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Nottinghamshire Healthcare NHS Foundation Trust

The National High Secure Healthcare Service for Women (NHSHSW) - Trauma Informed Care Pathway (TICP)

Yasmin Siddall (Consultant Forensic Psychologist, Laura Longdon (Forensic Psychologist), Rachel Beryl (Forensic Psychologist)

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Rampton Hospital, Nottinghamshire Healthcare NHS Foundation Trust

Abstract

The National High Secure Healthcare Service for Women (NHSHSW) Treatment Pathway was revised as a Trauma-Informed Care Pathway (TICP) in January 2021. The revisions were in line with key recommendations about women's mental health, emphasising key principles such as co-production, engaging in outreach and holistic working. The TICP takes a 'gender and trauma-informed' approach, in line with guidance from government and independent reviews (Corston, 2007; Department of Health & Social Care, 2018; Wilton & Williams, 2019). Given the high prevalence of trauma within the population and the increased likelihood patients may experience re-traumatisation, as well as the risk of vicarious trauma occurring in the staff group, the service recognises the importance of trauma-informed care. This poster aims to showcase the revision of our pathway as a trauma-informed care pathway and to present some preliminary data.

Overview of the NHSHSW

The National High Secure Healthcare Service for Women (NHSHSW) at Rampton Hospital is the only high secure psychiatric service for women in the United Kingdom. It is a 50 bedded service, configured into five clinical environments and based in its own secure, purpose-built campus. These clinical environments are as follows:

- **Coral ward (6 beds):** An intensive care unit for women who pose the most challenging risks and require levels of enhanced staffing and observation.
- **Emerald ward (6 beds):** A ward for women who are particularly vulnerable to peers or have other specific needs, including intellectual disabilities.
- **Jade ward (12 beds):** A ward for women with a primary mental illness diagnosis.
- **Ruby ward (14 beds):** A treatment ward for women with a primary personality disorder diagnosis. This ward has a high and low dependency side.
- **Topaz ward (12 beds):** An admission and treatment ward for women with a primary personality disorder diagnosis. This ward has a high and low dependency side.

Patient presentations are complex. There are high levels of co-morbidity, severe deliberate self-harm and suicidal behaviour. These challenging behaviours are often in tandem with the high level of grave and immediate risks to others.

Introduction

The NHSHSW's previous treatment pathway focussed on three stages: 1) Developing Motivation & Engagement, 2) Mental Disorder: Awareness, Management and Treatment, 3) Offence Focussed & Relapse Prevention Work.

This pathway was no longer considered suitable as it assumed change was linear and focused primarily on the psychological interventions provided, failing to acknowledge the 'whole system approach' of multi-disciplinary care provided within the service. Given the high prevalence of trauma observed within the NHSHSW population (Clark, Holland, Siddall & Lewis, 2020; Siddall, Beryl, & Longdon et al., 2021; Jones, 2017) and the increased likelihood patients may experience re-traumatisation during their detainment, as well as the high risk of vicarious trauma occurring in the staff group, the service has long recognised the value of trauma-informed care. One component of providing trauma-informed care was to revise the former 'treatment pathway' into a more holistic, trauma-informed care pathway (TICP). In this, there is an emphasis that no single approach or form of therapy takes precedence over another (Bloom and Covington, 1998; Liversley, 2005), and a multi-modal approach is valued to reflect a variety of theoretical backgrounds and contributions of different professions (Bloom and Covington, 1998; Livesley, 2005; Lawday, 2009). Moving from a 'treatment' model to a trauma informed care pathway enables all aspects of the patient's care to be captured, particularly relational care.

The Trauma Informed Care Pathway is based upon the phased approach to trauma recovery (Janet, 1889; Herman, 1992), and consists of three overlapping phases (see Figure 1). These three phases capture all elements of care provision across the whole system, illustrating the holistic, multidisciplinary approach which is used to facilitate growth, transition and recovery. Each patient's journey through the TICP phases is rated during their Care Programme Approach (CPA) by the multidisciplinary team (MDT). The flower/plant analogy has been adopted to illustrate the inter-connected phases, the non-linear nature of growth, and variation in each individual's journey through the pathway. Individuals may move between one or more phases in the care pathway, as different aspects of their mental health and risks are addressed. As Herman (1992) acknowledged "*No single course of recovery follows these stages through a straightforward linear sequence…stages of recovery are like a spiral, in which earlier issues are continually revisited on a higher level of integration*" (p.155).

The TICP will enable a 'whole' service evaluation of our patients progress in high secure care, regardless of the diagnosis or care stream/ward they reside in. It will enable the monitoring/evaluation of patient's progress over time, as well as mapping whether there are profiles or common trajectories amongst the patients within the service, and within specific care streams.

Figure 1. The TICP is represented by an analogy of a 'plant'.

'The Leaves / Petals"

Leaves/ Petals are a sign of healthy growth; the plant is stable and strong enough to allow itself to show what it can become

"The Stem"

The stem is the visible growth that is essential for the plant to reach its full potential

"The Roots"

Strong roots are needed for the plant to be nurtured, stable and feel strong enough to grow

All aspects of the flower/plant need attention to thrive; the roots need regular nourishment, the stem needs support, and the leaves and flowers need trimming at times to ensure they grow in the right direction.

Re-integration & Moving Forward (RM)

- Focussing on preparation and moving on in the future
- Building on treatment gains to enable greater personal and interpersonal functioning, and quality of life goals to successfully move forward
- Strengthening social/ cultural connections and bonds for rehabilitation and reconnection

Insight & Processing (IP)

- Developing a greater level of awareness, exploration, insight and acceptance
- Recognition / revision of relational patterns (self/others) and processing / healing of traumatic memories and/or maladaptive coping strategies
- Wider generalisation and integration of the 'roots' / safety & stabilisation phase will develop/ expand here

Safety & Stabilisation (SS)

- Developing a sense of safety/ stabilisation & containment within their environment, their relationships with self & others
- Nurturing therapeutic relationships through collaboration, formulation and empowerment
- Expanding the window of tolerance and improving emotion regulation

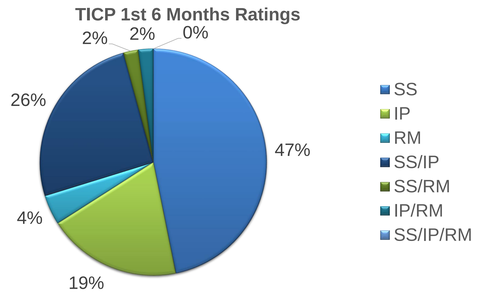
Method

Design & Implementation: A draft proposal for the revised TICP was developed and circulated for consultation across the service in 2020. It was discussed at the Service Strategic Meeting where all disciplines were asked for feedback, comments and suggestions. All contributors were acknowledged in the development of the pathway, creating a sense of 'shared' ownership and ensuring a multi-disciplinary approach across the service. Patients within the NHSHSW have been consulted and are involved in the ongoing development and dissemination of the TICP. To test the inter-rater reliability of rating the patients according to the phases, four clinical teams were asked to rate the same cohort of patients, and following the success of this trial, the pilot was implemented in January 2021.

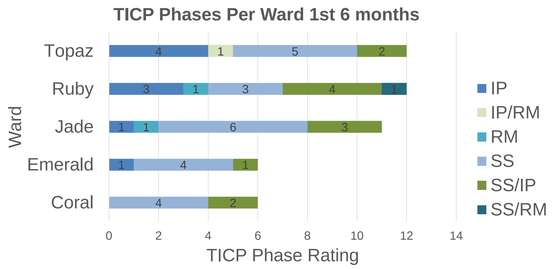
Procedure: Each patient's categorical care pathway phase(s) are now routinely collected at 6-month intervals during discussions with their clinical team at their Care Programme Approach (CPA) meeting. As data is collected as a part of usual clinical practice, it is considered a service evaluation.

Results

Good inter-rater reliability was demonstrated (k=0.72 (95% CI – 0.52-0.93). All patients within the service (n=47) were allocated a TICP rating within the first 6 months of roll-out of the TICP (1st January – 1st July 2021). The mean age of the patients in the service at this time was 35.91 years old (SD =8.62 , range = 22-55). Overall, 41 (87.23%) identified as White British, 1 (2.1%) as White Other, and 5 (10.63%) from Black and Minority Ethnic groups.



Most patients (47%) in the service were deemed to be the in the SS phase, SS & IP (26%), or IP phase (19%).



The SS phase was prevalent across all care streams. There was greater variation in patient phases on Ruby and Topaz wards. Most patients on Emerald or Coral (ICU) ward were identified to be in the SS or SS/IP phase, with 1 in the IP phase.

Conclusion

The initial implementation of the TICP illustrated that most patients in the service (47%) were considered to be in the Safety and Stabilisation phase (SS), and a further 26% were rated as being in both SS and Insight and Processing (IP). The high proportion of patients in the SS phase is considered consistent with the context of high secure care, and the greater prominence of this phase observed in the patients residing on the ICU ward supports this.

The TICP ratings offers the potential to identify the current and future clinical treatment and care needs of the patients, the clinical needs of the ward environment and to inform decisions regarding service provision and investment to ensure that resources are allocated appropriately, and matched to the current needs of patients within the service.

Evaluating and reviewing change across a whole service is extremely complex. The TICP allows one way of tracking change via movement between phases, allowing examination at an individual level, ward level, and as a whole service. Whilst the process of trauma recovery is non-linear (Herman, 1992), movement through the phases reflects the ongoing journey of trauma recovery and the implementation of the TICP framework allows for this journey to be tracked and evaluated over time.

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Contact Details

Yasmin.Siddall@nottshc.nhs.uk
Laura.Longdon@nottshc.nhs.uk
Rachel.Beryl@nottshc.nhs.uk