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ESRC EVENT
TIMES UP
GENDER INEQUALITY & WOMEN'S MENTAL HEALTH,
5TH NOVEMBER 2018

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NHS Foundation Trust

Population: 1,800,000
Employees: 6,500
Turnover: £300million

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Clear Vision

- Develop the systems, behaviours, artefacts, relationships and values conducive to trauma informed care.
- Meet Department of Health guidance re routine enquiry and handle such disclosures well;
- To develop our current therapists to be skilled in dealing with complex trauma and so able to support services local to them in their endeavours to be trauma informed.
- For clinical staff to have some core skills in managing disclosures well and access to resources that support their practice.
- For care plans and risk assessments to adequately reflect recovery from trauma as a goal of services;
- For services to avoid causing iatrogenic harm where possible eg where C&R retraumatises people.
- Clinically address underlying contributory factor to diagnosis/ symptoms/ engagement issues/ risks and so improve clinical outcomes.
- Address wellbeing of staff in relation to trauma informed practices.
- Develop and contribute to the evidence base for TIAs.
WHY BOTHER?

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ACE study: Felitti

Estimates of the Population Attributable Risk* of ACEs for Selected Outcomes in Women

So are your IAPT services trauma informed?

*That portion of a condition attributable to specific risk factors

Figure 10-5-b

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So is your suicide prevention strategy trauma informed?
So are your EIP services trauma informed?
So are your substance misuse services trauma informed?
So are your acute hospitals trauma informed?
So are your job centres trauma informed?
Why bother?

So are your police services trauma informed?
in the prospective arm of the ACE study, it was found that experiencing six or more categories of adverse life experience in infancy, childhood, or adolescence shortens an individual's life expectancy by almost twenty years.

So what else would you ignore if it created 20 year difference in life expectancy?
● Men are disproportionately more likely than women to be perpetrators of abuse, particularly sexual abuse.

● However abuse by women is less culturally identified therefore more shame about disclosure eg a quarter of domestic violence (but less likely to be fatal).

● Men who are abused are more likely to end up in prisons or with psychosis and women are more likely to end up in psychiatric services with diagnoses of EUPD.

● More than half the TIA evidence base comes from services for women with substance abuse problems.
ONE POTENTIAL SYSTEM WIDE SOLUTION
Pathways

– Main Need/ Diagnostic pathway based on NICE guidance

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Benefits

- Development of resources eg psychoeducation: *done and ongoing*
- Increase in the rate of team training: *If have paid leads but online training available now*
- Improvement in confidence and competence of staff: *demonstrated via evaluation*
- Development of approaches to look after staff who have experienced their own trauma and who continue to be triggered: *VRC complete and work with HR planned*
- Improvement in service user experience of how their trauma is managed: *research strands in progress*
- Trauma Informed Peer support: *recovery program timescale*
- Develop skills of local trauma therapists: *done and ongoing*
- To develop the evidence base in the UK for trauma informed care: *award winning journal article done and more in pipeline*
Whole ward approach in forensic setting

- Sandpiper pilot, which implemented trauma informed care approach to a medium secure female admission ward.

- Benefits
  - Incident rates dropped from 98 to 29 monthly.
  - Increased outcomes on all measures positively for both staff and service users.
  - Increased staff wellbeing and compassion satisfaction. Decreased burn out and secondary traumatisation.
  - Increased patient cohesion and therapeutic hold.

- Challenges
  - Some staff were very burned out and needed to have 1-1 sessions with trauma lead and external services, one member of staff was moved
  - Buy in from some staff who couldn’t see the benefits from co production and historical power perspective/relational patterns
  - Anxiety when the figures around violence shifted upward after an initial drop (linked to staff and service users attempting to drift back to old ways of working so introduced weekly supervision)

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**Aims**
- Demonstrate the impact of Trauma Informed innovations and system change.
- Develop an evidence based methodology for trauma informed practice.

**Content of Work plan**
- Development of a culture metric for trauma informed care
- Develop and implement a HRV Protocol for the physiological evaluation of wellbeing
- Biofeedback Intervention in MUPS with trauma
- Staff Retreat for trauma therapists Evaluation
- A systematic review of the literature of users' experiences of mental health assessments
- Appreciative inquiry of unintended consequences
- Development of a better dissociation screening tool
- Analysis of positive recovery stories
- Specific evaluations of aspects of rollout eg training, forensic ward, groupwork

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Attention to

- Behaviours/ skills
- Resources/ artefacts
- Systems/ processes
- Values
- Stakeholders and ‘creating a movement’
- Win-win mentality
- Outcomes linked to business priorities
- Narratives/ call to action

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Key learning

- Voice of people with lived experience
- Marketing a message that aligns with organisational concerns
- Using established change processes as vehicle
- Push the boundaries to see what you can get away with
- Informal power is relational
- There is a skill to organisational leadership
- Coaching style
- Application of psychological principles to systems.
- Using compassion as a regulator for individuals and teams.
- Sometimes trauma is hidden, and is an issue for staff too
- Build on local strengths
- Local evidence and the power of testimony is greater than research in persuading people.
- Senior level sponsorship
- Bringing like minded people together towards a shared cause
- Patience!

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Many thanks for your hard work

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