

Freedom of Information Act 2000 disclosure log entry

Reference

16-17150

Date sent

05/09/2016

Subject

Trauma-focused psychological Treatments

Details of enquiry

1. How do you categorise terrorism, is it included under a major disaster umbrella?
2. What is the average waiting time for trauma-focused psychological treatments (trauma-focused CBT therapy and EMDR) for mild and severe PTSD and post-traumatic symptoms
3. Whether there is a specific waiting target for trauma focused-treatments for PTSD, what is it and if you are meeting this target
4. Short and long term consequences of not receiving trauma-focused therapies for PTSD and post-traumatic symptoms
5. Short and long term consequences of delayed trauma-focused therapies for PTSD and post-traumatic symptoms

Response Sent

1. Within this Trust, terrorism is categorised as a major incident and as such is covered by our Major Incident Policy, which may be found on our website at: <https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>
2. Patients wait a maximum of 11 weeks for assessment in line with standard waiting time requirements. This is the maximum and for many it would be less especially if it was felt there was an urgency to the request.
3. There is not a specific waiting time for trauma focused interventions. It is important to note that we do not see many simple PTSD presentations - most of our patients are complex PTSD and if a trauma focused intervention is felt to be appropriate, it would need to be in the context of a three phased approach consistent with guidelines for complex trauma. For most of our patients, they are assessed and then seen by the same clinician so that waiting times are minimal or absent. This increases the therapeutic alliance, reduces dropout rates and reduces possible consequences of waiting.
4. and 5. These are theoretical questions as we work hard not to delay treatment. Theoretically a delay or failure to receive treatment is inevitably going to mean that the condition may become chronic and have increased morbidity including depression, panic disorder and substance misuse/dependence. The risk of self-harm, suicide and violence may also be increased.