

TRAUMA-INFORMED CARE IN YOUTH MENTAL HEALTH SERVICES

POLICY SOLUTIONS



YOUNG PEOPLE ARE NOT BEING PROVIDED WITH TRAUMA-INFORMED CARE

Traumatic experiences contribute to the onset of mental ill-health and can exacerbate existing symptoms. Without trauma-informed care, young people in distress who are seeking support are at risk of being retraumatised which can lead to a worsening of their mental ill-health symptoms.

IMPLEMENTATION NEEDS TO BE COORDINATED NATIONALLY

The federal government is best placed to provide a nationally coordinated implementation of trauma-informed care in primary youth mental health services. Existing national platforms, such as headspace and commissioning through Primary Health Networks, provide ready avenues for coordinating implementation.

TRIAL A NATIONAL TRAUMA-INFORMED MODEL OF CARE

A scalable trauma-informed youth mental health model of care is available for implementation. Trialling this model in a selection of headspace centres across Australia would enable evaluation of its effectiveness in different settings and populations. Evaluation would guide refinement of the model and an expanded implementation.

IMPROVED EXPERIENCES FOR YOUNG PEOPLE

Implementation of a trauma-informed model of care is aimed at improving a young person's experience of care and engagement with services. Greater service engagement will contribute to improved outcomes for young people.

WHAT IS TRAUMA?

- Traumatic experiences can occur from an event, a series of events, or a set of circumstances that is experienced as physically or emotionally harmful or life-threatening.
- Trauma can have lasting adverse effects on a young person's functioning and mental, physical, social, emotional, or spiritual wellbeing.
- The effects of trauma can be compounded by repeated or prolonged exposure to the trauma source.
- Trauma can be both a personal and collective experience.

YOUNG PEOPLE

Approximately two-thirds of young people will be exposed to at least one traumatic event by the age of 17.(1) There are different types of traumatic experiences that can be harmful to populations of young people. For example, living as a First Nations person in a colonial nation has a profound impact on the social and emotional wellbeing of individuals and their community.(2, 3) There are also many experiences of trauma found among refugee communities.(4)

TRAUMA-INFORMED CARE

Trauma-informed care is an approach to system design, service delivery and practice. It recognises the role traumatic experiences can play in the onset, complexity and severity of a young person's experience of mental ill-health. It also recognises the importance of being aware of the potential presence and impact of these experiences. Trauma-informed care is distinct from trauma-focused therapies that specifically treat post-traumatic stress disorder.(5)

POLICY DIRECTION

The *Fifth National Mental Health and Suicide Prevention Plan* (2017) recognised that 'trauma is widespread among those who use mental health services'. It concluded that therapeutic responses 'need to be strongly based on the best available evidence about trauma-informed care'.(6)

More recently, the Productivity Commission's *Inquiry into Mental Health* (2020) also recognised the central role of traumatic experiences in many people's experiences of mental ill-health. The Commission found, however, that 'there is no unified set of principles underlying trauma-informed care'.(7) Despite this, the Commission recognised the widely used understanding of trauma-informed care as *realising* the widespread impact, *recognising* the signs, *responding* from knowledge about trauma, and being aware of avoiding *retraumatisation*.(8)

Trauma was a central theme in the Royal Commission into Victoria's Mental Health System. It recognised

that mental health systems must be responsive to trauma and aware of the relationship between trauma and mental ill-health.(9)

The current *National Mental Health Workforce Strategy: Consultation Draft* (2021) recognises there is a need to increase coverage of skills and practice in trauma-informed care across the mental health workforce.(10)

The *National Action Plan for the Health of Children and Young People: 2020-2030*(11) identified the implementation of an agreed overarching framework (including common language and parameters) for trauma-informed care as a priority action.

High-level government policies and strategy documents which use the phrase 'trauma-informed care' assume a level of understanding of this approach, and its application for service delivery, practice and training. This is not the case. The assumption that concepts such as trauma-informed care are universally understood is a barrier to achieving strategic visions.

The many ways that people can experience trauma, and the potential mental health consequences of trauma, require youth mental health services and treatment approaches to be trauma informed. For this to happen, the workforce also needs to be capable of delivering trauma-informed care. The transition to a trauma-informed mental health sector requires the transformation of existing principles into a set of system- and care-level components of care that can be implemented.

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POLICY SOLUTIONS

Progress has been made in developing system- and care-level components of trauma-informed care in youth mental health. These components will inform the implementation of trauma-informed care at the service system level and into workforce development and treatment delivery. This implementation process needs to be trialled as a first step towards system-wide implementation.

COMPONENTS OF CARE

The ongoing development of trauma-informed care practices continue to build the available evidence base for refining practices in an iterative development of system- and care-level components of care. A review of the available evidence for trauma-informed youth mental health care published in 2021 identified 10 broad components.⁽¹³⁾ Most of these components are at the system level and the balance involve clinical practices.

TABLE 1. COMPONENTS OF TRAUMA-INFORMED YOUTH MENTAL HEALTH CARE

SYSTEM LEVEL	CARE LEVEL
Inter-agency collaboration	Therapeutic interventions
Service provider training	Screening and assessment
Safety	Psychoeducation
Leadership, governance, and agency processes	
Youth and family/carer choice in care	
Cultural and gender sensitivity	
Youth and family/carer participation	

The proportional divide between system- and care-level components of care highlight the balance in resourcing and development needed to prepare for implementing trauma-informed care. The foundation for trauma-informed care in youth mental health is at the system level (governments, state and territory health departments and Primary Health Networks) on which a framework can be built in which services are included. Within this structure, the care-level components can be incorporated into workforce capacity and service practices to complete implementation of a trauma-informed model of youth mental health care.

This staged process illustrates the time required and the sustained commitment needed from governments, services and the workforce for implementation. A two-line action in a strategic plan requires a detailed, timetabled and resourced implementation plan.

IMPLEMENTATION

Implementing change in service and treatment delivery will require balancing multiple aspects of change simultaneously. While implementation of care-level components requires system-level components to be in place, waiting to progress workforce development until all system-level components are in place will delay full implementation.

Clinical practice points are available to support workforce development alongside implementation of system-level changes.⁽¹⁴⁾ It is important, however, that workforce development is undertaken within a systems-level framework. Without a coherent systems-level framework there is a risk of duplication and potential inconsistencies in the models of practice developed and quality assurance.

TRAINING AND SCREENING

Recognising the effects of trauma is a key step to providing trauma-informed care. Professional development for administrative staff, lived experience and peer workers, allied health professionals and medical practitioners and management is necessary to enable delivery of a trauma-informed service. A nationally consistent workforce development model based on agreed components of care is required to enable workforce training and service transformation.

Consideration needs to be given to the potential benefit of identifying traumatic experiences and the risk of retraumatisation. The implementation of screening procedures requires research, workforce training and organisational support and processes to ensure an appropriate response can be provided should a young person disclose traumatic experiences. Guidelines on when and how to screen for trauma in the delivery of youth mental health care are required.

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Trial and evaluation of a trauma-informed model of care within a national youth mental health service is the first step.”



NEXT STEPS

The step has to be taken to move from ‘best intentions’ to best practice in the provision of trauma-informed youth mental health care. The development, trialling and implementation of trauma-informed care is a three-step process.

1. **Develop** existing components of care into a youth mental health model of care through a collaborative process with young people and their families and friends, community members, clinicians, staff and service managers and knowledge experts.
2. **Trial** and evaluate the trauma-informed model of care within a national youth mental health service to refine the model.
3. **Implement** a staged roll-out of an evaluation informed model of care through Commonwealth Department of Health service commissioning.

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REFERENCES

1. Australian Institute of Health and Welfare. Stress and trauma 2020 [Available from: <https://www.aihw.gov.au/reports/australias-health/stress-and-trauma>].
2. National Aboriginal and Torres Strait Islander Leadership in Mental Health. The Gayaa Dhuwi (Proud Spirit) Declaration 2015.
3. Gee G, Dudgeon P, Schultz C, Hart A, Kelly K. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In: P. Dudgeon, H. Milroy, Walker R, editors. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. 2nd edition, 2014. p. 55–68.
4. Orygen and the Centre for Multicultural Youth. Responding together: Multicultural young people and their mental health. Melbourne: Orygen; 2020.
5. Bendall S, Phelps A, Browne V, Metcalf O, Cooper J, Rose B, et al. Trauma and young people. Moving toward trauma-informed services and systems. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health; 2018.
6. Council of Australian Governments Health Council. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia; 2017. p. 84.
7. Productivity Commission. Mental Health. Canberra; 2020. Report No.: 95.
8. Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach 2014.
9. State of Victoria. Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations. Melbourne; Parl Paper No. 202, Session 2018–21 (document 1 of 6).
10. ACIL Allen. National Mental Health Workforce Strategy: Consultation Draft. 2021.
11. Department of Health. National Action Plan for the Health of Children and Young People: 2020–2030. 2019.
12. NSW Government. NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022: A Framework and Workforce Plan for NSW Health Services. 2018.
13. Bendall S, Eastwood O, Cox G, Farrelly-Rosch A, Nicoll H, Peters W, et al. A Systematic Review and Synthesis of Trauma-Informed Care Within Outpatient and Counseling Health Settings for Young People. Child maltreatment. 2021;26(3):313–24.
14. Scanlan F, Farrelly-Rosch A, Nicoll H. What is trauma-informed care and how is it implemented in youth healthcare settings? Clinical practice in youth mental health. Melbourne: Orygen; 2018.

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Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

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