

# Consultation report



## Developing the Queensland trauma strategy

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July 2024



Queensland  
Mental Health  
Commission

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## Feedback

We value the views of our readers and invite your feedback on this report.

Please contact the Queensland Mental Health Commission on 1300 855 945 or via email at [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au).



## Translation

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## Acknowledgements

### Recognition of First Nations peoples

We respectfully acknowledge First Nations peoples in Queensland as the Traditional Owners and Custodians of the lands, waters and seas. We acknowledge those of the past, who have imparted their wisdom and whose strength has nurtured this land. We acknowledge Elders for their leadership and ongoing efforts to protect and promote First Nations peoples and cultures.

We recognise that it is our collective effort and responsibility as individuals, communities and governments to ensure equality, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of Reconciliation.

### Recognition of lived-living experience

We acknowledge trauma experienced by individuals, families and communities across Queensland. We recognise your journey navigating services and systems, and your resilience, resourcefulness and strength in the face of adversity.

We recognise with gratitude the leadership of individuals, families, carers and kin with lived-living experience of trauma. Your courage and generosity in sharing your expertise, insights and recommendations are invaluable to advancing toward a more understanding, trauma-informed Queensland. Thank you for your commitment to partnering with us as we move forward together.

We sincerely thank the broader Queensland community for its vital contribution to crafting this strategy. Your insights and feedback were foundational in our journey to shape a trauma-informed Queensland. Your courage and openness in sharing your experiences has guided us towards meaningful and impactful change.

We acknowledge the professionalism and commitment of the mental health, alcohol and other drugs, suicide prevention, and related workforces. We thank you for your concerted efforts to support quality-of-life outcomes for all Queenslanders.

It was not possible to include all the commentary received during the consultation process due to the volume of responses and feedback. Please know your feedback was heard, recorded and considered in the development of the consultation report and *The Queensland Trauma Strategy*.

### The Commission's role

The Queensland Mental Health Commission (the Commission) is an independent statutory body established to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drugs, and suicide prevention system.

# Commissioner's message

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Central to the development of a Queensland trauma strategy is the recognition of the broad and pervasive impact of trauma across communities, and the importance of prevention and timely support that meets the diverse needs and perspectives of Queenslanders.

To develop a Queensland trauma strategy and ensure inclusivity, the Commission conducted an extensive consultation process, engaging with people with lived-experience, families, carers, community organisations, mental health professionals, policymakers and other stakeholders. This allowed a thorough exploration of insights, experiences and recommendations, enabling the development of a trauma strategy that reflects community perspectives.

It was heartening to see the overwhelming response to the consultation process from so many Queenslanders. Over the past few months, we have consulted with over 800 individuals, families, carers and communities across the state. This active participation and input has been critical to helping us shape a trauma-informed future for Queensland.

This report provides an important overview of what we heard from the community and stakeholders. We acknowledge the honesty and bravery of the people who shared their personal stories and recommendations for changes they believe are needed for a better future.

Through our conversations, the community maintained that the system needs to further enhance its efforts to support human rights and dignity. This included creating safe and better conditions to thrive, not causing harm or further harm, preventing trauma, and providing early support that is appropriate and family and carer inclusive.

What also stands clear from the consultation process is the importance of respecting, honouring and supporting every individual and community's unique path toward healing. Recognising the diversity of our experiences and responses to trauma is critical to fostering a safe, compassionate and supportive community.

I look forward to putting *The Queensland Trauma Strategy 2024–2029* into action and working together toward the shared goal of achieving a trauma-informed Queensland, where every individual, family and community has the opportunity to lead healthy and fulfilling lives.

**Ivan Frkovic**  
*Queensland Mental Health Commissioner*

# Introduction

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Under the *Queensland Mental Health Commission Act 2013*, the Queensland Mental Health Commission (the Commission) is tasked with driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drugs, and suicide prevention system in Queensland.

In response to recommendation 6 of the Mental Health Select Committee Inquiry into opportunities to improve mental health outcomes for Queenslanders, the Commission has developed *The Queensland Trauma Strategy 2024–2029* (the strategy) on behalf of the Queensland Government. It is a whole-of-government, whole-of-community trauma strategy aimed at preventing, responding to and reducing the impact of trauma experienced by Queenslanders.

This report outlines the consultation and engagement approach the Commission used to inform the development of the strategy and provides an important overview of what we heard from the community and stakeholders.

It does not detail all the commentary from consultations but summarises the key themes, concerns and opportunities arising from consultation with a broad cross-section of the community. This includes people with lived-experience and their families, carers and support people, government, non-government, private sector and community stakeholders.

The consultation findings, along with supporting evidence, have been used to inform the priorities and actions identified in the strategy.

# Background

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Trauma results from events or circumstances that are experienced as physically or emotionally harmful or life-threatening. Traumatic events and circumstances are a common experience across the life course, and there are many types of traumas including single-occasion, cumulative, complex, vicarious, intergenerational, historical, collective and/or system-related.

Trauma has a broad range of possible impacts on the mental, physical, social, emotional and spiritual wellbeing of individuals, and can contribute to poorer social outcomes in areas such as education, housing and justice.

Recognising the diverse and complex nature of trauma is essential for developing comprehensive strategies to prevent it, minimise its impact, and foster healing for individuals and communities. Many people and communities who have experienced trauma are strong and resilient, but timely, tailored support can further strengthen this resilience.

Recognising the need to address trauma-related impacts, the Queensland Government has developed *The Queensland Trauma Strategy* as part of its comprehensive mental health and wellbeing reform agenda. The strategy aims to synchronise broader systemic actions with the shared goal of trauma prevention and supporting both individual and collective healing.

# Developing *the trauma strategy*

Development of *The Queensland Trauma Strategy* began in late 2023. To ensure the strategy reflected evidence, as well as the diverse perspectives and needs of Queenslanders, a range of consultation activities were undertaken. This included research, consultation and engagement activities, including establishing an expert advisory committee, reviewing and building on existing policies and frameworks, commissioning consultation papers, and inviting submissions.

The Commission also created a survey and conducted broad community and stakeholder consultation, including with people with lived-experience and their families and carers, community organisations, the frontline workforce, policymakers and a range of other stakeholders. This process enabled a thorough exploration of insights, experiences and recommendations, ensuring a diverse range of views informed the final strategy.

## Advisory Committee

An expert advisory committee was established to provide guidance and expertise to support collaborative development of the strategy.

The Commission convened the Expert Advisory Committee to fulfil the following objectives:

1. Contribute to shaping the strategy's strategic intent and directions by providing insights, recommendations and input to define its overarching vision, principles and priorities.
2. Ensure alignment with the Queensland Government's strategic reform priorities, integrating the strategy with broader government initiatives to maximise its impact and relevance.
3. Advise on best practices, contemporary literature and trends to enhance the strategy's effectiveness.
4. Recommend strategies for incorporating trauma-informed principles into policy and practice across Queensland Government departments, identifying opportunities for systemic change and actionable guidance.
5. Ground the strategy in a person-centred and community-focused perspective, prioritising the insights and needs of people and communities with lived experiences of trauma.
6. Guide initial implementation planning, offering input on translating the strategy's objectives into actionable plans at whole-of-government and agency levels.
7. Initiate discussions on measurable outcomes to monitor the impact of the strategy and its implementation.

Queensland Government representatives on the Expert Advisory Committee were from:

- Queensland Health
- Queensland Ambulance Service
- Queensland Corrective Services
- Department of Education
- Queensland Fire and Emergency Services
- Department of Housing, Local Government, Planning and Public Works
- Department of Justice and Attorney-General
- Queensland Police Service
- Department of Child Safety, Seniors and Disability Services
- Department of Youth Justice
- Department of Employment, Small Business and Training
- Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts
- Queensland Family and Child Commission (QFCC)
- Department of State Development and Infrastructure (Office of Industrial Relations).

To ensure the strategy is contemporary, evidence-based and responsive to community needs, the Expert Advisory Committee also included members external to government:

- People with lived-experience
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Gold Coast Hospital and Health Service
- Metro South Hospital and Health Service
- Queensland Alliance for Mental Health (QAMH)
- Phoenix Australia
- Queensland Network of Alcohol and Other Drug Agencies (QNADA)
- Insight
- University of South Australia
- Mental Health Lived Experience Peak Queensland (MHLEPQ)
- Queensland Lived Experience Workforce Network (QLEWN)
- Arafmi
- Queensland Injectors Voice for Advocacy and Action (QuIVAA)
- Queensland Injectors Health Network (QuIHN)
- Roses in the Ocean
- Open Arms.

The Expert Advisory Committee met on five occasions throughout the development of the strategy.

## Review of existing policies and frameworks

The strategy considers the extensive impact of trauma, drawing on thematic analysis from inquiries, reviews and reforms conducted both within Queensland and nationally. These include:

### International conventions

- *Universal Declaration of Human Rights*
- *United Nations Declaration on the Rights of Indigenous Peoples*
- *United Nations Convention on the Rights of Persons with Disabilities*
- *United Nations Convention on the Rights of the Child*

### National policy, frameworks and programs

- *National Agreement on Closing the Gap*
- *Gayaa Dhuwi (Proud Spirit) Declaration*
- *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing*

- *The National Mental Health and Suicide Prevention Agreement and the Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*
- *The National Plan to End Violence against Women and Children 2022–2032*
- *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*
- *Australia's Disability Strategy 2021–2031*
- *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021–2026*
- *National Drug Strategy 2017–2026*
- *National Disaster Mental Health and Wellbeing Framework*

### Relevant state-based policy, frameworks and programs

- Queensland's commitment to Path to Treaty
- *Reframing the Relationship Plan*
- *Queensland's Framework for Action—Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence*
- *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040*
- *Better Justice Together: Queensland's Aboriginal and Torres Strait Islander Justice Strategy 2024–2031*
- *Communities 2032 and Communities 2032: Action Plan 2022–2025*
- *Making Tracks Together—Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*
- *Queensland Multicultural Policy: Our story, our future and Queensland Multicultural Action Plan 2022–23 to 2023–24*
- *Our way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037 and action plans*
- *Queensland women's strategy 2022–27*
- *Queensland Women and Girls' Health Strategy 2032*
- *Queensland's Plan for the Primary Prevention of Violence Against Women 2024–2028*
- *Putting Queensland Kids First: Giving our kids the opportunity of a lifetime*
- *Queensland's Disability Plan 2022–27: Together, a better Queensland*
- *Future Directions for an Age-Friendly Queensland*
- *A Safer Queensland – Queensland Youth Justice Strategy 2024–2028*
- *Even better public sector for Queensland strategy 2024–2028*



## State mental health, alcohol and other drug, and suicide prevention strategies and frameworks

- *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*
- *Every life: The Queensland Suicide Prevention Plan 2019–2029 Phase Two*
- *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*
- *Queensland Alcohol and Other Drug Treatment Service Delivery Framework*
- Regional mental health, alcohol and other drugs, and suicide prevention plans.

The strategy also intersects with other whole-of-government and whole-of-community policies and strategies that contribute to preventing and reducing the impacts of trauma. By aligning with and building upon these initiatives, the strategy aims to maximise its impact and create meaningful change for individuals and communities impacted by trauma.

## Consultation papers

Acknowledging the complexity and breadth of potentially traumatic experiences, the Commission engaged a range of experts to undertake a review of the literature and current practices to identify policy and reform considerations for Queensland. The consultation papers encompassed trauma concepts and context, as well as preventing and reducing the impact of trauma across the life course for a range of diverse needs, experiences and environments.

The consultation papers were:

### 1. Importance of concepts and context

### 2. Across the life course

- Pregnancy and early parenting
- Infants and young children
- Children
- Young people
- Adults
- Older age/seniors

### 3. Supporting diverse needs and experiences

- First Nations peoples
- Culturally and linguistically diverse communities

- Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual and other people of diverse gender and sexual identities (LGBTQIA)
- People with disability
- Professions frequently exposed to traumatic experiences
- Family and domestic violence

### 4. Specific contexts and environments

- Disasters and mass adverse events
- Problematic alcohol and other drug use and trauma
- Suicide prevention and trauma.

The consultation papers are available to view on the Commission's website.

## Face-to-face consultation and engagement

Extensive face-to-face consultation was vital to developing *The Queensland Trauma Strategy*. Consultations occurred with a wide range of stakeholders, including government, community, and private sector agencies and representatives with different perspectives, experiences and roles.

Consultation commenced in March 2024 and broadly occurred in two phases: targeted consultations with specific groups and communities to understand their unique insights and perspectives, as well as general consultations across the broader Queensland community.

### Targeted consultations

Targeted consultations were conducted with specific groups. This was an inclusive approach that ensured the strategy reflects the diverse needs and experiences of Queenslanders impacted by trauma. The full list of targeted consultations is included in Table 1.

Targeted consultations were held in relation to:

- Perinatal and infant mental health
- Children and young people
- Older persons
- People with lived-living experience and Lived-Living Expertise
- Culturally and linguistically diverse communities
- First Nations peoples
- People with disability
- Rural and remote communities
- LGBTQIA
- Housing and homelessness
- Human rights.



**Table 1:** Targeted consultations

Consultation session	Number of participants
Consultation with people with lived-living experience	22
Consultation with First Nations peoples (with the support of the Seedling Group, that facilitated the consultation)	31
Consultation with unpaid care givers, including mental health families, carers and kin (with Arafmi)	22
Consultation with people who use drugs (with QuiVAA)	32
Queensland Maternal and Perinatal Quality Council	27
Consultation with young people (with QFCC Youth Advocates)	6
Seniors Social Isolation Community of Practice (with Council of the Ageing Queensland)	21
Consultation with people with lived-living experience (with MHLEPQ)	20
Consultation with people from culturally and linguistically diverse backgrounds (with QPASTT)	20
QShelter webinar	24
Consultation with people who identify as LGBTQIA+ (with Queensland Council of LGBTI Health)	17
Consultation with people with lived experience of suicide (with Roses in the Ocean)	9
Policy deep dive: Workforce and workplaces	36
Policy deep dive: Human rights and trauma	26
National Disability Services webinar	85
Individual consultations	4
<b>Total</b>	<b>402</b>

## Broader community consultations

In addition to targeted consultations, a series of forums were held in various locations across Queensland that included cross-sector service providers and representative organisations.

In addition to face-to-face events, stakeholders and members of the public were invited to provide input to the strategy through written submissions and by completing an online survey. Written submissions and the online survey were informed by the consultation papers and contemporary literature on best practice for preventing and reducing the impact of trauma.

**Table 2:** Community consultations and forums

Consultation session	Number of participants
Whole-of-system forum	144
Community forum (Cairns)	42
Community forum (Ipswich)	65
Community forum (Roma – online)	5
Community forum (webinar)	126
Online submissions	19
Survey	26
<b>Total</b>	<b>427</b>

# Vision and guiding principles

Throughout the consultation process, multiple options for the vision and guiding principles for *The Queensland Trauma Strategy* were tested with key stakeholders and the Expert Advisory Committee.

Building on the vision and guiding principles of *Shifting minds*, Queensland's whole-of-government approach to mental health, alcohol and other drugs, and suicide prevention, the following vision for the strategy was agreed by stakeholders:

*'A compassionate, supportive and resilient Queensland, where communities are connected and systems and services prevent, recognise and respond to trauma, ensuring everyone can lead healthy and fulfilling lives.'*

To guide this vision, draft principles were developed and refined to produce 11 final principles:

We uphold and prioritise the human rights and dignity of all people.

We are committed to inclusivity, regardless of people's background, location, ability or circumstances.

We are committed to social justice and equity.

We are committed to fostering hope and healing as foundational elements of our approach.

We uphold the social and emotional wellbeing of all First Nations Queenslanders.

We address and eliminate all forms of stigma and discrimination.

We are led by people with lived-living experience of trauma and their families, kin and carers.

We prioritise partnership collective responsibility and accountability.

We are person-led, family and carer inclusive.

We facilitate best practice and continuous improvement.

We prioritise gender safety and affirmation in all our environments, interactions and initiatives.

## Focus area 1

# Prioritise prevention

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The primary theme that emerged from consultations was the need for a comprehensive focus on preventing trauma that considers the diverse needs and strengths of individuals and communities.

Participants emphasised the importance of strengthening trauma awareness and understanding across the community. There was consensus on the need for comprehensive education and awareness initiatives to increase understanding of trauma and its potential impacts, including public awareness campaigns and educational programs.

Stakeholders stressed the value of incorporating the perspectives and insights of people with lived-experience of trauma in a range of settings, including in the development of educational materials and campaigns.

## Strengthen individual and community awareness of trauma

### Summary of what we heard

It was clear from engaging with stakeholders and participants that establishing a shared language and common understanding for trauma is critical for effective prevention and response strategies. Participants stressed the importance of using accessible and meaningful language that resonates with diverse communities and promotes understanding across different sectors. There was a call for agreed definitions and consistent terminology to guide discussions and practices related to trauma-informed approaches.

Many stakeholders highlighted the need for language that empowers people and reduces stigma, while also recognising the complexities and nuances of trauma experiences. Additionally, there was a strong emphasis on addressing systemic barriers and biases embedded in language by reframing terminology to avoid perpetuating harmful stereotypes or blaming behaviours. Overall, there was a consensus that language plays a critical role in shaping perceptions and responses, and ultimately the effectiveness of trauma prevention efforts.

Education was a recurring theme, with a need for trauma awareness for prospective parents, the general public and professionals across various fields. The importance of addressing trauma in educational curricula—from early childhood to tertiary education—was noted. Stakeholders identified that education should also focus on challenging myths, reducing stigma and normalising discussions around trauma to ensure the widespread adoption of trauma-informed practices across various sectors.

The role of the media in perpetuating trauma narratives was also highlighted, emphasising the need for trauma-informed media reporting. Engaging the public (including high-profile people) in sharing stories of resilience and overcoming trauma could further these efforts. Additionally, there were suggestions to develop guidelines for media reporting on traumatic events to ensure safety, sensitivity and accuracy in portraying the experiences of people impacted by trauma.

## Opportunities

### *Enhance the awareness and understanding of trauma across the community*

- Establish agreed definitions and terminology for trauma and trauma-informed approaches and incorporate these into policies and procedures.
- Collaborate with diverse stakeholders and people with lived-experience to co-produce language resources, materials and practical guidelines that address the needs and preferences of different populations.
- Launch comprehensive public awareness campaigns to educate on what trauma is and its impacts, with a focus on challenging myths, reducing stigma and normalising discussions around trauma.
- Create platforms for dialogue and discussion to cultivate a shared language and understanding of trauma among diverse groups.
- Design targeted awareness campaigns to increase understanding of trauma within specific communities and demographics.
- Advocate for policy changes prioritising trauma-informed education and training across all levels of society.

### *Early education*

- Implement trauma education across all educational levels, including schools, universities and professional training programs.
- Implement education programs integrating wellbeing with trauma and emphasising strengths-based approaches, including support for strengthening resilience.
- Foster a culture of ongoing learning and reflection to enhance trauma literacy and practices.
- Adopt a national best practice framework for online safety education to address grooming, cyberbullying and harmful content exposure.
- Develop public and caregiver education on child development and responsive caregiving to prevent trauma.

### *Media engagement and influence*

- Collaborate with media outlets to ensure responsible and sensitive reporting on trauma-related issues.
- Counteract negative and sensationalist media portrayals with factual and compassionate narratives.
- Create guidelines for media reporting on traumatic events to ensure sensitivity and accuracy.

## Address and actively challenge all types of stigma and discrimination

### Summary of what we heard

During consultations, stakeholders highlighted the profound impact of stigma and discrimination on people, exacerbating experiences of trauma. Stakeholders emphasised the need to address and actively challenge all types of stigma and discrimination, including sexism, racism, and stigma surrounding substance use, mental health issues, cultural differences, gender and sexuality, and experiences of domestic and family violence. This stigma often deters people from seeking help and affects the response of services when assistance is sought. Changing language and behaviours to align with trauma-informed values was seen as crucial for reducing ongoing stigma.

Stakeholders talked about the need for a broad range of stigma reduction initiatives across the community and workplaces. This included a strong call to address biases across various sectors—such as health, justice and social services—to promote inclusivity and understanding.

## Opportunities

### *Stigma reduction campaigns*

- Conduct public health and targeted campaigns to raise awareness about the impact of stigma on individuals impacted by trauma.
- Address systemic stigma, and challenge biases embedded in records and case notes, which can perpetuate negative perceptions and hinder trauma-informed care.
- Foster a culture of empathy and compassion to reduce stigma and self-stigma, encouraging individuals to share their experiences and seek help.
- Address systemic stigma by ensuring that all service systems (health, justice, welfare) adopt a trauma-informed lens and recognise the link between stigma and trauma.
- Incorporate the perspectives of people with lived-experience of trauma in developing educational materials and campaigns.
- Encourage open conversations about societal stigma associated with experiencing domestic and family violence, alcohol and other drug use, mental health, and challenges with parenting.
- Use safe storytelling and education to connect people, increase understanding, and reduce shame and self-stigma attached to trauma and substance use.

## Opportunities

### *Groups disproportionately affected by stigma and discrimination*

- Develop strategies to address stigma in rural and remote areas, where social issues and stigma may be more deeply ingrained.
- Promote inclusivity and cultural safety within agencies and services, ensuring they are welcoming and safe for LGBTQIA+ communities and people with disabilities.
- Understand that there is no universal refugee experience and that trauma experienced by refugee populations may be compounded by experiences of discrimination and racism, which have significant impacts at an individual and collective level.
- Create a culture of help-seeking and reduce shame and stigma associated with seeking support, particularly for marginalised groups.

### *Focus on preventing discrimination*

- Implement recommendations from reports such as *Don't Judge, and Listen* and *Changing attitudes, changing lives* to address stigma and discrimination in the justice system.
- Revise legislation, such as the *Information Privacy Act 2009* (Qld) and the *Education (General Provisions) Act 2006* (Qld), to protect against discrimination, particularly for the LGBTQIA community.
- Enhance community capacity and capability building activities to address sexism, racism and other forms of discrimination.

## Build safe, inclusive and respectful environments

### Summary of what we heard

Stakeholders emphasised the need to build supportive environments that prioritise safety, inclusivity and respect across various settings, including in workplaces, educational settings, homes and communities. The places where we live, work, play and learn must be equipped to prevent traumatic events and provide appropriate responses when needed.

Participants highlighted the importance of improving trauma awareness, skills and specialisation in professions frequently exposed to traumatic experiences, such as police, ambulance, and fire and rescue services. There was also a strong emphasis on improving trauma awareness and capabilities among frontline staff working in sectors such as child safety, youth justice, health, corrections and education.

In addition, stakeholders noted the need to implement trauma-aware and responsive frameworks within schools, encompassing curriculum development, workforce training and the provision of wellbeing supports.

## Opportunities

### *Community-led initiatives*

- Continue implementing community-led initiatives focused on building healthy and resilient communities.
- Continue to address domestic and family violence and other significant contributors to trauma.
- Invest in place-based initiatives, particularly addressing the needs of marginalised communities.
- Embed trauma-informed approaches and reflective practices systemically to prevent harm.
- Promote protective factors and healthy relationships across all levels of society.

**Acknowledging that  
trauma is part of life,  
part of being human.**

Consultation participant

## Workplaces

### Opportunities

#### *Enhance workplace capability*

- Enhance workplace capabilities to identify, address and respond to workplace risks and hazards, in alignment with relevant legislation and codes of practice.
- Provide specific and tailored support to professions who regularly work with others who are or have been in potentially traumatic events or circumstances, in particular the domestic, family and sexual violence workforce, including workers with a lived-experience who are employed in roles that regularly respond to trauma.
- Build trauma-informed workplaces to address issues such as short-term contracts, burnout and inadequate resources, while promoting a zero-tolerance policy for workplace bullying across all workplaces.
- Incorporate trauma awareness into organisational policies, including the implementation of the *Managing the risk of psychosocial hazards at work Code of Practice 2022*.
- Implement reporting, mechanisms and processes in response to traumatic events in a way that prevents further psychological trauma, distress or potential harm to affected workers.

*Supporting  
human-centric systems,  
not siloed systems.*

Consultation participant

## Educational settings

### Opportunities

#### *Education and early intervention*

- Develop and implement statewide trauma-aware frameworks for schools.
- Establish early and universal access to care and support services, including in childcare and education settings.
- Focus on preventing adverse childhood experiences, gendered violence, and child neglect and abuse through sustained investment.
- Focus on more than individual behaviour change by recognising the influential factors in a child's community and family, and historical and cultural contexts.
- Enhance teacher training and capacity to identify and support students experiencing trauma.
- Implement trauma-informed approaches to classroom management, including strategies for de-escalating conflicts and promoting positive behaviour.
- Support trauma-informed leadership at all levels of the education system, from school administrators to district officials.

#### *Curriculum and education*

- Provide age-appropriate education for children and young people about trauma and where to seek help.
- Build resilience and mental health literacy into the curriculum.
- Promote social and emotional learning programs to help students develop coping skills and emotional regulation techniques.
- Incorporate culturally responsive teaching practices to better meet the needs of diverse student groups.

#### *Student and family support services*

- Integrate trauma-informed principles into disciplinary practices and student support services.
- Establish peer support programs to adopt a sense of belonging and community among students.
- Provide professional development opportunities for school staff on trauma-informed practices and self-care strategies.
- Create partnerships with mental health professionals and community organisations to provide additional support and resources for students and families.
- Provide resources and support for families dealing with school attendance difficulties.



## Prevent traumatic experiences related to economic, employment and housing insecurity

### Summary of what we heard

Based on stakeholder consultations, it was evident that addressing social, cultural, structural and historical determinants of trauma, and ensuring access to basic needs, is paramount. Stakeholders emphasised the critical importance of acknowledging and addressing factors such as housing instability, financial insecurity and inadequate access to basic needs. They highlighted the need for a holistic approach that encompasses various social and economic factors, including addressing employment challenges, discrimination and poverty.

Concerns were raised about the intergenerational cycle of trauma stemming from instability in housing, food insecurity and the end of intimate relationships. Participants highlighted the importance of investing in basic human needs such as secure housing, affordable childcare, and access to essential services.

Stakeholders emphasised the need for structural changes to ensure that systems are adaptive to the needs of families and communities. This includes providing support for people's fundamental needs and strengthening resilience. Many people and communities show resilience in the face of significant adversity, but additional support can be provided to further strengthen this.

### Opportunities

- Promote initiatives that focus on prevention and early intervention to address the underlying determinants of trauma related to economic, employment and housing insecurity.
- Address structural barriers, including employment challenges and discrimination, to alleviate trauma and support recovery.
- Implement policies and initiatives that address global and national traumas, such as pandemics and housing crises, to reduce their impact on people and communities.
- Provide affordable housing, job opportunities and social support systems to address the root causes of economic, employment and housing insecurity.
- Recognise the impacts on culturally and linguistically diverse populations who may face intersecting and complex inequities, including housing and socio-structural barriers.
- Foster resilience and community support networks to mitigate the effects of economic, employment and housing insecurity on individuals' wellbeing.

## Prevent system-related trauma

### Summary of what we heard

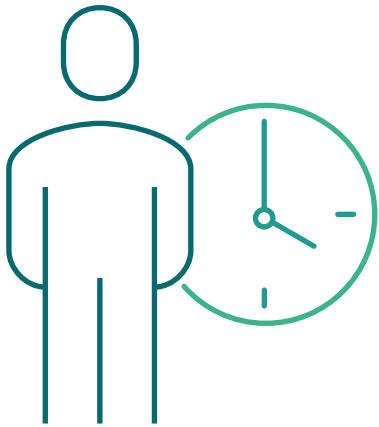
Stakeholders identified significant challenges to creating a trauma-informed system, noting that societal and systemic readiness remains a substantial barrier. There was widespread acknowledgment of past harms, underlining the need for humility in recognising the limitations and potential negative impacts of existing policies and practices. Participants highlighted the trauma inflicted by various systems, including law enforcement, healthcare and mental health services, stressing the importance of practices that promote equity and fairness, and advocating for a shift away from punitive responses.

Concerns were raised about traumatisation caused by institutional failures, lack of transparency, and the fear of seeking support due to the risk of further harm. The experiences of people impacted by trauma while navigating multiple systems, such as child protection and youth justice, were particularly highlighted. There was a strong demand for systems that minimise the need for individuals to repeatedly recount their experiences.

### Opportunities

- Acknowledge past harms and institutional impacts and recognise systemic limitations.
- Prioritise practices that promote equity, and challenge policies and legislation that perpetuate harm.
- Implement systems that do not require individuals to repeatedly recount their traumatic experiences.
- Foster a cultural shift within government and organisations to empower lived and living experiences.
- Review and revise priorities and policies to prevent trauma and re-traumatisation, especially among at-risk groups.
- Invest in trauma-informed care across various sectors, including healthcare, education and justice.
- Create alternative responses that reduce systemic trauma risks and promote healing.
- Ensure access to trauma support without fear of judgment or further harm.
- Promote information sharing to prevent re-traumatisation and enhance preventative measures.
- Develop holistic and supportive interventions to reduce trauma in mental health wards and other settings.
- Implement trauma-informed practices within systems to minimise re-traumatisation, enhance sensitivity and responsiveness, and promote healing.
- Reduce systems trauma by facilitating 'warm referrals'.





## Focus area 2

# Early support

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Consultations identified the importance of enhancing early and compassionate support for people and communities impacted by trauma. Reforming existing systems was a consistent theme, including shaping policies and creating nurturing environments to ensure that timely, culturally safe, responsive and holistic support is available to people who need it, when they need it, and for as long as they require it.

## Holistic and social supports

### Summary of what we heard

Participants identified the need for both medical approaches and more holistic, trauma-informed approaches that place greater emphasis on providing psychosocial and community support as early as possible. They also highlighted the necessity of integrating clinical and social approaches, maintaining strong inter-service relationships, and the use of culturally appropriate assessment tools that are easy to use and understand.

Participants also felt more could be done to build on existing touchpoints across a range of health, social, community and justice settings to improve early detection and responses to potentially traumatic events and circumstances across the life course, including adverse childhood experiences. In particular, participants spoke about the need for integrated, whole-of-person system reform that ensured a ‘no wrong door’ approach, where people are not required to tell their stories multiple times to access and receive support. Participants emphasised the need for a comprehensive and integrated approach that not only addresses the symptoms but considers the person’s overall wellbeing.

Broad access to a range of services, both specialist and non-specialist, is vital for early detection of trauma and appropriate intervention. To improve early identification, participants stressed the need for assessment tools and trauma-informed and culturally safe assessment processes. However, following an assessment, participants advocated for expanded services and a greater diversity of service providers to enable accessibility and choice.

Participants spoke about the need for seamless integration across sectors that ensures no one is left navigating their journey in isolation, nor obstructed by eligibility criteria. Rather, individuals, families and carers should be able to access the right support as early as possible, be met where they are at, and receive support for as long as they require it. This integrated care model emphasises the importance of supporting the whole person, recognising the interconnectedness of their physical, emotional, cultural, social and spiritual needs. It includes considering mental health and psychosocial support, cultural safety and responsiveness, access to technology, and environmental and economic factors. This ensures a comprehensive approach that also values prevention, family and community engagement and co-design, and cross-sector partnership and collaboration.

Each interaction represents a chance to offer support or connect people with the appropriate support, transforming from a system based on eligibility criteria to a warm place of welcome. This includes integration within and beyond the health and human services systems, ensuring a coordinated effort across different sectors and services to provide comprehensive and uninterrupted care.

Participants also shared their positive experiences with services, emphasising instances where the system truly met their needs. These stories highlighted the dedication of our workforce to address the comprehensive needs of individuals, their families, carers and support people, especially during times of significant distress and vulnerability. By supporting the person first—including their extended support networks—we foster a culture of compassion, dignity and respect, ensuring that every person is seen, heard and valued.

Participants clearly articulated the need to improve service navigation and accessibility to better support those in need of mental health and trauma services. A recurring theme was the necessity for accessible, equitable and responsive services that are conveniently located and cater to all, particularly under-served communities. Participants expressed a need for direct, timely and flexible access to services that adapt to individual and community needs, without the barriers of traditional business hours or geographical limitations.

Access issues were particularly emphasised for those living outside major urban centres, where services are not only limited but also often require navigating complex systems that can deter timely and effective support. The availability of services after hours and the provision of free mental health care and trauma services, including telehealth options, were highlighted as vital for addressing immediate and ongoing needs.

Participants overwhelmingly identified the importance of early detection and intervention relating to domestic, family and sexual violence for both adults and children. Many stakeholders noted that experiences of domestic, family and sexual violence can be underlying causes of mental ill-health, problematic alcohol and other drug use, and suicide.

## Opportunities

- Explore opportunities to foster healing from a social model with grassroots organisations, including through the social prescribing model.
- Implement routine culturally appropriate trauma screening protocols in key settings, coupled with access to timely and appropriate support services.
- Strengthen early identification and responses to adverse childhood experiences to facilitate timely and tailored support for children, young people and their families.
- Shift to proactive identification of potential trauma, rather than reactive responses at the point of crisis, including a ‘no wrong door’ approach where people are offered support at every opportunity.
- Ensure services operate on an integrated care model that emphasises the importance of supporting the whole person.
- Provide support to assist people to effectively access and navigate services across a range of sectors, including in regional and remote areas.
- Strengthen understanding, identification and responses to domestic, family and sexual violence across a range of services including health, education, child protection, alcohol and other drugs, and the community and justice systems.
- Develop acute, assertive and accessible identification processes for early trauma detection.

## Early support, including across the life course

### Summary of what we heard

Participants emphasised that systems and services need to intervene early when people of any age experience distress, adversity or trauma. Stakeholders highlighted the importance of equitable access to appropriate and timely information and services for parents, families and communities to support infants, children and young people. This approach ensures children have the best start in life and helps to positively shape their trajectories. Strengthening psychosocial support for young parents and new parents at antenatal and perinatal touchpoints was also identified as important.

Many participants also highlighted that health, education, child protection and youth justice systems are key touchpoints for children, young people and their families. There was persistent feedback about the need to divert children and young people away from the justice system towards psychosocial and health supports, as well as increased access to educational and other rehabilitative programs for young people in detention.

### Opportunities

- Strengthen promotion and early intervention initiatives for people disproportionately impacted by trauma, particularly during at-risk transition points across the life course.
- Implement routine trauma screening protocols in key settings, with access to timely and appropriate support services.
- Invest in mental health promotion and early intervention strategies to address trauma-related impacts before reaching crisis level.
- Enhance collaboration and communication among service providers to ensure a holistic and coordinated approach to early intervention across the lifespan.
- Establish and strengthen early intervention programs and services for children, young people and families involved in the child protection and youth justice systems.
- Strengthen diversionary responses for children and young people known to the justice system and reduce the use of disciplinary approaches.
- Increase the availability of appropriate supports and programs for children in detention and strengthen the accessibility and availability of support to First Nations children and young people who are disproportionately represented in the criminal justice system. This should include embedding the recommendations of the *Atkinson Report on Youth Justice* to improve cultural visits and programs.
- Enhance access to integrated service responses for children and their families, ensuring a unified response and plan.
- Increase integrated and wrap-around services for older people, particularly in rural and remote areas with limited accessibility.
- Enhance responses to social isolation and loneliness for older people in Queensland, acknowledging the transition points and lack of support particularly for people transitioning into high dependency care environments.
- Consider developing a clinical guideline for trauma-informed care in the perinatal period for health professionals.
- Consider options to increase counselling for termination of pregnancy, early pregnancy loss, stillbirth and birth trauma to promote ongoing healing from both a psychological and physical perspective.
- Recognise the impact of adoption trauma, including forced adoption trauma, across the life course.
- Focus on trauma-informed education and support for parents and caregivers.

## Enhance services and supports

### Summary of what we heard

Participants identified barriers to accessing appropriate support services, including geographic, financial and cultural barriers. Additionally, stakeholders emphasised the importance of addressing systemic barriers to care, including stigma, inadequate support networks and fragmented service systems. Stakeholders agreed that individuals and their families must have choice in services, as well as access to timely, individualised support. This means there is no 'one size fits all' approach to service equity and delivery. There was a strong emphasis on integrating psychosocial, clinical and non-clinical interventions.

Some stakeholders also emphasised the importance of continuity of care to support person-centred, trauma-informed service delivery that does not change or deviate over time.

Overall, there was a call for greater collaboration between health services, non-government organisations and community supports to ensure a coordinated and responsive approach to trauma care.

### Opportunities

- Enhance and embrace technology when appropriate, including for younger cohorts and people in regional and remote areas.
- Establish 24/7 supports beyond traditional phone lines to provide immediate individualised support when people need it.
- Develop community-based multidisciplinary teams, including those with lived-living experience, with drop-in models to provide more flexible support options.
- Strengthen integration with non-government organisations, community supports and peers to enhance service continuity.
- Explore the opportunity to investigate dedicated statewide trauma services in Queensland.

*Is bespoke – there isn't a carbon copy cure, but there are some themes which can be helpful to many survivors of trauma: care, authenticity, empathy, understanding, open-minded approach, flexibility.*

Consultation participant



## Focus area 3

# Foster healing

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A strong theme throughout the consultations was the concept of healing. Stakeholders outlined that many people who have experienced trauma do not feel they need formal support to heal, and most lead happy and productive lives. Participants identified an urgent need for an environment in Queensland that fosters healing and enables those who have experienced trauma to pursue what healing means to them.

Participants identified the need for a system that recognises and responds to diverse individual, family and carer, and community needs, fosters inclusive environments for hope, and promotes healing. Consultations highlighted that this involves addressing system barriers and promoting resilience-building initiatives at every level. There was consensus that trauma-informed care practices and equitable access to support services that build the capacity and capability of individuals and communities to heal with dignity and agency.

## Prioritise First Nations' healing

### Summary of what we heard

Stakeholders identified a need to acknowledge and address the historical and intergenerational impacts of trauma for First Nations peoples and communities. This included recognising the ongoing impacts of colonisation through a place-based lens, and acknowledging that diverse communities in Queensland have different histories, experiences and traumas. Participants highlighted the role of trauma in disrupting parent-child attachment, and the impact of historical and political determinants on social and emotional wellbeing.

Participants spoke of a need to address systemic barriers including institutional racism, lack of recognition of First Nations rights and the need for whole-of-system change

to implement accountability. Stakeholders overwhelmingly identified that whole-of-government accountability mechanisms must be led by First Nations people and embedded into policies, systems and processes to enhance cultural safety, responsiveness and address ongoing systemic barriers for First Nations communities. Participants also identified a need for the system to increase infrastructure and funding as this often undermines the capacity of communities to provide comprehensive trauma-informed care.

Participants emphasised the importance of shifting from a medical model to a model that supports social and emotional wellbeing. Participants highlighted the role of intergenerational wisdom, traditions and culture as an evidence-base for healing, and the importance of connection and culture-centred approaches to promote social and emotional wellbeing. Participants also identified a need to shift from a westernised, person-centred model to a holistic, community-centred approach that prioritises community, family and cultural connection within First Nations healing frameworks.

The importance of cultural safety and First Nations-led services was emphasised, including the need for increased First Nations representation in the workforce and the need to build the cultural capacity and capability of mainstream services.

## Opportunities

- Recognise disruptions in parent-child attachment as a critical factor in intergenerational trauma.
- Integrate historical and political determinants into preventing trauma, focusing on areas such as the impacts of colonisation and historical injustices.
- Enhance understanding of the long-term impacts of trauma, particularly childhood trauma, on development, mental health and wellbeing.
- Ensure that historical and intergenerational traumas experienced by communities, especially those resulting from institutional harm, are formally recognised and addressed through trauma-informed approaches.
- Understand the impacts of safety, decision-making and early identification tools and screening for First Nations children within the broader context of historical and intergenerational trauma.
- Acknowledge kinship and the role of cultural authority in addressing historical and intergenerational trauma.
- Foster trust and transparency from government institutions by acknowledging and addressing intergenerational trauma.
- Establish pathways for accessing appropriate support services tailored to the needs of those affected by intergenerational trauma.
- Progress the implementation of *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040*, ensuring its principles are embedded across all system levels.
- Implement formal accountability mechanisms and frameworks for dealing with institutional and systemic racism, disadvantage and re-traumatisation of First Nations peoples, with a focus on community-driven solutions and empowerment.
- Undertake a comprehensive review of government policies, systems and processes to enhance cultural safety, responsiveness, supervision, support and accountability, with the engagement of First Nations communities.
- Advocate for policy changes at the state and national levels to support the implementation of trauma-informed and culturally competent practices.
- Advocate for the transformation of mainstream mental health systems to become more recovery-focused, trauma-informed and culturally safe, with increased accessibility and responsiveness to the needs of First Nations peoples.
- Address funding challenges that hinder the capacity to implement holistic, community-focused models of care, advocating for sustainable funding models that prioritise First Nations-led initiatives.
- Enhance infrastructure and accessibility of community and cultural empowerment spaces and services for First Nations peoples, ensuring that services are culturally safe, welcoming and accessible.
- Ensure that First Nations' priorities and perspectives are at the forefront of the trauma strategy and that First Nations peoples lead the delivery of initiatives relevant to them. This includes embedding learnings about the impact of colonisation from the perspective of First Nations peoples across systems and at all levels, promoting cultural safety and responsiveness.
- Facilitate whole-of-system and community support for Treaty and truth-telling processes to prioritise First Nations' healing and self-determination. This includes recognising that truth-telling is complex and is about hearing multiple interpretations of the truth and then building shared learnings into a new relationship.
- Acknowledge that First Nations' healing initiatives do not sit within westernised frameworks and enhance opportunities for First Nations peoples to design, lead and implement healing initiatives within First Nations models of healing. Healing initiatives should be grounded in cultural perspectives and practices that recognise the resilience, wisdom and strengths of First Nations culture.
- Recognise the diverse presentation of trauma within First Nations communities, understanding that trauma manifests differently, and tailor interventions accordingly. This includes strengthening place-based and localised responses to acknowledge the diversity of history and trauma within communities in Queensland.
- Shift the focus from individual-centred to connection-centred approaches to healing, valuing community, relationships and cultural knowledge by adopting a strengths-based approach to language and narratives.
- Establish and support culturally safe healing hubs within First Nations communities, providing a range of holistic services and supports, including mental health, alcohol and other drug, and cultural healing programs.
- Develop and implement family-centred healing approaches and programs to address intergenerational trauma, strengthen family bonds and promote healing across generations.
- Increase the First Nations workforce across mental health and alcohol and other drug services, prioritising cultural safety, lived-living experience, and community-led approaches in service delivery.
- Update education and training programs to include cultural capability, supporting existing staff to update their knowledge and integrate new students into the workforce effectively, with a focus on trauma-informed care from First Nations' perspectives.



## Address system-related re-traumatisation

### Summary of what we heard

Participants identified the importance of acknowledging and addressing system-related re-traumatisation. They emphasised that the system itself can produce harm and there are potential negative impacts on individuals by policies and practices, including restrictive practices and re-telling the story of trauma when navigating complex systems.

Additionally, participants highlighted the need to review priorities and policies to identify whether they are causing trauma or re-traumatising individuals and communities, particularly for at-risk groups navigating the system.

### Opportunities

- Improve communication between systems to ensure that people navigating complex systems and multiple services do not need to re-tell their story, which may compound trauma and/or re-traumatise the person.
- Embed trauma-informed frameworks across all government departments, particularly departments and agencies that are the most likely to have contact with people who are experiencing trauma.
- Support initiatives that reduce re-traumatisation for people who use alcohol and other drugs, particularly through health and trauma-informed responses.
- Acknowledge historical and ongoing harm to people with a lived-living experience from system-related trauma and re-traumatisation.
- Embed a phased elimination of restrictive practices like seclusion and restraint and adopt trauma-informed language across policies and guidelines.

## Strengthen community-led and place-based initiatives

### Summary of what we heard

Participants emphasised the importance of fostering a connected and supportive community with high levels of mental health and trauma literacy. They stressed the need for people in all spaces to respond in trauma-informed, healing-centred ways.

There was a strong call for action to support people to stay within their community and family structures, including initiatives focused on work, employment and meaningful activities.

Additionally, participants highlighted the significance of approaches that ask communities what they need, and empower communities to lead and shape trauma responses tailored to their unique needs.

### Opportunities

- Empower local communities to design and implement trauma initiatives tailored to their unique needs.
- Facilitate bottom-up approaches instead of top-down directions.
- Invest in community-led capacity-building initiatives, and partnerships to ensure that services and supports are responsive, accessible and culturally relevant.
- Foster collaborative partnerships between different sectors and community organisations and stakeholders.
- Prioritise cultural competency and sensitivity in community-based interventions.
- Promote community consultation and engagement in policy and program development.
- Support community-led initiatives and solutions tailored to local needs.
- Explore place-based approaches to address trauma and support collective impact.
- Ensure equitable access to resources and support for all communities, including rural and First Nations communities.
- Establish mechanisms for ongoing support and evaluation of community-led initiatives to ensure their effectiveness and sustainability.
- Establish trust and accountability with communities through transparent and responsive practices.



## Trauma-informed justice systems

### Summary of what we heard

Stakeholders identified gaps and barriers in the legal and justice systems that perpetuate trauma and hinder healing. Participants emphasised the need for greater access to justice, particularly for individuals experiencing trauma. This included concerns about discrimination and power imbalances impeding access to support systems and legal aid.

There were calls for better advocacy for people in custodial settings and compassionate post-prison support, especially for those dealing with substance use issues. Suggestions were made to explore alternative approaches to incarceration and to analyse the impact of trauma across various systems, such as mental health, justice and child safety.

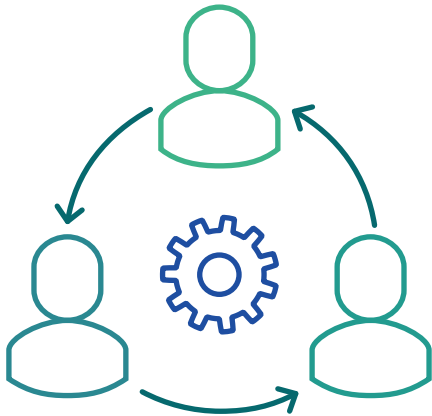
Additionally, there were discussions around the need for legislative and policy changes to support trauma-informed practices and non-punitive approaches within the justice system.

*Focus can't be "person-centred" – "person-centred" is too individualistic and not sufficiently "connection-centred" to meet the needs of First Nations people.*

Consultation participant

### Opportunities

- Consider reforms to the legal and justice systems to ensure trauma-informed approaches, access to justice, and support for individuals and communities impacted by trauma.
- Explore alternative approaches to incarceration that support and enhance rehabilitation, such as community-based interventions.
- Improve support systems within prisons, including the introduction of group activities and peer support programs.
- Expand access to disability advocacy services for navigating the criminal justice system.
- Utilise harm minimisation approaches to alcohol and other drug use and consider decriminalisation or regulated legalisation to reduce stigma and prevent re-traumatisation.
- Increase research and investment into the trauma experiences of incarcerated people in the Queensland context to develop an evidence-base for therapeutic supports in prisons.
- Embed counselling and psychosocial supports for incarcerated people in Queensland.
- Shift to therapeutic environments within prisons, focusing on rehabilitation and support.
- Consider legislative and policy changes to support trauma-informed practices and non-punitive approaches.
- Enhance access to legal aid and advocacy services, particularly for marginalised people.
- Enhance access to advocacy and legal support and navigation to embed greater protection for victims and survivors recognising that access to justice is an important part of the healing process.
- Promote transparent and alternative processes for justice, prioritising the needs of people and communities impacted by trauma.
- Foster collaboration between justice stakeholders, including police, courts and community organisations, to ensure holistic support for people impacted by trauma.



## Focus area 4

# Enable reform

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A key theme from the consultations was the need to actively drive change across systems in Queensland. This includes strategic enablers essential to supporting reform, such as a focus on human rights, workforces, governance and accountability, Lived-Living Experience leadership, funding models and cross-sector partnerships.

## Strengthen human rights approaches to trauma

### Summary of what we heard

During consultations, participants emphasised the importance of prioritising human rights in Queensland's approach to addressing trauma. There was a consensus among stakeholders that strengthening the *Queensland Human Rights Act 2019* (the Human Rights Act) is important to ensuring the safety and wellbeing of individuals and communities, effectively safeguarding people's dignity and rights. Stakeholders highlighted the need for a robust framework that holds those responsible for safeguarding human rights accountable and appropriately addresses breaches.

Participants emphasised the need for a greater focus on human rights in Queensland's current approach to policy development and decision-making. Concerns were raised about the use of restrictive practices in health settings, such as seclusion and restraint, which can exacerbate trauma experiences and infringe human rights.

It was emphasised that prioritising human rights in all aspects of service delivery, including mental health care, and ensuring accountability for upholding human rights, is paramount. Participants also stressed the importance of creating a culture of respect and accountability within professional practices, ensuring that all decisions and actions are guided by human rights principles.

Stakeholders consistently emphasised the need to reinforce and integrate a human rights framework within trauma-informed care. Many participants highlighted that trauma-informed practices must inherently respect and uphold human rights, viewing them as inseparable.

## Opportunities

- Safeguard the rights of individuals impacted by trauma and ensure equitable access to services and support.
- Enhance mechanisms for accountability and appropriately address breaches of the Human Rights Act to enhance safety as fundamental to human rights.
- Provide a greater emphasis on human rights assessments in policy development, decision-making processes, and implementation to ensure alignment with human rights principles and standards.
- Provide training and resources to policymakers, decision-makers and service providers to effectively integrate human rights considerations into their work.
- Foster collaboration between government agencies, community organisations and communities to promote human rights awareness and advocacy.
- Establish clear lines of accountability for upholding human rights across all services and agencies and appropriately address breaches.
- Establish clear mechanisms for reporting human rights breaches and seeking remedy, ensuring accessibility and effectiveness.
- Strengthen engagement with diverse groups and communities to ensure their voices are heard and their rights are effectively protected.
- Enhance community awareness and understanding of human rights to empower people to assert their rights effectively.
- Create safe and inclusive spaces where people feel empowered to seek support and assert their rights without fear.
- Implement a 'do no harm' principle across all services, ensuring safety and preventing further trauma.
- Review the use of restrictive practices and seclusion, focusing on a less intrusive, human-rights aligned approach.
- Advocate for a national Human Rights Act for continuity and accountability across all states and territories.

## Build trauma-informed workforces

### Summary of what we heard

Stakeholders emphasised the need for staff across the health, human services, education, child protection and justice systems to have the skills, knowledge and ability to identify and respond to people experiencing trauma, within the context of their role. Further, that trauma-informed training and education be ongoing, sustainable and a key part of professional development.

Many stakeholders emphasised the need for trauma-informed education and training to go beyond frontline service delivery roles and be required and prioritised for organisational leaders and policymakers.

Participants also stressed the importance of visionary, collaborative and accountable leadership in driving systemic change.

### Opportunities

- Increase the capacity and capability of staff across all sectors to identify and respond to trauma, including by prioritising trauma-informed training and education as a key part of professional development.
- Establish an accreditation process for trauma-informed service delivery.
- Build the capability and capacity of health, human services, education, child protection and justice services to identify and appropriately respond to people who have experienced trauma.
- Address diversity gaps within workforces to better understand and meet the needs of diverse communities.
- Strengthen organisational leadership to facilitate cultural change and prioritise trauma-informed approaches across all aspects of service design and delivery.
- Tailor approaches to workforce development for different industries and professions where the risk of system induced trauma is highest, including health, human services, child protection and justice services.
- Provide tailored approaches at career transitions (e.g. into and out of leadership roles or transitioning out of professions frequently exposed to traumatic experiences).
- Cultivate leadership at all levels that champions trauma-informed approaches, fosters collaboration, and prioritises the wellbeing of people and communities impacted by trauma.
- Utilise a whole-of-workforce approach to ensure all staff members are equipped to recognise and respond to trauma effectively.

## Strengthen governance and accountability mechanisms

### Summary of what we heard

Stakeholders overwhelmingly called for strengthened governance frameworks and increased transparency to ensure services and systems are held to account for implementing *The Queensland Trauma Strategy* and achieving positive outcomes. Many participants highlighted the need for measurable targets and the importance of independent oversight mechanisms.

Stakeholders identified challenges to holding agencies accountable due to complex funding arrangements across state and commonwealth governments.

Some participants also called for greater individual and collective accountability through strengthened internal complaints processes.

### Opportunities

- Strengthen internal and external governance frameworks, oversight and accountability mechanisms to promote transparency.
- Foster and promote cultural change towards greater transparency and accountability in organisational decision-making, including by acknowledging mistakes and wrongdoing.
- Strengthen agency complaints processes by ensuring greater independence and transparency, as well as appropriate ways to address service delivery issues.
- Embed a culture of continuous improvement through critical reflective practice.
- Strengthen governance structures to facilitate meaningful change and promote trust within trauma response systems.
- Consider accountability mechanisms to oversee trauma response efforts.

## Prioritise Lived-Living Experience leadership and expertise

### Summary of what we heard

Stakeholders emphasised the critical importance of integrating lived and living experience co-production throughout all facets of service delivery, design, implementation and evaluation. They stressed that this process requires dedicated time and effort to cultivate genuine relationships and trust between service providers and people with lived-living experience. Stakeholders emphasised the role of Lived-Living Experience leadership, acknowledging that while not every person can represent the full spectrum of diverse experiences and needs, embedding Lived-Living Experience leadership alongside collaboration, consultation and co-production is essential.

### Opportunities

- Foster meaningful partnerships and co-production opportunities with people with lived-living experience to ensure policies, programs and services are relevant, effective and person-centred.
- Invest in trauma-informed leadership and networking approaches to address systemic barriers and improve service delivery.
- Implement place-based initiatives co-designed with people with lived-living experience of trauma, ensuring that interventions are contextually appropriate and responsive to local needs.
- Strengthen the availability and accessibility of peer supports, recognising the unique value of peer support in promoting recovery.
- Drive cultural change needed to ensure the contribution of people with lived-living experience is meaningful and valued and they are seen as experts in their own experiences.
- Foster a cultural shift within governments and organisations to empower Lived-Living Experience leadership.

## Fund and resource for sustainable implementation

### Summary of what we heard

Funding and resource allocation for sustainable implementation was a concern among stakeholders and participants. There was widespread acknowledgment that greater resourcing is required to support individuals in crisis situations and ensure there is continuity of care as someone's support needs change. Challenges such as short-term contracts, discontinuity of resources and staff retention issues were also noted, alongside reported resistance to system change.

Stakeholders highlighted the need for sustainable funding and sustained commitment to ensure the longevity and effectiveness of trauma prevention, intervention and healing efforts. They emphasised the importance of long-term, strategic planning with buy-in from all affected stakeholders, recognising that such efforts will support lasting change. Many stakeholders also highlighted the need to prioritise community-led and place-based sustainable solutions.

*The biggest barrier is that the system has not yet changed from a medical model to a recovery-focused model.*

Consultation participant

### Opportunities

- Address the prioritisation and allocation of resources within the system to ensure effective support is provided to people when they need it most.
- Adequately fund trauma-informed services to meet the diverse needs of people experiencing trauma.
- Explore the establishment of independent advocates to assist people navigating complex systems.
- Ensure that funding models prioritise human rights and dignity in service delivery.
- Assess investments to achieve a balance between prevention, response and recovery services for childhood trauma.
- Advocate for funding models that prioritise based on need rather than diagnoses, promoting more equitable resource distribution.
- Explore innovative funding approaches that reduce administrative burden and support a trauma-informed system.
- Invest in workforce capability and support, including funding for recruitment, retention strategies and workforce training.
- Ensure continuity of funding for established programs, avoiding disruptions in service provision.
- Explore outcomes-based funding models that provide flexibility to adapt services to achieve desired outcomes effectively.
- Advocate for sustainable funding models, resource allocation strategies and long-term commitments to support ongoing trauma prevention, intervention and healing efforts.
- Transition from short-term planning towards long-term planning and invest in evidence-based approaches.

## Enhance cross-sector partnership and collaboration

### Summary of what we heard

Participants identified service fragmentation and lack of coordination as barriers to accessing holistic and effective trauma-informed support. Some participants expressed that it is unrealistic to expect one agency to be able to respond to diverse client needs, but as a system there are opportunities for organisations and professional groups to work together to deliver better and safer outcomes.

Effective partnership and service integration cannot occur at the frontline alone—there needs to be buy-in and genuine collaboration at higher levels. Many stakeholders expressed a desire to contribute but lacked clarity on where to start due to internal capacity constraints and lack of expertise. The overarching theme was the necessity to break down silos and enhance collaboration between different agencies and services.

### Opportunities

- Enhance collaboration, information sharing and integration among service providers, agencies and systems to create seamless pathways and wrap-around supports for people and communities impacted by trauma.
- Introduce consistent approaches across systems and services with aligned priorities.
- Strengthen partnerships between government and community organisations.
- Enhance interagency reporting and sharing of information with informed consent to ensure continuity of care.
- Promote cross-sector training and capability building to foster a shared understanding of trauma-informed principles.
- Create cross-sector leadership forums and intergovernmental groups to support strategy implementation.
- Develop partnerships between governments and community organisations to establish integrated support hubs.
- Encourage a whole-of-system approach and shared responsibility for addressing trauma.
- Identify and address barriers to collaboration, including interagency pressures and structural impediments.

*It's a fragmented process which leads to cumulative trauma as you repeat story over and over again before you have healed. You retraumatise yourself before you have recovered.*

Consultation participant

## Improve innovation, evaluation and knowledge translation

### Summary of what we heard

Stakeholders emphasised the need for evidence-based practices, ongoing evaluation and innovation to drive continuous improvement to build a trauma-informed system. One major barrier identified was the absence of mechanisms for monitoring and ensuring adherence to healing-focused, trauma-informed approaches. They highlighted the importance of balancing data collection and sharing with confidentiality and informed consent, to maintain trust and privacy.

Efforts to reduce trauma should be translated into tangible actions and initiatives that are effectively implemented to deliver meaningful impact. Robust monitoring and evaluation systems are necessary to ensure ongoing improvement across all service levels, fostering trauma awareness and expertise in evidence-based approaches. Many stakeholders recognised the need for improvement and a willingness to embrace innovation and change.

### Opportunities

- Invest in research, data collection and evaluation to inform policy and practice, identify emerging needs, and promote innovation in trauma prevention and responses.
- Recognise that data alone does not drive change—narratives and personal stories are powerful tools for influencing decision-makers and driving change within the system.
- Transition to an outcomes-based system, as current monitoring is focused on the process and not the outcome, which has contributed to a risk-averse culture.
- Re-evaluate key performance indicators to ensure they reflect trauma-informed principles and effectively measure progress and impact.
- Incorporate individualised measures alongside standardised metrics to capture diverse experiences and needs.
- Explore the use of innovative technologies in trauma-informed care.
- Foster a culture of continuous learning and improvement, welcoming feedback and using lessons learned to refine services.
- Encourage collaboration and knowledge-sharing among agencies and organisations to promote innovation and creativity.
- Evaluate and enhance system connectivity to support individuals with complex mental health needs holistically.



# Glossary

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<b>Adversity</b>	A difficult or unpleasant situation, set of circumstances or experiences. <sup>1</sup>
<b>Co-design</b>	Co-design is a way of bringing people with lived-living experience, their families and carers, and other stakeholders together to improve services. It involves planning, designing and implementing services with people who have experience with the problem or service to find a solution more likely to meet their needs. It creates an equal and reciprocal relationship between all stakeholders, enabling them to design and deliver services in partnership with each other. <sup>2</sup>
<b>Cultural safety</b>	Cultural safety involves professionals and organisations providing treatment and supports to people with consideration of, and respect to the historical, cultural and social contexts in which they exist. This involves examining their knowledge, assumptions, skills and attitudes, and consists of shifting to the worldview of people and communities. <sup>3</sup>
<b>Culturally responsive care</b>	Culturally responsive services respect diverse populations' health beliefs, practices, culture, language and faith, and are accessible, approachable, accommodating, affordable and appropriate. <sup>4</sup>
<b>Early support</b>	Early support includes identifying signs of mental ill-health and other risk factors early, followed by timely care and support to reduce their severity, duration and recurrence, and promote recovery and wellbeing.
<b>Families and carers</b>	The term 'families and carers' is used to refer to a broad group of people who have an interest in a person's wellbeing or provide unpaid care and support to another person. It may refer to a family of origin or choice, kinship group or friends, and includes informal carers <sup>5</sup> and people under 18 years old.
<b>Integrated care</b>	Integrated care refers to the provision of connected, effective and efficient care that accounts for and is organised around a person's health and social needs, across the spectrum of needs and in partnership with the person with lived-living experience, carers and family members. In addition, integrated care takes several key forms, including horizontal and vertical integration, cross-sector integration, people-centred integration, and whole-of-system integration. <sup>6</sup>
<b>Lived-living experience</b>	Lived experience refers to a person's experience of mental ill-health, problematic alcohol and other drug use, suicidal thoughts, surviving a suicide attempt, or being bereaved by suicide. This strategy uses the term lived-living experience to conceptualise a continuum of experiences that people may have at different times in their lives. The use of the hyphen signifies the fluidity or changing nature of experiences along this continuum.

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<b>Mental health and wellbeing</b>	A state of mental wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. <sup>7</sup>
<b>Person-led</b>	Person-led approaches respond to the person as the leader of their life in ways that foster personal agency and the capacity to manage challenges. In addition, person-led approaches require service providers to be accountable to the person. <sup>8</sup>
<b>Psychosocial support</b>	Psychosocial support refers to a range of services that improve mental wellbeing and build people's capacity to live well in their communities. This includes helping people to manage daily activities, rebuild and maintain connections, build social skills, participate in education and employment, and facilitate recovery in the community. <sup>9</sup>
<b>Reconciliation</b>	Reconciliation is about strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples, for the benefit of all Australians. Reconciliation is based and measured on five dimensions: historical acceptance, race relations, equality and equity, institutional integrity and unity. <sup>10</sup>
<b>Social and emotional wellbeing</b>	This term acknowledges the diverse ways that First Nations people and communities understand, conceptualise and describe a person's overall physical, mental, emotional and social wellness. It recognises the importance of connection to community, family, Country, land, sea, culture and spirituality on a person's wellbeing. <sup>11</sup>
<b>Social determinants of health</b>	The determinants of health are the social, cultural, political, economic, personal and environmental conditions in which people are born, live, work and age. The determinants of health are interrelated with experiences of mental health and wellbeing, alcohol and other drug use, suicide, and the likelihood of poorer outcomes. Uneven distribution of these determinants results in health inequities. <sup>12</sup>
<b>Trauma-informed principles</b>	Several principles underpin trauma-informed approaches. Although diverse frameworks adopt different terminologies, and these concepts continue to evolve, the core concepts remain consistent. These principles can be tailored and adapted to diverse settings, contexts and sectors, incorporating the underlying values of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, humility, and respect for diverse needs, experiences, and preferences. <sup>13, 14</sup>

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# Need help?

Thinking and reading about mental ill-health, problematic alcohol and other drug use, and suicide can be distressing. If you need help, please ask for the support you need. No one needs to face their problems alone.

## National 24/7 support services

<b>Lifeline</b>	13 11 14	<a href="http://www.lifeline.org.au/gethelp">www.lifeline.org.au/gethelp</a>
<b>Suicide Call Back Service</b>	1300 659 467	<a href="http://www.suicidecallbackservice.org.au">www.suicidecallbackservice.org.au</a>
<b>MensLine Australia</b>	1300 789 978	<a href="http://www.mensline.org.au">www.mensline.org.au</a>
<b>Beyond Blue Support Service</b>	1300 224 636	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
<b>13YARN</b>	13 92 76	<a href="http://www.13yarn.org.au">www.13yarn.org.au</a>
<b>SANE Australia Helpline</b>	1800 187 263	<a href="http://www.sane.org">www.sane.org</a>
<b>QLife (LGBTQIA+)</b>	1800 184 527	<a href="http://www.qlife.org.au">www.qlife.org.au</a>
<b>Kids Helpline</b>	1800 551 800	<a href="http://www.kidshelpline.com.au">www.kidshelpline.com.au</a>
<b>Defence Family Helpline</b>	1800 624 608	<a href="http://www.defence.gov.au/dco/defence-helpline.asp">www.defence.gov.au/dco/defence-helpline.asp</a>

## Alcohol and other drugs support services

<b>National Alcohol and Other Drug Hotline</b>	1800 250 015	<a href="http://www.health.gov.au/contacts/national-alcohol-and-other-drug-hotline">www.health.gov.au/contacts/national-alcohol-and-other-drug-hotline</a>
<b>adis</b>	1800 177 833	<a href="http://www.adis.health.qld.gov.au">www.adis.health.qld.gov.au</a>
<b>Family Drug Support</b>	1300 368 186	<a href="http://www.fds.org.au">www.fds.org.au</a>

## Post suicide bereavement support services

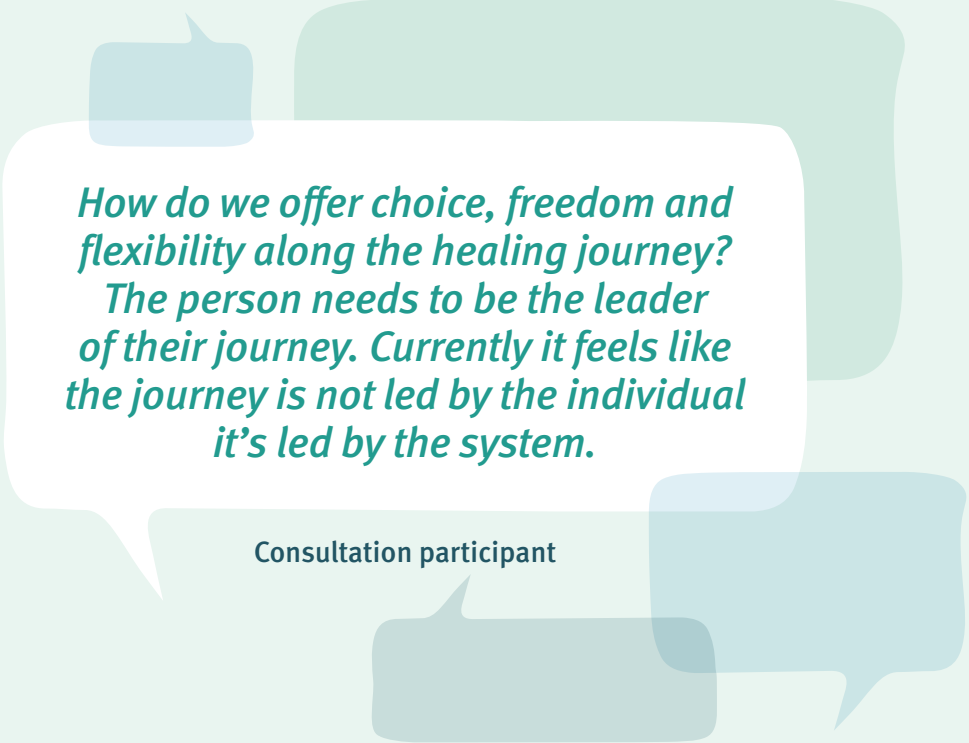
<b>StandBy Response Service</b>	1300 727 247	<a href="http://www.standbysupport.com.au">www.standbysupport.com.au</a>
<b>Thirrili Postvention Suicide Support</b>	1800 805 801	<a href="http://www.thirrili.com.au/find-support">www.thirrili.com.au/find-support</a>

## Telephone Interpreter Service

If you require translation support, please ask the telephone crisis service to use the Translating and Interpreting Service by phoning 1800 131 450.

## Hearing impaired callers

Dial 106 by TTY or in an emergency use National Relay Services TTY number 1800 555 677.



*How do we offer choice, freedom and flexibility along the healing journey?  
The person needs to be the leader of their journey. Currently it feels like the journey is not led by the individual it's led by the system.*

Consultation participant



