

Promoting Recovery In Mental Health



Final Evaluation Report prepared by
Siân Oram, Lauren Capron and Kylee Trevillion
King's College London

Executive summary
Prepared by Jennifer Holly (AVA)

2016

Promoting Recovery In Mental Health

Background

Mental health services have a key role in responding to domestic and sexual violence. Women and men with mental disorders – including depression, anxiety, post-traumatic stress disorder, eating disorder, and psychosis – are more likely to be victims of domestic and sexual violence than are people in the general population.

Yet, domestic and sexual violence are under-detected by mental health services. It is estimated that just 10-30% of cases are identified. Limited research, however, exists on how to improve responses to domestic and sexual violence in mental health and other health settings. Reviews of interventions conducted in non-mental health and social care settings have found that although training interventions can be effective in improving health professionals'

knowledge about domestic violence, broader organisational support and systemic change is required to bring about sustainable improvements in professionals' identification of and responses to domestic violence.

In order to address these issues AVA was awarded funding from the Department of Health Innovation, Excellence and Strategic Development (IESD) fund to deliver PRIMH (Promoting Recovery in Mental Health). PRIMH provide intensive support to two mental health trusts to implement a change management strategy to introduce organisation-wide improvements in the care offered to people affected by abuse. The project ran from August 2013 to August 2016.

Participants

Mental Health Trusts were invited by AVA to apply to participate in the project. Nine Trusts applied, from which Camden and Islington NHS Foundation Trust and Sussex Partnership NHS Foundation Trust were selected to participate.

Camden and Islington NHS Foundation Trust provides mental health services to residents of the London boroughs of Camden and Islington, plus substance misuse services in Westminster and a substance misuse and psychological therapies service to people living in Kingston. It operates over 20 sites and employs over 1,700 full time equivalent staff.

Sussex Partnership NHS Foundation Trust manages around 100 sites across the South East of England, including services in East Sussex; West Sussex; Brighton and Hove; London; Kent; Medway; and Hampshire. It employs over 5,000 staff (including 1,700 nurses, 300 doctors, and 1,500 other clinical and professional staff).

Evaluation methodology

An independent evaluation of PRIMH was conducted by King's College London and aimed to capture changes in strategic and operational responses to domestic and sexual violence.

The evaluation was comprised of four components:

Study 1: Document review.

A critical examination of policies, protocols, procedures and resources relating to domestic and sexual violence prior to and after the implementation of the PRIMH intervention. The extracted data were reviewed against criteria based on national operating standards and NICE guidance on domestic and sexual violence.

Study 2: Qualitative research with key stakeholders and NHS professionals.

Interviews and focus groups with relevant staff members in each trust were conducted. The discussions focused on 1) professionals' views about the Trusts' roles in identifying, referring and caring for service users who have experienced violence and abuse, 2) the Trusts' relationships and links with services that support people experiencing domestic and sexual violence, and 3) experiences and expectations of the PRIMH intervention.

Study 3: Pre and post training surveys with NHS professionals.

This component of the evaluation aimed to evaluate changes in clinicians' knowledge, confidence and competence to respond to service users' experiences of violence and abuse. They were evaluated before and after attending domestic and sexual violence training delivered as part of the PRIMH intervention.

Study 4: Survey and qualitative research with service users who have experienced domestic or sexual violence.

Interviews with service users aimed to 1) measure service satisfaction, health and well-being among service users with experiences of domestic and sexual violence, and 2) to explore service users' experiences and opinions about clinicians' responses to violence and abuse.

Findings and discussion

1. Outcomes of the project

Ratification of a new domestic and sexual violence policy at Sussex Partnership Foundation Trust.

Updated domestic violence safeguarding policy at Camden and Islington NHS Foundation Trust published.

A total of 158 staff across two Trusts attended an evaluated three hour training course prepared specifically for PRIMH. Attending training resulted in:

- A significant increase in knowledge about domestic and sexual abuse (measured by correctly answering a series of questions relating to common myths about abuse).
- A significant increase in reported knowledge why a patient might not disclose domestic and sexual violence.
- What questions to ask to identify potential new cases of domestic and sexual violence.
- What to say/not to say to a patient experiencing domestic and sexual violence.

- A significant number of staff reported increased comfort in discussing domestic and sexual violence with patients.
- A significant increase in confidence levels in using referral pathways for women, men and children.
- Although confidence in supporting male victims overall was lower than that for women and children affected by abuse.
- Around three quarters of staff reported at the beginning and end of training that they had time to ask about domestic and sexual abuse, but less than two-thirds said their workplace allowed them sufficient time to respond adequately to service users with experiences of domestic and sexual violence.

In Camden, a CQUIN (Commissioning for Quality and Innovation) target was introduced to ensure that 20% of 1,726 frontline staff were trained in how to identify and respond to cases of domestic and sexual violence.

The project and safeguarding leads at Camden and Islington NHS Foundation Trust estimated

a 50% increase in calls from frontline staff in relation to domestic and sexual violence issues over the duration of the project.

Creation of the DaSAL (Domestic and Sexual Abuse Link) Practitioners Network in Sussex and the AR-DSA (Awareness and Response to Domestic and Sexual Abuse) Network in Camden and Islington. Both networks include members of staff who are committed to continuing the work of PRIMH by being sources of information in their teams and skilling themselves to deliver the PRIMH training programme across their organisations.

Recovery College courses on recovering from abuse designed and piloted in each Trust.

2. Service users' experiences

Interviews were conducted with 37 service users, 20 from Camden and Islington NHS Foundation Trust and 17 from Sussex Partnership NHS Foundation Trust. Twenty interviews were conducted prior to the implementation of the PRIMH intervention, and 17 post-intervention.

Due to the small numbers of service users involved, no significant change in levels of satisfaction with services was found between the beginning and end of the project, nor between to the two Trusts. However some examples were, provided of how practice had improved in recent years:

"They didn't used to be [aware], but they are now... Yes, I just think in the last sort of two or three years... Previously it was very much left to me to well, if you're in a violent relationship you should leave him. That changed quite dramatically about two or three years ago, and they were going, you're in a violent relationship, we've got to help you leave him..."

(Rachel, experienced physical and sexual violence)

Several survivors spoke of responses that they found more helpful:

"They treated me very respectfully, because of the urgency with which they dealt with that. It was... Yes, they dealt with it so quickly and so thoroughly. It really did... It actually made me feel very valued and very validated."

(Olivia, experienced physical and sexual violence)

Whilst others highlighted areas for continued improvement, including how information and advice is offered, and difficulties accessing different types of therapeutic support.

I did have some counselling a long time ago, and both times I've had sort of... I've waited about a year and then chased it up, you know?"

(Grace,
experienced
physical and
sexual violence)

"I just think they don't get how perhaps confused you are, and even women who look really quite capable, perhaps in those situations, and the sort of affect it has on your thinking when you've been in that situation for so long, and how that can make it really difficult to make an informed decision, even though you look like someone who's capable of making an informed decision."

(Anna,
experienced
physical and
sexual violence)

"I mean for me, I know one of the groups, it was mostly women, but there were a couple of men there, and for me that was... I felt uncomfortable"

(Elizabeth, experienced
physical and sexual
violence)

3. Barriers and facilitators of the project

“both organisations spoke about the difficulty of transforming practice and embedding change in large, complex organisations, particularly in the context of limited resources.”

The challenge for project such as PRIMH is supporting change across large organisations spread over multiple locations. Key stakeholders in both Trusts identified a number of specific barriers to implementing the project as well as several key facilitators of success.

Barriers	Facilitators
Organisation size – considerable resources needed to reach a large workforce spread over multiple locations.	Time and expertise of a dedicated and independent project coordinator from AVA.
Lack of organisational support – responsibility for majority of project actions fell to a small number of people, reducing rate of progress.	Characteristics of staff involved in the project, particularly project leads within each Trust who showed passion and commitment.
Lack of representation of internal divisions such as human relations, audit and IT limited range of actions achieved.	Quality of training delivered and progress in integrating domestic and sexual abuse into mandatory training programmes.
Lack of support from communications reduced vital project visibility.	External, rather than internal, drivers – introduction of the Care Act 2014, involvement in Domestic Homicide Reviews, local CQUIN targets.
Limited data monitoring capacity resulted in difficulties capturing changes in rates of enquiries, number of referrals made, etc.	

Recommendations

As PRIMH is rolled out more widely, lessons learned from this evaluation could contribute to its future success.

1. Project steering groups should include membership of the executive board and representation from a range of divisions (e.g. nursing, safeguarding, human relations, communications, information technology, and audit) and staff roles (e.g. psychiatry, psychology, and nursing).
2. Trusts should provide internal resources to support the project, including with respect to staff time for project leadership and administration, and funding for communications and events.
3. Project resources should also allow for the creation and maintenance of a strong project brand and visibility.
4. Consideration should be given at an early stage to internal mechanisms for data collection and monitoring.
5. Improving the identification and response to domestic and sexual violence perpetration should be included within the scope of the project.
6. Training should be embedded into long term training provision and structures, and integrated into related training including safeguarding and risk assessment.
7. Link practitioners and train-the-trainers should be selected to ensure service coverage, and consideration given to long term plans for support, supervision, and on-going training.
8. Responsibility for actions must be shared by project steering group members to ensure sustainability, coverage, and the avoidance of over dependence on the Trust lead and project worker.
9. Sustainability planning is needed from the beginning of the project, and may include planning for the provision of specialist services for people who have experienced domestic and sexual violence.
10. Policies and training materials should include information about what staff can do to help service users who do not disclose experiences of abuse, who do not want to be referred to domestic and sexual violence agencies after disclosure: or are on waiting lists for domestic and sexual violence agency support.



About AVA

AVA (Against Violence and Abuse) is a leading UK charity committed to ending **gender based violence and abuse**.

We strive to improve services for survivors through our **learning, resources** and **consultancy**, and end violence against women and girls through our **policy, research and prevention work**.

We have specific expertise on **Multiple Disadvantage & Children and Young People**.

AVA offers

- **Learning and skills**

Training, accredited learning, e-learning, conferences & seminars

- **Resources**

Publications, on-line toolkits and resources

- **Guidance to improve practice**

Prevention work, consultancy, policy & research

Find out more



www.avaproject.org.uk



[@AVAProject](https://twitter.com/AVAProject)



info@avaproject.org.uk



020 7549 0280

Registered charity number: 1134713.

Registered company number: 07092449

AVA (Against Violence & Abuse)

Fourth Floor

Development House

56 - 64 Leonard Street

London

EC2A 4LT

© King's College London and AVA 2016

