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Midland
District Health Boards
MENTAL HEALTH & ADDICTION REGIONAL NETWORK
Service Development • Workforce Development • Partnerships & Relationships

Midland Trauma Informed Care Evaluation Report

September 2014

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1. Executive Summary

A strategic direction for services to develop their capability and capacity in the workforce to provide services that are trauma informed is driven by the Ministry of Health - Rising to the Challenge. The Midland Regional Network continue to invest and improve the regions workforce capacity and capability by offering introductory workshops in Trauma Informed Care

The initial work in Trauma Informed Care commenced with the implementation of the Te Pou National Seclusion Elimination project. The Te Pou project provided workshops for inpatient unit clinicians which had a component dedicated to trauma.

It was agreed by the Midland Mental Health & Addiction Clinical Governance and regional Portfolio Managers group to further explore a Trauma Informed Care workshop so that everyone had a foundation understanding before further developing a regional Trauma Informed Care strategy. This workforce objective was placed in the mental health and addictions section of the 2013/14 Regional Services Plan.

High Level Conclusions

- One day workshops in each of the five Midland DHB areas was approved and progressed with Anna Elders for delivery over June and July 2014.
- Of the 179 participants responses over 74% identified as Pakeha/European. 28% identified as Māori which is slightly less than the demographic population of the Midland Region. The ethnicity data highlights significant gaps in our Pacific people and Asian workforce.
- The majority of the participants that attended the training are working within the NGO or Kaupapa Māori environment with 71% acknowledging this in the survey results. Given that the Bay of Plenty and Waikato workshops were for the NGO sector this would account for the higher number of NGO/Kaupapa Māori participants. There was only 1 participant from the primary mental health and addiction sector.
- Of the 179 participants who attended the workshops, 163 Evaluation Forms were received. A 91% return rate.
- Participants found that discussion with other participants, the instructor's knowledge on the subject matter, research, the pre-reading and the neurobiological effects of trauma most useful.
- Participants felt that more information on screening, assessing and trauma interventions, active group work should be included. The most significant finding was the lack of cultural, family whanau and consumer perspectives.
- The total cost for the regional Trauma Informed Care workshops was $19,820.72, with a total of 179 people in attendance. A return on investment taken from total cost is $110.73 per person.
- The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, Lakes and the Waikato. Overall venue costs in Tairawhiti and Taranaki were less due to venues being sourced in the Provider Arm, however due to smaller numbers attending the cost per person was much higher.

Recommendations

1. **That Clinical Governance and the regional Portfolio Managers review the findings of the report and identify the next steps.**
2. **Next steps consider the inclusion of:**
   2.1 Screening tools, assessment tools and interventions
   2.2 Cultural, family whanau and consumer perspective
   2.3 Trauma Informed practice is linked to the national Violence Intervention Programme

2. Background

The Midland Region is comprised of five District Health Boards (DHBs), these all experience geographical challenges at different severities. Within the Midland Region there is a clear need for the process of collaboration when focusing on workforce development to ensure that adequate coverage and access is available to all mental health and addiction services within the Midland region.

Canvassing was undertaken to ascertain what training was available in New Zealand and overseas. It soon became apparent that very little was available and that most of the expertise sat in Australia and Canada. Following discussions with Te Pou Seclusion Elimination project trainer a proposal was developed and tabled at the Midland Clinical Governance and Portfolio Managers meetings for discussion and approval.

The aims and outcomes of the workshops was to provide a one-day workshop to enhance the theoretical understanding and practice of attendees in order to identify current traumatising events and the essentials for providing trauma-informed care within mental health and addictions services. The training content is as follows:

What is trauma?

- Definitions
- Simple trauma vs. complex trauma

How does trauma impact on our development and life trajectories?

- ACE study
- Bio-psychosocial impacts
- PTSD

Re-triggering and re-traumatisation

- How MH&A settings can trigger and enact trauma

Trauma informed care

- What is it?
- What do we hope to achieve?

An introduction to performing trauma assessments

- What are they?
- Who should be performing them?
- A basis in assessing trauma

One day workshops in each of the Midland DHB areas was approved and progressed with Anna Elders for delivery over June and July 2014. This report utilises the Registration Form and Evaluation Form data which has been analysed to guide the next steps for integrating Trauma Informed Care into every day clinical Best Practice.

3. Participant Analysis

Overall there was a high level of support and engagement from all five Midland districts. There was a slight increase of participants on the day from those who registered prior to the workshops rolling out except for in the Waikato district where there was a slight decrease.

Table 1: Participant DHB Area

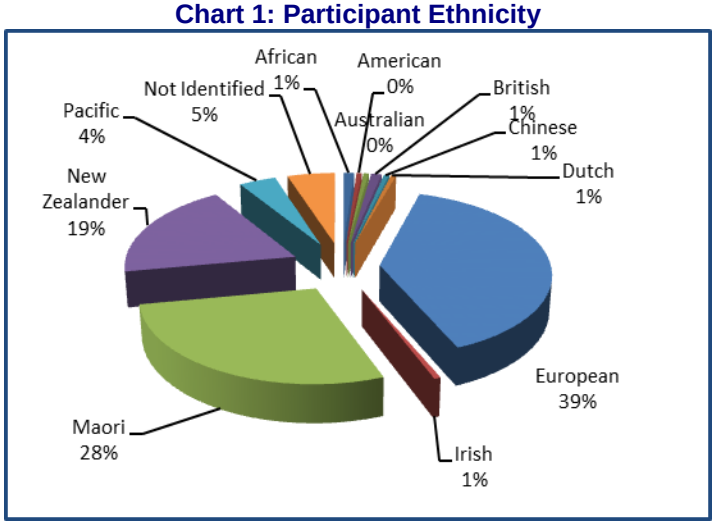
District	Number Registered Prior to Event	Number Attended
Waikato (NGO only)	38	36
Bay of Plenty (NGO only)	38	45
Taranaki	31	33
Lakes	34	36
Tairawhiti	22	29
TOTALS	**163**	**179**

3.1 Participant Ethnicity

Demographics

Of the 179 participants responses over 74% identified as New Zealand/European. 28% identified as Māori which is slightly less than the demographic population of the Midland Region. This graph also highlights significant gaps in our Pacific people and Asian workforce. See Section 5 for DHB specific information.

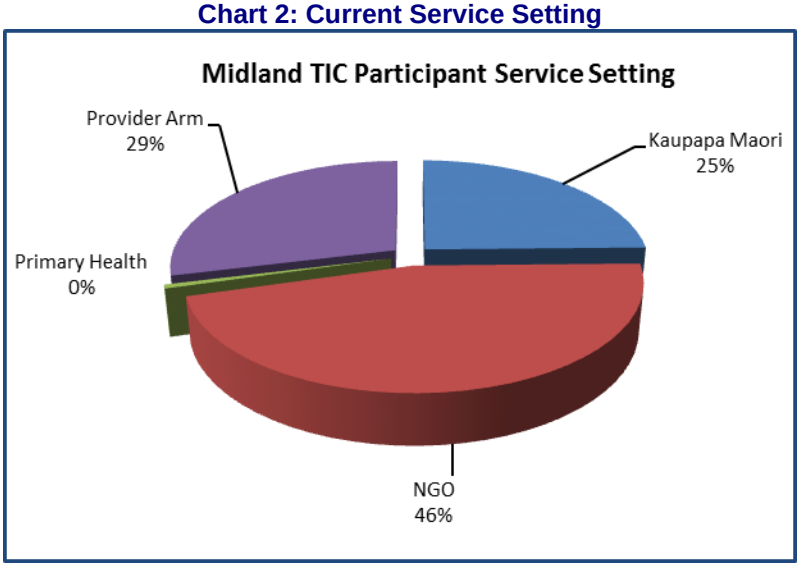
Chart 1: Participant Ethnicity



3.2 Participant Current Service Setting

From the feedback received it is clear that the majority of the participants that attended the training are working within the NGO or Kaupapa Māori environment with 71% acknowledging this in the survey results. Given that the Bay of Plenty and Waikato workshops were for the NGO sector this would account for the higher number of NGO/Kaupapa Māori participants. There was only 1 participant from the primary mental health and addiction sector. See Section 5 for specific DHB information.

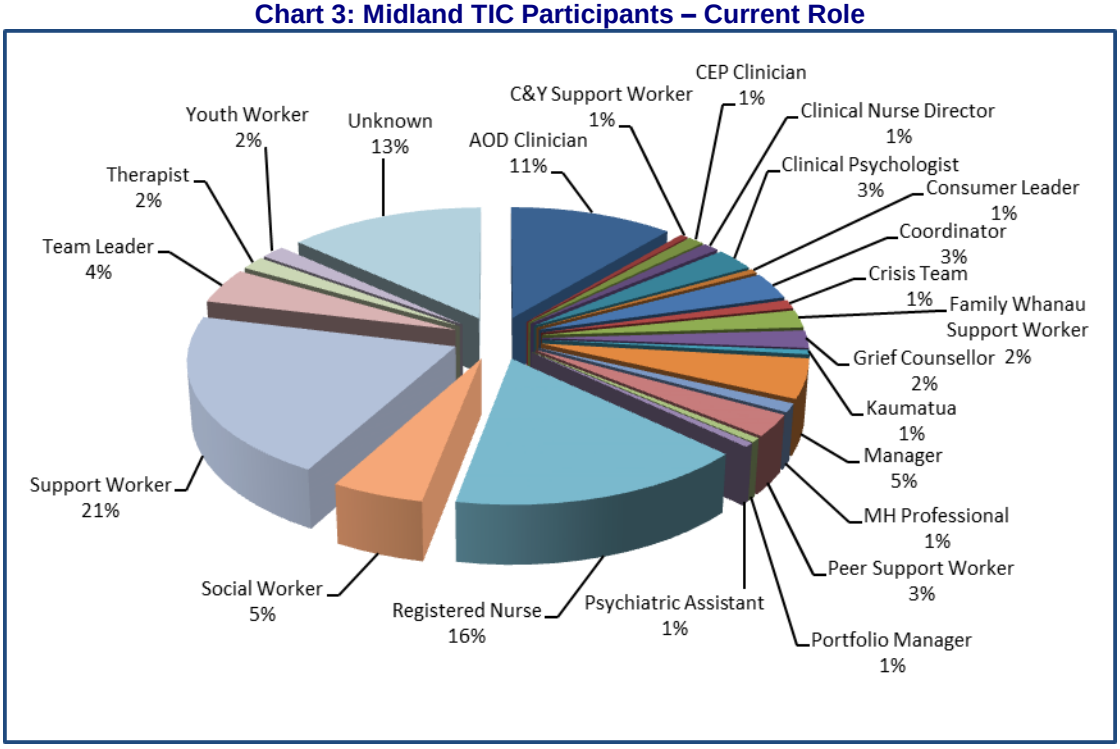
Chart 2: Current Service Setting



3.3 Participant Current Role

The chart shows a good spread of roles within the mental health and addiction sector with the largest groups being Support Workers, Nurses and AOD clinicians respectively. See Section 5 for DHB specific information.

Chart 3: Midland TIC Participants – Current Role



4. Outcomes

4.1 Feedback from Previous Regional Workshops

Over the last four years, the Midland Regional Network – Mental Health and Addictions has undertaken a number of regional workshops in response to the objectives set in the Regional Services Plan. For example, Takarangi Competencies, Co-existing Problems, Maudsley Therapy, Real Skills plus Sei Tapu, Perinatal Infant Health to name a few. From these workshops feedback was gathered in the two areas and consistent themes placed into the following two tables.

Table 2: What Constitutes a Good Workshop?

Validation and integrity	Setting the scene	Environment – quiet, comfortable
Content appropriate to audience	Whakawhanaungatanga	Location Rural vs. Urban
Purpose and aims clearly identified	Planning	Having regular breaks
Speakers with credibility	Variety of teaching styles	Food/Kai
Humor and fun	Structure	House rules
Researched and evidence based	Ice Breakers	Numbers of participants
Resources and Handouts	Flexibility	Target audience
Active participation	Feedback and Evaluation	Learning styles acknowledged

Table 3: What Makes A Good Instructor / Facilitator?

Dynamic	Energetic	Prepared
Organised	Knows the audience	Creative
Aware of group dynamics	Aware of regional interface	Aware of roles
Use of self	Personal experience	Stories
Balance on the subject	Manages time	Boundaries and awareness
Responsive	Confident	Good mediator
Able to see the big picture	Pulls themes together	Empowering
Inclusive of the group	Promotes collaboration	Promotes participation
Has a beginning, middle and end	Is culturally aware	Safe
Tolerance for discussion	Respectful	Listener

All workshops offered regionally in Midland, bear in mind the above feedback was to ensure that the participants learning experience is maximised.

4.2 Evaluation Outcomes

Evaluations were requested at the completion of each workshop. A total of 163 (91%) completed Evaluation Forms were received, which further validates the findings of this report. Only 16 (9%) of the Evaluation Forms were not received, this may be attributed to those attendees leaving the workshop early.

Table 4: Evaluation Results

Total Participants / Evaluations	**163**	Not good, staff unhappy
Scale	0.5	OK but keep an eye on this
Max to show	5	Good replies - keep it up

Content of Training Session	**1**	**2**	**3**	**4**	**5**	**Avg**	**Aggregated Data**
Overall rating	2	6	17	63	72	4.2	
Content met my learning needs	2	11	25	64	60	4	
Is directly applicable to my role	2	5	23	51	80	4.3	
I found value in the resource materials	2	5	16	61	76	4.3	
Instructor	**1**	**2**	**3**	**4**	**5**		
Overall Rating	1	3	19	38	100	4.4	
Demonstrated knowledge of content	1	3	17	40	101	4.5	
Generated my interest in the content	1	7	18	52	82	4.3	
Instructors interest in participant	1	5	21	40	93	4.4	
Process / Enviornment	**1**	**2**	**3**	**4**	**5**		
Registration process was easy	1	4	16	37	104	4.5	
Location	1	3	23	46	88	4.3	
Facility	1	9	24	44	83	4.2	
You the particpant	**1**	**2**	**3**	**4**	**5**		
I was fully present and actively participated	0	6	34	62	61	4.1	
My co-participants were actively involved…	0	1	27	69	65	4.1	
I feel confident to be able to feedback to others	0	0	1	2	1	4.2	

Using scores rated 4 and above, 83% of the attendees were satisfied with the overall workshop, 76% felt the content met their learning needs, 80% agreed that it was applicable to their role and 84% found value in the course material.

84% rated the Instructor 4 and above, 86% agreed that the Instructor demonstrated knowledge of the content, 82% felt that the Instructor generated their interest and 81% felt that the Instructor was interested in their input.

4.3 What Did Participants Find Useful

A summary of the consistent themes of what participants found useful is detailed in Table 3. Participants found that discussion with other participants, the instructor's knowledge on the subject matter, research and the pre-reading and the neurobiological effects of trauma most useful.

Table 5: What Did the Participants Find Useful?

Ace Study - Pre-reading article - Stats - prevalence	Practical experiences -shared	Facilitator very clear in delivery as I have hearing impairment
Neurobiological effects of trauma	Benefits of enquiry	Principles of screening and responding
Networking with other organisations from other districts	Listening and acknowledging other ethnic colleagues in our group - sharing ideas	That trauma is becoming more recognised in peoples wellbeing and agencies are re-prioritising this in treatment
Such a strong correlation between childhood trauma abuse and adult mental health difficulties	Realising the range of skills of participants	Reviewing knowledge already gained
That clients were relatively highly likely to disclose if asked at initial assessment	Some insight into the medical model and culture re mental health	Learning about what to ask at assessment

Adverse childhood experience categories	Excited about trauma focused care is being looked at - finally	Pathways to addiction
That nurture was more significant than genetics	Cognitive impact	How behind other countries e.g. England we are in relying on drugs rather than PTSD counselling
The workbook/references	Relationships and attachment	Masons Three E's
Screening and its importance	Stimulus and response diagram	Liked the case examples, stories & practical approach
Attachment and neurodevelopment impact of trauma and ongoing life events	As practitioners gaining another shift in views humanising the diagnosis as well	Understanding function of behaviour
Valuing the individual in all aspects of care	Collaboration – Exchange of ideas - challenging beliefs	Discussions of examples to illustrate leanings
Recovery model/approach	Presentation of research findings validating material	Robust conversations from everyone
Screening	Trauma and relationships	PTSD
The implementation of wairua as a special option	Assessing and working with suicide	To refer to appropriate services
The cultural history, knowledge and experience that was raised	Conversation around pre-existing perceptions of individuals and services in regards to trauma	Training is regional and wider than just local
Discussion around setting up trauma informed care	How to incorporate into daily practice in a meaningful way	Early trauma screening - better outcomes
Trainers experience/stories	Nurture - nature	Asking the right questions at initial assessment

4.4 What More and What Should Be Included:

Participants were asked during the evaluation process "what they would like more of" and "what else should be included". Participants felt that more information on screening, assessing and trauma interventions, active group work should be included. The most significant finding was that lack of cultural, family whanau and consumer perspectives. The common themes have been summarised below.

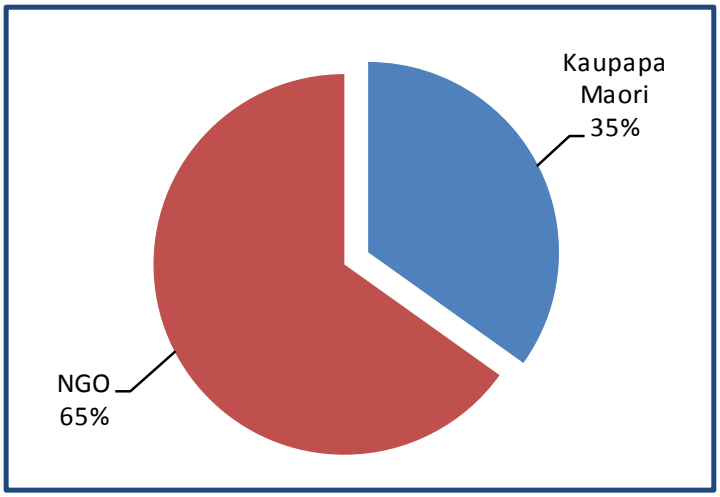
Table 6: What More and What Should Be Included?

MORE OF	TO INCLUDE
Around questioning for trauma, how to become more skilled and sensitive to this - perhaps discussion on specific situation with varying outcomes	Implementation of Māori models of practice - Working with trauma in Te Ao Māori regarding Māori models of care. There was some inclusion of cultural content but not the presenter's strength. Historical trauma and the impacts on Māori
More time in the 2nd half of forum – Interventions - More time spent on how to ask and what to do next and less time spend on trauma effects on all the different things	In relation to attachment theories - how to help clients with unhelpful attachments that have attributed to their trauma
Historical trauma statistics compared to trauma today	More on NZ trauma than that of American statistics
Culturally appropriate processes dealing with trauma - How cultural differences can impact on engagement	Positive outcomes for clients who have or are experiencing trauma
Supporting the victim and or perpetrators - what services are available re Grief support counselling?	More kinesthetic activities. Some role-playing in afternoon in pairs of assessment. Music, DVDs, micro-breaks, case studies
Attachment theory - impact on mums expecting who experience trauma at the time, on their child, on attachment	More consideration of the topic from a narrative therapy/theory perspective. Info on evidence based therapies for people who have experience trauma
More information on the Recovery Model for Trauma - Checklist to use with clients re PTSD symptoms and life events	Presenter who has directly worked with clients living with complex trauma - in a counselling role (less clinical alongside Anna & her knowledge)
Application of TIC to practice settings - community in particular. Treatment principles for acute inpatient service	Client centered care, clients leading care, care planning for trauma Family inclusion
More info - how us as professional can deal with /acknowledge our own past trauma to provide more effective care. The How To's – screening, assessment, treatment for children and adults	I think there was a great opportunity missed by the facilitator by not inviting the man from Tuhoe to speak about community trauma - but instead spoke about something told to her by Māori woman. Let Tuhoe speak for themselves if they are in the room - there were several Tuhoe in the room. Less swearing please by the facilitator. Microphone. PowerPoint blurry
Approaches for workers to use in trauma informed care as this is often lacking in primary services	What services and funding are available? How do we access counselling services that are really available (free & consistent) How to deal with un-cooperative staff
Role plays re screening & whanaungatanga as more info re experience & knowledge in the room	A more inclusive view of addiction - happy to provide some of the up to date literature if asked D Benton)
Would have been better for me to have more time spent on what you do after the disclosure - too rushed at the end	How to develop organisational policies to support trauma informed care
Incorporating trauma informed care and assessments with Māori health, NGO and clinical services	Supervision importance! Vicarious trauma and effects on employees, teams - compassion responses. How would a person enter the ward in a supported positive way – Mason Durie's 3 E's

5. District Specific Information

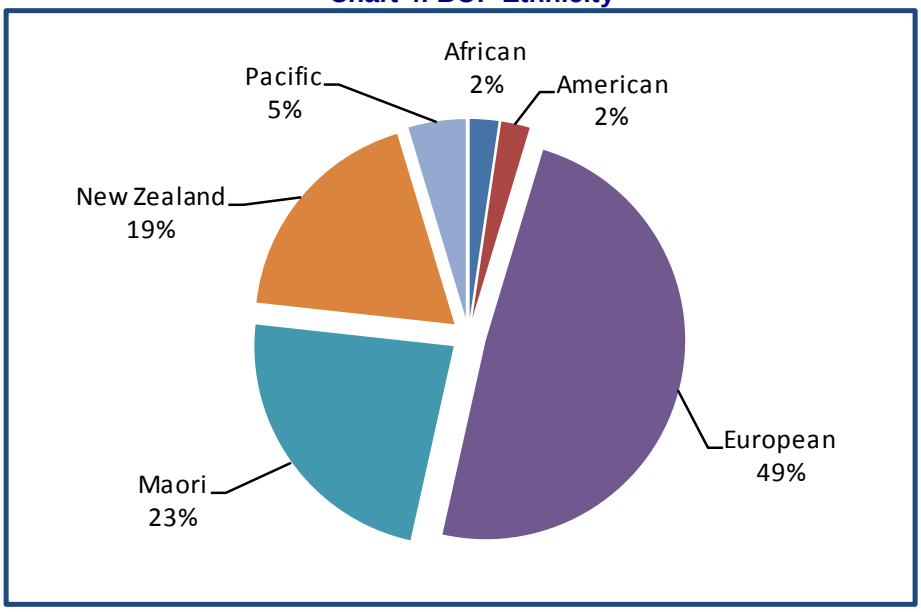
5.1 Bay of Plenty

Chart 3: BOP Services



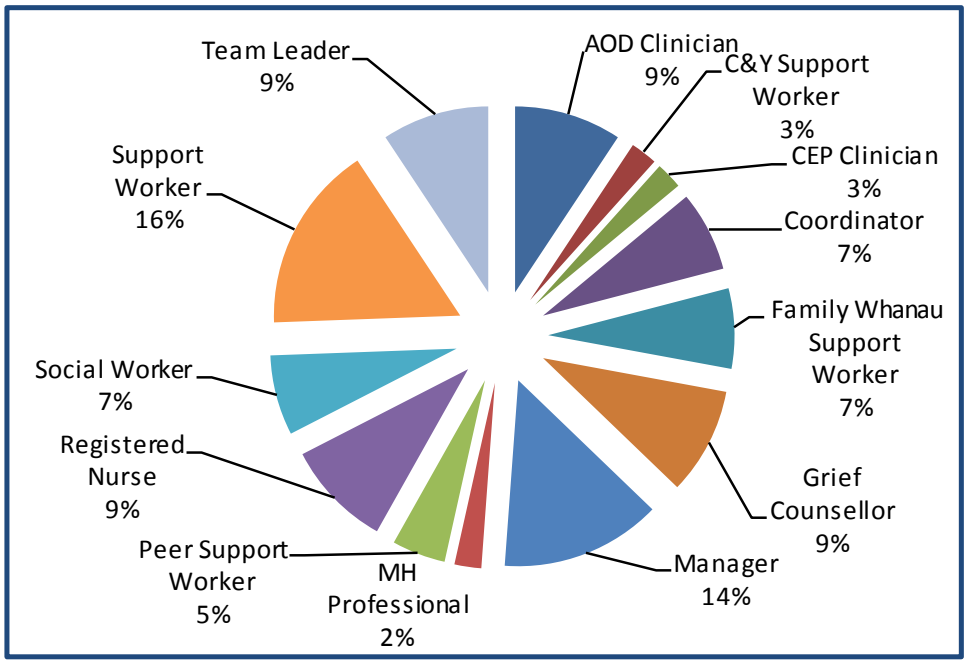
- The BOP workshop was open to NGOs only

Chart 4: BOP Ethnicity



- 68% of the participants identifed as being New Zelander or European
- 23% of the participants identified as being Māori
- 5 % identifed as being Pacific
- Participant ethnicity aligns with national percentages

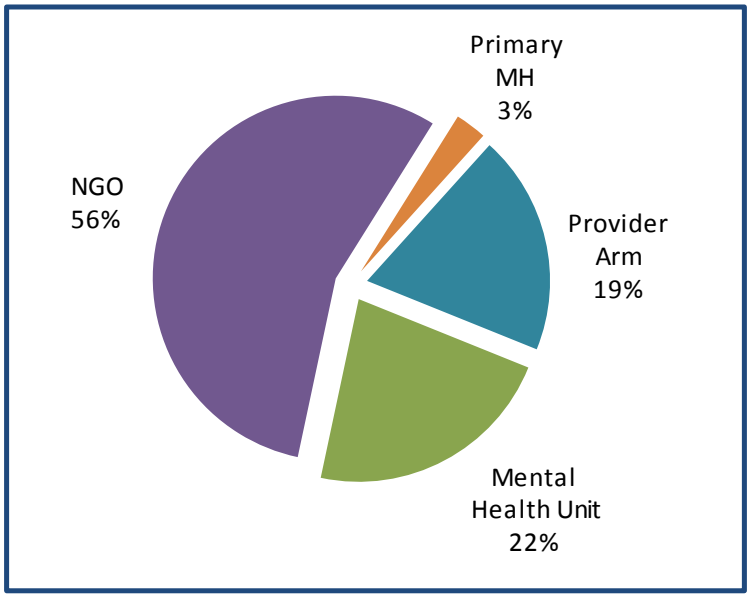
Chart 5: BOP Roles



- The largest workforce in attendance was Support Workers followed by Managers
- BOP had the largest percentage of Family Whanau and Peer Support Workers attending the regional workshops

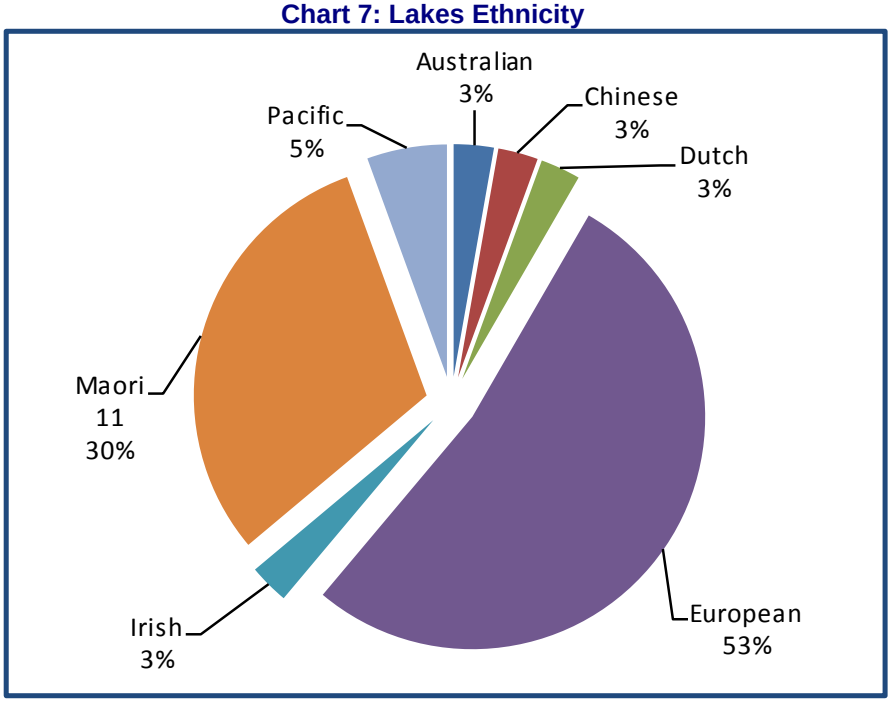
5.2 Lakes

Chart 6: Lakes Services



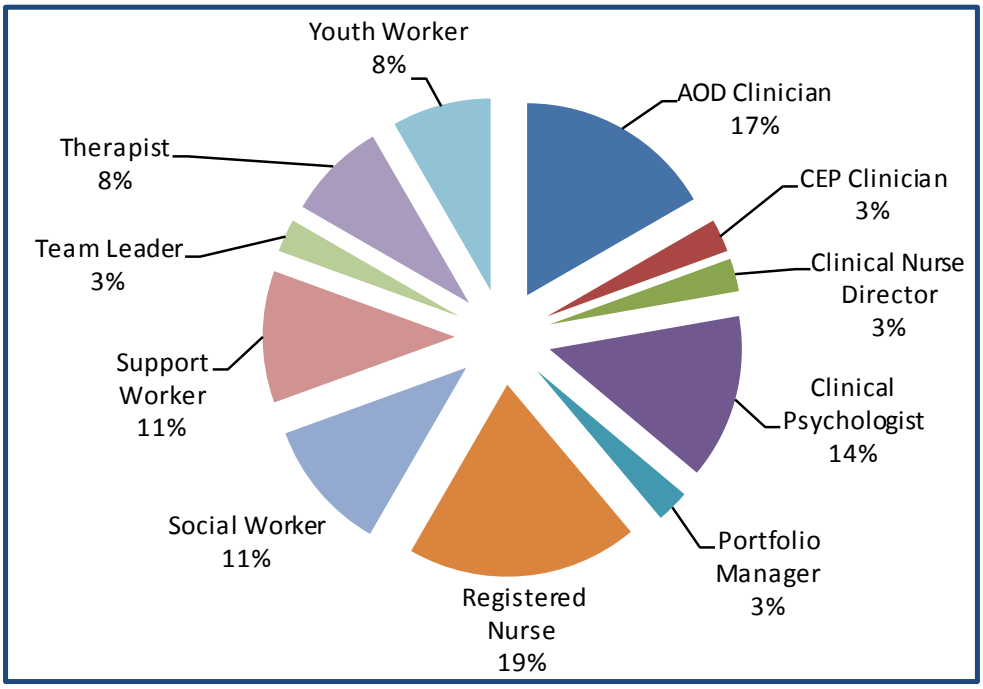
- The largest sector represented was the NGOs at 56% with 42% being from the provider arm
- Primary mental health represented 3% of attendees

Chart 7: Lakes Ethnicity



- 62% of participants identified as being European
- 30% of participants identifed as being Māori
- 5% of participants identified as being Māori
- 3% of participants identified as being Asian

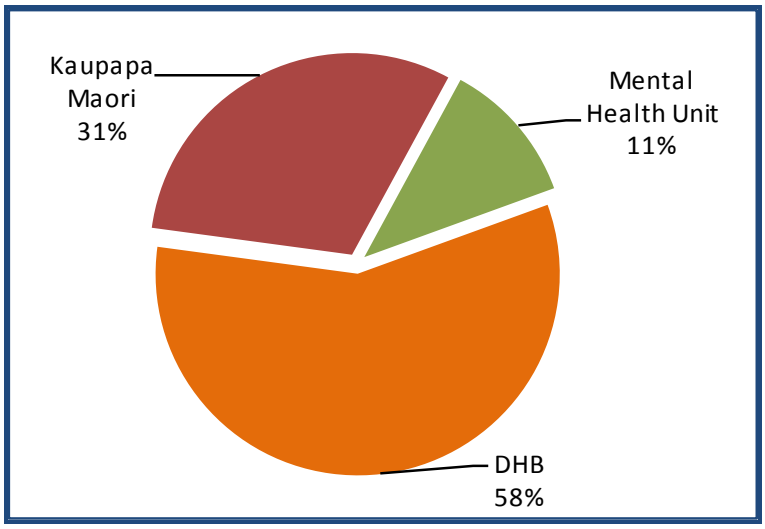
Chart 8: Lakes Roles



- The largest group represented was Registered Nurses at 19% followed by AOD Clinicians at 17%

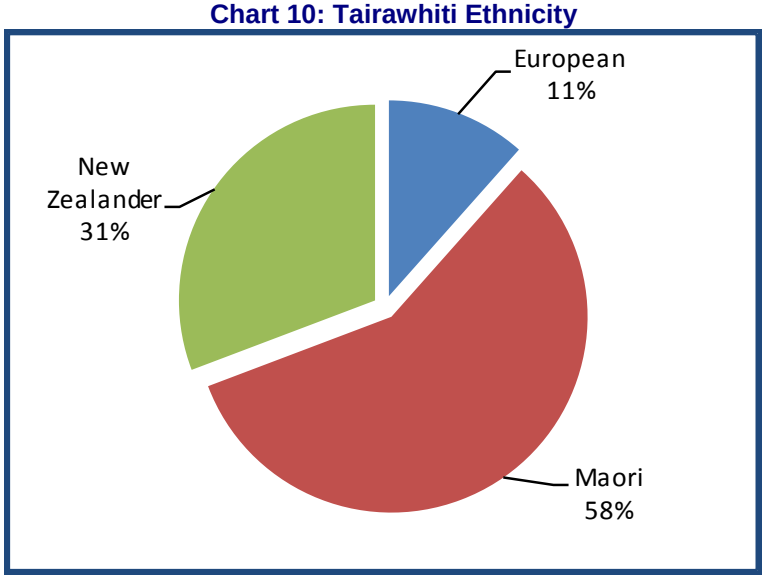
5.3 Tairawhiti

Chart 9: Tairawhiti Services



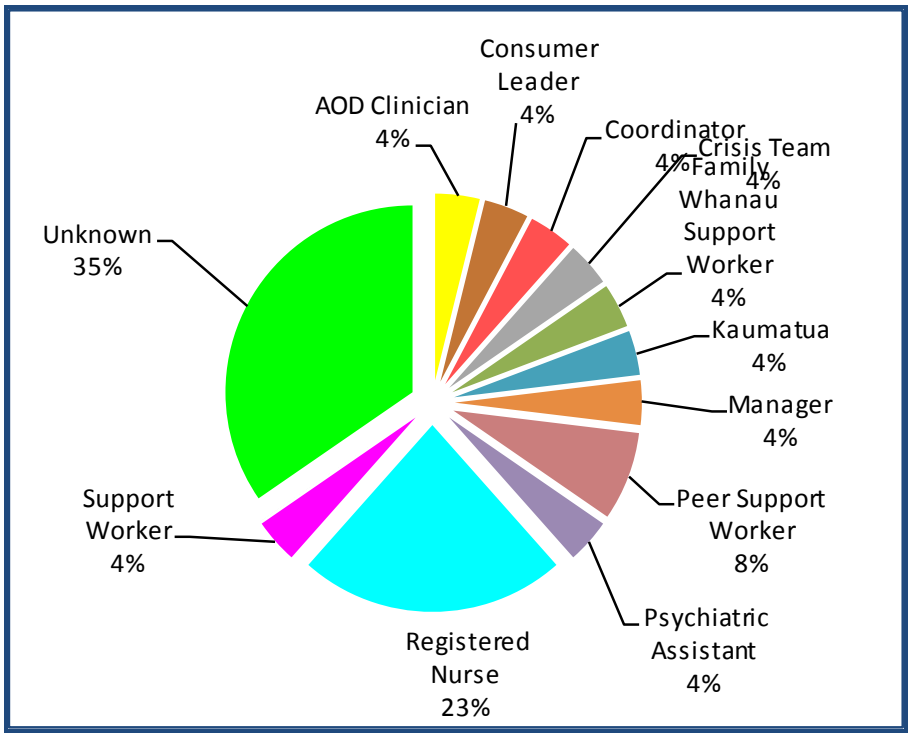
- 69% of attendes were from the provider arm with 31% from Kaupapa Māori services

Chart 10: Tairawhiti Ethnicity



- 58% of the participants identified as being Māori with 42% as European or New Zealand

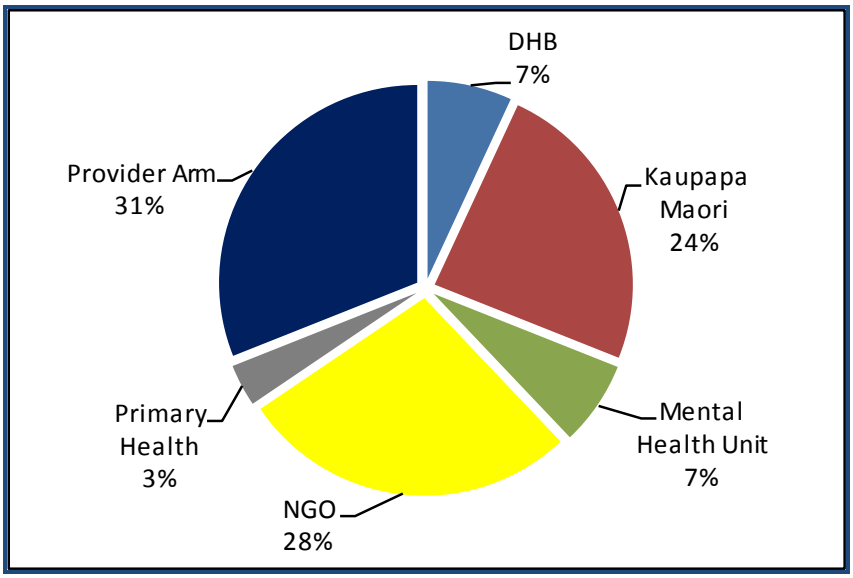
Chart 11: Tairawhiti Roles



- The largest number of participants, 35% did not state what their roles were when they completed their registration form.
- The second largest group 23% was Registered Nurses.

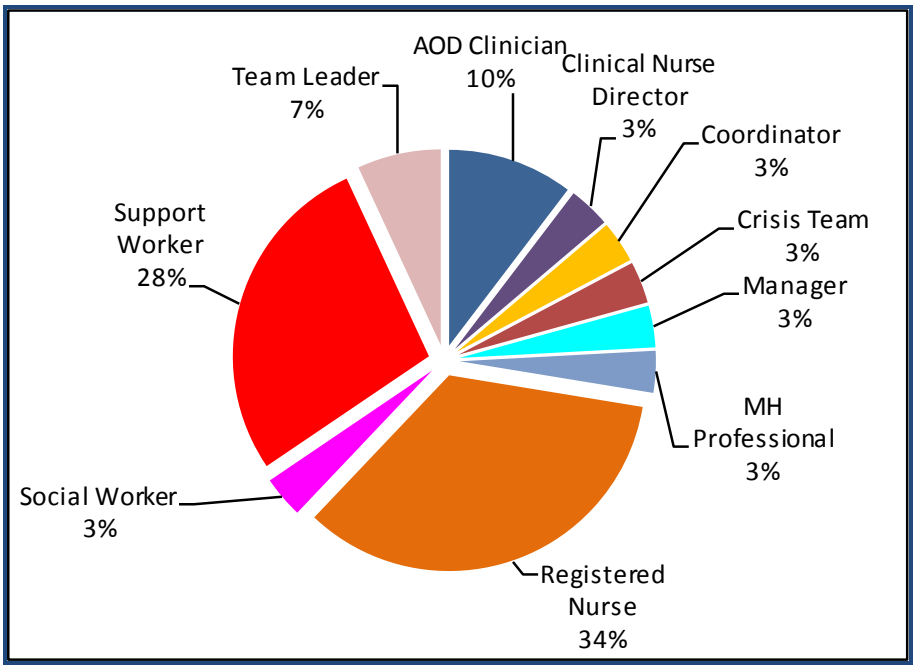
5.4 Taranaki

Chart 12: Taranaki Services



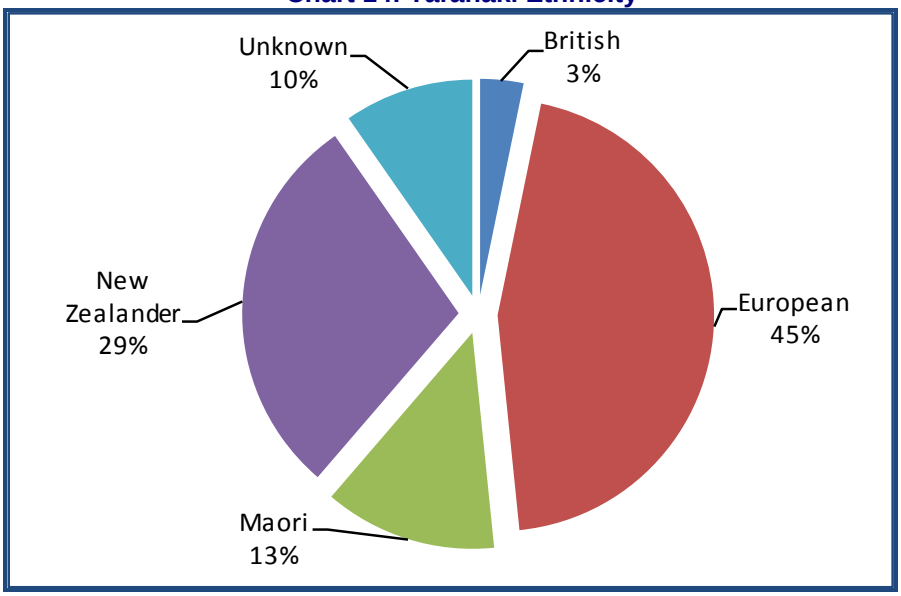
- 45% of participants were from provider arm services
- 52% of participants were from NGO and Kaupapa Māori services
- 3% of participants were from the primary mental health service

Chart 13: Taranaki Roles



- The largest group of participants were Registered Nurses followed by Support Workers

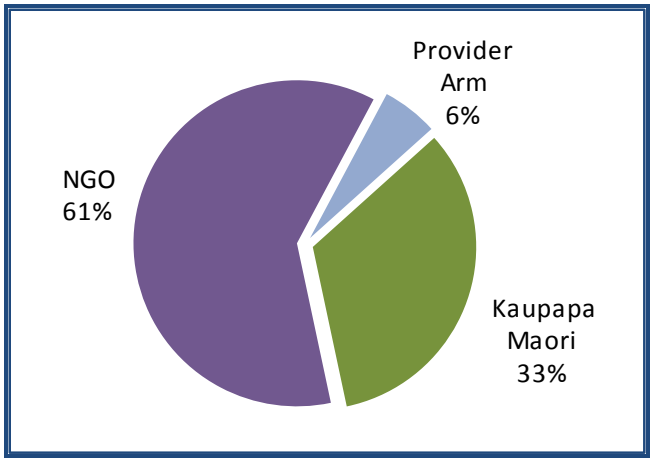
Chart 14: Taranaki Ethnicity



- 82% of the participants identified as being European or New Zealand
- 13% of participants identified as being Māori. The lowest number from across the region
- 10% did not state their ethnicity on their Registration Form

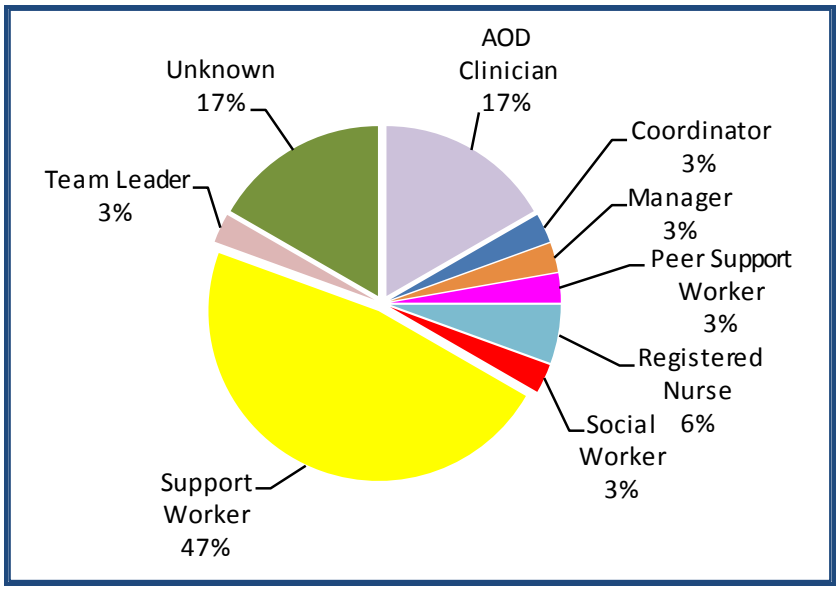
5.5 Waikato

Chart 15: Waikato Services



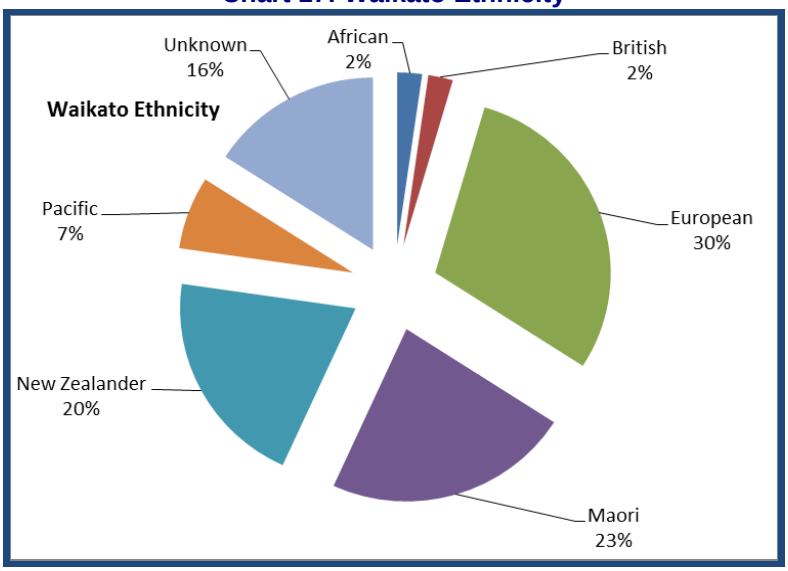
- 61% of participants came from NGO services with 33% of participants coming from Kaupapa Māori services
- 6% of participants came from the provider arm
- The Waikato workshop was specific to the NGO sector

Chart 16: Waikato Roles



- The largest group of participants were Support Workers followed by AOD Clinicians
- 17% did not state their role on their Registration form

Chart 17: Waikato Ethnicity



- 52% of the participants identified as European or New Zealand
- 23% of the participants identified as Māori
- 7% of the participants identified as Pacific
- 16% did not state their ethnicity on the Registration Form

6. Financial Return on Investment

The total cost for the regional Trauma Informed Care workshops was $19,820.72, with a total of 179 people in attendance. A return on investment taken from total cost is $110.73 per person.

Table 7: Regional Return on Investment

Description	Total
Venue Hire & Catering	$ 6,992.62
Printing	$ 1,587.60
Facilitator Travel	$ 1,249.50
Facilitator Fees	$ 10,000.00
Total	$ 19,820.72
Per Peron Cost	$110.73

The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, Lakes and the Waikato. Overall venue costs in Tairawhiti and Taranaki were less due to venues being sourced in the Provider Arm, however due to smaller numbers attending the per person cost were much higher.

Table 8: Financial Return on Investment by DHB

Description	Bay of Plenty 43	Lakes 36	Tairawhiti 26	Taranaki 29	Waikato 36
Venue Hire & Catering	$ 1,945.00	$ 1,547.83	$ 890.00	$ 792.40	$ 1,817.39
Printing	$ 317.52	$ 317.52	$ 317.52	$ 317.52	$ 317.52
Facilitator Travel	$ 149.38	$ 289.23	$ 406.87	$ 261.81	$ 133.21
Facilitator Fees	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00
Totals	$4,411.90	$ 4,154.58	$ 3,614.39	$ 3,371.73	$ 4,268.12
Per Peron Cost	$ 102.60	$ 115.41	$ 139.02	$ 116.27	$ 118.56

7. Conclusions

It was agreed by the Midland Mental Health & Addiction Clinical Governance and regional Portfolio Managers group to further explore a Trauma Informed Care workshop so that everyone had a foundation understanding before further developing a regional Trauma Informed Care strategy. This workforce objective was placed in the mental health and addictions section of the 2013/14 Regional Services Plan.

High Level Conclusions

- One day workshops in each of the five Midland DHB areas was approved and progressed with Anna Elders for delivery over June and July 2014.
- Of the 179 participants responses over 74% identified as Pakeha/European. 28% identified as Māori which is slightly less than the demographic population of the Midland Region. The ethnicity data highlights significant gaps in our Pacific people and Asian workforce.
- The majority of the participants that attended the training are working within the NGO or Kaupapa Māori environment with 71% acknowledging this in the survey results. Given that the Bay of Plenty and Waikato workshops were for the NGO sector this would account for the higher number of NGO/Kaupapa Māori participants. There was only 1 participant from the primary mental health and addiction sector.
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7.1 Recommendations

1. That Clinical Governance and the regional Portfolio Managers review the findings of the report and identify the next steps.

2. Next steps consider the inclusion of:

2.1 Screening tools, assessment tools and interventions

2.2 Cultural, family whanau and consumer perspective

2.3 Trauma Informed practice is linked to the national Violence Intervention Programme