

Trauma-informed mental health service at HMP/YOI Low Newton

Marc Kerry, higher assistant psychologist, and Michael Stephenson, clinical lead

Introduction

This presentation will demonstrate how the trauma-informed mental health team (MHT) has evolved using training, formulation and supervision. Trauma occurs when an external event overwhelms a person's physical and psychological coping mechanisms or strategies (Van Der Kolk, 1989). The literature indicates high prevalence rates of trauma among women who have mental health problems (Messina & Grella, 2006, Quimette, Goodwin and Brown, 2006, Jonas et al., 2011) and higher prevalence rates of trauma in forensic populations of women (Ogloff, Cutajar, Mann, & Mullen, 2012, Slotboom et al., 2011, Covington, 2015). Research has also highlighted the link between traumatic life experiences and the later onset of personality disorder (Livesley, 2003) and 57% of female sentenced prisoners have a diagnosed Personality Disorder (Prisonreformtrust.org.uk, 2017). Trauma is identified as a common factor in the development of both personality disorder and offending behaviour and much of the recent literature on personality disorder highlights its association with trauma histories. It is therefore important to consider trauma needs when working with women in a prison setting.

The trauma recovery service

The trauma recovery service (TRS) was implemented at HMP Low Newton following a brief study, which revealed that 83% of women under the care of the MHT had "trauma needs". The TRS was integrated into the MHT utilising four intervention types, which included psychoeducation, psychological skills and interventions, relaxation/soothing and activity groups, which were facilitated by identified members of the MHT who had training in awareness of working with trauma and in trauma-specific interventions. Other members of the MHT often referred patients to the TRS immediately after initial assessment in the belief that it was only the TRS staff that had the knowledge, skills and expertise in working with trauma survivors.

The trauma-informed service

Trauma-informed services are based on the premise that most of the people who come into contact with mental health services have experienced trauma (Sweeney, Clement, Filson and Kennedy, 2017) and as a result of this TEVV and the Prison Service have implemented a trauma-informed approach. In a trauma-informed service all staff members have an awareness of how trauma impacts upon an individual and how their current behaviours can be understood as a way of coping in the present moment. This involves a change in thinking of "what is wrong with her" to "what has happened to her". The MHT at HMP/YOI Low Newton has now evolved into a trauma-informed mental health service, which involves a whole team approach in addressing trauma related issues. The MHT consists of four mental health nurses, psychologist, higher assistant psychologist, 1.5 psychological wellbeing practitioners, two psychiatrists, two counsellors and a team manager.

Training

As part of this move to a trauma-informed service, staff was trained in using a trauma-informed approach. Becoming trauma-informed training developed by Stephanie Covington commissioned by the Ministry of Justice was delivered to MHT and healthcare staff, and now all staff in the prison are receiving this training. Training within the MHT has been extended to use the Trauma Clinical Link Pathway (CLiP) developed by Dr Angela Kennedy of TEVV. The Trauma CLiP is an adjunct to diagnostic pathways and a guide to good practice when working with trauma survivors. The Trauma CLiP fosters a whole team approach guiding practitioners in using basic assessments, ensuring safety and providing basic psychoeducation. Training has been undertaken regarding awareness of the Trauma CLiP and how to use it. This has empowered all the team members to begin stabilisation work with patients before considering referring to psychology for further assessment.

Referral, triage and discussion

Most referrals originate from Reception at the prison as information is gathered at the individuals first contact with the prison. Referrals are also received via community staff, if they are aware of the individual coming into custody and referrals can also be made by any member of staff or the patient at any time. Once received, a triage process takes place and this will enable assessment by the most appropriate member of staff. Daily Integrated Management Panel (IMP) meetings take place involving all staff, where the assessment is discussed and care is planned following a team approach.

Psychology and formulations

A key component of the service is having team formulations which involve all members of the team and helps to develop an understanding of the patient's difficulties and how best to work with the patient in a trauma-informed way. Each member of MHT has been trained via the Trauma Informed pathway and will identify if there are any indications of trauma. They can then provide support to stabilise the individual and promote safety in what can be a very difficult environment. Referral to Psychology can be made and ongoing support from the nurse will continue, with supervision, to maintain safety and work towards recovery. Psychological interventions offered are 1:1 interventions using a various psychological approaches and Dialectical Behaviour Therapy (DBT) Skills only group. Referrals to psychology are for a wide range of mental health problems.

Safer custody

The MHT work closely with the prison safer custody team. This involves daily reviews with all individual's subject to the ACCT (assessment, care in custody and teamwork) process which involves extra support provided to prisoners expressing thoughts of self-harm or suicide. MHT attend all ACCT reviews alongside the safer custody team for all individuals on the MHT caseload.

Medication

All the individuals within the custodial environment have access to a GP on a daily basis. In addition, there are two psychiatrists that attend each week for more specialist support. At other times access for advice can be obtained via telephone/email. There is also access to a visiting psychiatrist that specialises in substance misuse issues.

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