

Sexual safety in inpatient units pilot

Support mental health services to create safe environments through data analytics

Phillipa Thomas & Randolph Obregon

TERP 2018

Victoria's Chief Psychiatrist

Role

Mental Health Act 2014 – MH services report to the Chief Psychiatrist about

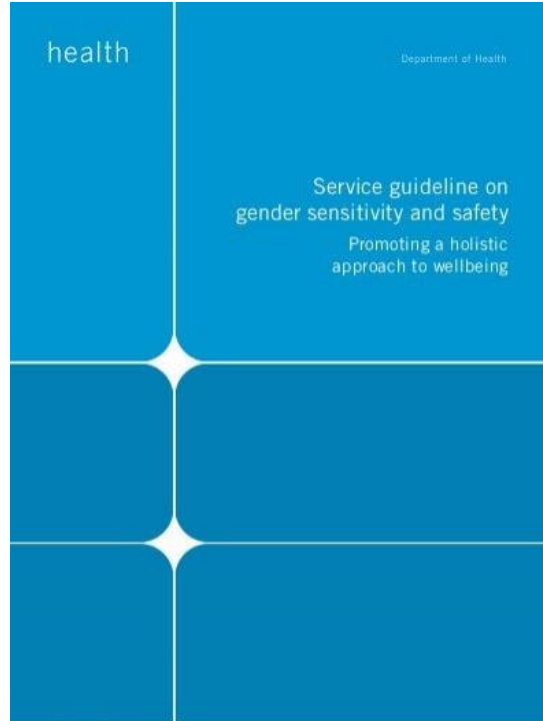
- Electroconvulsive treatment
- seclusion and bodily restraint,
- reportable deaths
- NB: Sexual safety incident reports NA under MHA

Functions

- clinical leadership and expert clinical advice
- quality and safety
- promoting the rights of people receiving mental health treatment
- reducing restrictive practices

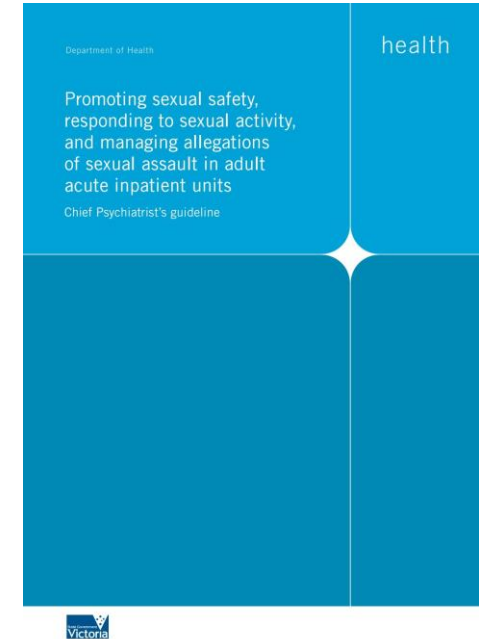
Policies

1. Service guideline on gender sensitivity and safety Promoting a holistic approach to wellbeing



Policies

1. Service guideline on gender sensitivity and safety
Promoting a holistic approach to wellbeing
2. Clinical guidelines
 - Promoting sexual safety, responding to sexual activity, and managing allegations of sexual assault in adult acute inpatient units (2012) – Report sexual assault, sexual harassment and sexual activity on acute inpatient units.



Reporting process and issues

- VHIMS
- Reports to OCP
- Clinical investigations into reports of serious sexual assault.

Sexual safety pilot

The Project

Using a Data Collection Tool to Improve Safety

Sexual safety pilot – Understanding the context

Victoria News

National

Environment

Health

Education

Investigations

Good Weekend

Galleries

Clique Photos

...

Melbourne Traffic

Quizzes

Home / News / Victoria News

DECEMBER 11 2017 - 7:45PM

SAVE

PRINT

LICENSE ARTICLE

Sexual abuse in Victoria's mental wards is bad and getting worse

Farrah Tomazin

39 reading now

f SHARE

t TWEET



MORE

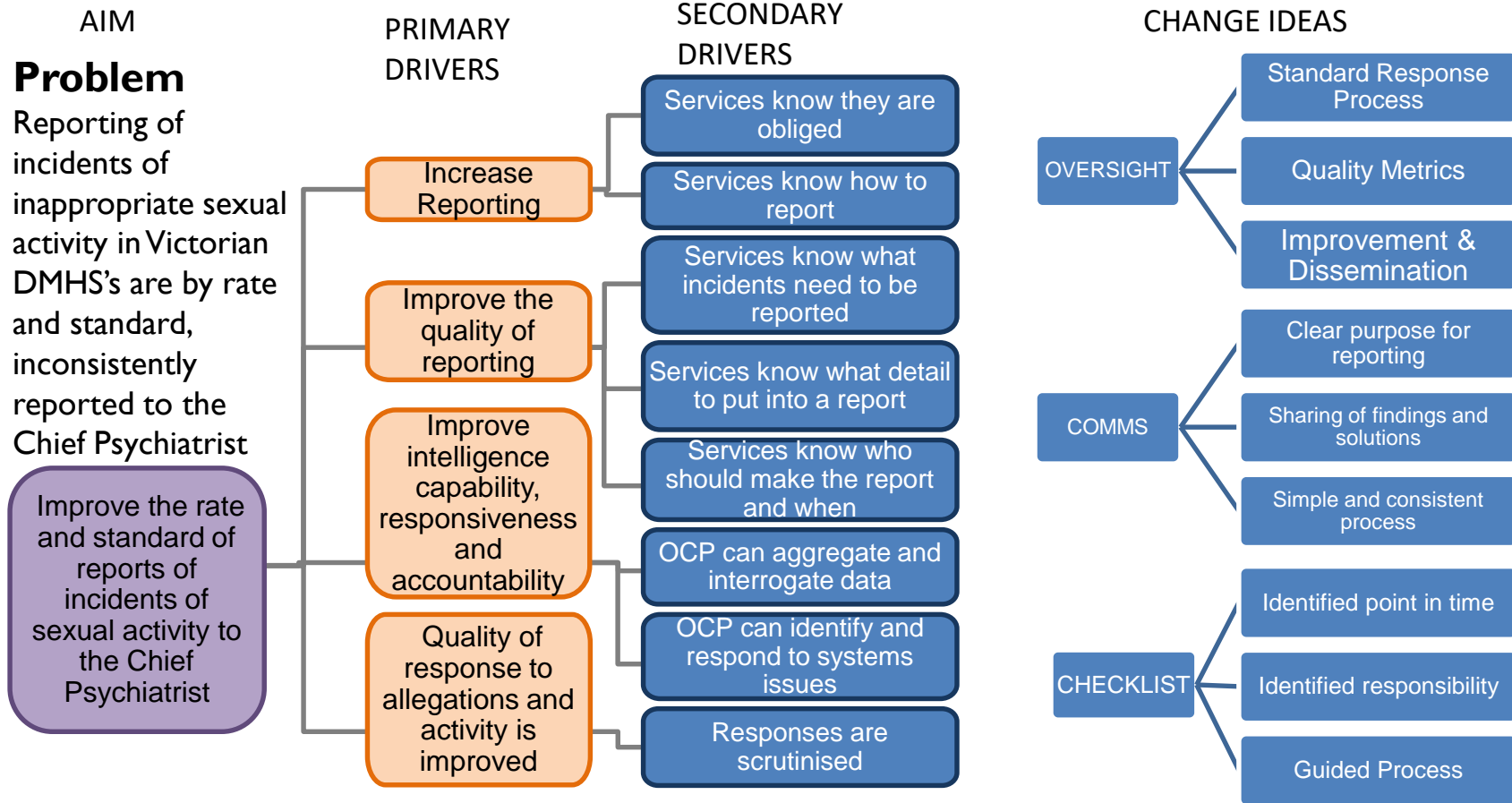
It was meant to be a place that kept her safe; a mental health hospital whose purpose was to treat the most fragile.

Julie Preston was exactly that: a childhood victim of sexual abuse, a woman who never overcame the horrors of her past.

MOST POPULAR

- 1 Three children dead, one holding on: the tragic story of Cheryl Duncanson
- 2 'This is going to be it': Driver describes moment truck lost control on Melbourne freeway

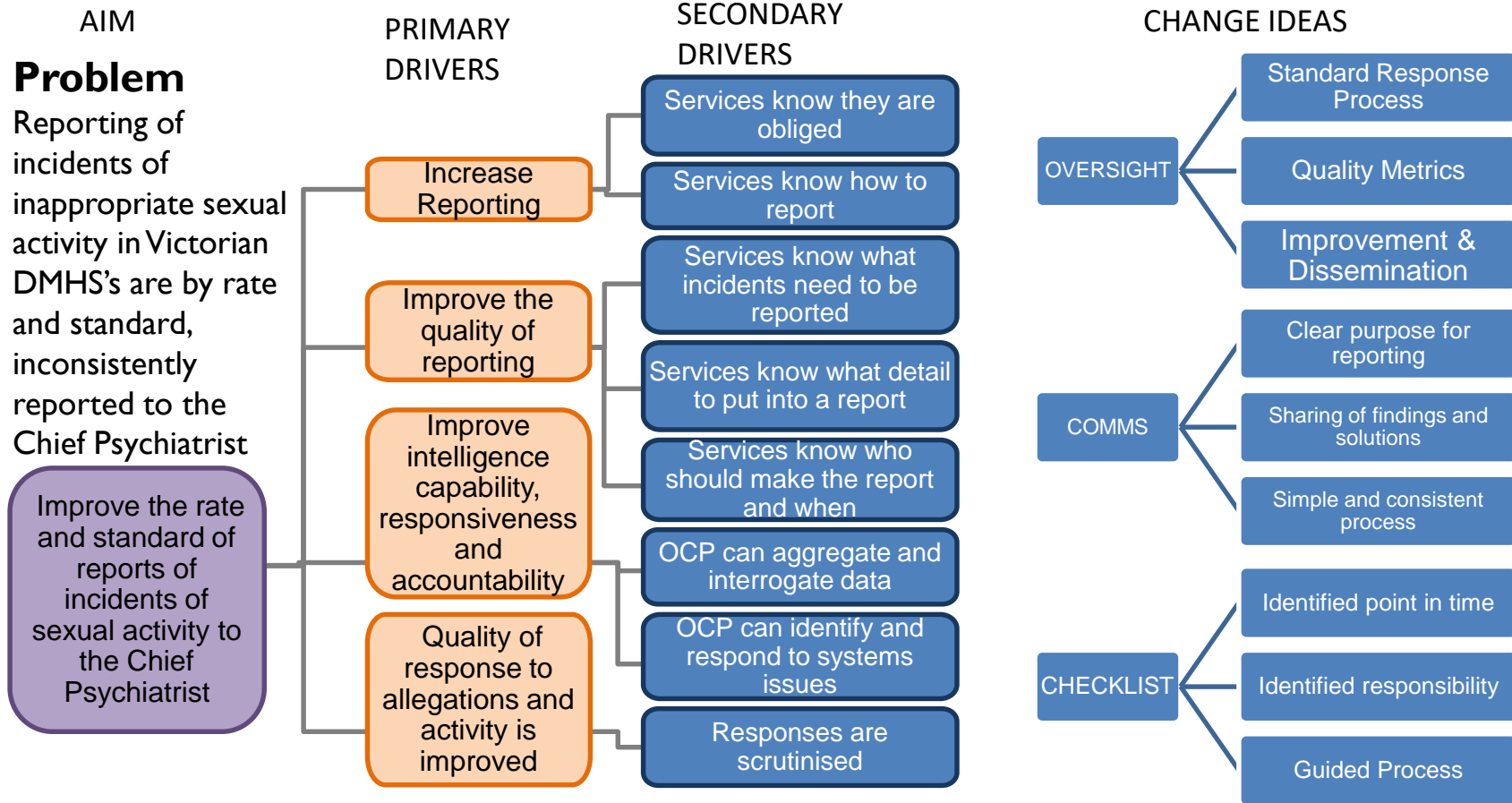
Sexual safety pilot – Understanding the drivers



Implementation Science



Sexual safety pilot - Drivers



The Tool

Sexual safety to the Chief Psychiatrist

Completing this notice

The person in charge of a mental health service is responsible for the writing of sexual activity, sexual harassment or sexual assault inpatient mental health service safety notices.

Complete all relevant sections of the notice.

Please note that this document is not to be used for incidents considered necessary by the service Chief Psychiatrist (OCP) on (03) 9096 7697.

Submit this form to the OCP directly.

- Email completed form to Office.
- Fax: (03) 9096 7697

Mental Health Services will receive further reporting:

- written responses to specific queries
- a clinical report
- copy of patient file note
- copy of an incident report (Risk Management Report)

Service details

Unit name: _____

Mental Health Service Name: _____

Name and designation of person in charge: _____

Name: _____

Phone: _____

Individuals involved

Person 1

Consumer Staff Other

If consumer, provide the following information:

Name: _____

Statewide UR number: _____

Mental Health Legal Status at time of incident:

Voluntary Compulsory

Risk at last risk assessment:

Aggression: High Medium Low

Vulnerability: High Medium Low

Sexual disinhibition: High Medium Low

Incident detail

Day and date (dd mm yyyy): _____

Location: LDU Gender specific area Seclusion Other If other, specify: _____

Category: Sexual activity Sexual harassment Other If other, specify: _____

Provisional Incident Severity Rating (ISR): 1 2 3 4 5 6 7 8 9 10

Note: For serious and moderate incidents the Office of the Chief Psychiatrist, as soon as possible, will contact the person in charge of the service to discuss the incident.

Summary of incident as it has been reported to the Office of the Chief Psychiatrist: _____

Interventions to reduce potential for re-occurrence

Note: Not all interventions will be required.

Person 1 (if Consumer)

Care environment changed: Yes No

If yes, changed to: _____

LDU Gender specific area Mental Health Intensive Care (HDU) Seclusion Another unit Another MHS Other

If other, specify: _____

Parties notified

Person 1

Family / carer: Yes No Not applicable

Nominated Person: Yes No Not applicable

Guardian: Yes No Not applicable

Person 2

Family / carer: Yes No Not applicable

Nominated Person: Yes No Not applicable

Guardian: Yes No Not applicable

Other parties

Manager / on-call manager: Yes No Police: Yes No

Other: Yes No If Yes, specify: _____

Some circumstances may require steps are taken to preserve evidence

Where a service provider deems it necessary to preserve evidence all parties must be provided with an explanation of this process, and counselled about access to advocacy.

The service has taken steps to preserve evidence: Yes No Not applicable

If Yes, complete the following

The location of an alleged sexual assault has been isolated pending police attendance: Yes No Not applicable

Persons involved in an allegation of sexual assault have been advised not to shower pending police attendance: Yes No Not applicable

Persons involved in an allegation of sexual assault have been advised not to change their clothes pending police attendance: Yes No Not applicable

Witnesses have been identified: Yes No Not applicable

Resourcing and facility factors at the time of incident

Unit occupancy at the time was: _____ beds out of a total of: _____

The Unit was operating with a full complement of nursing staff: Yes No

If No – A total of: _____ nursing staff were on duty out of: _____

The unit was considered to be operating at higher than usual acuity: Yes No

One of the parties had been identified as requiring a Mental Health Intensive Care (HDU) bed, however HDU was full: Yes No Not applicable

One of the parties had been identified as requiring treatment in a gender specific area but this facility was full: Yes No Not applicable

The following features were working at the time

Door lock: Yes No Duress alarm: Yes No Movement sensor: Yes No

Other resourcing or facilities issues: _____

Steps that have been taken to reduce potential for re-occurrence

Risk Assessments have been updated: Yes No

Safety plans are in place: Yes No

Safewards – reassurance intervention: Yes No

Other (describe): _____

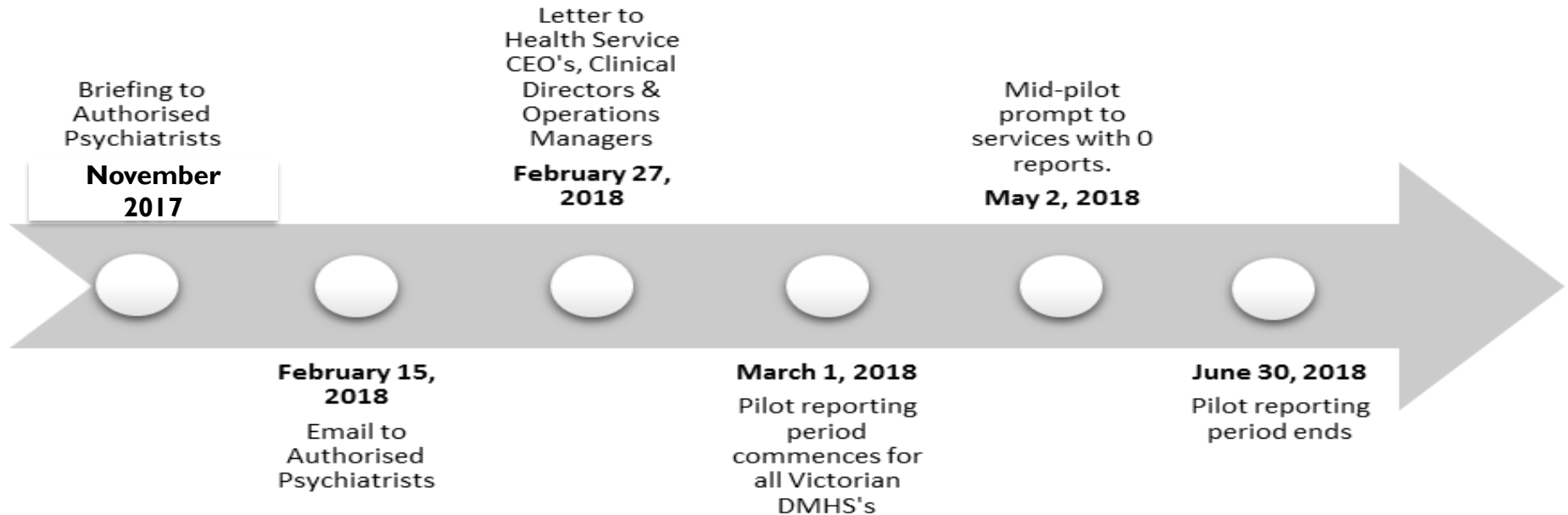
To receive this publication in an accessible format phone (03) 9096 7571, using the National Relay Service 13 36 77 if required, or [email Office of the Chief Psychiatrist ocp@dhhs.vic.gov.au](mailto:ocp@dhhs.vic.gov.au).

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services «March 2018» (1802036)

Available at the [Chief Psychiatrist guidelines web page](https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines) <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>

Pilot Process



Evaluation

Data Analysis

What was reported

Coding and Cross coding

Consultations

Semi-structured interviews

Lifespan services

Across Disciplines

Thematic Analysis

What Did We Learn From The Tool?

Shift in attitudes

Overwhelmingly Positive

Defused subjectivity and provided clarity

Supported the workforce

Some recommendations for improvement – sequential reporting,
presence of 1:1 nursing

What Did We Learn About System Change?

Dissemination is not implementation

Craft groups must have shared expectations

Systems approaches are an imperative

Leadership matters

Next steps

1. Continue sexual safety notification reports.

Website: <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>

2. Sexual safety forum December 2018
3. Chief Psychiatrist to establish sexual safety governance
4. Co-design new guidelines