The development and evaluation of a trauma-focused stabilization intervention for frontline NHS staff working with refugees and asylum seekers

Dr. Laura Coote [1], Dr. Tom Hoare[2], Dr. Cerith Waters [1]
[1]Perinatal Community Mental Health Service, Cardiff & Vale UHB [2]Welsh Health Specialised Services Committee, Cwm Taf UHB

Introduction: The Perinatal Community Mental Health Service (PCMHS) is a specialist secondary-care service supporting women during pregnancy and up to the first year post-natal. Cardiff and Vale Health Inclusion Service (CAVHIS) provide health screenings for newly-arrived asylum seekers when based in temporary accommodation. Evidence indicates that there is a higher prevalence of mental health difficulties for asylum seekers, including trauma-reactions. CAVHIS staff reported difficulties in managing the psychological complexities within their work. We aimed to co-produce and evaluate a trauma-informed training and stabilisation skills development package with staff and service users.

Method: Four consultations between psychology staff, CAVHIS staff, and service users were conducted to develop a half-day training package on trauma-informed care (including stabilisation skills). The training was by provided by psychology from PCMHS, followed by four monthly skills development sessions (SDS), to support the embedding of the knowledge and skills. Ten CAVHIS staff members (nurses, a midwife, health care assistants, a doctor, and a team manager) attended the training and the SDS were attended by 5-6 staff members.

Results:

Feedback for the training and SDS was collected through an open-ended questionnaire and focus groups. All staff reported increased knowledge and skills and finding the intervention helpful. Attendees rated "agree" or "strongly agree" to relevant topics, encouraged participation, helpful material, useful training experience and knowledgeable and prepared facilitators. One member of staff requested a full days training in the future.

Six themes, using thematic analysis (Braun & Clark, 2006), were identified with corresponding subthemes and evidenced by staff quotes.

(1) Gaining a fuller understanding of trauma - Expanding knowledge	- "Really useful to learn about PTSD" - "I have learnt a lot" - "The background information we were given explaining how the body/mind etc manifests trauma"
(2) Value of sharing own experiences -Self and team care - Existing skills in the team	- "It was good to learn from others to see how others may change their practice." - "It's helpful to realise the work we are doing already and discuss it" - "It can be hard to separate your own emotions from what you are hearing, so we talk to each other a lot."
(3) Building stabilisation skills - Value of the facilitators.	- "It's useful to talk through the skills and then you give us ideas to help us to think differently" - "The ones who actually use it (the skills) and practice it, do well with it, and actually talk about wanting to come off their medication, even within the unstable asylum process". - "If they can do it (the skills), they can move forward with other activities such as exercise, voluntary work, that belonging to a community and having a sense of purpose to get up in the morning".
(4) Understanding the importance of relationships -Person centred care	-"I know now how to do simple things to build trust with patients" - "Taking the time to get to know someone, and finding out what they like or what they might be willing to try" - "Get to know them more"
(5) An interest in further training -Improving the intervention	- "More discussion around the techniques and their use with practice. Especially how we translate them into their cultural and spiritual needs." - "I would like to know more about the cultural aspects with mental health" - "Information on what complex trauma looks like across services".
(6) Barriers to using the skills - Readiness to engage -Translation, communication difficulties	-"The timing of the intervention, you can only do it at the right time, when they are ready" - "We need someone to look over the resources from different cultures and communities to see if they make sense culturally" - "The cultural bit is the biggest bit we are missing, throughout the NHS".

Conclusion:

This project demonstrates how a phased-based approach for working with trauma may work between primary and secondary care services.