

# “Make it so”

July 2012

## Key national activities in trauma-informed care across IIMHL countries

*Make it so* aims to assist countries to share information quickly about specific topics. This time it is focusing on trauma-informed care.

There are several key points.

- This area of work has grown in countries mainly from:
  - natural and man-made disasters
  - research on family violence and violence against women
  - trauma in the military
  - experiences of refugees
  - indigenous people's experiences
- Trauma-informed care appears to be an area that is gaining momentum; for example, some countries such as the US have national policies in this area while others are starting to progress the area.
- Many argue that it needs to be seen as an across government issue such as with mental health and addiction, all health, social services and justice for example.
- In the addiction/substance misuse area, experts maintain that: “To treat addiction, treat trauma”.<sup>1</sup>

### Definitions

Three concepts that are worth defining are: **trauma**, **trauma-informed care (TIC)** and **trauma specific services (TSS)**.

#### Trauma

The word for ‘trauma’ is derived from the Greek term for ‘wound’.<sup>2</sup> Very frightening or distressing events may result in a ‘psychological wound’ or injury - a difficulty in coping or functioning normally following a particular event or experience. One definition of traumatic stress is:

“The emotional, cognitive, behavioural, physiological experience of individuals who are exposed to, or who witness, events that overwhelm their coping and problem-solving abilities”.<sup>3</sup>

Such events can be sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism and/or natural or man-made disasters.

SAMHSA notes that there is consensus in the field that most consumers of mental health services are trauma survivors and that their trauma experiences help shape their responses to services.<sup>4</sup> Furthermore they suggest that most individuals seeking public mental health, addiction or social services; and many other public services, such as primary health care, homeless and domestic violence services, have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-existing disorders such as long-term health conditions, substance abuse and eating disorders, as well as contact with the criminal justice system.<sup>5</sup>

#### Trauma-informed care (TIC)

Bloom (1997) noted that “...Trauma-informed care is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and interpersonal violence and the prevalence of these experiences in persons who receive mental health (and other) services. It involves not only changing assumptions about how we organise and provide services, but creates organisational cultures that are personal, holistic, creative, open and therapeutic. A trauma-based approach primarily views the individual as having been harmed by something or someone: thus connecting the personal and the socio-political environments”.<sup>6</sup>

Trauma-informed care challenges us to change the paradigm from one that asks: “What is wrong with

you?” to one that asks “What has happened to you?” When a human service programme seeks to become trauma-informed, every part of its organisation, management, and service delivery system is assessed and modified to ensure a basic understanding of how trauma impacts the life of an individual who is seeking services.<sup>7</sup>

### Trauma-specific services (TSS)

Trauma-specific services incorporate all of TIC practice and as well more directly address the need for healing from traumatic life experiences and

facilitate trauma recovery through TSS processes, as well as clinical (psychological) and sometimes pharmacological interventions.

Key leaders from IIMHL countries were asked to describe their key activities and how IIMHL can assist this work in the future.



<sup>1</sup> [www.addictionpro.com/article/treat-addiction-treat-trauma](http://www.addictionpro.com/article/treat-addiction-treat-trauma)

<sup>2</sup> [www.psychology.org.au/publications/tip\\_sheets/trauma/](http://www.psychology.org.au/publications/tip_sheets/trauma/)

<sup>3</sup> [www.aaets.org/about3.htm](http://www.aaets.org/about3.htm)

<sup>4</sup> [www.samhsa.gov/nctic/default.asp](http://www.samhsa.gov/nctic/default.asp)

<sup>5</sup> Ibid.

<sup>6</sup> Cited by MHCC [www.mhcc.org.au/TICP/default.aspx](http://www.mhcc.org.au/TICP/default.aspx)

<sup>7</sup> Ibid

## ▶ Australia

### Key activities

While trauma-informed care is not a specific action in the National Mental Health Strategy there is a considerable amount of activity occurring at the national and state/territory levels.

### Fourth National Mental Health Plan activities

Trauma-informed care has been considered within the *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014*. The plan adopts a population health framework which acknowledges the importance of collaborative government action on mental health issues across the lifespan and recognises that some people are more vulnerable due to social, cultural and geographic characteristics or their experiences including exposure to trauma or abuse.

Priority Area 2: Prevention and early intervention of the plan includes an activity to ‘Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse or other trauma’.

The plan also acknowledges the particular issues faced by other at risk groups (for example women, indigenous); that ‘those at increased risk for

developing a mental illness, such as people who have experienced major disruptions during childhood, or exposure to trauma, are also at increased risk of developing substance dependencies’; and the need for a partnership approach within and outside of the health system.

As part of the plan activities related to recovery oriented care, Australia is developing a National Mental Health Recovery Framework which includes consideration of trauma-informed care concepts and practice. The consultation draft of the framework is expected to be available shortly.

The Fourth National Mental Health Plan is available at:

[www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09](http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09)

### Commonwealth Government activities

#### Adult Survivors of Child Abuse (ASCA)

In 2011 the Department of Health and Ageing contracted ASCA to develop a best practice guidance manual for addressing complex trauma in adult survivors of child abuse.

These guidelines aim to assist service providers to improve the care and management of adult survivors of child abuse, and may be a useful

resource for the mental health and social care sector.

The IIMHL could assist this work by sharing the information contained in the guidelines, once complete, with other countries for consideration as useful guidance about assessment, treatment and management of individuals in this target group within their country. The ASCA website, including contact details and resources, is available at:

[www.asca.org.au](http://www.asca.org.au)

### **Program of Assistance for Survivors of Torture and Trauma (PASTT)**

PASTT has been supported by the Department of Health and Ageing since 1995. PASTT provides specialised mental health support to permanently resettled humanitarian entrants who are experiencing psychological and/or psychosocial difficulties resulting from their pre-migration experiences of torture and trauma. In addition to direct client services including counselling and casework, PASTT provides education and training to mainstream health and related services to improve their responsiveness to the needs of this client group.

The PASTT services are delivered solely by member agencies of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). FASSTT is a network of eight not-for-profit specialist torture and trauma rehabilitation agencies in each capital city of Australia.

The FASSTT network also provides a national level focus for issues including building and sharing expertise and resources as well as representation in respect of international cooperation on support for survivors of torture and trauma, for example International Rehabilitation Council for Torture Victims and International Society for Health and Human Rights.

The IIMHL could further support this work by sharing international best practice and innovations with FASSTT, and working with them to further support survivors of torture and trauma internationally.

The FASSTT website, including contact details and resources, is available at:

[www.fasstt.org.au](http://www.fasstt.org.au)

### **State/territory activities**

Trauma-informed care is being considered by states and territories in the development and implementation of jurisdictional-based mental health policies, strategies and initiatives particularly in the context of reducing seclusion and restraint, individual care planning and more recently in recovery-oriented care. The Queensland activities below are an example of what is occurring, at

varying degrees, across most Australian states and territories.

### **Queensland activities**

Whilst there is much work to be done before Queensland Health mental health and alcohol, tobacco and other drugs services can be promoted as trauma-informed, a range of statewide initiatives have been introduced over recent years to enhance awareness, increase knowledge and prompt clinicians to enquire about a consumer's history of trauma in order to inform care planning and delivery.

A **state-wide standardised suite of clinical documentation** was introduced to all Queensland Health mental health services in 2008. Several clinical forms contain sections which prompt the clinician to ask the consumer questions in relation to a history of trauma. In addition, the Alcohol Tobacco and Other Drug (ATOD) Information System collects data in relation to a consumer's experiences of past trauma. Risk assessment and management training is available to all mental health clinicians and further highlights the importance of exploring a consumer's history of trauma to inform the assessment of risk.

**State-wide models of service** have been developed for all public mental health service components in Queensland. The models of service provide clear advice about how clinical mental health services will be delivered. Each of the models of service to a varying degree highlights the need to attend to how trauma impacts the life of the individual who is seeking services. For example, the adult acute mental health inpatient unit model of service includes "a comprehensive ongoing assessment will include specialised psychosocial (including trauma and abuse issues) psychometric, functional, cognitive, sensory, and nutritional assessment". The early psychosis model of service goes further to state "a thorough trauma history must be taken as part of the initial assessment and will be considered within the differential diagnosis" and "early psychosis clinicians need to be adequately skilled in conducting trauma assessments and delivering trauma-related interventions".

**Evolve Therapeutic Services** is a statewide clinical mental health program for children on child protection orders. The model of service provides intensive mental health therapeutic interventions based on a specialist conceptualisation of the psychological and behavioural sequelae of child abuse and neglect. The program is delivered within an interagency collaborative framework which includes collaborative care planning, support for care providers (foster carers and residential care sector), and specialist professional development and training to staff across sectors involved in the care and protection of children involved in the child protection system.

An **Aboriginal and Torres Strait Islander cultural information gathering tool** is being implemented statewide by Aboriginal and Torres Strait Islander mental health workers to gather relevant cultural information for Aboriginal and Torres Strait Islander consumers upon entry to a mental health service. Cultural information gathered is used to inform clinicians of potential cultural implications that may influence the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander consumers. The tool promotes trauma-informed care through consideration of the consumer's experience of past or present grief and loss, or 'sorry business', and their family history (including cultural adaptation and stolen generation).

## Trauma conferences held in Australia

There have been several national conferences and meetings on trauma-informed care. This topic has also had some focus in the National Mental Health and Seclusion and Restraint Forums which have been held annually since 2007. A session on trauma is also included in the program for the inaugural National Mental Health Recovery Forum being held in Melbourne on 21-22 June 2012.

- **Trauma-Informed Care Forum – 27 September 2010**

On 27 September 2010 an inaugural forum was held to discuss a national strategy/agenda for promoting trauma-informed care across the community and mental health service systems. The forum was convened by the Mental Health Coordinating Council of NSW (MHCC), Private Mental Health Consumer Carer Network Australia (PMHCCN), Adults Surviving Child Abuse (ASCA) and the Education Centre Against Violence (ECAV).

A selected group of 37 individuals from several Australian states participated in the all-day forum. Attendees were drawn from organisational and personal networks and specialists working in a diversity of trauma-related mental health settings to ensure an outcome-driven session. The group included consumers and carers, federal politicians, the president of the NSW Mental Health Review Tribunal, senior clinicians and academics with expertise in mental health, disability and trauma. It also included senior executives from a range of community managed peak bodies and service providers experienced in working with the psychological impacts of trauma.

An outcomes paper from this forum was published:

[www.mhcc.org.au/documents/TICP/Trauma-Forum-Outcomes-27Sep10.pdf](http://www.mhcc.org.au/documents/TICP/Trauma-Forum-Outcomes-27Sep10.pdf)

- **National Trauma-Informed Care Workshop – Brisbane, 7 March 2011**

The workshop was presented by the Mental Health Alcohol and Other Drugs Directorate, Queensland Health, in conjunction with other Australian states and territories and in partnership with the IIMHL.

The workshop was led by Dr Robert Glover, executive director, National Association of State Mental Health Program Directors, and Dr Brian Sims, senior director of behavioural and mental health, Conmed Healthcare Management Incorporated, from the United States.

Workshop topics included:

- what is trauma and why must we address it?
- understanding the bio-psychosocial impact of trauma
- trauma sensitive tools – Trauma Addictions Mental Health Recovery (TAMAR) and peer engagement
- DVD – 'Healing Neen'
- peer panel – next steps.

120 people attended the workshop, representing eight non-government organisations, two Queensland government departments (health and police), and the Commonwealth Government Department of Veteran's Affairs.

- **Trauma-Informed Care and Practice Forum – 5-6 December 2011**

This forum was organised by the Network of Alcohol and other Drugs Agencies (NADA). The first day of the forum focused on trauma-informed care in drug and alcohol service delivery and the second day was split into concurrent training for frontline staff and a workshop for service managers on the same topic. Some content focused on indigenous issues, for example approaches to healing generational trauma in Aboriginal Australia.

[www.healthinfonet.ecu.edu.au/key-resources/conferences?cid=976](http://www.healthinfonet.ecu.edu.au/key-resources/conferences?cid=976)

## How IIMHL can assist this work in the future

Provide specialist advice in relation to national and state-based mental health strategies, policies and plans to promote a focus on trauma-informed care.



## Key activities

### Mental Health Commission of Canada

8 May 2012 — Canada’s first strategy to improve the mental health of all Canadians was publicly released today by the Mental Health Commission of Canada during Mental Health Week. Following extensive consultations with thousands of Canadians through regional dialogues, online surveys, roundtables on key topics and discussion groups with stakeholders, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* will bring about real change for people from coast to coast to coast.

The strategy focuses on improving mental health and wellbeing for all people living in Canada and on creating a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses and their families.

*Changing Directions, Changing Lives: The Mental Health Strategy for Canada* includes a recommendation to “develop and implement recovery-oriented, trauma-informed alternatives to the use of seclusion and restraint, with a view to reducing and eventually making these practices virtually unnecessary”.

[www.strategy.mentalhealthcommission.ca/strategy/](http://www.strategy.mentalhealthcommission.ca/strategy/)

### Health Canada

Health Canada is the national agency for health policy in Canada. While there is no national policy on trauma-informed care<sup>8</sup>, there is activity occurring in various provinces across the country.

### First Nations peoples

*Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*<sup>9</sup> outlines a continuum of care<sup>10</sup> in support of strengthened community, regional and national responses to substance use challenges.

The framework was developed through extensive consultation and collaborative work between government and First Nations. It includes a focus on mental health and trauma.

Many service providers and agencies across Canada are exploring ways to provide culturally safe and culturally competent services to people of First Nations, Inuit and Métis descent. Support for people of Aboriginal descent includes recognition of the effects of colonisation and residential schools as well as intergenerational trauma.<sup>11</sup>

Several service providers in Canada recognise how the structures, rules and regulations of mental health programmes can be re-traumatising for residential school survivors.<sup>12</sup>

### Manitoba

In 2011, the Province of Manitoba funded Klinik Community Health Centre to develop the Manitoba Trauma Information and Education Centre (MTIEC). The primary focus of the MTIEC is to enhance capacity and confidence among service providers to more effectively meet the needs of people affected by psychological trauma across the life span. MTIEC has been raising awareness in Manitoba and across Canada by sharing information related to trauma, trauma recovery and trauma-informed care and practices. The MTIEC has developed a trauma toolkit for service providers. For more information see [www.trauma-informed.ca](http://www.trauma-informed.ca).

“Trauma and trauma-informed care are central and critical issues in mental health. This announcement is further evidence of Manitoba’s leadership, innovation in mental health and its commitment to compassionate support for those whose lives have been affected by trauma,” said Tim Wall, director of counselling services with Klinik. “Manitoba is leading the way in Canada when it comes to promoting trauma-informed practices in health care and human services.”<sup>13</sup>

The website [www.trauma-informed.ca](http://www.trauma-informed.ca) notes that “one in ten Canadians suffers from post-traumatic stress disorder. The number of people with PTSD who use our health care and social service system may be considerably higher than what is found in the general public. From the time the trauma occurred, people with post traumatic stress experience it in all stages of their lives and in their day to day activities including - parenting, working, socializing, attending appointments and in the interactions with health and spiritual care providers, social service workers, and care givers.

People who have been affected by trauma are at risk of being re-traumatized in every social service and health care setting. This is often due to a lack of knowledge about the effects of traumatic events and a limited understanding of how to work effectively with survivors. Trauma-affected people frequently feel misunderstood and unsupported which can impede healing and growth. This can be prevented with basic knowledge and by considering trauma-informed language and practices”.

Of particular interest on this website is the trauma-informed toolkit, available from [www.trauma-informed.ca/traumafiles/Trauma-informed\\_Toolkit.pdf](http://www.trauma-informed.ca/traumafiles/Trauma-informed_Toolkit.pdf)

## Reports

- [Planning for a Comprehensive Trauma Recovery System and Resource Centre in Manitoba](#)
- [Manitoba Provincial Forum On Trauma Recovery](#)
- [Manitoba Trauma Partnership](#)

## The British Columbia Centre of Excellence for Women’s Health

This agency has been a leader in trauma-informed care in Canada. Webcasts, examples of best practices, reading lists, training curricula and more can be found on the newly launched coalescing on women and substance use website: [www.coalescing-vc.org](http://www.coalescing-vc.org).

The comprehensive resource on trauma-informed care in Canada may be downloaded from [www.coalescing-vc.org/virtualLearning/documents/trauma-informed-online-tool.pdf](http://www.coalescing-vc.org/virtualLearning/documents/trauma-informed-online-tool.pdf).

## The Canadian Centre on Substance Abuse and the Canadian Network of Substance Abuse and Allied Professionals

These agencies have published the following introductory document on trauma-informed care to sensitise their workforce to the value of this approach: [www.cnsaap.ca/SiteCollectionDocuments/PT-Trauma-informed-Care-2012-01-en.pdf](http://www.cnsaap.ca/SiteCollectionDocuments/PT-Trauma-informed-Care-2012-01-en.pdf).

## How IIMHL can assist this work in the future

IIMHL can promote trauma-informed care in member countries by influencing academic content, and symposium/conference programmes. IIMHL can focus its “Make it so” newsletter on trauma-informed care bi-annually.

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<sup>8</sup> Dr Patricia Wiebe, Health Canada email communication February 2012

<sup>9</sup> [www.nnapf.org/honouring-our-strengths-renewed-framework-address-substance-use-issues-among-first-nation-people-can](http://www.nnapf.org/honouring-our-strengths-renewed-framework-address-substance-use-issues-among-first-nation-people-can)

<sup>10</sup> [http://publications.gc.ca/collections/collection\\_2011/sc-hc/H14-65-2011-eng.pdf](http://publications.gc.ca/collections/collection_2011/sc-hc/H14-65-2011-eng.pdf)

<sup>11</sup> Denby et al. The Trauma-informed Toolkit. Clinic Community Health Centre, 2008

<sup>12</sup> [www.coalescing-vc.org/virtualLearning/section1/trauma-informed-care/default.htm](http://www.coalescing-vc.org/virtualLearning/section1/trauma-informed-care/default.htm)

<sup>13</sup> <http://news.gov.mb.ca/news/index.html?item=11896>

► **England**

We do not have information on England at this time.

## ▶ Ireland

### Key activities

The Department of Health is responsible for:

- policy formulation in the area of mental health and suicide prevention
- facilitating and monitoring implementation of 'A Vision for Change' – the Report of the Expert Group on Mental Health and 'Reach Out' – the National Strategy for Action on Suicide Prevention
- monitoring and evaluating HSE performance in relation to mental health services
- ongoing monitoring of the Mental Health Acts 2001 and 2008 and the appropriateness of the mental health legislative framework

- oversight of Mental Health Commission.

Cath Brogan reports that "Ireland is working on a guidance document on psychosocial responses to major emergencies which will be completed in September 2012".<sup>14</sup>

### How IIMHL can assist in the future

By continuing to share information on trauma-informed care and psychosocial responses to disasters.

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<sup>14</sup> Catherine Brogan, email communication, May 2012.

## ▶ New Zealand

### Key activities

Trauma has been a focus for New Zealand after the earthquakes in 2011 which had many fatalities.

### The Ministry of Health

In New Zealand the Ministry of Health is the lead agency for health including mental health and addiction services. [www.moh.govt.nz](http://www.moh.govt.nz).

### Public health

Public health policy focuses on emergency management or public health issues. The Ministry of Health website has a section on managing stress in an emergency<sup>15</sup>, which provides eight factsheets<sup>16</sup> for the public including one specifically on trauma/stress care<sup>17</sup>. A search of the phrase 'trauma-informed care' yielded nil results.

### Mental health and addiction services

As in many other countries, 'recovery' has been the focus of New Zealand national documents to date<sup>18</sup>. In New Zealand past Ministry of Health national mental health and addiction policy documents have not included mention of disaster responsiveness or trauma-informed care however the former Mental Health Advocacy Coalition wrote a document titled *Destination Recovery* in 2008 which noted: "There is widespread recognition of the role of trauma in the lives of many people with loss of wellbeing and mental distress which has led to the creation of safe and nurturing trauma-informed services. This approach places a high value on service user leadership, recovery and strengths based practice. Trauma-informed services always screen for trauma and provide specific responses for people who have experienced it"<sup>19</sup>.

The Ministry of Health is leading the development of its Service Development Plan which will describe government policy with regard to developments in health-funded services over the next three to five years. For the first time, in 2011, a draft paper for stakeholder engagement for this plan noted as an "emerging trend"<sup>20</sup> that we need "the ability to react,

respond and maintain services in disasters” (p.2) (this was published after the fatal February 2011 earthquake). It is hoped that trauma-informed care will also be in the next version, for the first time in a national document.

Of note are the two Ministry of Health public health initiatives that do impact on this area:

- Like Minds, Like Mine (LMLM) programme to combat stigma and discrimination associated with mental illness
- National Depression Initiative (NDI).

Both are important as stigma is noted as an important issue in people reporting trauma<sup>21</sup>; and, both LMLM and the NDI have been found to assist the public to talk about mental health issues more freely.

It is not known yet if the Mental Health Commission Blueprint II document will include the areas of disaster management or trauma-informed care approaches. The Blueprint II consultation document published in February 2011 does not mention these areas<sup>22</sup> however people may advocate for these areas. In order that it can be informed by Blueprint II, the Ministry of Health’s plan will be finalised after Blueprint II has been completed.<sup>23</sup>

## Te Pou (the National Centre of Mental Health Research, Information and Workforce Development)

Through IIMHL contacts this national agency has hosted two workshops on trauma-informed care. They were presented by US-based experts Dr Robert Glover from the National Association of State Mental Health Programme Directors (NASMHPD) and Dr Brian Sims, senior director of behavioural and mental health for Conmed Healthcare Management.

Subjects canvassed included strategies in working with people who have experienced trauma and physiological responses to trauma. The audience was a range of people from both district health boards and non government organisations.

Other trauma-related activities and resources are available on the Te Pou website: [www.tepou.co.nz/improving-services/trauma-informed-care](http://www.tepou.co.nz/improving-services/trauma-informed-care).

## How IIMHL can assist this work in the future

- As the 2013 IIMHL Leadership Exchange is across New Zealand and Australia we can have a stronger focus on trauma-informed care in this exchange.
- In preparation for this we can also strengthen the trauma-informed care content of all IIMHL publications.

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<sup>15</sup> [www.health.govt.nz/yourhealth-topics/emergency-management/managing-stress-emergency](http://www.health.govt.nz/yourhealth-topics/emergency-management/managing-stress-emergency)

<sup>16</sup> Minister of Health. 2005. *Te Tāhuhu – Improving mental health 2005-2015: The Second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health.

<sup>17</sup> [www.health.govt.nz/yourhealth-topics/emergency-management/managing-stress-emergency/when-someone-you-know-has-been-through-traumatic-experience](http://www.health.govt.nz/yourhealth-topics/emergency-management/managing-stress-emergency/when-someone-you-know-has-been-through-traumatic-experience)

<sup>18</sup> Minister of Health. 2005. *Te Tāhuhu – Improving mental health 2005-2015: The Second New Zealand Mental Health and Addiction Plan*. Wellington: Ministry of Health.

<sup>19</sup> Mental Health Advocacy Coalition (2008). *Destination Recovery: Te Oranga*. Auckland: Mental Health Foundation of New Zealand.

<sup>20</sup> Ministry of Health. (2011). *Mental Health and Addiction Service Development Plan*. Draft paper for stakeholder engagement.

<sup>21</sup> Mood Disorders Society, 2012

<sup>22</sup> J Peters, the author of this report has however sent in a submission to the MHC consultation process suggesting that trauma-informed care approaches and disaster management processes for mental health and addiction sectors need to be included.

<sup>23</sup> Ibid.



## ▶Scotland

### Key activities

#### The Scottish government

The key policy and action plans to 2011 were *Towards a Mentally Flourishing Scotland*<sup>24</sup> which set out our work on mental health improvement, and *Delivering for Mental Health*<sup>25</sup>, which covered mental health services.

There will be a new *Mental Health Strategy 2012-2015*<sup>26</sup> following a consultation which ran until 31 January 2012. The Scottish government is currently analysing the responses and plans to publish a final strategy in June 2012. A short paper outlining the emerging thoughts on the strategy was published in March 2012.<sup>27</sup>

Michael Matheson, the Minister for Public Health stated: “For the first time we are bringing together in

a single document our mental health improvement work, our mental illness prevention work and our work to improve mental health services. These are mutually supportive and bringing them together recognises the importance that each strand has on the success of the other. It signals our intention to take forward Scotland’s mental health policy in a more joined-up and systematic way”.

Penny Curtis reports that Scotland is developing guidance on psychosocial responses to emergencies. “We’ll also have something in the Mental Health Strategy (due to be published late June) on trauma-informed services.”

### How IIMHL can assist in the future

By sharing information on trauma-informed care and psychosocial responses to disasters.

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<sup>24</sup> [www.scotland.gov.uk/Publications/2009/05/06154655/0](http://www.scotland.gov.uk/Publications/2009/05/06154655/0)

<sup>25</sup> [www.scotland.gov.uk/Publications/2006/11/30164829/0](http://www.scotland.gov.uk/Publications/2006/11/30164829/0)

<sup>26</sup> [www.scotland.gov.uk/Publications/2011/09/01163037/0](http://www.scotland.gov.uk/Publications/2011/09/01163037/0)

<sup>27</sup> [www.scotland.gov.uk/Topics/Health/health/mental-health/Strategy/MentalHealthStrategyemergingthoughts](http://www.scotland.gov.uk/Topics/Health/health/mental-health/Strategy/MentalHealthStrategyemergingthoughts)

## ▶USA

The US leads the world in this area and appears to be the only IIMHL country with a national policy in the area of trauma.

### Key activities

#### Leading Change: A Plan for SAMHSA’s Roles and Actions 2011-2014

This document<sup>28</sup> introduces eight new strategic initiatives that will guide Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) work from 2011-2014 to “help people with mental and substance use disorders and their families to build strong communities, prevent behavioral

health problems, and promote better health for all Americans”.

The population covered under this policy umbrella is:

- people in the criminal justice system
- military and veterans as population group
- people with mental health problems as population group
- trauma survivors
- people with substance use or abuse problems as population group
- people in the juvenile justice system.

“The Initiatives are data driven and grounded in a public health foundation as they respond to the toll that substance abuse, poor emotional health, and mental illnesses take. Like physical illnesses, mental and substance use disorders cost money and lives

if they are not prevented, are left untreated, or are poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases and results in some of the highest disability burdens in the world for individuals, families, businesses, and governments.

The impact on America's children, adults, and communities is enormous:

- The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion.
- By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide.
- In 2008, an estimated 9.8 million adults aged 18 and older in the United States had a serious mental illness. Two million youth aged 12 to 17 had a major depressive episode during the past year.
- In 2009, an estimated 23.5 million Americans aged 12 and older needed treatment for substance use.
- Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24."

SAMHSA has eight strategic initiatives, one of which is trauma and justice. The eight strategic initiatives are:

- prevention
- trauma and justice
- military families
- recovery support
- health reform
- health information technology
- data, outcomes and quality
- public awareness and support.

The focus of the trauma and justice initiative is: "Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems".

Trauma can occur from a variety of causes, including maltreatment, separation, abuse, criminal victimization, physical and sexual abuse, natural and manmade disasters, war, and sickness. Although some individuals who experience trauma move on with few symptoms, many, especially those who experience repeated or multiple traumas, suffer a variety of negative physical and psychological

effects. Trauma exposure has been linked to later substance abuse, mental illness, increased risk of suicide, obesity, heart disease and early death.

This initiative has a dual focus. First, it seeks to address the behavioral health impact of trauma by developing a public health approach to trauma that strengthens surveillance, prevention, screening, and treatment and supports trauma-informed systems that better respond to people who have experienced trauma and are less likely to cause trauma through their interventions. Second, the initiative focuses on the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.<sup>29</sup>

**Goal 2.1: Develop a comprehensive public health approach to trauma.**

**Goal 2.2: Make screening for trauma and early intervention and treatment common practice.**

**Goal 2.3: Reduce the impact of trauma and violence on children, youth, and families.**

**Goal 2.4: Address the needs of people with mental disorders, substance use disorders, co-occurring disorders, or a history of trauma in the criminal and juvenile justice systems.**

**Goal 2.5: Reduce the impact of disasters on the behavioral health of individuals, families, and communities.**

This policy on trauma is very comprehensive and contains actions which could be adapted for other countries' policy environments.

In 2011 the National Council for Community Behavioral Healthcare issued a magazine<sup>30</sup> devoted entirely to 'trauma-informed behavioral healthcare' to direct national attention to trauma's pervasiveness and impact on individuals' recovery from mental illnesses and addictions. The magazine presents a wealth of information and profiles trauma-informed care from a variety of perspectives, including the consumer/patient, provider, behavioural health centre, court, military and more. The magazine features leaders and experts, research and programs, and it asks the question: "Why is a focus on trauma important?". The answers include:

- we know that violence is pervasive
- we know the physical and psychological consequences of violence are highly disabling
- we know that trauma is often shrouded in secrecy and denial and is often ignored - we don't talk about it because we aren't prepared to hear it or address it.

<sup>28</sup> <http://store.samhsa.gov/shin/content//SMA11-4629/01-FullDocument.pdf>

<sup>29</sup> <http://www.samhsa.gov/traumaJustice/>

<sup>30</sup> <http://www.thenationalcouncil.org/galleries/NCMagazine-gallery/NC%20Mag%20Trauma%20Web-Email.pdf>

# **How IIMHL can assist in the future**

By continuing to share information on trauma-informed care and psychosocial responses to disasters.