Your request for information regarding psychological services has now been considered and the information requested is enclosed.

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For further information please refer to the Re-Use of Public Sector Information Regulations 2005.

If you are unhappy as to how this request has been handled, you should write to Mrs Claire Graham, the FOI lead for the Trust. You have the right to seek a review within the Trust in the first instance.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner’s office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust’s review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries or concerns then please contact Mrs Claire Graham at the following address:

Southern Health & Social Care Trust
Ferndale
Bannvale Site
10 Moyallen Road
Gilford
BT63 5JX

Tel: 028 38 833250
Email: Foi.Team@Southerntrust.hscni.net

Yours sincerely
The BBC requests the following information:

1. Which psychological services are available in the Trust following referral by a GP

Mental Health services are described within a stepped care model from step 1 to 5, step 1 being the mild end of the spectrum reflecting mental well-being to step 5 reflecting greater complexity. Across the stepped care model the Trust provides psychological services as follows:

**Talking Therapies/Well-mind Hubs** (Step 2: Mild common mental health problems)

The ethos behind development of Step 2 services and Well-mind Hubs is to ensure that Individuals will receive the least intrusive therapy/intervention required to meet their needs, prevent unnecessary referral to secondary care and offer a wider choice of therapies than is currently available. An initial Hub has been piloted in the Armagh/Dungannon area with planned roll-out to the rest of the Trust by 2018.

*Needs will be met by providing a range of interventions including;

- facilitated self-help;
- life coaching, group;
- couples therapy;
- one-to-one counselling
- cognitive behavioural therapy.
- Computer-based cognitive behavioural therapy
- Stress control programme

These therapies will be complimented by signposting or referral to any additional community services or organisations for support of the individual in all areas of their lives that may impact on their mental health.

**Primary Mental Healthcare Services (Steps 2-3)**

Primary Mental Health Treatment Teams provide support and treatment for mild to moderate mental health problems which are significantly affecting everyday functioning of the individual. The complexity would be typically step 2/3 within the Stepped model of care.
Interventions are time limited, evidence based and focused within a framework of stepped care. In stepped care, patients are offered the least restrictive treatment, which will be effective, and best supports their recovery.
Primary Mental Health Treatment Teams are most effective with moderate mental health problems but will also provide treatment for mild mental health problems when presenting difficulties are complex and span one or more co-morbid conditions and complex social circumstances such as Depression, Generalised anxiety disorder, Panic disorder, Obsessive-compulsive disorder (OCD), Post-traumatic stress disorder (PTSD) and Social anxiety disorder.
Interventions include 1 to 1 counselling using a variety of psychologically informed approaches. Group interventions eg. Anxiety management, Cognitive behavioural therapy and Troubles related Trauma intervention. Staff also signpost to Independent and Community Sector (eg CRUSE, SHIP programme).

**Antenatal and postnatal mental health**
During pregnancy or the postnatal period, women requiring psychological interventions are seen for treatment within 10 days of referral

**Support & Recovery Psychology Services (Steps 3-4)**

Clinical Psychology services are available as part of the Trust’s Support & Recovery Mental Health Services and provide comprehensive psychological assessment and interventions for conditions that are more long term and complex in nature. As these services are by definition at a higher step of the care pathway (Steps 3/4) it would be unusual for them to be referred directly from the GP, rather the vast majority will have been referred by existing services and failed to benefit from lower level interventions (requiring more intensive, long term supports). Conditions that are likely to be appropriate for this service will include severe and enduring mental health disorders, complex trauma, psychosis, dissociative disorders, and complex attachment disorders.
1 (a) What is the break down in the Trust for CBT, DBT, psychotherapy & other psychological services?

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<th>Southern Health Social Care Trust</th>
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1(b) How many referrals have been made by GP’s to psychological services provided by the Trust & other non-statutory services for the following years?

i) 2013-14
i1) 2014-15
iii) 2015-16

<table>
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<th>Primary Mental Health Referrals from GP’s Total across the Trust</th>
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<td>13/14</td>
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<td>3981</td>
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Primary Mental Health
The above figures relate to referrals made to the Trust and associated contracts for psychological services. The referrals are for all formats of psychological therapy and includes Consultant Psychiatrist in Primary Mental Health, Multidisciplinary Team referrals (Mental Health Nursing, Occupational Therapy and Social Work), Psychology in Primary Mental Health Care, CBT across services and Troubles Related Trauma Service. GP’s refer patients with a wide range of psychological concerns and the Trust will allocate each patient to the most appropriate service for Psychological input based on the individuals assessed needs. Patients whilst in the services will be internally transferred as appropriate and as needs change until discharge is appropriate. The numbers above do not include internal transfers in relation to the range of psychological approaches that the individual avails of prior to discharge the numbers only relate to the number the initial referrals received from the GP.

For Support & Recovery Psychology services the vast majority of the referrals received are from existing trust services and teams. As a result the number of referrals from GPs is very low and generally reflects cases that have been recently discharged from the Support and Recovery Service and re-referral/re-assessment if necessary has been advised.

| Referrals received for Support and Recovery Psychology Services 2013-2016 |
|-----------------|-------------------|
| **DATE**        | **Referrals**     |
| 1/4/13 - 31/3/14| 109 referrals     |
|                 | 16 from GPs       |
| 1/4/14 – 31/3/15| 145 referrals     |
|                 | 21 from GPs       |
| 4/1/16 – 31/3/16| 121 referrals     |
|                 | 13 from GPs       |

1(c) What is the length of time from initial referral to treatment or counselling within the Trust?

There is a regional target of 10 days for urgent referrals and 9 weeks for access to routine mental health assessment. The access target for
psychological therapies is 13 weeks from the referral being received to being seen by the service. Urgent referrals for accessing mental health services are seen within the current 10 day target. Routine referrals at present are experiencing a waiting time of 18 weeks. Access to psychological therapies—currently there are 34 cases waiting longer than 13 weeks with the longest wait at 34 weeks. For the vast majority of the cases the Trust is able to meet these targets but capacity can be affected by staff vacancies within specific teams, and an increase in volumes of referral. Currently there is a regional difficulty with recruiting to Clinical Psychology posts that is resulting in some delays in cases being seen.

1(d) How much funding has been allocated to psychological services within your trust for the following years?

i) 2013-14 £2,762,766
i1) 2014-15 £2,611,060
iii) 2015-16 £2,675,382

2. What is the provision for community addiction services within the Trust & what funding has been invested in them for the following years?

The SH&SCT Adult Addictions services has undergone a significant change in profiling over the years 2013-16. In 2015 Community Addiction Services comprised of:
Tier 3 community based provision
Tier 4 in-patient service comprising of 10 beds, 4 nights per week over 5 days Monday to Friday.
No Tier 2 provision
A 5 day per week General Hospital Liaison Service
Links to independent providers and a portfolio of interventions delivered through “Big Lottery” funding

Provision now comprises of;
**Tier 4** in-patient provision within a Regional model. The SHSCT no longer has an in-patient unit but accesses beds in the WHSCT, SEHSCT and NHSCT as per the Regionally agreed model.

**Enhanced Tier 3** This is a community based service staff by practitioners from a multi-professional background with full-time medical input. The service is for those who are seen as dependent upon substances. Within this service programme there are a number of key programmes of care delivery;

**Family Support**; A service to assist Families to cope with the issues which become evident in Families when individuals misuse substances. This service is available to families even if the substance misuser is not involved in services.

**Dual Diagnosis**; A service for adults who have Severe and enduring Mental Illness and who misuse substances.

**Opiate Substitution Services**; This service provides input and treatments for individuals who have become dependent on Opiate’s such as Heroin. This service offers support, prescribing and interventions on a Trust wide basis.

**Child and Family care interventions**; This services provides inputs to individuals who have significant Child care issues associated with their substance misuse. This service offers liaison with Social Services and provides intensive treatment and supports to both the individual and their families to help reduce the impacts of substance misuse on the children within a family environment with substance misuse as a feature.

**General Hospital Liaison Services**; This services provides inputs to substance misusers who find themselves admitted to an Acute Hospital either primarily because of substance misuse or secondary to substance misuse. This provision is available in Craigavon Area Hospital, Daisy Hill Hospital, South Tyrone Hospital and Lurgan Hospitals.

**Midwifery Liaison**; A service provided for to all expectant mothers who register their pregnancy in the SH&SCT. This service provides support and advice to expectant mothers on the dangers of misusing substances during pregnancy and provides support for those at risk of foetal harm throughout their pregnancy.

**A new Tier 2 service.** This provides brief interventions for those who are seen as using substances in a hazardous manner. This service provides brief intervention, education and support to individuals.

The Trust Addiction services also work alongside Independent sector providers and the current provisions in the Trust allows for the following.
A service for women who are victims of Domestic Violence and who misuse substance
A service for chronic/hard to reach substance misusers
Low Threshold Services
Adult counselling services
Community based Group interventions

Associated Funding;

i) 2013-14 £1,010,685
i1) 2014-15 £987,168
iii) 2015-16 £1,176,031

2 (b) How many people have been referred to community addiction services over the following years?

i) 2013-14 2150
i1) 2014-15 2123
iii) 2015-16 2189

2 (c) What is the length of time from initial referral to community addiction services within the Trust?

The current waiting times are in keeping with Ministerial Targets as outlined in IEAP;

Tier 3 Community Addictions Services:
Urgent: 10 Days
Routine: 9 weeks

Tier 2 Early Intervention
Within 2 weeks

3 How much funding has been allocated to suicide prevention by the Trust to services provided by the Trust and community & voluntary services over the following years?
The Protect Life Implementation Group (PLIG) in the Southern Area is a multi agency group made up of Health and Social Care representatives, Public Health Agency, PSNI, Education Authority, Local Councils and Community Voluntary Sector organisations. PLIG is chaired by the Assistant director of Mental Health in the Southern Trust. Each year the Southern area PLIG is allocated Protect Life funding by the Public Health Agency to support the development of specific suicide prevention activity for the Southern area of Northern Ireland. This funding is used to support a number of initiatives in the Southern area. For example:

- Support for Card before you Leave and Psychiatric Liaison
- Support for those who engage in self harming behaviours
- A range of Gatekeeper training focusing on Suicide intervention and recognising and responding to mental health concerns. Support for the Community/Voluntary sector Protect Life Resource Service in the Southern area
- Support for vulnerable groups, LGB&T, Travellers, Young people engaged in CAMHS, and mental health services.
- Support for those Bereaved by Suicide
- Coordination of Protect Life in the Southern area.

i) 2013-14 £323,559.00
i1) 2014-15 £326,093.00
iii) 2015-16 £326,093.00

4 What is the total spend on mental health within the Trust as a percentage of the total health budget over the following years?

The most up-to date expenditure we have available is for 2014-2015 And the total Mental Health spend is £38,697,267.00. This is 6.95% of the total Trust spend for that year which was £556,397,589.00. This would be reflective of the spend for 2013-2014 also. Figures for 2015-2016 are not as yet available.