

THE INTERNATIONAL SUMMIT ON TRAUMA - WORLD FEDERATION FOR MENTAL HEALTH (28-30 NOVEMBER 2018, HOUSTON TEXAS USA)

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The World Federation for Mental Health (WFMH) is an international voluntary membership organisation that was founded in 1948. The mission of WFMH is to promote mental health awareness and to advocate for better recovery focused interventions among all people in all nations. The internationally recognised World Mental Health Day is an initiative of WFMH and was first celebrated on 10 October 1992. The theme for 2019 is Suicide Prevention.

As recently seen with the tragedy in Christchurch, and the floods in Zimbabwe the world is continuing to experience waves of violence, human rights abuses and disasters. Trauma and its potentially long-lasting effects are becoming major mental health crises in the world.

The focus by the global media on the progression of an event or crisis does little for people and population groups who are experiencing the trauma, or for the serious, immediate and long-term mental health consequences. Mental health support services may not be available thereby compromising the mental health recovery of individuals, communities and nations.

The WFMH hosted the International Summit on Trauma in Houston, Texas on 28-30 November 2018, with the theme being: Impacting Trauma: Issues and Opportunities.

WFMH believed bringing people together at a summit would provide a united focus on the effect of trauma, the extent of trauma induced disability and mental health concerns, and give time to identify strategies and policies that governments and other agencies can adopt to minimise the immediate and future cost of trauma and consider strategies needed to enable people to live an optimal life, whilst interrupting the cycle of abuse and trauma.

The Summit was undertaken through Open Space Technologies, a format that focuses on one theme, providing diverse participants an opportunity to explore complex issues and ideas. There were no scientific or guest speaker presentations, with WFMH Board members acting as hosts and participants. The three-day process began without a formal agenda, beyond the overall purpose or theme of the summit. All participants shared an equal voice in the process, which is effective in the collaboration and consideration of solutions to complex, and often overwhelming problems.

Participants who attended identified as people with lived experience of mental health issues, peer workers, Certified Peer Specialists, carers, nurses, academics, psychiatrists, allied health professionals, employees of government and other agencies and policy makers.

People participated from Uganda, Argentina, Kenya, Israel, South Africa, Australia, Canada, America, Taiwan, India; and the United Kingdom.



Participants at the Trauma Summit

Over the first two days small groups developed notes about self-selected topics to share with the rest of the Summit participants. On the third day, the accumulation of all the work undertaken in the previous two days was collated for determination of priority issues.

There were 31 topics discussed at the Summit, with the following examples:

Emotional neglect and sexual abuse in childhood	Intergenerational trauma following events such as genocide
Sex trafficking	Refugees and culture
Trauma of loss	Mutuality healing through shared stories
Childhood trauma - restoring an innocent mind	The intersection between mental health, trauma and intellectual disabilities
Finding resilience from disaster	LGBTQI issues
Re-traumatisation in mental health	Peer support

I facilitated a group that discussed 'Supportive and therapeutic communities for people living with mental health issues and complex trauma', with all giving support for the creation and maintenance



Future leaders in mental health reform: Sarah Tushemereirwe, Uganda and Arushi Sethi, India

of person led, holistic and therapeutic communities, distinct from an institution. Two models discussed were:

1. Trieste Italy - the country changed the law and closed its psychiatric institutions in one city in 1980. The government set up 24-hour holistic community mental health centres in local neighbourhoods, respite services run by peers, and opened homes for people and their families. It has since created social enterprise businesses for training and employment of people living with a mental illness. There is no psychiatric hospitalisation in Trieste.

2. Australia - the Clubhouse model of psychosocial rehabilitation established in Sydney in 1994 was a traditional drop in centre. It has now morphed into a facility that is based on open dialogue and the individual recovery journey, and includes work ordered days, recovery courses, advocacy and skill development programs, whilst always member directed. People are acknowledged as having intrinsic values and strengths, with a focus on meaningful contribution to the Clubhouse and the community.

The small group determined that for any such community to be successful it requires that all people providing support, i.e. peer workers, clinicians including nurses, allied health staff, psychiatrists, emergency medical staff, general practitioners, social workers and administration support staff must be trained in recovery orientated practices and trauma informed care.

It is essential that wide support across a nation occurs that recognises the importance of the social and emotional wellbeing of its citizens – without national support the view of mental illness and the discrimination and stigma that often occurs is unlikely to change.



Prosumers (Prosumers International) from Texas USA.

Critical Issue

Throughout the Summit childhood trauma was identified as a critical issue. It has played a major role in the global rise of mental health disorders, young adult suicide, and increase in alcohol and substance abuse. According to the World Health Organisation, 1 in 4 people will experience a mental health disorder, with half of all disorders beginning by the age of 14 years, with three-quarters of people experiencing mental health issues by their mid-20s (WHO, 2001).

A number of Summit participants shared their personal stories of childhood, disaster and cumulative trauma, their support

networks, and their recovery journeys that led them to become advocates for their region or country.

Outcomes

The major outcome of the Summit was a collective of priorities and desired steps for future action. A Call to Action is now being developed by the WFMH, and will include a definition of trauma, ensure culturally sensitive interventions and support for all people and the need to avoid re-traumatisation.

Since the Summit the WFMH has released a Declaration on the Mental Health Human Rights of War and Civil Conflict, condemning all forms of discrimination and human rights violations toward vulnerable populations, especially children (WFMH, 2019).

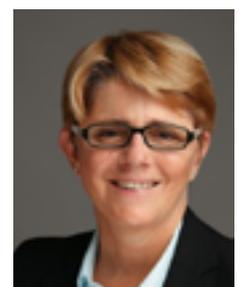
In addition, the WFMH plans to establish an International Day of Trauma – on 1st September each year. This date was chosen as on 1 September 1939 the greatest catastrophe occurred - the Second World War. Between 40 and 60 million people died as a result of the bombings and as victims of the genocide against minorities. It is considered to be when the greatest number of human rights violations occurred in the world.

Reflection

After the Summit I spent a week reflecting on all that I had learnt and soaking up the ambience and jazz of New Orleans. The Summit was a great experience; to have the opportunity to listen to personal recovery stories, to be heard, and to consider the diversity of trauma related events and their impact on individuals, their families, communities, and nations. What was reinforced to me is that understanding, compassion, kindness and connectedness are the tools needed for individual, community and national recovery and growth.

References available upon request

The 'America' referred to in the article does in fact include participants from both North America and South America



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