

#### **Information Governance**

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Chief Executive: Paul Calaminus

Chair: Eileen Taylor

06 July 2023

**Our reference: FOI DA4771** 

I am responding to your request for information received 5 June 2023. I am sorry for the delay in responding to your request. This has been treated as a request under the Freedom of Information Act 2000.

Yours sincerely,

### Information Rights Coordinator

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision.

If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF

Tel: 0303 123 1113 Web: <u>www.ico.org.uk</u>

Please note that the data supplied is not allowed to be re-used and/or published without the explicit consent of East London NHS Foundation Trust. Please contact the signatory to request permission if this is your intention

Request: I am writing to request information under the Freedom of Information Act

2000.

I am looking for information held by your organisation, detailing the care

CMHT Adult services support Service Users with a Diagnosis of Personality Disorder / Complex needs – specifically Borderline /

**Emotionally unstable Personality Disorder. The request is detailed in full** 

below.

Question 1: Does your Trust provide Community support to service users with a

diagnosis of Personality Disorder / Complex needs?

Yes / No (If No, END).

Answer: Yes.

Question 2: Does your Trust currently have a specialist Personality Disorder and

**Complex Needs Service? Yes / No** 

Answer: Yes.

Question 2a: For those answering No to currently have a specialist Personality

Disorder and Complex Needs Service, please specify the following

regarding Future Provision:

Undergoing Review / Review Complete, specialist Service to be

Introduced / Review Complete, NO specialist Service to be Introduced

Answer: Not applicable.

Question 3: Does your Trust have a Treatment Pathway for the management of

Service Users with a diagnosis of BPD / EUPD

Yes / No / Under Review / Confirmed Future Provision

Answer: Yes.

Question 4: Does your Trust currently allocate a Key worker to Service users with a

diagnosis of BPD / EUPD?

Yes / No / According to Service User need (Please specify criteria)

Answer: According to service user need.

Key workers are allocated depending on which team is involved with the service users. Service Users in the MBT team will have a therapist assigned to them. They may have a care coordinator in a community team also depending on their level of need. If they have very serious levels of complex needs such as risk and self-harm, they could be in the community team but generally they

would be in receipt of a therapist within the MBT team

Question 4a: Is the allocation of Key worker likely to change in future Service

provision?

Yes / No / Under Review

Answer: No.

Question 5: Please indicate the Therapies Currently available to Service users with a

Diagnosis of BPD / EUPD, please note future provision where known.

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Answer: Please see table below:

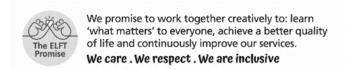
Therapy	Answer
Cognitive Behavioural Therapy (CBT)	Yes
Dialectical Behavioural Therapy (DBT)	Dependent on area: Skills based DBT only for aged 19-25 starting in next few months
	Not the standard structure DBT but skill groups 4x6 sessions at CEN
	Yes
	DBT-based skills training courses, supported by weekly team consultation meetings, are available in core mental health services (16 sessions); the full DBT programme (18 months skills training, telephone coaching; 18 months individual therapy and team consult) is available in the specialist Complex Needs Service.
Mentalisation Based Therapy (MBT)	Yes. This is also in development in other areas.
Cognitive Analytical Therapy (CAT)	No
Psychodynamic Therapy	Yes, in some localities.
Schema Therapy	Yes, in some localities.
Interpersonal Psychotherapy 1:1	Yes, in some localities.
Interpersonal Psychotherapy Group	Yes, in some localities.
Transference-focused Therapy (TFP)	No
Eye Movement Desensitisation and Reprogramming (EMDR)	Yes
Family Intervention	Yes, in some localities.
Acceptance and Commitment Therapy (ACT)	Yes, in some localities.
STEPPS	No
Structured Clinical Management	Yes, in some localities, it is also being developed in others.

### **DBT Specific Questions**

If your Trust currently offers Adult DBT Therapy in Community setting, please answer the following questions regarding the structure of this service, as it was in April 2023. If there is no current DBT provision, please skip to Question 15 regarding future plans.

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Question 6: Are there reasons that service users may be excluded from DBT?

Yes / No Please specify:

Answer: Yes. Exclusion criteria for accessing DBT include current active psychotic

episode; severe eating disorder (BMI below 15); dependence on alcohol and class A drugs; moderate/severe learning disability; acquired brain injury.

Question 6a: If applicable, would service users failing criteria be transferred to another

service for support with the issues preventing their access to DBT?
Yes / Yes, and could then join DBT if criteria are met / No, relevant service not available / No – Service User would be discharged / Other, please

specify

Answer: Yes. Service users would be jointly assessed if practicable and then a

treatment plan developed that includes initial treatment in another service (e.g.

early intervention in psychosis/core mental health services; eating

disorder/substance misuse). Once service users have successfully completed treatment that has enabled them to meet criteria, they are provided with access to DBT if they have been assessed as having the cognitive capacity to learn and retain information. The service is able to make reasonable adjustments for some service users with a mild learning disability but does not have the

resources to provide the adapted programme ("I Can FEII Good") for people with learning disabilities.

Question 7: For Trusts offering more than one DBT group, are all groups structured in

the same way? Eg including the same care contact elements over the

same duration. Yes / No

Answer: Yes.

Question 7a: Does your Trust offer specialist variations of DBT / additional modules for

patients with dual diagnosis? Yes / No

Answer: No.

Question 8: For Trusts offering multiple DBT courses with varied structure, please

answer the questions below for each DBT course type.

(Group similar DBT groups together – Please do not answer for each

individual group.)

Eg. You may run 10 standard DBT groups at various locations, please report these together under Group 1, "Standard", as long as the structure is similar. If you also have two longer courses including specialist modules, these could be reported under Group 2, "Comprehensive" or other suitable group name.

Please extend to Group Type 3, 4, 5 etc as required if you run DBT groups

with multiple variations in structure.

Answer: Please see table below:

Question	DBT Group Structure 1: eg. Standard	DBT Group Structure2: eg. Comprehensive
8a) How many DBT groups are run with this structure across your Trust?	4	1

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8b) Is DBT pre-	No		Yes	
treatment available?	INO		100	
8c) How long does the DBT course take to complete? e.g. 6 / 12 / 18 months	16 Weeks		18 Months	
8d) Is the DBT Skills training delivered in a Group environment?	Yes		Yes	
8e) If yes, please indicate the duration and frequency of the DBT Skills Sessions e.g. 2 hours weekly	2 hours weekly		2 hours weekly	
8f) Please state the number of skills sessions delivered in each DBT Module	Module	No. sessions	Module	No. Session s
Note: If modules are repeated within the DBT course, please count each session per cycle	Mindfulness	1 (with practice throughout other sessions)	Mindfulness	12
eg In cycle 1, the Mindfulness module is delivered over 8 sessions. In the subsequent cycle, delivery is in 6 sessions. Please record as 8+6	Emotional Regulation	5	Emotional Regulation	12
	Distress Tolerance	3	Distress Tolerance	12
	Interperson al Effectivenes s	6	Interperson al Effectivenes s	16
	Other		Other	
8g) Please indicate the occupational specialism of the Clinicians having regular direct Service User Contact within the DBT Skills Group e.g. Psychotherapist, Psychologist, CPN, Occupational Therapist. Please list all applicable  9) Does the Trusts	N/A		N/A Yes	
DBT group include regular Individual DBT Therapy Sessions?	No		103	

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9a) If yes, please indicate the duration and frequency of the 1:1 sessions e.g. 1 hour, weekly	N/A	1 hour weekly
9b) Please indicate the occupational specialism of the clinician delivering the Individual Therapy e.g. Psychotherapist, Psychologist, CPN, Other.	N/A	Clinical psychologists; social worker and DBT therapist; occupational therapist and DBT therapist
10a) Does the Trusts DBT program include Telephone support?	No	Yes
10b) Please indicate the hours this operates e.g. 9-5 Mon- Fri	N/A	9am – 5pm Monday - Friday

## Question 11: Patient Safety: How is Service User risk reviewed during the DBT course? Named Clinical Assessment Tool / Clinical Judgement & Observation / Other

Answer:

ELFT Risk Assessment on RiO based on information provided by service user and others, as well as clinical observations and clinical judgement; services users also develop a safety action plan during the initial 4 sessions of the skills training course that is then reviewed with a clinician. Service users have access to the crisis cafe and duty worker in the core mental health services if they require additional support.

# Question 12: Clinical Effectiveness: How are treatment outcomes assessed to monitor the effectiveness of the therapy? Named Treatment Outcome Assessment Tool / Other please specify:

Friends and Family Test; Dialog; ReQol

Friends and Family Test; DBT Ways of Coping Checklist; OQ45 and Routine Clinical Outcome Evaluation that includes: Standardised Assessment of Personality – Abbreviated Scale; A single item exploring the motivation to change; Service utilisation and inpatient bed days; Social Functioning Questionnaire; Functioning in interpersonal relationships; Suicide and self-harm inventory; Living arrangements; Employment status; Drugs and alcohol use; Social Activities subscale of Social Functioning Scale which measures social inclusion; Mental Health Inventory-5 (MHI-5); The Helping Alliances Questionnaire; Patient Satisfaction Questionnaire.

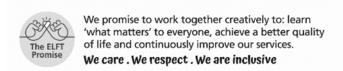
### Question 12a: At what intervals are treatment outcomes monitored, and for how long after completion of the course are Service Users Followed up?

Answer: Pre and post-skills training course.

Friends and Family test is completed every 3 months; OQ45 is completed prior to starting skills training, and then at the end of each module; WCCL is completed prior to starting skills training and then at the end of Cycle 1 and Cycle 2; the Routine Outcome Evaluation comprising a number of different

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measures is completed during assessment and at the end of treatment (approximately 18 months later).

Question 12b: Where are treatment outcomes analysed / reported?

Internally by DBT Team /

At Trust Clinical Effectiveness Board / Externally, feeding into National Research

Answer: Internally to Lead Psychologists in Beds and Luton

Internally by specialist Complex Needs Service

Reported in Health and Social Care Governance Meetings and to the

Directorate Management Team as required.

Question 13: Are Service Users asked for feedback on their experience of the DBT programme?

Answer: Yes.

Question 13a: Does this feedback get reported into a National Collection eg The Friends and Family Return?

Answer: Yes - although may not be identifiable as being DBT skills training as courses

have been given names to differentiate them from DBT.

Question 13b: How is Service User feedback used to improve the DBT programme?

Answer: The Trust has reviewed question 13b of your request for information under the

Freedom of Information Act (FOI) 2000.

Section 1(1) of the Freedom of Information Act 2000 states:

Any person making a request for information to a public authority is entitled—
(a) to be informed in writing by the public authority whether it holds information

of the description specified in the request, and

(b) if that is the case, to have that information communicated to them.

East London NHS Foundation Trust does not record the information requested

and is therefore unable to provide a response.

Question 14: What criteria are used to decide if the Service User has a need for further

Therapy after completion of DBT Course?

Answer: Ongoing suicidal and self-harming behaviours; ongoing symptoms of PTSD.

Symptoms of PTSD that are significantly interfering with the service user's quality of life after the service user has achieved control of suicidal behaviours.

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Question 14a: For the last Completed DBT course, what percentage of Service Users

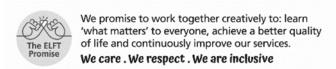
had a requirement for further therapy?

Answer: Not applicable.

Question 14b: For the last Completed DBT course, what percentage of Service Users left the DBT group due to not finding it helpful?

Answer: The Trust has reviewed question 14b of your request for information under the

Freedom of Information Act (FOI) 2000.



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(a) to be informed in writing by the public authority whether it holds information
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East London NHS Foundation Trust does not record the information requested and is therefore unable to provide a response.

Question 15: Is the provision of the Trust's DBT service(s) currently under review?

Answer: No.

Question 15a: If Yes, have changes to the DBT service(s) been finalised and approved?

Answer: Not applicable.

Question 15c: Please indicate the financial year in which these changes will be implemented

Answer: Not applicable.

Question 16: Please indicate if the agreed changes include the following aspects of the

Service:

**DBT Pre-Treatment Phase – Not applicable** 

**DBT Course Duration** 

**DBT Specialist Modules for Dual Diagnosis** 

**DBT Skills Group** 

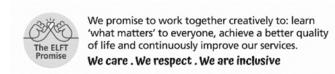
Specialism of clinicians delivering the DBT Skills Group

**Individual DBT Sessions** 

Specialism of clinicians delivering the Individual DBT Sessions

**Telephone Crisis Support** 

Answer: Not applicable.



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