

Embedding Trauma-Informed Practice: Building Sustainable Change in Victoria's Mental Health and Wellbeing Services

Overview

Mental health and wellbeing services across Victoria are undergoing significant reform to improve outcomes for people with a lived experience of mental illness and psychological distress. As part of the reform agenda, the *Royal Commission into Victoria's Mental Health System*¹ called for services to be more trauma-informed and for a state-wide agency to be established to support trauma-affected communities. This is because, despite a majority of people accessing mental health services having experienced trauma, trauma-related recovery needs are often not met and, in many instances, the impacts of trauma are made worse by accessing help.

The application of trauma-informed practice (TIP) principles varies widely across services due to the absence of implementation support and a shared model of practice. Researchers have long highlighted the need for a consistent TIP model to help plan implementation efforts and assess how well TIP is adopted in services². The *Victorian Mental Health and Wellbeing Workforce Capability Framework*³ seeks to address this gap by providing a set of broad principles and capability requirements to improve trauma-informed service delivery.

Phoenix Australia collaborated with two Mental Health and Wellbeing Locals and the Women's Recovery Network to operationalise the principles set out in the Workforce Capability Framework and to co-design practical implementation resources and supports. The services involved in the pilot programs support people that would not usually engage in more traditional mental health services. These newly established services have a strong foundation for trauma-informed service delivery and participated in the pilots to further embed TIP.



This *Policy Brief* provides insights from implementation pilot programs conducted by Phoenix Australia – Centre for Posttraumatic Mental Health, the lead agency in *Transforming Trauma Victoria*, in partnership with Victorian metropolitan and rural mental health and wellbeing services.

The pilot programs aimed to embed trauma-informed practice in day-to-day service delivery. This brief presents key challenges to implementation and solutions to improve the quality of care for Victorians whose mental health is affected by trauma.

Key insights

Supporting the consistent adoption of TIP is a complex process that goes beyond training and awareness raising. It involves addressing a wide range of systemic, organisational and individual factors⁴⁻⁶.

The following challenges and solutions for system-wide adoption were highlighted through consultations, co-design and trialling of implementation approaches with consumers, their families, service providers and leaders.



Service design

The three main challenges in building trauma-informed service models are:

- **Systematic application of TIP practices:** Despite core elements of service models being designed with trauma-informed principles in mind, and staff having access to TIP training, there is a lack of a shared understanding of how TIP principles can be systematically applied across the care journey (e.g., assessment, risk management, care planning). This leads to inconsistent application of TIP principles in service delivery and different approaches across professional roles.
- **Consumer and carer voices at the centre of service design:** While services engage with consumers and carers to inform service design, there is a need to do this more systematically in service review and improvement cycles.
- **Cultural safety and equity:** Being culturally safe and minimising systemic barriers to accessing safe and responsive support are among the most critical aspects of trauma-informed service delivery, though these are also some of the most challenging to address, and are often not consistently built into service models.

Recommendations for policy and practice

1. **Ensure service models articulate how trauma-informed principles are applied at each stage of the care journey.** It is important that TIP is operationalised to go beyond creating safety and reducing potential harm from service delivery to also emphasise:
 - i. recovery and healing from trauma;
 - ii. supported decision-making when managing risk; and
 - iii. empowerment through active participation in decisions about care. Resources developed through the pilot programs provide guidance and practical tools to assist in operationalising and applying TIP across each aspect of care delivery.
2. **Conduct an inclusive and systematic audit of practice.** It is recommended that services undertake a systematic audit of current practices (this can be done using the audit tool developed in this project). This process should include meaningful participation from service user representatives, frontline workers, and leaders to guide planning, support implementation, and foster shared ownership of planned improvements in TIP.
3. **Align data and reporting requirements with trauma-informed principles.** Services need to establish planning processes that meaningfully involve service users, families and carers in service reviews, with transparent feedback processes. For this to occur, it is important that funders engage with services and service user representatives to ensure data requirements and service design guidance actively promote trauma-informed principles for processes such as intake, obtaining service user feedback, and service model reviews.
4. **Support services to establish a culturally safe and equitable service model.** Mainstream mental health services should be supported and funded to improve cross-sector collaboration to overcome barriers to engagement for people who have experienced trauma and don't access these services (e.g., area mental health services being supported to have more direct dialogue and referral processes with Aboriginal controlled community health organisations, family violence or migration services). TIP implementation should also involve adapting key practices to meet the needs of culturally diverse populations and be informed by culturally responsive models (e.g., [the Balit Durn Durn Centre model of social and emotional wellbeing for First Nations people](#)).



Workforce capability and implementation

Sustaining change in practice and a work culture that is trauma-informed presents the following challenges:

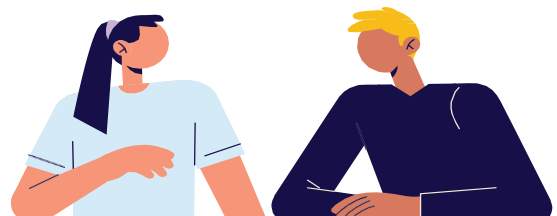
- **Implementation support:** TIP tends to be promoted through training, yet there are few opportunities to embed learning or adapt new practices to the service delivery context and the needs of the communities they serve. Support for leaders to have a clear role and develop skills in championing ongoing adoption is particularly needed. It is also critical to ensure teams have opportunities to continuously reflect on TIP, which is not common practice. This can be particularly challenging for services that have rotating shifts to meet out-of-hour demands, and for smaller teams in rural services that often face recruitment challenges and have limited capacity for activities outside service delivery.
- **Access to more targeted and continuous training:** TIP training, while provided widely, tends to be ad-hoc and is not embedded systematically across the workforce lifecycle. Some professions receive little TIP training as part of their qualifications and TIP training is not always provided during orientation to a new role, following a promotion, or on a regular basis to reinforce skills. Not all TIP training addresses core service delivery issues in mental health such as responding to acute risk in a trauma-informed manner or providing access to treatment for trauma-related mental health issues.

Recommendations for policy and practice

5. **Allocate dedicated funding for implementation:** Provide funding to mental health services for the implementation of TIP, including for dedicated time to enable leaders and champions to promote TIP. Funding should also support the creation of reflective practice spaces within and across organisations, using the tools developed during the pilots. Expert guidance for trauma-informed implementation is also important for the systematic roll out of TIP across services. This would be supported by the establishment of a state-wide trauma service with a core workforce capability support function as recommended by the Victorian Royal Commission.
6. **Provide ongoing TIP training and education:** Capability support frameworks and funding models should support regular and potentially mandatory training to ensure all staff have a strong understanding of key trauma-informed practices when first joining a service, when changing roles, and when being promoted. Staff training should cover safe ways to engage with trauma narratives, managing distress and risk in a trauma-informed manner, and vicarious trauma. vicarious trauma.

Managers also need to be equipped to lead trauma-responsive services, provide opportunities for reflective practice, and address

7. **Facilitate multidisciplinary learning:** Services should be resourced to create opportunities for cross-disciplinary learning and collaboration with other services. This will help promote a holistic, recovery-oriented approach to care that strengthens application of TIP across roles and services.
8. **Promote active leadership engagement and accountability:** Leaders should be involved from the outset of implementation planning and be provided with the necessary skills and support to champion TIP and address worker wellbeing. This includes allocating dedicated time for TIP-related activities and establishing accountability measures (e.g., as part of an organisational audit or supervision).



Where to learn more

To learn more about TIP and access practical tools to embed TIP in day-to day practice and support organisational improvements, visit phoenixaustralia.org/tip-tools

For online training for service leaders and managers, visit phoenixaustralia.org and select 'Trauma-informed Training for Mental Health Services' from the education and training courses.



References

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