

Coming
Soon

Humanising Mental Health Care in Australia

A Guide to Trauma-Informed Approaches

Edited by **Richard Benjamin,**
Joan Haliburn, Serena King

"The learning from this book will enable others to develop a greater understanding of the appropriate approach to the treatment of people suffering complex trauma."

— The Honourable Peter McClellan, AM, QC,
Chair, Royal Commission into Institutional Responses to Child Sexual Abuse

Humanising Mental Health Care in Australia is a unique and innovative contribution to the Australian healthcare literature.

It brings together 44 national and international experts who work in the area of trauma.

The book reviews the understanding of trauma, different treatment modalities and service approaches for specific populations.

It also emphasises the need for a humanistic trauma informed model of care.

Humanising Mental Health Care in Australia is ideal for a broad audience including clinicians, support workers, researchers and managers.

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Benjamin R, Haliburn J and King S (Eds) Humanising Mental Health Care in Australia – Introducing a Trauma-informed Approach. 2019 Routledge

Due late January 2019

Pre-order:

<https://www.crcpress.com/Humanising-Mental-Health-Care-in-Australia-A-Guide-to-Trauma-informed-Approaches/Benjamin-Haliburn-King/p/book/9780367076603>

Example Chapter

29 Integrating trauma-informed care for personality disorders - The Project Air Strategy

Brin FS Grenyer

Introduction

Globally there are several challenges to the effective assessment and treatment of personality disorders, the most significant of which has been a lack of trauma-informed approaches to care. Patients, family members, carers and clinicians all report multiple sources of trauma, stress, and burden surrounding this group of conditions. Patients state that there are no sensitive models of recovery that include recognition of the “person within the illness”. There is also a lack of understanding about the needs of individuals to grow, in both relationships and vocational outcomes that are personally meaningful, that goes beyond past history and symptoms (Ng et al., 2016). Carers feel excluded from participating in a patient’s recovery, or report significant burden and stress in supporting a person with the condition (Bailey and Grenyer, 2014). Finally, clinicians report high sources of stress and conflict within the helping relationship, particularly if the clinician’s workplace fails to provide collaborative and supportive models of care, including access to effective peer consultation (Bourke and Grenyer, 2013). All perspectives on the difficulties of providing and obtaining effective care for those with personality disorder need to be understood within a health care system that itself can sometimes present more challenges than solutions for this group.

It is also important to note that significant stigma and discrimination exist in health services against people with mental illness, but especially toward those with personality disorder (Grenyer et al., 2017). Estimates are that it takes at least 10 years for a person with a personality disorder to receive an accurate diagnosis, meaning they have many years of potentially iatrogenic harm from ineffective care not designed for their condition (Sulzer et al., 2016). There is widespread reluctance to diagnose the condition by health professionals and ongoing controversies about how to diagnose (Grenyer, 2018). Negative attitudes towards people with personality disorders reinforce stereotypes, and further entrench poor service delivery (Fanaian et al., 2013). Consumer and carer groups rightfully point out that a significant source of trauma comes from health services which fail to identify