

## **OCEAN – Offering Compassionate & Emotional Support for Those Living Through Birth Trauma and Loss**

OCEAN is a new maternal mental health service for people living in City & Hackney, Newham or Tower Hamlets. Here we explain what OCEAN offers, who is eligible for referral and the pathways open for referral.

*Dr. Danielle D’Mello, Counselling Psychologist & Lead for Ocean in east London answers a range of questions about the service:*

### **What makes OCEAN different to the Perinatal Service?**

Ocean is a psychology led team comprising of psychologists, midwives, peer support and admin.

Like the PMHTs, we are a secondary care mental health service.

Unlike the PMHTs, we have no medics in the team and so we are not able to offer care to people with complex mental health difficulties who require an MDT that includes psychiatry. This would include those experiencing or at risk of psychosis.

Unlike the PMHTs, we are able to work with women who do not have a baby and we include all losses, regardless of when they occurred or at what point in the pregnancy, so long as the person is experiencing moderate to severe mental health difficulties and the birth trauma or loss are the key issue the person wants to focus on. PMHTs are only commissioned to work with people from the point of pregnancy, up until the baby turns one year old.

### **What is the criteria that my patient has to fulfil to be eligible for referring?**

OCEAN is a service for people who are experiencing moderate to severe psychological distress that meets the criteria of a secondary mental health service, for the following reasons (please note mild-moderate presentations should still be seen in IAPT):

- Loss including miscarriage, medical termination, neonatal death or stillbirth.
- Traumatic birth experience;
- Traumatic perinatal experience. This may include assisted pregnancy or IVF issues:
- Because of a perinatal experience owing to their identification as LGBTQ+
- Owing to a significant fear or phobia related specifically to pregnancy and childbirth for example fear of giving birth, undergoing examinations;
- Owing to parent-infant separation taking place during the first year after birth due to children’s social care involvement.

### **What exactly is it you offer? Is this service for outpatients only?**

This is a service for people living in the community. Those who require inpatient care who are supported in either a mother and baby unit or acute mental health ward, depending on the individual needs of the person. We may offer support to people who have previously been cared for as an inpatient. We offer trauma stabilisation sessions, one to one psychology and group work, including treatment groups for loss and trauma, and peer support group

### **What happens in the trauma groups? Is there any clinical evidence for their efficacy yet?**

COURRAGE is a collective narrative therapy methodology developed in 2014 by Ncazelo Ncube-Mlilo in partnership with six women to privilege the second or alternative stories of women who are struggling with the effects of violence, abuse, and trauma in their lives. Narrative therapy is often referred to as ‘therapy of acknowledgement’, allowing the recognition of a person’s ‘alternative stories’ of strength and resilience, taking account of the cultural context and moving away from pathologising narratives (Walther & Fox, 2012).

- Narrative practice disconnects the problem from the individual, and instead focuses on meaning-making, often through stories and collective sharing (Zhou et al., 2020).
- Research into the feasibility of COURRAGE in women suffering from depression in the context of adversity in South Africa suggests that this treatment is highly effective, and supports the need for larger studies using community narrative therapies to treat those experiencing adversity and mental distress (Burgess et al, 2021)
- Research suggests that CNTG improved family relationships, the caregiving burden, the level of hope and inner resources in the post- test, and a statistically significantly better mental health condition in the follow-up.
- The approach is indicated to be culturally sensitive and potentially more effective when working with the global majority than Western-centric, individualistic therapeutic approaches.
- The groups will be 16-20 sessions long, with 6-10 participants in each, plus facilitators.

### **What happens in the loss groups?**

These are groups who have experienced perinatal loss. This includes miscarriage and stillbirth.

[We are currently developing the protocol for this group so will provide more details later]

### **Can people choose between joining trauma group or having one to one counselling?**

Yes – the individual will be supported by a clinician to make an informed choice about what therapy feels best suited to their needs

### **What are the current waiting times for people to be given an initial first assessment, and then if accepted, how long do they have to wait for the therapeutic programme to begin?**

Not all referrals will need a full initial assessment from the team, as we often receive referrals with a lot of information from the PMHTs and IAPT. This may mean that we can have an initial discussion with the service user and then they can be placed on a waiting list for treatment. However, where an assessment is indicated as needed, either due to a lack of information or uncertainty about whether Ocean is the correct service to support the individual, we will do our best to offer an assessment within 28 days although this is not always possible.

- One to one therapy currently has a waiting time of 3-6 months
- The groups are currently being recruited for and the first time they will run will be April 2022. People are not able to join the group midway, but we will recruit for the next cohort whilst the current group is running.

### **Why are you offering specific trauma groups for Black women and another for Bangladeshi women?**

These groups are a response to the research that indicates that women of colour and their babies have significantly worse outcomes in maternity than their White counterparts (MBRRACE-UK 2019):

Migrant women are at risk of poorer pregnancy outcomes. Models of maternity care need to be designed to meet the needs of all women in society to ensure equitable access to services and to address health inequalities (Fair et al 2020).

These inequalities have been exacerbated by the pandemic: 55% of pregnant women admitted to hospital with coronavirus are from a BAME background, although only 20% of births are to BAME mothers (PHE 2020).

There is research specifically highlighting the unmet needs of Black women, including statistics that suggest that Black women are four times more likely to die in childbirth than White women (MBRRACE-UK)

Asian women are nearly twice as likely as White women to die in childbirth (MBRRACE-UK)

We are aware that there are many other demographics that would benefit from support that centres their needs, including other ethnicities, disability, gender and sexuality. We see these groups as a first step and hope to be able to expand our provision in the future.

## **What do I say to someone who says: “this isn’t for me, I’m not middle class or educated enough to get anything out of it?”**

The treatment options are designed to be accessible regardless of class, ethnicity or education level. We aim to offer person-centred care adapted to the individuals’ needs.

## **How can I refer a patient? Can people self refer?**

People can be referred by emailing the referral form to [elft.eastlondonocean@nhs.net](mailto:elft.eastlondonocean@nhs.net), or calling Ocean on 020 3222 8047. Service users can self-refer the same way. We will be working towards having an online portal to make self-referring easier. Service users and professionals should be aware that we are only available 9-5, Monday to Friday and we are not able to offer crisis work. If someone is in a crisis they should access support from their local crisis service.

## **How long do the therapeutic programmes run for?**

This depends on the treatment opted for:

- We offer 12 sessions of one to one psychology.
- Psychology treatment groups are 16 sessions.
- We also offer 6 sessions of trauma stabilisation sessions to those on the waiting list for the above treatment options.
- People are able to offer peer support work alongside and after accessing treatment, as the time frame for this is not limited.

## **Where can I find out more? Have you got information I can share with my colleagues and patients?**

We have a leaflet. Please visit the OCEAN East London service page on [the ELFT website](#) or contact [elft.eastlondonocean@nhs.net](mailto:elft.eastlondonocean@nhs.net) for copies.

Please [register](#) to attend the OCEAN webinar taking place on 5 May, midday – 1.00pm.

We would also love to present at your team meetings if that would be helpful, and you’re welcome to get in touch to discuss the service and potential referrals.

## **What has been the role of service users in the development of this service and the treatment options offered?**

We have peer support embedded in the team and we have had peer support worker-led focus groups to gain the insight and feedback of experts by experience in developing the provision. We aim to gather feedback from the service users of this team to inform the way our offer develops. A practical example of this will be asking the participants who attend the groups to anonymously feedback their experiences to a peer support worker so that we can continuously improve the way the groups run. There is also a peer support offer of one to one and group support, which can be accessed either in tandem to the treatment options or afterwards.

## References

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