Trauma-Informed Person-Centred Mental Health Nursing

For several years the UniSA Mental Health and Suicide Prevention Research Group has provided mentorship and professional development opportunities to nursing professionals. The mentorships provided typically combine tailored learning opportunities and deep discussion offering participants a knowledge exchange and development experience in person-centred mental health care. Mentorship also provides evidence based and best practice information for nurses working in mental health to engage effectively with consumers, carers and colleagues, across a range of practice settings (e.g. child and adolescent mental health, forensic mental health, and older persons’ mental health).

In this issue of the Shared Learning in Clinical Practice Newsletter we summarise a recent mentorship in trauma-informed practice and forensic mental health with 11 nursing and allied health workers in South Australia. In this instance, the mentorship incorporated foundation theoretical frameworks of person-centred trauma-informed care as a paradigm in order to promote new ways of engagement and care in forensic mental health (SAMHSA, 2014).

A trauma-informed approach

A trauma-informed approach is one that works from the fundamental principles of trauma awareness. That is, working to avoid re-traumatisation by empowering consumers and staff in decision making, safety, trustworthiness, choice and collaboration as well as building of strengths and skills. Trauma-informed approaches are based on the understanding and belief that symptoms and experiences related to trauma are coping strategies developed to manage traumatic experiences. Consideration of behaviour through a trauma-informed lens means making revisions of (for example) aggressive or hostile consumer responses that might previously have been viewed as negative or ‘deliberately difficult’, or so called ‘uncooperative’ behaviours. Such responses to mental distress are out-dated, unsafe and unacceptable.
From the beginning, mentorships in trauma-informed care embrace practical and applied approaches to working with consumers. The educational objectives of the mentorship in forensic mental health involved a range of interventions, including critical review of trauma specific strategies, building on resilience, developing safety and skills to negotiate the impact of trauma. Clinical international comparative evidence on principals of recovery in forensic mental health settings and forensic mental health nursing and allied health competencies were also examined.

The trauma-informed mentorship recently held in SA provided over 100 hours of individual one-to-one mentoring. Sessions included reflective discussions, practice-based education, with specific interventions, including trauma specific strategies (Champagne, & Stromberg, 2004), building on resilience (Janssen, Schuengel, & Stolk, 2002) and developing safety and skills to negotiate the impact of trauma (Klinic Community Health Centre, 2013).

Evidence around the neurobiological underpinnings of trauma was also included (Sherin, & Nemeroff, 2011) as well as the interrelationships between events, thoughts, emotions and behaviour (Van der Kolk, 1994; Warner et al., 2013). Nurses were encouraged to reframe their understanding from traditional ways of thinking and practicing in this setting, to consider how and when to move in new ways and beyond out-dated approaches.

Some key learning objectives included:

- Improve and exchange knowledge related to trauma-informed practice;
- Raise awareness and understanding of types of trauma and associated neurobiological and psychological effects;
- Increase awareness of specific trauma-related events and experiences;
- Understand the importance of person-centred care in trauma-informed practice;
- Empower nurses to engage with and contribute to trauma-informed services;
- Improve knowledge of chain of care associated with trauma-informed practice.
Educational sessions included the following topics: Understanding trauma; Types of trauma; The effects of trauma on the individual; Neurological, biological, psychological and social effects of trauma on the individual; Characteristics of trauma responses; Principles of trauma-informed practice; Specific trauma-related behaviour across different settings; Trauma-informed practices with different populations; Screening and assessment; Preparing for trauma-informed practice across different settings; Trauma-informed service design and delivery; Key considerations with follow-up and transfer of trauma-informed care; Trauma-informed clinical leadership; and self-care strategies. The mentorship was orientated towards nurses working more effectively with people who have been exposed to acute and chronic traumas and/or are at risk of exhibiting traumatic stress reactions.

**Development of an online trauma-informed repository**

An online trauma-informed repository of evidence-based and best-practice research and information was created to support and resource nurses in their reading and preparation for mentorship sessions. Mentees in turn added their own discovered resources to the repository.

**Person-centred care**

As well as undertaking focussed study and practice based discussion on trauma-informed care, nurses examined ways to maximise person-centred care. In short, person-centred care means giving care holding an attitude of respect for the individual and her/his unique experience, needs and goals for the future. As a nurse this means taking a holistic approach: saying and doing things that are genuine and meaningful from the client’s perspective.

A key aspect of person-centred care is facilitation of consumer choice and preference. The following questions are designed to assist nurses find out what is important to the person receiving care:

- In regards to your mental and physical health and wellbeing, what is important to you at the moment?
- What would you like to achieve as a result of the support provided by our service?
What can I do best to support you in care?

For your care, what’s the ideal arrangement?

Is there anything else you would like to tell me that you haven’t been asked about?

What are your needs and wants and how can our service help you achieve them?

**Development of a trauma-informed resource**

Another key outcome of the recent mentorship was the co-creation of a trauma-informed learning resource: a practical guide for trauma-informed practice in the forensic mental health context. Each nurse and allied health worker was invited to write a 1500 word academic paper incorporating the trauma-informed practice philosophy. In line with inquiry-based learning (Bebb, & Pittam, 2004; Werner, 2007), nurses wrote on a topic of interest to them and of relevance to their clinical setting and clinical expertise. This writing task provided an opportunity for nurses to demonstrate their learning through the mentorship program, and to share this with their peers and the broader workforce. To support and facilitate their writing, all nurses accessed the online repository and were given feedback on their writing by support staff of the Mental Health and Suicide Prevention Research Group.

Each of the nurses 1500 word papers were collated, professionally edited and integrated to produce an electronic resource which is now freely available for viewing and downloading via the Mental Health and Suicide Prevention Research Group website, with each contributing mentees listed as co-author (see Procter et al., 2017). Copies of the resource are also freely available from mentalhealth@unisa.edu.au

An evaluation following the mentorship revealed that nurses gained knowledge in using specific interventions, including trauma-specific strategies, building on resilience, developing safety and skills to negotiate the impact of trauma. Nurses also considered evidence on the neurobiological underpinnings of trauma, as well as the interrelationships between events, thoughts, emotions and behaviour. The mentorship offered critical analysis skills allowing nurses to reflect on practice, feelings and beliefs and the consequences for individuals and groups as an important attribute in trauma-informed practice when working with forensic mental health consumers.

Taken in combination with each other, the group discussion, writing project and associated activity caused a practice shift in nurses, with many becoming more mindful of trauma histories and to understand behaviour as a trauma response, rather than seeing behaviour as something to be managed or contained. Nurses spoke of a conscious shift away from traditional ways of seeing consumers by including positive engagement plans in case studies and discussing consumers’ trauma history in light of therapeutic engagement. Comments included requests for follow up training in the future.
Conclusions

The mentorship provided an alternative model of practice for nurses working in the forensic mental health setting and has explored the implementation of trauma-informed person-centred in such a focused way. The choice of implementing trauma-informed practice and person-centred approaches via a one-to-one mentorship in a forensic mental health setting, has provided an excellent opportunity for nurses and allied health staff to engage in a unique educational experience. The creation of a resource to further promote and inform other staff has also been a valued output of this program.

References


Substance Abuse and Mental Health Services Administration (SAMHSA) 2014, Trauma-informed care in behavioral health services. Treatment improvement protocol (TIP) Series 57, HHS Publication, Rockville, Maryland.


The Shared Learning in Clinical Practice Philosophy

Shared Learning in Clinical Practice (SLICP) is a policy relevant and service delivery focussed collaboration to promote best practice in mental health and suicide prevention. The strategic purpose of the initiative is to demonstrate through research and practical example, how much consumers, carers, clinicians, policy makers and academic faculty can achieve working together. Deep discussion, deep connectivity and diffusion of the insights are central to its philosophy. With a nursing focus and multidisciplinary in composition, the aim of each publication, podcast, film, social media communication and symposium is to capture and spread new ideas and know-how in mental health practice and challenge traditional ways of thinking. Shared Learning in Clinical Practice updates are regularly posted on Twitter at @MHResearchUniSA.

Further information is available from:
Professor Nicholas Procter
Chair: Mental Health Nursing, University of South Australia
t 08 8302 2148
e nicholas.procter@unisa.edu.au

Mental Health Podcasts Series

The Mental Health Podcasts series is a joint Communities of Practice initiative between people with lived experience, nurse leaders from SA Health and academic staff from the University of South Australia’s Mental Health and Suicide Prevention Research Group. It is designed to share fresh thinking in contemporary mental health practice and will involve hearing the voices of consumers, carers, practitioners and policy makers revealing what they think, feel, say and do to achieve best practice.

Nine podcasts are currently available to stream or download on the Mental Health and Suicide Prevention Research Group website, and feature a variety of interviewees and topics including:

- Becoming a mental health nurse
- Care across hospital and home
- Peer work in community care
- Carers’ perspectives
- Recovery, co-production, participation and care planning
- Peer specialist work in acute mental health care

To read more about the Mental Health Podcasts Series and listen to the episodes, visit the Mental Health and Suicide Prevention Research Group website: www.unisa.edu.au/research/mentalhealth