Innovation and implementation in integrated care: trauma, PTSD and addiction

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Introduction
Integrated care models for mental health and substance use disorders are critical yet remain under-implemented, particularly for trauma and post-traumatic stress disorder (PTSD). Despite a decade of evidence supporting trauma-focused interventions for co-occurring PTSD and substance use disorder (SUD), translation into practice is slow, with significant challenges for First Nations peoples and other priority populations.

Methods
This keynote draws on four programs of work spanning clinical trials, service innovation, policy reform, and systems design. Examples include the implementation of integrated trauma therapies in routine outpatient care in Melbourne, Australia, and emerging innovations in psychedelic-assisted therapy. These initiatives are considered in the broader context of workforce, systems integration, and implementation science.

Key Findings
Implementation of gold-standard therapy for PTSD-addiction - COPE (Concurrent Treatment of PTSD and SUD Using Prolonged Exposure)- in routine outpatient addiction care demonstrates feasibility and acceptability, yet highlights systemic barriers to access, workforce capability, and sustainability. Psychedelic-assisted therapies, while promising and increasingly accessible through trials and clinics, raise critical issues of safety, equity, and external validity. Cross-system projects mapping clinical pathways for trauma and SUD reveal structural barriers between mental health and alcohol and other drug services, with implications for coordinated models of care.

Discussion and Conclusions
Translating evidence into routine care requires deliberate strategies to address systemic inertia, including workforce training, culturally safe models for First Nations communities and other priority populations, and mechanisms for equitable access to innovation.

Implications for Practice or Policy
To close the gap between research and practice, policy must prioritise integrated, trauma-informed care across mental health and addiction systems. Scalable implementation, equitable access (including in public and free settings), and robust co-design with lived experience, clinicians and service providers, and priority population partners are essential to ensure innovations reach those most in need.

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