FOI041/2026 Response

Dear Birmingham and Solihull Mental Health NHS Foundation Trust,

This freedom of information request (under Freedom of Information Act, 2000) concerns how the Trust manages referrals, care pathways, internal approvals, and any funding/escalation processes relating to dissociative identity disorder (DID) and other dissociative disorders.

Please treat "dissociative disorders" as including DID and other trauma-related dissociative conditions where recorded by the Trust.

Guidance for processing and statutory exemptions

• Section 40(2) (Personal data): If any exact figure in Part 2 falls between 1 and 4, and you consider disclosure may risk identifying a patient, please use the symbol "<5" for that specific cell rather than withholding the wider dataset.

• Section 16 (Advice and assistance): If the Trust does not hold one or more data fields exactly as worded, please provide the nearest equivalent data held centrally and explain the field label used.

• Section 12 (Cost limit): If compiling any single data field would exceed the cost limit, please omit only that field, provide the remainder of the data in spreadsheet format, and identify what narrower version of the omitted field could be supplied within the limit.

If any part of Questions 7 to 13 is not held because the relevant approval or funding decision sits with an ICB, NHS England, or another commissioner rather than the Trust, please:

• Confirm that the information is not held by the Trust; • Identify, if known, which body is likely to hold it; and • Provide any Trust-held data showing how many cases were referred onward, supported, or submitted externally for such decisions.

Part 1: Clinical pathway and decision-making framework

Please provide a "Yes" or "No" answer to the following six questions:

1. Does the Trust hold a written policy, clinical pathway, protocol, service specification, or bespoke criteria specifically tailored to the assessment and/or treatment of dissociative disorders? (YES/NO)

No.

There are no current specific care pathways for the above presentations.

2. If no, does the Trust manage patients with dissociative disorders solely under generic mental health, psychological therapies, trauma, safeguarding, or complex-needs pathways? (YES/NO)

Dissociative presentations are managed within our Community Menal Health Teams (CMHTs), Specialist Psychotherapy Service, CASCADE (DBT provision), Children and Young People (CYP) services, and general psychological therapies' services.

The aforementioned services provide routine and evidence-based interventions where dissociation may be present.

3. When making clinical decisions about assessment, treatment, discharge, referral onward, or escalation for dissociative disorders, does the Trust explicitly require input from a clinician with formal expertise in complex trauma and dissociation? (YES/NO)

No.

The Trust has not given an indication that formal expert input (other than that is routinely available within a multidisciplinary secondary care mental health service) is an explicit requirement in decision-making frameworks.

4. When deciding whether to offer treatment in-house, refer onward, or support an external referral, does the Trust apply any specific clinical effectiveness and/or cost-effectiveness criterion? (YES/NO)

No.

There are no formalised criteria or decision threshold. This is because decisions are based on clinical complexity and service capability.

5. Does the Trust explicitly classify specialist treatment for dissociative disorders as outside core service provision, low priority, not routinely provided, or subject to any equivalent restriction? (YES/NO)

No.

There is no formal restriction however, there is a capacity/specialism gap.

Please also note that the recommended specialist assessment requires training in the Structured Clinical Interview for Dissociative Disorders (SCID-D) and with associated supervision. This is not currently available in the Trust.

Therefore specialist DID treatment is typically commissioned externally via the Mental Health Learning Disability (MHLDA) Provider Collaborative.

6. Does the Trust currently hold a block contract, service-level arrangement, subcontract, or other formal arrangement that includes a dedicated specialist diagnostic and/or treatment pathway for Dissociative Identity Disorder (DID)? (YES/NO)

No

Part 2: Activity data and external provider/referral approvals (Time-Period: 1 July 2022 to 31 December 2025)

Section 11 (Format of disclosure) - Under section 11(1) FOIA, I request that the information in Part 2 be provided in an electronic spreadsheet format (.xlsx or .csv), not PDF.

Please provide the following data fields, with separate columns for:

• 2022 (1 July 2022 to 31 December 2022) • 2023 (1 January 2023 to 31 December 2023) • 2024 (1 January 2024 to 31 December 2024) • 2025 (1 January 2025 to 31 December 2025)

Assessment and treatment activity:

7. Total number of patients recorded by the Trust as referred for, considered for, or assessed for specialist dissociative disorder assessment, whether internally or externally.

The Trust is unable to provide a response to this query.

This is because we do not hold the requested information in a centrally recorded or reportable format.

The case records are not structured in a way that allows the specific data requested to be extracted through standard/routine data reporting or data retrieval systems.

8. Total number of those assessment referrals/requests that were approved, supported, or progressed by the Trust.

The Trust is unable to provide a response to this query.

This is because we do not hold the requested information in a centrally recorded or reportable format.

The case records are not structured in a way that allows the specific data requested to be extracted through standard/routine data reporting or data retrieval systems.

9. Total number of patients recorded by the Trust as referred for, considered for, or put forward for specialist dissociative disorder treatment, whether internally or externally.

The Trust is unable to provide a response to this query.

This is because we do not hold the requested information in a centrally recorded or reportable format.

The case records are not structured in a way that allows the specific data requested to be extracted through standard/routine data reporting or data retrieval systems.

10. Total number of those treatment referrals/requests that were approved, supported, or progressed by the Trust.

The Trust is unable to provide a response to this query.

This is because we do not hold the requested information in a centrally recorded or reportable format.

The case records are not structured in a way that allows the specific data requested to be extracted through standard/routine data reporting or data retrieval systems.

External specialist providers / services:

11. Of the cases counted in Question 10, please provide a numerical breakdown of how many related to the following providers or services:

• Clinic for Dissociative Studies (CDS)

• CTAD Clinic / Cheshire Psychology

• The Pottergate Centre

• South London and Maudsley (SLaM) Trauma and Dissociation Service (TDS) • Other external / independent providers (grouped total) • Other NHS providers (grouped total)

The Trust is unable to provide a response to this query.

This is because we do not hold the requested information in a centrally recorded or reportable format and external specialist DID treatment is typically commissioned via the Mental Health Learning Disability (MHLDA) Provider Collaborative.

The case records are not structured in a way that allows the specific data requested to be extracted through standard/routine data reporting or data retrieval systems.

Further activity data:

12. Total combined number of referrals, onward referrals, funding support requests, exceptional funding requests, prior approval requests, or equivalent case escalations made by the Trust across all medical and mental health conditions, using whatever central category or categories the Trust holds for this function.

**Clarification: question 12 essentially is an amalgamation of all requests received by the Mental Health Trust.

This may consist of assessments, treatments, medicine, and any medical interventions other than the aforementioned of which the Trust records as a logged and identifiable request - e.g. (1) a request for CBT treatment; (2) a request for prescribed medicine authorised by a prescriber at the Trust; (3) a request for a specialist assessment and such.

Question 12 and 13 relate to ALL (the sum total of requests, not only dissociative disorders)

Please see the table below and note:

- The data only relates to total referrals.

- Each record represents a single request event, not a unique individual. The same individual may appear multiple times if they have multiple referrals or requests within the reporting period.

- For the 2025 data, 7,455 of these referrals were existing BWC patients who transferred to BSMHFT on 1st July 2025.

- As of 1st July 2025, Forward Thinking Birmingham (FTB)– service previously hosted by Birmingham Women's and Children's Trust, has been transferred to BSMHFT. For this service, The Trust's response only covers 1st July to current.

- Should you wish to access data prior to 1st July 2025, please redirect this element of your request to Birmingham Women's and Children's (BWC) Trust.

- For the remaining requested data, the Trust is unable to provide a response as we do not collate the information.

Year	Total Requests
2022	28323
2023	64114
2024	67334
2025	83440

13. Total combined number of such cases that were approved, supported, or progressed.

**Clarification: Question 12 and 13 relate to ALL (the sum total of requests, not only dissociative disorders)

Please see the table below and note:

- The data only relates to the total number of requests that resulted in active engagement with a service.

  **Exclusions include referrals which were triaged/screened as unsuitable as well as incomplete assessments.

Year	Cases Progressed
2022	23660
2023	52386
2024	52788
2025	67167