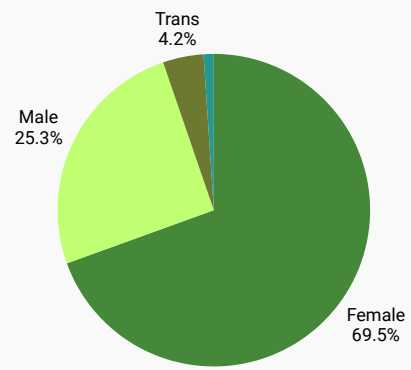




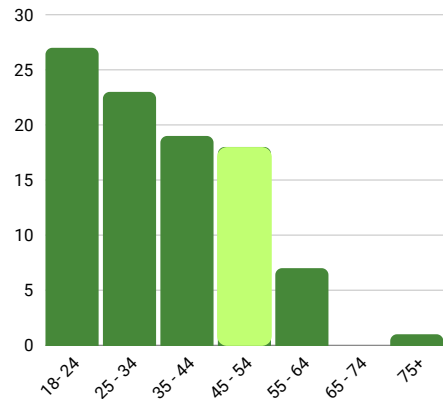
WHO THE TEAM WORKED WITH...

GENDER



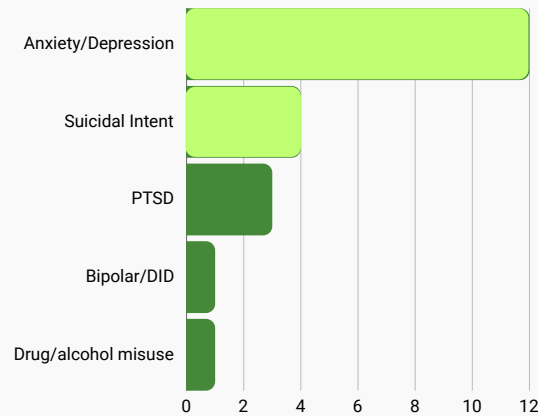
In 2023-24, *Survive* referrals: 85% female & 12% male - suggesting NHS pathway may be **better at reaching male survivors**.

AGE



In 2023-24, 13% *Survive* referrals aged 45-54 yrs versus 19% in pilot – suggesting NHS pathway may be **better at reaching middle-aged survivors**.

TRAUMA SYMPTOMS



Dip sample of 20 initial assessments, **80% stated current/past anxiety, depression and/or suicidal intent**.

DATA

To date, initial IES-R trauma scale scores captured for **27** patient-survivors. Of these, **96%** fall within clinical range:

- **0%** meaningful, clinical concern, partial PTSD
- **3%** (*n*=1) probable PTSD diagnosis
- **93%** (*n*=25) suppressed immune system functioning

To date, paired IES-R trauma scale scores obtained for 17 patient-survivors with av pre score 58.29; av post score 38.12; av decrease in score 20.18. The current data set violated assumptions of normality (*W* = 0.92, *p* = 0.15) so a Wilcoxon-Signed Ranks test was run. This showed that **counselling elicited a statistically significant decrease in clients IES-R scores** (*Z* = -3.62, *p* < .001).

The Reliable Change Index (RCI) values by pair-wise comparison were calculated. Of 17 patient-survivors, **53%** (*n*=9) **displayed reliable decrease** in their IES-R scores with **24%** (*n*=4) moving from PTSD and suppressed immune system functioning to **non-clinical range**.

Results comparable to 78 survivors who accessed *Survive*'s trauma-informed counselling, which showed statistically significant average difference between pre/post-counselling scores (*t*⁷⁷ = 7.21, *p* < .001) with av pre score 56; av post score 36; av difference 20.

Sexual Trauma and the NHS

Survivors often present in primary and secondary healthcare with sexual trauma symptoms.

NHS England published its 'Strategic Direction for Sexual Assault and Abuse Services: Lifelong care for victims and survivors' in 2018. However, there is currently no funded pathway for survivors of sexual trauma in York or North Yorkshire.

Survivor-led research* (2022) describes NHS interventions as 'retraumatizing' with labels like 'too complex', 'Personality Disorder' or 'attention seeking' compounding survivor feelings of rejection, abandonment and negative sense of self.

Survivors want services delivered by third sector specialist organisations, like *Survive*.

*New Ways of Supporting Child Abuse and Sexual Violence Survivors: a social justice call for an innovative commissioning pathway (2022). Prepared by Jo Lamani. Collabo8Research in collaboration with survivor voices.





SUPPORT FOR SURVIVORS OF RAPE AND SEXUAL ABUSE

Does access to *Survive's* specialist trauma-informed counselling reduce trauma symptoms in population of patient-survivors and reduce future reliance on NHS Mental Health services? A pilot study.

WHY?

- Sexual trauma impacts mental health and ability to function in everyday life
- Survivors often present in NHS Mental Health services with sexual trauma symptoms

"I found it very helpful. It's been like a lifeline"

AIMS

Does access to *Survive's* specialist trauma-informed counselling:

- reduce trauma symptoms in population of patient-survivors?
- reduce future reliance on NHS Mental Health services?

PILOT DESIGN & ANALYSIS

Survive provided initial assessment and 10 counselling sessions to adult patient-survivors referred by GPs, First Contact Mental Health Practitioners and Social Prescribers.

- Pre/post counselling scores from Impact of Event Scale-Revised (IES-R)
- Quantitative and qualitative feedback from patient-survivors



BETTER MENTAL HEALTH
 stop flashbacks stop panic attacks
 work on trauma STOP SUBSTANCE ABUSE
 gain closure **WHY NOW?** pre-trial
 STOP SUICIDAL FEELINGS relieve guilt
 develop coping strategies stop nightmares
 have better relationships



FINDINGS

- *Survive* counselling elicited a statistically significant decrease in 17 patient-survivor IES-R scores ($Z = -3.62, p < .001$).
- Other outcomes: patient-survivors better able to manage mental health and wellbeing (89%) and self-care (89%); better cope with feelings & emotions (67%) and aspects of everyday life (61%).
- 72% had used NHS Mental Health services in last 12 months and 61% were on a waiting list.
- 95% reduced (28%) or stopped (67%) use of NHS Mental Health services after *Survive* counselling.
- 67% do not plan to access NHS Mental Health services in the future.

CONCLUSION

Fast-track access to *Survive's* specialist trauma-informed counselling had a positive impact on survivor mental health and functioning by reducing their trauma symptoms.

The majority of patient-survivors reduced or stopped their use of NHS Mental Health services after *Survive* counselling and the majority do not plan to use NHS Mental Health services in the future presenting a cost saving to the NHS.

MOVING FORWARD...

This pilot has been well received by patient-survivors as well as GPs, First Contact Mental Health Practitioners and Social Prescribers.

York Mental Health Partnership and the NHS Community Mental Health Transformation Fund should consider continuation funding to enable patient-survivors fast-track access to specialist trauma-informed counselling:

- to reduce their trauma symptoms and increase their ability to function and cope with everyday life
- to reduce NHS waiting lists
- to reduce future reliance on NHS Mental Health services

Survive specialist services should be considered for inclusion at The Hub/s.

