Trauma Informed care and Practice
Pathways to Service Improvement

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Trauma Informed Care For Voice Hearers

Findings from a PhD Study

Research Questions

How are Australian mental health and other social services responding to voice hearers who have also experienced sexual abuse or assault?

What are the work practices, opinions and beliefs of staff who work with voice hearers who have experienced sexual abuse?

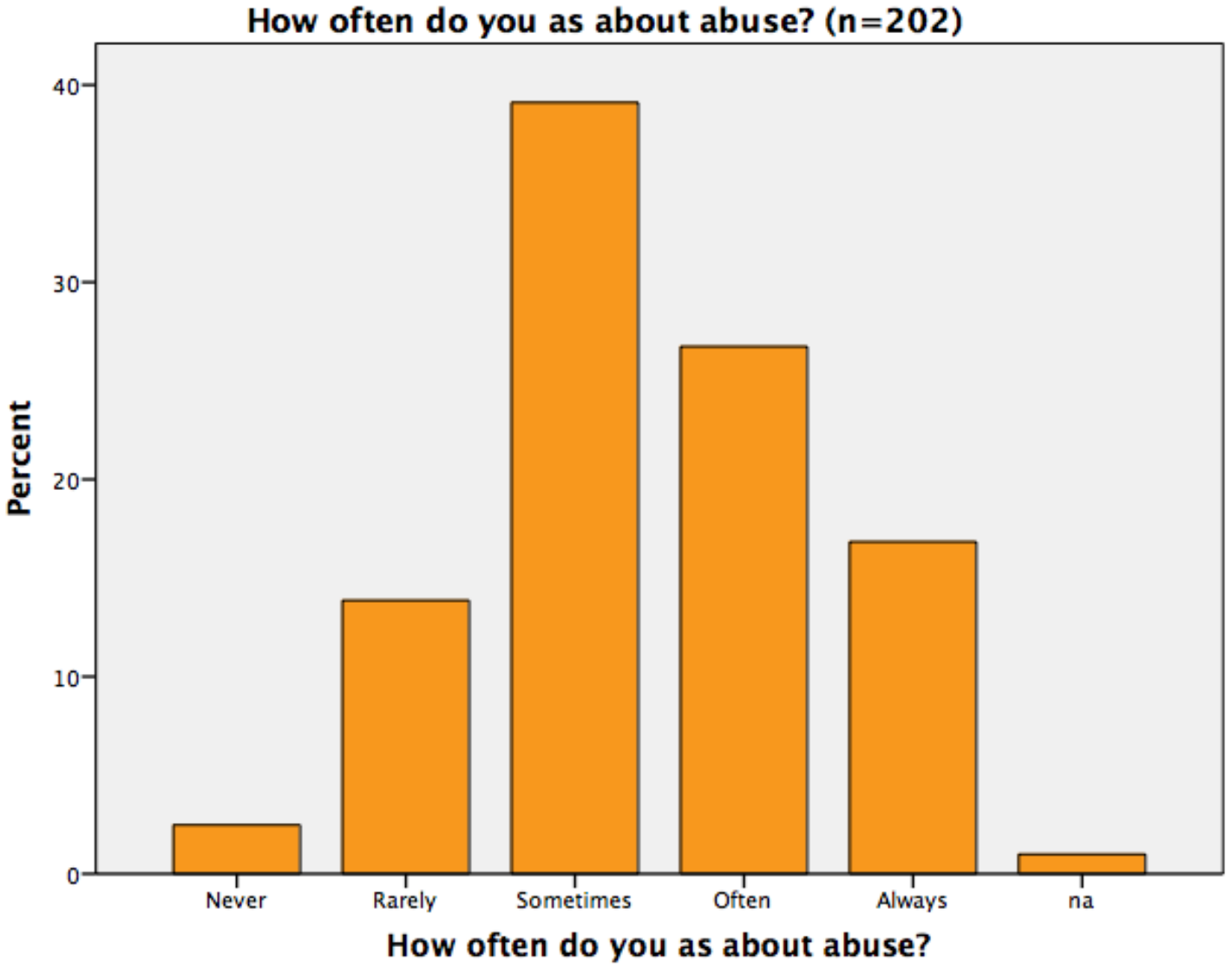
What do voice hearers identify as the impacts of these service responses?

What do voice hearers who have had these experiences identify as helpful or unhelpful?

Damien: As a survivor of sexual abuse, one of the things you learn is not to talk about it.

Ingrid: So without him asking, without anyone asking, I wasn't going to bring it up. I was doing my best to push it down and not think about it. And hide from it, I didn't even have the words for it, so I needed to be asked.

How often do staff screen?



Factors that Impact on Screening

- Organisational Policy
- 50% with org requirements compared with 30.8% without

- Content of voices or distress
- Concerns about upsetting consumers
- A standard approach
- Beliefs about causes voice hearing
- Length of time working in mental health sector
- Practice wisdom and training

A Lack of Effective Services

- 86.4% respondents including trauma related interventions in their treatment/program plans
- Most common response is a referral to a trauma counselling service
- A lack of appropriate services
- CASA services and MH services operating in silos

What Is Effective Practice?

- Ask and Ask well
- Help consumers develop an understanding of their experiences
- Emphasise consumer control of care
- Quality relationships are essential

Implications for Community Managed Sector

- There is a clear need for trauma informed care for all consumers
- Organisational policy and leadership can be effective in encouraging trauma informed practices
- Better integration between MH sector and trauma services
- Sharing practice wisdom amongst team members helps build practice

TIC Reflective Practice Group in an acute psychiatric inpatient unit

Northern Area Mental Health Service

TIC @ NAMHS
TAKING A LONG TERM VIEW

- Gender Sensitivity & Safety Guideline (DHHS)
- Gender Sensitivity & Safety Leadership Group
- Lived Experience
- Organisational & Team Leads
- Creating Safety Nursing Role
- Seclusion review & reduction
- Training
- Supported Implementation

Reflective Practice Group

- Support implementation
- Encourage practice change
- Sustain Learning
- Provide space for reflection
- Support staff

REFLECTIVE SPACE

- Enable discussion
- Sharing of learning & reflection on practice
- Identify barriers to implementation
- Strategies how to work with barriers
- Identify individual and systemic issues & needs

CHALLENGES

- Loss of confidence b/c of training provider
- Time-lag between training & starting
- Staff attending **not all trained**
- Communication to staff re sessions
- Nursing staff & students only
- Time limitation: frequency & sessions

What we have learned….

- Value of lived experience
- Timing: competing demands & session length
- Changing group – need for adaptation
- Busyness of IPU
- Flexible, flexible, flexible

Staff feedback

Knowledge, skills

- Seen as 'specialist skills'
- Re-triggering: concerns
- Acuity
- Time
- Workload
- Competing demands

Staff development

- Training
- Refreshers
- Support from Nursing Educators
- Increase frequency of in-service sessions
- More information
- Visual reminders

What assists?

- Gender sensitivity & safety being addressed
  - Women's Corridors
- Sensory Room
- 1:1 Nursing Care

Going forward

- Flexibility / Changes
  - Education plus
  - Reflective Practice
- More Training
- Development of visual prompts

Does Victoria need a TIC network?

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