

Reference:	FOI.19364.26
Subject:	Community Mental Health
Date of Request:	20 January 2026

Requested:

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?
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?
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)?
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)?
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?
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?

Response:

Hywel Dda University Health Board (UHB) does not consider this to be a valid Freedom of Information (FoI) request. The FoIA covers any recorded information that is held by a public authority; recorded information includes printed documents, computer files, letters, emails, photographs, and sound or video recordings. The FoIA does not cover information on estimates, opinions or recommendations. The UHB has an obligation to provide information already in recorded form but cannot create new information to answer a question.

However, the UHB has a duty under the Section 45 Freedom of Information Code of Practice to provide advice and assistance; it is under this duty that the UHB can answer your request based on recorded information.

1. The UHB provides within the table below, the average wait time to obtain a routine non-medical assessment by the Community Mental Health Team (CMHT), during the 2025 calendar year.

Carmarthenshire (3 CMHTs)	Pembrokeshire (2 CMHTs)	Ceredigion (2 CMHTs)
27 weeks	50 weeks	47 weeks

Additionally, the UHB can confirm assessments are carried out by a Registered Mental Health Nurse (RMN) or a Mental Health Practitioner (MHP). A psychiatrist or specialist trainee assessment would be arranged if this was clinically indicated at the time of referral.

2. The UHB confirms decisions on whether an individual should be accepted as a 'relevant patient' should always be based on their health and social care needs as a whole and not on diagnosis alone. However, following an assessment of need, priority will be given to those as detailed below:

- Individuals over the age of 18 who require specialist support for mental health conditions.
- Individuals who have been treated for a severe and enduring illness in the past, but their condition is stable and current presentation is stable but at risk of relapse.
- The individual needs support in a domain of the Care and Treatment Plan directly relating to their mental health.
- There is a complex and severe mental disorder that is current in presentation.
- Individuals with severe, difficult to manage and persistent mental illness, such as schizophrenia, severe depression, bipolar disorder, or personality disorder.
- Individuals with longer term disorders of lesser severity but which are characterised by poor treatment adherence requiring proactive follow up.
- Any disorder where there is significant risk of self-harm or harm to others (e.g., acute depression, anorexia, high levels of anxiety).
- Pregnant mothers suffering any type of mental disorder.
- Individuals with co-occurring substance use and mental health issues, who require care co-ordination.
- Individuals who have had a period of home treatment, who require ongoing input from Community Mental Health Centres (CMHC).

- 3a. The UHB provides within the table below, the wait time to obtain a psychological assessment, as at 3 February 2026.

Carmarthenshire	Pembrokeshire	Ceredigion
8 weeks	10-12 weeks	8 weeks

- 3b. The UHB confirms the current maximum wait for Cognitive Behavioural Therapy (CBT) for Obsessive-Compulsive Disorder (OCD) is in excess of one-hundred and eight (108) weeks, this is from the date of referral into the service. Furthermore, the service is now offering a 'High-Intensity CBT for OCD' group, which is intended to facilitate more timely access to CBT for individuals awaiting OCD specific intervention. Additionally, the service is also looking to introduce an OCD group for those patients with low intensity presentations in the near future.

4. All referrals for patients with mild to moderate presentations of OCD requiring low intensity intervention are received directly via General Practices (GP), or through other referral routes into the Local Primary Mental Health Support Services (LPMHSS). Furthermore, those patients with high intensity CBT for OCD are referred via the CMHT, In-patient Wards, LPMHSS in Wales and the Crisis Resolution and Home Treatment (CRHT) Team.
5. The UHB confirms it does not have any local policies around alternative therapies offered to CBT with Exposure and Response Prevention (ERP). However, the Integrated Psychological Therapies Service (IPTS) follow and adhere to National Institute for Health and Care Excellence (NICE) guidelines.
6. The UHB confirms the IPTS have not made a referral to tertiary services for OCD/Body dysmorphic disorder (BDD) in the last five (5) years.