



Pioneering Partnership Working to Provide Talking Therapies from Sexual Assault Referral Centres (SARCs)

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Abstract

Sexual violence may have a negative psychological impact on the victim. Some survivors will in time recover whilst others will go on to develop PTSD or suffer long term psychological sequelae, such as depression and anxiety. The Kent SARC, in conjunction with the Kent mental health partnership trust have developed a screening tool for nurses and crisis workers to assess which survivors are at particular risk of psychological harm and might benefit from rapid access to talking therapies, including EMDR. The screening tool and the pathway to permit rapid access to talking therapies is discussed and an early data set presented for patients treated through this pathway.

Keywords: Talking therapies; SARCs; EMDR

Introduction

In UK SARCs, Nurses and Crisis Workers are not usually trained to provide Talking Therapies. Consultations with survivors of sexual assault have highlighted the need for easier and more rapid access to Talking Therapies [1,2]. This service provision should also meet the needs of clients presenting with complex mental health needs, such as post-traumatic stress disorder (PTSD), which require a specialist intervention. A novel rapid access pathway was therefore developed to address these gaps in service provision [3,4].

Aim

To develop a robust pathway for rapid access to talking therapies from the SARC to aid recovery of adult survivors of sexual assault.

Methods

Kent Mental Health Partnership Trust (KMPT) were approached by the Kent SARC to assist with pathway development and together with SARC staff they devised a screening tool. The screening tool is informed by the trauma symptom questionnaire (TSQ) [3,4]. Examinations of adult and adolescent (13+) complainants of rape are conducted in Kent by Forensic Nurse Examiners with the assistance of a crisis worker. Nurses and crisis workers at the Kent SARC have been given training on trauma symptoms that may occur following a rape. Clients over 18 yrs who attend the Kent SARC for a forensic medical examination, are firstly given information about Talking Therapies and if they sign the consent form for a referral to Talking Therapies, a triage process is initiated [5-9].

The forensic nurse examiner or crisis worker first completes a screening tool with the client. This includes questions on their current and previous mental health and whether they have received any treatment from mental health services or had counselling. The screening tool also assesses whether they have suffered any previous traumatic events, are exhibiting signs of acute trauma e.g. flashbacks,

insomnia or are actively suicidal, requiring an immediate referral to the mental health crisis team [10,11].

A triage meeting is arranged weekly between SARC staff and KMPT (Kent mental health partnership trust), where individual cases are presented and consideration given to the most appropriate intervention for that particular survivor of sexual assault.

Clients can be triaged to receive either Specialist counselling by Family Matters counselling service and East Kent rape line for up to 12 sessions OR a specialist intervention provided by a KMPT Clinical Psychologist, which will be either EMDR (Eye movement desensitisation reprocessing) or Trauma based CBT (Cognitive behavioural therapy).

The specialist intervention of EMDR or Trauma based CBT [10,11] is at present for 18+ year olds, there is an assessment completed within 28 days of referral and the intervention is initiated between 1 to 3 months post assault, to allow some natural recovery from trauma. The intervention is only able to treat trauma related to the sexual assault and complex clients e.g. personality disorder will need to have their management co-ordinated by mental health services. A degree of stability with a social support network and the motivation to engage are required for the intervention to be effective.

Results for the pathway were reviewed from April 2016 to April 2017.

Results

There were 195 referral from the SARC to the Talking Therapies pathway between April 2016 and April 2017.

33 were treated by East Kent rape line and 123 were treated by Family Matters specialist counselling services.

39 were allocated to KMPT Psychological therapies, either EMDR or Trauma based CBT [8,9].

Discussion

Review of our newly developed pathway has shown that all over 18's who consented to a referral into the Talking Therapies pathway were being effectively triaged to receive the most appropriate intervention to suit their needs. The Taskforce report on the Health Aspects of Violence against Women 1 highlighted the need for the right therapeutic intervention at the right time and our new pathway does provide the rapid access the survivors of sexual assault felt they so needed. When referred for counselling, contact was made within 48 h and an assessment completed within 7 days. Counselling was then commenced within 3 weeks. When referred for the specialist intervention of EMDR or Trauma based CBT, an assessment was completed within 28 days and the intervention initiated between 1 to 3 months to allow some natural recovery time from the trauma. The study does show that the pathway was working effectively with a fast track service to appropriate Talking Therapies being offered following sexual assault. Following this successful partnership working, there are plans to extend the pathway to include the 13 to 18 year old adolescent survivors, so they may also be given the opportunity of receiving a specialist intervention by a clinical psychologist e.g. EMDR. NHS Strategic planning committees have also consulted with long term survivors of sexual assault [1,2]. The majority of such survivors have requested long term support with Talking Therapies and our new pathway will allow rapid access to these much needed therapeutic interventions. This model could be replicated in other areas of the UK [12-15].

Conclusion

A robust pathway with rapid access to Talking Therapies was achieved. The success of the Kent Talking Therapies pathway has enabled this model to be replicated and presented to NHS England commissioners for SARC services, in other areas of the UK.

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