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Supporting Implementation of Trauma-Informed Care in Mental Health Services Across NSW

Project Report

June 2022

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Executive summary

There is a well-established link between experiences of trauma and the development of mental health conditions. Many people who access mental health services have a lived and living experience of trauma or a history of complex trauma.[1-4, 6, 10-13] Mental health services have been reported to unintentionally cause trauma and re-traumatisation to consumers and staff, specifically through the use of coercive practices such as seclusion, restraint, enforced medication administration and involuntary treatment and detainment.[2, 4, 6, 7, 14-18]

Trauma-informed care offers an organisational and practice approach to healthcare that acknowledges and responds to consumer and staff experiences of trauma. Trauma-informed care considers processes, people and place, and is complementary to priorities outlined in NSW Health's approach to Elevating the Human Experience and delivering Value-Based Healthcare. Adoption of trauma-informed care builds upon the principles of patient-centred and recovery-oriented care to recognise the role that experiences of trauma can play in healthcare encounters and outcomes.[2, 7, 8] Trauma-informed care is associated with decreased use of seclusion and restraint, symptom reduction, better patient reported outcomes, coping skills, fewer staff injuries, and cost benefits across service contexts.[2-4, 8, 13, 19-28]

In 2021, the Mental Health Commission of NSW (the Commission) and Mental Health Coordinating Council of NSW (MHCC) partnered in a grant funding agreement for the Agency for Clinical Innovation (ACI) to strengthen and align state-wide trauma-informed care activities and to finalise the ACI Trauma-Informed Care in Mental Health Services Across NSW: A Framework For Change (the Framework).[29]

The Project was a priority for the Commission as the objectives align with their strategic priorities described in Living Well in Focus 2020-2024 A Strategic Plan for Community Recovery, Wellbeing and Mental Health in NSW. In particular, action 23 which prioritises an "investment in strategies that enable a more compassionate workforce".[25]

This Project built upon earlier work conducted by MHCC and ACI in trauma-informed care. This work can be accessed from the ACI Mental Health Network webpage, and from the MHCC website and includes research, development of an organisational self-audit toolkit and resources, a leadership framework, webinars, professional development and training.

This report outlines the outcomes of the *Supporting Implementation of Trauma-Informed Care in Mental Health Services Across NSW Project* (the Project) including publication of the Framework and the establishment of a trauma-informed care community of practice (CoP). The Project undertook additional activities including developing a proposal for state-wide trauma-informed care training, conducting a rapid evidence check to identify current barriers and enablers for implementation of trauma-informed care, and developing a trauma-informed care resource repository. All deliverables outlined in the grant agreement were met.

The Project re-emphasised the strong desire amongst healthcare workers to embed trauma-informed care into their practice. However, further action is required to support NSW mental health services to adopt a trauma-informed care approach. Recommendations have been included in this report.

This important work will support a transition to better value-based healthcare and safer mental health services, leading to better health outcomes for both staff and people accessing mental health services in NSW.

Background

Audience of report

This is a report written specifically for the Mental Health Commission as a deliverable of the project grant.

Content warning

This report describes trauma associated with accessing health care services and implementation of trauma-informed care. While the authors do not anticipate that the content will cause distress, we encourage readers to consider whether reading the material might cause distress. If this occurs, please exercise self-care and seek support as required.

Trauma-informed care in NSW

It is estimated that 75% of Australians have experienced a traumatic event in their lifetime; a rate not dissimilar to the 70% reported internationally, with Aboriginal, prison and socially disadvantaged populations reporting higher rates.[2, 5, 6, 20, 30, 31] There is a well-established link between experiences of trauma and the development of mental health conditions. Many people who access mental health services have a lived or living experience of trauma or a history of complex trauma. [2-4, 6, 10-13] Staff who work in these settings are also at risk of experiencing trauma and re-traumatisation.[2, 4, 6, 17, 18] Mental health services and treatment can unintentionally cause trauma and re-traumatisation to consumers and carers through a range of processes and practices, specifically the use of coercive practices such as seclusion, restraint, enforced medication administration and involuntary treatment and detainment. [2, 7, 14, 15]

Trauma-informed care

Trauma is defined as: “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful and has lasting adverse effects on a person’s mental, physical, social, emotional or spiritual well-being”.[1]

Trauma-informed care is based on the principles of safety, choice, collaboration, trust and empowerment.[2] It is a re-conceptualisation of traditional approaches to healthcare based on an awareness of the high prevalence of trauma in the lives of people accessing and working in health services and the potential for trauma or re-traumatisation to occur in the context of care.[2-9]

Trauma-informed care changes the question from 'What is wrong with you?' to 'What has happened to you?'.

Trauma-informed practice builds on the principles of patient-centred and recovery-oriented care recognising the role that experiences of trauma play in healthcare encounters and outcomes.[2, 7, 8] Trauma-informed care is associated with decreased use of seclusion and restraint, symptom reduction (including shorter lengths of stay, increased rates of discharge, lower levels of care and a decrease in presenting difficulties), better patient reported outcomes and coping skills, fewer staff injuries, and cost benefits across different service delivery contexts. [2-4, 8, 13, 19-28]

Trauma-informed care has emerged as fundamental to contemporary best practice in public health services and has been identified as a priority for mental health services at local, state, and Commonwealth levels. Multiple reports, investigations and inquiries over the past decade, including the Royal Commission into Institutional Response to Child Sexual Abuse and the Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Health Facilities, have recommended implementation of trauma-informed care in NSW.[14, 16] In response to

these and many other reports, guidelines and standards, strategic frameworks, and research and advocacy, implementation of trauma-informed care has become a priority for mental health services across Australia, particularly in New South Wales.[19, 21-28, 32]

Agency for Clinical Innovation Mental Health Network Trauma-Informed Care Project – 2018 to Present

Trauma-informed care in mental health services has been a priority focus for the Agency for Clinical Innovation (ACI) Mental Health Network (MH Network) for several years. In 2018, the MH Network initiated a state-wide healthcare clinical redesign project for trauma-informed care. The initiation phase of the project produced the Trauma-Informed Care and Mental Health in NSW: Evidence Report.[2] In 2019, the diagnostics phase was initiated to understand the nature of the problem. Detailed findings are published in the Trauma-Informed Care and Practice in Mental Health Services Across NSW: Diagnostic Report[7] and two peer reviewed publications.[3, 4]

To finalise the solution design phase, additional resources were required. Grant funding was provided by the Mental Health Commission of NSW (the Commission) to the MHCC to partner with the MH Network to conduct this phase. Supporting Implementation of Trauma-Informed Care in Mental Health Services Across NSW Project (the Project).

Scope

The Project was a collaborative project between the Commission, MHCC and the MH Network. The scope of the Project aimed to strengthen and align state-wide trauma-informed care activities and establish a community of practice to support these. The Project also undertook system orientation to the co-designed Agency for Clinical Innovation Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change (formerly known as the *Trauma-Informed Care Organisation Model*).

Objectives (deliverables)

The objectives of the Project were as follows:

- Establish governance and partnership arrangements including:
    - Establishment and provision of secretariat support for a Project Governance Steering Group which included MHCC and the Commission representatives.
    - Engagement of a Project Support Officer to implement the project objectives for the term of this Agreement.
- System orientation to the co-designed *ACI Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change.*
- Establishment of a trauma-informed care community of practice to coordinate and strengthen key partnerships with key stakeholders.

Resources

1 FTE was temporarily appointed August 21-February 22 to strengthen and align statewide trauma-informed care activities and provide support to Mental Health Service staff in Local Health Districts (LHDs), Specialty Health Networks (SHNs) and the community managed mental health sector in implementing Trauma-Informed Care in practice. $100,000 was allocated for this work.

Governance

The MH Network Trauma-Informed Care Project Officer reported to the MH Network Manager and worked in partnership with the Commission and MHCC. A Trauma-Informed Care Project Working Group (the Working Group) with broad representation and expertise in Trauma-Informed Care across the mental health sector, including members with lived and living experience of mental illness, was established to provide leadership and guidance. To ensure continuity. the Working Group also included members previously involved in earlier iterations of the Trauma-Informed Care Project with the MH Network who were familiar with the history and outputs. A full list of membership is noted in Appendix A.

Limited funding and a short project timeframe with no further resources committed to support the next phase of implementation pose a risk to implementation. Considerable momentum has been achieved to date, and learnings and shared experience should be utilised while still fresh and contemporary.

Deliverables

All deliverables of the grant agreement were met and are detailed in this project report.

Deliverable 1: Establish governance and partnership arrangements

The Working Group was established in July 2021 and monthly meetings were held for the duration of the project. The first Working Group meeting was held in September 2021. A total of 24 members (inclusive of the Commission and MHCC) comprised a broad representation from the mental health service system including community-based services. A full list of the Working Group representation is included in Appendix A. The recruitment of the Trauma-Informed Care Project officer provided secretariat support to the Working Group.

The engagement and responsiveness of the Working Group members was overwhelmingly positive. Two separate sub-working groups were formed due to the agility of the Working Group members and their willingness to contribute to the Project. This allowed for efficient progress of deliverables and additional activities. The model of creating sub-working groups was found to be extremely effective during the Project.

At the conclusion of the Project, Working Group members were asked to provide feedback on the achievements of the Project. When asked what the biggest success of the Project was, responses included:

"Strengthening the trauma-informed care community and creating a network"

"…the CoP and the Framework for Change"

"Delivering the Framework & excellent leadership & project management from ACI"

When asked what ways they thought the Project has had an impact for the system, some stated:

"It will create a lasting conversation and educational approach to implementing trauma-informed care"

"…built momentum, built the profile of trauma-informed care and building a support network of practitioners who can support each other to implement trauma-informed care through learning from each other"

"…presented innovative ways to provide guidance via the Framework on what the workforce and system need to improve. Not only to be trauma informed but to improve outcomes for consumers and reduce or prevent future trauma."

Deliverable 2: System orientation to the co-designed Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change

Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change (the Framework) was developed to support all NSW Health staff working in mental health, people who access mental health services, and those who support them. The Framework operationalises Trauma-Informed Care principles into clear actionable areas. The Framework was informed by extensive Australian and international research literature and was developed from findings outlined in the Trauma-Informed Care and mental health in NSW: Evidence Series; the Trauma-Informed Care and practice in mental health services across NSW: Diagnostic Report; state-wide solution design workshops; and from experiences of clinicians, managers, people with a lived experience of

mental health conditions, Aboriginal people, carers, families, and experts in the field. The findings from these, in combination with national and state-wide reports and guidelines, emphasise an urgent need for Trauma-Informed Care reform in NSW mental health services. [3, 4, 14, 16, 19, 21-28, 32]

The Framework outlines a multi-level implementation approach under six key priority areas (Figure 1). Actions identified are targeted at system, service, and individual levels for implementation. While the Framework is directed towards NSW Health mental health services and staff, the priority areas and actions identified can be applied across broader health and human service settings. Actions outlined in the Framework align with existing strategic frameworks such as the Aboriginal Mental Health Wellbeing Strategy 2020-2025, the NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022, Living Well in Focus 2020 – 2024, and the Towards Zero Suicides Program. It also aligns with recommendations from the Review of Seclusion, Restraint, and Observation of Consumers with a Mental Illness in NSW Health Facilities Report.[14] A more comprehensive list is provided in Appendix B.

Figure 1: Priority Areas for Improvement identified in Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change

At commencement of the Project, the Framework existed in draft form and had undergone extensive consultation with clinicians, managers, mental health professionals, people with a lived experience of mental health conditions, Aboriginal people, carers, families, kinship groups, and other experts in the field. Grant funding for the Project enabled the Framework to undergo final rounds of consultation and publication.

The Framework supports implementation of Trauma-Informed Care in all mental health service contexts by identifying what good practice looks like across the various levels of the NSW Health system. The Framework aims to support mental health workers translate Trauma-Informed Care theory into their practice through clear actions under six key priority areas.

During the Project, additional consultation was sought, and feedback was reviewed and incorporated into the final version. The Framework was endorsed by the Working Group and the ACI and was subsequently published in April 2022. The Framework is accessible via the ACI MH Network website, and is included in Appendix C.

Consultation included:

- local health district and specialty health network chief executives
- mental health directors and staff
- the NSW Ministry of Health Mental Health Branch
- the Transcultural Mental Health Centre
- the Working Group membership.

A communication and engagement strategy was developed in partnership with the ACI Communications Team to identify opportunities to socialise the Framework.

This included:

- featuring the Framework in ACI's Clinician Connect publication
- on ACI's social media channels, and in executive reports
- featured in the MH Network newsletter and SharePoint site and was circulated to the MH Network membership for wider distribution
- promoted to members of the community of practice and will feature in ongoing meetings
- circulated to local health district and specialty health network chief executives and mental health directors, the NSW Ministry of Health Mental Health Branch, the Transcultural Mental Health Centre, the Commission, MHCC, the Health Education and Training Institute, universities and to other key project partners and health networks.

Deliverable 3: Establish a trauma-informed care community of practice

The purpose of establishing the trauma-informed care community of practice (CoP) was to strengthen relationships and collaboration between clinicians, peer workers, managers, consumers and carers, and to support local implementation of Trauma-Informed Care.

Table 1: Swinburne University of Technology Community of Practice Start Survey Analysis Summary

Elements	Summary findings
Expectations	**Short term:** • Building individual knowledge • Opportunities for connection **Long term:** • Focus on action to achieve outcomes
Topics	• Experience with trauma-informed care practice • Best practices in trauma-informed care • Organisational and systemic change
Communication	• Monthly meetings • Online forum • Organise a space for resource sharing
People	• Encourage people to share experiences and expertise • Create opportunities for participation • Include voices of lived experience

Members from the Trauma-Informed Care Working Group (the Working Group) met as a sub-Working Group (CoP WG) to focus on the establishment of the CoP. A total of four CoP meetings were held between November 2021 and February 2022 and the CoP WG reported up to the Working Group.

A partnership was also established with researchers from the Centre for Global Health and Equity at Swinburne University of Technology (Swinburne) studying the process of starting and running communities of practice. This partnership was key to ensuring the CoP adopted principles of co-design and would meet the needs and expectations of its members. As part of this partnership, Swinburne conducted a *Start Survey* asking all prospective CoP members to answer questions about their needs and community expectations. Swinburne analysed the results and provided a summary to the Working Group. The CoP WG used the analysis to inform the structure and topics covered in the CoP. A summary of the key findings is provided in Table 2. A copy of the full analysis is included in Appendix D.

Initially, the CoP received 140 registrations. This number grew to 173 by February 2022.

Data and insights

Initial and follow-up evaluation surveys were conducted prior to the first CoP meeting and following the fourth meeting. These results, including demographic data and attitudinal outcomes, are included in Appendix E.

Overall, feedback on the CoP was overwhelmingly positive. Post-meeting feedback surveys from the first three meetings indicated that the meetings enhanced understanding of Trauma-Informed Care, were organised safely, and that members would recommend the CoP to their colleagues (Table 2).

Future direction

The CoP stimulated significant engagement, particularly in break-out rooms and group discussions. The MH Network and the CoP WG committed to supporting the CoP until June 2022. This gave the CoP time to establish a core membership and allow members to assume leadership. Between February 2022 and June 2022, the CoP was a significant driver of the Framework. Topics for the CoP meetings were framed by the key priority areas identified in the Framework and included Aboriginal cultural safety, collaboration between consumers and clinicians, and emotional intelligence and Trauma-Informed Care.

Swinburne University of Technology held focus groups and further analysis with some CoP members in May 2022.

From June 2022 onwards, the CoP will be member led and the intention is to have an LHD/SHN present each month on their current trauma-informed care activities and share lessons learned. The intention is that the Framework will be used to guide discussions and support improvements.

Table 2: Trauma-Informed Care Community of Practice Post-meeting feedback survey results

Meeting		Post-meeting feedback survey results				
Topic	Number of attendees	Number of survey responses	Did the CoP enhance your understanding of truma-informed care?	Would you recommend the CoP to your colleagues?	To what extent do you feel that the organisers provided safety	Quote from members
Introduction	76	33	3.15/5	Yes: 32 No: 1	4.61/ 5	*"I think it is a great space to really think through all the different area that need to think about systemic change"*
Learning from each other	48	10	3.2/5	Yes: 10 No: 0	4.7/5	*"The CoP provides a safe and supportive space to talk about the challenges of shifting practices to a more trauma-informed care model, where real time examples are presented by people doing the change in their settings"*
Shifting the discourse to shift the culture	56	14	3.64/5	Yes: 14 No: 0	4.57/5	*"Was very informative presentation by experienced and engaging professional."*

Additional project activities

NSW Health trauma-informed care training Framework proposal

Through the project scoping of available trauma-informed care training for NSW Health staff, it was identified that no state-wide coordinated approach existed. In 2020, the solution design phase of the Project highlighted the urgent need for Trauma-Informed Care training within NSW Health. This was emphasised in the findings of Trauma-Informed Care *Rapid Evidence Check* conducted in 2022.

A sub-working group was established from members of the Working Group to investigate opportunities to enhance Trauma-Informed Care training for NSW Health staff. The sub-working group, known as the Training and Education Working Group (T&EWG), mapped known Trauma-Informed Care training accessible to NSW Health staff. While there are a range of Trauma-Informed Care training courses and resources available, none were readily accessible or consistently available in formats and modes that aligned with the needs of NSW Health staff. To create an organisational culture that is trauma-informed across a health service, all staff including clinical, administrative, security, executive and management, and other support staff require basic training in awareness and understanding of trauma and Trauma-Informed Care.

The T&EWG objective was to provide a recommendation for a comprehensive and sustainable Trauma-Informed Care training and education approach for NSW Health. The outcome of this sub-group was to develop a training framework that would enhance the capabilities of all NSW Health workers in delivering Trauma-Informed Care.

The T&EWG produced the *NSW Health* Trauma-Informed Care *Training Framework Proposal* (Training Proposal) which will serve to guide the development of future Trauma-Informed Care training should resourcing opportunities arise. The Training Proposal outlines a training pathway with two parts:

- *NSW Health* Trauma-Informed Care *Core Principles* online module targeted at all NSW Health staff with an optional face-to-face workshop.
- A more in-depth and targeted speciality pathway for all mental health staff, including leadership and executive staff.

The elements of the training material proposed are aligned to the actions identified under Priority Area 5 of the Framework. Both training opportunities also consider how existing training material can be utilised and incorporated. A diagrammatic representation of the proposed trauma-informed care training pathway is included in Appendix F.

At the time of writing this report, resources have been committed by the Health Education and Training Institute (HETI) to develop the NSW Health Trauma-informed care core principles module for all NSW Health Staff. This is an exciting and much needed development for the NSW Health system.

Trauma-informed care resource repository

A Trauma-Informed Care resource repository has been established on the MH Network SharePoint site. Members of the MH Network can access research, tools, guidelines, webinars, and resources from the CoP. Members of the MH Network and the CoP are also encouraged to contribute resources.

Rapid evidence check

In 2019, the MH Network published the Trauma-Informed Care and Mental Health in NSW Evidence Series to investigate the question 'does trauma-informed care work?' and to consider the extent to which mental health services in NSW are trauma-informed. As an additional activity to the Project, the MH Network undertook a rapid evidence check to provide an update to the original evidence series and identify enablers and barriers for implementation of Trauma-Informed Care in health services. A summary of the key findings is included in Appendix G.

Trauma-informed care higher education scholarships

ACI has partnered with the HETI to provide 150 scholarships to support NSW Health mental health workers to receive targeted Trauma-Informed Care training.

Scholarships to undertake the HETI Higher Education Trauma and Trauma-Informed Care and Practice unit (8ALF008) enables students to explore and critique the concepts of Trauma-Informed Care that support and facilitate optimal wellbeing of people with lived experience, and those who support or work with them.

The scholarships are administered and delivered by HETI to NSW Health employees working in mental health services and/or working with vulnerable populations. Remaining scholarships are considered for NSW Health employees working in other settings upon application.

An additional $20,000 will be provided to HETI to support an additional 30 scholarships in 2022-23 from unspent Project funds.

Whole of NSW Health approach

The MH Network continues to work closely with the NSW Ministry of Health, including the Mental Health Branch, Centre for Alcohol and Other Drugs, Integrated Prevention and Response to Violence Abuse and Neglect, and Child and Adolescent Mental Health Services to develop a collaborative system-wide approach to Trauma-Informed Care. A working group has been established between these networks to develop a 'case for change' and a program logic model to promote a universal commitment to NSW Health becoming a trauma-informed health system.

Recommendations

The Supporting Implementation of Trauma-Informed Care in Mental Health Services Across NSW Project strengthened state-wide activities through publishing the Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change, establishing the CoP and developing a proposal to guide development of state-wide trauma-informed care training for all NSW Health workers. The trauma-informed care training proposal has led to development of a trauma-informed care core principles training module by HETI in 2022.

The Project also provided support to the mental health sector through developing a trauma-informed care resource repository, and conducting a rapid evidence check on barriers and enablers to implementing trauma-informed care.

To continue to strengthen state-wide activities in Trauma-Informed Care and support the mental health sector to embed Trauma-Informed Care, further resources are needed. Project staff and Working Group members have identified some recommendations. These are detailed in this section.

"The Project has got more people on the ground involved, talking and championing trauma-informed care but impact will only be embedded in the system if further funding can build on the momentum" – Project Working Group Member

Implementation support

The Framework will guide mental health workers and executive staff to embed Trauma-Informed Care throughout NSW mental health services by translating Trauma-Informed Care theory into clear actions. Successful implementation will require multi-level implementation support, planning and expertise. This objective was the strongest theme obtained from feedback received from LHD/SHN staff during final consultation on the Framework. It was also reflected in comments from the Project Working Group members and within the literature reviewed for the rapid evidence check.

Future implementation support will need to include the development of resources and tools to facilitate an evaluation of the Framework within services. Furthermore, a lack of implementation experience, evaluative data from both a service and lived experience perspective, as well as reporting processes were identified as significant gaps in the academic literature. Comprehensive implementation support to pilot and evaluate the Framework will ensure NSW Health can achieve the goal of a trauma-informed health system. This would also position NSW Health as a national and international leader in driving system-wide mental health service reform.

Without implementation support, mental health care reform and quality improvement will be left to individual services and individual staff. This is likely to result in limited impact and sustainability.

Resource development

In addition to implementation support, there is a need to develop resources to support services and staff to implement the actions outlined in the Framework. An organisational self-assessment tool has been identified as a key resource to be developed. Additionally, a mapping exercise would support effective planning and implementation by emphasising integration of the Framework with existing programs and strategic directions and highlighting key gaps in system reform. Furthermore, the Framework identifies gaps in the system where resources are needed to enable services and staff to implement Trauma-Informed Care. An example of this is the need for accredited cultural safety training for all NSW Health staff to be developed.

Development of specialist Trauma-Informed Care training for mental health staff

The NSW Health trauma-informed care core principles training module for all NSW Health staff is a significant enabler for Trauma-Informed Care and practice in NSW. However, both the current literature and consultation undertaken within this project indicate significant demand from mental health workers for in-depth training in Trauma-Informed Care. Training which operationalises Trauma-Informed Care theory, trauma assessments, clinical supervision, and practical skills development was specifically identified. Training on championing an organisational cultural shift, as well as creating a just and restorative culture in which executives can foster leadership, were also identified as priorities. Some clinicians also reported a desire for training in some trauma treatments such as Eye Movement Desensitization and Reprocessing (EMDR).

"Educational roll out and continued strengthening of the Trauma-Informed Care community which supports implementation is needed" – Project Working Group Member

NSW Health commitment to a trauma-informed system

Trauma-Informed Care has emerged as fundamental to ensuring best practice in contemporary public health service provision and has been identified as a priority for mental health services at local, state, and Commonwealth levels. Despite this, NSW Health has not yet adopted an organisation- wide definition or position on Trauma-Informed Care.

To successfully embed Trauma-Informed Care into mental health services, there needs to be a multi-level approach to implementation, including support from leadership and clear guidance as to how this can be achieved and sustained.

A universal commitment to NSW Health becoming a trauma-informed health system aligns with NSW Health's commitment to delivering value-based healthcare. Furthermore, a trauma-informed approach is one that considers process, people and place, and is complementary to priorities outlined in NSW Health's approach to Elevating the Human Experience.

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We would also like to acknowledge the enabling work of the Mental Health Commission of NSW and Mental Health Coordinating Council (MHCC) in strengthening state-wide activities in trauma-informed care and building supportive networks. This important work will support a transition to better value-based healthcare, safer mental health services, and lead to better health outcomes for both staff working in and people accessing mental health services in NSW.

This work is extensively informed by Australian and international research and evidence-based practice developed over 30 years.

Mental Health Commission of New South Wales

ACI and MHCC express their appreciation to the Mental Health Commission of NSW for their support and encouragement of this project.

References

1. Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville; 2014. Available from:https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884
2. Agency for Clinical Innovation MHN. Trauma-informed care and mental health in NSW: Evidence Series. Agency for Clinical Innovation; 2019. Available from:https://aci.health.nsw.gov.au/__data/assets/pdf_file/0008/561977/ACI-Mental-Health-Trauma-informed-care-mental-health-NSW.pdf
3. Isobel S, Wilson A, Gill K, et al. 'What would a trauma-informed mental health service look like?' Perspectives of people who access services. International Journal of Mental Health Nursing. 2020;30(2):495-505. DOI: 10.1111/inm.12813
4. Isobel S, Wilson A, Gill K, et al. What is needed for Trauma-informed Mental Health Services in Australia? Perspectives of Clinicians and Managers. 2020;30(2):72-82. DOI: Doi: 10.1111/inm.12811
5. Lee E, Kourgiantakis T, Lyons O, et al. A trauma-informed approach in Canadian mental health policies: A systematic mapping review. Health Policy. 2021;125(7):899-914. DOI: 10.1016/j.healthpol.2021.04.008
6. Wilson A, Hurley J, Hutchinson M, et al. "Can mental health nurses working in acute mental health units really be trauma-informed?" An integrative review of the literature. J Psychiatr Ment Health Nurs. 2021;28(5):900-23. DOI: 10.1111/jpm.12717
7. Agency for Clinical Innovation MHN. Trauma-informed care and practice in mental health services across NSW: Diagnostic Report. Agency for Clinnical Innovation; 2020. Available from:https://aci.health.nsw.gov.au/__data/assets/pdf_file/0005/606677/ACI-Mental-Health-Trauma-informed-care-and-practice-diagnostic-report.pdf
8. Nizum N, Yoon R, Ferreira-Legere L, et al. Nursing interventions for adults following a mental health crisis: A systematic review guided by trauma-informed principles. Int J Ment Health Nurs. 2020;29(3):348-63. DOI: 10.1111/inm.12691
9. Jackson ML, Jewell VD. Educational Practices for Providers of Trauma-Informed Care: A Scoping Review. J Pediatr Nurs. 2021;60:130-8. DOI: 10.1016/j.pedn.2021.04.029
10. Muskett C. Trauma-informed care in inpatient mental health settings: a review of the literature. . International Journal of Mental Health Nursing. 2014;23(1):51-9. DOI: doi:10.1111/inm.12012
11. Wilson A, Hutchinson M, J H. Literature review of trauma-informed care: Implications for mental health nurses working in acute inpatient settings in Australia. . International Journal Mental Health Nursing. 2017;26(4):326-43. DOI: doi:10.1111/inm.12344
12. Bloomfield MAP, Yusuf F, Srinivasan R, et al. Trauma-informed care for adult survivors of developmental trauma with psychotic and dissociative symptoms: a systematic review of intervention studies. Lancet Psychiatry. 2020;7(5):449-62. DOI: 10.1016/s2215-0366(20)30041-9
13. Oral R, Coohey C, Zarei K, et al. Nationwide efforts for trauma-informed care implementation and workforce development in healthcare and related fields: a systematic review. Turk J Pediatr. 2020;62(6):906-20. DOI: 10.24953/turkjped.2020.06.002
14. Wright M. Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities. NSW Ministry of Health, Mental Health Branch; 2017 Available from:https://www.health.nsw.gov.au/mentalhealth/reviews/seclusionprevention/Documents/report-seclusion-restraint-observation.pdf

15. Bendall S, Eastwood O, Cox G, et al. A Systematic Review and Synthesis of Trauma-Informed Care Within Outpatient and Counseling Health Settings for Young People. Child Maltreat. 2021;26(3):313-24. DOI: 10.1177/1077559520927468
16. Commonwealth of Australia. Royal Commission into Institutional Responses to Child Sexual Abuse: Final Report Recommendations. Commonwealth of Australia; 2017. Available from:https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_recommendations.pdf
17. Itzhaki M, Bluvstein I, Peles Bortz A, et al. Mental Health Nurse's Exposure to Workplace Violence Leads to Job Stress, Which Leads to Reduced Professional Quality of Life. Frontiers in Psychiatry. 2018 2018/02/27;9:59. DOI: 10.3389/fpsyt.2018.00059
18. Reeves E. A synthesis of the literature on trauma-informed care. Issues Mental Health Nursing. Issues Mental Health Nursing. 2015;36(9):698-709. DOI: doi:10.3109/01612840.2015.1025319
19. Commonwealth of Australia. The Productivity Commission: Mental Health, report 95. Commonwealth of Australia; 2020. Available from:https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf
20. Mills KL, McFarlane AC, Slade T, et al. Assessing the prevalence of trauma exposure in epidemiological surveys. Aust N Z J Psychiatry. 2011 May;45(5):407-15. DOI: 10.3109/00048674.2010.543654
21. Commonwealth of Australia. Australia's Long Term National Health Plan 2019. Commonwealth of Australia. ; 2019. Available from:https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf
22. Commonwealth of Australia. Fifth National Mental Health and Suicide Prevention Plan. Commonwealth of Australia; 2017. Available from:https://www.mentalhealthcommission.gov.au/getmedia/0209d27b-1873-4245-b6e5-49e770084b81/Fifth-National-Mental-Health-and-Suicide-Prevention-Plan
23. Australian Institute of Health and Welfare. Trauma-informed services and trauma-specific care for Indigenous Australian children. Australian Institute of Health and Welfare 2013. Available from:https://www.aihw.gov.au/getmedia/e322914f-ac63-44f1-8c2f-4d84938fcd41/ctg-rs21.pdf.aspx?inline=true
24. Council of Australian Governments. Roadmap for National Mental Health Reform 2012-2022. Council of Australian Governments; 2012. Available from:https://www.coag.gov.au/sites/default/files/communique/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf
25. Mental Health Commission of New South Wales. Living Well in Focus 2020-2024. Mental Health Commission of New South Wales; 2020. Available from:https://www.nswmentalhealthcommission.com.au/sites/default/files/old/documents/living_well_in_focus_2020-2024.pdf
26. New South Wales Government. NSW State Plan: Towards 2021. New South Wales Government; 2014. Available from:https://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf
27. New South Wales Government. NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022: A Framework and Workforce Plan for NSW Health Services. New South Wales Government; 2019. Available from:https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf
28. National Mental Health Commission. Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services. National Mental Health Commission; 2015. Available

from:https://www.health.gov.au/sites/default/files/response-review-of-mental-health-programmes-and-services.pdf
29. Agency for Clinical Innovation Mental Health Network. Trauma-informed care in mental health services across NSW: A framework for change [Internet]. Sydeny2022 [Available from: https://aci.health.nsw.gov.au/__data/assets/pdf_file/0006/719871/ACI-Trauma-informed-care-and-practice-in-mental-health-services-across-NSW-Framework.pdf
30. Keeshin BR, Bryant BJ, Gargaro ER. Emotional Dysregulation: A Trauma-Informed Approach. Child Adolesc Psychiatr Clin N Am. 2021;30(2):375-87. DOI: 10.1016/j.chc.2020.10.007
31. Cullen P, Mackean T, Walker N, et al. Integrating Trauma and Violence Informed Care in Primary Health Care Settings for First Nations Women Experiencing Violence: A Systematic Review. Trauma Violence Abuse. 2021:1524838020985571. DOI: 10.1177/1524838020985571
32. New South Wales Mental Health Commission. Strategic Framework for Suicide Prevention in NSW 2018–2023. New South Wales Mental Health Commission; 2018.

Appendices

Appendix A: Working Group

A Trauma-Informed Care Project Working Group (the Working Group) with broad representation and expertise in trauma-informed care across the mental health sector, including members with lived and living experience of mental illness, was established to provide leadership and guidance. To ensure continuity the Working Group also included members previously involved in earlier iterations of the Trauma-Informed Care Project with the MH Network who were familiar with the history and outputs. A full list of membership is noted below.

Trauma-Informed Care Project Working Group membership representation

- Agency for Clinical Innovation, Mental Health Network
- Agency for Clinical Innovation, Clinical Implementation Network
- Agency for Clinical Innovation, Violence Abuse and Neglect Network
- BEING Mental Health Consumers
- Blue Knot Foundation
- Consumer representatives
- Mental Health Carers NSW
- Mental Health Coordinating Council of NSW
- Mid-North Coast Local Health District
- Nepean Blue Mountains Local Health District
- North Sydney Local Health District
- Northern NSW Local Health District
- NSW Health Education and Training Institute
- NSW Mental Health Commission
- NSW Ministry of Health, Aboriginal Mental Health Workforce
- NSW Ministry of Health, Integration, Prevention and Response to Violence, Abuse and Neglect
- NSW Ministry of Health, Mental Health Branch
- South Eastern Sydney Local Health District
- Sydney Local Health District

Appendix B: Alignment to national standards

Alignment of the *Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change* to existing national and state-wide level strategic Frameworks, guidelines, standards and policies.

NSW state-wide

- NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022
- NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025
- Living Well in Focus 2020-2024 A strategic plan for community recovery, wellbeing, and mental health in NSW
- NSW LGBTIQ+ Health Strategy 2022-2027
- Strategic Framework for Suicide Prevention in NSW 2018-2023
- NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023 (PD2019_018)
- NSW Women's Health Framework 2019
- NSW Justice Health & Forensic Mental Health Network Strategic Plan 2018-2022
- NSW Health's Integrated Prevention and Response to Violence, Abuse and Neglect Framework 2019
- NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026
- NSW Family Focused Recovery Framework 2020-2025
- NSW State Plan: Towards 2021 and Towards Zero Suicide Program
- PD2019_041 Integrated Prevention and Response to Violence Abuse and Neglect Framework
- PD2019_008 The First 2000 Days Framework

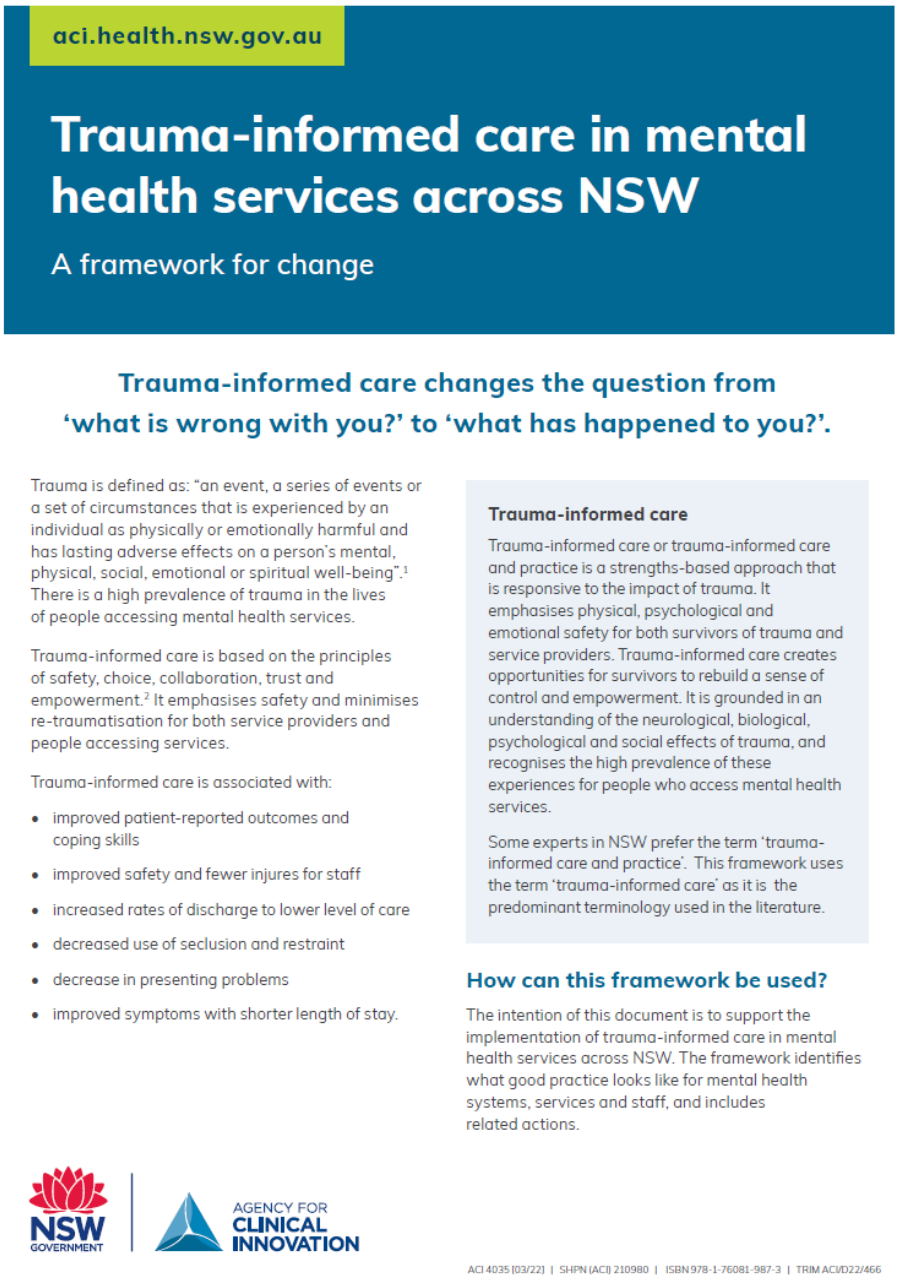
National

- Australia's Long Term National Health Plan 2019
- Australian Government, Mental Health Productivity Commission Inquiry Report 2020
- The Fifth National Mental Health and Suicide Prevention Plan
- The Productivity Commission: Mental Health, report 95.
- Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services
- Council of Australian Governments: Roadmap for National Mental Health Reform 2012-2022
- Royal Commission into Institutional Responses to Child Sexual Abuse: Final Report Recommendations
- Australian Institute of Health and Welfare, Trauma-informed services, and trauma-specific care for Indigenous Australian children

Appendix C: The Framework

The *Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change* was published on the 7th of April 2022 and is available to download from the Agency for Clinical Innovation Trauma-Informed Care webpage.[29]

Figure 5: Front Page of the Trauma-Informed Care in Mental Health Services Across NSW: A Framework for Change



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Trauma-informed care in mental health services across NSW

A framework for change

Trauma-informed care changes the question from 'what is wrong with you?' to 'what has happened to you?'.

Trauma is defined as: "an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful and has lasting adverse effects on a person's mental, physical, social, emotional or spiritual well-being".[1] There is a high prevalence of trauma in the lives of people accessing mental health services.

Trauma-informed care is based on the principles of safety, choice, collaboration, trust and empowerment.[2] It emphasises safety and minimises re-traumatisation for both service providers and people accessing services.

Trauma-informed care is associated with:

- improved patient-reported outcomes and coping skills
- improved safety and fewer injures for staff
- increased rates of discharge to lower level of care
- decreased use of seclusion and restraint
- decrease in presenting problems
- improved symptoms with shorter length of stay.

Trauma-informed care

Trauma-informed care or trauma-informed care and practice is a strengths-based approach that is responsive to the impact of trauma. It emphasises physical, psychological and emotional safety for both survivors of trauma and service providers. Trauma-informed care creates opportunities for survivors to rebuild a sense of control and empowerment. It is grounded in an understanding of the neurological, biological, psychological and social effects of trauma, and recognises the high prevalence of these experiences for people who access mental health services.

Some experts in NSW prefer the term 'trauma-informed care and practice'. This framework uses the term 'trauma-informed care' as it is the predominant terminology used in the literature.

How can this framework be used?

The intention of this document is to support the implementation of trauma-informed care in mental health services across NSW. The framework identifies what good practice looks like for mental health systems, services and staff, and includes related actions.

NSW GOVERNMENT | AGENCY FOR CLINICAL INNOVATION

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Appendix D: Community of practice start survey analysis summary

Swinburne University of Technology – Centre for Global Health and Equity

- Sanne Elbrink MSc.
- Prof. Richard Osborne
- Dr. Shandell Elmer

The initiators of the community of practice (CoP) want to set-up the CoP in a way that helps fulfill needs and expectations and where it helps people in their daily work. The aim is to follow a co-design approach in setting-up the CoP and to adopt a flexible approach going forwards. This means that structure, topics, and activities will evolve over time. As the first step in the co-design approach, people were asked to fill in a start survey, answering questions about their needs and expectations. Researchers at the Swinburne University of Technology Centre for Global Health and Equity have analysed these answers. A summary is provided below. Please contact Sanne Elbrink (selbrink@swin.edu.au) for questions about this appendix.

General

On the closing of the survey on 4 November, 137 people indicated their interest in participating in the CoP. Of these 137 people, 94 people filled in at least one question of the survey. Most people filled in all questions.

Of those who did not fill in the survey, some did not consent to be part of the research (17) and some started but stopped after filling in their details and indication of consent (26).

44 of the respondents indicated that they had previous experiences with a CoP, most positive (40), but some also or only negative (13). 31 people indicated explicitly that they did not have any previous experiences with CoP. The rest did not fill in this question.

Expectations

People were asked to indicate their expectations about what they or their organisation could benefit the most from in the first three months (short term) and in about a year (long term). Some people indicated expectations that covered 2 or 3 topics.

Table 3: Short- and long-term expectations of members of the Trauma-Informed Care CoP

Topic	Short term expectations (N=89)	Long term expectations (N=86)
Knowledge	**48**	24
Action	27	**57**
Connection	22	11
Outcome	5	14
Support	2	2
Other	5	4
Total answers	113	112

For the short term, many indicate a need to increase *knowledge*; develop their own knowledge, learn about best practices, and share experiences. Many also indicate that they hope to start up some *action*; implementation of new knowledge, training and upskilling the workforce and increased awareness were things regularly mentioned. *Connection* with others was focused on networking and building peer relations with likeminded others. A few indicated short term expectations around *outcomes* of improved care and engagement for clients. Some indicated that they don't know yet what to expect.

For the longer term there is a clear shift from a focus on knowledge to a focus on action and outcomes. Many indicate they expect some *action* to happen within the next year; improving and changing the practice around trauma informed care was the focus of most answers. Quite a few indicate the expectation that they hope that the CoP helps to lead to improved *outcomes* for consumers/clients. *Knowledge* expectations shift to a strong focus on best practices and improving skills. The expectation for *connection* is lower for the longer term.

Translation for implementation

The suggestion is to focus the first meetings on building individual knowledge around trauma-informed care (see also the results about what people want to learn for more detailed input) and focus on ideas for action for people to work on in their own organisation. Connection is important as good connections help to create a safe and encouraging environment where knowledge sharing can happen. For the longer term the focus can shift more and more towards action and bringing back the best practice and lessons learned from the action towards the CoP to keep on learning from each other.

About the people

People have been asked what they would like to see in themselves, others, and the facilitator of the CoP. Some people have indicated expectations that covered 2 or 3 topics.

Table 4: Members' expectations of the Trauma-Informed Care CoP meetings

	Self (N=77)	Others (N=73)	Facilitator (N=74)
Participation	**41**	34	
Bring in expertise	22	**35**	14
Learning	13		
Action and opportunities	17	5	5
(Practical) support	1	3	**41**
Attitude	8	18	21
Not sure	6	4	5
Other	1	1	4
Total answers	109	100	90

Most people indicate that they expect themselves to commit time to actively *participate* and engage. People also indicate that they expect themselves to share their *expertise* through the knowledge, experiences and information that they have. Quite a few indicate that they expect themselves to step into *action* and to make changes in their practice. They also expect to *learn* more about Trauma-Informed Care. A few people describe the *attitude* they expect to see in themselves, where honesty, dedication and commitment are a few examples.

Others expect to bring in their *expertise*, such as knowledge, resources, experiences, successes and challenges. They also expect others to regularly *participate* and to be engaged and to actively contribute. Many also describe the *attitude* they expect from others, where respect is often mentioned as well as willingness to commit, listen and share. A few people also indicate an expectation of *action* in terms of collaboration. Some expect *support* from others.

Many people indicate that they expect *practical support* from the facilitator. Coordinating and facilitating meetings, time keeping, leadership, recordings, resources, and updates are more common things named. They also indicate that they expect a certain *attitude* from a facilitator such as respect and being open and professional. Many people also expect the facilitator to bring in their own *expertise* and to be knowledgeable. Some expect the facilitator to connect them with other (experts) in the field.

Translation for implementation

There is a large group of people who are committed to invest time in the CoP to participate and bring in their knowledge and experiences. Many people indicate they expect expertise from either others or the facilitator around trauma informed practice. In the ‘what can I share with others’ many people indicated their ability to share knowledge and/or experiences around trauma-informed practice, could be put to good use. Most people indicate the need for a facilitator to practically support the CoP. There should be clear communication early in the CoP process about the extent of facilitation available.

Topics to discuss

People have been asked to indicate what they are willing to share with others and what they want to learn. Their input was very detailed, and these details need to be discussed when topics for sessions are being determined. Table 6 contains is a more abstract list of topics to give an idea about what is mentioned and what knowledge and experiences are available in the CoP. More people indicate what they want to learn compared with what they can share. We have not included all topics in the list below, only the ones that were mentioned more than once.

Table 5: Members' preferred topics to discuss during the Trauma-Informed Care CoP meetings

Topics to share (N=68)	Answers	Examples
Experience with trauma-informed practice	29	Lived experiences as both clients and professionals, background with working in trauma-informed practice, working in mental health system, working with specific groups (Aboriginal people, older people, sexual health, young people).
Organisational change or implementation	6	Implementation of trauma-informed care in services.
Research around trauma informed care	6	Research experience in trauma-informed care or mental health, trauma.
Training professionals	6	Experience in implementing training for professionals and education options.
Not sure	15	

Table 6: Members' preferred topics to learn during the Trauma-Informed Care CoP meetings

Topics to learn (N=75)	Answers	Examples
All there is to learn	16	Open to all knowledge, deeper, more understanding about trauma informed care or service delivery
Best practices in Trauma-informed care or trauma-informed practice	15	What has worked for others and what has not worked?
Research and therapies and treatments in trauma-informed care	5	Current research projects (process, implementation, and treatments)
Application of trauma-informed care by professionals and services	9	How do professionals implement trauma-informed care in their practice/daily work? How are services doing this? Practical implementation.
Training about trauma-informed care	3	What training is available, how to set up?
Organisational and systemic change in trauma-informed care	19	How can we change organisations and systems to create sustainable trauma informed care?
Trauma-informed care in specific groups	7	Intergenerational trauma, disabilities, young people, CALD, mental health.
Not sure	7	

Communication

People have been asked to indicate their preferences in the way of interacting with each other.

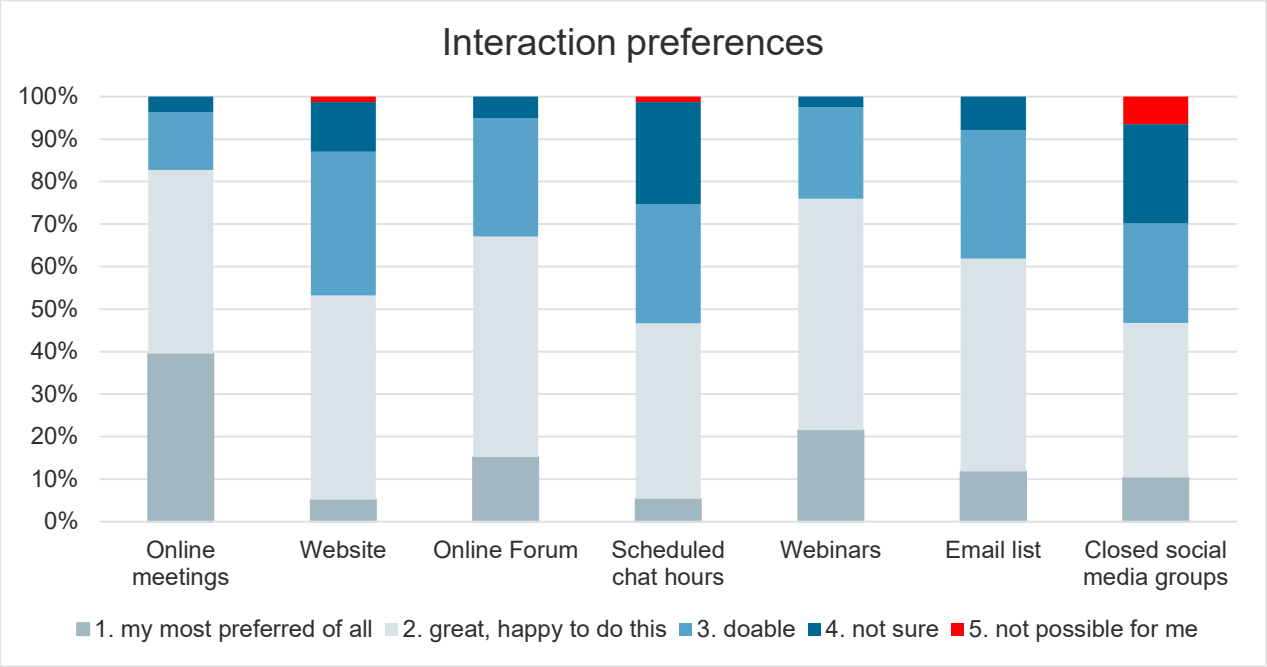

Figure 2: Members' interaction preferences

Quite a few people have indicated a specific interest in monthly or bi-monthly online meetings. Also a few people specifically ask for meetings to be recorded for later viewing if they cannot attend meetings. Many ask for resources to be available.

Some people have indicated a specific preference for MS Teams, Basecamp, or face-to-face meetings. Some indicated specifically that they don't want to use Zoom (2), Skype (6), MS Teams (2), Moodle (1), Facebook (1), other social media (2), Pexip (2).

Translation for implementation

Online meetings and webinars seem to be the most preferred way of interaction but supplemented with another of regular communication in between meetings. The preferred platform to use is not very clear, but some people have indicated access problems in their organisations due to secure firewalls. Literature points out to go where most people already are. It is worth asking the preferences for a specific platform in the follow-up survey and/or the first meeting.

Appendix E: Data and observations

Data and Observations from Trauma-Informed Care Community of Practice evaluation surveys

An initial evaluation survey was conducted in November 2021 and a follow-up survey was conducted in February 2022. Four CoP meetings occurred during this period. Survey participation was open for all registered members of the CoP (n=170). On average, 56 members attended each CoP meeting, and most people who attended at least one meeting, went on to attend two to three meetings in total.

Member demographics

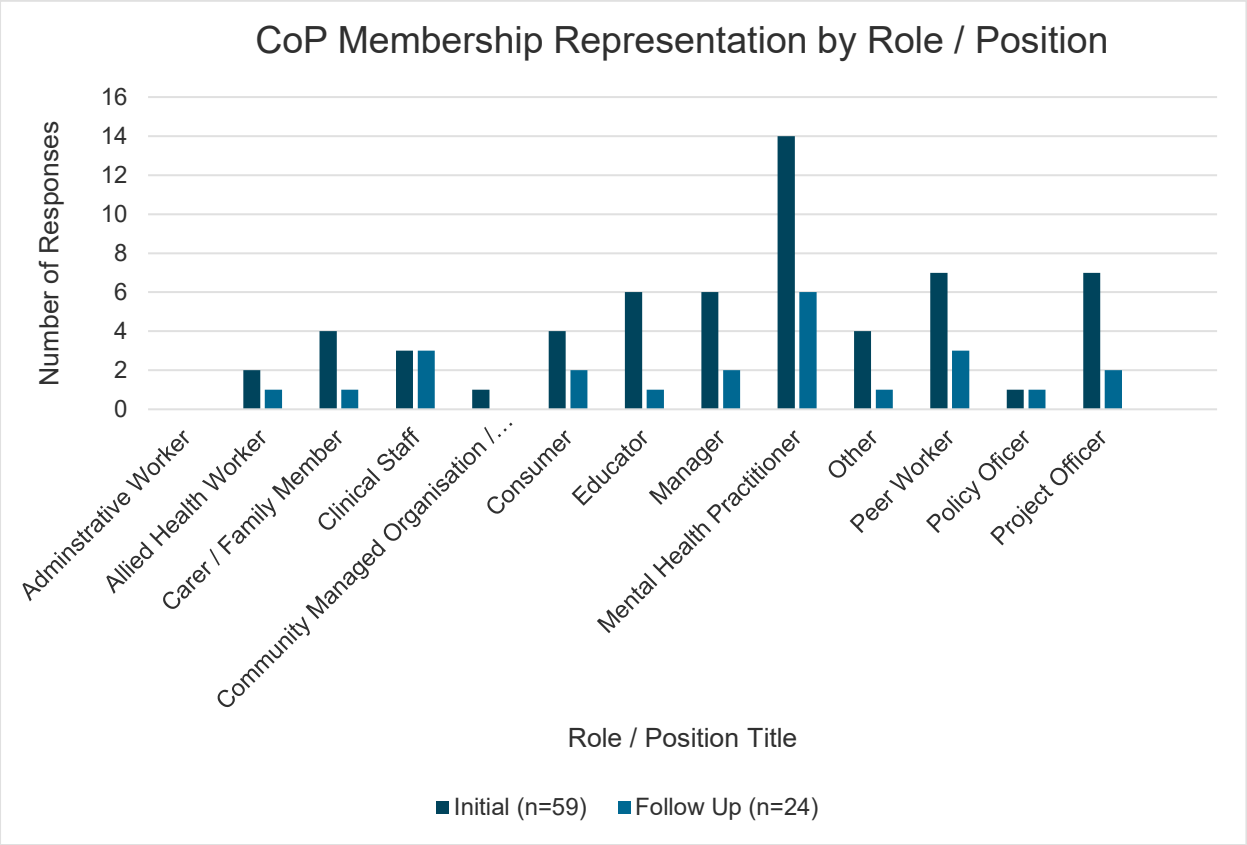

Figure 3: CoP membership representation by role/position title

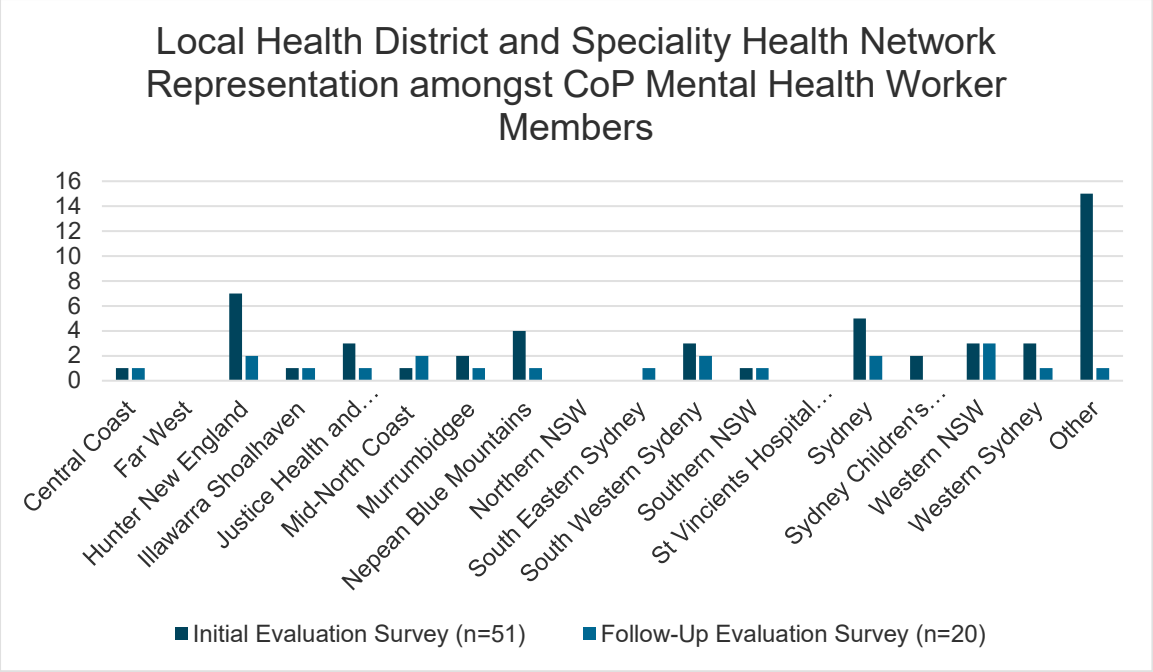

Figure 4: Local Health District and Specialty Health Network representation amongst CoP mental health worker members at initial and follow-up evaluation

Topics of interest

CoP participants were asked to rank topics from most interesting to least interesting. Table 7 highlights the responses. Topics were based upon key priorities identifed in the Framework.

Table 7: Key priorities from the Trauma-Informed Care in Mental Health Services Framework for Change ranked in order of preference as topics for CoP meetings by survey participants

Rank (1 = most interested, 5 = least interested)	Mental health workers (N=51)	Consumers and social support networks (N=8)
1	Collaboration between consumers, clinicians and social support networks	Collaboration between consumers, clinicians and social support networks
2	Culturally safe and competent services for focus populations	New and Improved models of mental health care
3	New and Improved models of mental health care	Stronger emphasis on safety for all
4	Education and Training for staff	Leadership and governance
5	Leadership and governance	Culturally safe and competent services for focus populations

Impact of the CoP meetings

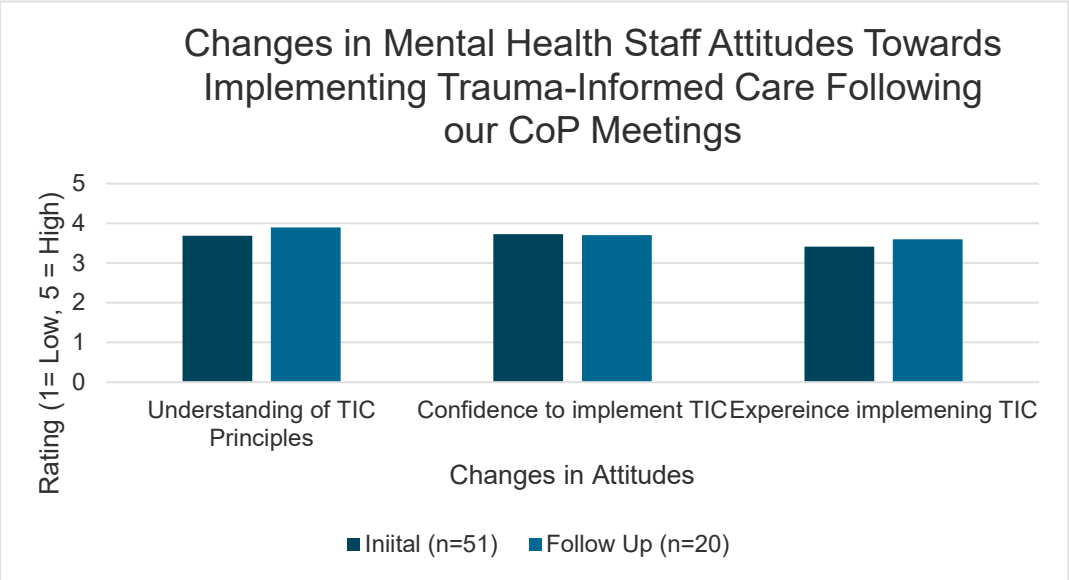

Figure 3: Changes in mental health staff attitudes towards Trauma-Informed Care following four CoP meetings

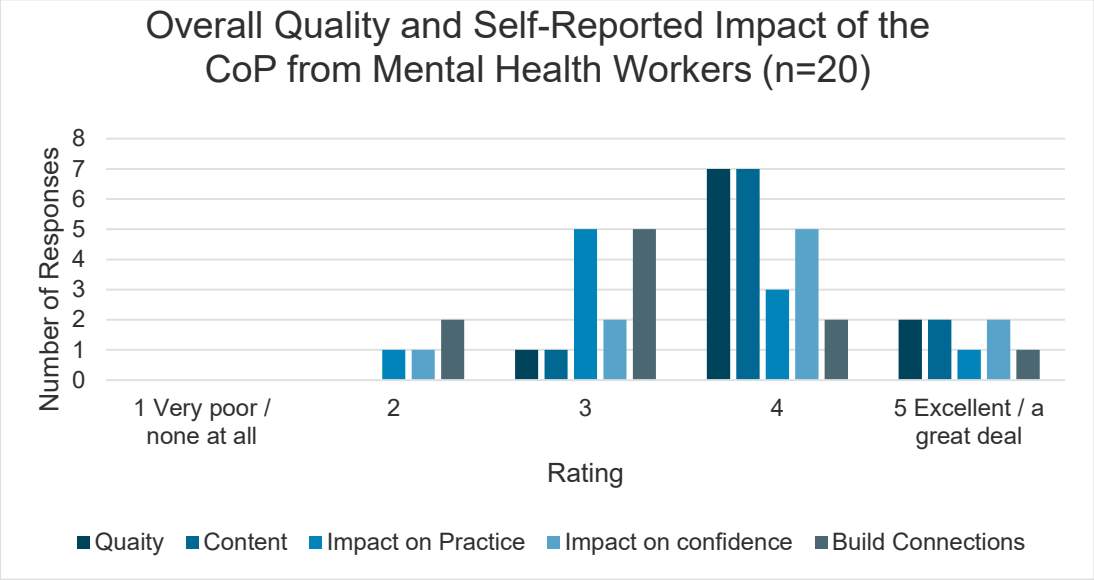

Figure 2: Overall quality and self-reported impact of the CoP meetings reported by mental health workers in the follow-up evaluation survey

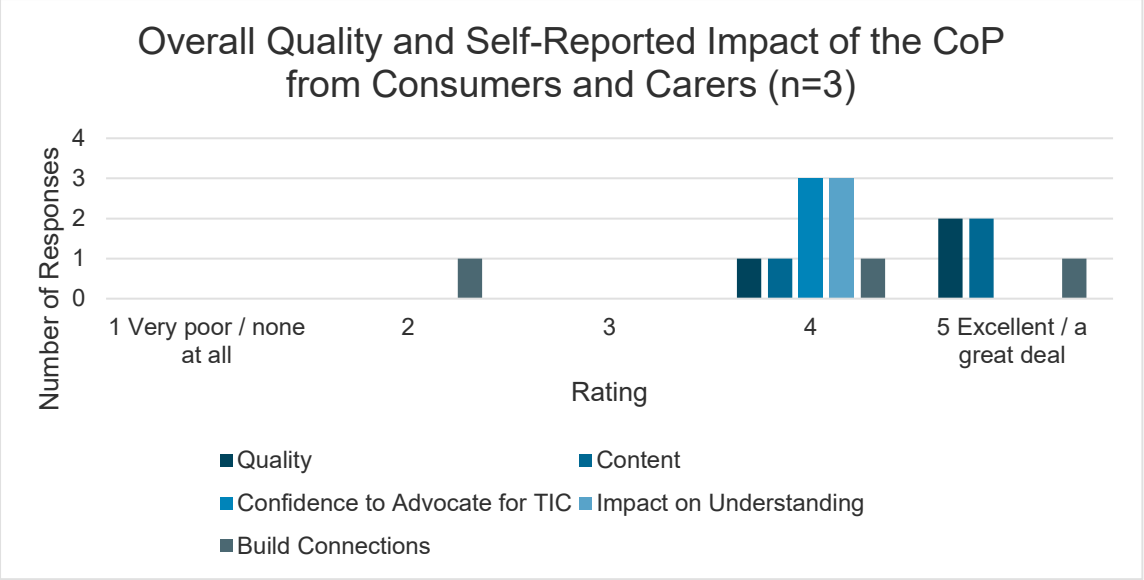

Figure 4: Overall quality and self-reported impact of the CoP meetings reported by consumers and carers in the follow-up evaluation survey

Other information collected during the initial evaluation survey

When mental health staff were asked what activities are currently being undertaken to support implementation of trauma-informed practice within their service or agency, the following themes emerged:

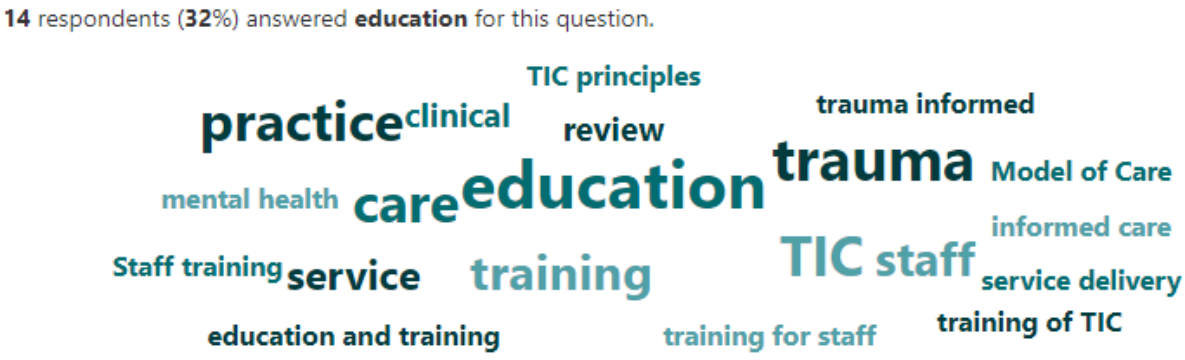

Figure 5: Themes of current trauma-informed care activities being undertaken by surveyed mental health staff

When asked what training and education on trauma-informed care had been undertaken, the following was reported:

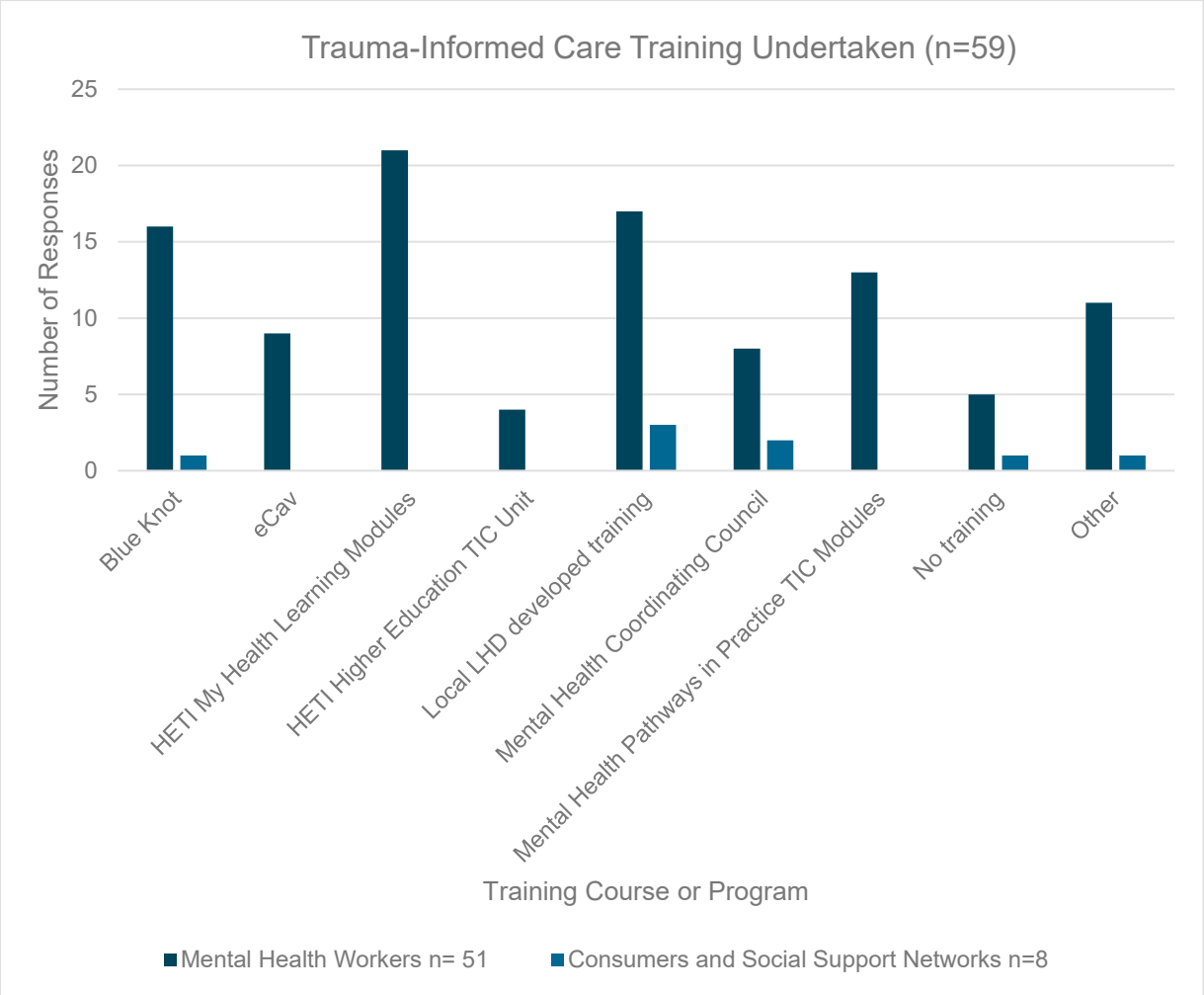

Figure 6: Trauma-informed care training undertaken by members prior to participating in the CoP

Appendix F: Diagrammatic representation of proposed Framework

Diagrammatic Representation of proposed Framework for trauma-informed care training pathway for all NSW Health and mental health staff.

Blue: Proposed in trauma-informed care Framework for development

Green: Examples of additional pathways for future development

Red: Existing training programs

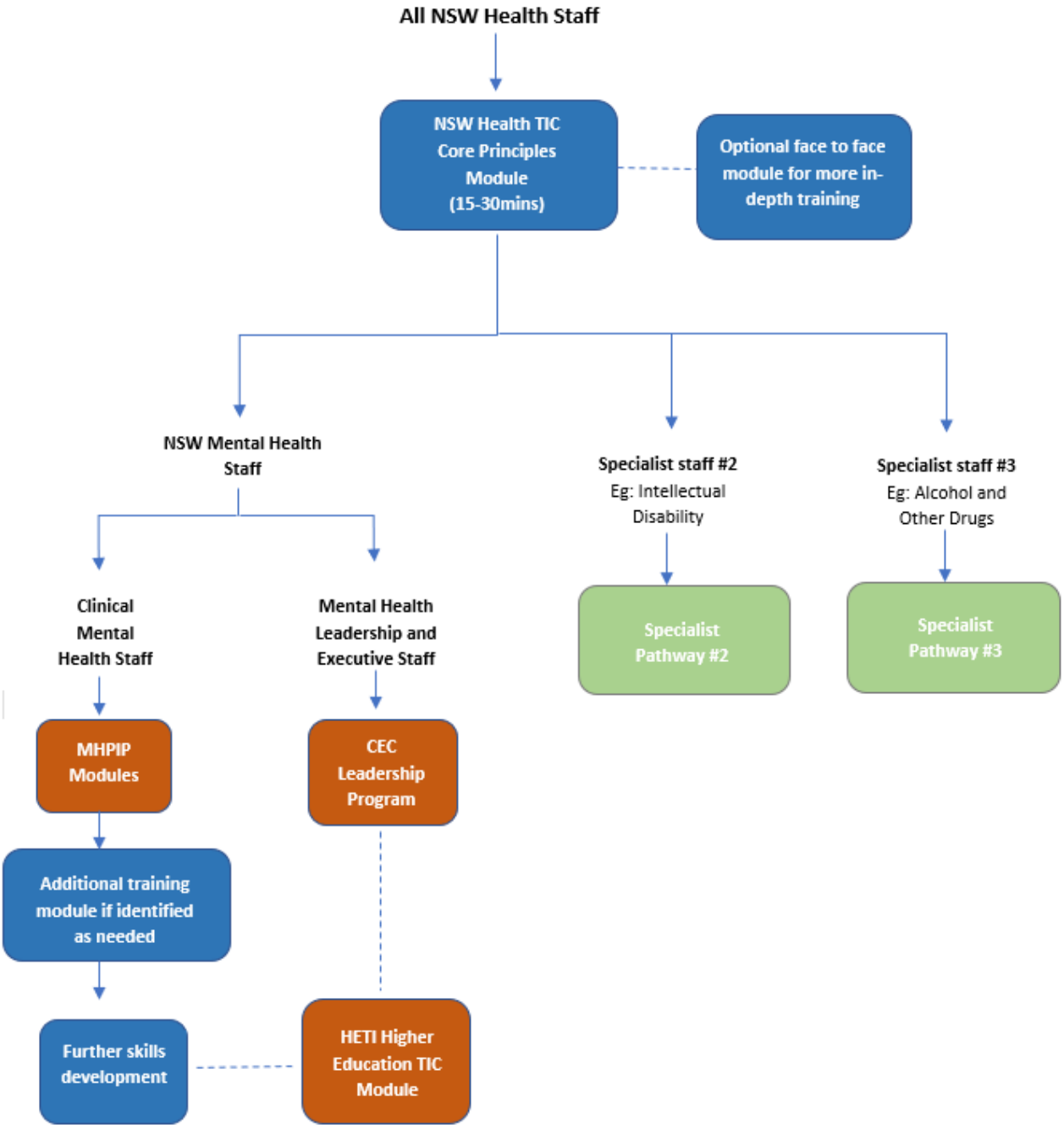

Figure 7: Diagrammatic representation of proposed Framework for trauma-informed care training pathway for all NSW Health and mental health staff

Appendix G: Rapid evidence check summary

Evidence check question

What are some of the identified barriers and enablers to successful implementation of trauma-informed care in health care settings?

Methods

PubMed was searched on 8 December 2021 to identify peer reviewed articles. The search terms used are outlined below. Hand searched articles known to the researchers were also included. Grey literature was searched on Google.

PubMed search terms

Search: trauma*[ti] AND informed[ti] Filters: Meta-Analysis, Review, Systematic Review, English, from 2019 - 2021 48 hits on 8 Dec 2021

Google search terms

“trauma informed care”, “implementation” and “healthcare”

Summary

In Australia, there are an increasing number of strategic plans and recommendations that support and mandate implementation of trauma-informed care principles and practice.[6] In response to these, and many other reports, guidelines, research and advocacy, implementation and evaluation of trauma-informed care has become a Federal, state and local priority for mental health services across Australia and specifically in New South Wales [19, 21-28, 32].

Despite this, managers, clinicians, and consumers continue to report that there exists an ongoing struggle to translate core principles of trauma-informed care into practice, a lack of implementation support, and a need for system-wide culture change[2-4, 6, 7, 11].

This evidence check reviewed eleven systematic reviews from Australia, the United States, and Canada and included research and resources from a grey literature search. The key themes identified include:

- There is a strong desire among healthcare workers for training on trauma-informed care.
- There is a need to operationalise core principles of trauma-informed care into practice and for systems and services to provide support to staff to implement trauma-informed care into practice.
- There is a need for a coordinated multi-level approach to successfully implement trauma-informed care.
- A consistent definition for trauma-informed care needs to be adopted to provide clarity.
- There is a need to evaluate trauma-informed care approaches and consistent measures of outcomes to guide best practice.
- A strong commitment from leadership at all levels is essential to ensure successful implementation of trauma-informed care.