words

Signpost to support

Training from the Zero Suicide Alliance https://www.zerosuicidealliance.com/, via Relias Learning https://www.relias.co.uk

Safety Netting

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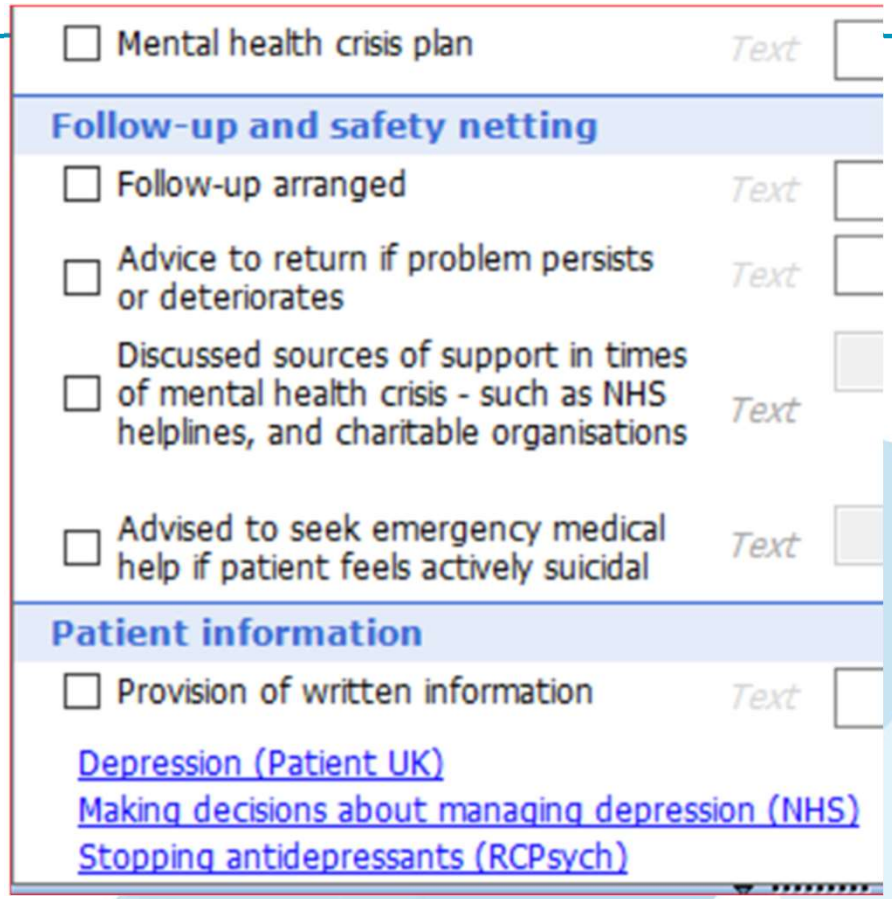

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Q&A session

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Feedback

Please complete the evaluation form for this session
13 February 2025
Thank you☺

Scan the QR or use link to join

https://forms.office.com/e/nB3FSPP5Jb

The College of Mental Health Pharmacy

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- Charitable Object:
  - To advance education in the practice of mental health pharmacy and to promote and disseminate research for the public benefit, in all aspects of that subject.
- Specialist training courses are available to members and non-members!
- https://www.cmhp.org.uk/
- https://www.cmhp.org.uk/education-research/

CMHP
College of Mental Health Pharmacy

Surrey Training Hub

NHS Surrey and Borders Partnership NHS Foundation Trust

DEPRESSION & ANXIETY LUNCH AND LEARN

SURREY HEARTLANDS Health and Care Partnership

3 x 1-hour sessions designed for primary care prescribers
Delivered by specialists from SABP and Surrey Heartlands

Session Dates & Topics

Thursday 13th February | 1-2 PM
Part 1 - Identifying and Documenting
Part 2 - Pharmacological treatments

Thursday 6th March | 1-2 PM
Part 3: How clinicians can support patients in deciding if medicine is appropriate and which one?
Part 4: Monitoring of Pharmacological Treatments

Thursday 13th March | 1-2 PM
Part 5: Swapping or Stopping
Part 6: Resources and Referrals

Who Should Attend?

Primary care prescribers and healthcare professionals interested in improving care pathways and outcomes for patients with depression and anxiety.

NHS England

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Thank you

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Useful Sites

- Zero Suicide Alliance (20 min training):
  - https://www.relias.co.uk/zero-suicide-alliance/form
- Mental Health First Aid England: mhfaengland.org
- Hub of Hope: https://hubofhope.co.uk/
- State of Mind: http://stateofmindsport.org/
- Samaritans: https://www.samaritans.org/
- The Blurt Foundation: https://www.blurtitout.org/
- SOBS – Survivors of Bereavement by Suicide: https://uksobs.org/
- PAPYRUS – Prevention of Young Suicide: https://www.papyrus-uk.org/
- YoungMinds – Information aimed at young people: http://www.youngminds.org.uk/