

FOI 0160/2025 Request

Under the Freedom of Information Act 2000, I request the following information, for each of the last three financial years (2022/23, 2023/24, and 2024/25), for the entire Birmingham and Solihull Mental Health NHS Foundation Trust:

Regarding Referrals to Psychological Treatment and Substance Misuse:

1. The total number of referrals received for psychological treatment (e.g., talking therapies, counselling) within the Trust's mental health services.

Financial Year	Psychological Referrals
FY 22/23	24,181
FY 23/24	23,610
FY 24/25	24,140

2. Of these referrals, the number where co-occurring substance misuse was identified as a factor during the assessment process.

Please note that the data below does not include BSMHFT's Talking Therapies service provided by Birmingham Health Minds as our patient administration system does not reliably capture co-occurring substance misuse as part of the referral reason.

Financial Year	with co-occurring substance misuse
FY 22/23	1,112
FY 23/24	1,014
FY 24/25	901

3. Of those identified with co-occurring substance misuse, the number where the patient did not commence psychological treatment within the Trust's mental health services, and the primary recorded reasons for non-commencement (e.g., referred to specialist substance misuse service, deemed unsuitable, patient disengaged, alternative pathway offered, etc.). Please provide this data in aggregated, anonymized form, using ranges (e.g., "fewer than 5," "5-10," "11-20") where exact numbers might risk re-identification.

Please note:

- Please note that the data below does not include BSMHFT's Talking Therapies service provided by Birmingham Health Minds as our patient administration system does not reliably capture co-occurring substance misuse as part of the referral reason.
- The data below does not account for all potential cases that did not start treatment.
- Where request for psychological support was cascaded to a Team that provides more than just psychology intervention, we are unable to determine the cause of not starting treatment.

Financial Year	Q3
FY 22/23	410
Declined	183
Unsuitable	119
Completed Care	65
Transferred	28
Remanded	5
Non-engagement	5
Referral withdrawn	3
No resource available for treatment	1
Patient Deceased	1
FY 23/24	364
Declined	134
Unsuitable	126
Completed Care	32
Transferred	30
Remanded	22
Non-engagement	14
Referral withdrawn	4
No resource available for treatment	2
FY 24/25	313
Unsuitable	146
Declined	100
Completed Care	19
Remanded	18
Transferred	17
Team Reconfiguration	7
No resource available for treatment	3
Patient Deceased	3

Regarding Referrals to Dialectical Behaviour Therapy (DBT) and Access Criteria:

- The total number of referrals received for Dialectical Behaviour Therapy (DBT) programs within the Trust.**

Please note:

- The data is in relation to count of first recorded DBT contact for a patient across the in-scope financial years, regardless if subsequently attended.
- The same patient is not counted more than once within or across the financial years.

	Q4
FY 22/23	260
FY 23/24	229
FY 24/25	279

5. Of these DBT referrals, the number where the patient was assessed as not meeting the criteria for entry into the DBT program.

The Trust is unable to provide a response.

This is because reasons for discharge are recorded for referrals rather than specific treatment modalities within that referral where the Team offers more than just DBT.

6. For those not meeting DBT criteria, please provide the primary recorded reasons for non-entry (e.g., clinical suitability, risk profile not aligning with program focus, alternative therapy recommended, patient preference, etc.). Please provide this data in aggregated, anonymized form, using ranges (e.g., "fewer than 5," "5-10," "11-20") where exact numbers might risk re-identification.

The Trust is unable to provide a response.

This is because reasons for discharge are recorded for referrals rather than specific treatment modalities within that referral where the Team offers more than just DBT.

7. Any internal policy documents, guidelines, or assessment criteria used to determine eligibility for DBT programs.

There is no standard or universal DBT guidance document outlining eligibility for DBT programmes.

There are several different DBT programmes within ICCR and across the Trust.

We have attached example screening checklists used by BSMHFT practitioners, both the adult DBT programme and CAMHS DBT programme.

Regarding Patient Outcomes (Suicide and Disengagement):

8. The number of service users who died by suicide while under the care of Birmingham and Solihull Mental Health NHS Foundation Trust, or within three months of their last contact with Trust services. Please provide this data in aggregated, anonymized form, using ranges (e.g., "fewer than 5," "5-10," "11-20") where exact numbers might risk re-identification.

The data below is not a subset of other responses, rather the data reflects all suicides in period open to a service or within 3 months of discharge.

FY 22/23	40
FY 23/24	61
FY 24/25	35

9. The number of service users whose care was formally closed as "disengaged" or "lost to follow-up" rather than a planned discharge from Trust services. Please provide this data in aggregated, anonymized form, using ranges (e.g., "fewer than 5," "5-10," "11-20") where exact numbers might risk re-identification.

The data below is not a subset of other responses, it reflects discharges due to DNA for all Services in the Trust for the period.

FY 22/23	1,632
FY 23/24	1,420
FY 24/25	1,427