



Report Trauma Informed Care & Practice: Meeting the Challenge Conference 2011

23 - 24 June 2011

A landmark conference was held in Sydney at the Four Points by Sheraton in Sydney on 23-24 June. Over 240 people attended on both days. The conference was targeted at consumers, carers and people who work in mental health and human services sectors including public, private and community managed agencies such as drug and alcohol, primary and allied health, counselling, refugee and therapeutic support services, sexual assault and child protection, disability, Indigenous, culturally, linguistically and ethnically diverse organisations as well as law, justice, education and research. Not only did attendees reflect this diversity, but people attended from every state in Australia.

The conference is part of a broader initiative towards a national agenda for trauma informed care and practice (TICP) to be integrated across a range of services throughout Australia, which the Mental Health Coordinating Council (MHCC) and its collaborating partners, ASCA (Adults Surviving Child Abuse), ECAV (Education Centre against Violence) and (PMHCCN) Private Mental Health Consumer Carer Network Australia (PMHCCN) are spearheading.

MHCC convened this national conference to highlight how an international movement to change the way service systems respond to trauma can substantially improve the lives of those affected by complex trauma. The vision behind the conference was to increase awareness and knowledge about TICP and drive an important policy and systemic change – promoting a cultural shift that embraces the concept across both the government and non-government sectors in all health services. The aim being that this has the potential to create an environment that is more supportive, comprehensively integrated, empowering and therapeutic for a diversity of trauma survivors.

Speakers included high profile mental health consumer advocates - Debra Wells and Merinda Epstein, as well as eminent psychiatrists - Dr Richard Benjamin, Consultant Psychiatrist, Professor Beverly Raphael AM, Professor Louise Newman AM and Professor Warwick Middleton, plus an impressive array of national and international presenters with extensive experience in the field. The conference was opened by a video from the Hon Mark Butler MP, Federal Minister for Mental Health and Ageing. We also had organized a webcast to be delivered to the conference by Kathleen Guarino, Senior Program Associate, Clinical Design at the National Center on Family Homelessness, Massachusetts USA. She assists in developing tools, curricula, and training materials around the impact of homelessness and trauma and trauma-informed service provision. She also provides training on traumatic stress, vicarious trauma, and trauma-informed care and individualized consultation to organizations throughout the country to develop trauma-informed programming. Kathleen's presentation clearly describes the philosophy behind Trauma Informed Care and its implementation in an organisational setting. Kathleen has been a driving force behind the National Center for Trauma-Informed Care (NCTIC), which is funded by SAMHSA.

Since 2005 NCTIC has been facilitating interest in and the implementation of trauma-informed care in publicly-funded systems and programs. The Center offers consultation and technical assistance, education and outreach and resources to a broad range of service systems, including mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education. SAMHSA is committed to improving public health responses to consumers and NCTIC was inspired by several ground-breaking SAMHSA initiatives to better understand and address the needs of people with trauma histories who receive mental health services. MHCC were pleased to be

able to provide such concrete evidence around the positive outcomes such a shift in service delivery could play in pathways to recovery.

MHCC and collaborating partners are pleased with what we believe the conference achieved and what we all learnt from the experience. Not only have we substantially increased awareness as well as knowledge around trauma-informed care and practice but we have put the issue onto the national map and laid the groundwork on which to advance this most crucial agenda. Responses during the Conference was extremely positive, participants expressing their excitement at what they were hearing and thrilled to be part of this leading edge push for the progression of a trauma informed mental health reform agenda.

Before reflecting on the way forward we review some of the presentations heard over the last 2 days. In the first instance we were delighted that the Hon Mark Butler MP who is our first ever Federal Minister for mental health agreed to give the opening address entitled "Mental Health Reform". Whilst unable to attend he deemed the event important enough to make a video welcome and address for us. His government has an express commitment to investing in better outcomes for mental health consumers across Australia and has already announced some significant initiatives. It was a pity however that Minister could not be here in person because as our CEO, Jenna Bateman, said when she opened the conference, the move towards a trauma informed approach to care and practice will be one of substantial reform. It will require a cultural and philosophical shift across systems of care, not just in mental health but across a range of service systems. And that reform will not only involve community managed organizations but require buy-in from all levels of government.

Our opening plenary was provided by the inspirational Debra Wells, a consumer who challenges us all to acknowledge the trauma at the core of consumers' issues and in exposing the 'secret which sits in the middle' respond far more appropriately through a trauma-informed approach. Her aptly entitled presentation "It's been a long road getting from there to here" is reflective of the time it can take in both working through one's issues as a consumer and embracing reform from a policy perspective.

Lorna McNamara's presentation inspired us all in reminding us that, movements for change, such as a second wave of feminism which uncovered abuse and violence previously ignored can be enormously pivotal in promoting real shift, the sort of shift we are seeking to drive. As she noted a similar movement can potentially help create a consumer-centred system which is trauma informed.

Merinda Epstein, an irrepressible consumer advocate sounded a word of caution. In her presentation she considered the factors which exist within organisations working within the medical model and which are exacerbated by media and social norms. She alerts us to the potentially destructive nature of these factors as they influence the ways in which people tell their stories and in which they are reported and heard. She reflected on the impact of a stigmatizing diagnosis of Borderline Personality Disorder on many consumers, and how destructive this could be not only at a personal level, but in influencing the support consumers might receive.

Plenaries provided the views of several consultant psychiatrists working in the field of trauma. The first part of Richard Benjamin's 2 part presentation highlighted the significance of trauma in a large number of serious mental health presentations, and the fact that its significance is often missed by both the client and the clinician. The importance of identifying it and its repercussions is shown in the number of vignettes that Dr. Benjamin recounted. The second psychiatrist of the day was Professor Warwick Middleton, arguably one of Australia's foremost experts in the area of severe trauma-related conditions namely Dissociative Identity Disorder (DID). Drawing from his experience in running the first trauma and dissociation inpatient and day unit in Australia he presents the trauma-informed principles on which its success is built.

Professor Judy Atkinson and Dr. Caroline Atkinson combined their extensive research experience and knowledge of Indigenous culture to affirm the healing power of all people with particular reference to our Indigenous populations. Entitled an 'educaring' approach to healing generational trauma in Aboriginal Australia' this paper explored the intersection of Indigenous healing practice with western mental health services to produce a trauma-informed approach to this group of survivors.

Dr Cathy Kezelman's presentation focused on the complex trauma experienced by those who suffer trauma during their childhood and the failure of current systems to respond appropriately as well as

the consequences of that failure. She suggested that a trauma-informed approach as has been found successful overseas would enable similar gains in the lives of Australian adult survivors of child abuse. She described the difficulties organisations such as ASCA experience in getting the recognition needed for them to provide the necessary services to survivors requiring long term support in the context of current short term/ solution focused modalities.

In the final presentation for day one, Kath Thorburn and Michelle Everett combined forces to draw the parallels between trauma informed care and practice and recovery oriented practice and the transformative and inextricably linked nature of both philosophies and practice. Their presentation was a very practical insight into how the workforce needs to be up-skilled to provide the support necessary across mental health and the human services sectors.

Day two opened with an inspiring address by Professor Louise Newman OAM. Her focus on the early impact of trauma on the neurobiology of attachment shows how awareness of trauma as is advocated in a trauma informed care and practice approach helps place severe mental health repercussions in context. She has been a champion supporting MHCC in their objective to put this agenda at the forefront of current reform processes, and we are thrilled to have her support going into the future. Louise was followed by Richard Benjamin who returned with part two of his presentation. He provided a context to current thinking by looking at the historical development of psychiatric care and the vastly differing perspectives that exist within the profession and across the mental health sector, and explored the challenges of implementing a trauma-informed care and practice approach within a public mental health system.

After morning tea we commenced concurrent sessions which included a paper by Dr. Katherine Mills who highlighted the interactions between mental health and AOD issues in the context of underlying trauma, while Dr. Antonia Quadara examined the nature of the barriers women experience in engaging in programs in the criminal justice system. She discussed what a sexual "trauma and recovery" model can offer in terms of creating trauma-responsive systems for women transitioning into and transitioning out of prison. A review of the Rough Living research project explored the introduction of a trauma informed care and practice approach to homelessness. The presentation on homelessness was followed by a webcast by Kathleen Guarino mentioned earlier which was seen by everyone attending the Conference.

There is no doubt that the five symposia in the afternoon drew an eclectic mix of practice and theory to give us a snapshot of the pockets across Australia in which trauma informed care principles and in some place practice have been trialed, are embedded or in which plans are afoot towards workforce training and development. The range of communities, agencies and practitioners represented leads us to believe that we already have the core we need to further our proposed national agenda towards TICP across service systems.

Conference aims, outcomes and future actions

The principles of TICP are synergistic with the ongoing promotion of recovery orientated practice. At its core is the concept of social inclusion. Importantly the conference will maximized consumer and carer participation and provided an opportunity to connect more broadly across service delivery professionals; policy makers and the community.

The aim of the conference was to increase awareness and knowledge about TICP and the importance of its integration into services delivery. The objective was to inform and better equip CMOs, public and private sectors to reassess and make improvements to service delivery by developing new initiatives: by providing the resources, networks and partnership opportunities for establishing quality service delivery as well as providing an opportunity to ensure consumer voices are heard in the evolution of a new and significant cultural shift in approach and modeling. The event enabled workers to network across sectors; improving care co-ordination and referral pathways. MHCC propose that these aims were achieved as identified in the evaluations received from attendees.

Presentation topics included policy development; education about building trauma informed mental health systems and programmatic approaches to prevention; early intervention and acute; re-victimisation and vicarious traumatisation in service settings/ seclusion and restraint; complex

generational trauma in children & families; complex trauma in Indigenous, refugee and veteran communities; mental health and coexisting AOD; neurobiology and trauma; multicultural and gender perspectives and responses; perinatal trauma, trauma and physical health; complex trauma and personality disorders; and clinical approaches .

As we entered the Conference we had over 170 people on our TICP Network keen to stay informed about future developments and educational opportunities. We will be following up on all attendees to check whether they wish to be further involved and help drive the national agenda in a more proactive way. MHCC will shortly be forming an Advisory Group and working towards developing ways to move forward to progress the agenda.

The conference plenaries were filmed and will be available on the MHCC website shortly after the conference, in addition to the webcast presentation from the USA, as will presenter power-points. We also intend to provide an interactive space for the TICP Network to share information and to enable MHCC to consult widely on future progression of the agenda. In this way we are confident that we can maintain the enthusiasm and maximize the impact that the Conference provided to all concerned.