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Health and Wellbeing Strategy

Improving the identification and treatment
of depression, particularly in high risk
groups

Funmi Worrell
Public Health Registrar

Where are we now?

2.23iv - Self-reported wellbeing - people with a high anxiety score 2014/15

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	19.4	19.1	19.7
East of England region	-	18.3	17.4	19.2
Bedford	-	19.6	14.4	24.9
Cambridgeshire	-	18.1	15.3	21.0
Central Bedfordshire	-	17.3	13.4	21.1
Essex	-	15.1	13.2	17.0
Hertfordshire	-	21.2	18.9	23.6
Luton	-	21.6	18.3	24.9
Norfolk	-	16.8	14.4	19.3
Peterborough	-	20.1	16.9	23.4
Southend-on-Sea	-	18.9	15.6	22.1
Suffolk	-	19.6	16.9	22.3
Thurrock	-	22.9	19.4	26.4

Source: Annual Population Survey (APS); Office for National Statistics (ONS).

Where are we now?

- People entering IAPT as a % of those estimated to have anxiety / depression – 15.1%
- % of people who have completed IAPT treatment who are “moving to recovery” – 39.3%
- % of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff – pilot started
- % of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool – 0%

Where do we want to be?

- People entering IAPT as a % of those estimated to have anxiety / depression – 15.1% to 25% by 2021
- % of people who have completed IAPT treatment who are “moving to recovery” – 39.3% to 50% (national target)
- % of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff – Pilot ongoing, 30 staff trained, including LACs.
- % of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool – 0%

How will we get there?

- Increase screening for depression in primary care and social care
- Increase awareness and training in social care staff
- Increase self and supported referrals into IAPT services (Inclusion Thurrock)
- Increase awareness of the Recovery College launched in October 2016



Thank you!