Understanding the Importance of Trauma-Informed Care & Leadership in Mental Health Nursing

MARION KURESA, WENDY TRIMMER & DE'ARNA RUSH

This integrative literature review explores trauma, trauma-informed care (TIC), and the importance of leadership in mental health nursing practice. Three key themes emerged from the literature sourced: preventing re-traumatisation, organisational culture, and leadership and education. Highlighted in this review are the implications for nursing practice and the importance of organisational culture, leadership, and education when implementing TIC within mental health nursing, to prevent re-traumatisation to tāngata whai ora (people seeking wellness). Despite growing evidence that people accessing mental health services experience re-traumatisation and trauma exposure, mental health acute inpatient services often overlook strategies to prevent this (Barr et al., 2019; Hennessy et al., 2023). Trauma-informed care (TIC) recovery approaches require mental health services to structure tāngata whai ora experiences so they are focused on personalised patient-centred care to support the empowerment of individual choices (Wilson et al., 2017). Significant research emphasises that nurses who are not trained or knowledgeable in TIC approaches can re-traumatise tāngata whai ora, and nurses who do not have the confidence to respond to a disclosure of experienced trauma can compromise patient-centred care (Barr et al., 2019; Goldstein et al., 2024; Maguire & Taylor, 2019).

KEYWORDS: clinical leadership; improving equitable outcomes for tāngata whai ora; reducing restrictive interventions; TIC awareness through education; trauma-informed practice

CITE THIS ARTICLE: Kuresa, M., Trimmer, W., & Rush, D. (2026). Understanding the importance of trauma-informed care & leadership in mental health nursing. *Whitireia Journal of Nursing, Health & Social Services, 33*, 9–16. https://doi.org/10.34074/whit.3301

BACKGROUND

Trauma is linked to events such as exposure to serious injury, violence, neglect, threatened death, and physical and/or sexual abuse, either indirect or direct (Hennessy et al., 2023; Huo et al., 2023). It is recognised that traumatic experiences can cause dysfunctional impairment that can result in reduced quality of life, poorer health outcomes, and severe mental health issues (Dolezal & Gibson, 2022; Feriante & Sharma, 2023). Both Barr et al. (2019) and Procter et al. (2017) reiterate that when people experience traumatic events that are prolonged, repetitive, and severe, the impacts of trauma can be pervasive. These are described as complex traumatic experiences.

The experience of trauma can significantly affect the lifespan of tāngata whai ora, impacting upon psychopathology, physical health, neurobiological changes, and mental health issues associated with occupational and social adversity (Hennessy et al., 2023; Huo et al., 2023; Maguire & Taylor, 2019). Research indicates that for individuals who have experienced six or more adverse childhood experiences (ACEs), the average life expectancy is 20 years shorter than that of individuals who were not exposed to trauma (Barr et al., 2019; Elders, 2021; Huo et al., 2023). An ACE is defined as a stressful experience that occurs during childhood that directly impacts upon the child, shaping their quality of life as an adult (Barr et al., 2019; Lorenc et al., 2020). Mental health issues that include mood disorders, schizophrenia, and loss of physical function can be directly linked to ACEs (Dolezal & Gibson, 2022; Wilson et al., 2017).

Significant ACE exposure impacts considerably upon brain function, resulting in impairment of behaviour and mood regulation, which leads to the inability to establish healthy interpersonal relationships in adulthood (Barr et al., 2019; Dolezal, & Gibson, 2022). ACEs are a major contributing factor to severe mental health disorders and are associated with poorer quality of life, reduced perceptions of recovery, increased opioid use as a coping strategy, and higher rates of pre-hospitalisation (Barr et al., 2019; Joseph et al., 2020). Examining ACEs through a mental health lens provides evidence that people with an ACE history of physical or sexual abuse are more likely to have earlier admissions to an inpatient mental health service, have lengthier and more frequent hospitalisations, have tendencies to self-harm, be prescribed more psychotropic medication, and have longer durations of time in seclusion (Barr et al., 2019; Elders, 2021; Hennessy et al., 2023; Huo et al., 2023; Riedl et al., 2020).

Increased awareness of trauma has led mental health services to become more comprehensively trained in trauma-informed approaches. They do this by focusing on a paradigm modification within nursing education (Te Pou, 2024). According to Young et al. (2019), an important aspect of TIC is shifting from a diagnostic model of TIC to a trauma-informed psychological approach, with the emphasis on what has happened to the person instead of what is 'wrong' with the person. Mental health services that provide evidence-based TIC approaches can minimise traumatic triggers, reduce the use of seclusion and restraint, stabilise and de-escalate aggressive situations, and prevent potential re-traumatisation (Maguire & Taylor, 2019).

SEARCH STRATEGY

The following question was devised to search the literature – 'What is the effect of nursing leadership in implementing trauma-informed care in forensic practice?' Literature was sourced from CINAHL Ultimate and EBSCOhost databases; limits were literature written in English within the last 10 years, and peer-reviewed articles. Key words were 'forensic or mental health', 'leadership', and 'trauma or trauma-informed'. A total of 63 articles were sourced, and these were reviewed for relevancy to the topic and Aotearoa forensic/mental health practice. Of the 63 articles sourced, 16 articles were identified as relevant, and these articles were analysed using Critical Appraisal Checklists (Critical Appraisal Skills Programme, 2025). Included in this review was grey literature and pertinent information from Te Pou. From the

literature sourced, three key themes emerged: preventing re-traumatisation, organisational culture, and leadership and education. Themes from the literature are discussed below, followed by implications for nursing practice.

PREVENTING RE-TRAUMATISATION

The first theme that emerged strongly within the literature was the need for screening of trauma and the risk of re-traumatisation within mental health settings. Re-traumatisation occurs when a person experiences trauma that is significant to a past traumatic event and repeatedly evokes psychological and emotional responses connected to the original event (Barr et al., 2019). The TIC approach requires staff to validate tāngata whai ora life experiences by asking what has happened to them instead of treating their diagnosis, and to comprehend their behaviours whilst acknowledging that traumatic events have occurred (Barr et al., 2019; Procter et al., 2017). This recognition of the person's trauma assists the health professional to implement the appropriate tools. The findings from various studies suggest that health professionals should deviate from traditional nursing methods and adopt TIC sensitive approaches within the nursing practice (Barr et al., 2019; Procter et al., 2017; Te Pou, 2025).

Screening of ACEs within the admission process can improve nursing practice through enhancing tāngata whai ora recovery and therapeutic alliance, while creating a safer environment for tāngata whai ora and staff (Hennessy et al., 2023). Failure to address the significance of abuse and trauma can have long-term effects in adulthood and is one of the most important moral and clinical deficits of current mental health approaches (Procter et al., 2017; Seitanidou et al., 2024; Te Pou, 2024).

Mental health services are becoming increasingly responsive to how interactions with consumers can exacerbate negative effects, which leads to re-traumatisation and can even create trauma for those admitted without previous trauma (Barr et al., 2019; Wilson et al., 2017). Coercive practices such as involuntary detention, seclusion, restraint, forced medication, and exposure to physical or verbal aggression, remain prevalent in inpatient mental health settings. These practices may contribute to re-traumatisation, particularly when healthcare professionals lack education in TIC, potentially causing distress and negatively affecting therapeutic engagement (Barr et al., 2019; Wilson et al., 2017).

A review completed by Barr et al. (2019) provides insight into participants accessing acute mental health inpatient services that faced challenging experiences with nurses' behaviours and interventions that caused re-traumatisation. These challenges consisted of not being asked about their previous traumatic history during the admission process, lack of consideration of past trauma during nursing interventions, and staff interactions that triggered a trauma response (Barr et al., 2019). Despite increasing awareness of ACE, pre-admission screening is not a routine aspect within mental health services (Barr et al., 2019; Joseph et al., 2020). Hennessy et al. (2023) highlight that not screening tāngata whai ora for previous traumatic history during the admission process poses a significant challenge to providing the appropriate care. Pre-screening for trauma can significantly reduce the risk of re-traumatisation during nursing interventions such as restraints, seclusion, and medication treatment (Barr et al., 2019; Hennessy et al., 2023).

ORGANISATIONAL CULTURE

The second theme that emerged in the literature related to leadership and TIC was the importance of ensuring that the organisation has a culture that positively impacts patient safety and healthcare (Aydoğdu, 2023; Goldstein et al., 2024). Organisational culture moulds organisational behaviours and delivers insight into the service development needed to achieve job satisfaction and effective patient care (Aydoğdu, 2023; Goldstein et al., 2024). According to Goldstein et al. (2024), nurses are the leading representative role in change, and it is imperative as a leader to understand how organisational culture affects healthcare professionals. An organisational culture change

is required to establish TIC education as a part of the annual nurse core competency requirements. This would enhance decision making and develop clinical skills (Elsheikh et al., 2023; Goldstein et al., 2024). Aydoğdu (2023) emphasises the importance of organisations adopting a supportive culture with the main focus on promoting a healthy, collaborative working environment – specifically by incorporating transparent communication, placing significant value upon teamwork, and creating a cohesive professional environment. Hult et al. (2023) states that nurses within leadership roles would benefit from leadership training that delivers empowerment and provides supportive and rational leadership skills.

As inpatient mental health services progressively abandon institutionalised care and foster a person-centred approach, it is paramount that organisational change occurs to support service care delivery (Elsheikh et al., 2023). Trauma-informed care is achieved when organisations develop the necessary steps in conjunction with changes to policies, procedures, leadership styles, and avoidance of autocratic nurse–patient relationships in delivery of nursing care (King et al., 2021). According to Cannon et al. (2020), while TIC education and training are pivotal to improving the delivery of mental health care, TIC approaches require service-wide approval, key performance indicators being implemented around non-coercive recovery, and trauma-informed practices being successfully delivered. Promoting effective delivery of TIC in nursing practice requires organisational interventions that will reduce the use of restraints and seclusion, and decrease the occurrence of re-traumatisation, and improve staff awareness and skill (Huo et al., 2023). Both Huo et al. (2023) and Maguire and Taylor (2019) agree that without organisational change, staff find themselves unable to improve care and make positive change because of the organisation's bureaucracy and insufficient resources.

Promoting organisational change to enhance TIC approaches will endorse consumer safety, prevent re-traumatisation, enhance recovery, and promote therapeutic relationships within the delivery of nursing care (Elsheikh et al., 2023). The role of nurses is fundamentally critical, yet in today's healthcare setting, it is often seen as highly competitive and complex, with organisational culture impacting on a nurse's job satisfaction and quality of healthcare (Aydoğdu, 2023). Increasingly high levels of inpatient acuity combined with high occupancy make it challenging to provide basic, safe care, let alone enact the cultural change required to apply TIC approaches effectively (Allison et al., 2015). Implementing TIC approaches within healthcare culture will require acknowledging the inadequacy of current approaches (Huo et al., 2023; Wilson et al. 2017). An essential aspect in the provision of healthcare is an organisational culture that supports the retention of health professionals by providing growth opportunities, valuing their staff, and having strong organisational values (Aydoğdu, 2023). In addition, an organisational culture that promotes innovation, continuous learning, and collaboration is fundamental to ensure job satisfaction (Aydoğdu, 2023).

LEADERSHIP AND EDUCATION

The third theme that emerged was the importance of leadership and education in the implementation of TIC in order to reduce re-traumatisation and promote organisational change. Te Pou (2024) highlights the importance of TIC training so that staff know how to screen for trauma and how to prevent re-traumatisation. It is essential that, through staff training and inductions, mental health professionals are assisted to become more competent and confident in using TIC approaches (Hennessy et al., 2023). This TIC training ensures nurses can identify and assess the history of trauma to improve the delivery of post-disclosure support and avoid potentially re-traumatising their patients (Hennessy et al., 2023).

Evidence-based practice (EBP) is defined as an amalgamation of personal expertise, current research, and patient preference to provide tāngata whai ora with successful

healthcare experiences (Elsheikh et al., 2023). Providing EBP education is an essential aspect of effective clinical leadership that is underpinned by the attributes of approachability, honesty, professionalism, and willingness to share knowledge (Mrayyan et al., 2023). It is paramount that nurse leadership roles value the necessary skills and knowledge to advocate for the implementation of evidenced-based TIC approaches while supporting nurses during crisis situations to influence change in clinical practice (Elsheikh et al., 2023). As stated by Elsheikh et al. (2023), an important aspect of a leadership role, as responsibilities and areas of expertise increase, is to make informed decisions, to provide staff with clinically sound guidance and delegation to deliver quality healthcare.

An essential component of nurses working in leadership roles should be to seek TIC educational programmes by accessing EBP to enhance knowledge and promote relevant clinical skills in practice, which is critical for quality of care, consumer safety, and job satisfaction (Elsheikh et al., 2023). As supported by Mehta et al. (2023), expanding awareness of trauma and improving knowledge of TIC approaches within nursing delivery can assist in preventing re-traumatisation. While doing so it is essential for nursing leadership to provide educational support to nurses, through EBP. This will enhance their clinical skills and alter traditional practices, promoting effective interventions that enhance recovery and wellbeing for consumers (Elsheikh et al., 2023; Mehta et al., 2023).

IMPLICATIONS FOR NURSING PRACTICE

Goldstein et al. (2024) emphasise that due to the ubiquity of exposure to traumatic experiences and the profound impact on health, it is critical that mental health services implement tools to apply a TIC approach to promote patient safety and prevent re-traumatisation. Applying TIC considerations within nursing frameworks enhances the delivery of healthcare based on the understanding of how trauma impacts people's lives, thus enhancing tāngata whai ora mental health recovery (Goldstein et al., 2024; Procter et al., 2017).

A barrier to developing TIC approaches is changing current practice. This requires education in TIC, beginning with nurses who are willing to adapt their personal practice to train and support colleagues (Maguire & Taylor, 2019). A strategy to mitigate barriers, improve outcomes, and promote service provider behaviour is implementing clinical champions that can adapt their practice to better service tāngata whai ora (Morena et al., 2022). Clinical champions are individuals dedicated to implementing initiative change and overcoming resistance that may occur within organisations (Morena et al., 2022). Clinical champions play a critical role in introducing and advocating change within nursing practice and are effective at promoting provider behaviour change and addressing provider-level barriers (Morena et al., 2022).

The 'Keeping it real' framework outlines seven essential capabilities that underpin effective mental health and addiction practice by promoting the attitudes, values, knowledge, and skills required to deliver safe, person-centred, and recovery-oriented care (Te Pou, 2025). These capabilities include working collaboratively with people experiencing addiction and mental health challenges, engaging effectively with Māori, whānau, and communities, challenging stigma and discrimination, demonstrating professional responsibility through policy implementation, and maintaining ongoing professional development (Te Pou, 2024). Acknowledging these components improves people's experiences while accessing healthcare that includes TIC approaches (Te Pou, 2024).

CONCLUSION

It is evident from the literature that implementing a trauma-informed approach in mental health settings can promote healing and post-traumatic growth while also improving therapeutic relationships, and fostering empowerment and hope for tāngata whai ora. Key factors in this review highlighted that achieving a trauma-informed approach requires organisational change through a restructure

of existing policies and procedures to core competencies within training. Furthermore, the admission process should be restructured to involve trauma pre-screening, which can be assessed and used to help determine the best TIC for the individual. Therefore, pre-screening is the basis of providing holistic care while enhancing therapeutic alliances with staff and tāngata whai ora to ensure quality healthcare is achieved. Evidence has suggested that screening the history of trauma during the admission process and implementing it within a TIC nursing approach reduces and prevents the use of seclusion and restraints, resulting in prevention of re-traumatisation. TIC clinical champions play a critical role in applying initiative changes to promote a trauma-informed approach and overcome resistance within service provider culture. It is also evident that nursing leadership roles should be guided by EBP to enhance the decision-making process to collaboratively add value and influence others to adhere to professional standards while implementing TIC. Optimising professional development in TIC will sustain competence, enhance strong self-motivational leadership values, and promote a positive organisational culture while scaffolding TIC approaches.

REFERENCES

Allison, S., Bastiampillai, T., Siskind, D., Roeger, L., & Goldney, R. (2015). The National Mental Health Commission report: Evidence based or ideologically driven? *Australian & New Zealand Journal of Psychiatry*, 49(11), 960–962. https://doi.org/10.1177/0004867415609424

Aydoğdu, A. L. F. (2023). The impact of organizational culture on nursing: A comprehensive analysis. *World Academics Journal of Management*, 11(4), 32–41.

Barr, L., Wynaden, D., & Heslop, K. (2019). Promoting positive and safe care in forensic mental health inpatient settings: Evaluating critical factors that assist nurses to reduce the use of restrictive practices. *International Journal of Mental Health Nursing*, 28(4), 888–898. https://doi.org/10.1111/inm.12588

Cannon, L. M., Coolidge, E. M., LeGierse, J., Moskowitz, Y., Buckley, C., Chapin, E., Warren, M., & Kuzma, E. K. (2020). *Trauma-informed education: Creating and pilot testing a nursing curriculum on trauma-informed care*. *Nurse Education Today*, 85, 104256. https://doi.org/10.1016/j.nedt.2019.104256

Critical Appraisal Skills Programme. (2025). *CASP checklists*. https://casp-uk.net/casp-tools-checklists/

Dolezal, L., & Gibson, M. (2022). Beyond a trauma-informed approach and towards shame-sensitive practice. *Humanities and Social Sciences Communications*, 9(1), 1–10. https://doi.org/10.1057/s41599-022-01227-z

Elders, A. (2021). Trauma-informed care. *New Zealand Doctor Rata Aotearoa*. https://www.nzdoctor.co.nz/article/educate/how-treat/trauma-informed-care

Elsheikh, R., Le Quang, L., Nguyen, N. Q. T., Van, P. T., Hung, D. T., Makram, A. M., & Huy, N. T. (2023). The role of nursing leadership in promoting evidence-based nursing practice. *Journal of Professional Nursing*, 48, 93–98. https://doi.org/10.1016/j.profnurs.2023.06.007

Feriante, J., & Sharma, N. P. (2023). Acute and chronic mental health trauma. *In StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK594231/

Goldstein, E., Chokshi, B., Melendez-Torres, G. J., Rios, A., Jelley, M., & Lewis-O'Connor, A. (2024). Effectiveness of trauma-informed care implementation in health care settings: Systematic review of reviews and realist synthesis. *The Permanente Journal*, 28(1), 135–150. https://doi.org/10.7812/TPP/23.127

Hennessy, B., Hunter, A., & Grealish, A. (2023). A qualitative synthesis of patients' experiences of re-traumatization in acute mental health inpatient settings. *Journal of Psychiatric and Mental Health Nursing*, 30(3), 398–434. https://doi.org/10.1111/jpm.12889

Hult, M., Terkamo-Moisio, A., Kaakinen, P., Karki, S., Nurmeksela, A., Palonen, M., Peltonen, L. M., &

Häggman-Laitila, A. (2023). Relationships between nursing leadership and organizational, staff and patient outcomes: A systematic review of reviews. *Nursing Open*, *10*(9), 5920–5936. https://doi.org/10.1002/nop2.1876

Huo, Y., Couzner, L., Windsor, T., Laver, K., Dissanayaka, N. N., & Cations, M. (2023). Barriers and enablers for the implementation of trauma-informed care in healthcare settings: A systematic review. *Implementation Science Communications*, *4*(1), 49. https://doi.org/10.1186/s43058-023-00428-0

Joseph, N. M., Benedick, A., Flanagan, C. D., Breslin, M. A., Simpson, M., Ragone, C., Kalina, M., Hendrickson, S. B., & Vallier, H. A. (2020). Prevalence of posttraumatic stress disorder in acute trauma patients. *OTA International*, *3*(1), e056. https://doi.org/10.1097/OI9.0000000000000056

King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., Tod, A., Ryan, T., Wood, E., Senek, M., & Robertson, S. (2021). Factors that optimise the impact of continuing professional development in nursing: A rapid evidence review. *Nurse Education Today*, *98*, 104652. https://doi.org/10.1016/j.nedt.2020.104652

Lorenc, T., Lester, S., Sutcliffe, K., Stansfield, C., & Thomas, J. (2020). Interventions to support people exposed to adverse childhood experiences: Systematic review of systematic reviews. *BMC Public Health*, *20*, 1–10. https://doi.org/10.1186/s12889-020-08789-0

Maguire, D., & Taylor, J. (2019). A systematic review on implementing education and training on trauma-informed care to nurses in forensic mental health settings. *Journal of Forensic Nursing*, *15*(4), 242–249. https://doi.org/10.1097/JFN.0000000000000262

Mehta, D., Kelly, A. B., Laurens, K. R., Haslam, D., Williams, K. E., Walsh, K., Baker, P. R. A., Carter, H. E., Khawaja, N. G., Zelenko, O., & Mathews, B. (2023). Child maltreatment and long-term physical and mental health outcomes: An exploration of biopsychosocial determinants and implications for prevention. *Child Psychiatry & Human Development*, *54*(2), 421–435. https://doi.org/10.1007/s10578-021-01258-8

Morena, A. L., Gaias, L. M., & Larkin, C. (2022). Understanding the role of clinical champions and their impact on clinician behaviour change: The need for causal pathway mechanisms. *Frontiers in Health Services*, *2*, 896885. https://doi.org/10.3389/frhs.2022.896885

Mrayyan, M. T., Algunmeeyn, A., Abunab, H. Y., Kutah, O. A., Alfayoumi, I., & Khait, A. A. (2023). Attributes, skills and actions of clinical leadership in nursing as reported by hospital nurses: A cross-sectional study. *BMJ Leader*, *7*(3), 203–211. https://doi.org/10.1136/leader-2022-000672

Procter, N., Ayling, B., Croft, L., DeGaris, P., Devine, M., Dimanic, A., Di Fiore, L., Eaton, H., Edwards, M., Ferguson, M., Lang, S., Rebellato, A., Shaw, K., & Sullivan, R. (2017). *Trauma-informed approaches in forensic mental health: A practical resource for health professionals*. University of South Australia. https://hdl.handle.net/11541.2/125631

Riedl, D., Lampe, A., Exenberger, S., Nolte, T., Trawöger, I., & Beck, T. (2020). Prevalence of adverse childhood experiences (ACEs) and associated physical and mental health problems amongst hospital patients: Results from a cross-sectional study. *General Hospital Psychiatry*, *64*, 80–86. https://doi.org/10.1016/j.genhosppsych.2020.03.005

Seitanidou, D., Melegkovits, E. A., Kenneally, L., Elliott, S., & Alves-Costa, F. (2024). Trauma-informed care practices in a forensic setting: Exploring health care professionals' perceptions and experiences. *International Journal of Forensic Mental Health*, *23*(4), 349–361. https://doi.org/10.1080/14999013.2024.2347238

Te Pou. (2024). *Trauma-informed approach: An update of the literature*. https://www.tepou.co.nz/resources/trauma-informed-approach-an-update-of-the-literature

Te Pou. (2025). *Keeping it real | kia pono te tika*. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/TP-250507-Keeping-it-Real-Framework.pdf

Wilson, A., Hutchinson, M., & Hurley, J. (2017). Literature review of trauma-informed care: Implications for mental health nurses working in acute inpatient settings in Australia. *International Journal of Mental Health Nursing*, *26*(4), 326–343. https://doi.org/10.1111/inm.12344

Young, J., Taylor, J., Paterson, B., Smith, I., & McComish, S. (2019). Trauma-informed practice: A paradigm shift in the education of mental health

nurses. *Mental Health Practice*, 27(4).
https://doi.org/10.7748/mhp.2019.e1359

MARION KURESA, RN, BN, PG Cert (Mental Health) is an after-hours coordinator and senior registered nurse with the Mental Health, Addiction and Intellectual Disability Service (MHAIDS).

WENDY TRIMMER, RN, MA (Applied) Nursing has worked as a mental health nurse and nurse educator for over 30 years. She is currently General Manager of Te Whare Mahana Trust in Mohua Golden Bay.

DE'ARNA RUSH, RN, BA, MProfPrac, PG Cert (Nursing and Specialty Care) (Waikato Tainui, Ngāti Apa, Ngāti Pākehā) is a Senior Nurse Academic at Whitireia and Weltec.