

Trauma and young people

Moving toward trauma-informed services and systems

KEY ISSUES

Experiences of trauma are common among young people

- Between one-half to two-thirds of young people will have been exposed to at least one traumatic event by age 16. This includes: being involved in a single incident such as a natural disaster, an accident or assault; an experience of physical, sexual, emotional abuse or neglect; or witnessing or hearing about these experiences.
- The likelihood of having experienced trauma is even higher for young people in contact with the justice system and/or family and human services, from refugee backgrounds, working in armed forces or emergency services and for Aboriginal and Torres Strait Islander young people.
- Reactions to trauma exposure vary. Some young people draw strength and resilience from a traumatic experience. However for many, an experience of trauma will have a profoundly negative impact on their mental health, physical health, and social and economic participation.
- Trauma-related mental health diagnoses go beyond post-traumatic stress disorder (PTSD) and can include anxiety, depression, psychosis, personality disorders, self-harm and suicide-related behaviours, eating disorders, and problems with alcohol and other substances. Trauma exposure can compound the severity and complexity of these conditions and interfere with responses to treatments and interventions.

Yet our service systems struggle to provide an effective response

- Many young people do not disclose an experience of trauma due to stigma, shame or a fear their reaction to the trauma will be considered abnormal. There are also multiple systemic barriers to young people accessing trauma-focused care, such as personal financial limitations and a lack of service or clinical specialist availability.
- There are inadequate levels of enquiry about/assessment of trauma in youth mental health services. For some clinicians this is due to a fear of opening 'Pandora's Box' or concerns about re-traumatising young people. In addition, there is a lack of age-relevant assessment tools (or resources to train in them) and a belief that trauma requires separate, specialist care.
- There are a number of significant barriers to providing effective treatment for trauma. These include: inadequate diagnostic frameworks for young people with complex trauma experiences, and a limited number of mental health practitioners who are skilled in trauma treatment approaches or in supervising staff who work with traumatised young people.
- There are a lack of affordable therapeutic services to respond to trauma-related mental health conditions. The current number of sessions available through the Medicare Benefits Schedule Better Access Initiative is insufficient to deliver the support needed in many cases.
- Although there are established evidence-based treatments for PTSD, there is limited evidence for how to treat the issues that derive from complex trauma in young people.

“ Due to anxiety and the fear of stigma young people are challenged to be open with their story. This can lead to incorrect assessments and responses.

Service provider

FUTURE DIRECTIONS

Towards trauma-informed services and systems for young people

- Trauma-informed care (TIC) is a framework that can support health services in providing an environment that takes account of the specific needs and sensitivities of those who have experienced trauma.
- TIC emphasises safety in order to minimise re-traumatisation and aims to reinstate a sense of control and empowerment for those service users who have experienced trauma. TIC is not, however, designed to directly treat or ameliorate any specific symptoms related to trauma exposure.
- Although the principles of TIC are widely understood across a range of youth-focused health, human and social service systems in Australia, the approach is inconsistently implemented.
- Despite the burgeoning literature being published on TIC, most research has focused on improvements in awareness and perceived capacity and capability by providers. Significant research and practice gaps remain, including consistency in the operationalisation of TIC principles and whether trauma-informed program implementation leads to meaningful outcomes for young people.

Policy

- Develop a national policy agenda for trauma, with input from sector experts and those with a lived experience of trauma.
- Develop a national partnership agreement between all Australian governments to fund coordinated regional responses across health and human services to young people who have experienced trauma.
- Develop youth-at-risk or vulnerable youth strategies for whole-of-government responses to young people who are at increased risk of experiencing trauma or adversity.

Regional service planning and coordination

- Develop nationally consistent guidance to Primary Health Networks on regional youth mental health responses to trauma and young people.

Trauma assessments

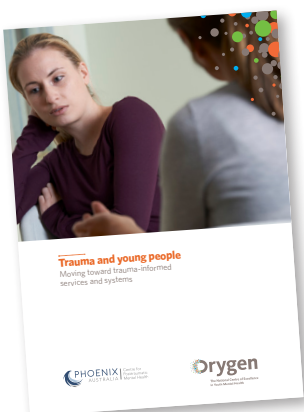
- Develop and trial a trauma-informed, youth-specific evaluation tool to assess the presence and impact of trauma in young people aged 12–25 years.
- Once the tool is validated, a Better Access Medicare Benefits Schedule item to undertake this assessment should be created.

Service delivery and workforce

- Develop a targeted primary mental health care funding package through which a young person with a severe trauma presentation can receive evidence-based treatment.
- Increase the number of service providers who are able to respond effectively to trauma among young people through: a) consistent early career education and training across disciplines including health, mental health, social work, youth work and justice; and b) develop an advanced practice trauma and youth mental health training and supervision package.
- Better understand the implementation of TIC in mental health services by including this in the monitoring and reporting remit of the National Mental Health Commission and/or state-based commissions with a similar function.

Research and knowledge translation

- Address the paucity of research available on effective responses and interventions for young people aged 12–25 years across the broad range of trauma experiences, through:
 - A targeted trauma and young person-focused research agenda delivered through Australian Government research funding bodies such as the National Health and Medical Research Council, the Medical Research Future Fund and the Australian Research Council.
 - Develop an online registry dedicated to evidence in trauma-informed care and treatment in Australia.



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