Hertfordshire Partnership University
NHS Foundation Trust

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Our Ref: FOI/05889

Thank you for your request concerning community mental health teams.

Your request has been considered and processed in accordance with the requirements of the Freedom of Information (FOI) Act 2000.

Please can you provide information on the below questions in relation to the following case example.

A 35-year-old person with severe OCD and BDD has been assessed by your local Talking Therapies service as being too complex and inappropriate for them. They are severely impaired, virtually housebound, have no social life and unable to work. Their basic needs are provided by the family, but the family is struggling to support them. They are not an immediate risk of suicide, self-harm or violence to others and do not need admission to an acute ward. They are not personality disordered. The GP has already followed the NICE guidelines for OCD/BDD, and the patient has had 2 trials of SSRIs at maximum dose for at least 4 months each with little benefit. The patient and their family are seeking an assessment by a consultant psychiatrist and cognitive behaviour therapy with exposure and response prevention which is specific for OCD/BDD.

1. **How long approximately is the wait list (e.g. number of weeks) to obtain an assessment by the CMHT and would this be by a consultant psychiatrist or their specialist trainee?**

   Assessments for routine community mental health services will be completed within 28 days and undertaken by a clinical member of the team, generally a registered Nurse or Social Worker.

2. **Are there criteria used to accept a rereferral onto your Community Mental Health Teams to have a care co-ordinator and provide treatment? If you have criteria, please can you supply them?**

   The criteria for a service user to be offered support from the Community Mental Health Service, whether a first referral or re-referral, is the presence of a serious mental illness (SMI) which cannot be supported through primary care, severely impacts functioning or compromises the safety of the individual or other people.

   The allocation of a care co-ordinator depends on the complexity of support required by the individual, and whether there is input or support required from multiple clinicians in the service, or external agencies.

   Commencement of treatment is determined by the identified needs of the service user following assessment.

   Please also see attached Adult Community Health Services (ACMHS) Operational Policy .

3. **How long approximately is the wait list to obtain (a) a psychological assessment and then (b) how long is wait for CBT for OCD/BDD in secondary care (e.g. number of weeks)?**

   Average waits for psychological assessment in ACMHS are currently less than 28 days. Data is not readily available on waiting times for specific interventions.

   Overall waiting times for psychological intervention are 6-7 months on average, but can be longer, depending on the specialised nature of the intervention required and the capacity within the service to deliver it. When an individual has been assessed as requiring a psychological intervention, they will be informed of the likely waiting time and offered interim support.

4. **What is the documented or expected care pathway (e.g. do they have to be seen first by the CMHT and then referred by the CMHT for secondary care psychological therapies or can the referral be done directly by the Talking Therapies or GP for example)?**

   The service user will start with an assessment for eligibility for Community Mental Health Services; following this assessment, typically completed within 28 days of referral, there is a multi-disciplinary discussion of their specific treatment needs and pathway, which will be communicated to the service user.

5. **Do your policies or procedures indicate that any alternatives offered to CBT with ERP, for people in the above scenario, e.g. a different type of psychological therapy?**

   Exposure and Response Prevention (ERP) which is a form of Cognitive behavioural therapy (CBT) is the National Institute for Health and Care Excellence (NICE) recommended therapy choice for these conditions, based on the presented scenario this would be the offer made, but in clinical practice a full review of need would take place before a therapy offer. Other therapies can be considered dependent on need.

6. **Has your team made a referral to tertiary services for OCD/BDD in the last 5 years a) under the Highly Specialised Service stream of funding or b) under local funding?**

   Yes

Should you require further clarification, please do not hesitate to contact me.

Please find enclosed an information sheet regarding copyright protection and the Trust's complaints procedure in the event that you are not satisfied with the response.

Yours sincerely

D. Anthony

Deborah Anthony

Information Rights Officer

Enc: Copyright Protection and Complaints Procedure Information Leaflet.

If you would like to complete a short survey in relation to your Freedom of Information request please click here.