

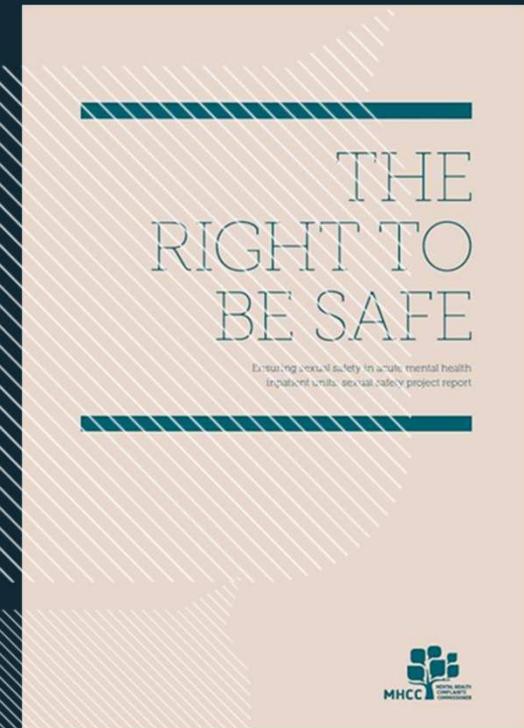


**Service responses to  
*Right to be safe* recommendations:  
Key areas of strength and areas for  
improvement**

**Chief Psychiatrist's Quality and Safety Forum**

**7 December 2018**

*Commissioner Lynne Coulson Barr*



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## Background- *Right to be safe* report

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- MHCC ‘Sexual Safety Project’ conducted 2017-18
- Report with recommendations produced under the MHCC’s statutory function: *to identify, analyse and review quality and safety issues and make recommendations for service improvement* (s 228(j) of the Act)
- Report launched at forum in March 2018
- Letter and report sent to CEO’s of all designated mental health services in March 2018
- Request for service responses sent in Sept 2018

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## ***Right to be safe- key messages***

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- Focus on sexual safety as a fundamental human right / breaches are violations of people’s human rights
- Obligations of services to provide a safe environment and uphold right to ‘security of person’
- Obligations under Charter of Human Rights & Responsibilities, National Mental Health Standards, National Safety and Quality Health Service Standards, UN Conventions/OPCAT
- Ensuring safety is foundational to achieving objectives of the Mental Health Act

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# Overall recommendation

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## To develop a comprehensive sexual safety strategy

- to plan, coordinate and monitor action to prevent and respond to breaches of sexual safety in acute mental health inpatient units
- to include a **clear policy directive with minimum requirements** for: infrastructure, policies & practices, staff training, reporting, including mandatory reporting to police, Chief Psychiatrist & department, self-assessments and audits
- to include a revised and expanded Chief Psychiatrist’s guideline to support services to meet their responsibilities

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# Report recommendations

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## Under s 228(j) of the Act, recommendations made to:

- Secretary, Department of Health and Human Services
- Chief Psychiatrist
- Mental Health Services

## Framework for recommendations:

- **Primary interventions:** primary prevention
- **Secondary interventions:** targeted prevention
- **Tertiary interventions:** responses to sexual safety breaches

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# Service responses- overall

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- Responses provided by all services
- Responses being reviewed and collated to share with DHHS, OCP and sector to inform ongoing work
- Identifying key areas of progress and areas for attention and support
- Several services taking a thorough approach to implementation eg:
  - ‘*Right to be safe*’ working groups
  - reviews of sexual safety policies and procedures
  - development of implementation plans
  - consultations with DHHS regarding potential pilot projects

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# Primary prevention recommendations

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## **Governance**

- Sexual safety incident category, service risk registers, statements of priorities

## **Leadership**

- Service cultures, workforce capability, coproduced resources, peer support

## **Trauma-informed care**

- Implement as a primary prevention strategy

## **Infrastructure**

- Audits, minimum requirements, piloting of women-only units, flexible areas, prioritisation for maintenance and repairs

## **ICAs**

- Improvement plan for ICAs, alternative strategies for those at risk/vulnerable
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# Secondary: targeted prevention

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## Orientation to units

- Clear verbal and written explanations, expectations of behaviour, safety plans

## Risk assessments

- Include risk factors associated with vulnerability, dynamics of the unit

## Recognising and responding to diversity

- Ensure approaches are informed by understanding and knowledge of diversity of needs and particular risks associated with gender, sexuality, culture, disabilities, age and backgrounds

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# Tertiary interventions recommendations

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## Trauma-informed responses

- Identify minimum skills, knowledge and capabilities for initial disclosures and to lead responses to allegations and incidents

## Open disclosure

- Specific guidance on skills and approaches, supports and training

## Reporting to, and working with Victoria Police

- Clear guidance on duty of services to report to police, and collaboration with police on responding to sexual safety breaches

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# Tertiary interventions (cont.)

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## **Incident reporting**

- Minimum ISR 2 and requirements for escalation, oversight and monitoring

## **Investigation standards**

- Guidance and requirements consistent with other service types

## **Documentation standards**

- Requirements for clear and factually accurate terms and records

## **Discharge planning and referrals**

- Information on breach, plans for support/referrals and future admissions

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## Next steps

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- Follow up with services about practice initiatives to share and clarification of responses
- Collation of responses to share with DHHS, OCP and services
- Discussion of responses in regular meetings with services and in assessments of complaints where appropriate
- Further work with DHHS, OCP and services on implementation of recommendations



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