

Environmental considerations

Environment is a significant consideration when determining risk, as it can both mediate and increase risk. Environment includes the clinical setting and person's location within it. Both inpatient and community settings have their own risk issues. Clinicians need to safeguard the rights of vulnerable adults as they experience higher rates of victimisation and adverse events. Acute mental health settings are recognised as high-risk sites for sexual assault.

Promote clear channels of communication by which staff and consumers can voice any safety concerns in a safe and transparent environment. Clinicians have a responsibility to consider a person's capacity to consent, and to intervene where appropriate, if the person's safety is compromised. Key barriers to speaking out include attitudes towards power and gender, and cultures of silence.

The following sections provide tips on environmental risk factors and how to manage them for consumer and staff safety.

Inpatient/residential settings

These include:

- Acute Mental Health Unit
- Emergency Department
- High Dependency Unit / Psychiatric ICU
- Secure mental health units (e.g. Forensic Mental Health units, Medium Secure units)
- Community Care Units, extended rehabilitation units
- Step up / step down facilities

Physical environment considerations:

- privacy and confidentiality in limited space/time
- cultural safety and safe spaces
- security/searches
- lighting, noise, crowds, smells
- mixed gender environment
- higher male to female ratio
- structural layout
- geographical proximity – mixed gender

- higher concentration of people who have severe and complex mental health needs
- ligature risks
- high risk time periods, e.g. assembling, crowding, activity, queuing, waiting.

Sexual health and safety

People may present with sexual disinhibition and compromised ability to make informed decisions. This can make them or others vulnerable to exploitation or abuse. A safety management plan should be created for any individual exhibiting sexually disinhibited behaviour, or where they have a history of sexual disinhibition.

For inpatient settings, knowledge of a person's sexual orientation and gender identity may help staff to accurately identify sexualised behaviour or vulnerability. Consider if the person could experience prejudice or harassment from other consumers in the unit.

Protective factors

Security measures, staff numbers, frequency of observations and courtesy locks can all mitigate risk.

Gender neutral individual bathrooms and bedrooms (not shared) can increase safety for consumers. Where this is not available, gender specific facilities with close observation and supervision can improve safety.

Raise sexual health and safety routinely as a discussion point at MDT reviews and document this.

Risk factors for consumers:

- trauma background and triggers
- cultural safety needs
- impaired insight and judgement
- understanding of 'informed consent'
- sexual disinhibition
- visitors, relatives and family tensions.
- person to person interaction (contagion and discord)
- impaired cognitive functioning

- low sensory tolerance/threshold e.g. noise, personal space, lighting
- dynamics: consumer turnover, change, bullying, stealing, and property damage.

Community settings

- community mental health services
- home environment
- non-clinical residential
- school based.

Consider the vulnerabilities that may be present in these settings.

Physical environment considerations:

- cultural safety and inclusivity
- privacy and confidentiality
- busy waiting rooms
- mix of adults and children
- bright lights, noise, smells
- child friendly spaces and setting.

Sexual health and safety

A person's capacity to consent to sexual activity must be assessed, and clinicians should inform people about the meaning of consent.

Alcohol and drug use may impact on capacity to consent through the effects of intoxication on decision making.

A safety management plan should be created for any individual exhibiting sexually disinhibited behaviour, or where they have a history of sexual disinhibition.

Consider a person's capacity to consent when you are made aware of sexual safety incidents. In circumstances where you suspect the person was unable to freely provide consent to engage in sexual activity, further discussion with the multidisciplinary team should occur to determine which interventions are appropriate to maintain safety.

Protective factors

Staff can provide information and education regarding safe sex practices to assist persons to understand coercion tactics and the meaning of sexual consent. Staff should endeavour to link consumers to other

services that meet broader sexual health needs, including GPs.

People who are being treated in the community can have risks mitigated through education, information and linkage to appropriate support services.

Risk factors for consumers:

- impaired insight and judgement
- understanding of 'informed consent'
- sexual disinhibition.

Moderators: education for consumers and clinicians on behaviour expectations and help seeking strategies, role modelling, and supportive worker presence.

Environmental Checklist

Physical design can contribute to a safe and comfortable environment. However, physical design alone cannot completely ensure safety and privacy. It is equally important that services follow practices that minimise risks and provide a safe environment that fosters trust and feelings of security.

Steps can be taken in any unit to make it safer and to prevent unsafe or non-consensual sexual activity. These include:

- adopting a unit policy that persons are not permitted in each other's rooms
- allocating a bed or room that affords the greatest level of safety to vulnerable persons or those at risk of harming others; for example, near the staff hub or station, in a gender specific area, shared room or high dependency area
- noting communal or outdoor areas where there is a reduced staff presence, as high-risk areas that may require an increased level of observation
- assigning same-sex persons to adjoining bedrooms
- ensuring locks on ensuite doors or well-identified secure, private toileting and bathing facilities
- designating separate unit areas for men and women such as bedroom corridors, lounge areas and bathroom facilities
- considering gender identity, sexual orientation, and vulnerabilities to inform decisions about placement and location.

REFERENCES

Bowers, L. (2014). Safewards: a new model of conflict and containment on psychiatric wards. *Journal of Psychiatric and Mental Health Nursing*, 21(6), 499-508. doi:10.1111/jpm.12129

Managing ligature risks in Queensland public mental health alcohol and other drug inpatient units 2016 https://qheps.health.qld.gov.au/_data/assets/pdf_file/0030/581943/ligaturerisk2016.pdf

McGarry, J. (2019). "Hiding in plain sight." Exploring the complexity of sexual safety within an acute mental health setting. *International Journal of Mental Health Nursing*, 28(1), 171-180. <https://doi.org/10.1111/inm.12514>

RESOURCES

Sexual health and safety guidelines Mental health, alcohol and other drug services 2016 https://www.health.qld.gov.au/_data/assets/pdf_file/0030/426828/qh-gdl-434.pdf

Safewards <http://www.safewards.net/images/pdf/Safewards%20model.pdf>

Therapeutic Visual Observation for Mental Health Alcohol and Other Drugs Services https://www.health.qld.gov.au/_data/assets/pdf_file/0018/1004670/qh-gdl-479.pdf