Government of Western Australia
Department of Health

**Policy Frameworks**
MP 0181/24
Effective from: 15 January 2024

# Safety Planning Procedures for Mental Health Consumers

This procedure supports the application of MP 0181/24 *Safety Planning for Mental Health Consumers Policy* and is applicable to all Health Service Providers (HSPs) and health professionals that provide public mental health services, including through emergency departments (EDs).

The aim of these safety planning procedures is to identify and minimise preventable harm to mental health consumers whilst receiving health care.

This procedure outlines measures to be undertaken by HSPs and health professionals to ensure policy compliance. HSPs must develop local procedures that align with the information contained in this document. All safety planning procedures must be sensitive to diverse sexualities and genders (LGBTQIA+). They must also be culturally sensitive and appropriate for consumers from an Aboriginal or ethnoculturally and linguistically diverse background.

## 1. Procedural Requirements

## 1.1 Identifying and Assessing Risk

The purpose of assessing risk is to establish and agree on the actions to be undertaken in the clinical care of each mental health consumer and to ensure the safety of consumers, carers, staff and members of the public.

Potential risks to mental health consumers are extensive and include, but are not limited to, suicide, violence and aggression, going missing from a service, sexual safety concerns, deterioration in physical health, self-neglect, exploitation, reputational damage and homelessness.

**Health professional responsibilities**
To conduct risk assessment of mental health consumers, health professionals must:

- undertake collaborative risk assessments with consumers and, where possible, carers and family, at the following times:
  - at activation
  - at admission
  - throughout the episode of care
  - prior to, and on return from, new leave episodes. It may not always be necessary to undertake a new formal risk assessment for every episode of leave once the risks for the type of leave episode have been identified, e.g. the consumer going for a coffee. Clinical discretion and judgement should be used on a case-by-case basis
  - prior to change of setting, transfer of care and/or discharge
  - following a change in clinical status, such as increased acuity

- document all identified risks in the Risk Assessment and Management Plan (RAMP) - Adult or the Risk Assessment and Management Plan (RAMP) - Child and Adolescent as appropriate. Health professionals in non-mental health sites such as EDs may use appropriate equivalent documentation
- develop a safety plan which addresses all identified risks and includes a review timeframe for each mental health consumer who is assessed to be at risk
- conduct corroborative interviews with carers and family where possible
- seek corroborative information from other service providers, e.g. General practitioners, private psychiatrists, community support services and cultural representatives connected either professionally or personally with Aboriginal consumers
- assess and review both short and long-term risks frequently, as risks may change over time depending on the circumstances and update the safety plan accordingly.

## 1.2 Developing Safety Plans

Safety plans promote safety and support the recovery of the mental health consumer identified to be at risk. The Consumer Safety Plan can be used for developing individual consumer plans, or HSPs may develop their own service-specific documentation in accordance with section 1.2.1. of these procedures, which will then be used for individual consumers.

**Health professional responsibilities**
Health professionals must:

- develop safety plans in collaboration with the consumer and, where available, with their carers and family. For Aboriginal consumers, in the absence of family, a cultural consultant should be engaged to support development of the safety plan
- document initial safety planning in the risk management plan section of the RAMP. Health professionals in non-mental health settings such as EDs may use appropriate equivalent documentation
- develop safety plans for individual consumers where risks are identified which can be incorporated as part of the Treatment, Support and Discharge Plan (TSDP) outlined in the *Mental Health Act 2014*
- revise and update the safety plan regularly and at points of significant transition in care, including at activation, at admission, throughout the episode of care, prior to, and on return from new leave episodes, prior to transfer of care and/or discharge and/or following a change in clinical status, as these represent times of potential increased in risk
- give a copy of the safety plan to consumers, and carers and family where appropriate, and discuss the plan with them.

### 1.2.1 Safety **Plan** requirements

HSPs may develop their own service specific safety plans. These safety plans must:

- recognise a person's individual risk by identifying specific triggers and circumstances which may compromise safety
- describe how responsibility for safety will be shared by specifying agreed actions and roles in the safety plan for the consumer, their carers and family and health professionals (including their duty of care). As part of this process, consumer and carer education must be provided by health professionals
- include strategies to reduce risk and enhance safety which:

  - take into account the views of the consumer and their carers and family in identifying which interventions are likely to work
  - consider the views or observations of other professionals involved in the consumer's care
  - link to the consumer's strengths and their recovery/life goals
  - enhance the consumer's capacity to keep themself safe
  - are culturally safe
  - empower parents/guardians to safeguard children/adolescents by being active participants in safety planning.
- identify the actions to be taken, when and by whom in the event of a crisis
- identify how the consumer, their carers and family, and the health professional will regularly monitor the consumer's safety
- detail the responsibilities of health professionals for follow up
- schedule times for regular reviews of the safety plan. Additionally, reviews are to be conducted when it is identified that safety arrangements may need to be updated and during periods of heightened risk
- include culturally safe practices or approaches that address the needs of Aboriginal people and those from an ethnoculturally and linguistically diverse background
- are sensitive to diverse sexualities and genders (LGBTQIA+).

## 1.3 Clinical care of people who may be suicidal

To support the clinical care of people who may be suicidal, the following measures must be undertaken by HSPs and health professionals.

**HSP responsibilities**
HSPs must:

- provide ongoing training to ensure health professionals who are likely to encounter mental health consumers who may be suicidal are competent in suicide safety assessment and management
- conduct an annual thematic review of all reportable suicide or attempted suicide incidents, covering the previous 12-month period, to identify common factors or trends
- review reported suicide or attempted suicide incidents to identify lessons learned and improve the knowledge and skills of health professionals and health care teams
- adopt clear protocols for post-incident management
- ensure collaboration between mental health services and EDs to align local protocols for mental health consumers who are at risk of suicide presenting to ED.

**Health professional responsibilities**
Health professionals must:

- conduct early assessment and timely reassessment of consumers who may be suicidal
- document information regarding safety planning for the consumer's care. This must be shared with the consumer, their carers and family, and other services/ agencies, unless there are exceptional circumstances, for example, if the treating health professional considers it is safe to abide with an explicit request from the consumer that information is not shared with others (which must be documented in the clinical file)
- counsel the consumer and/or carers and family on the prevention of access to lethal means

- attempt to make direct contact as soon as possible after discharge, and at least within 24-48 hours, with a mental health consumer who may be at risk of suicide or as agreed in the consumer's safety plan
- following an incident, review the consumer's safety plan and update as required.

Refer to the 'Principles and Best Practice for the Care of People Who May Be Suicidal' for additional advice.

## 1.4 Clinical care of people who may be at risk of becoming violent or aggressive

To support the clinical care of mental health consumers who may be at risk of becoming violent or aggressive, the following measures must be undertaken by HSPs and health professionals.

**HSP responsibilities**

HSPs must:

- provide appropriate training and development that includes clinical supervision for mental health professionals who are likely to encounter mental health consumers who may exhibit violent or aggressive behaviour regarding:
  - respectful treatment of mental health consumers and the safe application of de-escalation techniques where necessary
  - minimising the risk of violent or aggressive incidents, including episodes between mental health consumers
  - early decision making for sedation (where this may be appropriate), including monitoring, awareness of current medical conditions and potential adverse effects
- provide appropriate training for other clinical and non-clinical staff in consumer-facing roles on the respectful treatment of mental health consumers and the safe application of de-escalation techniques where necessary
- conduct an annual thematic review of all reportable violent and aggressive incidents, covering the previous 12-month period, to identify common factors or trends
- conduct routine reviews of reportable violent and/or aggressive incidents to inform and enhance the knowledge and skills of mental health professionals and non-clinical staff involved in the consumer's care
- conduct regular reviews of service configuration and provision to determine if they contribute to the risk of people becoming violent or aggressive, and manage any risks identified
- develop and monitor strategies to maximise the safety of consumers, staff and the public
- develop clear processes following a violent or aggressive incident, which include staff support, formal review of the safety plan and timely alerts to other agencies or organisations involved in the mental health consumer's care.

**Health professional responsibilities**

Health professionals must:

- conduct early assessments and timely reassessments of consumers who may be at risk of becoming violent or aggressive
- document information regarding safety planning for the consumer's care, which must be shared with the consumer, their carers and family, and other services/agencies, unless there are exceptional circumstances, for example, if the treating health professional

considers it is safe to abide with an explicit request from the consumer that information is not shared with others (which must be documented in the clinical file)
- following an incident, review the consumer's safety plan and update as required.

Refer to the 'Principles and Best Practice for Care of People Who May Be at Risk of Exhibiting Violent or Aggressive Behaviour' for additional advice.

## 1.5 Ensuring the sexual safety of mental health consumers

To ensure the sexual safety of mental health consumers, the following measures must be undertaken by HSPs and health professionals.

**HSP responsibilities**
HSPs must:
- provide training and support for staff to enable them to respond appropriately to the sexual safety needs of mental health consumers
- develop and implement procedures specific to the sexual safety needs of the mental health consumers accessing their service, including in relation to early identification and responses to sexual safety risks
- address factors that impact the sexual safety of mental health consumers, including the physical environment, provision of gender specific/safe spaces, staffing levels and staffing profiles and processes on admission
- ensure a service culture that is sensitive to diverse sexualities and genders (LGBTQIA+) and promote sexual safety.

**Health professional responsibilities**
Health professionals must:
- recognise factors that impact the sexual safety of mental health consumers including:
  - the physical environment
  - use of gender specific/safe spaces
  - higher risk times of the day
- deliver trauma-informed care
- follow processes on admission and orientation to the ward that ensure people are aware of behavioural expectations and how to alert staff to risks or to call for help
- provide daily therapeutic activities for inpatients
- recognise priority groups that are particularly vulnerable to sexual or predatory risk (e.g. children and adolescents, and consumers who display sexual disinhibition as part of their mental health issues, such as mania)
- assess consumers' capacity to provide sexual consent
- be vigilant to, assess and manage potential perpetrators of sexual safety incidents.

Refer to the 'Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia' for additional advice.

## 1.6 Follow up information for mental health consumers on discharge from hospital emergency departments

**Health professional responsibilities**
Health professionals must:

- provide written mental health emergency and follow-up information to mental health consumers (and, with consent, also to their carers and family) discharged from EDs, in addition to the requirements of MP 0095/19 *Clinical Handover Policy*
- document that written follow-up information has been provided to the consumer, in the clinical file. If the responsible health professional decides that it is inappropriate to provide the consumer and/or their carer or family member with written information, the reasons must be documented in the clinical file.

Written follow-up information must include, at a minimum, the following:

- the contact numbers for 24-hour mental health emergency response services
- if the individual is being referred to, or usually attends, another service for mental health care, the name and contact details of that service and, if possible, written information regarding an appointment date and time. If an appointment with the referred service or usual service cannot be made at discharge, the name, contact number, address and normal opening hours of the service must be provided.

**This document can be made available in alternative formats on request for a person with a disability.**