Communities of Care Training

UNION GOSPEL MISSION
Feeding hope. Changing lives.

Mental Health Awareness & Trauma Informed Care

Description:	This session introduces the mental health challenges commonly encountered "on the street", how these interface with addiction, and how our methods of care must consider chronic or severe trauma. It outlines the skills needed to provide appropriate care or engage help from others.
Key Terms:	Universal Precautions, Trauma, Trauma-Informed Care, Spill Kit, Compassion Satisfaction, Compassion Fatigue

Biblical Reflection

In this passage, the prophet Isaiah is speaking to the assembly of Israelites whom Cyrus the Great had allowed to return from exile to rebuild Jerusalem. They were a traumatized community, still under considerable threat, characterized internally by grave disparities in wealth and status – but who were nevertheless sincerely pious and assuming that prayer and fasting would convince God to secure their future. As with all the prophets, Isaiah's message brings with it an invitation to discomforting practices of justice that lead to greater intimacy with God and others, especially those who have been pushed to the edge of society.

Isaiah 58: 9-12 (*The Message*)

"If you get rid of unfair practices,
quit blaming victims, quit gossiping about other people's sins,
If you are generous with the hungry
and start giving yourselves to the down-and-out,
Your lives will begin to glow in the darkness,
your shadowed lives will be bathed in sunlight.
I will always show you where to go.
I'll give you a full life in the emptiest of places—
firm muscles, strong bones.
You'll be like a well-watered garden,
a gurgling spring that never runs dry.
You'll use the old rubble of past lives to build anew,
rebuild the foundations from out of your past.
You'll be known as those who can fix anything,
restore old ruins, rebuild and renovate,
make the community livable again.

Shadowed lives is a poetic description that fits many people struggling with mental health challenges and trauma – as relevant today as it was in Isaiah's time. As we go through this session,

Updated: October 4, 2021

consider how we can support our vulnerable friends so they, too, can feel like their lives are *bathed in sunlight*.

Mental Health & Trauma Awareness

Our supportive programs exist because the system that we currently function in does not adequately support people who struggle with pain, trauma, and mental health challenges. In many cases, our programs and institutions even punish or worsen the experiences of people living through these challenges. People do not experience acute or chronic mental health challenges because they are lazy, unintelligent, or rebellious, as the media's narrative often suggests. Rather, we must reframe difficult behaviours and provide care with compassion and grace.

The medical community has adopted a posture where every patient is seen as carrying a potentially communicable disease, and thus "universal precautions," are taken to minimize risk. These precautions include wearing Personal Protective Equipment (PPE) when appropriate (i.e., masks and gloves) and following a defined procedure when cleaning up bodily fluids. In a similar vein, it may help to assume all our program participants have experienced some trauma and mental health challenge, and thus we care for them accordingly.

In an acute crisis, when someone is agitated, distressed and/or aggressive, it does not usually matter what triggered the situation. Our primary goals will be to de-escalate the situation (**See Boundaries Module**) and ensure safety. Still, a broad understanding of mental health challenges, substance abuse, and trauma can help us care well for vulnerable individuals, and hopefully avoid a crisis.

Mental Health 101

Mental health challenges can be more disabling than physical ailments in the degree to which they impact a person's thinking, emotions, behaviour, and ability to cope. Each person will respond differently to challenges and triggers based on factors such as their genetics, history, physical state, social connections, perceptions, spirituality, and concurrent disorders, including:

- **Mood disorders** – disturbances to how someone feels or experiences emotions, including depression and bipolar disorder with extreme mood swings
- **Anxiety disorders** – anxiety or apprehension that interferes with daily life, ranging from mild unease to panic attacks, often triggered when there is no real threat (though it feels real to the individual)
- **Psychotic disorders** – one loses touch with reality, or experiences more than one reality at the same time, including schizophrenia and substance-induced psychosis

- **Eating disorders** – serious disturbance in one's body image and food intake habits, when one consumes too little, too much, and/or cannot control purging behaviours
- **Compulsive Hoarding** – excessive collecting of items that leads to significant distress, health and safety risks and impaired functioning[1]
- **Substance-related disorders** – physical and psychological dependence on a substance (or activities like video games and gambling) that leads to intoxication and alters the user's mood and behaviours

These challenges are often made worse by the fear, stigma, and discrimination that surround them, as such responses can make an individual feel worse. In turn, individuals are often less able to cope and less likely to seek help, or even seeing that effective help is an option. Connection to social supports and a spiritual community will likely be precarious, and thus individuals may miss the comfort, hope, healing relationships, and practical care these can provide.

Trauma 101

Trauma is an experience that overwhelms an individual's ability to cope. Our nervous system is constantly scanning its environment for signs of safety and danger and is poised to react to threats. Traumatic responses (fight, flight, or freeze) are normal responses to abnormal experiences.

Unlike stressful situations, traumatic experiences change how we experience the world. They can impact every area of functioning – physical, mental, behavioural, spiritual, ability to learn, appetite, ability to calm oneself, etc.

- Trauma can stem from one event, repetitive events, developmental (ACE – Adverse Childhood Experiences[2]), intergenerational or historical experiences
- Two people can experience the same event very differently, resulting in lasting trauma for one and the other not
- Impacts of trauma may not go away when the event is over, just like our body still feels stress after the stressor is gone, and needs to complete the stress cycle
    - For example, when we do something that is naturally anxiety provoking, like public speaking, we often feel jittery for some time after the speech is over – doing something physical like going for a walk or hugging someone helps to release the stress energy in our bodies
- Trauma triggers cannot be predicted, but can be eased through non-judgemental and trauma informed practices

[1] https://vancouver.ca/people-programs/hoarding-action-response-team.aspx

[2] https://acestoohigh.com/

- Mental health challenges and substance abuse can stem from, lead to and/or amplify trauma

Our Role – What NOT to Do

- We must know our limits and boundaries (**See Boundaries Module**)
    - Understand what are you are responsible for and what are you are not responsible for – it is not our role to diagnose, develop a treatment plan, or intervene when we cannot maintain a safe setting
    - Generally, give people space rather than initiate any kind of physical contact when someone is agitated
- We cannot address deep trauma if we are not trained to do so and we must be mindful or this when asking questions or eliciting personal stories
    - When people share their trauma story repeatedly, they can experience re-traumatization, becoming even more vulnerable
    - We do not need to know the details of a trauma experience to provide compassionate care (**See Poverty Module**)

Our Role – Providing Trauma Informed Care

Many mental health crisis (i.e., violent outbursts or attempts to self-harm) can be avoided through early intervention. There is a place for trained therapists, medications and institutional care, but there is much we can do outside of these formal supports, particularly:

- Recognize signs of declining mental health and ability to cope
- Provide comfort and an initial caring response
- Ensure agitated individuals do not feel trapped
    - **Physically** – Can the individual can walk away? Are they cornered?
    - **Psychologically** - Reassure the individual that they will not lose access to the programs that they depend on (if appropriate)
    - **Emotionally** – Reassure the individual that it is okay to feel what they are feeling with phrases like, “That sounds hard,” or, “Thank-you for sharing how you are feeling with me.”
- Guide an individual towards appropriate help with reassurance and information, not necessarily advice
    - “Have you considered…” rather than, “You should…”
    - Ensure the individual has contact information for available supports
    - When appropriate, help make a connection or accompany an individual to the support they need

- Rather than guess at an answer (i.e., about a program policy or availability of another resource), it is better to tell individuals that you do not know something, but you can try to find what they need. *Then get back to them*!

Generally, our main action will be non-judgemental listening, but we have a **Duty of Care**, or an obligation to do something if the individual is **at risk of harming themselves or others** (see **Advocacy Module**).

- If the risk is immanent (i.e., overdose, weapon use, harm to themselves or others) **call 9-1-1.**
- If less serious, it may be appropriate to call the **non-emergency police** or other mental health supports. Ensure you have an easily accessible up-to-date contact list (BC 211 maintains up-to-date lists[3]).
- Supportive programs should have at least one staff or lead volunteer on site during program operation with current first-aid training, and a well-stocked **first aid kit**.
  - Also ensure everyone knows where the **spill kit**[4] is, or the box with the directions and supplies for cleaning bodily fluids (i.e., blood, vomit), assuming the individual in crisis may have a communicable disease.
- As much as possible, be open with the individual about what you are doing and have them help determine the response.
- Honour the right to confidentiality, only sharing details with teammates that are necessary for appropriate care and safety. This is essential for maintaining the trust of participants.

Safer Settings

The first step in providing trauma-informed care is to prioritize policies and practices that **foster safer settings** for vulnerable individuals. We, as practitioners, cannot label something as a safe setting – only the participant can say if they feel safe. What might be safe for one person can trigger trauma for someone else. What we can do is attentively listen, honor people where they are at, and practice trauma informed care, including:

- Keep conversations contained and focused on present functioning
- Ensure informed consent and ongoing consent
- Make time to build trust and rapport
- Ensure entrances, exits and bathrooms are well lit and not blocked
- Monitor noise levels (i.e., music, voices, air-conditioners, dish-washers)
- Use respectful language, but do not punish participants for their language

[3] https://bc211.ca/help-lines

[4] https://sneezesdiseases.com/cleaning-blood-body-fluids

- Have clear signs and expectations (i.e., what rooms are common or private, when a program starts and ends, instructions for how things work, and upcoming events). If appropriate, have a brief announcement time to share these things.

Coping Mechanisms

Within reason, we must also make space for an individual's **coping mechanisms** that may have developed after a hard incident or traumatic experience.

- Detachment, hyper-vigilance, altered self-regulation, short-temperedness, self-medicating or substance abuse, comfort foods
- Do not shame or punish involuntary responses
- Food, smells, tastes, textures, sounds, or anything sensory can trigger difficult memories
- Eating poorly (undernourished, dehydrated, over-caffeinated, etc.) will amplify difficult emotions and poor coping habits

One Way to Create Safety is to Allow Opportunities for Choice

We also create a sense of safety when we allow opportunities (not pressure) for choice. Within program structure, and with reasonable limits, allow individuals to choose where, when and what to eat, sit, stand, come and go, participate in spiritual practices (i.e. prayer before meals), etc. Watch for where we may convey that *"beggars can't be choosers."*

Find ways to increase input and collaboration, such as inviting participants to help with setting tables, managing coffee stations, and welcoming guests. This invites participants into a different kind of belonging as an active member of the community. It also reminds staff that we do not need to do everything. Connection and conversation often flow more naturally when we work side-by-side.

Compassion Satisfaction and Compassion Fatigue

Caring for others gives us a measure of **compassion satisfaction**, or positive feelings that come when we help others, but when we continually bombarded with hard stories, we also experience grief. When the needs stretch us beyond our abilities, this grief can grow into **compassion fatigue**, **burnout** or **secondary traumatic stress**. These can manifest as impatience, anger, frustration, bitterness, apathy, and other hard emotions.

Learn about these common challenges, watch out for our teammates when they start to struggle, and be careful that our stress will not make situations worse for our vulnerable friends.

Ensure you debrief after each stressful situation, talking about how you felt, what the team can do better in the future, and what systems or training should be set up. It may take a few days (or longer) for you to realize how challenging an incident was.

The antidote to this struggle is self-care. Hunger and exhaustion will amply any difficult emotion. Take breaks – rest when needed, daily quiet time, weekly sabbath, and longer annual holidays. Reach out to friends, pastors, mentors, and professional help when the impact of the work starts to affect how you cope, particularly if you experience sleep disruptions, increased anxiety, and/or any ongoing angst.

Reflect & Review

1. What is one thing your program could do to make it feel like a safer setting for your vulnerable participants?

2. Briefly describe an example of trauma informed care you witnessed in your program.

3. What else do you need to learn about trauma informed care?

4. Have you experienced (or are you experiencing) a measure of compassion fatigue? Or have you seen signs of it in a colleague or fellow volunteer? If yes, what can you do to address it?

Learn More

Read:	Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children and Families (2017) The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma by Bessel van der Kolk (2014) Trauma-Informed Practice Guide. BC Provincial Mental Health and Substance Use Planning Council (2013) Trauma Stewardship by Laura van Dernoot Lipsky (2009) Upside: The New Science of Post Traumatic Growth by Jim Rendon (2015) Burnout: the secret to unlocking the stress cycle Emily Nagoski, PHD and Amelia Nagoski DMA
Watch:	Gabor Mate- The Wisdom of Trauma (Movie)- Streaming this week
Listen:	Bessel van der Kolk- Trauma and Resilience Land in Our Bodies Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle
Study:	Canadian Mental Health Association Mental Health First Aid Course HSABC: Trauma in the Shelter Sector Part 1 & 2 HSABC: Managing Hostile Interactions HSABC: Mental Health, Addiction and Trauma Justice Institute of BC https://www.jibc.ca/course/de-escalating-hostility

Contact churchrelations@ugm.ca to explore these ideas further.