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Mental health and trauma-informed practice: companion document

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Summary

This document is designed to support all those in the workforce who are supporting people affected by mental health difficulties and aims to strengthen awareness and understanding about trauma-informed practice. Each section provides guidance for how those supporting people with mental health difficulties can do so in a trauma-informed way that recognises the nature, prevalence and impact of poor mental health and experiences of trauma. The sections provide more detail on the following key messages:

The prevalence of experiences of trauma and adversity for people experiencing mental health difficulties:

Trauma is common across the entire population, but evidence shows that many people experiencing mental health difficulties have often experienced particularly high levels of trauma and adversity in their lives. Whilst not everyone who experiences trauma will develop mental health difficulties, we know that this often occurs, and also that the complexities of living with mental health difficulties can often put people at increased risk of experiencing trauma.

The impact of trauma on people experiencing mental health problems:

Evidence suggests that individuals who have experienced trauma are more likely to experience mental health difficulties than those who do not have a trauma history. We also know that living with mental health difficulties can exacerbate an ongoing cycle of trauma experience as not only can it be difficult for people to engage with treatment and support but it can also have a significant impact on the functioning of key aspects of an individual's life, increasing the risk of experiencing further psychological trauma.

The importance of supporting people's recovery and recognising their resilience and strengths:

People who have mental health difficulties often describe feeling disempowered and/or judged, often leading to a compounding of existing feelings of shame. Working in a trauma-informed way means both understanding and respecting how some of the complex ways in which people might present and behave can be as a result of trauma and/or mental health difficulties, whilst also recognising and empowering their strengths and resilience.

The importance of resisting re-traumatisation:

Responding to trauma means we acknowledge its prevalence and impact for many people affected by mental health difficulties. It is an opportunity for services supporting individuals affected by mental health difficulties to take into account the ways people accessing the service can be affected by trauma, by considering "What has happened to you?", rather than "What's wrong with you?".

The central importance of relationships:

Evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. Working in a trauma-informed way means recognising the importance of relationships for people affected by mental health issues and trauma, including their relationships with their family/support network and their relationships with those working in support services.

The importance of workforce safety and wellbeing for those supporting people affected by mental health difficulties:

It is vital that staff feel safe, supported and well when they are caring for and supporting others. Those working in services that regularly support people affected by trauma and associated difficulties, such as mental health difficulties, may experience higher rates of burnout, vicarious trauma, compassion fatigue and moral injury.

Aims, audience and scope

Through the **National Trauma Training Programme**, it is the Scottish Government and COSLA's ambition to have a trauma-informed and responsive workforce and services across Scotland. This means that universally, across all systems and services, we recognise where people are affected by psychological trauma and adversity, respond in ways that prevent further harm and support recovery, and improve life chances for people affected by trauma.

This companion document is designed to support all those in the workforce who are working with people and their families affected by mental health difficulties to strengthen their understanding of:

- The relationship between experiences of psychological trauma and mental health difficulties;
- Trauma-informed practice, and how to strengthen their skills, knowledge and confidence in working with people affected by mental health difficulties in a trauma-informed way;
- How a trauma-informed approach can help improve outcomes for people affected by mental health difficulties; and
- How taking a trauma-informed approach to practice can support staff wellbeing and safety.

Definitions

"Mental health" is a broad concept which can mean lots of different things to different people. For the purposes of this companion document, we refer to the term "mental health difficulties" in order to accommodate the breadth of the mental health and wellbeing experience.

How these difficulties manifest is an entirely individual experience. It is therefore important to recognise that people experiencing mental health difficulties who have experienced trauma may have multiple, complex needs and can present in lots of different ways to many different services. This includes, but is not limited to, health and social care services; community mental health teams; psychological and therapeutic services; substance use services; housing; and social work. The interactions and experiences which individuals have in all these scenarios and settings can be pivotal in promoting resilience and recovery

There are many professionals working in the mental health field who take a specialist role in supporting people with their experiences of psychological trauma, and others in the workforce who support people with their mental health difficulties but not necessarily with a specific focus on trauma. The information covered in this document aims to support all those in the workforce who might come into contact with people who experience mental health difficulties to work in a trauma-informed way, whether or not they have a remit to specifically support trauma recovery. Where we use the term "workers" and "staff", this includes the full range of people who support people affected by mental health difficulties, including volunteers and peer support workers, those in the third sector, and those in business support roles.

Covid-19

COVID-19 has had a significant impact on mental wellbeing. Increased stress and anxiety and a reduction in available support - including formal services

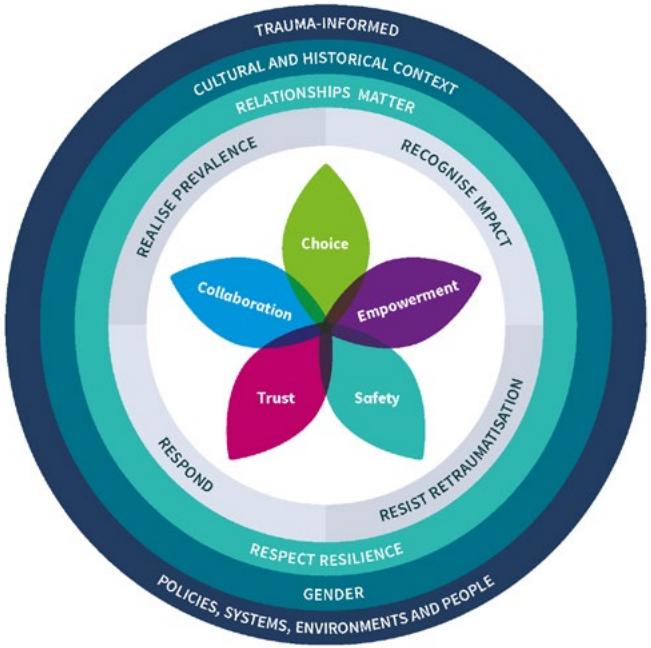
and informal social connections - has had a significant impact for those suffering with mental health difficulties.

We also know that the pandemic has increased the risk of staff experiencing chronic stress, burnout and vicarious trauma, and that the impact on practitioners across services and systems supporting people affected by mental health difficulties is immense. It is therefore more vital than ever that there are systems and services in place both locally and nationally that embed and promote good practice and that practitioners themselves are supported and well in order to support others as we continue in recovery and renewal.

Key principles

Led by NHS Education for Scotland, the National Trauma Training Programme (NTTP) has produced a Knowledge and Skills Framework for the Scottish workforce, alongside training resources appropriate for all levels across the workforce. The principles of trauma-informed practice referred to throughout this document are those developed by the NTTP which are based on international research, evidence and collaboration with people with lived experience of trauma.

Being trauma-informed means being able to recognise when someone may be affected by trauma and collaboratively adjusting how we work to take this into account and responding in a way that supports people's resilience. The key principles underpinning trauma-informed practice, services and systems are **safety**, **collaboration**, **trust**, **empowerment** and **choice**.



Trauma-informed practice builds on and adds to these principles by recognising the specific ways in which the experience of trauma can negatively impact on people's experience of care, support and interventions. By implementing trauma-informed practice, individuals, services and organisations can adapt practice in ways that both enhance good care and reduce the likelihood of re-traumatisation and distress that people may feel when accessing support. In this way, it addresses the specific barriers to accessing care that those affected by trauma can experience.

The principles of trauma-informed practice referred to throughout this document recognise that people at all ages and stages of life can be affected by trauma, and many people often have multiple experiences of trauma and adversity, which can compound their impact.

Whilst anyone is at risk of experiencing mental health difficulties and trauma and adversity, different factors can increase the risk and can impact people's safety, recovery and access to support. For example, while poverty is not a direct cause of mental health difficulties, people living with poverty are more likely to experience additional challenges, including housing instability and insecure employment, which in turn can have a further negative impact on their mental health and their ability to access support.

It is important to note that people with protected characteristics and/or those experiencing socioeconomic disadvantage may face additional barriers to accessing support for mental health difficulties and to recovery

from traumatic experiences. This includes minority ethnic children, young people and adults; refugees and asylum seekers; people with disabilities (including people with learning disabilities); LGBTI people; people at different ages and stages of life; and women and girls. For example, BME or migrant communities may face barriers in accessing services that do not consider their specific needs around language, culture or they have no recourse to public funds. Women may also face barriers in accessing services if they have not been designed in a gendered way that recognises how women's needs may be different from the needs of men accessing these services.

Additionally, people with multiple complex needs, including homelessness, women and children experiencing gender based violence, or a history of offending behaviour may also face an increased risk of trauma and mental health difficulties and additional barriers to accessing support.

USEFUL RESOURCES FOR GETTING STARTED

As a member of the workforce working alongside or supporting people who may have been affected by trauma, whether that is known or not, these **free training resources produced by the NTTP** will help you think about how to consider this in your day-to-day working life. We call this level of awareness about trauma – "trauma skilled".

You may also find it helpful to read **other companion documents in this series** to further understand the importance of trauma-informed practice across different policy and service areas, and how this interlinks with the people they support.

Key messages

Trauma-informed practice should not be seen as a siloed way of working, but rather a way of working that underpins all of our practice, policy and systems, which supports existing priorities, and which can help ensure the best possible outcomes for people experiencing mental health issues.

It is vital that those members of the workforce who are supporting people and their families affected by mental health difficulties have access to high-quality trauma training relevant to their role in order to strengthen awareness and understanding of psychological trauma, its impact, and their role in the recovery and safety of people they support. It is equally vital that those same members of the workforce have access to high-quality training to develop their practice to strengthen their confidence, skills and knowledge in the complexities of mental health in a wider context, and their role in supporting people that are affected. More information about training and online learning resources are available at the end of this document.

If the workforce has a shared language and understanding of trauma more widely, this will help to strengthen collaborative working across services and systems, strengthen consistency in support for people affected by mental health difficulties and trauma, and will mean that people are more likely to see systems and services as supportive resources, which will help improve their short and long-term outcomes.

Alongside strengthening workforce knowledge and skills, it is crucial that our services and systems are informed by people with lived experience of trauma and mental health difficulties. It is imperative that people with lived experience have the opportunity to contribute meaningfully to how services are designed, in order to help decision-makers and commissioners understand what helps people in their recovery and how barriers to accessing services and support can be minimised. It is important for decision-makers to consider how this can be done safely and effectively.

Policy context

There are multiple local, national and international drivers for developing services, systems and workforces in Scotland that recognise the impact and prevalence of trauma for people with mental health difficulties and respond in ways that support recovery and do no further harm.

The Scottish Government's **Mental Health Strategy for 2017-2027** highlights that "Some groups are more likely than others in our society to experience mental ill-health and poorer mental wellbeing – for example, people who have experienced trauma or adverse childhood events". The 2022 consultation on a new **Mental Health and Wellbeing Strategy for Scotland** also makes explicit reference to trauma and its links to mental health and the vision for a trauma-informed mental health and wellbeing workforce.

The Scottish Government's Covid-19 **Mental Health – Transition and Recovery Plan** highlights that "as a long-term response to the Covid-19 crisis, evidence and expert opinion is accumulating that a trauma-informed approach to recovery should be a key component of remobilisation". This acknowledges the impact of the pandemic on individuals' mental health, outlining the Scottish Government's commitment to ensuring that people get the right support, at the right time, and in the right setting, to support mental health recovery.

The Scottish Government's **National Suicide Prevention Action Plan** makes specific reference to the fact that people who have experienced trauma and ACEs are more likely to experience suicidal ideation and to complete suicide.

The **NHS Patient Safety Charter** highlights that patients can expect to receive treatment and care that "aims to follow trauma-informed principles".

The Scottish Government's **Justice in Scotland strategy** (2017) highlights that people in contact with the criminal justice system in Scotland are particularly vulnerable in terms of their wellbeing, and evidence shows that they are more likely to experience poorer mental health and trauma. The need for trauma-informed practice and a trauma-responsive workforce is also reinforced in the **National Strategy for Community Justice**. The strategy highlights the importance for trauma-informed approaches across all aspects of community justice, including systems and procedures such as risk management.

The Scottish Government's youth justice strategy, **Preventing Offending: Getting it Right for Children and Young People** (2015), identifies a need to improve understanding and enhance capacity in relation to mental health and trauma, through practice development and supporting services for young people as part of a broader preventative approach to reducing offending.

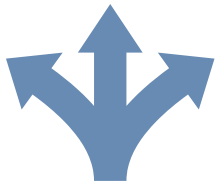
In June 2022 , the Scottish Government published the National Care Service Bill, intended to reform the delivery of social care in Scotland. The **consultation for the National Care Service** proposal highlighted the need to develop a trauma-informed workforce, with skills and knowledge across specialist and non-specialist services, and to be able to work with people with multiple complex needs presenting for help.

A key part of **Public Service Reform** is prevention and early intervention. As such, the focus for community planning partners is on designing and delivering better services for people in their local areas, with an emphasis on tackling inequalities, improving local outcomes and making the best use of public resources. Central to trauma-informed workforces, systems and services is a focus on early intervention and prevention. This helps to improve safety, support and recovery and helps to reduce the impact of trauma on people's long-term outcomes.

Structure

The following sections follow the “Rs” of trauma-informed practice, as outlined by the NTTP. Working in a trauma-informed way means:

Realising how common the experience of trauma and adversity is



Recognising the different ways that trauma can affect people

Responding by taking account of the ways that people can be affected by trauma to support recovery, and recognising and supporting people’s **resilience**

Looking for opportunities to **resist re-traumatisation** and offer a greater sense of choice, empowerment, collaboration and safety with everyone you have contact with

Recognising the central importance of **relationships**

Each section provides guidance for how those within the workforce who are supporting people experiencing mental health difficulties can do so in a trauma-informed way. Each section demonstrates how trauma-informed practice supports and strengthens each of the “Rs”, and supports the workforce to strengthen their understanding of the complex relationship between mental health and psychological trauma. The final section highlights the need to prioritise staff wellbeing and safety and ensure that the workforce has the skills, knowledge and confidence to work with people experiencing mental health difficulties in a trauma-informed way.

Each of these sections are underpinned by the trauma-informed principles of **safety**, **collaboration**, **trust**, **empowerment** and **choice**.

Trauma-informed services, systems and workforces

Realise how common the experience of trauma and adversity is for people with mental health difficulties

Psychological trauma is often defined as a wide range of traumatic, abusive or neglectful events or series of events in childhood and/or adulthood, which are experienced as being emotionally or physically harmful or life threatening. This could be a single incident such as assault, rape, bereavement through suicide, or a serious accident. Alternatively, this could be a form of repeated trauma that takes place over a prolonged period of time, such as child abuse or neglect, or domestic abuse and other forms of gender based violence where coercive control is a factor. Complex trauma is usually experienced in the context of close relationships, persists over time and is difficult to escape from.

Whilst not everyone who experiences trauma will also experience mental health difficulties, evidence shows that there is a significant relationship between the two. In Scotland, research on adverse childhood experiences (ACEs) revealed that one in seven adults who reported experiencing four or more ACEs were significantly more likely to have lower mental wellbeing scores and/or limited long-term physical or mental health conditions. For people with multiple needs, including people in in-patient mental health, drug and alcohol services and the justice system, the prevalence of trauma is often even higher. For example, throughout inpatient mental health services across Scotland, 60% of women and 50% of men report being sexually or physically abused in childhood.

In recent research undertaken to understand the mental health needs of women and girls experiencing gender-based violence in Scotland, 78% of survivors surveyed said their mental health needs started after their experiences of gender based violence and that those experiences had a severe or moderate impact on their mental health.

In their 2019 research regarding severe and multiple disadvantages in Scotland, 'Hard Edges', The Robertson Trust found severe and multiple disadvantages experienced in adulthood, such as mental ill health, often has roots in childhood trauma and adversity, estimating that 226,000 people in Scotland have experienced two of these disadvantages in their lives largely as a result of earlier trauma.

KEY POINT

Trauma is common across the entire population, but evidence shows there is an increased likelihood that people who have experienced trauma are more likely to also experience mental health difficulties. If your role or service supports people with mental health difficulties, realising the increased likelihood of traumatic experiences for the people you support opens up greater opportunities for delivering trauma-informed care and support.

For example, when undertaking assessment work which will influence the kind of care and support a person with mental health difficulties might receive, workers and services should consider whether it may be appropriate to inquire as to experiences of trauma in order to help tailor support provided. This doesn't need to involve asking for details of traumatic experiences, but rather as a means to collect an accurate picture of how that person might interact with and relate to workers and to services. When enquiring, it can be helpful for workers ensure that they explicitly state that the person does not have to answer any questions if they are not comfortable to do so, as well as taking care to note any changing levels of discomfort throughout the conversation and responding by proactively checking if there is anything which can be done to increase feelings of comfort and safety.

KEY QUESTIONS

- Do workers understand what is meant by 'psychological trauma', and realise how common this experience is within the general population including within the workforce?
- Do workers who are supporting people with mental health difficulties understand the increased prevalence of trauma within this population?
- Do workers understand the concept of 'ACEs' and how those who have experienced ACEs are at increased risk for developing mental health difficulties?
- Do workers have an understanding that experiencing trauma does not automatically mean that a person will develop mental health difficulties but that there can be complex relationships between the two experiences?
- When it is appropriate to their role (and core purpose of their service), do those supporting people with mental health difficulties feel able to discuss with them how these difficulties might relate to or interact with their experiences of trauma? Do workers have access to the training and support required to gain the skills to do this safely and sensitively?
- Are those working with people affected by trauma and mental health difficulties able to identify how these experiences may intersect with and impact on other support needs the person may have, such as housing, alcohol and drug use, and experiences of gender based violence?
- Do managers and senior leaders recognise the prevalence of trauma for people with mental health difficulties and do they champion a greater understanding of trauma across services and systems?

Recognise the different ways that trauma can impact mental health

Whilst living through trauma is relatively common, the experience and its impact is often hidden. Although many people show remarkable resilience, it remains that people who experience trauma are at higher risk of experiencing poorer outcomes at all stages of their lives if they do not have access to the right support at the right time.

Experiencing psychological trauma can increase a person's risk of developing mental health difficulties. For example, we know that for some people who experience trauma, they may go on to experience difficulties with depression, anxiety, or post-traumatic stress disorder for example. Equally, the psychological impact of experiencing trauma can have a compounding impact on existing mental health difficulties, deepening challenging patterns and worsening symptoms. Sometimes a person may also be experiencing trauma which is ongoing such as abuse and/or exploitation, or the ongoing impact of poverty or homelessness. These persistent traumatic experiences may not only compound trauma symptoms but may also have a practical impact on a person's ability to manage their mental health difficulties such as being unable to access appropriate treatment or support.

Living with mental health difficulties can have a significant effect on the functioning of key aspects of an individual's life, potentially perpetuating a cycle of symptoms of mental health difficulties. For example, if as a result of mental health difficulties, an individual's relationships suffer; their ability to work is impacted; they struggle to engage in social interactions; and/or they start to adopt maladaptive coping strategies, the risk of experiencing further mental health difficulties is increased. The experience of living with mental health difficulties can also be traumatic in and of itself. Experiencing low mood, high levels of anxiety or psychosis for example, can be extremely distressing and when experienced on a long term basis can have a lasting impact.

Robust mental health is considered an important component of resilience and coping with adverse events and circumstances. Therefore, mental health difficulties can impact a person's ability to cope with traumatic experiences and may make it more challenging to promote recovery. Whether a person had existing mental health difficulties prior to experiencing trauma, or whether these difficulties are a consequence of trauma, this can influence their ability to manage their mental health and the kinds of coping mechanisms they may develop in response.

KEY POINT

It is important to think holistically about a person's needs in order to support the management of their mental health difficulties. Recognising the impact of trauma is about understanding the potential psychological, social and physical consequences of trauma and how this might manifest throughout a person's life but especially in a person's mental health. Taking a trauma-informed approach is about understanding mental health difficulties as having possibly developed as a result of traumatic experiences, and/or having been exacerbated by those experiences.

For example, when working with someone with mental health difficulties in any kind of setting or service, any assessment undertaken should consider the impact of historic, recent and/or ongoing experiences of trauma, and the potential impact of this on the person's mental wellbeing and their other needs, such as their inter-personal relationships, housing and physical health. Services should consider what kinds of coping responses people might have developed to help them survive those experiences, and how those coping responses might have impacted their mental health.

KEY QUESTIONS

- Have workers received appropriate training (as identified in the NTTP Knowledge and Skills Framework) to help them understand how trauma might impact people differently, how trauma can relate to and interact with mental health difficulties, and how this might impact whether and how people are able to engage with support?
- Do workers understand the role that mental wellbeing plays in either promoting or impeding resiliency and therefore the close relationship between mental health difficulties and the ability to manage the impact of trauma?
- Do workers understand the ways in which living with mental health difficulties can be traumatic in and of itself? Do workers understand how the experience of symptoms of mental health difficulties can be distressing and traumatic?
- Is there an understanding amongst the workforce and services of the ways in which living with mental health difficulties can have an ongoing impact across various aspects of a person's life and the ways in which this can both exacerbate mental health difficulties and make it harder to recover from traumatic experiences?
- Do workers understand the ways in which protected characteristics and socioeconomic inequalities, such as race, gender, poverty, and homelessness might compound people's experiences of trauma and its impact? For example, the ways in which the prevalence

of gendered victim blaming can exacerbate acute feelings of shame and guilt, which may in turn deepen patterns or symptoms associated with mental health difficulties?

- Have all staff, including those who support the administration and facilities of services, received appropriate training to strengthen awareness of how trauma might impact people with mental health difficulties who are accessing the service? For example, how might knowledge of the impact of trauma help your service's receptionist work with people to understand some of the barriers they might be facing in attending appointments etc?

Respond by taking account of the ways that people who experience mental health difficulties can be affected by trauma and recognising and supporting people's resilience

Despite the significant impact that both mental health difficulties and trauma can have on a person's life, people who experience mental health difficulties and trauma often highlight multiple barriers to engaging with treatment and support. This can mean that those who are often in most need of support with their mental health and trauma experiences are often those least likely to feel able to access and engage consistently with that assistance.

As such, it is extremely important that the workforce is able to respond to those affected by trauma and mental health difficulties in ways which understand and account for the impact of trauma. The distress which can be caused by the experience of trauma and mental health difficulties, as well as by the challenging complexities which can be created in a person's life when they are living with these experiences, can have a profound impact on how a person behaves and interacts with the world, and therefore the kind of responses and support they might require.

People who have experienced trauma and mental health difficulties have often had to draw on incredible strength to survive, and it is important to acknowledge that whilst their ways of coping might create further difficulties in their life and make it difficult for them to seek and access help, these coping strategies will have been adaptive and protective for them at some point. It is also likely that many people who have experienced trauma will not have had the same opportunities to develop healthy ways of coping with mental health difficulties, particularly if there was significant instability and trauma in their childhood.

Judgement, stigma, shame and blame need to be recognised and understood by those in the workforce who are supporting people affected by mental health difficulties, who report facing stigma because of their experiences. This can create a barrier to accessing universal and specialist support for all of their wider needs. Often people report that support and treatment itself is disempowering and stigmatising if accessed. Within this, it is also important to consider how people who have experienced trauma may be concerned that disclosing their experiences will have implications beyond the offer of services or support. For example, women with mental health difficulties might not access support because they are concerned that disclosing their experiences may mean their children could be removed from their care.

It is important to recognise that people may therefore present to services and workers in ways which might not appear "typical" or which might be labelled as "challenging", unpredictable, or at times in ways which might even appear to be somewhat contradictory. People who have experienced trauma and mental health difficulties often already carry a great deal of internalised shame, blame and guilt, and it is critical that services and workers take care to not perpetuate these feelings, particularly regarding the mechanisms which people may have learnt and adopted in order to cope with the impact of their experiences.

Taking an approach or lens of "what happened to you?" rather than "what's wrong with you?" is central to working with people who have experienced trauma by building trust and understanding and reframing interactions between the workforce and people using services. Often there is an assumption that an individual's experience of trauma and mental health difficulties and the coping mechanisms which they may have developed as a result mean that that they cannot make informed decisions about their lives, or those of their families. For example, sometimes workers and services may assume that a person doesn't have the ability to positively influence the direction of their care and support or that the person's experience of trauma and mental health difficulties will automatically negatively impact on parenting capacity. However, it is key to remember that traumatic experiences and mental health difficulties do not automatically equate with poor decision-making and negative outcomes.

Working in a trauma-informed way means recognising the strengths and protective efforts of people with mental health difficulties who are affected by trauma, and endeavours to preserve, support and, where needed, intervene, to support resilience and recovery for people who are affected. It also means including them in decision-making processes and providing relevant information in a collaborative way. We know that with a range of protective factors operating at the individual, family and societal levels, such as positive experiences of care-giving relationships, education, effective emotional coping skills, and supportive social networks, people can be supported to adapt and build the resilience required for recovery and mental health management.

KEY POINT

When working with people affected by trauma and mental health difficulties, it is important that the workforce and organisations aim to work in a way which is doing "with" rather than doing "to". It is important to recognise that whilst individuals affected by trauma and mental health difficulties may have particular vulnerabilities, this does not mean that they do not also have many strengths and abilities which, when supported, can empower people to claim meaningful ownership over their lives and their choices.

For example, if there are proposed changes to a person's care plan or a service they are receiving, it is important to involve them in the assessment and decision-making process around that. Excluding them from those discussions or withholding certain information for fear of causing alarm or because there is a perception of them not being able to "cope", could actually cause more harm and distress. Being trauma-informed is not about "shielding" people or taking responsibilities away from them, nor is it about having no boundaries or limitations as a worker or organisation. Instead it is about approaching interactions in ways which best promote trust, transparency, openness, and validation and which empower people to feel in control of their lives through collaboration.

KEY QUESTIONS

- Do those supporting people with mental health difficulties have the time to fully discuss and engage with the people they are supporting in order to build a more holistic understanding of how any experiences of trauma may have impacted them and how they may have adapted to cope with this impact?
- Do workers and services understand the value and importance of taking an approach of “what happened to you?” rather than “what’s wrong with you?” when working with people affected by trauma and mental health difficulties, particularly when people might present in ways which might feel “difficult” to work with?
- Do workers understand the breadth and depth of feelings of stigma and shame which can be felt by people with mental health difficulties and experience of trauma? Do workers understand how these feelings can create barriers to seeking support and the importance of workers and services taking steps to help combat this?
- Do workers understand the role that resiliency and robust mental health play in recovery from psychological trauma? Do workers understand the importance of working in ways which promote strengths, positive modes of coping, and resiliency?
- When creating support plans, do workers ensure that these are collaborative and that appropriate levels of responsibility for actions are given to the person concerned in order to promote resilience and a sense of “doing with” rather than “doing to”?
- Do workers ensure that they “give space” for people to say what they think and feel about their lives and their support, treatment and decisions? Do workers take time to listen to this and recognise that “intervention” is not always required and that building on existing strengths might be a more empowering way forward through taking a recovery and value focussed approach?
- Do workers include people in decision-making around their care? Do they ensure that people have the information they need, even if that information might be difficult or disappointing?
- Do workers take a whole family approach to supporting people affected by mental health difficulties? For example, do workers recognise the support that friends and family may also be providing to the person they are supporting? What support might they need themselves and how is this support signposted?

Resist re-traumatisation and offer a greater sense of choice, trust, empowerment, collaboration and safety when supporting people affected by mental health difficulties and trauma

There is growing evidence that trauma-informed workforces, systems and services, where the impact of trauma is understood by staff and systems are adapted accordingly, can result in better outcomes for people affected by trauma. However, people affected by trauma and mental health difficulties often report that their experiences with services do not reflect this way of working. Instead, they often describe feeling lost and forgotten about, unheard and not communicated with, and experiencing stigma and disempowering language which can trigger feelings of shame and self-loathing.

When someone has experienced trauma, there is a high risk that they will be repeatedly re-traumatised throughout their lifespan. For many people, re-traumatisation can occur simply from experiencing similar feelings or emotions as they experienced when that trauma originally occurred. This often means that whilst an individual may appear to not be at any immediate risk, even just the tone of a conversation, a feeling of confusion, or the sense of being ignored could cause re-traumatisation and distress.

People affected by trauma and mental health difficulties highlight that what feel like complex and punitive processes to accessing support; the experience of navigating complex care pathways and service thresholds; not being believed regarding their experience of trauma; long waiting lists; and physical service environments that feel unsafe and unwelcoming can all trigger those traumatic feelings. In turn this can create further barriers for people in accessing support for recovery and management of their mental health.

It is therefore crucial that the workforce, services and systems working with people affected by mental health difficulties examine how they can integrate trauma-informed principles throughout all aspects of their work. Even those services which already work directly with people affected by trauma and/or aim to deliver treatment and support around trauma can benefit from reviewing how their workforce, systems and structures operate together in a trauma-informed way.

KEY QUESTIONS

To begin this work, it may be helpful to think of putting on some 'trauma-informed glasses' and looking at a service or support journey through the eyes of someone affected by trauma. Taking a 'walk through' (from the way someone might be referred or access a service to the point at which they could leave) can help the workforce and services identify both what is functioning in a trauma-informed way and where improvements could be made.

It may be helpful to use the following five principles of trauma-informed practice to guide such 'walk through' exercises. You might also find it helpful to use the **NES Trauma-Informed Lens Walkthrough Tool** and the **Toolkit for Scotland** to support this work.

Choice – ensuring that, wherever possible and appropriate, people are provided with options regarding the service and support they receive and that this is communicated clearly. This can mean being given choice around not just the big issues but also things that might appear more insignificant, such as the room in which a meeting takes place, the gender of the person providing support, or how they are contacted with updates for example. This doesn't mean offering choices and support which are not within the scope of what a worker, interaction and/or service can realistically offer, but rather being clear about what pathways and options are available and communicating what choices a person has within that context.

- What kinds of choices do people accessing your service have about the support they might receive? Do people have the opportunity to discuss what kind of support they are looking for, what they would find helpful or what has helped them previously?
- Are people given choice around what support they receive, appointment times, and how they are contacted?
- Where relevant, do workers signpost other support that is available to support people to recover from their experiences of trauma and to manage their mental health?

Trust – taking the time to establish and maintain relationships and interactions which are rooted in honesty, transparency and consistency. This includes giving people space to meaningfully express how they think and feel; communicating with and treating them respectfully and without stigma; workers showing up when they say they will; following through on agreed actions; ensuring as much continuity as possible for people; and establishing and honouring boundaries.

- How does your service communicate clearly with people about pathways to support? Do workers discuss what support is available, how it can be accessed and what the next steps will be?

- How does your service communicate with people about waiting times? If people have to wait to access your service, what support can they access in the meantime?
- Do people have consistent access to one worker, to provide the time and opportunity to develop a sense of trust, and to avoid people having to re-tell their experiences to multiple workers?
- Can people accessing your service trust you to do what you say you will do, when you say you will do it? How does your service resolve any issues?
- Are effective processes in place for addressing issues that cut across different policy areas, in order to avoid 'siloed' or inconsistent approaches to working with people affected by mental health difficulties and trauma?
- Does your service actively ask about knowledge and skills of trauma-informed practice in the recruitment process?
- Is there a workforce development strategy in place that aims to ensure that all those who come into contact with people affected by mental health difficulties and trauma have the training and support they need to respond in a trauma-informed way?

Empowerment – acknowledging people's existing strengths and resilience and recognising that the coping mechanisms they have developed are often the result of them adapting in order to manage their trauma. This can mean identifying and utilising people's strengths and skills and encouraging them to have a level of autonomy and responsibility in determining the services they receive as well as in the wider aspects of their lives.

- How do workers take a strengths-based approach that acknowledges and supports people's resilience? Do assessments, case files and treatment plans include information about the person's strengths, resilience and protective efforts?
- What kind of language is used in letters and phone calls to people accessing support? In your service's leaflets and website? What language might be stigmatising for people accessing your service?
- Do workers in your service reflect on the language that is used in team meetings and informal conversations? How might language like "non-compliance" and "no show" create barriers for people accessing your service?

Collaboration – working alongside people to "do with" and not "do to". Often workers and services can take actions which, whilst established practice, may not actually be most supportive for the person concerned. Working collaboratively involves workers not always needing to "have the answers" and to instead explore solutions alongside the people they are supporting. This can mean conducting assessments which give space for people to fully explain their thoughts and experiences, and creating support around a person which is

informed by what the person actually describes as being most helpful to them. It can mean assisting someone to express themselves clearly in a language and context which they feel truly represents them, and deciding on actionable steps which are informed by what they express about their life and circumstances.

- Do workers take steps to ensure that the people they are supporting feel comfortable in asking questions or raising concerns about support at any point?
- Do workers ask people they are supporting what the barriers might be to them continuing to access support, treatment and/or medication?
- How does your service work with and share information with other services/agencies to address a person's holistic needs, e.g., more specialised mental health support if required, housing, substance use adult/child protection, specialist gender based violence services? How do you communicate how this information is shared with people accessing support?
- Do your service's policies and procedures recognise the prevalence and impact of trauma and mental health difficulties and focus on supporting recovery?
- Are there any requirements to accessing support from your service that, based on your knowledge of the impact of trauma, might be a barrier for people who are affected by trauma?
- Do your service's policies and procedures recognise how trauma and coping responses might impact on someone's ability to engage with support?

Safety – striving to create both physical and emotional safety for people being supported. In a physical sense this can mean making sure that environments are secure and well managed, and creating spaces and services which are calm and comfortable and which protect confidentiality and privacy. Emotional safety might mean ensuring that staff are equipped to approach their work in a calm and reassuring manner; ensuring that workers honour their commitments to the people they are supporting and strive to build relationships which are open and trusting; and/or providing information and choice to people so that they can make informed decisions regarding what feels both physically and emotionally safe for them.

- Does the physical environment of your service help people feel safe, calm and comfortable?
- Is there anything in the environment that may be distressing (e.g., language on posters/leaflets, specific security measures)?
- Are there private, comfortable spaces for safe and confidential discussions?

- Do all members of staff, including reception, administrative and cleaning staff, have the knowledge, skills and confidence to understand the role they have to play in providing a safe, supportive environment in the service?
- Do workers consider how ongoing experiences of trauma may impact someone's safety and stability? For example, some perpetrators of domestic abuse may prevent the survivor from accessing support services or obtaining medication. Consider how your service works in partnership with other organisations/agencies.
- How does your service undertake screening and assessment? How do workers communicate the purpose and aims of this process in a way which is trauma-informed?

KEY POINT

There is a need to ensure that all those working in an organisation have the knowledge, skills and ongoing support they need to make trauma-informed decisions when working with people impacted by mental health difficulties and trauma and to avoid re-traumatisation. However, whilst it is essential that those who come into direct contact with people affected by mental health difficulties and trauma receive adequate training to identify and respond in an informed way, it is equally important that the support which is delivered is also informed by those with lived experience of trauma and mental health difficulties and who receive support from the workers and services concerned.

For example, services should consider ways in which they can engage people who have experienced trauma in organisational and service developments and how they might actively seek opinions and involvement from the outset of these processes. Services should consider how they might ensure the acknowledgement of the contributions of experts by experience, as this in itself enforces the principle of collaboration and empowerment by recognising and respecting the value of their informed opinion and input.

Recognise the central importance of relationships when supporting people affected by mental health difficulties and trauma in their recovery journey

Psychological trauma is often experienced within the context of interpersonal relationships such as those with parents, carers and partners. These experiences within close, intimate relationships which ought to be protective and nurturing can leave people with very distressing long-lasting feelings of hopelessness and powerlessness in terms of how they view themselves in relation to other people. This can make it very difficult for people to establish and maintain relationships and trust with others.

Relationships with workers may be significantly challenging for people who have experienced trauma, as often there might be difficult power dynamics involved which might remind them of how they felt at times when they have been disempowered and/or controlled in the past. For those also affected by mental health difficulties this may be particularly hard, for example if they are having to navigate complex care pathways within mental health services, changes to medication, or if they feel as though they are encountering a lack of understanding of and/or stigma around mental health.

Working in a trauma-informed way means recognising the importance of relationships for people affected by mental health difficulties and trauma. This includes:

- the relationship between the person and their family/support network;
- the relationship between workers and the person affected by mental health difficulties and trauma; and
- the relationships across services that create a joined-up approach to supporting people affected by mental health difficulties and trauma.

When offering support to people affected by trauma, it is helpful to remember that evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. People with experience of trauma also consistently highlight the importance of their relationships with workers in accessing the supports, interventions or life chances they needed.

Whilst those affected by trauma may be amongst those most likely to need to engage in effective relationships with services in order to access the mental health and trauma recovery care, support and interventions they require, the impact of trauma on relationships means that they may actually be the least likely to seek or receive this help and support. They may avoid developing relationships with workers, and they may withdraw and/or dissociate. Those working with people who have mental health difficulties and experience of trauma can play a key part in being able to provide the secure relationships, trust and stability that is required to promote resilience, even if those “relationships” only exist as brief interactions.

It is also important to consider the role of the person's family/support network in the management of their mental health management and trauma recovery. When working with someone affected by mental health difficulties and trauma, it is important to consider that person's relationships with family, friends and other social connections and the ways in which these might be a supportive strength. It might be helpful to explore with the person the ways in which these relationships are helpful and work together to identify ways to further promote and strengthen these connections. This may involve looking at the ways in which workers and services can be more open to and supportive of the family members and friends of the person receiving support. What support might the person's family/support network need themselves? How might shame, stigma, fear of judgment and fear of interventions from services impact families in how they are able to support family members with mental health difficulties and/or in seeking support for themselves?

KEY POINT

Trauma-informed practice helps the workforce to develop a partnership approach with people they are supporting. People affected by trauma and mental health difficulties need to know that they can talk to any worker about their experiences without the risk of punitive interventions or judgement. People often need reassurance that they will not be blamed for their experiences and coping responses, and that their resilience and protective efforts will be acknowledged and valued. By partnering with people and giving the clear message that they are not to blame for their traumatic experiences and their coping responses, trust is developed between people affected by trauma and workers. This is the first step for people to access support and safety.

One way to promote this kind of partnering is to employ an understanding that there are two experts in the room - the person seeking support with unique insights into themselves, and the worker with a level of expertise within their own field. By encouraging and facilitating greater levels of individual participation and by giving space for people to express their opinions and choices, people can be empowered to be involved in their care, and also in the planning of services. A simple way in which workers might be able to support this work is by thinking carefully about the job titles and names which they use with people they support – for example, in a more clinical setting, asking the patient to use the worker's first name rather than "doctor" or other professional title.

KEY QUESTIONS

- Do workers understand why healthy and positive relationships of all kinds are important in promoting recovery from experiences of trauma and in managing mental health difficulties?
- Do workers understand the importance of professional relationships and interactions in promoting resilience and recovery by providing trust and empowerment which may have been missing from a person's experience of relationships where trauma occurred?
- Do workers and services account for what additional support a person might need to support them to engage with services and build relationships with workers? Do they need to be able to bring a friend or family member to appointments? Do they need support from a mental health advocacy worker? Do they need support with translation or interpretation?
- How do workers work to develop a person's trust with them and the wider service? Do they have good understanding and knowledge of mental health and the key trauma-informed principles and feel confident integrating these in their work in order to create good working relationships with those they are supporting?
- How do workers address and communicate about what some might feel are potential breaches of trust, such as when information might need to be shared around child or adult protection, self-harm and suicide ideation, detention under the Mental Health Act or a decision to accommodate a child for example?
- Are workers transparent, consistent and reliable in their behaviour and communication in order to build trust with people? Do workers explain why they are doing something? Do they follow through on promises, e.g., making referrals, or making a follow-up phone call at the time they say they will?
- Do workers feel empowered and comfortable in saying that they don't know an answer to a question? Are they able to communicate that whilst they don't have the information required, they will find out and get back to the person? Do workers have the ability to explain worker/service limitations and are these made clear from the outset?
- How is information recorded and shared with those in different areas of the workforce, recognising the collaborative and trusting relationship between workers and people accessing support? Are people asked about what information they would like to be kept confidential? Are people asked about the accuracy of information that is recorded on their file such as who else is involved with their support, any diagnoses they may have, or any medication they may be taking?
- Do workers have the time and space to build a relationship with the person accessing support to develop a fuller picture of what's happening in their life and what intersecting and additional support needs they might have? Do workers feel that they understand how other services which the person may require, such as community mental health, operate and are they able to explain this to people they are supporting?

The final section highlights key messages around prioritising staff wellbeing and safety. Ensuring staff feel safe and supported strengthens the workforce's ability to work in a trauma-informed way when supporting people affected by poor mental health.

Promote workforce safety and wellbeing for those supporting people affected by mental health difficulties and trauma

Mental health and trauma can be very difficult and complicated issues to work with for those across the workforce. Without high-quality trauma-informed policies, practice, support and a collaborative approach, the challenges in supporting people affected by mental health difficulties and trauma and their often multiple, complex needs can potentially leave workers disconnected from their values as practitioners and can impact their wellbeing.

We know that the workforce needs to be well in order to support others. It is vital that staff feel safe and supported when they are caring for and supporting others, particularly because those directly supporting people affected by trauma and mental health difficulties face an increased risk of experiencing vicarious trauma, moral injury and compassion fatigue. It is also important to highlight that there is no “them” and “us” when talking about trauma; the prevalence of traumatic experiences means that trauma will inevitably personally impact many of those within our workforce.

Vicarious trauma is the experience of trauma-related difficulties that can arise from being repeatedly exposed to details of other people’s lived trauma. For example, a person might find that their view of the world, themselves, and others, is altered by the stories that they hear. Vicarious trauma is usually something that happens gradually over time.

Compassion fatigue is often experienced amongst people who work in the caring professions, where they have to regularly draw on their empathic resources. Emotional and physical resources can be eroded when unable to rest and recharge, and a point can be reached where workers feel they are unable to care anymore for others. This might be apparent in workers’ personal and professional lives. For example, they may notice that they feel deep irritation at the problems presented to them by people accessing their service for support, or feel unable to support a friend through a difficult time.

Burnout is a term specific to the workplace, whereby we feel physically and emotionally exhausted due to low job satisfaction and feeling overwhelmed by workload and powerless to change the situation. It does not mean that our view of the world has altered, or that we struggle to feel compassion for others.

Moral injury is the harm caused to our moral conscience and personal values when our actions (or lack of) go against these. It can result in feelings of guilt and shame and ‘moral distress’ which may overwhelm our sense of ‘goodness’.

There are many ways in which we can create a workplace culture that protects against some of the risks associated with providing support to people affected by trauma, including workforces who provide support to people with mental health difficulties. This might include:

Supporting culture change:

- Talking about mental health and trauma and how these experiences can affect people in non-judgemental, fact-based ways.
- Developing a culture that encourages space for reflection, peer support and open discussion to support workforce safety and wellbeing.
- Ensuring managers and leadership are supportive and flexible and embody the principles of trauma-informed practice.
- Supporting an open culture where staff feel safe and supported to identify risks or challenges to staff wellbeing and highlight potential improvements.

Developing policies and procedures:

- Setting policy and protocol guidelines that expect the workforce to understand the prevalence and impact of both mental health difficulties and trauma on both the people they support and themselves.
- Ensuring there are systems in place to support staff affected by vicarious trauma, burnout, compassion fatigue and/or moral injury. This includes ensuring your service/organisation has a specific staff wellbeing policy that addresses this.
- Support a wider culture shift around workforce safety and wellbeing that allows workers to express safety concerns without worrying that they will be seen as unwilling and unable to do their job. This includes clear governance and processes for staff to raise concerns.
- Regularly assessing workloads to review capacity, time management and balanced caseloads.
- Ensuring that workers have more control over their time management and workload, including setting priorities for work-life balance, flexible working policies, etc.

Embedding reflection and supervision practices:

- Supporting a culture of reflection and critical thinking that encourages workers to process their personal history, biases and fears with supervisors, peers and coaches.
- Supporting a culture of meaningful supervision structures, with high-quality supervision and protected time to engage.

KEY POINT

Working in services that regularly support people affected by trauma and mental health difficulties means that workers may experience higher rates of burnout, vicarious trauma, compassion fatigue and moral injury amongst our workforce. Workers may also be trying to cope with their own traumatic experiences whilst supporting others. It is therefore of vital importance that services prioritise the wellbeing of their staff and have robust procedures in place to support a culture of trauma-informed practice to reduce some of the impact inherent within caring roles.

For example, it might be helpful for teams and services to have regularly scheduled time for peer-led group reflection and debriefs. Leadership buy-in to such systems of support is essential in order to encourage this time to be protected and actively promoted as an integral part of the functioning of the team or service.

KEY QUESTIONS

- Do services, systems and policies integrate a culture of understanding and openness about the ways in which working with trauma and mental health difficulties can be challenging and can professionally and personally affect staff? Are there consistent messages promoted about these complexities and the importance of providing a supportive and inclusive environment for staff to discuss any difficulties?
- Are workers provided with the tools to understand the various ways in which working with trauma and mental health difficulties can and might impact them? Are they equipped to be able to identify when they might be experiencing vicarious trauma or compassion fatigue for example?
- Do leaders and managers have a clear understanding of how this complex work can affect staff and services? Are they able to identify when this might be happening for those they supervise and are they comfortable initiating conversations about this and signposting to appropriate support?
- Do staff have the ability to debrief and reflect with a peer or manager after challenging interactions at work? Is this approached in a non-judgemental way and are there safe and confidential spaces to have these discussions?

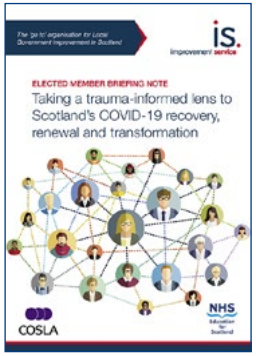
- Are staff supported to reflect openly and honestly about their feelings around the work they undertake and how this might affect them personally, professionally and emotionally? Are workers encouraged to speak freely about their work and their interactions with the people they support?
- Are there mechanisms in place within services which encourage staff to acknowledge and reflect on the positive aspects of their work, the strengths they bring to their jobs and what keeps the work meaningful? Are opportunities created to collectively recognise and celebrate when things go well?
- Do workers have space to reflect on and discuss their own life experiences and how this might affect how they feel about their work?

Useful resources

The National Trauma Training Programme website has a number of free training resources to support the Scottish workforce. The website also has a number of free resources to support staff wellbeing. This interactive PDF summarises all of the resources available.

The Safe & Together Institute offers a range of training, tools and resources to support organisations, systems and the workforce to become more domestic abuse informed, and can provide support in strengthening workforce skills and knowledge around the intersections of domestic abuse and mental health difficulties.

The Improvement Service can provide a range of support to local authorities and planning partnerships with improvement and action planning around developing trauma-informed practice and policy.



The Scottish Association for Mental Health (SAMH) have a number of resources around understanding mental health

SAMH
for Scotland's mental health

This document was created in collaboration with a small group of experts by profession, including colleagues from EVA Psychology Service.

The following organisations have informed and endorsed this companion document: