

## **FOI 014/2021 Response**

### **Request**

Dear Birmingham and Solihull Mental Health NHS Foundation Trust,

I am writing to you under the Freedom of Information Act 2000 to request information from Birmingham and Solihull Mental Health NHS Foundation Trust. Please may you provide me with the following information:

What are the current waiting times in Birmingham and Solihull for patients diagnosed with Borderline Personality Disorder (BPD) to receive talking therapies on the NHS?

To be more specific, I am requesting the data you have on what number/percentage of patients with BPD have waited different amounts of time for talking therapies between 2019-2021 (e.g. how many have waited over 3 months, over 6 months, over 1 year, over 1.5 years etc.) The data you hold which is closest to this would be preferable.

Also, by talking therapies, I mean Dialectical Behavioural Therapy (DBT) and Cognitive Behavioural Therapy (CBT). Whether you choose to provide data on these together or separately is your choice.

I would like to clarify regarding my FOI request that by 2019-2021, I meant April 2019 - March 2021 if it is possible to be this specific.

And by asking for the waiting times for BPD patients in Birmingham and Solihull, I mean the waiting times for BPD patients who access your services from any areas within Birmingham or Solihull that your trust supports.

## Response

Please see table below and note the following:

- The data is provided from 1<sup>st</sup> April 2019 to 31 March 2021
- The data provided is in relation to waiting times for patients diagnosed with Borderline Personality Disorder (BPD), who are in receipt of Cognitive Behavioural Therapy (CBT)/ Dialectical Behavioural Therapy (DBT).
- The data within the table also includes a breakdown of time categories for when a patient had received CBT/DBT. The methodology to obtain this data is based on activity codes recorded against contacts on our patient administration system (PAS).
- Please note that this data is not routinely reported and is therefore not an area of recording which is routinely validated and therefore whilst representative, there are likely to be some data quality issues.
- The Trust do not typically offer talking therapy based on 'diagnosis', rather on assessment, as well as formulation, of the individuals presenting needs. A decision may be made with the patient to offer a different approach. This therefore means that other talking therapies, where appropriate will be offered.
- The Trust's DBT is a very small service with a strict criteria for eligibility, and therefore it is not always appropriate to offer DBT unless the therapy will meet the individual's needs.

<b>Wait for first CBT/DBT contact after BPD diagnosis</b>	<b>Number of Patients</b>
First CBT/DBT received prior to confirmed diagnosis	46
First CBT/DBT received up to 3 months after confirmed diagnosis	2
First CBT/DBT received between 4 to 6 months after confirmed diagnosis	2
First CBT/DBT received between 7 to 12 months after confirmed diagnosis	4
First CBT/DBT received between 13 to 18 months after confirmed diagnosis	3
First CBT/DBT received after more than 18 months after confirmed diagnosis	7
CBT/DBT not received during reported period	181*
<b>Total patients diagnosed with BPD between 01/04/2019 and /31/03/2021</b>	<b>245</b>

### Footnote:

\* Please note that further validation of the 181 is required to identify what psychological support has been considered for each of these patients. This would require considerable time, including a review of individual patient case notes from across all our community mental health services and would take over 18 hours, therefore this information is being withheld under section 12.

Additionally, please note that the Trust offers other psychological interventions which may have been used e.g. Cognitive Analytic Therapy, Psychodynamic/Psychoanalytic; Mentalization Based Therapy; Art psychotherapy; Group Therapies Programmes etc.

Please also note that psychological services are embedded within Community Mental Health Teams and provide indirect support in discussion with Clinicians at Triage, Assessment, Feedback and in the Multi-disciplinary Team meetings, or additionally via supervision, to consider formulation of patients' current difficulties and priorities for the most appropriate interventions at the time of assessment (for example, advice about housing, benefits, social prescribing etc).