

## Freedom of Information Request

**Reference Number:** EPUT.FOI.21.1995  
**Date Received:** 14 May 2021

### Information Requested:

I'd like to make a request under the Freedom of Information Act 2000 about Improving Access to Psychological Therapies (IAPT) programme(s) delivered by Essex Partnership University NHS Foundation Trust. I am part of a group of researchers carrying out an evaluation of NHS IAPT services across England. As part of this project, we are submitting FOI requests to a number of NHS Mental Health Trusts to ask about local policy and practice.

### In 2019 and 2020 (please provide data for each year):

1. How many referrals did the IAPT service receive?
 

2019 Calendar Year	14324	
2020 Calendar Year	11097	
  
2. How many people entered treatment with the IAPT service?
 

2019 Calendar Year	10572	
2020 Calendar Year	8508	
  
3. How many people were judged not suitable for treatment by the IAPT service with the following outcomes (as a number and % of total referrals)
  - a. No action taken or directed back to referrer
 

2019 Calendar Year	352	2.46%
2020 Calendar Year	59	0.53%
  
  - b. Signposted elsewhere
 

2019 Calendar Year	0	0.00%
2020 Calendar Year	1	0.01%
  
  - c. Not assessed
 

2019 Calendar Year	3121	21.79%
2020 Calendar Year	2414	21.75%
  
  - d. Referred to another therapy service
 

2019 Calendar Year	3	0.02%
2020 Calendar Year	0	0.00%
  
4. How many referrals did your service receive where self-harm was present?
 

The Trust is unable to provide this information as is it not centrally recorded. To collate this information would require a manual trawl of all patient records that would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

  - a. If possible, please answer with reference to the sub-questions below:

- i. How many people were assessed as presenting with intentional self-harm e.g. those whose problem descriptor(s) included 'intentional self-harm' (code X60-X84)?  
N/A
  - ii. How many people were assessed as presenting with 'non-accidental self-injury or repeated self-harm' rated 2-4 when determining their mental health care cluster?  
N/A
- 5. How many referrals were judged not suitable for treatment by the IAPT service where self-harm was present?  
Please see response to Question 4
  - a. If possible, please answer with reference to the sub-questions below:
    - i. How many referrals were rejected that were assessed as presenting with intentional self-harm e.g. those whose problem descriptor(s) included 'intentional self-harm' (code X60-X84)?  
N/A
    - ii. How many referrals were rejected that were assessed as presenting with 'non-accidental self-injury or repeated self-harm' rated 2-4 when determining their mental health care cluster?  
N/A
- 6. How many people who currently self-harm were offered treatment with your service?  
Please see response to Question 4

**Questions 7/8 refer to the IAPT service's operational procedures affecting people who self-harm.**

- 7. Does the IAPT service offer treatment for people who self-harm?  
Yes
- 8. On what basis are judgments around treatment for people who self-harm made?  
Clinical judgement of the assessing therapist, information received from the client on self-harm behaviours and levels of risk.
  - a. Is self-harm included as part of the IAPT service's operational policy (for example, in exclusion/ inclusion criteria or equivalent thresholds)?  
People are not excluded from the service on the basis of self-harm.
    - i. If possible, please attach your IAPT operational policy or other internal documents that are used to determine exclusion and/or inclusion in treatment from the IAPT service.  
Our operational policy is not shared outside of the organization.
  - b. If possible, please attach any other relevant documents which support judgements for treatment related to self-harm

No specific documents used.

- c. If possible, please attached the service's risk assessment questions or outline

The service has a robust Risk Management process, including a Risk Management Plan tool. Please see attached document

#### Applied Exemption:

##### Section 12 (Exemption where cost of compliance exceeds appropriate limit):

- (1) Section 1(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit.
- (2) Subsection (1) does not exempt the public authority from its obligation to comply with paragraph (a) of section 1(1) unless the estimated cost of complying with that paragraph alone would exceed the appropriate limit.
- (3) In subsections (1) and (2) "the appropriate limit" means such amount as may be prescribed, and different amounts may be prescribed in relation to different cases.
- (4) The Secretary of State may by regulations provide that, in such circumstances as may be prescribed, where two or more requests for information are made to a public authority—
  - (a) by one person, or
  - (b) by different persons who appear to the public authority to be acting in concert or in pursuance of a campaign, the estimated cost of complying with any of the requests is to be taken to be the estimated total cost of complying with all of them
- (5) The Secretary of State may by regulations make provision for the purposes of this section as to the costs to be estimated and as to the manner in which they are to be estimated

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#### Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link <https://eput.nhs.uk>

## Therapy for You Risk Management Summary



<u>Summary of Risk Issues from Triage Assessment</u>	<u>Current and Checklist Derived Concerns</u>
1.	1.
2.	2.
3.	3.
4.	4.

<u>Situational Context Current Risk Factors</u>	<u>Historical and Current Context</u>
1.	1.
2.	2.
3.	3.
4.	4.

<u>Preliminary Risk Management Plan</u>	<u>Buffers Strengths and Resources</u>
1.	1.
2.	2.
3.	3.
4.	4.

<b>Short Term Crisis Options</b>	<b>Long Term Crisis Options</b>
1.	1.
2.	2.
3.	3.
4.	4.

<b>Responsibilities for Actions</b>	<b>Communications</b>
1.	1.
2.	2.
3.	3.
4.	4.