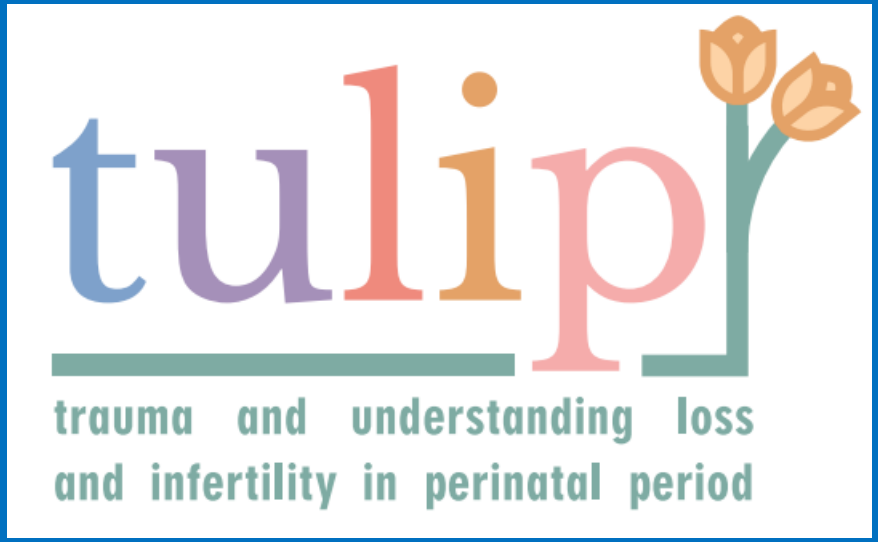

NELFT NHS
NHS Foundation Trust

Overview of the service – May 2024

Best care by the best people

Outline of presentation

- Setting up the team and team composition
- Referral pathways
- Pathway through the service
- Loss
- Birth trauma
- Tokophobia
- Peer support
- Next steps

Setting up the team

- Team went live for referrals in July 2021
- MMHS was set up as a collaboration between PPIMHS (Perinatal Parent Infant Mental Health) and Clinical Health Psychology
- For management purposes we are mainly under Clinical Health Psychology
- Step up – step down model IAPT – TULIP - PPIMHS
- Covering boroughs of Havering, Barking and Dagenham, Redbridge and Waltham Forest

Meet the Team!

- Gemma Lutwyche: Principal Psychologist (0.7 wte)
- Diane Bruce: Psychological Therapist/Art psychotherapist (0.5 wte)
- Shireen Sultana: Psychological Therapist (0.5 wte)
- Kate Mulherin : Psychological Therapist (1.0 wte)
- Vacant post (postholder on secondment one year): Psychotherapist (0.5 wte)
- Samuel Hass: Assistant Psychologist (0.2 wte)
- Nesha Syeda: Administrator (0.5 wte) – on maternity leave
- Janet McCaulskey: Administrator (1.0 wte)
- Samantha Hayward: Peer Support Worker (0.8 wte)
- Nazmin Begum: Specialist Midwife (Barts Health) (0.4 wte)

Total of approx 2.8 WTE permanent therapy staff

Referral pathways

- Operating with all 4 pathways:
- Loss
- Birth Trauma
- Tokophobia – divided into urgent and non urgent
- Safeguarding
- Additional pathway for fertility issues we have called ‘adjustment to health’

Referral Pathways

- Weekly referrals meeting where all referrals will be discussed
- Referral to assessment: Aim within 4 weeks
- Assessment to treatment: Current wait is around 26 weeks – risk managed with keeping in touch calls
- 12 week model for therapy

Interventions

Assessment & Formulation

1:1 therapy

Peer support

Couple therapy

EMDR group therapy

APPLE Perinatal loss art therapy group

Consultation and training for staff groups

Liaison with midwifery and health visiting

Developing pathway links with other services

Loss

- People referred due to loss may be seen up to a year after the loss – including all types of perinatal loss
- 1:1 therapy or group work - APPLE

APPLE group

Art Psychotherapy Perinatal Loss Experiential group

Diane Bruce

Diane.bruce@neift.nhs.uk

APPLE group 3: aims + structure

- Art therapy is a form of psychotherapy which includes image making to express thoughts + feelings.
- Increase self understanding, self observation + awareness, through loss
- help build confidence + empowerment
- help combat symptoms of isolation, anxiety, + depression
- help ease pain, and offer hope through creativity

- 7 women – perinatal loss between 21- + 41-weeks of gestation
- 5 have living children, 2 have no living children
- 1-1 sessions + 8 group sessions
- Themed + structured sessions provide containment + guard against re-traumatisation

Birth trauma

- Birth trauma needs to have been within the last 12 months
- Patients added to therapy waiting list for treatment
- Shireen running EMDR group for birth trauma – 4 week closed group, where patients follow a shared process but do not need to share content
- Just resumed offering this group, being offered to those who have recently been assessed

Birth trauma: structure

- 4 group sessions and 2 individual sessions
- **Group sessions**:
  - Session 1: Psychoeducation, stabilisation
  - Session 2: Trauma processing
  - Session 3: Trauma processing
  - Session 4: Managing current triggers and narrative of the birth
- **Follow-up sessions**: Two individual sessions to review

Fear of childbirth

- Pathway divided to urgent and non-urgent
- Urgent referrals ie delivery within the next 2-3 months allocated to specific assessment slot where clinician will keep their case
- Non-urgent referrals ie above this time period allocated to standard pathway of assessment and then treatment waiting list, but will be allocated for treatment with about 8-10 weeks to go before delivery
- Working closely with Nazmin, specialist midwife, for patients delivering at Barts Health, to offer where possible joint assessment. Nazmin can then offer specialist birth plan alongside therapist offering tailored intervention to help with birth preparation

Psychotherapy intervention for more complex cases

- Psychotherapist – has a role which straddles TULIP and PPIMHS
- About half the caseload involves more extended work with patients beyond 12 sessions, with more long-term psychotherapy

Peer support

- Post had been vacant since last summer due to issues with recruitment
- New peer support worker just in post since start of May
- Role can include eg engaging our lived experience group, being our contact for social media, working directly with patients to provide peer support

Next steps

- Aim to continue develop group work including with tokophobia
- Improving links with other services to increase knowledge for purpose of liaison and signposting
- Hope to expand the service with increased staff to help reduce the waiting list
- Make decision regarding the safeguarding pathway – where we have had no referrals

Contact

- Gemma Lutwyche, Service Lead and Principal Psychologist
- Tel: 0300 300 1586
- Email: gemma.lutwyche@nelft.nhs.uk
- Team email: mmht@nelft.nhs.uk