Research Brief

Insights from co-designing and implementing trauma-informed practice within Victoria's mental health and wellbeing services

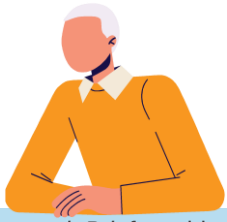
Collaborative design for tailored implementation of best practice

For over a decade, implementation research has stressed the importance of adapting best practice recommendations to suit the context they are being rolled out in,[1] with many researchers proposing models for planning and assessing adaptation.[2–4]

Taking a collaborative approach to designing implementation support strategies is also an important area of emerging research.[5] Collaborative design with both workers and service users enables the adaptation of implementation solutions to service contexts, and has been associated with more feasible, equitable, and sustainable practice improvements.[6–9]

This pilot project aimed to strengthen trauma-informed practice (TIP) in mental health and wellbeing services through a collaborative, iterative approach to developing practical implementation supports and resources.

Using a participatory action research approach,[10] Phoenix Australia collaborated with three innovative community-based services to adapt best practice and implementation activities to the needs of their organisation. Solutions designed with service providers and the communities they serve were refined iteratively based on ongoing feedback and qualitative data obtained from service users, workers, and service leaders.



This *Research 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 how participatory action research and co-design can be applied to implementation research, offering insights into the adaptation of trauma-informed practices within dynamic service contexts.

Implementing trauma-informed practice

The *Royal Commission into Victoria's Mental Health System*[11] called for services to be more trauma-informed and many researchers have noted that the lack of a consistent trauma-informed model of practice has led to challenges in assessing how well TIP is adopted in services.[12]

The *Victorian Mental Health and Wellbeing Workforce Capability Framework*[13] provides a set of high-level principles and capability requirements that can be used to operationalise TIP in both community and inpatient settings. During this project, diverse service stakeholders were engaged in a co-design process to tailor TIP to service users and workers' needs. The culture and service model of the organisation and needs related to the wider service system (e.g., cross-sector collaboration and government requirements) were also considered.

TIP principles also shaped how we conducted the research, prioritising safety, shared power, transparency, and the inclusion of diverse voices when creating opportunities for stakeholders to contribute to the design and decisions made during the project.

Project approach

The six project phases followed participative action research principles, enabling ongoing refinement and learning.

1. Engage and define

Establish a team and champions, understand the service, determine the TIP model and research questions together.

2. Consult

Explore current TIP service delivery and organisational strengths and gaps from different perspectives and experiences.

3. Analyse and prioritise

Code and review data, sharing with Working Groups to identify priorities and select tools for development.

4. Co-design tools

Develop TIP tools with service users, workers, and leaders through iterative feedback.

5. Support implementation

Facilitate workshops with teams and leaders, offering flexible support for evolving needs.

6. Evaluate

Explore experiences of co-design and determine tool acceptability and intended use.

Stakeholder engagement

Collaborators

Phoenix Australia collaborated with four mental health and wellbeing services across metropolitan and regional Victoria. These involved the Mental Health and Wellbeing Locals in Brimbank and in Greater Geelong-Queenscliffe, as well as the Women's Recovery Network's Hospital in the Home programs in Melbourne and Shepparton.

These programs are newly established, have trauma-informed service delivery as a core aim and use new approaches to support people in the community with a strong emphasis on lived experience support to minimise barriers to engagement.

Participants in the co-design and implementation process included:

- Service users, carers, and families
- Peer and lived-experience workers
- Clinicians (psychologists, social workers, AOD workers, nurses)
- Leaders (executives, operational managers, team leads, quality assurance and governance leads)

All project components involved a strong lived-experience voice (from service users, carers, and workers with lived experience roles) as well as interdisciplinary participation, ensuring a multifaceted perspective on trauma-informed service delivery.

> *"It was really exciting because quite a number of my consumers became involved from the consumer perspective, so that was great, because I knew that they had quite a lot to say, and their voice should be heard."*
> (Peer Worker)

Opportunities to engage

We provided a range of options for stakeholders to contribute to setting priorities, operationalising TIP principles, and designing implementation tools and supports, including:

- Qualitative interviews and focus groups at initial and end phases of the project to identify strength, gaps, immediate impacts, and future needs
- Working Group meetings for shared decision-making and design
- Co-design sessions to develop and refine implementation tools
- Online collaboration for sharing findings, providing feedback, and voting
- Implementation workshops and tailored sessions to embed TIP and tools developed during the project
- Meetings with leaders and champions throughout the project

Each service had the flexibility to engage service users in different ways (e.g., through consultations, participation in Working Groups, or running co-design and consultation session with separate Community Representative Groups).

The research team collaborated with services to identify and problem-solve engagement options that best suited each organisation's unique context and systems.

Project outcomes

Overall, the process of consultation, co-design and implementation support was seen as beneficial and helped create practical tools aimed at operationalising and embedding TIP.

The tools were seen as useful, practical, and impactful, and both workers and leaders were actively incorporating them into their practices.

"Definitely an intent to use the tools... as we start to put it into …and we're all starting to talk about it, and it's becoming part of the culture." (Worker)

"I think the tool on supporting safe trauma disclosure is a really important one... I found it the most valuable in reducing that anxiety about someone disclosing to you and knowing how to manage it." (Worker)

"It was a really collaborative process, incredibly collaborative. I really liked that it was a phased approach, so that we kept building on information that had been consulted on or collaborated on, if you like, from previous sessions that we had and there was a real kind of testing and feedback, sort of refinement process happening as well." (Leader)

The iterative and collaborative approach of the project and the participative action research design was valued by participants and led to buy-in for practice improvement, particularly from leaders involved in co-design.

The iterative nature of co-design also helped align practices with broader organisational goals such as service model reviews.

Some services, particularly those in more acute settings or that relied on shift work found it challenging to participate in an iterative co-design process and would have benefited from more funded dedicated time for their staff.

Involving service users and community representatives was particularly valued and shaped the tools, ensuring that they were grounded in the experiences of people who use mental health and wellbeing services.

The involvement of lived experience leaders and champions from the beginning also led to the voices of consumers, families, and carers being central to the project and provided a truly multidisciplinary lens to trauma-informed service delivery.

Collaboration across different disciplines and sharing of diverse perspectives during the project was seen as an important part of promoting a trauma-informed approach. It improved communications across teams about key aspects of care such as safe trauma disclosures, intake, the management of risk, supervision models, and service delivery designs.

> *"It's good to get people from different backgrounds because, for me, I remember sitting in that room thinking, you know, I've never been exposed to this school of thinking before, and that kind of practice experience."* (Worker)

Key learnings for future research

There were three broad areas of learning during the project that could be considered for future approaches to similar research:

(1) Adapt best practice and implementation supports to context

A key element of effective implementation was the process of adapting the TIP model to the context of community mental health service delivery. This included prioritising areas of practice that are not addressed by more generic trauma-informed training and advice.

The processes and tools used during the pilot project aimed to influence a number of key factors that have been associated with best practice adoption, including leadership engagement, culture change, worker attitudes and capability, and cross-sector collaboration.[14,15]

Developing implementation supports and tools that fit with organisational priorities, service models, culture, and workforce learning needs was therefore critical. The adaptation process allowed for iterative adjustments that addressed current and emerging implementation needs of participating organisations. This process led to buy-in from leaders and co-design participants who then became champions for change.

Future implementation research design would benefit from including processes and time to allow services to adapt best practice to their setting.

The selection and development of implementation strategies should be informed by both implementation research and ongoing assessment of organisational context.

Research should also seek to evaluate how the process of adaptation impacts on organisational buy-in, culture, and intent to support and adopt recommended practices.

(2) Use co-design to support meaningful change

The collaborative approach to setting priorities, research design, and identifying solutions promoted on-going conversations and learning about TIP. This was evident both within organisations and between participating organisations. Most importantly, it opened dialogue between service providers and service users.

This active engagement provided a strong foundation for the adoption of trauma-informed practices and commitment from leadership.

The co-design approach ensured that values of shared power, equity, and transparency were embedded in the research pilot.

The outcomes of future implementation research can be strengthened by including co-design from the outset.

This means viewing co-design as a method for identifying problems and designing solutions, but more importantly, as a mechanism for building trust, leadership engagement, and long-term sustainability in practice improvement.

(3) Focus on ongoing implementation support needs

Engagement in the pilot led to the initiation of activities that are critical to implementation, such as service model reviews, collaboration between services, and leadership buy-in.

It's important to note that maintaining momentum for change can be challenging, especially in busy and under-resourced teams.

Implementation processes for the sustained adoption of TIP were identified by project participants. This included a focus on leadership engagement, continued integration of TIP priorities with the service model, ongoing service audits, and supports for service-user centric service review and planning.

Longitudinal research and support is required to:

- Conduct structured organisational audits
- Examine ongoing integration of best practice in service models
- Assess leadership engagement
- Ensure inclusion of service users in reviews and planning.

Conclusion

Action research is about creating change, not just gathering data. Our collaborative, adaptive approach to context resulted in increased workforce and service user engagement and buy-in, providing a model for capturing the process of co-designing suitable resources and implementing TIP in mental health services.

This project demonstrates the value of integrating research with service improvement, simultaneously generating knowledge, and driving positive change in mental health service delivery.

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 in conducting research with people who have experienced trauma, visit phoenixaustralia.org and select 'Trauma-informed Practice for Researchers' from the education and training courses.

References

1. Chambers, D. (2023). Advancing adaptation of evidence-based interventions through implementation science: Progress and opportunities. *Frontier in Health Services, 3*. doi: 10.3389/frhs.2023.1204138
2. Aschbrenner, K., Rabin, B., Bartels, S., & Glasgow, R. (2025). Methodological recommendations for assessing the impact of adaptations on outcomes in implementation research. *Implementation Science, 20*: 30. doi: 10.1186/s13012-025-01441-8
3. Shelton, R., Chambers, D., & Glasgow, R. (2021). An extension of RE-AIM to enhance sustainability: Addressing dynamic context and promoting health equity over time. *Frontiers in Public Health, 8*: 134. doi: 10.3389/fpubh.2020.00134
4. Wiltsey Stirman, S., Baumann, A. A., & Miller, C. (2019). The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science, 14*(1): 58. doi: 10.1186/s13012-019-0898-y
5. Geng, E., Mody, A., & Powell, B. (2023). On-the-go adaptation of implementation approaches and strategies in health: Emerging perspectives and research opportunities. *Annual Review of Public Health, 3*(44): 21-36. doi: 10.1146/annurev-publhealth-051920-124515
6. Beidas, R., Adams, D., Kratz, H., Jackson, K., Berkowitz, S., … Evans Jr, A. (2016). Lessons learned while building a trauma-informed public behavioral health system in the City of Philadelphia. *Evaluation and Program Planning, 59*: 21-32. doi: 10.1016/j.evalprogplan.2016.07.004
7. Gaias, L., Arnold, K., Liu, F., Pullmann, M., Duong, M., & Lyon, A. (2021). Adapting strategies to promote implementation reach and equity (ASPIRE) in school mental health services. *Psychology in the Schools, 59*: 2471-2485. doi: 10.1002/pits.22515
8. Lau, A., Huey, S. Jr., & Baumann, A. A. (2023). Advances in the adaptation and implementation of evidence-based interventions for historically marginalized groups. *Behaviour Research and Therapy, 168*: 104377. doi: 10.1016/j.brat.2023.104377
9. Stirman, S., Kimberly, J., Cook, N., Calloway, A., Castro, F., & Charns, M. (2012). The sustainability of new programs and innovations: A review of the empirical literature and recommendations for future research. *Implementation Science, 7*(1): 17-17. doi: 10.1186/1748-5908-7-17
10. Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology and Community Health, 60*(10): 854-857. doi: 10.1136/jech.2004.028662
11. State of Victoria. (2021). *Royal Commission into Victoria's Mental Health System: Full final report*. State of Victoria. Available at www.health.vic.gov.au/mental-health-wellbeing-reform/recommendations
12. State of Victoria. (2023). *Our workforce, our future: A capability framework for the mental health and wellbeing workforce*. Department of Health. Available at www.health.vic.gov.au
13. Champine, R., Lang, J., Nelson, A., Hanson, R., & Tebes, J. (2019). Systems measures of a trauma-informed approach: A systematic review. *American Journal of Community Psychology, 64*(3-4): 418-437. doi: 10.1002/ajcp.12388
14. Aarons, G., Green, A., Trott, E., Willging, C., Torres, E., Ehrhart, M., & Roesch, S. (2016). The roles of system and organizational leadership in system-wide evidence-based intervention sustainment: A mixed-method study. *Administration & Policy in Mental Health & Mental Health Services Research, 43*(6): 991-1008. doi: 10.1007/s10488-016-0751-4
15. Damschroder, L., Reardon, C., Widerquist, M., & Lowery, J. (2022). The updated consolidated framework for implementation research based on user feedback. *Implementation Science, 17*: 75. doi: 10.1186/s13012-022-01245-0

Suggested citation: Couineau, A-L., Pedder, D.J., Watson, L., Strauven, S., Durham, C., Smith, V., Chu, C., Crozier, T., Symons, M., Lau, W., & Khanna, R. (2025). *Research Brief: Insights from co-designing and implementing trauma-informed practice within Victoria's mental health and wellbeing services*. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne.

In partnership with: The Victorian Collaborative Centre For Mental Health & Wellbeing; VICTORIA State Government; mental health & wellbeing local Free support in your community; wren

Funding was provided by the Victorian Department of Health and the Victorian Collaborative Centre for Mental Health and Wellbeing.

Phoenix AUSTRALIA