

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

The implementation of trauma informed care in acute mental health inpatient units:  
A comparative study

A thesis presented in fulfilment of the requirements

for the degree of

Master of Public Health

at Massey University, Wellington,  
New Zealand

Toni Rae Ashmore

2013

### **Statement of authorship**

In presenting this thesis as a partial fulfilment of the requirements for an advanced degree from Massey University, I agree that the Library of the University shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote from, to copy from, or to publish this thesis may be granted by the author, or in his/her absence, by the professor under whose direction it was written, or in his/her absence, by the Associate Dean, College of Health and Human Sciences. Such quoting, copying, or publishing must be solely for scholarly purposes, and will not involve potential financial gain. It is understood that any copying from or publication of this dissertation which involves potential financial gain will not be allowed without written permission of the author.

### **Abstract**

Trauma informed care (TIC); particularly related to interpersonal violence, is a burgeoning topic for mental health services in both New Zealand and Australia. This thesis compares the implementation of trauma informed care, particularly in relation to interpersonal violence, in an acute mental health inpatient unit in New Zealand and a similar unit in New South Wales, Australia. A policy analysis was undertaken of current policy documents that guide each unit, along with semistructured interviews with ten senior staff, five from each unit to investigate implementation of key features of trauma informed care, particularly in relation to interpersonal violence. Results showed a difference in overall implementation between the two units. Single interventions rather than a whole of service change of philosophy were evident. Differences were identified in relation to policies referring to interpersonal violence, staff knowledge and understanding of trauma informed care, access to training and resources, how safety was provided for, collaborative care arrangements and workplace power dynamics for both clients and staff. Across both units were identified a lack of guidance to inform implementation of TIC, consumer involvement and practice around diversity. Contributing factors for TIC implementation include having a clear definition of TIC, commitment at all governance levels, access to TIC training for all staff, and policies underpinned by TIC. Further research investigating these results may enhance service delivery, resulting in better outcomes for the promotion of recovery and healing of those with histories of interpersonal violence.

### **Acknowledgements**

The journey through life is never the result of one person alone. Many people helped and inspired me throughout my journey toward this thesis, and I would like to take this opportunity to give credit where it is well and truly due.

Firstly, to all the participants who were involved in this research, every day you interact with people who have experienced great trauma and who hold these stories whilst trying to promote healing and recovery and safety through a system that in the least may be traumatising itself. Thank you for your honesty, passion, and reflection on your experience working in your areas. Without such, the reality of the challenges and needs required to be more trauma informed would not be as confronting. Many thanks go to my two supervisors, Doctor Anna Matheson and Doctor Sabin Fernbacher for their guidance over the past two years, as well as to Beth Battrick for editing.

Special thanks to Dave who kept encouraging me to do this research, and then supported me so much in the process. Thanks also to my sons Aidan and especially Jaran who found out what it was like (again) to have a mother who was not always present in mind due to study. A big thank you to my sister Hayley and mum Tricia for your support also. To the many others who have also helped get me to this place, I thank you all.

Finally, for the consumer who kept asking me what was being done about sexual assaults occurring in the inpatient units, your words were heard. This may be long overdue, but may this thesis contribute to the vision of mental health services taking into account the impact of violence and trauma in all service provision to avoid reactivation of past trauma.

**Table of Contents**

<b>STATEMENT OF AUTHORSHIP</b>	<b>II</b>
<b>ABSTRACT</b>	<b>III</b>
<b>ACKNOWLEDGEMENTS</b>	<b>IV</b>
<b>TABLE OF CONTENTS</b>	<b>V</b>
<b>CHAPTER 1: INTRODUCTION</b>	<b>1</b>
<b>CHAPTER 2: LITERATURE REVIEW</b>	<b>4</b>
<b>CHAPTER 3: RESEARCH METHODOLOGY</b>	<b>30</b>
<b>CHAPTER 4: DOCUMENT REVIEW OF POLICIES</b>	<b>44</b>
<b>CHAPTER 5: SEMISTRUCTURED INTERVIEW FINDINGS</b>	<b>67</b>
<b>CHAPTER 6: INTEGRATION OF FINDINGS</b>	<b>98</b>
<b>CHAPTER 7: DISCUSSION</b>	<b>106</b>
<b>REFERENCES</b>	<b>123</b>
<b>APPENDICES</b>	<b>150</b>

**Abbreviations**

AHS	Area Health Service
AMHS	Area Mental Health Service
DHB	District Health Board
DV	Domestic violence
ECAV	Education Centre Against Violence
FV	Family violence
IPV	Interpersonal violence
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NSW	New South Wales
NZ	New Zealand
PTSD	Posttraumatic stress disorder
SA	Sexual abuse/assault
TIC	Trauma informed care
VT	Vicarious trauma