WITH PROJECT

WOMEN'S INPUT INTO A TRAUMA-INFORMED SYSTEMS MODEL OF CARE IN HEALTH SETTINGS

FUNDED BY ANROWS

KELSEY HEGARTY, LAURA TARZIA

THE UNIVERSITY OF MELBOURNE

the women's the royal women's hospital victoria australia

CASA house Centre Against Sexual Assault




OVERVIEW

The Problem, The Project and The Team

Progress to date

- Phase 1 Knowledge paper
- Phase 2 Interviews with Women and Digital Stories
- Phase 3 Deliberative Dialogue workshops

Implications so far…. discussion

DIGITAL STORY

AUSTRALIAN CENTRE FOR THE MOVING IMAGE

THE PROBLEM

- Strong association of mental health (MH) issues with sexual violence (SV) over women's life time
- MH & SV services often support the same women
- Siloing of pathways to care Quadara 2015
- Services familiar with trauma-informed care, but no system model to guide implementation for services for women with both MH/SV
- Need a health systems approach Garcia-Moreno, 2014

WITH PROJECT

"How can we promote and embed a trauma-informed systems model of care, responsive to consumers and practitioners, into the complex system of mental health and sexual violence services?"

Multi-phase project involving

The Women's Hospital, CASA House, Northern Area Mental Health Service and community mental health

Overall Aim

Explore how services can work together more effectively to deliver TIC for women experiencing both MH/SV

WITH TEAM

Lived Experience Panel

Women with lived experience of sexual violence or domestic violence.

Investigators

Kelsey Hegarty, University of Melbourne

Susan Rees, University of NSW

Laura Tarzia, University of Melbourne

Antonia Quadara, AIFS

Delanie Woodlock, DVRCV

Victoria Palmer, University of Melbourne

Staff

Kirsty Forsdike-Young, University of Melbourne

Student

Carol O'Dwyer, PhD student, disability , University of Melbourne

Advisory Group

Helena Maher, The Women's

Christina Bryant, The Women's

Carolyn Gillespie, CASA House

Sabin Fernbacher, NAMHS

Charlene Edwards, MSEI

Cathy Kezelman, ASCA

Corinne Henderson, MHCC

Carl May, University of Southampton, UK

Louise Howard, Kings College London

Claudia Garcia-Moreno, WHO

Implementation Sites

The Royal Women's Hospital

Northern Area Mental Health Service

Community mental health service (to be determined)

PROGRESS TO DATE

1. **Literature review on existing models of trauma-informed care in health settings** Antonia Quadara, AIFS

2. **Interviews with women in NSW and VIC:**
   - exploring relationship between mental health issues and sexual violence Susan Rees, UNSW
   - pathways to safety and care for women who have experienced both sexual violence and mental health issues Laura Tarzia, UoM

Digital storytelling workshop with 5 women, October, ACMI

Interviews with these women Delanie Woodlock, DVRCV

STATE OF KNOWLEDGE PAPER ANTONIA QUADARA

Examined trauma-informed models guiding organisations to improve service to survivors of sexual violence with mental health problems.

Academic and grey literature show:

-consistent themes about principles of trauma-informed care,

-very little evaluative evidence to inform organisational system change.

- comprehensiveness or wrap around approaches
- integration at the clinical and organizational levels;
- delivery of trauma-informed services; and
- consumer/survivor involvement. Huntington et al., 2005

The review recommends that future research examines how can we

- better integrate mental health and sexual violence service paradigms and approaches to trauma-informed care?;
- successfully implement trauma-informed care at an organisational level within complex health systems?

http://anrows.org.au/publications/landscapes/implementing-trauma- informed-systems-care-in-health-settings-the-study-state

ORGANISATIONAL PRINCIPLES

- understanding prevalence and nature of trauma arising from interpersonal violence and impacts on other areas of life /functioning;
- ensuring that organisational, operational and clinical practice ensure physical and emotional safety of consumers/survivors;
- creating service cultures & practices empower consumers in recovery emphasising autonomy, collaboration & strength-based approaches;
- recognising & being responsive to the lived, social and cultural contexts (e.g. recognising gender, race, culture, ethnicity) of consumers, which shape both their needs as well as recovery and healing pathways;
- recognising the relational nature of both trauma and healing.

Jennings, 2004; Elliott et al, 2005; MHCC, 2012

LITTLE EVIDENCE QUADARA, 2015;REEVES, 2015

- tendency to focus on individual level or proxy indicators e.g. reduction in seclusion/restraint practices to suggest changes in organisational practice

  Muskett, 2014; Rivard, 2004; Wright2003

- four qualitative studies identified key outcomes at the organisational and systems level of trauma informed care

  Quadara, 2015

- limited research into diverse populations and trauma in the context of culture and how these are connected

  Reeves 2015

INTERVIEWS NSW SUSAN REES

Examines intrinsic /extrinsic mechanisms linking sexual assault with mental health issues, & connecting mental health issues with sexual assault.

30 participants recruited by counsellors from Sexual Assault Service at Royal Prince Alfred Hospital in Sydney.

Interviews used a timeline interview approach, effective tool for understanding patterns of life stories and their relationships with greater social contexts .

Adriansen, 2012

Many participants commented on therapeutic /empowering experience of interviews as the timeline method prioritises strengths and contextual or personal factors that improved, changed or ameliorated risk or harm.

In this context there are substantial policy /practice lessons that can be generated

INTERVIEWS VIC LAURA TARZIA

Explored pathways to safety and care when both mental health issues & sexual violence, and what they would like to see from services.

30 women were recruited through Centre for Women's Mental Health and CASA House, The Womens

Below are the preliminary themes that emerged:

- Connect me
- Hear me
- Help me heal holistically

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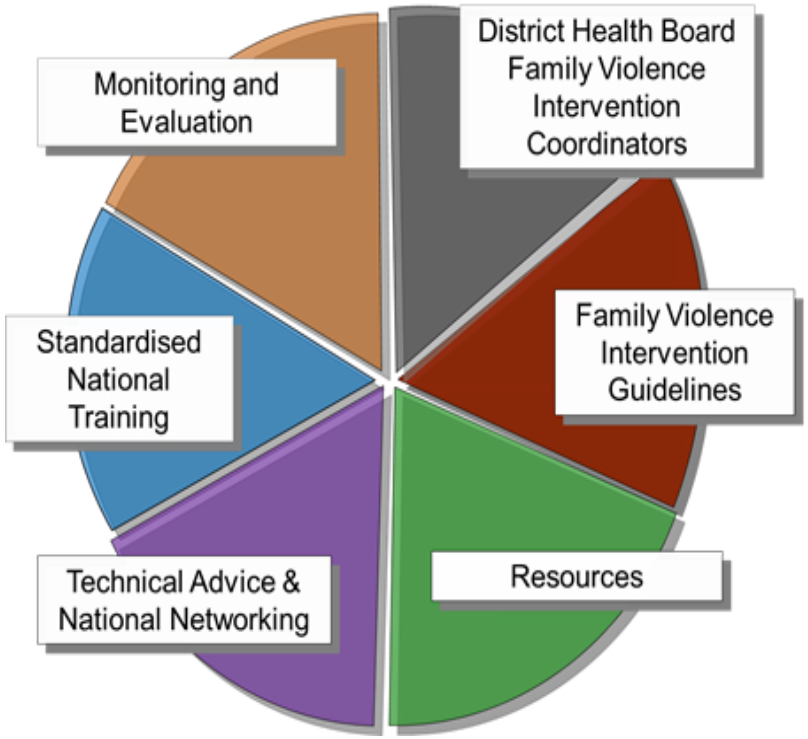
PHASE 3

The aim of this phase is to develop and evaluate component/s of a trauma-informed 'systems model of care' for services.

The model Garcia-Moreno, 2014 may operate at many levels:

- Leadership and governance- policies
- Health workforce development- training, practitioner support, designated champions
- Service delivery- protocols, referral networks established
- Coordination- internal/external referrals, community linkages
- Financing
- Information system and sharing-monitoring and evaluation
- Health infrastructure- environment

HEALTH SYSTEM MODELS



CURRENT NEXT STEPS

Discussion groups with practitioners and staff at all levels across 3 partner organisations

- The Women's/CASA
- Northern Area Mental Health service
- a community mental health service

focusing on choosing a way that trauma-informed care can be more collaboratively and effectively implemented in health settings (component of a systems model).

Groups are being co-facilitated by survivors

DELIBERATIVE DIALOGUE

- Discussion groups will utilise ‘Deliberative Dialogue’
- Aim is to find common ground, listen and collaborate, weigh up alternatives rather than to debate or find a ‘right answer’
- Uses existing evidence briefs and information prior to the group
- Answers specific questions set at the group
- Open-minded discussion, friendly disagreement encouraged
- Helps to clarify what is important , pros and cons

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The component of the model to enact will draw on:

- existing literature and guidelines and models
- interviews with women
- digital storytelling
- Evidence of what makes practitioners change

POTENTIAL STRATEGIES

Persuasive

- Marketing and mass media
- Local consensus processes and local opinion leaders

What we know:

Local consensus processes in two systematic reviews showed no clear improvement in practice or patient outcomes.

Local opinion leaders in a systematic review had a positive effect on professional behaviour change but it was difficult to ascertain effect on patient outcomes.

Potential problems or considerations:

Usually persuasive methods are not used alone so it is not always easy to sort out the effects, however local champions or opinion leaders are often recommended as part of a system change process.

Action and Monitoring

- Audit and feedback
- Reminders

What we know: In a systematic review audit and feedback led to improvements in practice and patient outcomes, most effective when:

- the health professionals are not performing well to start out with;
- the person responsible for audit and feedback is supervisor or colleague;
- it is provided more than once; it is given both verbally and in writing;
- it includes clear targets and an action plan.

Computer based clinical decision support systems, information systems and reminders improve the process of care, with some systematic reviews showing an effect on patient outcomes[

- When reminders provided space for the professional to enter a response and provided an explanation for the reminder, the effect was greater than when these features were not present.

Potential problems or considerations: Resourcing

Educational and Informational

- Patient mediated interventions
- Distribution of educational materials
- Educational meetings
- Educational outreach

What we know:

Patient mediated interventions, educational materials and meetings have benefits for professional behaviour and management, with a small number of systematic reviews finding a benefit for patients.

Educational outreach (also known as academic detailing) is effective in changing practice of clinicians.

Potential problems or considerations:

Training of practitioners in meetings and workshops is a standard part of systems change, although educational outreach is more likely to be effective, but has greater resource implications.

PHASE 3 CONT.

Implementation

- Implement component/s of the new model into practice
- work closely with management and staff to develop and embed that component integrated with VAW Strategy
- potential to document process e.g. audit tools/ indicators developed during consultation to record units that have: adopted a protocol / done a readiness assessment /trained practitioners /undertaken secondary referrals

Evaluation – interviews with key stakeholders

- 10 telephone interviews of 30 mins regarding experiences with the model, barriers and facilitators across the settings

THE WITH PROJECT

Timeline 2016

Jan-March	Discussion groups
Jan-April	Consultation with management
April- July	Implement component/s
August- October	Evaluate
Nov- Dec	Report writing, dissemination

ART EXHIBITION

Jo Besley, curator

- Digital Stories of women
- Photo Stories of practitioners
- Foyers of hospitals and mental health settings

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Implications so far…. Discussion

- Lack of evidence of what works to implement TIC in health systems
- Women are not consistently being connected, heard or assisted to heal holistically
- Siloing of services

FINAL STORY

“I've been to like 100 [services] in my whole life. I would say over 100, and they just refer you on and on and on because no one wants to deal with complex issues or confront them.”

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