

CREATING TRAUMA-INFORMED SERVICES: TIPSHEET SERIES

Tips for Discussing a Mental Health Referral with DV Survivors

Many survivors of domestic violence first come to DV programs in a state of emotional distress. Tears, sleeplessness, jumpy feelings, racing thoughts, exhaustion, and anxiety are quite common. For some survivors, these responses begin to fade away as they experience calm, consistency, and support in the context of a walk-in or shelter DV program. For other survivors, additional resources or supports, including mental health services, may be helpful.

Do Your Homework First...

1. Be familiar with mental health resources in your community.

"We have worked with this group of therapists. We believe that they really understand domestic violence."

Depending on your community, mental health services may be provided by private mental health centers, by people in private practice who work in their own offices or groups, or in your local community mental health center. Your city, county, or state government website may have listings under mental health services. It can be very helpful to know about local services before the moment when you are discussing a referral with a survivor. Being able to describe the location or even to say that you have met some of the local providers can reassure a survivor that you are not just pushing her away. Be sure to know which services are trauma informed, culturally relevant, and LGBTQI friendly.

Alliances with local mental health providers can help to expand the mental health options available to survivors in your programs.

2. Have information about costs and funding.

"We can help you apply for low-cost mental health services."

Cost can be an enormous barrier to accessing mental health services, particularly as funding for these services continues to be reduced. Depending on how a survivor is paying for mental health services, she may not be able to choose which mental health provider to see, and not every mental health professional will be experienced at understanding and responding to survivors of domestic violence. Even for survivors with health insurance, finding quality care may be a challenge. This makes it especially important to explore how survivors can have a choice of providers to get the care they need.

Forming alliances with local mental health providers (through cross-training, local task forces, and other collaboration-building efforts) can help to expand the mental health options available to survivors in your programs. For example, some programs have been successful in establishing partnerships with trauma-informed therapists at reduced fees. The Substance Abuse and Mental Health Services Agency (SAMHSA) has compiled an information sheet on how people can pay for mental health services.* Private insurance often covers mental health care, and new legislation requires “parity” between medical and mental health care coverage. Community mental health centers may be funded by state and local dollars to provide care to people who cannot otherwise access it. Other resources include pastoral counseling, self-help groups, and sliding fee scales in private and non-profit mental health clinics.

...Then Discuss a Mental Health Referral.

3. Respect a survivor’s decisions about whether and when to receive mental health services.

“What kinds of supports have helped you in the past?”

Explore with each survivor what and whom she finds helpful and support her in using her support system (or building a support system). Remember that people may have had negative or traumatic experiences with the mental health system and/or may prefer, for many reasons, to manage their lives without the involvement of mental health professionals, therapy, or medication. In addition, given that there can be limited access to mental health services, it is critical to support survivors in developing and accessing supports outside of professional mental health care.

4. Link the referral to what a survivor wants for herself.

“You’ve told me it bothers you that your thoughts are racing and that you can’t sleep.”

Most often you will have an idea of what a survivor wants for herself and her children. If you do not know, ask. A referral for mental health services should be like any other health referral—an offer to assist a person in finding the help that she wants. Advocates should not suggest that a survivor go in order to receive medication or specific services. Instead, focus on what is troubling her and let her

*SAMHSA, Center for Behavioral Health Statistics and Quality. (July 7, 2011). *The NSDUH Report: Sources of Payment for Mental Health Treatment for Adults*, available at: <http://store.samhsa.gov/product/Sources-of-Payment-for-Mental-Health-Treatment-for-Adults/NSDUH11-0707>

know that mental health services may offer some relief. Do not make mental health care a condition of continued support from your program.

5. Make realistic offers.

"It may take us awhile, but let's see if we can find some help so that things can be easier for you."

When we see that a survivor is struggling to manage daily life for herself and her children, it is tempting to think that seeing a mental health care professional will provide her with immediate relief. In fact, it may take time to find the right mental health services, and clinics often have waiting lists. Finding the right medication can take time as well. Do not promise immediate relief; instead let each survivor know how she can continue to work with you on her needs for safety, support, and continuity in her life, regardless of whether she also chooses to access mental health services.

For more information or for technical assistance, please contact the National Center on Domestic Violence, Trauma & Mental Health at info@nationalcenterdvtraumamh.org or 312-726-7020(P) or 312-726-4110(TTY).