

Why New Dawn Ward staff feel we deserve the Award

We at New Dawn Cygnet Ealing use DBT as the main therapeutic intervention to treat our service users. The team on New Dawn ward comprises of a Consultant psychiatrist (Psychotherapist), Staff Grade Psychiatrist, Mental Health Nurses, DBT Therapists, Occupational therapist, Drama Therapist, Experienced Support Workers, recently added a clinical psychologist. All staff apart from 5 that joined recently have done the intensive DBT Training. We find that having almost all the Multi-disciplinary team (MDT) DBT trained has served as an advantage to both the service users as well as the staff. It has helped with the continuity of treatment in terms of supporting the service users when they feel overwhelmed and exploring issues on a 1:1 or group basis. All our service users have a diagnosis of BPD and because we are an inpatient service, most of the service users oscillate between Contemplation/Commitment Stage and Stage 1. Our Primary Targets are to help the service users from severe behavioural dysfunction -> behavioural control, decrease life threatening behaviours, therapy interfering behaviours and quality of life interfering behaviours. We aim to increase behavioural skills which are Core mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness.

We use consultation meetings to explore cases, support each other as DBT therapists and to enhance our capabilities in delivering an effective DBT treatment. We try and have DBT refresher courses every year as well as have supervision sessions for the DBT therapist as a way of maintaining quality of work delivered and making sure that we are sticking to the DBT principles as much as we can. We use audits on medication usage (including PRN), incident monitoring graph, and feedback from ex-service users, referrers as well as friends and families to service users as a way of measuring our outcomes. We also use diary cards as well as skills diary cards to measure outcomes.

We recently realised that we were covering the first four functions of DBT but we were lacking in the fifth (Structures the environment in the ways essential to support client and therapist capabilities). We found that some clients reported that they were equipped with the skills to deal with overwhelming situations but struggled while at home with their families. This was mainly because their families did not know how to support them or had so much judgments due to past maladaptive behaviours by the service users, chaotic or perfect families etc. We decided to introduce a voluntary family support group once a month and voluntary family/carer/friends individual meetings with our consultant. This has proved extremely fruitful as the self-harming behaviours dropped dramatically to a point where we sometimes have no incident of self-harming or suicidal behaviours in month (we are a 9 bedded female ward and are full with a waiting list of 5 currently).

Other points that make us deserve the award are that we:-

- Do phone coaching when the service users are on community and home leave

- Encourage DBT skills generalization in the community and monitor this
- Make service users feel ownership of their own treatment as they are involved in every part of their care and discussions.

Unfortunately the above is just the basic structure of the things we do and why we should win the award. We have attached a testimony from one of our current service users as reference.

Service User Testimony (currently on the ward)

I first came to the New Dawn ward, Cygnet, Ealing about four years ago due to severe, life threatening self-harm and multiple attempted suicides. I had also struggled with anorexia for almost 20 years, although this was relatively under control and extremely severe obsessive compulsive disorder (OCD). I also had many physical problems, medications and complications due to extensive surgery, resulting from self-harm. The ward coped incredibly well with all of these conditions and were very good at dealing with a wide range of behaviours and problems.

I did very well on the ward and only had two severe incidents in my 9 month stay, compared to the several incidents a week requiring operations or other serious interventions which I had been having before admission. I was told by surgeons I had had over 150 life-saving operations by the time I finally got funding to come to Cygnet.

I felt much, much better learning the Dialectical Behaviour Therapy (DBT) skills four times a week - and constantly used by all staff on the ward to help us - which were giving me the tools to cope with overwhelming emotions and urges to self-harm or commit suicide. I felt such powerful emotions due to a combination of a biological predisposition to the disorder and environmental factors (abuse, difficult family dynamics, etc), and I was working through the problems which had led to my self-harming and other destructive and dysfunctional behaviours, but unfortunately my funding was cut before I or Cygnet felt I was stable and ready to leave.

I returned home but after 3 months, yet another very close friend committed suicide and I began to descend into an ever more lethal spiral of self-harm again. This continued for the next three years whilst I fought to get funding to return to New Dawn where I am currently fortunate enough to be again. Before I returned I regularly had three life-saving operations a week and had countless emergency blood transfusions. I was extremely fortunate that I lived near the hospital and the ambulances either I or others called, got to me quickly and the team at the Royal United Hospital in Bath, were amazing saving my life on literally hundreds of occasions. At the time I vacillated between being actively suicidal and just unable to stop the vicious cycle of drastic self-harm but now I'm recovering and regaining

my life through the expertise of the team at Cygnet, I am very glad to be alive, to still be able to see my family, friends and their children whom I adore, grow up, and feel hope for a future without self-harm, after 28 years of self-harm and 22 years of psychiatric hospitals.

The family therapy work I have been doing has also really helped build stronger, more healthy and more honest relationships with my family and I am also having the very necessary help I need to help overcome my OCD and lasting body image issues I struggle with. I can also honestly say the individual therapy I am receiving now is helping me see life events and myself in a way I have never been able to before, despite many, many years of therapy - some excellent - but I am now able to work through past traumas in a safe, secure and very supportive environment and therefore concentrate on resolving issues which before have led to such extreme and life threatening behaviours.

At Cygnet, staff don't just teach the DBT skills, they make you feel human, valued and individual. They don't stigmatise you, have incredible patience and spend hours listening, supporting and encouraging you. They are the one place that has offered me hope that I can overcome my self-harming and that I can build a life worth living - not just surviving as I have done for so many years, but actually worth living.