

Mental Health Alcohol and Other Drugs SIR Sub-Committee

Lessons and Learnings – October 2024

The following is a summary of lessons and learnings developed by the Clinical Excellence Commission, Patient Safety Directorate from Mental Health and Alcohol and Other Drugs Serious Incident Reviews. Consumer details been changed.

Individualised care planning

A care plan must be individualised and reflect the holistic needs of the consumer and other members of the household.

Background

A consumer with a history of complex trauma and substance use was brought to the Emergency Department via Ambulance following an intentional overdose. They had sole custody of a young child. Upon admission, the consumer disclosed several psychosocial stressors, including recent incidents of domestic violence, which led to the issuance of an apprehended domestic violence order (ADVO).

The consumer was voluntarily admitted to the inpatient mental health unit for assessment and treatment. However, provided care plans were pre-formulated and failed to adequately address critical issues such as drug and alcohol referrals, domestic violence screening and intervention, and child protection concerns. The consumer's care was later transferred to a Community Mental Health team, who did not make any meaningful adjustments to the care plan. Over ensuing months, the consumer was discharged from the community mental health team. Shortly thereafter, the consumer experienced a serious adverse event.

Discussion

The consumer presented with complex health needs and had sole custody of a young child. Several psychosocial issues, identifiable as both precipitating and perpetuating factors in formulation, were inadequately addressed in

their care plan. The absence of drug health, domestic violence screening and interventions, and mandatory child welfare screening, represented significant missed opportunities for holistic care.

In this case, a pre-completed care plan was utilised, which included generic goals and interventions. This approach did not cater to the specific needs of the consumer. Individualised care planning, developed in collaboration with members of the multidisciplinary team and the consumer, would have ensured a more effective and comprehensive approach.

The consumer had sole custody of a young child, yet documentation regarding the potential risks to the child was limited.

NSW Health Child Wellbeing and Child Protection Policies and Procedures ([PD2013 007](#)) outline the professional and legal responsibilities of health workers to promote the health, safety, welfare, and well-being of children and young people. This policy mandates child protection training for health workers, particularly those working with adults who have children in their care, where parenting capacity may be in question (e.g., mental health and drug and alcohol services). Decision-making tools, such as the Mandatory Reporters Guide, assist in evaluating the level of risk to a child, young person, or unborn child and determining appropriate initial actions.

In this case, there were opportunities to enhance routine domestic violence screening and intervention.

NSW Health Domestic Violence Routine Screening ([PD2023_009](#)) Policy outlines requirements and procedures to support the safe implementation of routine domestic violence screening and the response to disclosures. Adhering to this policy could have facilitated early identification and intervention, thereby improving the consumer's trajectory, and possibly their child's, overall care and safety.

Mental health services – sexual safety requirements

There are minimum sexual safety requirements in mental health services.

Background

A consumer was admitted to a Mental Health Inpatient Unit. Several weeks into their admission they reported a sexual safety incident involving another mental health consumer (alleged perpetrator). A Serious Adverse Event Review identified additional sexual safety incidents involving the alleged perpetrator that were not reported in the incident management system.

Discussion

In this case, several systems issues were identified related to implementation of NSW Health Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services Policy ([PD2013_038](#)). In response to this incident, it was determined that PD2013_038 and [GL2013_012](#) were to be re-implemented. PD2013_038 (see Appendix 1) and GL2013_012 (Section 5) includes key actions when responding to sexual assault and sexual harassment incidents including:

- Acknowledge and affirm the disclosure
- Explore the disclosure
- Establish and maintain safety
- Secure any evidence
- Offer support and options

- Assess capacity to make informed decisions
- Organise medical care.

The review identified sexual safety incidents were not always reported and recorded. PD2013_038 (Appendix 2) and GL2013_12 (Section 6) outlines requirements to appropriately report and record sexual safety incidents. Sexual safety incidents should be reported to managers and in some circumstances, external notification to NSW Police and Child Protection Services is also required. Sexual safety incidents are to be reported in the incident management system and the NSW Health Incident Management Policy Directive ([PD2020_047](#)) also applies.

The review also noted that not all staff had received sexual safety education and that a formal education program had not been conducted since prior to the COVID-19 pandemic. It was also recommended that more comprehensive sexual safety information for consumers was required.

It is a requirement of PD2013_038 that mental health staff are provided with training and education to enable them to:

- Effectively promote strategies to support sexual safety and prevent sexual assault and harassment; and
- Respond appropriately and sensitively to sexual safety issues involving mental health consumers, both within the service environment and within the community; and
- Integrate trauma-informed care principles into all aspects of treatment.

Since this SAER was completed, the MHAOD SIR Sub-Committee has learnt that sexual safety modules that were previously removed from My Health Learning, are being reinstated and that a new sexual safety training program is to be developed. Managers are encouraged to ensure all staff are up to date with sexual safety training.

If you have any questions or comments about this report, email <mailto:CEC-PatientSafety@health.nsw.gov.au>

Relevant NSW Health Policy and Guidelines

- Child Wellbeing and Child Protection Policies and Procedures ([PD2013 007](#))
- Domestic Violence Routine Screening ([PD2023 009](#))
- Incident Management Policy Directive ([PD2020 047](#))
- Sexual safety – Responsibilities and Minimum Requirements for Mental Health Services ([PD2013 038](#)) and ([GL2013 012](#))

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