

The Reasons

To review what is happening around depression care, what is working well and identify the gaps are and what needs to be done.



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Look at what is already happening to get a view of where we are starting from and what we need to do next e.g. social prescribing, suicide reduction, IAPT and acute crisis care.



The Evidence:

In 2012/13 Adults known to GP with depression and the percentage of all patients on the GP Register in Cheshire Warrington and Wirral was 6.1%, Merseyside 6.3%, England average 5.8%.



In 2013/14 the percentage of people completing GP Patient Survey reporting they felt moderately or extremely anxious and depressed - England average 12.1% Merseyside 17.2% and Cheshire, Warrington and Wirral 12.7%



Ensure equity and access to those services and treatment that benefit the recovery of the service user.

The Solution:

An integrated depression care pathway that has clear measurable beneficial outcomes for the service users



Work with service users and stakeholders to design an integrated depression care pathway that will meet the needs of the population with clear measurable

