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To: Advocacy and Support
Subject: Advocacy and Support and Therapeutic Treatment Services.

I have been working as a social worker, counsellor and psychotherapist, in the field of trauma, and trauma treatment, for almost a decade in private practice, on national helplines and in public hospitals. I cannot emphasise how important it is to not only provide therapeutic services but effective and accessible therapeutic services. I will make several points I consider to be essential to consider for the well-being of people who were abused as children.

1) Theories of mental illness

However, what therapeutic services are considered effective is directly linked to a professional's theory of how people become mentally unwell. In general, doctors and nurses subscribe to the biological theory of mental illness (with medication as treatment) and psychologists to the theory that thoughts and behaviour cause mental illness (so CBT treatments are the answer). These two perspectives dominate available treatments. To create treatment services for people abused as children according to these models is to throw good money after bad.

Some of the relevant issues here are diagnosis. In the current DSM personality disorders are the diagnosis given most often to trauma survivors. These diagnoses are associated with stigma, blaming the victim, out of date ideas that they cannot be treated, and professional discrimination. When this client group does not get better due to being provided inappropriate treatment service providers become discouraged and burn out. Sometimes they also become judgemental and dismissive.

The only current diagnosis that is remotely appropriate for people abused as children is Post Traumatic Stress Disorder. Current treatment guidelines put Eye Movement Desensitisation and CBT Trauma Informed therapy as No 1 for efficacy and evidence for PTSD. Yet neither of these treatments is provided by the public health system in Australia. On this basis I suggest that our treatment system is not evidence based.

2) The trauma theory of mental illness

Another more marginalised theory of mental illness is the trauma, or life experience, theory of mental illness. This theory despite having very strong biological and social evidence (see findings from neuroscience, infant studies and longitudinal research) is marginalised in the Australian mental health system. Mental health professionals - with the exception of social workers - are not taught to consider trauma as a cause of mental illness and typically therefore people are not assessed for adverse life experiences. Furthermore, no mental health professional - including social workers - are trained in how to treat trauma.

When traumatic experiences have caused mental illness the evidence shows the best treatment outcomes come from using a trauma treatment - such as Eye Movement Desensitisation or CBT trauma informed therapy (although for a range of reasons the latter is not as successful as the former).

3) Mental health treatment

The available mental health treatments in Australia - both public and private - do not deliver appropriate effective services for people suffering from child abuse. This is probably one main reason why mental health treatment is on the whole ineffective. However, there is no movement from any professional group to change what they are doing to create more effective services. Rather belief and assumption dominate the provision of treatment services, rather than evidence.

4) Creation of an effective treatment network

This background goes a long way to understanding why people with mental illness, on the whole, do not recover. Yet the sad fact is that there are very effective treatments for child abuse both short and longer term. Appropriate assessment and understanding could direct people affected by child abuse to effective treatment right now! However, overwhelmingly this does not happen.

Available services are often not able to be used by people abused as children due to their high level of anxiety, mistrust and debilitation. For example, case managers are often not able to understand the degree of information about services required by a person who has been abused as a child and why this is important in the management of anxiety. Often service providers become frustrated by what seems like the impossible demands of a person abused as a child. At this point victims are often blamed for their own illness.

5) Services for people effected by child abuse

As well as effective therapeutic services, and accurate assessment and referral, people who have been abused as children need various forms of social help. They are often so debilitated by symptoms of trauma that the most basic tasks of life are beyond them. It should be born in mind that the families of people abused as children are not necessarily able to help them, either because it is beyond them, or they have historically failed these people or were part of the abuse.

Some necessary services include: crisis and emergency help (however the current triage services are failing these people who need trauma informed clinicians), advocacy at all levels so that presentations of trauma are recognised and services developed that meet their needs, outreach services, living supports such as home help, living skills development, transport, social support, and trauma informed medical services. The list could go on.

6: The best use of resources in helping people abused as children

Delivering effective treatment to people abused as children means - at the very least - creating a dedicated service system that is trauma-informed. It is of the upmost importance to acknowledge that the current mental health system is not trauma informed and the current professional curricula does not cover trauma. To create services on the basis of current treatment models is to once again betray people abused as children in favour of the status quo.

I would be happy to write a briefing paper from the trauma perspective based on mainstream research.

Thank you

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