Best practice support following occupational violence

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All types of violence can impact on staff’s well being

- Physical assault
- Verbal and psychological abuse
- Sexual assault and harassment
- Intimidation (e.g. standing over someone, explicit threats)

Repeated experience or violence perpetrated over an extended period of time can have a cumulative effect
Context to post-incident support

- 33% - 98% of health professionals report experiencing violence
- Under-reported (Auditor-General, 2015; Pich et al, 2010)
- Some forms of violence more reported than others
- Range of cultures and barriers related to reporting
- Effective post-incident support can only happen in environments where:
  - All forms of violence are reported
  - Practical and cultural barriers to reporting are addressed (e.g. minimisation of violence when perpetrated by vulnerable client or complex reporting systems)
The immediate impact of violence

Common experiences:

- Physical (heart racing, sleep problems, aches & pains, change in appetite)
- Thoughts (memories, difficulty concentrating)
- Feelings (fear, sadness, guilt, anger)
- Behaviour (social withdrawal, loss of interest, alcohol)
- Relationships (conflict, distant)
Common trajectories after trauma

Potential for posttraumatic growth alongside all trajectories
Risk factors for ongoing mental health problems

The vast majority of people do not develop long-term mental health problems.
Occupational violence is a risk factor for worse mental health

Medium to long term impacts:

• Moderate to severe psychological reactions for up to 12 months post-incident
• Long-term psychological effects: PTSD, depression, anxiety, excessive drug and alcohol use, burnout
• Emotional effects: guilt and shame; feeling fearful or unsettled at work, powerlessness, self-doubt; anger; feelings of professional incompetence
• Psychological effects may lead to: Avoidance of patients; absenteeism and sick leave; a desire to leave the profession
Principles of early support

- Safety
- Calm
- Efficacy
- Connectedness
- Hope
Psychological First Aid (PFA)

• An evidence-informed and flexible approach to helping people after a critical incident

• Focus is on practical and emotional support

• Intended to be used in the immediate and short-term aftermath following a critical incident

• Designed for simple and practical use in organisational and field settings

• Can be integrated with reporting and administrative requirements
PFA is not...

- Something that only professionals can do – managers and others with basic interpersonal skills and training can provide this support
- A formal assessment procedure
- Professional counselling or treatment – mental health disorders require specialised treatment
- Asking someone to analyse what happened to them or to put time and events in order
- Pressuring people to talk to you
Why not “Psychological Debriefing”?

• No current evidence that it promotes better mental health outcomes

• Assumes everyone is ready to confront the experience at the same time and may interfere with normal recovery processes

• May inadvertently direct those affected away from their natural supports
Practical advice and strategies

- Simple strategies for helping people cope with distress
- Provide practical assistance and information, e.g., distress reactions and ways to cope
- Encourage people to connect with loved ones and other social supports
- Keep track of how people are going over the coming days and weeks
- Link people to supports and services as required
Accessing support

• Critical but many barriers, e.g.
  – Minimisation of violence- seen as inevitable part of the job; “it wasn’t that bad; the patient didn’t mean it” (sometimes reinforced by organisational culture or lack of consistent def. of OV)
  – Minimisation or shame associated with problems (“I don’t drink that much”; “others are not reacting as I do”)
  – No clear access/inconsistent guidance
PFA part of a whole workplace approach to staff mental health and well-being

PREVENTION

- Violence prevention framework and strategies
- Staff mental health & well-being strategy

AWARENESS & REPORTING

- Reporting guidelines
- Mental health education

POST INCIDENT SUPPORT

- PFA
- Ongoing mental health and rehabilitation support
Australian PTSD Guidelines

- Developed in consultation with experts and people affected by PTSD
- Supported by the Australian Government and approved by peak health research body
- Endorsed by professional associations