camh Centre for Addiction and Mental Health

Creating Sexually Safe Inpatient Environments within Mental Health Services: The CAMH Experience

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Defining the Problem: CAMH context

During 2013-14:

- 48 sexual assault events recorded via incident reporting system
- 32 unique clients (as perpetrators)
- 26 clients and 12 staff (as victims)
- 200% increase over 2012-13 data (with 15 incidents reported)

+ Defining the Problem: CAMH context

- Most incidents perpetrated by behaviorally-disinhibited male clients; 1 male client responsible for 14 incidents
- Most common type of sexual assault = “groping” of breasts or genitalia of victims (clients and staff)
- Majority of incidents occurred on mixed gender units

ACTION:

- Quality of Care Committee directed a sexual assault prevention taskforce be established & generate evidence-based mitigation strategies
- Endorsement of Senior Management Team

Defining the Problem: Broader context

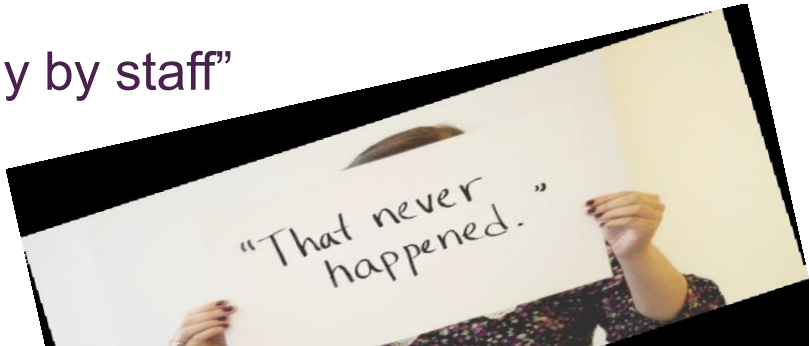
- Sexual activity, including sexual assault, does occur in inpatient psychiatric facilities
- Studies suggest majority of mental health clients do not report their experience of sexual assault or harassment
- Higher proportion of clients in inpatient mental health services today have complex needs, challenging behaviours; inpatient units have become more volatile
- Greater awareness of client vulnerability and promotion of sexual safety can prevent the occurrence of such adverse events

Taskforce Action Plan:

- Taskforce established March 2014
- Current State Analysis
- Literature Review
- Subject Matter Expert Interviews
- Review of relevant Policies
- Draft Report with Recommendations submitted June 2014
- Endorsement by Clinical Leadership Team August 2014
- New CAMH Sexual Safety Policy in place March 2015

Current State Analysis: CAMH Inpatient Units

- Risk assessment not consistently completed across inpatient units; questions not asked
- No structured assessment tool/guide available
- Staff discomfort with topic, education needs
- Client discomfort or reluctance to disclose
- Environmental issues (common in older buildings):
- Lack of private or gender-specific bathrooms
- Limited ability to have gender-specific corridors/lounges
- Poor lighting at night with reduced staff presence on units
- Client Feedback: “not being taken seriously by staff”



Literature Review: Findings

- 135 peer-reviewed articles + grey literature
- Mental health settings in Canada, USA, UK, Australia, New Zealand
- Majority of studies based on expert opinion & case reports
- No consistent definition of sexual assault
- Many examine best practices in management of sexual assault post-incident (not prevention)
- Innovative work on sexual assault prevention from Australia; a framework for creation of “sexually safe environments” within mental health services developed

What is Sexual Safety?

Defined as: “a state in which physical and psychological boundaries of individuals are maintained and respected…aligned with recovery principles”
(Government of Victoria, Australia, 2009)

•Patients, family members, visitors, staff, physicians, the public—all need to be considered in strategies to promote a sexually safe environment

Elements of a Sexually Safe Environment:

- Recognizes right of all to be free from inappropriate sexual activity
- Balances client autonomy with duty of care
- Clear policies about acceptable behaviour
- Recognizes client needs for privacy & personal space
- Recognizes need for regular sexual risk assessment
- Recognizes specific vulnerability of some clients due to history, illness, or need.
- Promotes treatment, client self-care and recovery
- Models positive relationships and respect
- Responds sensitively to client reports of sexual assault

Taskforce Recommendations:

1) Revise current policies to incorporate a sexual safety framework.
2) Prohibit sexual relations among clients on crisis or acute units.
3) Provide skills-training, education and ongoing clinical support to staff related to gender-sensitivity, trauma-informed care, and approaches to promote sexual safety.
4) Include client and families in the development of sexual safety policies/expectations.
5) Include gender-sensitive and trauma-informed approaches to care in all care pathways.

Taskforce Recommendations:

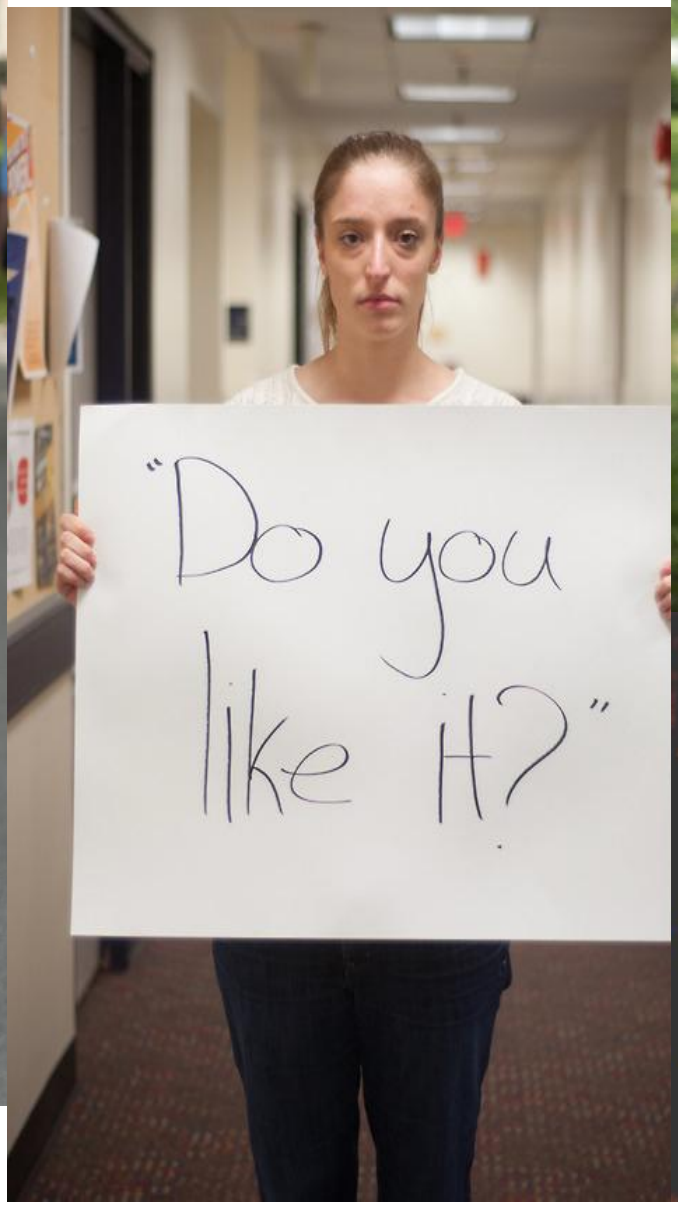
5)Develop standardized tool for the clinical assessment of clients at risk of sexual assault as well as clients likely to perpetrate a sexual assault.

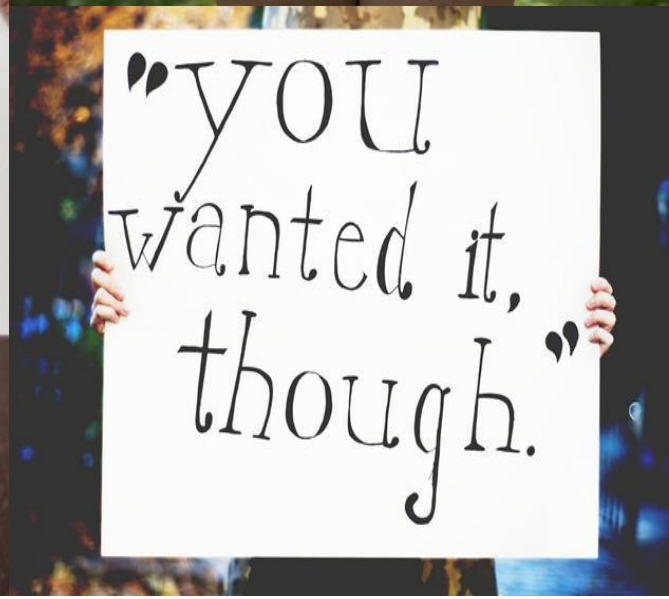
6)Managers should use incident data to trigger unit-based case conferences when clients are repeatedly identified as victims or perpetrators of sexual assault.

7)Review physical layout of current and future inpatient units to ensure these promote sexual safety

8) Incorporate question in annual Client Experience Survey which specifically asks inpatients if they feel safe from sexual harm on their unit

Therapeutic Responses?!





Thank you!