

Naomi

Lead Clinician: Andrea Brown, Consultant Psychiatrist
Team Manager: Carmel Joyce



Naomi is a service for women with complex needs, primarily with an eating disorder. We specialise in treating people with more than one diagnosis which may include personality disorder, obsessive compulsive disorder and complex post traumatic stress disorder.

The service offers assessment and treatment packages and the service model is based on Naomi's "Pathways to Recovery". (See overleaf)

Aims and goals of unit

- Using a Cognitive Behavioural Therapy (CBT)* model we help the patient develop an understanding of the underlying and maintaining factors to their presenting problems. Through this process we equip the person with skills to promote independent living.
- We stabilise the patients eating disorder or other symptoms.
- We reverse life threatening behaviour.
- We increase people's engagement with their local team.
- A full MDT formulation of the presenting difficulties is developed.
- We equip the patient with coping strategies to increase independence.
- We involve the patient in their care and planning for recovery.

**CBT is an evidence based treatment which is recommended by the NICE guidelines for treatment of eating disorders, mood and anxiety disorders.*

Special Features

- Naomi has been accredited to January 2017 (excellent) by the Quality Network for Eating Disorders Adult Inpatient Standards (QED).
- The Naomi team consists of a full multidisciplinary team, including a Consultant Psychiatrist, Clinical Psychologist, Dietitian and Occupational Therapist. The team members are all trained in CBT to varying levels and are experienced in working therapeutically with this patient group.
- In 2012 95% of patients were discharged into the community either living independently or with family.



Mental healthcare : for people, not for profit

Patient Profile

- Meet the diagnostic criteria for either Anorexia Nervosa, Bulimia Nervosa, Eating Disorder Not Otherwise Specified, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Mood & Anxiety Disorder.
- Informal and Formal (must want to work towards being informal during Stage One - Assessment/medical stabilisation period).
- Absence of psychotic disorders.
- Absence of moderate to severe Learning Disability.
- Care Co-ordinator with CMHT.

Pathways to Recovery

The Pathways model that is used on the unit is aimed to enable individuals to work collaboratively as an equal and be active in decision making in their care. It is a recovery focussed model that enables individuals to set goals, plan, and evaluate so to chart their path through recovery and to meaningful living.

The "Pathways to Recovery" is like a tree that has seven "branches" or pathways which we believe are important in the process of recovery, these pathways are; physical monitoring, physical activities, meaningful living, psychological, meaningful eating, self catering and leave.

The "Pathways to Recovery" has three stages:

- Medical stabilisation - The focus of this stage is to reduce the risk of starvation, vomiting or other self-defeating behaviours which you have engaged with and improve your physical wellbeing.
- Gaining skills - The focus on this stage is to understand your problems and develop new skills that aid recovery. Your therapy sessions, groups and other 1:1 will help you achieve this.
- Transferring skills - The focus of this stage is to transfer those skills you have learnt during your admission to outside of the hospital environment, such as your home community.

We also know that people's problems have an impact on families and we offer individual support to families and hold a carers support group.

Testimonials

"Being on Naomi makes me feel part of a team and included in my own future." Patient

"Naomi has helped me understand why I have problems with eating, and I can now eat independently...I want to apply for University after my discharge." Patient

"I found family therapy useful; it helped my family identify how we become set in our roles and how those roles were preventing progress being made." Patient

"I can now talk to my daughter without worrying if she will eat or self harm afterwards." Parent

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