

# Regional haemoglobinopathies psychology service for adult patients

The clinical psychology service has now opened across the network with the aim of improving equity of psychological care across the region. We are open to referrals.



# What can a practitioner psychologist in a health team do?

- Provide specialist assessment and intervention
- Signposting
- Provide cognitive assessments
- Consultancy with MDT colleagues
- Team formulations
- Research and audit
- Service development

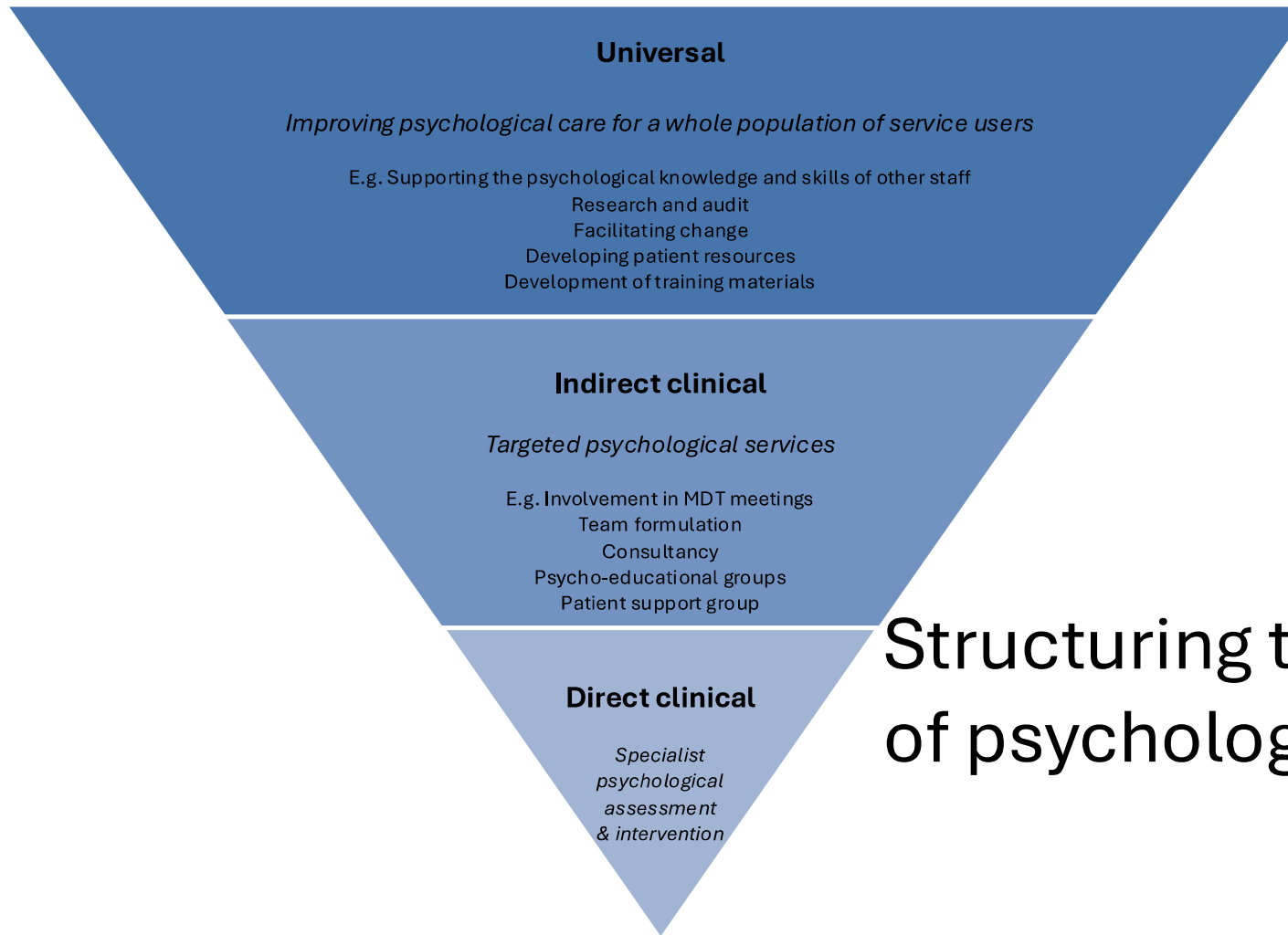


# Practitioner psychologist role within the regional haemoglobinopathies network

## Capacity

- Regional psychology has been funded for a total of 0.25WTE (1¼ days/week; 9.38 hours/week)
- Total time is 0.55 WTE, including local service provision.





# Structuring the provision of psychological care



# Universal

Promote

Promote resilience, adjustment, and self-management across the patient population.

Enhance

Enhance staff wellbeing through reflective practice, supervision, etc.

Integrate

Integrate psychological awareness into routine care.

Contribute

Contribute to research, audit, policy, and service development.

Create

Create patient education resources.



# Indirect Clinical Work Consultancy

Supporting healthcare systems by improving patient/staff interactions and communications

A psychological perspective on patients' experiences

Whether patients could benefit from psychology input

Appropriateness of referrals

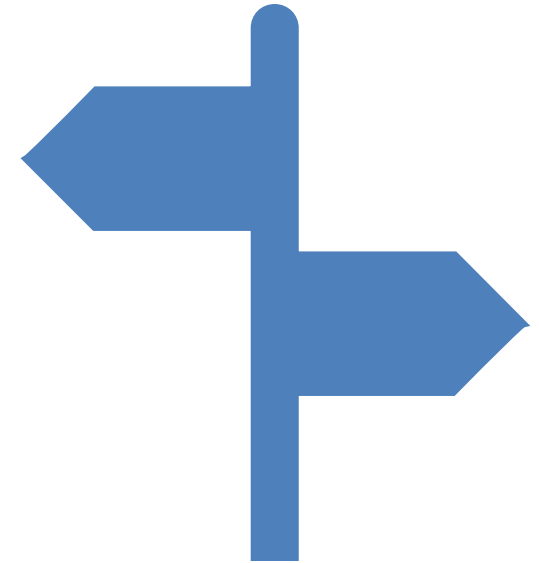
Advice about signposting

Support around tricky dynamics and interactions between staff and patients



# Indirect Clinical Work Signposting

- Alternative sources of support when not appropriate for us
- We can advise when and where to signpost
- CMHTs (community mental health team), GP, charities
- Bear in mind waiting times, fees may apply with charities, availability can vary



# Direct Clinical Work

## Who can be referred to psychology?

- Patients' psychological concerns linked to their physical health condition.
- Physically & mentally able to engage in psychological work (e.g. not delirious or overwhelming medical symptoms)
- Level of distress is medium to high. If more mild distress we might think with you about other sources of support (e.g. from family and friends, MDT, support worker or local services).
- Patient has consented to the referral to psychology. All psychology referrals should be discussed with the patient first and, where possible, the referral form completed with the patient.

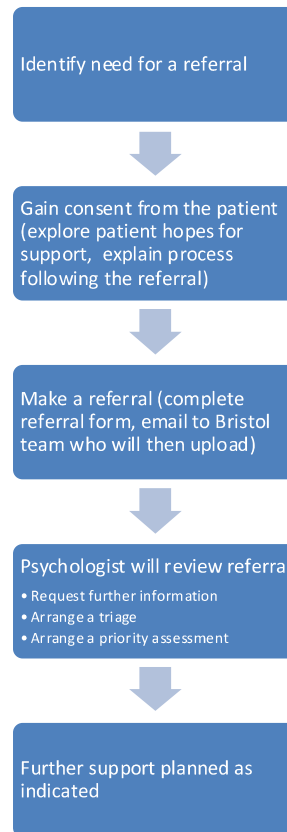


## Reasons we might not recommend a referral:

- Psychological concern is not primarily to do with the patient's physical health condition.
- A patient would be better supported by an alternative service or is already receiving support for the difficulty from another service.
- A patient could be signposted to other resources in the first instance.
- A patient is experiencing a mental health crisis. We are not a crisis service and would need to make sure the patient is accessing support to keep them safe and managing their risk before we would recommend a referral.



# Referral pathway



# Evaluation

- There will be on-going evaluation of the effectiveness and usefulness of the psychology service:
  - Use of outcome measures with patients.
  - Patient feedback; e.g. feedback questionnaires sent at end of therapy, focus groups for patients not accessing psychology, etc.
  - MDT feedback; different services in the region may have different needs so it will be helpful to hear what is working for your area/what is missing.



# Questions and feedback

- Email to [HaemoglobinopathyBristol@uhbw.nhs.uk](mailto:HaemoglobinopathyBristol@uhbw.nhs.uk) (FAO Dr Amy Caswell)

