



CALIFORNIA NETWORK OF MENTAL HEALTH CLIENTS

2012 - 19th Street, Suite 100, Sacramento, California 95818
Voice: (916) 443-3232 ■ (800) 626-7447 ■ Fax: (916) 443-4089
E-mail: main@californiaclients.org ■ Web: www.californiaclients.org

Monthly Policy Report of the California Network of Mental Health Clients (CNMHC) to the Mental Health Services Oversight and Accountability Commission (OAC) May 2008: Trauma as a Central Issue in Clients' Lives and the Need for Trauma-Informed Care

For Mental Health Month, the CNMHC would like to raise awareness the central importance of addressing trauma in mental health care.

Issue: Lack of trauma focus and awareness. The prevalence of violence and neglect in our culture has had pervasive, often dramatic psychological effects. According to the Sidran Traumatic Stress Institute, most mental health clients are trauma survivors. People can and do recover from the effects of trauma if they receive the right services and support. But all too often, trauma survivors do not receive the types of support they need. Despite a large body of evidence, public mental and behavioral health systems continue to pay little attention to the high incidence of trauma in the lives of mental health clients, and the importance of trauma-informed care has been largely ignored.

The Sidran Institute defines psychological trauma as “an event that is outside the range of usual human experience and which is so seriously distressing as to overwhelm the mind's defenses and cause lasting emotional harm.” Protracted stressful situations, deliberately inflicted by people, are far harder to bear – and more likely to lead to serious mental health problems -- than accidents or natural disasters. According to the National Trauma Consortium, “[t]rauma is often the central issue for people with mental health problems, substance abuse problems, or co-occurring disorders, and there are huge personal, social and economic costs to ignoring trauma.” For example:

- In *The Damaging Consequences of Violence and Trauma*, Ann Jennings reports that as many as 80% of men and women in psychiatric hospitals have experienced physical or sexual abuse, most of them as children.
- Up to two-thirds of both men and women in treatment for substance use report childhood abuse or neglect.
- Nearly 90% of women with substance use diagnoses related to alcohol use were sexually abused as children or suffered severe violence at the hands of a parent.
- 82% of young people in inpatient and residential treatment programs have histories of trauma.
- Najavits, Weiss and Shaw (1997) found that people with substance use diagnoses are more likely to be diagnosed with post-traumatic stress disorder than the general population.
- More than one in three soldiers who have served in Iraq have sought mental health services after returning from combat.
- 76% of homeless veterans report past-month alcohol, drug and/or mental health problems.

Issue: Force, coercion, abuse and neglect in mental health treatment cause and exacerbate trauma. In several recent studies, mental health clients/survivors reported having been traumatized by forced, coercive, abusive or neglectful treatment they received in mental health settings. In three studies, clients consistently named mental health service providers among those whose attitudes and actions were most harmful and disempowering, and in two of these studies the mental health system was named more frequently than any other source of abuse. Research has also shown that successful outcomes depend on service providers establishing the trust of persons in their care; when that trust is violated, clients are much more likely avoid seeking mental health services. However, mental health systems seldom if ever gather feedback from

former clients, and clients' reports of abuse and maltreatment have generally been discouraged and dismissed by the mental health system except when they are accompanied by legal challenges or investigations by higher governmental agencies.

Recommendations:

- A. The OAC should adopt trauma-informed practices in conducting their business that affirm the dignity and respect of trauma survivors and mental health clients.
- B. The OAC should commission a white paper or report reviewing the literature on trauma, its impacts and effects, incorporating the first-hand experiences and perspectives of trauma survivors.
- C. The OAC should incorporate best practices in trauma-informed care into all MHSA guidelines.

In order to assist the Commission in addressing these issues, we would like to offer the attached list of resources, including trauma-informed principles and practices, some existing model programs, and some recommended strategies for ending the traumatization of clients in mental health settings.