CAMHS DBT: the good, the bad and the ugly

Dr Bertha Rogers and Dr Karen Wright

CAMHS DBT Clinical Leads & Clinical Psychologists

Hertfordshire Partnership University NHS Foundation Trust

Overview

SET UP AND DELIVERY

CHALLENGES AND SUCCESSES

ADJUSTING TO WORKING VIRTUALLY

Service Need

- The HPFT CAMHS DBT service forms part of the local transformation plan in HPFT
- Part of the ‘Testing New Care Models in tertiary mental health services’ agenda.
- This agenda aims to bring patients closer to home to help them to maintain a better connection with their families and friends and improve how they interact with local services.
- Only known CAMHS DBT service in the East of England collaborative.

The goal of DBT

- Linehan (1993) the creator of DBT was clear that DBT is not a suicide prevention programme; the goal is for the person to:

Build a life worth living!

- By increasing skill use and coaching the individual to apply the skills to day-to-day life (and those who support them) the person will rely less on high-risk behaviours and be able to work towards increasing quality-of-life behaviours.

- Self-harm and suicide is a problem for others; for the person suffering it is often the solution!

What does DBT look like in HPFT CAMHS?

- Talking therapy programme for young people who experience extreme emotions and are likely to engage in risk behaviours such as self-harm and or suicide attempts.
- 6 + Month commitment (most complete one year)
- Evidence based treatment (follows the Rathus and Miller manual) made up of
  - Individual therapy
  - Skills Group (including parents)
  - Telephone coaching
  - Consultation
- Team is made up of DBT Practitioners (Clinical Psychologists, Mental Health Nurses, Psychiatrist) and an Assistant Psychologist and Team Administrator

Meet our team

DR KAREN
DBT Lead & Practitioner
Clinical Psychologist

DR BERTHA
DBT Lead & Practitioner
Clinical Psychologist

DR EMILY
DBT Practitioner
Clinical Psychologist

DR SIMONA
DBT Practitioner & Consultant
Consultant Psychiatrist

ABIGAIL
DBT Practitioner
Nurse

MARYSIA
DBT Practitioner
Nurse

CAITLIN
DBT Practitioner
Nurse

ANNA
DBT Secretary

ZARA
Assistant Psychologist

Challenges

Staffing – recruitment, retention, cohesion and the value of Consult

'Too nice' – what happens when you want everyone and can't say no?!

Transitions

Referrals with 'ulterior motives' – does everyone really need DBT?

Successes

We're still going 4 years later!

Setting up the service (from nothing!)

Adapting to COVID

Outcome data

Growing the offer

Adaptions to COVID

- Move to virtual groups and virtual one-to-ones
- Seeing most vulnerable face to face
- Electronic resources
- Social distancing in group
- Move to virtual group for parents
- Importance of Consult and daily check-ins

A little bit of data….

	6 Months before DBT	6 Months / 1 year during DBT
In patient Admissions	• Total of 4 admissions • **Total of 223 bed days**	• Total of 3 admissions • **Total of 9 bed days** • Average stay of 72 hours per person
Crisis Team Involvement Via A&E	• Total of **14 occasions** where a young person was seen by crisis team in A&E	• Total of **4 occasions** where a young person was seen by crisis team in A&E

Thank you for listening!