

21st February 2020

Implementing Trauma Informed Care in Our Mental Health Services: Today and Tomorrow

In February 2020, we teamed up again with GMMH's Psychological Forum to deliver a conference, supported by the R&I team, aimed at building on our launch conference. The event presented a series of expert clinician and lived experience talks and discussion on implementing and sustaining trauma informed ways of working in the Trust. In planning this conference and deciding on its focus and format, we tried to take on board the comments from delegates at our previous conference in relation to what they would like future events to focus on (e.g. intervention / treatment specific training - implementing trauma-informed care in clinical practice; improving services – practical ways of making services more trauma-informed) and how future events could be improved (e.g. discussion on challenges / barriers to changing services; opportunities for reflection / sharing experiences; representation from a range of different professionals).

84 delegates attended the event and there was a much greater representation from different professions compared to the last conference.

Filippo Varese (Director of C-TRU) and Stephanie Kennedy (Lead GMMH Psychological Services) opened the event with their welcome and introduction, which focused on revisiting how trauma informed delegates at the first conference believed GMMH to be and whether they thought the Trust should do more to help services become trauma-informed, followed by a brief look at what has changed over the last two years in relation to trauma and trauma-informed research in the Trust and trauma-informed care being incorporated within the Trust's Quality Improvement Strategy.

This was followed by a keynote presentation by Amy Hardy on the opportunities and challenges of implementing trauma informed care in psychosis services.

Our Lived Experience Advisory Panel (LEAP) gave an overview of their role in our research unit, what it means to be a LEAP member and why members wanted to get involved and stay involved in addition to how they define trauma from a lived experience perspective and how and why trauma-informed care should be embedded within mental health services.

Rabiya Majeed-Arriss talked about work the Sexual Assault Referral Centre and C-TRU is doing with the James Lind Alliance to establish a 'Priority Setting Partnership', which brings together 'experts by experience' and 'experts by profession' to identify and agree on unanswered questions that they consider the most urgent and important for future research to address in relation to sexual violence.

A series of presentations then provided examples of planning and / or implementing trauma-informed care in different contexts / services including those for the homeless (Colm Gallagher), adults with mental health difficulties within the community (Zandra Bamford) and as inpatients (Jo Hadfield) and older people (Kathryn Dykes). Azza Aglan

followed talking about the Evidence-Based Psychologically Informed Care (EPIC) Training Programmes.

A roundtable discussion was held for one hour bringing together all the issues raised in the presentations and to generate discussion and ideas about how GMMH can become more trauma-informed. Specifically, delegates were asked:

- To share examples of good practice in their service that are consistent with trauma-informed principles (even if they are not specifically labelled as trauma-informed care); what is it about these examples that make them trauma-informed?
- To share examples from their service that are not trauma-informed and may even be retraumatizing.
- What can you start to do to make changes at an individual level?
- What do you think is needed at a broader level to be more trauma-informed?
 - ✓ What sort of training is needed?
 - ✓ What would make supervision trauma-informed?
 - ✓ How can we manage risk in TIC?
 - ✓ Anything else?

The day was closed with a summary of what's next for GMMH in relation to trauma-informed care, the provision of information on trauma-informed care courses, upcoming relevant events and how to get more involved with C-TRU.

Following the success of doing online polling with delegates throughout the day at our previous conference, we used this throughout the day to find out from delegates:

- How familiar they are with the idea of trauma-informed care.
- Whether the service they work in is currently 'trauma-informed'.
- Whether they thought GMMH is 'trauma-informed'.
- In what ways the public have been involved in the design and running of their service.
- What they think would be the central value of doing patient and public involvement in trauma-informed care.
- How confident they are in how to implement trauma-informed care.
- What they think is most needed in order to implement trauma-informed care in GMMH.
- Whether their understanding of trauma-informed care has improved as a result of the conference.

Some of the comments from delegates who attended the event about what they got out of the conference included:

“It was great hearing about all the research and the initiatives being undertaken by GMMH. This day motivates you to search for and make changes to the care you give. Lived experience was good in that it shows an important perspective”

“Very informative about trauma informed care and how to implement in patient care. Speakers were all engaging and a wide range of services addressed”

“Good mixture of presentations from people in different roles and services to reflect developments across the Trust”

“Service user’s honesty and telling us what helps”

“It has helped validate some of the practice I do even without any specific training”

“Don’t need to be a clinical psychologist to talk and ask about trauma”

“As a clinical lead, useful to think about TIC and admin staff, will be useful to discuss with managers about how to acknowledge and support admin staff”

“Came away feeling inspired and powered to have a go at asking questions around trauma. The fact that it’s not just about always getting it right, but that service users tend to really value that question is asked”

“Thinking from a service level about TIC and the effect of trauma on staff”

The Complex Trauma & Resilience Research Unit (C-TRU) and the Greater Manchester Mental Health NHS Foundation Trust (GMMH) Psychological Forum

Implementing Trauma Informed Care in Our Mental Health Services: Today and Tomorrow

21st February 2020

Conference Programme

09:00 - 09:30 Coffee and Registration

Session 1: Welcome and Keynote (*Chaired by Filippo Varese*)

09:30 – 09:55 *Welcome & Introduction* Filippo Varese & Stephanie Kennedy

09:55 – 10:00 Audience Poll (VoxVote)

10:00 – 10:50 *Keynote: Breaking the Silence: Implementing Trauma Informed Care in Psychosis Services* Amy Hardy

10:50 – 11:00 Q&A

11:00 - 11:15 Coffee break

Session 2: Incorporating the Voices of People with Lived Experience of Adverse Life Experiences in Trauma Informed Care (*Chaired by Kate Allsopp*)

11.15 – 11:20 Audience Poll (VoxVote)

11:20 - 11:50 *Embedding Patient and Public Involvement in Trauma-Informed Care* C-TRU LEAP

11:55 - 12:20 *Sexual Violence Priority Setting Partnership: National Institute for Health Research James Lind Alliance* Rabiya Majeed-Ariss

12:20 – 13:20 Lunch break

Session 3: Trauma Informed Care in Practice: Examples from GMMH (*Chaired by Richard Brown*)

13.20 – 13:40 *Psychological Informed Environment (PIE) – Homeless Provision and Developments* Colm Gallagher

13:40 – 14:00 *Implementing Trauma Informed Care in the Positive and Safe Strategy* Joanne Hadfield

14:00 – 14:20 *Trauma Informed Care Developments in Bolton Adult Services* Zandra Bamford

14:20 – 14:40 *Trauma and Older People* Kathryn Dykes

14:40 – 15:00 *The Evidence Based Psychologically Informed Care (EPIC) Training Programme* Azza Aglan

15:00 – 15:15 Coffee break

Session 4: Moving Forward with Implementing Trauma Informed Care in GMMH
(Chaired by Stephanie Kennedy)

15:15 -15:20 Audience Poll (VoxVote)

15:20 – 16:05 *Roundtable discussion on implementing trauma informed care in GMMH*

16:05 – 16:15 Summary and Close

About our Speakers

Session 1: Welcome and Introduction (9:30-11:00am)

Filippo Varese

Filippo is a Clinical Senior Lecturer in Psychology at the University of Manchester, a HCPC registered Clinical Psychologist and Director of the GMMH Complex Trauma and Resilience Research Unit (C-TRU). The unit works in partnership with experts by experience and NHS stakeholders to design and deliver impactful research aimed at improving the understanding and clinical innovation of trauma, complex trauma and related mental health needs in the NHS. His research interests focus primarily on the impact of adverse life experiences on the risk of developing severe mental difficulties and the psychological mechanisms that might account for these associations as well as the development and evaluation of psychosocial interventions for psychosis / severe mental health problems and trauma-related difficulties, including trauma-focused and informed approaches. He is involved in projects funded by the National Institute of Health Research looking at the feasibility of using trauma-focused therapies for people with first episode psychosis, the efficacy of psychological interventions for severe mental health difficulties and developing clinically useful prognostic tools for identifying those at highest risk of developing psychosis and evaluating their use in routine NHS settings.

Stephanie Kennedy

Stephanie is a Consultant Clinical Psychologist and has worked in the NHS throughout her 30-year career. She has worked across the spectrum of clinical services from primary care to specialist psychiatric rehabilitation, and for the past 11 years has worked clinically in the adult community mental health services in Bolton. Stephanie is currently joint Associate Director of Psychological Services in GMMH (having retired from full time work in September 2019, and returning part time). In her lead post, Stephanie has joint responsibility for overseeing the strategic delivery and development of psychological services within the organisation, for ensuring robust governance in relation to the delivery of psychological services across the Trust footprint and for providing senior leadership to the psychological workforce. Stephanie is a member of the Trust's senior leadership team.

Stephanie has a particular interest in organisational development, in staff health and wellbeing and compassionate leadership. She is part of the Trust's Schwartz Round Steering Group and a Schwartz Round facilitator. Over the past 18 months Stephanie has taken a lead within GMMH (supported by a range of colleagues) in raising awareness regarding trauma informed care (TIC). Such work culminated in TIC being identified in 2019 as one of the Trust's quality improvement priorities. Stephanie is the lead for the Trust's TIC quality improvement priority and chairs the TIC project group.

Amy Hardy

Amy is the Psychology Lead for Trauma Informed Care in Psychosis, PICuP Clinic, South London and Maudsley NHS Foundation Trust and a Research Clinical Psychologist based in the Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London. Her research investigates the role of psychological processes in

post-traumatic stress in psychosis and the development, testing and implementation of trauma-informed practice and trauma-focused therapy for psychosis. She set up the first specialist NHS clinic offering psychological assessment and treatment of posttraumatic stress in psychosis, and provides multidisciplinary clinicians with supervision, consultation and training in trauma informed care.

Session 2: Incorporating the Voices of People with Lived Experience of Adverse Life Experiences (11:15am-12:20pm)

C-TRU Lived Experience Advisory Panel

The C-TRU Lived Experience Advisory Panel (LEAP) is a group of people living with or caring for someone with experience of adverse life experiences and mental health difficulties / enduring emotional distress. The panel work in partnership with C-TRU's academics and practitioners. By providing feedback and advice the ultimate aim is to promote recovery and improve NHS services offered to people affected by distressing life experiences and mental health problems. In addition to bringing their voices of lived experience to the day-to-day tasks required, their fundamental role is to work towards a co-production model, and keep the research relevant, worthwhile, and rooted in the needs of the community.

Rabiya Majeed-Ariss

Rabiya completed her PhD at the University of Leeds in 2011 and has since worked on various post-doctoral research projects. Her research interests focus on sexual violence among vulnerable groups and the psychosocial determinants of health. Rabiya joined Saint Mary's Sexual Assault Referral Centre (SARC) in Manchester in 2015. In her time at the centre, Rabiya has led on various projects in the domains of: mental health, learning disabilities, service-user experience, staff experience, child sexual abuse and child sexual exploitation.

Session 3: Trauma Informed Care in Practice: Examples from GMMH (1:20-3:00pm)

Colm Gallagher

Colm is a Clinical Psychologist and GMMH Clinical Lead Homeless. He works within the Manchester Mental Health Homeless Team and Chairs the multi-agency Manchester Mental Health Homeless Operational Group. He is also involved with various other groups and partnerships related to homeless issues in the city. He is interested in developing value-based trauma responsive services which have a deep commitment to social justice. I am influenced, and indebted to, the work of Vikki Reynolds, Michael White, Suzanne Elliott, Jakko Seikkula (and team in Western Lapland), Jay Levy, Paulo Freire, Jacqui Dillon; but primarily those with lived experience of homelessness who I continue to have the privilege to work with and learn from on a daily basis.

Joanne Hadfield

Jo Hadfield is the Quality Improvement Lead for the Trafford, Manchester and Citywide Hub in GMMH. An aspect of this role is to provide support to the Trauma-Informed Care and Reducing Restrictive Practice quality improvement projects. She was previously the Lead Nurse for the Positive and Safe strategy for GMMH and implemented Safewards Trust-wide within this role. She has supported the development of Prevention and Management of Violence and Aggression training to ensure that it has a focus on trauma informed care and least restrictive practice. Jo previously worked as a Practice Development Nurse at the Maudsley Hospital, London, ensuring support systems were in place for staff following incidents and piloting a structure for debriefs to ensure learning is integrated into restraint reduction plans. Jo has experience of nursing in acute mental health settings and brings this outlook to making realistic changes within the quality improvement priorities of GMMH.

Zandra Bamford

Zandra is a Consultant Clinical Psychologist, Lead for Adult Secondary Care Psychology Services in Bolton. She has worked within GMMH and in Bolton for 12 years. Zandra has worked clinically within crisis, inpatient and community teams and within research in an alcohol treatment unit. She has a particular interest in complex trauma, subsequent survival strategies and the non-pathologisation of mental distress.

Kathryn Dykes

Most of Kathryn's career has been spent working with predominantly older people in a variety of settings; palliative care, inpatient services, community services and memory services. She is passionate about ensuring older people are able to access services and their voices and needs are heard in an equitable way within our health services and our communities. Kathryn is a Consultant Clinical Psychologist as well as Cognitive Analytic Therapist and Accredited Supervisor, leading older adult psychological therapy services in Bolton and Salford as well as being Divisional Lead for Psychology in Bolton. Additionally, Kathryn is an active committee member of the Faculty of Psychologists working with Older People (British Psychological Society) and is currently co-leading a National Workstream focusing on trauma and complexity in older people.

Azza Aglan

Azza has been actively involved in service and workforce development in mental and physical health settings for the past twenty years. Prior to her Clinical Psychology training, she worked as a lecturer and clinical researcher at the University of Manchester for eight years during which time she was involved in training mental health professionals and contributed to longitudinal research studies exploring pathways to complex mental health difficulties with particular focus on suicidal behaviour and psychosocial outcomes of childhood traumatic experiences. Her Clinical Psychology experience since 2007 has focused on working with people presenting with complex needs. She has a particular interest in trauma and personality difficulties. Her commitment to contributing to the development of responsive and inclusive services for people presenting with complex needs is underpinned by a wide-range of evidence-based

conceptual and therapeutic models including Transformational Leadership, Cognitive Behavioural Therapy, Motivational Interviewing, Dialectical Behavioural Therapy, Schema Therapy, and specialist trauma-focussed models including Cognitive Therapy and Eye Movement Desensitisation and Reprocessing.

Complex Trauma and Resilience Research Unit (C-TRU): Who are we?

Filippo Varese (Director of C-TRU)

See above.

Richard Brown (Co-Director of C-TRU)

Richard Brown is Senior Lecturer in Clinical Psychology, Programme Director for the Clinical Psychology Doctorate at the University of Manchester and Co-Director of C-TRU in GMMH. He is also Honorary Consultant Clinical Psychologist with GMMH, where he runs the Functional Neurological Disorders (FuND) service. He conducts teaching and research on the psychological mechanisms and treatment of functional ('medically unexplained') symptoms, dissociation and chronic pain, and has written numerous theoretical, empirical and clinical papers on these and associated topics. He has a particular interest in Psychodynamic Interpersonal Therapy (PIT) and is a founding member of the PIT Special Interest Group UK.

Sandra Bucci (Co-Director of C-TRU)

Sandra Bucci is Professor of Clinical Psychology at the University of Manchester, Honorary Consultant Clinical Psychologist in GMMH, specialising in psychosis, and Co-Director of C-TRU. Professor Bucci has 20 years experience in clinical research investigating the psychological processes involved in the development of psychosis and in the delivery and evaluation of complex psychological interventions to improve outcomes for people with severe mental health problems. Professor Bucci's academic activity is focused on two main themes: i) innovations in healthcare delivery for severe mental health problems, with a focus on developing digital health interventions and examining their interface with clinician-delivered care; and ii) understanding the putative psychological mechanisms involved in the development and maintenance of psychotic experiences. Professor Bucci is Editor of the British Psychological Society journal *Psychology and Psychotherapy, Theory, Research and Practice*.

Katherine Berry (Co-Director of C-TRU)

Katherine Berry is a Professor in Clinical Psychology at the University of Manchester and Co-Director of C-TRU. She has carried out extensive research into the psychological and social causes of psychosis and has published a large body of work on attachment theory and therapeutic relationships. This includes editing two books on attachment theory (Danquah, A. & Berry, K. 2013. Attachment theory and adult mental health: A clinical guide and Berry, K, Bucci, S., & Danquah, A. 2019. Attachment theory in psychosis. Current perspectives and future directions).

Eleanor Longden (Co-Director of C-TRU)

Dr Eleanor Longden is an NIHR Postdoctoral Research Fellow and currently works as a service-user research manager at the Psychosis Research Unit in GMMH and is a C-TRU Co-Director. Dr Longden draws on her own experiences of recovery from trauma and psychosis to promote person-centred approaches to complex mental health problems that emphasise the lived experience and expertise of individuals more fully and has been commended for this work with a Deputy Prime Minister's Mental Health Hero Award. Her specialist research interests are the associations between voice hearing, trauma, and dissociation and she has published and lectured internationally on these issues, including events for the World Health Organisation, the Edinburgh International Book Festival, the American Psychological Association, the Royal College of Psychiatrists, and the British Psychological Society. Her TED talk on voice hearing was named by the Guardian newspaper as one of the '20 Online Talks That Could Change Your Life' and has since been viewed over 4m times and translated into 37 languages. She is the author of *Learning from the Voices in my Head* (TED Books, New York: 2013).

Kate Allsopp (Research Associate for C-TRU)

Kate Allsopp is a post-doctoral researcher with C-TRU and the Manchester Resilience Hub. Her PhD focused on critical approaches to psychiatric diagnosis, and she was a research collaborator for the British Psychological Society's 'Power Threat Meaning Framework' project, which looks at the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis. Her current work focuses on the evaluation of psychological interventions for trauma.

Kim Cartwright (Research Associate for C-TRU)

Kim Cartwright is a post-doctoral researcher with C-TRU. Her research has focussed on the role of the family environment in the development and trajectory of mental health challenges in children and young people and the development and / or adaptation and testing of interventions to help improve their psychological wellbeing. For example, she has worked on developing and evaluating parenting support interventions specifically targeted at reducing post-traumatic stress and emotional and behavioural difficulties in children affected by displacement and armed conflict.

About our talks

All presentations and a summary of the roundtable discussions from the day will be made available following the conference. Please visit:

<https://newintranet/research-innovation/research-units/c-tru>

All presentations from our last conference held on 30th July 2018 can also be found here.

Session 1: Welcome and Introduction (9:30-11:00am)

Keynote – Amy Hardy: *Breaking the Silence: Implementing Trauma Informed Care in Psychosis Services*

For so long in mental healthcare, the life stories of people with psychosis have been neglected. A wealth of evidence now questions this position, highlighting the significant impact that traumatic events, particularly interpersonal victimization, can have on people's lives. Trauma-informed care is an organisational, relational approach for recognising the widespread impact of trauma, reducing retraumatisation and providing support for trauma-related needs. This talk will consider the opportunities and challenges of implementing trauma-informed care in psychosis services, illustrated by findings from the 'Talking Trauma' audit project based in the South London & Maudsley NHS Foundation Trust.

Session 2: Incorporating the Voices of People with Lived Experience of Adverse Life Experiences (11:15am-12:20pm)

C-TRU Lived Experience Advisory Panel - *Embedding Patient and Public Involvement in Trauma Informed Care*

This talk will focus on the role and aims of C-TRU's Lived Experience Advisory Panel (LEAP). Specifically, we'll focus on what it means to be a LEAP member and why members wanted to get involved and stay involved. The LEAP will define trauma from a lived experience perspective, and will touch on their experiences of mental health services. Implementing Patient and Public Involvement (PPI) in trauma-informed care in mental health services will be discussed, including its role, and how and why it should be done. Finally, the panel will summarise the 'take-home messages' in embedding PPI in trauma-informed care in mental health services.

Rabiya Majeed-Ariss - *Sexual Violence Priority Setting Partnership: National Institute for Health Research James Lind Alliance*

Approximately 1 in 10 people in the UK have experienced some form of sexual violence since the age of 16. Living with the consequences of sexual violence can have a significant physical and emotional impact on survivors, including post-traumatic stress and other mental health difficulties, inability to work or study, sexually transmitted infections and unwanted pregnancies. However, there are several fundamental uncertainties around the best way to support people who have experienced sexual violence and we simply do not

know if available services fully meet their recovery needs. This talk will focus on work we (Saint Mary's Sexual Assault Referral Centre; SARC) are doing with an organisation called the James Lind Alliance to establish a 'Priority Setting Partnership' (PSP). We will bring 'experts by experience', meaning sexual violence survivors, and 'experts by profession', such as doctors and psychological therapists, together to identify and agree on the unanswered questions that they consider the most urgent and important for future research to address. Using social media and online surveys, we will reach out to survivors, their families and health professionals throughout the UK to identify important unanswered questions about the best way to support people who have experienced sexual violence, and whether survivors feel that any of their needs are currently not met by health services. This information will then be used to prioritise a Top 10 list of most important unanswered questions that should be examined by research in the future. These priorities will be published in medical journals and will directly influence the decisions of major funders of clinical research studies in the UK, such as the National Institute of Health Research.

Session 3: Trauma Informed Care (TIC) in Practice: Examples from GMMH (1:20-3:00pm)

Colm Gallagher - *Psychological Informed Environment (PIE) - Homeless Provision and Developments*

The aim of Colm's talk is to communicate the work we have been doing across the city for those with lived experience of homelessness and for staff who support individuals. He will discuss the rationale for this work, some key PIE projects we are involved with, what these look like, and areas/plans for future development.

Joanne Hadfield - *Implementing Trauma Informed Care in the Positive and Safe Strategy*

Following a presentation to the board outlining how to become a trauma informed organisation, the decision was made to align the project with the Positive and Safe strategy. This presentation explains how the project has progressed so far and outlines future plans.

Zandra Bamford - *Trauma Informed Care Developments in Bolton Adult Services*

This talk will present an overview of polyvagal theory and its applications within mental health services. Details of developments with the provision of trauma informed services, based on the understanding of polyvagal theory within Bolton secondary care services will be presented.

Kathryn Dykes - *Trauma and Older People*

Trauma and adversity are increasingly being recognised as vital factors in later physical health and wellbeing. However much of the literature focuses on the impact on those in middle age. There are specific challenges for older people when considering the impact of trauma and therefore for clinical services when supporting this group. This presentation aims to flag some of these specific issues for consideration as well as describing work underway in GMMH in this area.

Azza Aglan - The Evidence Based Psychologically Informed Care (EPIC) Training Programme

This talk will be about the EPIC training (Evidence-based Psychologically Informed Care). Azza was appointed at the beginning of 2019 to develop a package of foundational level training for staff (non-psychological practitioners) working in secondary care services. The funding came from Health Education England Workforce Development to support the stepped-care approach for people with severe mental illness. Following review and needs assessment, the emphasis in the package was on enhancing staff's ability to develop compassionate therapeutic relationships with clients underpinned by foundational low-intensity generic principles of understanding/formulation, engagement, collaboration and promoting self-efficacy.

The first pilot took place in October 2019 (21st – 25th October). Five consecutive days of were delivered by psychological practitioners covering:

- Day One: Attachment and Trauma Informed formulation and understanding of the impact of life events on the experience and expression of distress
- Day Two: Knowledge and skills to enhance emotional regulation and distress tolerance for self and others
- Days Three & Four: Motivational Interviewing skills and strategies to support the journey towards valued change
- Day Five: Experiential learning of principles and skills to enhance commitment and behavioural activation

The evaluation indicated very high level of satisfaction with all participants reporting finding it relevant to their varied roles. The success of the pilot supported us secure funding from HEE to run the training in 2020 for all staff working at Early Intervention in Psychosis Services. We also secured funding from the Trust's Organisational Development to roll-out the training.