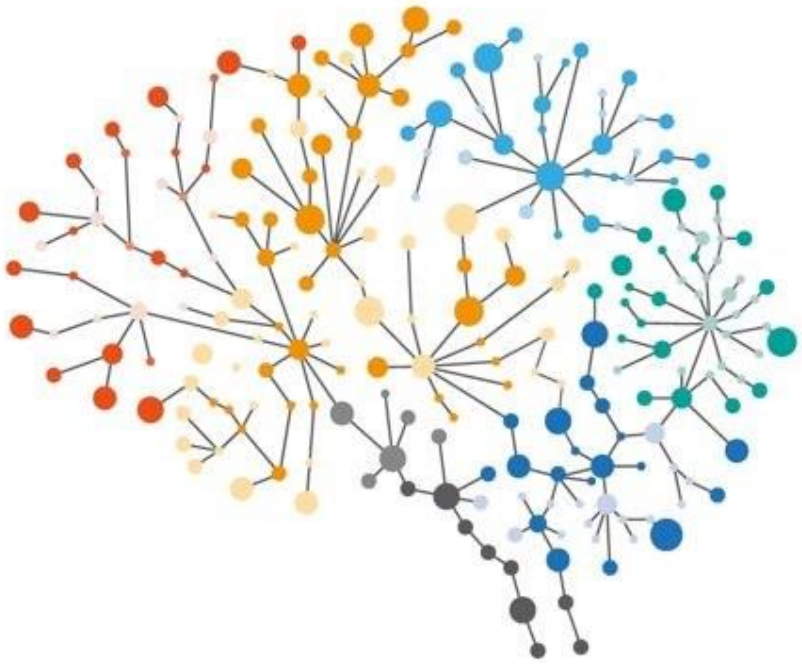


Guidance for Integrated Care Systems to deliver Trauma Informed Mental Health Transformation

TICA
Trauma Informed Community of Action

Author: Dr Angela Kennedy

V2 - 30.11.2022

Ten Trauma Informed Implementation Principles and Commitments for Integrated Care Systems (ICS):

Principles into Practice: Implementing a trauma informed approach in NENC
A trauma informed approach is one of the foundation of needs led care and treatment and we will promote this within NENC organisations and through our ICS Mental Health work streams with the aspiration that trauma informed approaches will span the entire health and social care system over time.
We will move from organising services around 'what is wrong with people' and 'what service do they fit in to', towards including 'what has happened to people' and wrapping services around these context dependent needs of individuals, their families and communities at risk.
Our approach to leadership will be values based to enable a system-wide transformation to meet the trauma informed outcomes envisaged by the long term plan; integrating issues of adversity into policy and practice; leading by example embodying the values of co-production and placing the emphasis on the quality of relationships between people and the organisations, services or groups.
We will proactively challenge stigma by promoting human experience narratives, using everyday language and respecting self-disclosures in the mental health discourse.
We will focus on early intervention, building community resilience and prompt access to effective opportunities for growth, healing, recovery and treatment. This will include preventing and addressing adverse childhood experiences as they occur.
We will provide a population health informed flexible approach to meet differing cultural needs, inequalities and intersectionalities in sensitive ways.
We will promote inclusion and empowerment and focus on meaningful outcomes.
We will promote trauma informed competency in the workforce and create a culture that supports staff well-being.
We will collectively review our service provision and take forward plans to address gaps relating to trauma in line with good practice.
We will review our system changes from a trauma lens to ensure that there are no unintended harms from our decisions and plans.

Evidence based guidance for Integrated Care Systems in creating a trauma informed mental health transformation in line with the long term plan

1. Introduction

This paper is to support service commissioners, provider collaboratives and leaders of mental health provider organisations to make evidence based trauma informed choices in contracts, recruitment and long term planning that have the potential to deliver improved outcomes for people who use mental health services in line with trauma informed models. It is a summary of the evidence base and links to key resources and reports.

The NHS long term plan mentions trauma informed care in several places. For example in relation to community transformation:

"A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities."

NHS Long Term Plan » Adult mental health services

Some valuable responses to this plan have been published:
CentreforMH_DismissedOnTheBasisOfMyDiagnosis_0.pdf (centreformentalhealth.org.uk)Briefing_55_Integrated_Care_Systems.pdf (centreformentalhealth.org.uk)

2. What is a trauma informed approach?

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development (Working definition of trauma-informed practice - GOV.UK (www.gov.uk)).

The long term plan does not define trauma informed care, describe what this involves or how services will be assessed for success in relation to this.

"They are based on a recognition and comprehensive understanding of the widespread prevalence and effects of trauma. This leads to a fundamental paradigm shift from thinking 'What is wrong with you?' to considering 'What happened to you?' Rather than being a specific service or set of rules, trauma-informed approaches are a process of organisational change aiming to create environments and relationships that promote recovery and prevent retraumatisation" Sweeney et al (2018).

This process is characterised by the core values of safety (both physical and psychological), trustworthiness and transparency, mutual self help and peer support, collaboration and

mutuality, empowerment and choice, attending to cultural, historical and gender needs. Some implications of these definitions are:

- Training may support changes in knowledge but it does little to change systems and practice. Being trauma informed is more than being trauma aware. It is about responding to the trauma related needs in ways informed to promote healing and growth.
- It is a set of values and practices designed to fit their context.
- It can be a challenge to the way we have thought about mental health. Many mental health 'symptoms' may be better conceived as learnt survival mechanisms.
- There are a range of TI perspectives about the value of diagnosis. Diagnosis does not in itself denote cause and therefore can be incorporated into some models of trauma informed care. However, diagnostic treatment pathways may then need amended and attention paid to the unintended risk of harm to recovery from diagnosis. There are some diagnoses, however, that are a serious challenge to a trauma lens. Most prominently a trauma lens would not consider defining someone's personality as being disordered if this has been caused by trauma and abuse.
- It assumes there is an interaction between the brain/ physiology and the external environment and that it is the role of services to work out a way forward that address this.
- It does not assume that if someone has adversity or trauma that it is related to the presentation. It uses formulation to understand how these experiences are relevant.
- It is part of a thorough assessment. Physical symptoms and experiences should be examined and addressed too. There is a health cost of adversity and trauma (for example increased risk of some serious illnesses such as heart disease) and inequalities in health outcomes for people in services (perhaps partly because of diagnostic overshadowing or because of the risks of some psychiatric medications). Physical health and wellbeing need to form an important part of the care package.
- It is not equivalent to the provision of trauma specialist services but an approach to people based on empowerment, although trauma specific services are a component of what is needed.
- It applies to most mental health conditions, not just PTSD.
- It is applicable to everyone not because it assumes everyone is traumatised but because it protects against inadvertent harm for people who use the services and protects staff from burnout and vicarious secondary PTSD that results as part of their work or working culture.
- It is rarely acknowledged that much 'trauma' is the result of crimes and much of this is not prosecuted. For example: Investigation and prosecution of rape - Home Affairs Committee (parliament.uk). It is also necessary for some services to address practices in relation to the harm they cause: Panorama at Winterbourne View: the human rights angle - Lucy Series - UK Human Rights Blog. Failure to prevent or prosecute crimes as a society can be judged as

one factor that contributes to the internalisation of the problem within the victims of these crimes rather than within the context where the problem arises. Any trauma informed system would commit to justice and commit to working preventatively with people in the criminal justice system.

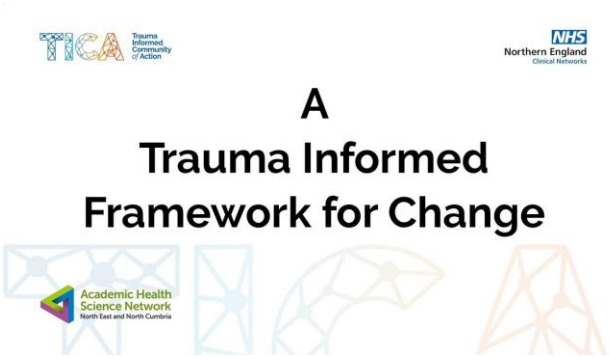
- No we didn't do it already, although it did go by other names, for example, psychologically informed environments.

Some key Implementation frameworks are:

Key Ingredients for Successful Trauma-Informed Care Implementation (samhsa.gov)

TIP 57 Trauma-Informed Care in Behavioral Health Services (samhsa.gov)

CentreforMH_ASenseOfSafety_0.pdf (centreformentalhealth.org.uk)



*1 - There are three overarching trauma informed themes for implementation. See **https://opennarrativesystem.co.uk/TICA** for more examples and practice points regarding implementation.*

3. NHS Long Term Delivery Plan

A number of factors are referenced in the long term plan that could contribute to or benefit from a trauma informed approach including:

- ***Cultural sensitivity***.

  This has been a core feature of trauma informed models since their inception in the USA two decades ago. This requires flexibility in the way services intervene and the kind of service that gets offered. That includes not imposing a white western model of either understanding or treatment when some people may find other routes more acceptable and meaningful. It also means that services need awareness of the insidious impact of cultural and racial traumas, as well as more general issues of inequalities, on mental health. All of this places principles of co-design/ delivery of services with the communities that it serves as essential. It requires shared decision making with people to find a way forward. It means that models of understanding of 'symptoms' and the way that people express these needs a lens that is open to a range of understandings.CentreforMentalHealth_AVoiceForChange_YoungChangemakers.pdf

- ***Suicide prevention*.**

People with a number of adverse childhood events in their lives are possible twenty times more likely to try to take their own lives as adults. We also know that stresses of finances, losing an income, family problems etc are all proximal social factors that are linked to suicide attempts. Addressing the underlying causes that prompt people to feel that suicide is an option for them is therefore significant. Currently most people who take their own life are not in contact with services and possibly would not meet the criteria for mental illness. Engaging with marginalised, high risk groups on their terms, such as young men, is essential. A trauma informed society needs to mitigate all the social causes of mental ill health, as well as anything deemed illness.

- ***The inpatient environment.***

  Ward atmosphere, therapeutic environments, culture, activity, architecture and design all have an important role to play in our mood and attention. Physical space has a particular role in high stress environments such as wards that can go a long way to making it a safe place to rest, connect and heal. Such places are also opportunities for more intensive support and understanding of the depth of issues and their potential connectedness to past adversities. They are also places where traumatisation can occur, for example, forced restraint, and as such special attention is needed to avoid iatrogenic harms.

- ***Psychological therapies.***

  Access to specialist psychological interventions can be a significant part of many people's recovery and healing. An expansion of the number of therapists is an important part of the long term ambition. This will need to include access to therapists by people with any diagnosis where an associated trauma related condition may be present too, for example, ptsd as a result of a psychotic episode, complex ptsd mimicking psychosis, dissociative disorder underlying comorbidities. Allowing people to self refer and be managed in primary care may also allow therapy for people to be needs led rather than diagnostically led.

- ***Treatment for people with 'severe mental illness'.***

  There is now an established body of evidence that links trauma and adversity with all the more 'severe mental illnesses'. For example, the more adverse childhood experiences you have, the increased risk of psychotic experiences and such experiences account for about 30% of the population risk. As such, it is important to allow access to routes of healing for this group that repair or address such experiences. Much of the literature on iatrogenic harm and the civil rights movement has come from this client group and we need to consider potential unintended harm to recovery of our new service models and treatments. ACE & Resilience Report (Eng_final2).pdf (wales.nhs.uk)

- ***Postvention and staff resilience*.**

  It is recognised that staff can put their own mental and physical health at risk through their work. Ways of preventing and addressing the resulting problems, including PTSD and burnout, is a necessary part of a trauma informed workforce. Services would know the working conditions where such problems arise and seek to have cultures and environments that reduce these risks. When adversity happens at work, such as the suicide of a patient or an assault, there are ways of supporting people to mitigate against them developing ongoing reactions. Staff would be able

to recognise signs of mental health issues in themselves and colleagues and feel that it was safe enough to be open and support each other through that. Working in public service can have an impact of the mental health of staff. Examples of the ways this has been approached are: About the Blue Light Programme - Mind

There are some good frameworks for supporting trauma and wellbeing at work: Guide to Recovering at Work - how businesses can support staff facing trauma.pdf (centreformentalhealth.org.uk)

Some have looked at postvention and post incident support and others in relation to managing during the pandemic. Critical Incident Staff Support Pathway (CrISSP) :: Workforce Transformation (wystaffwellbeinghub.co.uk)

Moral injury is an emerging concept since the pandemic. It describes the distressing impact of having to do things by force of circumstances that contravene good practice or ethical values. Steps need to be taken to understanding these issues in order to prevent burnout or vicarious trauma at work. Moral injury in healthcare workers (themdu.com)

- ***Specialist eating disorder and perinatal services.***

  Addressing the potential traumas of birth, perinatal bereavement, the triggering of latent childhood abuse reactions on becoming a parent, the risks of domestic violence etc are all recognised as significant factors to address for new parents in order to give children the best chance of a healthy start to life. BBS-TIC-V8.pdf (england.nhs.uk) The majority of people with an eating disorder report some interpersonal abuse or trauma and have elevated rates of PTSD, although there is little policy for incorporating that into specialist eating disorder services as yet. An Overview of Trauma-Informed Care and Practice for Eating Disorders: Journal of Aggression, Maltreatment & Trauma: Vol 28, No 4 (tandfonline.com)

- ***Transitions and children's services.***

  Expanding and developing children's mental health services is a key NHS priority and given the important role that trauma, abuse and adversity has in the development of mental health and behavioural difficulties, then an early intervention approach to addressing this is critical. UKTC (annafreud.org)Health and Wellbeing Transitions: Working With Trauma (education.gov.scot)UKTC-ComplexTrauma-Principles.pdf (uktraumacouncil.link)

- ***Addictions***

  People with a number of adverse childhood experiences are at twelve times more risk of having problems with alcohol. Coordinating care and addressing the underlying causes of addictions can provide hope and recovery. Addictions themselves can also lead to at risk lifestyles that can accumulate traumas.

  stigma-strategy-for-ddtf-final-290720.pdf (drugdeathstaskforce.scot)

  making_the_connection_trauma_substance_abuse.pdf (nctsn.org)

- ***Inequalities, inclusion and stigma.***

  People with higher number of adverse childhood experiences have greater health inequalities. In addition, services are required to be inclusive and actively outreach to disadvantaged groups, such as homeless people or sex workers, who may be traumatised already or end up that way because of their circumstances. Underrepresented groups need a proactive approach that works with them to ensure services are joined up, can meet people where they are at, tackles stigma and has strong lived experience leadership.(PDF) Understanding multiple inequalities and trauma needs through a gendered lens: The case for inclusive gendered approaches to trauma informed care (researchgate.net) Tackling poor health outcomes: the role of trauma-informed care | The King's Fund (kingsfund.org.uk) https://phw.nhs.wales/files/aces/voices-of-those-with-lived-experiences-of-homelessness-and-adversity-in-wales-informing-prevention-and-response-2019/ CentreforMentalHealth_Poverty&MH_Briefing.pdfDelivering-health-care-people-sleep-rough.pdf (kingsfund.org.uk)

- ***Working culture and leadership.***

  Good leadership is central to the long term plan delivery: "strengthen and support good, compassionate and diverse leadership at all levels – managerial and clinical" NHS Long Term Plan » Chapter 4: NHS staff will get the backing they need A leadership style is to be encouraged that facilitates trust, transparency, empowerment, and respect (and devolved innovation and collective decision-making). What is compassionate leadership? | The King's Fund (kingsfund.org.uk)

  This will be noticed by:

  1. Services have the capacity to manage demand in a way that promotes helpful outcomes.
  2. Staff are supported to be motivated to address trauma-related issues.
  3. Lived experienced voices are valid in supervision and learning.
  4. There is a 'just culture' where it is safe to speak up about concerns and poor conduct or values are addressed.
  5. Leaders address issues of stigma and acknowledge that adversity can limit all of us at various times.
  6. Leaders at all levels are responsible for supporting trauma-informed developments and integrate them into their own areas of influences.
  7. Leaders are open about their own experiences of adversity.
  8. Staff are promoted into positions based on trauma-informed values and experience.

     Some Leadership resources can also be found at NES Trauma Informed - Trauma informed organisations (transformingpsychologicaltrauma.scot)

- ***Whole system commissioning.***

  Whole system commissioning is a pillar of trauma informed implementation. Services function better when they are aligned and people can access the help they need easily for as long as they need it. It would be recognised by:

  1. Funding for trauma-informed approaches forms part of core business.
  2. We monitor trauma-related outcomes.
  3. Staff at all levels have adequate trauma-informed skills and are supported to work in a trauma-informed way.
  4. A Trauma-informed approach is explicit in the commissioning framework for our service.
  5. Service-users who need help can get help early without being passed around (pathways are clear and comprehensive to cover a variety of needs).

  The recommended actions for the Integrated Care System regarding community transformation are recommended in the film:

  The NHS Community Mental Health Transformation

  Key points include:

  - Ensure no gaps in access and provision of services.
  - No waiting: access when needed for as long as needed.
  - Needs a specialist trauma service for those cross diagnostic needs. (see below section for more specific info).
  - Integration of services with physical health needs and social needs.
  - Transformation means brave and DIFFERENT services from before.
  - Lived experience leadership from the outset alongside meaningful coproduction.
  - More access to a greater range of Psychological Therapies is central.
  - Meaningful needs led outcomes

  This whole system ambition aligns with the structural principle of a trauma informed approach **https://opennarrativesystem.co.uk/TICA**

structure

The way services are organised collectively to bridge the needs of all the population.

Noticed by:

- Expert trauma specific services.
- Adaptive, co-ordinated recovery matched to need.
- A whole system approach to need.
- Meaningful outcomes.
- Commissioned services that address trauma-specific needs beyond diagnosis.
- Peer support services.
- Empower and co-design local solutions.

interpersonal

The way people and services relate to each other that seek to promote and repair trust.

Noticed by:

- Mindful, appreciative and brave relationships.
- Leadership that is collective, transformational and compassionate.
- Attention to staff wellbeing and culture.
- Therapeutic needs- led relationships of value with people who need our services.
- Leaders with lived experience.

process

The way that services deliver and describe what they do that addresses issues of power, stigma and iatrogenic harm.

Noticed by:

- Choice and shared decisions.
- Understanding mental health in context.
- Mitigate existing inequalities.
- Create physical and psychological safety.
- The language that is used to describe the people who come for help.

There is a large national community of practice for trauma informed approaches. Its members reported that the two factors that emerged as the biggest barriers to implementation were that services are too piecemeal and that they are too biomedical. The evaluation report can be found here. These factors emphasise the importance of a trauma informed approach to future planning within statutory Integrated Care Systems. To join the National Trauma Informed Care Community, click here

A UK guide for evidence based health service commissioning of service for people who have experienced childhood sexual abuse and exploitation is available: https://www.csacentre.org.uk/index.cfm/_api/render/file/?method=inline&fileID=11CACFC0-E162-4C7E-991370F2183246F9

A useful report has been published regarding the implications of meeting the needs of people whose needs are thought of as 'complex' in the community: CentreforMH_DismissedOnTheBasisOfMyDiagnosis_0.pdf (centreformentalhealth.org.uk)

- ***Staff skill base:*** Scotland has produced an excellent skills framework for staff

  National Trauma Training Framework

  There are specific areas of attention for Integrated Care Systems in responding to mass casualty events and system resilience. One example of open access course for staff and the public to prepare for or find information after a major incident exists: Dealing with a Major Incident - Recovery College Online

  Health Education England is developing a suite of online modules to raise awareness of trauma in different settings (not yet available).

Specialist Trauma Recovery Services: Evidence and Policy Regarding What They Need To Do

- ***Framework***

  Lived experience research suggests the following principles should guide what mental health services should offer people with complex trauma histories.

Interventions	Service	Goals
Attachment / neuro formulation and intervention model	Awareness of the way trauma impacts on sense of self, biology, relationships	Strengths based approach
Frame: as long as needed, based on need	Trauma related Diagnoses/ language.	Facilitated Self-management of survival strategies
Trust : focus on building alliances, choice, transparency	Adequately resourced and skilled services	Intervene to address shame, voices and mood in particular.
Peer support	Coordination approach to care plans across partners	
Inpatient care joined up		

2 - Kennedy, 2010 - unpublished manuscript and conference presentation

- ***Service model***

  NHS-E have developed a service specification for specialist services for sexual abuse and assault survivors that could form the basis of wider trauma specialist service.

- ***Assessments and disclosure issues***

  Key messages from research on institutional child sexual abuse from research on institutional Key messages (csacentre.org.uk)

  A NIHR funded programme of research into good Trauma Informed practice for psychological therapy has been summarised in this guide below:

  trauma-informed-assessment-quick-reference-guide.docx (live.com)

- ***Psychological Therapy guidance***

  The primary structure recommended for complex trauma needs is Attachment / relational based psychological therapy which includes skills training, attention to parts where present, and opportunity of processing traumatic memories.

  Guidelines for Treating Dissociative Identity Disorder in Adults, Third Revision

  Guideline for the treatment and planning of services for complex post-traumatic stress disorder in adults

  A competence framework for Eye Movement Desensitisation and Reprocessing (EMDR) therapy

  Trauma-informed practice: toolkit - gov.scot (www.gov.scot)

  Taking a trauma informed lens | Turas | Learn (nhs.scot)

  Trauma-informed Care and Practice Organisational Toolkit (TICPOT) - Mental Health Coordinating Council (mhcc.org.au)

- ***Additional therapies and activities required***

  - Body based therapies e.g. sensorimotor psychotherapy, Yoga, physio etc.

  - Arts based therapies and activities e.g. music, art. CentreforMentalHealth_TryingSomethingNew_0.pdf

  - Opportunities for recovery through activity e.g. gardening/ exercise.

  - Neuro diversity accommodation.

  - Cognitive rehabilitation.

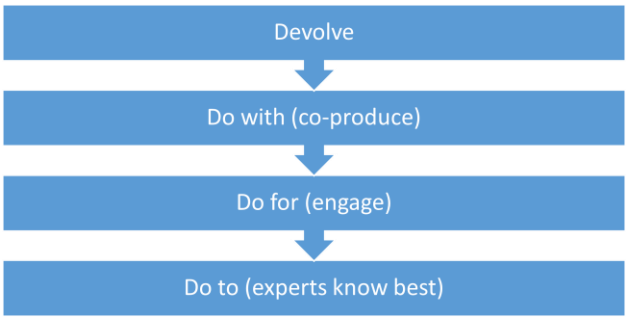
  - Support for functioning with daily living,

  - Spiritual Healing: Spiritual Healing: What is it (rcpsych.ac.uk)

5. Issues of Language and Power

Trauma tends to disempower people. Recovering or discovering one's agency is a core feature of this model. This includes avoidance of relationships where the professional has 'power over' the person coming for support or treatment is essential. Different levels of co-production are necessary for different aspects of service delivery. The relational aspects of care are highlighted in the UK's seven recommendations for trauma informed implementation.

The visible processes for 'coproduction' ranges from the inclusion of peer support and Shared Decision Making around treatment options to devolving of contracts to third sector lived experience providers and also collaboration with people with differing expertise. It is important that any process of coproduction does not reduce things to the lowest common denominator that the diverse group can agree on but rather finds a way of allowing co-existence of different 'expert' routes to recovery. This table shows a guide for the range available.



NES Trauma Informed - Reflecting the voice of lived experience (transformingpsychologicaltrauma.scot)

Towards a new partnership between disabled people and health and care services | The King's Fund (kingsfund.org.uk)

Whilst aspects of devolution or coproduction address some power issues, language is another key signifier of how people are perceived (and a key barrier to TI implementation according to the TICA evaluation below).

The way we describe mental health problems can be an issue. For many, the extreme impact of their state of mind and emotions does need a label of illness even when the cause is something they have experienced in their life. However, an important paper has recently been published that gives clear guidance about dropping the use of some disorders in relation to the impact of trauma.

New Ways of Supporting Child Abuse and Sexual Violence Survivors: a social justice call for an innovative commissioning pathway

6. Collective Healing

In western healthcare, we tend to offer healing that happens within individuals often in isolation from their social or physical environment. Even when we are assessing trauma histories, we ask about events to that individual. However, this ignores the intergenerational impact of racism or the impact of poverty on some social groups.

Historical_Trauma_Power_and_an_Argument_for_Collective_Healing_Practices-with-cover-page-v2.pdf (d1wqtxts1xzle7.cloudfront.net)

A framework for NHS action on social determinants of health - The Health Foundation

Briefing 58: Poverty, economic inequality and mental health | Centre for Mental Health

Collective healing is the notion that communities or groups can heal together. Such activities address issues of empowerment in society and institutions more directly. This is especially useful for people with some similar histories or circumstances.

Arts and culture as expressions of humanity and shared experience are vital ways of bringing people together to do this.

Creative Health & Wellbeing | Arts Council England

Religion and spirituality can also play a key role through shared meaning and rituals.

Microsoft Word - 2014-SI05-20140528.docx (gjcpp.org)

UNESCO_Collective-Healing_Intergenerational-Inquiry_outline_V2.pdf (squarespace.com)

Activism is way of creating change through direct action or lobbying.

me too. Movement (metoomvmt.org)

[The Intersectionality of Trauma and Activism: Narratives Constructed From a Qualitative Study - Ronna Milo Haglili, 2020 (sagepub.com)]

Some trauma therapies have also developed to be able to be delivered as groups, eg, in emergency departments after a road traffic accident.

[Microsoft Word - ! G-TEP MiniManual_Ed7_March18.docx (emdrfoundation.org)]

7. The Role of Lived Experience

The need for peer led services has been central to trauma informed principles since its inception and is one major way that issues of power are addressed. Central to trauma-informed care is understanding the negative impact of 'power over' policies and relationships on the people in care. Peer supporters use their lived experience to support system change through identifying practices that increase / reinforce trauma in people seeking support who have already been traumatized. With relationships based in mutuality and shared power, peer support models the types of relationships that all people have in the community and thus supports progress away from heavy use of care services.

There are a variety of valued functions and relationships that people with lived experience can do which contribute significantly to a trauma informed culture. Not all peer support models are explicit in the use of a trauma lens but they do all address issues of empowerment, choice, self-direction, central to trauma recovery.

1. Support workers with lived experience: established roles within services but with proactive employment of people who have used mental health services. Services often call these 'peer supporters'. Some other delivery roles, eg, family therapy or Open Dialogue, may lend

themselves to having people with lived experience being trained to deliver that in a peer to peer way.

2. Intentional Peer Support is a specific model of 'peer to peer' intervention that is based on mutuality of power, which emerged around a grassroots activism. As such it can be difficult to deliver in conventional mental health providers where some power is kept by the staff member (eg for note keeping or risk management)
3. Lived experience leadership roles: essential for supporting and mentoring new peers or those within less influence in the management structure of an organisation. They are essential for contributing lived experience perspectives at a leadership/ governance level.
4. Lived experience trainers. Much mental health training could be devolved or coproduced and co –delivered by people with experiences of using services. Without this, prevailing narratives and cultures can't change.
5. Lived experience led research. The research agenda should shift to include lived experience priorities and as a principle of good practice have senior lived experience leadership co-create research projects through a lens of equality, inclusion, and empowerment rather than being researched about through a lens that may be perceived as oppressive. This will involve developing people with lived experience as researchers. CentreforMentaHealth_FitForPurpose.pdf (centreformentalhealth.org.uk)
6. Advocacy. Support and advice around aspects of justice and civil rights.
7. Involvement roles. Roles geared towards supporting co-production of projects, networking/ connecting/ signposting of people with lived experience to things that may be helpful, and supporting people through aspects of the care system, e.g., supporting people in a crisis to settle in to a residential unit.
8. Peer supporters need developed within specific areas and not assumed to be all generic, for example, for older people and for minority groups. Peer support and workforce development | Centre for Mental Health
9. Staff in other roles may have lived experience too. Work cultures where it is safe to disclose this and where this is perceived as valuable experience go some way to being trauma informed. This can be harnessed in ways of supporting other staff with their mental health. More formal staff models of peer to peer support can be useful. Engaging Women in Trauma-Informed Peer Support: A Guidebook

8. Outcome and Innovation

There will be a renewed emphasis in healthcare on meaningful and personalised outcomes. The emphasis on choice as a core value of trauma informed delivery means that outcomes should be more meaningful to the person and different from only the symptom focused outcomes traditionally measured.

There are various ways that a trauma informed approach itself can be assessed.

ROOTS Framework

Instruments for Exploring Trauma-Informed Care

There is an emerging but still limited UK evidence base which needs to be expanded.

Trauma-informed approaches in primary care and community mental health care (TAP CARE) study – Bristol Biomedical Research Centre (NIHR Bristol BRC)

9. The Emphasis on Prevention

Integrated Care Systems have an opportunity to bring together the third sector, communities, public health experts with health and social care. By addressing problems collectively further 'upstream', it is hoped to prevent a lot of distress and ill health. The initial Adverse Childhood Experiences Study emerged from public health, which suggested that early discussions around such histories can prevent GP visits. It was claimed that such conversations about adversity could produce one of the greatest leaps in public health (see work of Anda and Felitti, eg, APA PsycNet)

A trauma Informed approach to public health and early intervention would open opportunities for more collective healing and ones that use cultural activities.

Creative Health: The Arts for Health and Wellbeing

WHO - HEALTH EVIDENCE NETWORK SYNTHESIS REPORT

Collective Healing – Global Humanity for Peace Institute

Key roles of community connectedness in healing from trauma

10. Call to Action

What first step are you going to take today to ensure

1. That you review your existing service models to look for evidence of trauma informed care.
2. Ensure any new contracts reflect the principles of trauma informed care with measurable outcomes informed by lived experience.