

2023

Patient and public involvement to inform a new trauma informed service development and future service evaluation

Temple, Peta

Temple. P. et al. (2023). 'Patient and public involvement to inform a new trauma informed service development and future service evaluation', South West Clinical School Journal, 3 (2).

<https://pearl.plymouth.ac.uk/handle/10026.1/21036>

<https://doi.org/10.24382/bfra-3y65>

University of Plymouth

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

#400WORDS: KNOWLEDGE TO ACTION

Patient and public involvement to inform a new trauma informed service development and future service evaluation

Peta Temple¹ Runi Liverod² Emily-Jo Hawkins² Roseanna Hall²

¹Lived Experience Development Lead and Registered Nurse, Cornwall Partnership NHS Foundation Trust, BODMIN. PL31 2QN, ²Peer Support Worker, Cornwall Partnership NHS Foundation Trust, BODMIN. PL31 2QN.

Email: peta.temple@nhs.net

Submitted for publication: 03 February 2023

Accepted for publication: 07 March 2023

Published: 01 June 2023

Background

Lighthouse is a lived-experience-led peer support group, currently operating in four locations across Cornwall. The Lighthouse team is made up of four lived experience practitioners: a registered nurse and three peer support workers. They run groups for people who experience strong emotions; and may manage these feelings using self-harm, drink, drugs, and/or thoughts to end their lives. Often, the people who make up the Lighthouse membership have experienced abuse or trauma and, as a result of their experiences and the ways they cope, they are sometimes labelled with a personality disorder diagnosis.

Since Lewis and Appleby (1988), a national conversation around the usefulness (and potential harmfulness) of personality disorder as a label has persisted. Diagnostically aligned descriptions of difficulty are making way for deeper understandings around the prevalence of early trauma and its role in life-long health outcomes (Felitti, 1998). To this end, trauma-informed approaches are increasingly employed as an antidote to the effect of poor-quality services, typically given to people with this diagnosis (Hopper *et al.*, 2010, Lewis and Appleby, 1988).

Service development plans

Lighthouse has been running peer support groups for one year and plans to evaluate the benefits of adopting an approach to care that prioritises staff awareness of, and responsiveness to, the impacts of trauma. The 'Sanctuary Approach' (Bloom and Farragher, 2013) provides a trauma informed approach to helping, it is described as a "*strengths-based framework...grounded in an understanding of, and responsiveness to, the impact of trauma,*" (Hopper *et al.*, 2010: 82).

To avoid Lighthouse adopting unhelpful and re-traumatising historical approaches, we conducted a patient and public involvement (PPI) consultation, involving volunteering service users and asking for three things that help and three that hurt in the helping relationship with wider services, which Lighthouse could then seek to embrace/avoid.

Results

Feedback from service users were mapped to Sanctuary's Seven Commitments (Bloom and Farragher, 2013). There was a direct correlation for 97.7% of identified terms, indicating that Sanctuary would be an appropriate framework to consider.

These data are being feedback to the PPI participants to seek support to adopt the Sanctuary model into the service. The Lighthouse team will then plan to develop a participatory action research study to introduce the Sanctuary model and evaluate its longer-term impact.

Conclusion

This work has helped address Lighthouse member concerns regarding their difficulties in relationship with services; it has increased staff knowledge and understanding of trauma informed approaches; and helped shape a future research study centred in implementing a new model of care.

References

Bloom, S.L. and Farragher, B.J. (2013) *Restoring sanctuary a new operating system for trauma-informed systems of care*, New York: Oxford University Press.

Felitti, V.J., Anda, R. F., Nordenburgh, D., Williamson DF., Spitz, A. M., Edwards, V., Koss, MP and Marks J. S., (1988) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study', *American Journal of Preventive Medicine*, 56(6), pp. 774–786.

Hopper, E.K., Bassuk, E.L. and Olivet, J. (2010) 'Shelter from the storm: Trauma-informed care in homelessness services settings', *The Open Health Services and Policy Journal*, 3(1), pp. 80–100.

Lewis, G. and Appleby, L. (1988) 'Personality disorder: The patients psychiatrists dislike', *British Journal of Psychiatry*, 153(1), pp. 44–49.



This is an open access article distributed under the terms of the Creative Commons Attribution Non-Commercial 4.0 International (CC BY-NC-SA 4.0) licence (see <https://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits others to copy and redistribute in any medium or format, remix, transform and on a non-commercial basis build on this work, provided appropriate credit is given. Changes made need to be indicated, and distribution must continue under this same licence.