

MENTAL HEALTH SERVICES FAIL TO ASK ABOUT VIOLENCE.

THE NEED FOR VICTORIA'S MENTAL HEALTH SECTOR TO BECOME 'TRAUMA-INFORMED'

*Submission to the State of Victoria's Royal Commission on Domestic Violence,
by Dr John Read, Professor of Clinical Psychology, Swinburne University of Technology –
Researcher into the long-term effects of abuse and violence and how mental health services
respond.*

I briefly summarise below research which directly addresses points 1b and 1c of the remit of the RC, ie. early identification and the provision of support.

People who are subjected to violence and who also have mental health problems (sometimes as a direct result of the violence) are often particularly marginalised and vulnerable. The violence toward them will be unlikely to be heard through the criminal justice system, but could, and should, be identified by mental health services, leading to timely intervention and support.

* * * * *

Many women who use mental health services are subjected to intimate partner violence, but this often goes unidentified or, if identified, is not responded to properly.

Violence, physical and sexual, against women children and men, has long been established as a powerful causal factor for most mental health problems, including depression, psychosis, drug/alcohol addiction, eating disorders, PTSD, dissociative disorders etc.

Most mental health services tend to operate predominantly from a 'medical model' which prioritises the assessment of symptoms so as to apply a diagnostic label and select a medication. This means that very often 'patients' are not asked what has happened in their lives, or is happening now, that might have contributed to their depression etc.

In 2008, the National Health Service in the UK published guidelines which called for all mental health service users to be asked about abuse and all staff to be trained in how to do that (NHS Confederation, 2008).

Nevertheless, international research has shown repeatedly that the majority of cases of abuse/assaults that have been, and are currently being, experienced by users of mental

health services go undetected by mental health services (Read et al, 2007; Trevillion et al., 2014).

Furthermore, when abuse/assault *is* disclosed, the response of mental health staff is typically extremely inadequate (Trevillion et al., 2012) in terms of support or inclusion in treatment plans. Two New Zealand studies (one inpatient and one outpatient) found that none of the documented cases of abuse/assault (including ongoing assaults) were reported to legal or protection agencies (Agar & Read, 2002; Read & Fraser, 1998).

The three consistent findings across both studies were that victims of physical assault in adulthood, and men, are even less likely to receive an adequate response to disclosures of child abuse/adult assault than other service users.

The introduction of a training programme for staff in Auckland, New Zealand (read et al., 2007) was followed by significant increases in asking about abuse/violence and improved responses to disclosures

It is therefore suggested that the Commission mandate the introduction of policies throughout the Victoria mental health sector that all service users be asked about violence and that all staff be trained on how when and how to ask about all forms of violence and how to respond appropriately to disclosures (Read et al., 2007).

Agar, K., & Read, J. (2002). What happens when people disclose sexual or physical abuse to staff at a community mental health centre? *International Journal of Mental Health Nursing*, 11, 70-79.

National Health Service (2008). *Briefing: Implementing national policy on violence and abuse*. London: NHS Confederation Publications

Read, J., et al. (2007). Why, when and how to ask about abuse. *Advances in Psychiatric Treatment*, 13, 101-110.

Read, J., and Fraser, A., (1998). Staff response to abuse histories of psychiatric inpatients. *Australian and New Zealand Journal of Psychiatry*, 32, 206-213.

Trevillion, K., et al. (2014). Disclosure of domestic violence in mental health settings: A qualitative meta-synthesis. *International Review of Psychiatry*, 26, 430-444.

Trevillion, K., et al. (2012). The response of mental health services to domestic violence. *Journal of the American Psychiatric Nurses Association*, 18, 326-336

