

The way forward

Writing a new story – Ben’s journey with a Trauma-Informed Care Framework

January 2015

Brought in to Emergency Department (ED) by ambulance – suspected drug induced psychosis

Aboriginal and/or Torres Strait Islander Mental Health Worker (MHW) AND/OR Aboriginal and/or Torres Strait Islander Hospital Liaison Officer (HLO) contacted and immediately engages with the ED and Mental Health staff, Ben and his family/supports.

Placed in inpatient Mental Health Unit (MHU) on Involuntary Treatment Order (ITO)

MHW and/or HLO liaise with MHU and handover to appropriate inpatient Aboriginal and/or Torres Strait Islander Mental Health and/or Addiction Services staff member.

Ben and family feel supported and respected from both a medical and cultural perspective.

The treating team acknowledge Ben’s inherited trauma and are sensitive to any lived experience of trauma that may have occurred.

The treating team engage with the MHW, Ben and his family to sensitively assess Ben’s history of trauma.

The treating team recognise the potential for any engagement with Government authorities and in particular an inpatient admission to be re-traumatising for Ben and his family.

Commenced psychotropic medication with good results

Aboriginal and/or Torres Strait Islander Mental Health and/or Addictions worker from current treating team continues to liaise with and support Ben, family and members of the treating team.

Discharged to community to live with family and followed up by Mental Health Service (MHS) on ITO

Hand over to community Aboriginal and/or Torres Strait Islander MHW and/or Addictions worker for ongoing support and liaison between consumer, family and treating team.

April 2015

Moved to a new Hospital and Health Service (HHS) to live with family ITO transferred with continued MHS follow up

The MHW, Ben and his support/s attend the first appointment with the new treating team for handover. A MHW from the new treating team is also present and introduced at this time.

The rewrite ends here as with all of this in place the future would look hopeful for Ben and his family.

We do believe that if the core principles of **Trauma Informed Care for Aboriginal and Torres Strait Islander Community** members were implemented the story would have been different from initial contact with **MSAMHS**.

**Our health
Our culture
Our way**

2015

2016

2017

January 2015

- Brought in to Emergency Department (ED) by ambulance – suspected drug induced psychosis
- Placed in inpatient Mental Health Unit (MHU) on Involuntary Treatment Order (ITO)
- Commenced psychotropic medication with good results
- Discharged to community to live with family and followed up by Mental Health Service (MHS) on ITO

April 2015

- Moved to a new Hospital and Health Service (HHS) to live with family
- ITO transferred with continued MHS follow up
- First appointment – medical review with new MHS the ITO was revoked due to a stable mental state, to remain as a voluntary patient with the MHS
- Ben did not attend any further appointments with MHS and was discharged lost to service/ disengagement

May 2015 – November 2016

- Contact with MHS through Court Liaison and Prison Mental Health Services, no ongoing treatment under MHS

November 2016

- Presented voluntarily to ED with family member due to a declining mental state
- Recent Domestic Violence Order (DVO) as a result of altercation with partner
- Medication non-compliance for approximately 5 months
- Significant cannabis and prescription medication misuse
- Death of a significant family member
- Placed on an ITO and transferred to an inpatient MHU
- Commenced on psychotropic medication for diagnosis of drug induced psychosis, mental state rapidly improved
- Discharged to GP with plan to wean from medication over a one week period

4 January 2017

- Brought to ED by police on Emergency Examination Order (EEO) after being found jumping in front of traffic with stated intent to kill himself
- Presented with paranoia and the belief that both he and other people in his family were not who they said they were
- Left ED prior to admission to inpatient MHU

6 January 2017

- Presented to ED with suicidal ideation and placed on a Request and Recommendation (R&R)
- Placed on ITO in inpatient MHU, seclusion was utilised on a number of occasions
- Settled quickly with introduction of psychotropic medication
- Was approved Limited Community Treatment (LCT) to visit with family
- Family called the ward and advised that Ben had told them he was experiencing paranoia and fearful for his safety if he returned to the ward
- Family was encouraged to return Ben to the ward and when he returned that night he was reportedly agitated
- Registrar was contacted to assess his mental state

8 January 2017

- Ben was brought in to the ED by police and ambulance after causing significant physical harm to himself in an attempted suicide. His injuries required surgical intervention.

What Ben’s story may look like without Trauma-Informed Care

Metro South Health