

<b>Reference:</b>	FOI.12094.23
<b>Subject:</b>	Severe or Profound and Multiple Learning Disabilities (S/PMLD) and the Child and Adolescent Mental Health Service (CAMHS)
<b>Date of Request:</b>	30 June 2023

**Requested:**

The request relates to children and young people that have Severe or Profound and Multiple Learning Disabilities (S/PMLD) and services provided by Child and Adolescent Mental Health Services (CAMHS) within your health board area.

S/PMLD may be defined within health as a Learning Disability (LD) and is defined on the NHS website as a person that:

- Has a severe learning disability and other disabilities that significantly affect their ability to communicate and be independent.
- Someone with a profound and multiple learning disability might have difficulties seeing, hearing, speaking and moving.
- They may have complicated health and social care needs due to these or other conditions.
- People with a profound and multiple learning disability need support to help them with some areas of their life, such as eating, washing or personal care.
- Lots of people with a profound and multiple learning disability can still be involved in decisions about themselves, do things they enjoy and be independent.
- Some people who struggle with talking might be able to use other ways of communication, like sign language, signalong, Makaton, or digital systems like picture exchange communication systems (PECS)

**Information Requested for the years 2018, 2019, 2020, 2021, 2022:**

1. Number of children / young people with S/PMLD referred to your service (CAMHS)
2. Of those referred, how many were offered an appointment with a mental health practitioner?
3. Of those referred, how many were diagnosed with clinical depression?
4. Of those diagnosed, how many were treated with medication to alleviate their symptoms?
5. Of those diagnosed, how many were referred for interventions (e.g., talking therapies / counselling)?  
For this group intervention may take the form of advice to family and schools rather than direct therapy or a positive behavioural support plan.
6. Of those referred, how many were referred by person with parental responsibility, school, GP?
7. What is the average waiting time from referral to initial assessment?
8. What specific assessment tools are used by practitioners to assess the mental health needs of children and young people with S/PMLD?

I have provided a template that I would be grateful if you would complete with the requested information.

**Response:**

Hywel Dda University Health Board (UHB) is unable to provide you with all of the information requested, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 and the Data Protection (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the information requested for questions 1, 2, 3, 4, 5 and 6, the UHB would need to undertake a manual trawl of all CAMHS patient records, for the 2018 to 2022 calendar years, to identify the S/PMLD referrals, as referrals from specific areas/services are not recorded separately.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under section 16 of the FoIA, the UHB has a duty to provide advice and assistance. Therefore, the UHB provides the accessible information it holds for question 7 below.

7. The UHB cannot provide the information exactly as requested, as the data is recorded by financial year, not calendar year. Therefore, the UHB provides, within the table below, the average waiting time, in weeks, from referral to initial assessment with CAMHS, during the 2018/19 through to 2022/23 financial years.

Financial year	Average wait in weeks
2018-19	3
2019-20	3
2020-21	4
2021-22	5
2022-23	5

8. The UHB does not use any specific assessment tools to assess the Mental Health needs of a young person with a learning disability. However, adapting the way we collect information from a young person and their family is a routine part of our assessment process; we may need to adapt our assessment process because the young person has neurodiversity, specific or global learning problems, or we may simply need to adapt our assessment process to the developmental stage of the child, such as primary school age. Generally, this is done through adapting the style of questioning or the process of the assessment appointment; some of the methods to be considered would be shortening the appointment, having multiple appointments, using questionnaires or paper and pen, and spending more time obtaining information from the system around the child, for example parents and their school.