Elements of a Trauma-Informed Mental Health Service System in New Mexico

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Adapted from “Developing Trauma-Informed Behavioral Health Systems” (2003) Andrea Blanch PhD.

The majority of the persons who receive publicly-funded behavioral health services have been exposed to traumatic events in the form of interpersonal violence, physical, emotional, and sexual abuse, severe neglect, loss, accidents, crime, war, or natural disasters. Trauma has been associated with a range of social problems, including poverty, community violence, and criminal justice involvement, and is costly if not addressed. The potential impact of trauma on individuals may include difficulties such as mental illness, addiction and abuse, personality disorders, physical illness, suicide, self-injury, aggression, and re-victimization. The following elements should be in place in any public mental health system committed to meeting the needs of clients who have histories of trauma.

1. **Trauma function and focus in state mental health department.** A single, high-level, clearly identified point of responsibility should exist within the state administrative structure charged with and supported in implementing trauma-informed service systems and use of evidence-based and emerging best practices in trauma throughout state supported services. This commitment should be evidenced in a State trauma policy and position document, adopted and endorsed by administrative leadership, and disseminated to all parts of the service system, stakeholder groups, and other collaborating systems.

2. **Workforce Recruitment, Hiring, and Retention.** The system should prioritize recruitment, hiring, and retention of staff with educational backgrounds, training in and/or lived experience of trauma. This priority should be clearly described in job descriptions and postings. These staff or “trauma-champions” provide needed expertise and an infrastructure to promote trauma-informed policies, training and staff development, and trauma-based treatment and support practices throughout the service system.

3. **Training and Professional Development.** Professional organizations and universities should be approached to offer curriculums preparing students to work with trauma survivors in a culturally-appropriate and sensitive manner. Incentives, bonuses, and promotions for staff and supervisors should take into account their role in trauma-related activities. Agency-based supervision, support and ongoing training should be provided for direct care staff to address the impact of trauma on both the people being served and themselves.

4. **Consumer/Trauma Survivor/Recovering person involvement and trauma-informed rights.** The voice and participation of consumers who have lived experiences of trauma should be actively involved in all aspects of systems planning, oversight, and evaluation. Consumers with trauma
histories should be significantly involved in training and curriculum development and in orienting the mental health system toward trauma and recovery. Trauma-related issues should be addressed as part of the Certified Peer Support Worker training, with the development of a trauma specialist credential considered for the future.

5. **Universal trauma screening and assessment.** All adults and children who enter the system of care, regardless of which “door” they enter, should be screened for abuse and trauma at or close to admission. Clients with trauma histories should be informed about and referred to quality, trauma-informed and trauma specific services and supports.

6. **Trauma-informed service systems.** Through the lens of the five core values of safety, trustworthiness, choice, collaboration, and empowerment, a trauma-informed service system and/or organization is one in which all components of the system have been reconsidered and evaluated in the light of a basic understanding of the role that violence and trauma play in the lives of people seeking mental health and addictions services. A trauma-informed organizational environment is capable of supporting and sustaining “trauma-specific” services as they develop, in a culturally sensitive manner.

7. **Trauma-specific services, including evidence-based, evidence-informed, and promising practice treatment models.** Recovery from trauma is an individualized, idiosyncratic journey, where many paths can lead to healing. Services designed specifically to treat the actual sequelae of sexual or physical abuse and other psychological trauma should be available in adequate numbers to serve the population and should be accessible to all consumers, including adults, adolescents, and children and their families.