

# Recommendation 13: Addressing gender-based violence in mental health facilities

Analysis prepared for the Women's Mental Health Alliance by Women's Health Victoria

## Summary

The Alliance welcomes Recommendation 13 and the Commission's strong position on the need for action to address gender-based violence in mental health facilities. Women's mental health advocates have been campaigning for decades to end the unacceptably high rates of sexual violence in mental health units. LGBTIQ organisations have campaigned to do the same for trans and gender diverse people, who also experience high rates of sexual and gender-based violence in healthcare.

The Alliance does not accept that gender separation should only occur 'where possible' outside high dependency units. Women and gender diverse people must be guaranteed safety in the acute system by placing obligations on services and providing funding and supports to create dedicated gender-separated units.

The Alliance is concerned that women's safety in community- and home-based mental health services is not addressed in Recommendation 13 or in the wider report. Similarly, while gender-sensitive care, treatment and support is recognised as needed in women's-only inpatient units, the need for a gender-sensitive approach to be embedded across all mental health services is not recognised.

The success of gender-separated units and creation of a safe environment for women and gender diverse people is dependent on having a workforce that is competent and confident to prevent and respond to gendered violence, as well as sufficient staff of the same gender to staff gender-separated facilities. This is in addition to investment in capital infrastructure.

The failure of the existing (2011) guideline for promoting sexual safety in inpatient units to improve women's safety suggests that workforce training, organisational capacity-building and system-wide culture change will be required to embed the (updated) guideline in mental health practice.

## Strengths and opportunities

- The strong wording in the report – which describes gender-based violence in inpatient units as 'unacceptable' and declares that 'compromise is no longer acceptable when it comes to ensuring mental health facilities are free from sexual and gender-based violence' (p 635) – makes clear that action on gender-based violence is an urgent priority.
- The Royal Commission has recognised the urgent need to address gender-based violence in high dependency units and has stated that these units 'must not operate' unless they are gender separated.
- The recommendation includes both new builds and retrofitting existing facilities.

- The Royal Commission recommends the new Mental Health & Wellbeing Commission 'as a matter of priority, use its full suite of powers to monitor and address the incidence of gender-based violence in mental health facilities' (p 635).
- The Commission expects that treatment, care and support delivered in women-only inpatient environments be gender-sensitive, including 'consideration of: reproductive influences on mental illness that are unique to women; how lived experiences of trauma may have affected a woman's support needs before entering the service, such as sexual assault and family violence; and ensuring that disclosures of violence are never trivialised, dismissed or met with disempowering responses from staff'.
- The Productivity Commission's recent report on mental health made a similar recommendation for gender segregation in inpatient units (but only for new builds and where other renovations are taking place), indicating an opportunity for state and federal governments to work together to progress implementation.

## Gaps and risks

- The Royal Commission acknowledges that gender-separated wards have been recommended multiple times before, but that these recommendations have not been implemented effectively or at all. It is therefore concerning that, while the wording in the main report is strong, the wording of the recommendation itself is less definitive:
  - The Royal Commission recommends that all new inpatient facilities be designed to enable gender separation, but does not actually mandate gender separation in new facilities;
  - The main text says high dependency units 'must not operate' unless they are gender separated, but they will not be phased out until mid-2022, which raises questions about their status for the next 12+ months;
  - Communal spaces in new facilities are only to be separated 'as required' and existing facilities are only to be gender-separated 'where possible' by the end of 2026. The Royal Commission does not specify who determines when gender separation is possible or required or on what basis.
- Violence against women perpetrated by staff is not addressed in the report.
- The Royal Commission recommends increasing compliance with the current guideline for promoting sexual safety in inpatient units. This guideline (which is currently under review) is ten years old and has not led to demonstrable improvements in women's safety in the acute system.
- The need for workforce development and organisational culture change to ensure effective implementation of gender-separated units is acknowledged in the main text, but is not included in the recommendation itself, which is focused on capital infrastructure. This is very concerning as we know that the success of gender-separated units and creation of a safe environment for women is dependent on having a workforce that is competent and confident to prevent and

respond to gendered violence, as well as sufficient staff of the same gender to staff gender-separated facilities. A 2020 study found that health professionals in Victorian acute psychiatric inpatient settings had a poor understanding of gender-sensitive care, and avoided responsibility for implementing it.<sup>1</sup>

- The recommendation is limited to bed-based services, whereas the remainder of the report recommends sweeping changes to the delivery of mental health services, including a shift towards more community- and home-based services and streaming of services for younger and older people, which may also pose safety risks for women.
- While the Commission recognises the need for gender-sensitive treatment, care and support in women-only inpatient units, it is silent on the need for a gender-sensitive approach to be embedded across all mental health services.
- The recommendation is unclear on the implications of 'gender-separated' spaces for trans, gender diverse and non-binary people and how the safety of trans, gender-diverse and non-binary people in inpatient settings will be addressed.

## Implementation considerations

In implementing Recommendation 13, the Victorian Government will need to consider:

### Co-design

- Systematically integrate leadership and involvement of the full diversity of women, gender diverse and non-binary people with lived experience of mental health services (including carers) in the co-design, implementation, monitoring and evaluation of Recommendation 13.
- Ensure the involvement of the Women's Mental Health Alliance, the Women's Mental Health Network Victoria, the Victorian Mental Illness Awareness Council, organisations representing trans and gender diverse people, and other experts in implementing, monitoring and evaluating Recommendation 13.

### Scope of gender-separated services

- Guarantee women's safety in the acute system by placing obligations on services and providing funding and supports to create dedicated single gender units and gender separated communal spaces by 2026 – without discretion for services to determine where this is 'possible' or 'required'.
- Include measures to ensure the safety of women and girls as part of the co-design and implementation of all new mental health services recommended by the Royal Commission (including community- and home-based services). In particular, close consideration should be given to gender-separated spaces within other bed-based services (for example, new bed-based youth services).

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<sup>1</sup> O'Dwyer C, T. L., Fernbacher S, et al. Health Professionals' Experiences of Providing Trauma-Informed Care in Acute Psychiatric Inpatient Settings: A Scoping Review. *Trauma, Violence, Abuse*. (2020). Health Professionals' Experiences of Providing Trauma-Informed Care in Acute Psychiatric Inpatient Settings: A Scoping Review. *Trauma, Violence, Abuse*. doi:10.1177/1524838020903064

- Roll out gender sensitivity training and organisational capacity-building for all mental health workforces and services, not just gender-separated services. (This will also support public health services to meet their obligations under the *Gender Equality Act 2020*.)

### **Service guidelines on sexual safety and gender sensitivity**

- Ensure the guidelines on sexual safety and gender sensitivity (both currently under review) provide clear guidance for preventing violence and promoting a sexually safe culture and environment, as well as for managing risk and responding to incidents when they occur.
- Develop an implementation plan for the updated guidelines, which takes a whole-of-organisation approach to change, similar to the for Six Core Strategies for Reducing Seclusion and Restraint Use, including a detailed workforce development and organisational change plan.

### **Workforce development and organisational capacity-building**

- Ensure gender and trauma competency are included within the 'knowledge, skills and attributes required of a diverse, multidisciplinary mental health and wellbeing workforce' (Recommendation 58) and that training and organisational capacity-building in these areas is central to the workforce strategy and implementation plan in Recommendation 57.
- Ensure that gender sensitivity training addresses gendered attitudes and stereotypes to improve staff responses to women and gender diverse inpatients who report violent events.
- Ensure that gender-separated wards are staffed with workers of an appropriate gender – working with women and gender diverse people to identify their staffing preferences.
- Ensure adequate staffing levels to give staff more time to build trust with patients.

### **Interim recommendations**

- Consider how gender-separation is to be implemented in new beds being rolled out as part of implementation of the interim recommendations (i.e. new mental health beds in Epping, Geelong, Parkville and St Albans).
- Utilise the opportunity provided by the tender for a 35-bed specialist women's mental health service to pilot effective implementation of gender-separated wards and gender-responsive practice.

## Appendix

### Recommendation 13

The Royal Commission recommends that the Victorian Government:

1. ensure that all new mental health inpatient facilities:
  - a) are built and designed with the necessary scale and flexible infrastructure to enable gender-based separation in all bedrooms and bathrooms; and
  - b) provide separate communal spaces as required.
2. by mid-2022, ensure that existing high dependency units in inpatient facilities allow for gender-based separation.
3. review and retrofit existing inpatient facilities on a case-by-case basis to:
  - a) achieve gender-based separation where possible; and
  - b) as a matter of priority, ensure that each facility meets the minimum standards for gender safety set out in the Chief Psychiatrist's guideline: *Promoting sexual safety, responding to sexual activity and managing allegations of sexual assault in adult acute inpatient units*.
4. ensure that the Mental Health and Wellbeing Division supports mental health and wellbeing services to eliminate sexual and gender-based violence in bed-based service settings.