

Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services

Summary The aim of this policy directive is to provide direction to NSW mental health services regarding the establishment and maintenance of the sexual safety of mental health consumers who use their service. It should be read in conjunction with the NSW Health Sexual Safety of Mental Health Consumers Guidelines GL2013_012. The guidelines, which support this policy directive, provide practical information, advice and strategies to help mental health services maintain the sexual safety of mental health consumers. The guidelines should be used to ensure the broad, overarching responsibilities of mental health services outlined within this policy are met.

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Audience All Staff;Clinical;Allied Health;Nursing;Emergency Departments

SEXUAL SAFETY - RESPONSIBILITIES & MINIMUM REQUIREMENTS FOR MENTAL HEALTH SERVICES

PURPOSE

This Policy Directive outlines the minimum requirements to be met in relation to establishing and maintaining the sexual safety of mental health consumers and responding appropriately to incidents that breach or compromise this safety.

It should be read in conjunction with the NSW Health *Sexual Safety of Mental Health Consumers Guidelines* GL2013_012. The Guidelines, which support this Policy Directive, provide comprehensive information and advice regarding how mental health services can improve the sexual safety of consumers. The Guidelines should be used to ensure the broad, overarching responsibilities of mental health services outlined within this Policy are met.

MANDATORY REQUIREMENTS

Attachment 1 nominates those requirements that are mandatory for mental health services to meet in relation to the sexual safety of mental health consumers.

These requirements provide clear direction to mental health services regarding a baseline for the establishment and maintenance of the sexual safety of the consumers who use their service. All services are required to build on this baseline utilising the *Sexual Safety of Mental Health Consumers Guidelines* GL2013_012.

IMPLEMENTATION

Implementation of this policy and its requirements will be an iterative process over two years, with six-monthly milestones and reporting should occur as per the requirements outlined at 5.2 in the *Responsibilities and Minimum Requirements for Mental Health Services*.

The Local Health District (LHD) has responsibility for ensuring that:

BY JUNE 2014

- All line managers clearly understand they are accountable for effective implementation of the processes required to meet the outlined responsibilities of this Policy Directive.
- Structures are established to appropriately implement this Policy Directive.
- Lead staff member and champions nominated to drive implementation of the Guidelines and Policy Directive at LHD level.
- Consultation is undertaken with staff, consumers and carers to identify training/education needs and this information is provided to the Mental Health and Drug & Alcohol Office (MHDAO).

BY JUNE 2015

- This Policy Directive is successfully implemented within the LHD, as per the requirements outlined in this Policy Directive at 6 - *Implementation*.
- Policies and procedures are developed to ensure the requirements of this Policy Directive are met.
- Regular file audits are undertaken to monitor compliance with this Policy Directive.

The Mental Health and Drug and Alcohol Office (MHDAO) has responsibility for ensuring that:

BY JUNE 2014

- Hard copies of the *Sexual Safety of Mental Health Consumers Guidelines* GL2013_038 are printed and readily available.
- The availability of the above Guidelines, any associated resources and training is promoted to Local Health Districts.
- A training needs assessment is completed with LHDs to support the implementation of this Policy.

BY JUNE 2015

- A training framework is developed and implemented, in consultation with LHDs, to support mental health staff to implement this Policy Directive.
- Implementation of this Policy Directive is monitored, in accordance with the reporting requirements for LHDs.

REVISION HISTORY

Version	Approved by	Amendment notes
PD2013_038	Director General	New policy

ATTACHMENTS

1. Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services: Procedures.

**Sexual Safety – Responsibilities & Minimum
Requirements for Mental Health Services**



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1 DEFINITIONS

Acute inpatient mental health setting	Service setting in which care is provided to individuals with acute mental health conditions. Acute inpatient mental health services operate 24 hours a day, are short-term, and care is provided by a multidisciplinary team, often within general hospitals. The primary goals of acute inpatient services are to provide a comprehensive evaluation; rapidly stabilise acute symptoms; address the individual's health and safety needs; and develop a comprehensive discharge/transfer of care plan that allows the individual to quickly return to the community or other appropriate levels of care.
Community mental health setting	Service setting in which care and support is provided that assists individuals with a mental health condition to develop skills in self-care and independent living in their own environment. Community mental health services may operate from hospital-based ambulatory care environments, such as outpatient clinics, or be attached to community health centres, and outside of crisis-care, are generally day programs.
Consensual sexual activity	Sexual activity that occurs after mutual sexual consent has been provided by those involved. Also see 'sexual consent'.
Consumer	Someone with a mental illness or disorder that uses a mental health service.
Gender sensitive practices	The different needs of men and women are considered in all aspects of service planning and service delivery.
Informed decision	A decision made by a consumer who understands the nature, extent, or probable consequences of the decision, and can make a rational evaluation of the risks and benefits of alternatives. The decision cannot be considered informed unless the consumer is mentally competent and the decision made voluntarily.
Mental health service	Any establishment or any unit of an establishment that has the primary function of providing mental health care.
Mental health workers/staff	Any person working in a permanent, temporary, casual, termed appointment or honorary capacity within a NSW Health mental health organisation. This includes volunteers, consumer advocates, contractors, visiting practitioners, students, consultants and researchers performing work within NSW Health facilities.
Non-acute and residential mental health settings	Service setting in which care is provided for individuals with a mental health condition that is moderate to severe in complexity. Non-acute inpatient and residential mental health services can be secure, for people with a serious mental illness whose behaviours may put themselves or others at risk or for those who have unremitting and severe symptoms which inhibit their capacity to live in the community. Alternatively, services can provide intensive psychosocial rehabilitation and supports in group accommodation prior to residents living independently.
Perpetrator/offender	Someone who has breached the sexual safety of a consumer.
Sexual activity	Activity of a sexual nature with oneself (masturbation) or another (sexual touching, sexual intercourse, oral sex).

Sexual assault	<p>Sexual assault occurs when:</p> <ul style="list-style-type: none"> a) a person is forced, coerced or tricked into sexual acts against their will or without their consent, or b) a child or young person under 16 years of age is exposed to sexual activities, or c) a young person over 16 and under 18 years of age is exposed to sexual activities by a person with whom they have a relationship of 'special care' e.g. step-parent, guardian, foster parent, health practitioner, employer, teacher, coach, priest, etc.
Sexually disinhibited behaviour	Poorly controlled behaviour of a sexual nature, where sexual thoughts, impulses or needs are expressed in a direct or disinhibited way, such as in inappropriate situations; at the wrong time; or with the wrong person.
Sexual harassment	Unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated where that reaction is reasonable in the circumstances. Can involve physical, visual, verbal or non-verbal conduct.
Sexual health	A state of physical, emotional, mental and social well-being related to sexuality, including the absence of disease, dysfunction or infirmity; a positive and respectful approach to sexuality and sexual relationships; the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence, and; respect for the sexual rights of all persons. (World Health Organisation)
Sexual safety	The recognition, maintenance and mutual respect of the physical, psychological, emotional and spiritual boundaries between people.
Sexual safety 'champions'	Individuals who work in mental health who have an interest in or responsibility for sexual safety, or sexual assault prevention and response, as it relates to mental health consumers, and are willing to act as advocates for the implementation of the NSW Ministry of Health <i>Sexual Safety of Mental Health Consumers Guidelines</i> and this policy directive.
Sexual safety incident	The term used to refer to an incident that breaches or compromises the sexual safety of a consumer, and which is recognised as either sexual assault or harassment, consensual sexual activity in an inappropriate setting or sexually disinhibited behaviour.
Trauma informed care	<p>Mental health treatment that is directed by:</p> <ul style="list-style-type: none"> • a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual; and • an appreciation for the high prevalence of traumatic experiences in persons who receive mental health services. <p>(Jennings, 2004)¹</p>

¹ Jennings, A. (2004). *The damaging consequences of violence and trauma: facts, discussion points, and recommendations for the behavioural health system*. Alexandria, VA: National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning.

2 INTRODUCTION

Sexual assault and violence are crimes that have long term consequences for their victims. While these types of crimes potentially affect all members of the community, research confirms that people with a mental illness or impairment are at a considerably higher risk. Sexual or other abuse or violence can also be a significant contributing factor in the development or compounding of mental health issues.

This makes sexual safety critical for people who use a mental health service – whether the consumer is receiving treatment in a hospital setting, a rehabilitation or residential setting, or within the community.

Sexual safety

Sexual safety refers to the respect and maintenance of an individual's physical (including sexual) and psychological boundaries.

Sexual safety incidents

The types of behaviour that can breach and/or compromise the sexual safety of a mental health consumer have been split into the following three incident types:

- Sexual assault and harassment
- Consensual sexual activity in an inappropriate context or setting
- Sexually disinhibited behaviour

Within the context of this Policy Directive, each of these behaviours is referred to as a 'sexual safety incident'.

3 POLICY CONTEXT

This Policy Directive responds to feedback provided to the Mental Health and Drug and Alcohol Office (MHDAO) and the Clinical Advisory Council (CAC) indicating the need for clear and mandated direction for mental health services regarding their responsibilities in relation to the sexual safety of mental health consumers in all care settings.

To date, mental health services have been guided by the NSW Health Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services, which were first released in 1999 and revised and re-released in 2005. However, these guidelines were only applicable to inpatient settings and insufficient information was provided regarding how staff should respond to particular sexual safety issues (e.g. prior sexual assault trauma; consensual sex; disinhibited behaviour etc). Accordingly, these guidelines have now been superseded by the *Sexual Safety of Mental Health Consumers Guidelines* GL2013_012, which should be read in conjunction with this Policy Directive.

The objectives of this Policy Directive have linkages to the State Plan – A New Direction for NSW, specifically F3(a-c): Improved outcomes in Mental Health, as well as the State Health Plan, Towards 2010 – A New Direction for NSW, specifically Strategic Direction 2: Create better experiences for people using health services.

Other Australian and NSW government strategies, legislation and NSW Ministry of Health Policy Directives that should be considered when implementing this Policy Directive are noted within the *Sexual Safety of Mental Health Consumers Guidelines*.

4 AIM AND OBJECTIVES

4.1 Aim

The aim of this Policy Directive is to provide direction to NSW mental health services regarding the establishment and maintenance of the sexual safety of mental health consumers who use their service. It should be read in conjunction with the NSW Health *Sexual Safety of Mental Health Consumers Guidelines* GL2013_012. The Guidelines, which support this Policy Directive, provide practical information, advice and strategies to help mental health services maintain the sexual safety of mental health consumers.

The Guidelines should be used to ensure the broad, overarching responsibilities of mental health services outlined within this Policy are met.

4.2 Objectives

The objectives of this Policy Directive are to:

- a. Establish expected standards for the sexual safety of mental health consumers in all care settings;
- b. Clearly outline the responsibilities of mental health services in relation to establishing and maintaining the sexual safety of mental health consumers;
- c. Develop a consistent, co-ordinated, approach to the promotion of sexual safety and the prevention of and response to sexual safety incidents; and
- d. Improve the sexual safety of consumers of mental health services.

4.3 Principles

The following principles have been developed to provide a clear foundation for the establishment and maintenance of the sexual safety of consumers in all mental health service settings.

1. All mental health consumers are entitled to be sexually safe.
2. All mental health services are responsible for taking appropriate action to prevent and appropriately respond to sexual safety incidents.
3. All mental health services are responsible for supporting mental health consumers to adopt practices and behaviours that contribute to their sexual safety, both within the mental health service environment and within the community.
4. All mental health services are responsible for developing individual sexual safety standards appropriate for their particular setting, in collaboration with all members of the service – staff, consumers, carers, clinicians, advocates etc.
5. The physical environment of the mental health service takes account of the need to support the sexual safety of mental health consumers in its layout and use, particularly in regard to gender sensitivity.

6. Mental health consumers, and their families, carers and advocates, are given access to clear information regarding the consumer's rights, advocacy services, and appropriate mechanisms for complaints and redress regarding sexual safety issues.
7. Mental health service staff and clinicians foster a compassionate and open culture that encourages reporting of incidents relating to the sexual safety of mental health consumers.
8. Disclosures from mental health consumers about incidents that compromise or breach their sexual safety are taken seriously and addressed promptly and empathetically, regardless of the identity or affiliation of the alleged perpetrator, and with the utmost regard for the complainant's privacy and dignity, past trauma, cultural background, gender, religion, sexual identity, age and the nature of their illness.
9. Mental health service staff are provided with training and education to enable them to:
 - a. Effectively promote strategies to support sexual safety and prevent sexual assault and harassment; and
 - b. Respond appropriately and sensitively to sexual safety issues involving mental health consumers, both within the service environment and within the community; and
 - c. Integrate trauma-informed care principles into all aspects of treatment.
10. Mental health consumers are provided with opportunities to undertake education to enable them to:
 - a. Effectively recognise and respond to behaviours, both their own and other people's, that may compromise or breach their own or another person's sexual safety;
 - b. Develop self-protective behaviours; and
 - c. Establish and maintain good sexual health.

5 RESPONSIBILITIES AND MINIMUM REQUIREMENTS

5.1 All services

5.1.1 Responsibilities

Mental health services in all settings have a responsibility to:

- 5.1.1.1 Implement and monitor observance of the NSW Health Sexual Safety of Mental Health Consumers - Guidelines to establish and maintain the sexual safety of the consumers who use their service.
- 5.1.1.2 Define and promote the appropriate standard of behaviour expected of consumers and staff involved with the service.
- 5.1.1.3 Promote the rights and responsibilities of members of the service in relation to sexual safety.
- 5.1.1.4 Ensure information about sexual safety, and available support services in particular, is provided to consumers and their families and carers and is readily accessible by all members of the service.

- 5.1.1.5 Ensure the requirements of the NSW Health Code of Conduct and other relevant policies, standards and legislation is promoted to and readily accessible by all members of the service and particularly by service staff.
- 5.1.1.6 Foster a culture that supports and understands the importance of sexual safety through leadership, promotion and training.
- 5.1.1.7 Work collaboratively with local relevant sexual assault and other services to ensure the most appropriate support is available to consumers who disclose a sexual assault.
- 5.1.1.8 Take account of the sexual vulnerability of a consumer and any history of prior assault, trauma or disinhibited behaviour in the planning and provision of mental health interventions.
- 5.1.1.9 Recognise gender differences within their care provision.
- 5.1.1.10 Respect the consumer's right to privacy and confidentiality, within the limits of legislation, when they have experienced a sexual assault.
- 5.1.1.11 Support staff to whom a disclosure of sexual assault or harassment is made, or when a staff member witnesses an assault.
- 5.1.1.12 Appropriately report and record any sexual safety incident, taking account of the incident type, whether the alleged perpetrator is a consumer or staff member, and the age of the consumer who has disclosed the incident.

5.1.2 Minimum Requirements

Mental health services in all settings must:

- 5.1.2.1 Ensure all staff have access to the NSW Health *Sexual Safety of Mental Health Consumers Guidelines*.
- 5.1.2.2 Develop sexual safety standards that define appropriate behaviour for the service setting in consultation with all members of the service, including consumers and their families and carers – see Appendix A in the *Sexual Safety of Mental Health Consumers Guidelines* for example standards.
- 5.1.2.3 Provide clear information and advice to consumers that takes account their cultural background, gender, age, sexual orientation, and personal experiences regarding:
 - their rights and responsibilities in relation to sexual safety
 - the sexual safety standards that exist in the service setting
 - the process for addressing a sexual safety incident
 - the support services available should they experience sexual assault or harassment
 - how to manage sexual health issues, such as contraception, sexually transmitted diseases (STDs) and pregnancy.
- 5.1.2.4 Organise for relevant frontline staff and managers, and consumer workers and representatives involved with the service, to undertake training to enable them to effectively prevent and respond to sexual safety incidents, and increase the confidence of staff to discuss sexual health and safety issues with consumers. Such training must include:
 - How to assess a consumer's vulnerability and take a sexual assault history
 - Consider gender sensitive and trauma informed care principles

- Be undertaken as part of an orientation process where practicable, with refresher training considered annually or biannually.
- 5.1.2.5 Build or strengthen partnerships with local key stakeholders such as the NSW Health Sexual Assault Service (SAS) and other sexual assault support agencies, the NSW Police Force, General Practitioners (GPs) etc.
- 5.1.2.6 Conduct an audit to assess the current level of gender sensitivity within the service so that priorities for action can be determined to increase safety and gender sensitivity, and repeat this audit every two years.
- 5.1.2.7 Assess the vulnerability of each consumer on their admission to the service, which should include any history of sexual assault or incidences of sexual disinhibition, and ensure care plans take account of this. (Note: this assessment can be part of any existing violence screening e.g. domestic violence, elder abuse etc).
- 5.1.2.8 Respond to a disclosure of sexual assault in accordance with the key actions at Appendix I of this policy directive until assessment of the consumer's clinical mental state determines otherwise (as detailed within the *Sexual Safety of Mental Health Consumers Guidelines*).
- 5.1.2.9 Ensure any information regarding a sexual safety incident is not disclosed without the consent of the consumer involved, except for the purpose for which the information was collected or the incident is identified as a sexual assault and:
 - The alleged perpetrator is a staff member
 - The consumer who has been assaulted is under 16 years of age
 - The consumer who has been assaulted is over 16 but under 17 years of age and in a care relationship with the alleged perpetrator in which case the incident must be reported to the NSW Police Force (see 5.1.2.11).
- 5.1.2.10 Provide staff with an opportunity to de-brief as required when a consumer discloses an incident of sexual assault or harassment to them, or they witness a sexual safety incident.
- 5.1.2.11 Report a sexual safety incident identified as a sexual assault as per the process outlined within the *Sexual Safety of Mental Health Consumers Guidelines*, and summarised at Appendix II of this policy directive.

5.2 Acute Inpatient Mental Health Setting

5.2.1 Responsibilities

Within this setting mental health services have an additional responsibility to:

- 5.2.1.1 Support consumers to be free from pressure to engage in sexual activity with another person, including the consumer's partner or spouse, while in the service environment.
- 5.2.1.2 Offer sexuality and sexual health education to consumers that is sensitive to each individual's culture, age and sexual orientation and is relevant to non-acute and residential settings.
- 5.2.1.3 Consider how changes to the physical environment of the service may improve sexual safety for consumers.
- 5.2.1.4 Respond to all disclosures of sexual assault or harassment according to the key actions as outlined in the *Sexual Safety of Mental Health Consumers*

Guidelines and summarised at Appendix I, until assessment of the consumer's clinical mental state determines otherwise.

5.2.2 Minimum Requirements

Within this setting, mental health services must also:

- 5.2.2.1 Ensure the sexual safety standards for the service highlight that sexual activity, regardless of its consensual nature, is not supported in an acute inpatient setting due to the extreme vulnerability of the consumer/s involved, as well as the vulnerability of the consumers that may witness any such activity, and reiterate this to consumers and their families, carers and partners.
- 5.2.2.2 Consult with consumers and carers involved with the service around the requirement for sexual safety and sexual health education for consumers and ensure that consumers are able to contribute to determining the topics such education should involve.
- 5.2.2.3 Work towards improving the physical environment of existing services, where practicable, and ensure new services are planned, to take account of sexual safety in accordance with the *Sexual Safety of Mental Health Consumers Guidelines*, which are supported by and aligned with the current Australasian Health Facility Guidelines for Adult Acute Mental Health Inpatient Units.
- 5.2.2.4 Organise for the senior clinician (where not involved in the allegation) to carry out an assessment of the clinical mental state of the consumer who has disclosed an assault or harassment within 24 hours.

5.3 Non-acute and residential mental health settings

5.3.1 Responsibilities

Within this setting mental health services have an additional responsibility to:

- 5.3.1.1 Consider how to appropriately and safely address the sexuality needs of consumers.
- 5.3.1.2 Ensure access to sexuality and sexual health education for consumers that is sensitive to an individual's culture, age and sexual orientation on topics relevant to non-acute and residential settings.
- 5.3.1.3 Consider how changes to the physical environment of the service may improve sexual safety for consumers.
- 5.3.1.4 Respond to all disclosures of sexual assault or harassment according to the key actions as outlined in the *Sexual Safety of Mental Health Consumers Guidelines* and summarised at Appendix I of this policy directive, until assessment of the consumer's clinical mental state determines otherwise.

5.3.2 Minimum Requirements

Within this setting, mental health services must also:

- 5.3.2.1 Ensure the sexual safety standards for the service recognise that sexual activity is a normal and healthy part of life and can be supported in a non-acute and residential setting provided that consent, capacity and safety issues are taken into account.
- 5.3.2.2 Have an understanding of the capacity of the consumers under their care to consent to sexual activity and if this capacity is in doubt, conduct an assessment of the consumer's clinical mental health status, communication skills and current level of knowledge and understanding regarding sexual and personal relationships. This assessment must be recorded in the consumer's collaborative care plan and reviewed on a regular basis.
- 5.3.2.3 Work with those consumers who lack the capacity to consent to sexual activity to explore solutions should they wish to engage in such activity.
- 5.3.2.4 Ensure consumers have access to condoms and sexual health information and advice.
- 5.3.2.5 Monitor the general wellbeing of a consumer or consumers involved in a sexual relationship and attempt to obtain an understanding of how this relationship may be impacting upon their wellbeing.
- 5.3.2.6 Consult with consumers and carers involved with the service around the requirement for sexual safety and sexual health education for consumers and ensure that consumers are able to contribute to determining the topics such education should involve.
- 5.3.2.7 Work towards improving the physical environment of existing services, where practicable, and ensure new services are planned, to take account of sexual safety in accordance with the *Sexual Safety of Mental Health Consumers Guidelines*, which are supported by and aligned with the current Australasian Health Facility Guidelines for Adult Acute Mental Health Inpatient Units.
- 5.3.2.8 Organise for the senior clinician (where not involved in the allegation) to carry out an assessment of the clinical mental state of the consumer who has disclosed an assault or harassment within 48 hours.

5.4 Community mental health setting

5.4.1 Responsibilities

Within this setting mental health services have an additional responsibility to:

- 5.4.1.1 Help consumers to access education that is sensitive to their culture, age and sexual orientation on topics relevant to the community setting if required.
- 5.4.1.2 Protect consumers from further contact with the alleged perpetrator if this is a staff member of the service and provide access to appropriate support if the alleged perpetrator is the consumer's family member, carer or friend or another consumer involved with the service.

5.4.2 Minimum Requirements

Within this setting, mental health services must also:

- 5.4.2.1 Consult with consumers around education needs and identify and advise consumers about existing educational materials or courses that may satisfy such a need.
- 5.4.2.2 Protect consumers from further contact with the alleged perpetrator if this is a staff member of the service and provide access to appropriate support if the alleged perpetrator is the consumer's family member, carer or friend or another consumer involved with the service.

6 IMPLEMENTATION

6.1 Process and timing

Implementation of this policy directive must be undertaken according to the implementation plan outlined at Appendix III. In recognition of the significant changes to current practice that must be made at a LHD level, and the investment required at a Ministry level to develop an appropriate and consistent training framework, implementation will need to be staged over a two year period. Implementation must be completed by June of 2014.

6.2 Monitoring and verification

Implementation by individual services should be monitored by each Local Health District via the Individual Service Implementation Monitoring Form at Appendix IV. Progress with implementation must be reported annually to the NSW Ministry of Health Mental Health and Drug and Alcohol Office until implementation is completed, in accordance with the following timeline.

First progress report due:	December 2013
Second progress report due:	June 2014
Third progress report due:	December 2014
Final progress report due:	June 2015

The template form at Appendix V will support this process. This form must be signed by the Local Health District Mental Health Director and submitted to the NSW Ministry of Health Mental Health and Drug and Alcohol Office.

7 ATTACHMENTS

- APPENDIX I - Key actions when responding to a sexual assault
- APPENDIX II - Reporting process for an incident of sexual assault
- APPENDIX III - Broad implementation plan
- APPENDIX IV - Mental Health Service Implementation Monitoring Form
- APPENDIX V - Local Health District Implementation Verification Form

APPENDIX I - Key actions when responding to a sexual assault

Step	Action	Information
1	Acknowledge and affirm the disclosure	Be non-judgemental, compassionate and understanding when a consumer discloses their experience of sexual assault or harassment and respond promptly, in accordance with the <i>Sexual Safety of Mental Health Consumers Guidelines</i> , whether the assault occurred prior to or after the consumer's admission.
2	Explore the disclosure	Provide the consumer with a safe, quiet, private space and gently encourage them to provide information about the assault. Ensure an assessment of the consumer's clinical mental state is undertaken within 24 hours in an acute inpatient setting and within 48 hours in all other settings before proceeding with next steps.
3	Establish and maintain safety	Assess whether the consumer is in current danger and the need for special accommodations to make the consumer feel safe, being mindful that it is the alleged perpetrator and not the consumer who has been assaulted that should be moved from the facility if required, unless the consumer who has disclosed the assault specifically requests otherwise or there are other extenuating circumstances.
4	Secure any evidence	Keep any clothing worn by the consumer at the time of the assault, ensure only the consumer handles these clothes, and secure the location of the assault if possible along with any CCTV footage of the area in which the incident occurred.
5	Offer support and options	Provide the consumer with advice and information regarding their options (Appendix D of the <i>Sexual Safety of Mental Health Consumers Guidelines</i>) so they can decide how they want to proceed. The consumer's wishes regarding how to proceed must be respected unless legislatively prohibited or they lack the capacity to make an informed decision (see Step 6).
6	Organise medical care	Encourage the consumer to seek immediate medical care to identify and treat any physical injuries and to discuss issues such as the risk of infection or pregnancy. Offer counselling as required and ensure consent is obtained for any forensic exam.
7	Assess capacity to make informed decisions	This assessment will need to include an evaluation of the consumer's capacity to understand their options, process and communicate information and effectively exercise their rights. If they are assessed as not having the capacity to make an informed decision regarding their options, any such decision should be delayed if possible until the consumer's capacity is restored. Alternatively, urgent application can be made for a Guardian to make some decisions.

APPENDIX II - Reporting process for an incident of sexual assault

Internally

- **To the Team Leader/Nursing Unit Manager, who must inform the Senior Manager.**
- **Through the Reportable Incident Brief (RIB) system** – RIB must be submitted within 24 hours when:
 - the alleged perpetrator is a staff member; or
 - the consumer who has been assaulted is under 16 years of age; or
 - the consumer who has been assaulted is over 16 but under 17 years of age and is in a care relationships with the alleged perpetrator.
- **Through the Root Cause Analysis (RCA) investigation process.**

Externally

- **To the NSW Police Force when:**
 - the consumer requests this and an assessment of the consumer's clinical mental state does not preclude this as a relevant step;
 - the alleged perpetrator is a staff member; or
 - the consumer is under 16 years of age; or
 - the consumer is over 16 but under 18 years of age and in a care relationship with the alleged perpetrator; or
 - the consumer does not have the capacity to make an informed decision, and the senior clinician has a duty of care to formally report the assault.
- **To the Child Protection Helpline (13 36 27) when:**
 - the consumer is a child under 16 years of age. The Helpline must also be contacted if the consumer is a child at risk of significant harm (which includes when they have had consensual sexual intercourse); or
 - the consumer is over 16 but under 17 years of age and in a care relationship with the alleged perpetrator.

APPENDIX III - Broad implementation plan

Local Health District (LHD)	Individual service
To be completed by June 2014	
<ul style="list-style-type: none"> Nominate a lead staff member to be responsible for driving implementation of the Guidelines and Policy Directive at LHD level Identify at least 2 'champions' who will work with the lead staff member to promote and support staff to implement the Guidelines and Policy Directive 	<ul style="list-style-type: none"> Nominate a staff member to be responsible for implementing and monitoring adherence to the Guidelines and Policy Directive at a local level
<ul style="list-style-type: none"> Promote the availability of the Guidelines and Policy Directive and encourage services to order adequate hard copies 	<ul style="list-style-type: none"> Order adequate hard copies of Guidelines to support ready access by staff, consumers and carers
<ul style="list-style-type: none"> Provide clear advice to services and key staff regarding the changes required in order to meet the <i>Sexual Safety of Mental Health Consumers Guidelines</i> and Policy Directive 	<ul style="list-style-type: none"> Introduce the Guidelines and Policy Directive to staff, consumers and carers involved with the service and communicate about implementation process Develop and implement a consultation strategy involving consumers, carers and staff to define and promote the sexual safety standards for the service Develop and implement a strategy to establish or build on local partnerships with key stakeholders, such as the local Sexual Assault Service and other sexual assault agencies, GPs, NSW Police Force, relevant Community Managed Organisations etc
<ul style="list-style-type: none"> Consult with services regarding training requirements and feed outcomes up to MHDAO Provide feedback to MHDAO on any draft training framework or materials developed 	<ul style="list-style-type: none"> Consult with staff, consumers and carers regarding training/education needs and feed information up to identified lead staff and champions Develop plan that identifies individual staff members to participate in training and consumers interested in education
<ul style="list-style-type: none"> Communicate with services to determine progress with implementation and request completion of the Individual Service Implementation Monitoring Form Complete and submit the Implementation Verification Form to MHDAO, according to specified timeline 	<ul style="list-style-type: none"> Complete Individual Service Implementation Monitoring Form

Local Health District (LHD)	Individual service
To be completed by June 2015	
<ul style="list-style-type: none"> Develop local policies and procedures to support services to meet the requirements of the <i>Sexual Safety of Mental Health Consumers Guidelines</i> and Policy Directive Develop processes and documentation to support services to review and assess their: <ul style="list-style-type: none"> level of gender sensitivity physical environment violence screening and admission processes reporting processes 	<ul style="list-style-type: none"> Review the following areas of service practice and assess against the Guidelines: <ul style="list-style-type: none"> level of gender sensitivity physical environment violence screening and admission processes reporting processes Based on the outcomes of the above assessment, develop and implement plans to improve these areas to support compliance with the Guidelines and Policy Directive
<ul style="list-style-type: none"> Promote the availability of the training once it is released by MHDAO and advise of the need for staff to participate 	<ul style="list-style-type: none"> Implement training/ education plan for staff and consumers Ensure future training plans factor in the need for refresher training
<ul style="list-style-type: none"> Communicate with services to determine progress with implementation and request completion of the Individual Service Implementation Monitoring Form Complete and submit the Implementation Verification Form to MHDAO, according to specified timeline 	<ul style="list-style-type: none"> Complete Individual Service Implementation Monitoring Form

APPENDIX IV - Mental Health Service Implementation Monitoring Form

Policy Directive: SEXUAL SAFETY – RESPONSIBILITIES & MINIMUM REQUIREMENTS FOR MENTAL HEALTH SERVICES

Mental Health Service Name			Date	/	/
Authorised by Service Manager	Name				
	Signature				
First progress report	<input type="checkbox"/>	Second progress report	<input type="checkbox"/>	Third progress report	<input type="checkbox"/>
Final progress report	<input type="checkbox"/>				
Has your service.....	NOT COMMENCED	UNDERWAY	COMPLETED		
Nominated a staff member to be responsible for implementing and monitoring adherence to the Guidelines and Policy Directive at a service level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ordered adequate hard copies of Guidelines to support ready access by staff, consumers and carers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Introduced the Guidelines and Policy Directive to staff, consumers and carers involved with the service and communicated about the implementation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Developed and implemented a consultation strategy involving consumers, carers and staff to define and promote the sexual safety standards for the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Developed and implemented a strategy to establish or build on local partnerships with key stakeholders, such as the local Sexual Assault Service and other sexual assault agencies, GPs, NSW Police Force, relevant Community Managed Organisations etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reviewed the following areas and assessed against the Guidelines? <ul style="list-style-type: none"> The level of gender sensitivity within the service The practical environment or layout of the service The service's violence screening and admission processes The service's reporting processes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Developed and implemented plans to improve these areas , based on the outcomes of the above assessment, to support compliance with the Guidelines and Policy Directive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consulted with staff, consumers and carers re training/education needs and provided this feedback to identified LHD champions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Developed a training and education plan that identifies which staff must participate in training and which consumers are interested in education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Implemented your training and education plan for staff and consumers upon the release of the new training based on the Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SUBMIT COMPLETED FORM TO THE MENTAL HEALTH DIRECTOR AT LOCAL HEALTH DISTRICT					

APPENDIX V - Local Health District Implementation Verification Form

Policy Directive: **SEXUAL SAFETY – RESPONSIBILITIES & MINIMUM REQUIREMENTS FOR MENTAL HEALTH SERVICES**

LOCAL HEALTH DISTRICT		Date	/	/
Verified by Mental Health Director	Name			
	Signature			
First progress report <input type="checkbox"/> Second progress report <input type="checkbox"/> Third progress report <input type="checkbox"/> Final progress report <input type="checkbox"/>				
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance	
1. Lead staff member and champions nominated to drive implementation of the Guidelines and Policy Directive at LHD level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
2. Availability of the Guidelines and Policy Directive promoted and services encouraged to order adequate hard copies of Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
3. Local policies and procedures developed and disseminated to support services to understand and meet the requirements of the Guidelines and Policy Directive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
4. Review undertaken by services regarding the changes required to service delivery and practices to meet the Guidelines and Policy Directive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
5. Plans developed and implemented by services to support compliance with the Guidelines and Policy Directive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
6. Services consulted regarding training requirements and outcomes communicated to MHDAO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
7. Available training and requirement to attend promoted to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
SUBMIT COMPLETED FORM TO MHDAO BY EMAIL AT MHDAO@doh.health.nsw.gov.au				