

Our ref: IG/FOI/FOI.553.25

17 November 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 21 October 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 the Health Board's response follows each question individually.

### Your Freedom of Information (FOI) Request and Powys Response (Bold):

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.

Q1. 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? – **A registrant (Mental Health Nurse, Occupational**

**Therapist (OT) or a Social Worker) completes an initial mental health assessment within 4 weeks and then if required could be referred to a psychiatrist for a psychiatric review.**

Q2. 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? - **If a referral is deemed appropriate for the adult Community Mental Health Teams (CMHT) it is allocated to the team for assessment, which is completed by the duty workers, within the time frames of the mental health measure.**

**The CMHT then hold a weekly referral and allocation meeting. All decisions are made as a Multidisciplinary Team (MDT) and the team leader's role is to facilitate the meeting and help the team reach a decision. The completed assessments are fed back and discussed within the MDT and a decision is made regarding whether the person meets the criteria for secondary mental health services and is made a relevant patient under part two of the mental health measure.**

**The patient is then allocated to a suitable professional within the timeframes set out by the mental health measures. If following the assessment, it is felt the patient does not require secondary care services, a letter is sent back to the referrer with advice regarding further management and to the assessed person explaining the outcome.**

Q3. 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)? - **In the period 1 October 2024 to 30 September 2025, the average wait from referral for psychological assessment was 6 weeks and the average wait from referral to specialist intervention is 40 weeks.**

Q4. 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 client would need to have an initial mental health assessment before being referred to the Specialist Psychology Service. This assessment could be completed in Local Primary Mental Health Support Service (LPMHSS) or the CMHT.**

Q5. 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? - **The main psychological intervention for obsessive-compulsive disorder (OCD) is Cognitive Behavioural Therapy (CBT) with Exposure and Response Prevention (ERP). Alternative intervention could be considered should this first line intervention proves ineffective, but the evidence is far less established for other psychological approaches. Medication and CBT with ERP should be considered.**

Q6. 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. Previously we have referred clients with complex and enduring OCD for specialist OCD assessments with the Maudsley via our local funding process called Individual Patient Funding Requests (IPFR).**

If you have queries or any concerns, contact details are given at the top of the letter. Please remember to quote the reference number above in any future communications. If you are dissatisfied with the handling or response to your request and wish to ask for a review of this, please contact us and we will arrange for this to be done.

Further information is available from the Information Commissioner's Office who can be contacted at:

Address: Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH.

Telephone: 0330 414 6421

Complaints Portal: [www.ico.org.uk/foicomplaints](http://www.ico.org.uk/foicomplaints)

Web site: <https://ico.org.uk/>

### **Re-use of Public Sector Information**

All information supplied by the Health Board in answering a request for information (RFI) under the Freedom of Information Act 2000 will be subject to the terms of the Re-use of Public Sector Information Regulations 2015.

Under the terms of the Regulations, the Health Board will licence the re-use of any or all information supplied if being used in a form and for the purpose other than which it was originally supplied. This license for re-use will be in line with the requirements of the Regulations and the licensing terms and fees as laid down by the Office of Public Sector Information (OPSI). Most licenses will be free; however, the Health Board reserves the right, in certain circumstances to charge a fee for the re-use of some information which it deems to be of commercial value.

Further information including a sample license terms and fees can be found at Open Government Licence.

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.