

# Barriers and facilitators of embedding Trauma Informed Care (TIC) in Mental Health crisis care concordat services: A qualitative study of the experiences of attendees of TIC awareness training

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## Introduction

The potential of Trauma Informed Care (TIC) for improving the safety and effectiveness of health and social care services, policing, education and the criminal justice system has been increasingly recognised in recent years. TIC has now been included within national, regional and local policies and recommendations of best practice approaches (Emsley, 2022).

Although the need for use of trauma informed approaches has become increasingly evident, it is understood that the process of embedding TIC within systems is not straightforward and requires a consistent and continual process of evolving, learning and embedding (Treisman, 2018) and that to be effective, this embedding process needs to occur within all aspects and at all levels within systems and organisations, as well as being a part of processes and policies (e.g. NHS Education for Scotland and Scottish Government, 2019; Treisman, 2018; SAMHSA, 2014).

The Trauma Informed Care team co-produced and facilitated a programme of TIC Awareness training for individuals working in frontline roles within mental health crisis care concordat services with the aim of supporting these services to implement TIC principles within their work and organisations. We were interested in understanding the experiences attendees had of trying to embed TIC ways of working following the training, in order to better understand how to support the individuals, teams and the system they were delivering this training for moving forwards. Specifically, this study was undertaken with the aim of understanding attendees’ experiences of the embedding process and perceived facilitators and barriers of this.

## Method

Seven people, who had attended a TIC Awareness training programme and worked in crisis concordat services, took part in semi-structured interviews. Interview transcripts were analysed using Thematic analysis (Braun & Clarke, 2006).

## Results

| Superordinate themes   | Sub-themes   |
|--|--|
| Theme 1: System factors influence use of TIC                                       | 1.1. System pressures can be a barrier to TIC.<br><br>1.3. System culture can be a barrier or facilitator of TIC.                                    |
| Theme 2: Prioritising staff well-being is important for being Trauma Informed (TI) | 2.1. Recognising need to support own well-being is important for being able to be TI.<br><br>2.2. Peer support is important for being able to be TI. |
| Theme 3: Opportunities to learn about TIC have supported application               | 3.1. Learning about TIC through the training content was helpful<br><br>3.2. Learning about TIC alongside others is helpful                          |
| Theme 4: Job role factors influence use of TIC                                     | 4.1. TIC aligns well with the role.<br><br>4.2 Aspects of the role make applying TIC principles difficult.   |

## References

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## Discussion

This research echoed the wider literature which highlights the importance of the context in which people are trying to adopt TIC ways of working for the success of the approach. In particular, that buy in at all levels of an organisation is important (e.g. NHS Education for Scotland, 2019; Treisman, 2018; SAMHSA, 2014) and that a cultural shift is needed (e.g. Treisman, 2018; Fenney, 2019). Similarly to this study, the TIC literatures recognises that service pressures can be barriers to compassionate care (e.g. West & Chowla, 2017), and to TIC specifically (Bloom, 2010) and that prioritising staff well-being must be central to a trauma informed approach (e.g. SAMHSA, 2014; Treisman, 2018; NHS Scotland, 2019).

**Strengths:** The interview guide was developed by drawing on a best practice framework for TIC (SAMHSA, 2014), alongside the perspectives of both people with lived experience and clinicians working in a specialist team delivering training in TIC.

**Limitations:** This sample were self-selecting and therefore may have been particularly motivated. Also the sample size was small and from the same local system. Therefore some caution is needed in interpreting and generalising findings.

## Clinical Recommendations

The following recommendations were suggested:

- Training in Trauma Informed Care is needed to equip people to work in a trauma informed way.
- Cultural barriers in systems seeking to become trauma informed need to be understood and addressed.
- Pressures in the system can be a barrier to trauma informed care and need to be understood and responded to.
- Support from a senior level is needed to implement Trauma Informed Care.
- Ongoing conversations and support are important to facilitate embedding of trauma informed care.
- Support for staff well-being is needed for staff to be working in a trauma informed way.
- Strengths of the system and its cultures should also be understood so that they can be built on.
- Understanding the challenges of applying TIC in different roles could be helpful.

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