

3rd Place Winner of 2022 PIF Australian Essay Competition

Angus Palfreeman

Medical Postgraduate year 2 doctor, St Vincent's Hospital



The Royal
Australian &
New Zealand
College of
Psychiatrists



Essay topic - What is the role of psychiatry in recovery from severe trauma?

By Angus Palfreeman

"That was a long time ago, but it's wrong what they say about the past, I've learned, about how you can bury it. Because the past claws its way out. Looking back now, I realise I have been peeking into that deserted alley for the last twenty-six years" – Amir, from The Kite Runner (Hosseini, 2003).

This quote is from a novel in which a young Afghan boy witnesses the horrific rape of his friend, servant, and later-disclosed half-brother. The narrator must handle the fallout of the loss of innocence, childhood, and burden of guilt for his inaction. It captures the essence of grappling with severe trauma and the recovery process. The fallibility of suppressing memory and emotion is laid bare. The novel further delves into the unspoken damage the narrator does to himself and others by delaying confrontation of his internal unrest.

Severe trauma is relatively common and has extensive negative consequences for the individual and community. Trauma is defined as: 'death or threatened death, serious injury, or sexual violence' (Diagnostic and Statistics Manual of Mental Disorders, Volume V (DSM-V). In the 2020-2021 period 5.7% of Australians met the diagnosis for post-traumatic stress disorder, which is the only DSM-V diagnosis requiring experience of a real-world traumatic event (Australian Institute of Health and Welfare, 2022). Many individuals experience a traumatic event without necessarily proceeding to develop a mental disorder. The repercussions of severe trauma permeate every domain of health and society. The resulting changes behaviour, psychological schema, social functioning, and even physiological changes can seem almost indelible. There is even nascent evidence that trauma may lead to epigenetic changes in biological offspring (Yehuda & Lehrner, 2018). Implicated biological effects of trauma are diverse. Examples of organic alterations in response to severe trauma include change in the hypothalamic-pituitary axis with increased corticotropin-releasing hormone levels, reduced basal cortisol levels, and enhanced negative feedback (Dunlop & Wong, 2019). Evidence of increased neurotrophic substrates such as brain-derived neurotrophic factor is reported in people with post-traumatic stress disorder (Mojtabavi, et al., 2020). The effects of severe trauma expand beyond the individual to the well-established concept of intergenerational trauma. This is experienced by collective, often marginalised, groups that have experienced higher rates of community violence such as refugees, Aboriginal and Torres Strait Islander people, and holocaust survivors (Yehuda, et al., 2016; Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2020).

Severe trauma in patients presents a unique diagnostic, treatment, and prevention dilemma that psychiatry is uniquely positioned to manage. The term 'trauma-informed care' is increasingly gaining purchase within the mental health field. This implies the need for all clinicians to be aware of the possibility for any patient to have experienced trauma, whilst having the knowledge and resources to appropriately empower and treat these patients. The RANZCP position statement on trauma-informed care offers a more liberal definition of trauma as: 'the broad psychological and neurobiological effects of an event, or series of events, which produces experiences of overwhelming fear, stress, helplessness or horror' (RANZCP, 2020).

The corollary of these definitions is, in one sense, remarkably straightforward. The healing process of trauma involves invoking and supporting the opposing notions. Safety instead of fear, mindfulness and tranquility instead of stress, empowerment and equanimity instead of helplessness and horror. Achieving these goals requires an approach at both the individual and the community levels. Psychiatry is a unique field that exists at the interface of many disciplines and responsibilities such as internal medicine, neuroscience, psychology, research, leadership, and teaching. It incorporates the scientific method of

empirical, deductive research with the inductive reasoning of psychological theorems. This body of knowledge is applied to the individuals seeking help within the societal contexts they present. It is further buttressed by taking into account the unique attitudes and expectations between varying cultures. The role of psychiatry is thus in assessment, diagnosis, provision of therapeutic tools, provision of information to patients and colleagues alike, and ongoing scholarship to further understanding of severe trauma (Menschner & Maul, 2016). At the forefront of this is never losing sight of the unique individual. They are their best advocate, the person who owns their trauma, whom can be equipped with skills, imparted with generous empathy, and given space to heal and reclaim autonomy.

Psychiatrists are experts who can facilitate these spaces and provide guidance whilst preventing unnecessary damage in the process. The role of psychiatrists in clinical practice is to keep abreast of developments in the literature surrounding severe trauma, whilst listening to and understanding their patients, and contributing to the evidence base. Prevention of unnecessary retraumatisation is paramount to do no harm. Whilst not every trigger may be avoidable, nor necessarily even wise to avoid, it behooves psychiatrists to be aware of the potential for triggers and plan for their consequences (Bellet et al., 2018). Psychiatry operates within many institutions of significant power imbalance (Berry, et al., 2017). From the clinic to the hospital to the courtroom there is a place for psychiatry to assess, diagnose, and advise with expert opinion. However, all of these institutions inherently place the psychiatrist as expert. Without careful navigation this can risk the patient entering a potentially retraumatising experience as someone negotiating with the person in power, rather than a true partnership model (Berry, et al., 2018). The role of psychiatry in severe trauma is to recognise these nuances and apply expert knowledge and decision making to protect patients and empower their recovery.

Recovery cannot be discussed separate to prevention. Psychiatrists and their colleagues in the mental health sector through to internal medicine, surgery, and anaesthetics are all at higher risk of exposure to repeated traumatic events, sometimes severe. Self-reflection, support of colleagues, and manufacture of non-threatening debriefing environments are responsibilities that naturally tend to fall to psychiatry due to the skills provided by the specialty. The burden of engaging with trauma on a routine or semi-routine basis cannot be understated. Nor can the risk of severe trauma due to the exposure to deaths, violence, and patients who complete suicide, especially by first responder colleagues such as emergency physicians and nurses (DeLucia, et al., 2019). Many look to psychiatry in times of these heavy crises as the leader of the mental health field. This requires self-reflection, humility, and excellent interprofessional collaboration to support each other and allow space for processing and recovery from traumatic experiences.

Conclusion

The role of psychiatry in recovery from severe trauma is twofold. The clinical domain is required to apply trauma-informed best practices with consideration of the unique variables that exist for each individual to develop tailored, empowering, and evidence-based care plans within their sociocultural contexts. The scholarly domain is required to advance the field with new evidence, rigorous debate, and allow adaptability to an ever-progressing field.

"I wondered if that was how forgiveness budded; not with the fanfare of epiphany, but with pain gathering its things, packing up, and slipping away unannounced in the middle of the night" – Amir, *The Kite Runner* (Hosseini, 2005)

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