

**Council of Governors Meeting
Thursday 8th April 2014
Summary Report**

Council of Governors
8th July 2014
Item 12b

TITLE OF PAPER	Governor Questions to the February/March 2014 Trust Board – feedback
TO BE PRESENTED BY	Professor Alan Walker, Chair
ACTION REQUIRED	For information only

OUTCOME	Governors to be fully updated of questions asked by fellow governors and answers provided by Executives
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	N/A
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	<p>HSE ■ MH Act ■ Equality ■</p> <p>NHS Constitution: Staff Rights ■ Patients' Rights ■ Public's Rights ■</p> <p>Principles ■ Values ■</p>
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Aim to improve communication between Governors and Trust Board and demonstrate accountability from the Trust to Governors
CONSIDERATION OF LEGAL ISSUES	N/A

Author of Report	Sam Stoddart
Designation	Membership Manager
Date of Report	26 th June 2014

- 1. Question to Dr Tim Kendall from Dorothy Cook, public governor, who asked about a health article (below). She wonders if the Medical Director has any information he can share about evidence-based psychiatry.**

Antidepressants do more harm than good, says research

The [Times](#) reports that a group of researchers will today launch the Council for Evidence-Based Psychiatry (CEBP), which aims to “start a national debate about the use of psychiatric drugs and treatments, given the mounting evidence of ineffectiveness and harm”. Peter Gøtzsche, co-founder of the Cochrane Collaboration, says doctors treat patients “much too loosely”, and many people with mild depression would benefit more from talking therapies and exercise than by taking anti-depressants. Gøtzsche believes thousands of patients become addicted to the drugs for life, claiming they “don’t work” for people with mild depression. However, Paul Farmer, chief executive of the charity Mind, commented: “We need to be careful about demonising antidepressants, which can be very effective.”

Response from Dr Tim Kendall

The CEBP is not really about evidence based psychiatry. It is a lobby group who are broadly ‘anti-psychiatric’.

I would have said that the research into treatments for depression shows that for mild to moderate depression we would recommend people get guided self-help, computerised cognitive behavioural therapy (CBT) or a structured group physical exercise programme, according to preference. If these aren’t effective, they should be ‘stepped up’ to either CBT or interpersonal psychotherapy (IPT).

If someone has a more severe depression, they should be offered CBT and an SSRI antidepressant, as the combination is more cost-effective than either alone. If they are under 30 years of age, starting them on an SSRI should be done cautiously and then monitored carefully at the start for any increase in suicidal thinking/behaviour as SSRIs can precipitate this. We think that the effectiveness for depression of SSRIs have been overstated as a result of selective publishing. However, when we look at the data we find that the placebo effect is very high in depression and anxiety, especially when mild to moderate. However, in more severe depression, the placebo effect decreases which unmask the modest but useful effects of the drugs.

I am wholly pragmatic about this. The evidence suggests a number of different treatments are effective. My interest is in what works best for whom? I think the CEBP tends to look for facts to prove their opinion.

- 2. Question from Jules Jones, Public Governor**

Background to question: I have recently attended a Patient Participation Group (PPG) meeting at Darnall Primary Care (Clover). One of the items on the agenda was a discussion with a representative from the local food bank (Serving Darnall and Burngreave). The food bank is part of a national network run by a charity called the 'Trussel Trust'. The food banks are run by volunteers. He explained that need has increased in recent years, and that they give emergency supplies, containing 3 days’ food. Food bank users are referred (e.g. by Citizens Advice Bureaux -CAB). The food

bank is seeing increasing numbers of families with small children, ex-services personnel and clients that they believe may have mental health problems.

We have a food bank collection box at Darnall Primary Care for staff staff/patients to donate items. This is collected by the food bank when it is filled. They ask for donated items to be non-perishable, with a shelf life of 12 months minimum.

My question for the Board: Could you find out if we have any food bank collection boxes at any of our other SHSC sites? If not, can we contact the Trussel Trust in order to arrange for item donation boxes to be placed in feasible locations? Who would be the best person to do this?

Response from Clive Clarke, Deputy Chief Executive

I have discussed this with Helen Payne, Director of Facilities Management. The Trust is confident this can be progressed, and Helen will look into the matter further and report back.

3. *Question from Dorothy Cook, Public Governor*

From the Government paper "Preventing Suicide in England, one year on" [Jan 2014], which was forwarded to us earlier this year, I realised that it seems as if everybody believes prevention is someone else's business. So I urged the board to be proactive and attempt to ensure that the different agencies and disciplines listed in the paper are working together and keeping the communication lines open so that the general public is aware that Sheffield has a strategy seeking to address this devastating problem.

Response from Clive Clarke, Deputy Chief Executive

I have had discussions with Robert Carter, CCG, and Chris Neild, Consultant in Public Health, who has it on her work programme to revise the city's suicide strategy in line with the recommendations from the above mentioned document. Chris is unclear as to her timeframe for this, however I am arranging a further meeting to see if the Trust can assist in helping her take this work forward.