

Our ref: IG/FOI/FOI.207.25

13 March 2025

Sent via email to: [REDACTED]

Dear [REDACTED]

## Request under the Freedom of Information Act 2000

I write further to your request for information, which was received on 17 February 2025, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) does hold the information that you require. For ease of reference your request is set out below and my response follows.

### Your Freedom of Information (FOI) Request:

I am writing to request information under the Freedom of Information Act 2000. I would be grateful if you could provide the following information regarding mental health services offered by your health board:

Q1. If no dedicated bipolar care pathway exists, what steps have been taken to ensure that existing pathways (such as EIP) are accessible and suitable for individuals with bipolar?

Q2. How many staff members in your health board have received specific training on bipolar care in the past five years?

Q3. What is the current average waiting time for individuals with bipolar to receive care following referral?

Q4. What plans does your health board have to improve early diagnosis and intervention for bipolar over the next five years?

### Powys Response:

Q1. There are many specialist services in Powys Teaching Health Board (PTHB). For all of these services there are criteria set by the service and in every individual case we refer to specialist services on a case-by-case basis as they meet the criteria which would include all patients with a diagnosis of Bipolar Affective Disorder (BPAD). There is an Early Intervention in Psychosis (EIP)

service in PTHB who accept referrals in line with the All-Wales Mental Health Measure.

Q2. I can confirm all psychiatrists in PTHB will regularly have specific teaching in the form of case studies and review of papers which would be multiple times over the course of five years. All psychiatrists would have had training specific to bipolar affective disorder within the last five years.

Q3. All referrals into Mental Health Services are triaged according to the UK Triage Model which is an evidence-based tool which provides direction on risk and urgency of response. The time to assessment will then be according to the outcome of that triage. This can be anything between 4 hrs and 28 days. Additionally, the Mental Health Measure for Wales indicates similar timescales for assessment and allocation of a Care Coordinator, if appropriate following assessment within 2 weeks. Similarly, referrals into Local Primary Mental Health Service for Counselling and Psychological Therapies are governed by the Mental Health Matters Wales (MHM) with 28 patients currently waiting following assessment for first intervention to begin.

Any presentation is seen in line with clinical need, but with BPAD new presentations the need is nearly always critical so then the patient tends to be seen within 24 hours.

Q4. It is not possible to have early diagnosis for BPAD. If an individual presents as manic then they are diagnosed at the time. Without direct evidence (i.e. assessment by a doctor) during an episode of mania or hypomania then a confirmed diagnosis cannot be made. There is no known prodromal or early sign of bipolar.

Under the terms of the Health Board's Freedom of Information procedure, individuals seeking access to recorded information held by the Health Board are entitled to request an internal review of the handling of their requests. If you would like to complain about the Health Board's handling of your request, please contact us directly at the address below or register your complaint via [Powys.foi@wales.nhs.uk](mailto:Powys.foi@wales.nhs.uk)

If after Internal Review you remain dissatisfied you are also entitled to refer the matter to the information commissioner at the Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH. Telephone Number: 0330 414 6421.

Yours sincerely



**Louisa Kerr**

**Assistant Director for Mental Health and Learning Disabilities**

Rydym yn croesawu derbyn gohebiaeth yng Nghymraeg. Byddwn yn ateb y fath ohebiaeth yng Nghymraeg ac ni fydd hyn yn arwain at oedi.

We welcome receiving correspondence in Welsh. We will reply to such correspondence in Welsh and this will not lead to a delay.