

Abuse & Mental Illness: Moving Toward a New Hope for Better Health



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This is Amy...



Amy is a 48 year old woman,
married with 3 children
aged 17, 16 & 9...

She works for a law firm as a
secretary...

She attends her church
regularly and is an active
soccer & ballet mom..

She and her husband enjoy
hiking and movies

Amy has a schizoaffective
disorder...

Amy has a secret....

she is in an abusive relationship!

Agenda

- To understand the prevalence of abuse
- To understand the health consequences associated with abuse
- To share a St. Joseph's Healthcare: Hamilton initiative to improve services to those living with trauma

Prevalence of Abuse

- “Violence is a leading worldwide public health problem”
WHO Declaration (2002b)
- Abuse knows no boundaries, no cultural group, ethnic background, lifestyle, educational or socio-economic background is spared
RNAO BPG Woman Abuse (2005)
- Worldwide, 20% - 50% of women have experienced physical violence at hands of partner
RNAO BPG Woman Abuse (2005)

Prevalence of Abuse

- 1 of 3 women is beaten, coerced into sex
- 33.5% of murders (women) & 4% murders (men) attributed to intimate partner
- 1.5 million women & 834,732 men raped or physically assaulted by partner (Carretta, 2008)
- 8% women & 7% men experienced intimate partner violence (Stats Canada, 2000)

Prevalence

“Patients with severe mental illness reported lifetime

- *physical abuse* rates of 71% for women & 67% for males
- *sexual abuse* rates of 57% for women & 33% for men”

(Read & Fraser, 1998)

Canadian Women with Severe Mental Illness:

- 83% experienced severe physical & sexual abuse as children & as adults

(Morrow, 2004; Firsten, 1991)

Types of Abuse

- Physical
- Emotional
- Sexual
- Financial
- Religious
- Ritual
- Environmental
- Social

(RNAO BPG, Woman Abuse: Screening, Identification & Initial Response, 2005)

Effects of Intimate Partner Violence

Partner abuse is a contributing source of psychiatric disorders among women of childbearing age.

Intimate partner violence is associated with high rates of depression, substance misuse & anxiety disorders.

(Ehrensaft et al. 2006)

(RNAO BPG, Woman Abuse: Screening, Identification & Initial Response, 2005)

Health Consequences of Abuse

Physical

- Abdominal/thoracic injuries
- Bruises & welts
- Chronic pain syndrome
- Disability
- Fibromyalgia
- GI disorders
- Irritable bowel syndrome
- Lacerations & abrasions
- Ocular damage
- Reduced physical functioning

Sexual

- Gynecological disorders
- Infertility
- Pelvic inflammatory disease
- Sexual dysfunction
- Unsafe sexual behaviour
- Unsafe abortion
- Pregnancy Complications
- Unwanted pregnancy
- Sexually transmitted infections including HIV/AIDs

Mental Health Consequences of Abuse

- Substance abuse & smoking
- Depression & anxiety
- Eating & sleep disorders
- Feelings of shame & guilt
- Poor self-esteem
- Phobias & panic disorders
- Physical inactivity
- Psychosomatic disorders
- Post-traumatic stress disorder
- Suicidal behaviour & self harm

(Gorey, Richter & Snider, 2001; Liem & Boudewyn, 1999; Wonderlich et al, 2001; RNAO BPG Woman Abuse, 2005)

Abuse & Mental Illness

Persons with mental illness and/or addiction
are vulnerable to all forms of abuse...

&

this may have a significant impact on their
diagnosis, treatment & recovery.

Cost of Violence

Measurable health-related costs of violence against women in Canada exceed
\$1.5 billion/year

Costs include:

- Short-term medical & dental treatment
- Long-term physical & psychological care
- Lost time at work
- Use of transitional homes & crisis centres

(Health Canada, 2002)

Beginnings

We realized that the needs of individuals who have or are experiencing abuse are not being adequately served by our system....

We want to do better!

Organizational Support

- Administration – Mental Health & Addiction Program (MHAP)
- Professional Advisory Committee – Corporate
- Senior Team – MHAP
- Peer Support Services
- Psychiatric Patient Advocate
- Chaplaincy

What is Trauma

Definition adopted by NASMHPD, 2004

“the experience of violence & victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disaster”

What is Trauma

DSM IV-TR (APA, 2000)

Person's response will include:

- intense fear, horror & helplessness
- extreme stress that overwhelms the person's capacity to cope

What is Trauma Informed Care?

Treatments that incorporate:

- An appreciation for the high prevalence of traumatic experience in persons receiving mental health services
- A thorough understanding of the profound neurological, biological, psychological & social effects of trauma & violence on the individual

(Jennings, 2004)

Trauma Informed Care (TIC)

Screening:

- Know when & how to screen for abuse history
- Acknowledge the person's history
- Offer support
- Assess for safety
- Referrals as requested

What might this look like?

Because abuse is so common in people's lives, I now ask all my clients about it. May I ask you?

or

Many people are dealing with abuse in their relationships. Some are too afraid or embarrassed to bring it up themselves, so now I routinely ask about abuse. May I ask you?

What might this look like?

Have you ever been threatened or hurt by someone?

Are you or have you ever been in a relationship where you have been physically hurt, threatened or made to feel afraid?

If “Yes” to disclosure...then

*No one deserves to be hurt or to live in fear.
You are very brave to talk about this.*

What might this look like?

Are you currently getting help with this situation?

Can I refer you to someone who can help you?

Can I offer you some information on resources available to you?

Caution

- Always interview the person in private
- The person may not be comfortable disclosing abuse experiences if there is no therapeutic relationship
- Medical or dental examinations may cause distress for a person with an abuse history
- Any form of restraint (including seclusion) may trigger memories regarding past abuse or may be in itself experienced as a traumatic event
- Be discreet when offering information
- If abuse is current in person's life, then consult, refer & ensure that person has a safety plan

How Do We Get To TIC?

Risk of re-traumatization if person is asked about abuse history with:

- inappropriate response from staff
- no follow-up

Our Initiatives

Abuse Education Committee

- Staff education
 - Networking with community agency
 - Research
 - Conferences
- Resident Assessment Inventory (RAI) Tool
 - Individualized plans of care
 - Seclusion & restraint reduction initiative

Networking

- Meeting with & making informal partnerships with community agencies
- Participating in research projects
- Developing a directory of services
- Developing in-house resources
- Understanding the services provided in the community
- Offering education to community services providers about mental illness
- Working with peer support services

Staff Education

Education will be multi faceted:

- Allow for staff to reconcile personal feelings regarding trauma
- Focus on building capacity to effectively screen for & respond to disclosure
- Provision of trauma informed care
- Offer support for vicarious trauma
- Provide culturally sensitive care

Success Indicators

- Client satisfaction
- Change in knowledge, attitude & practice
- Increased capacity
- Seamless integration of service

Our Goal....

**To provide the Right Service,
in the Right Place,
at the Right Time!**

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