Freedom of Information Request: Our Reference CTMUHB_35_26

You asked:

I am writing to request information under the Freedom of Information Act 2000. In order to assist you with this request, I am outlining my query as specifically as possible.

This Freedom of Information request question is for your Community Mental Health Teams in your area (i.e. **NOT** your Early Intervention in Psychosis team; Crisis Resolution or Home treatment team; or Rehabilitation and Recovery team or Assertive Outreach team).

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?**

   All CMHTs within CTMUHB work to a target of providing an initial assessment within 28 days of referral, and all teams are currently able to meet this timeframe. Initial assessments are typically completed by a Community Psychiatric Nurse (CPN) or a Social Worker rather than a consultant psychiatrist or a specialist trainee.

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?**

   There is no single, specific set of criteria. Decisions regarding access to CMHT pathways are based on an individual's strengths, needs, and risks. CMHT involvement is ordinarily appropriate for people experiencing mental health difficulties of a nature and/or severity that cannot be managed within a scheduled, clinic-based primary care setting and who may require a coordinated, multi-disciplinary approach to care.

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)?**

    a. The average waiting time for a psychological assessment is 24 weeks.
    b. The current longest wait for a psychological intervention such as CBT is approximately 60 weeks.

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 referral pathway for secondary care psychological intervention is an internal one because the psychologists in secondary care sit within the CMHT. This means they only accept referrals from other team members where psychological therapy has been identified as a need on a service user's care and treatment plan.

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?**

    There is currently no evidence that alternative models of therapy are effective with OCD and BDD so we would not recommend a different therapy for this. However, all assessments and treatment plans are person centred and needs led, therefore can lead to a formulation driven integrative therapy approach which takes into account complexity, comorbidity and family/social context.

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?**

    No, we have not made any referrals to tertiary OCD/BDD services in the last 5 years under either funding route.