CHIEF PSYCHIATRIST
of Western Australia

Chief Psychiatrist's Standard

Sexual Safety of Consumers of Mental Health Services

Issued under section 547 of the Western Australian Mental Health Act 2014

November 2025

Version 1.2

Information available on the Chief Psychiatrist's website is current at the time of publication.
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https://www.chiefpsychiatrist.wa.gov.au/standards-guidelines/

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Version Control

Purpose	Statutory Requirement under the Mental Health Act 2014		
Relevant To	All mental health services		
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Acknowledgements

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of our State and its waters. We pay our respects to Elders who were, who are and who will be, and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

We acknowledge the individual and collective expertise of those with a living or lived experience of mental health, alcohol and other drug issues. We recognise their vital contribution at all levels, and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

We are committed to embracing diversity and eliminating all forms of discrimination in the provision of health and mental health services.

This document would not have been possible without the invaluable contribution from the Chief Psychiatrist's expert reference group, and the broader agencies and individuals involved in feedback.

Mental health services must comply with standards (s.190)

The person in charge of a mental health service must ensure that their service complies with applicable standards issued under s.547.

Scope of this standard

This standard applies to mental health services that fall within the oversight responsibilities of the Chief Psychiatrist under the MHA 2014. This includes public and private inpatient mental health units, public and private authorised hospitals, public community mental health services, private psychiatric hostels and non-government organisations (NGOs) providing clinical mental health services.

This standard applies to the treatment and care of all consumers of mental health services, including children, youth, adults, older adults and mentally impaired accused required to be detained in an authorised hospital.

Accepted Standards for the Mental Health Act 2014

The Chief Psychiatrist of Western Australia has adopted two sets of standards for Western Australia. They are:

- Clinical services: National Safety and Quality Health Service (NSQHS) Standards
- Other mental health services: National Standards for Mental Health Services.

Please refer to the relevant standards for your service.

The Chief Psychiatrist publishes additional standards and guidelines under section 547 of the *Mental Health Act 2014*, including this standard. Please also refer to the other CP standards and guidelines, available online: https://www.chiefpsychiatrist.wa.gov.au/standards-guidelines/

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Purpose of this Standard

This standard is issued under section 547 of the *Mental Health Act 2014* (MHA 2014). It must be read in conjunction with the Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia.

Everyone accessing mental health services has the right to feel and be psychologically and physically safe. This includes being free of, and feeling safe from, behaviour of a sexual nature that is unwanted, or makes a person feel uncomfortable, afraid or unsafe.

The Chief Psychiatrist's Sexual Safety Standard commits leaders to prioritising sexual safety at all levels of the organisation, to embedding it in the culture and day to day operations of mental health services, and to a set of overarching requirements laid out in this Standard and the Guidelines which underpin it.

It is also intended to support clinicians delivering care through the establishment of systems that prevent and manage specific risks of harm.

Development Process

This standard was developed by the Office of the Chief Psychiatrist.

This standard was based on the Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia, published in 2020. Development of the Guidelines was overseen by an expert reference group with comprehensive representation (refer to the guideline for details).

The following stakeholder bodies, including the members of the expert reference group and other relevant stakeholders, were then invited to contribute to the development of this standard.

- Child and Adolescent Health Service
  - Community services
  - Peer support services
- Consumers of Mental Health WA
- East Metropolitan Health Service
  - Community & inpatient services
  - Peer support services
- Health Consumers Council
- Life Without Barriers
- Mental Health Advocacy Service
- Mental Health Commission
- Mental Health Matters 2
- Mental Health Tribunal
- North Metropolitan Health Service
  - Community & inpatient services
  - Older adult services
  - Peer support services
  - Youth services
- Richmond Wellbeing
- Ruah Community Services
- Sexual Assault Resource Centre
- State Forensic Mental Health Service
- South Metropolitan Health Service
  - Community & inpatient services
  - Peer support services
- WA Country Health Service
  - Community & inpatient services
  - Peer support services

The Chief Psychiatrist would like to thank everyone who contributed their wisdom to the preparation of this standard.

1. Governance, Leadership and Culture

Aligns with Standard 1 – National Safety and Quality Health Service Standards, Section 2 of the Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services and the Charter of Mental Health Principles – *Mental Health Act 2014.*

Principles

Leaders at all levels recognise that everyone has a right to feel and to be safe and supported while accessing mental health services. This requires a culture where sexual safety is prioritised for everyone, and the particular safety issues faced by women in mixed gender environments are recognised. Operational, administrative and clinical leaders model a compassionate and open culture that promotes and demonstrates mutual respect, inclusion, and empowerment in its relationship between staff and consumers, between consumers and between staff.

Strategic and operational planning is based on principles of codesign and equity for the diverse groups of people who make up the community. Sexual safety is prioritised in business decision-making, planning and service delivery. Leaders ensure that there are effective systems in place to monitor and continuously improve the safety and quality of care for consumers.

Actions: Safety and quality systems

1.1	Mental health services have strategy, operational plans, and models of care which outline how the service will approach the diverse, specific and intersectional sexual safety needs of all people who access the service, including: • Women • Aboriginal people • Culturally and linguistically diverse groups • LGBTIQ+ people • Neurodiverse people • People with disabilities including neurocognitive disabilities • Children • Young people • Men • Older adults
1.2	Mental health services understand and recognise the prevalence and impacts of sexual trauma amongst consumers, and ensure that their operations are designed to support safety and avoid re-traumatisation during the provision of care.

1.3	The mental health service has policies and procedures for all settings that recognise the sexual safety needs of all consumers, reference the Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services and include: • The strategies in place to prevent sexual harassment, unwanted sexual behaviour and sexual assault of all people receiving treatment, visiting, or working at a mental health service. • Clear and practical guidance to staff about escalation of care in response to observed or reported sexual safety concerns, including use of visual observations and 1:1 support, especially during periods of lower staffing such as overnight. • Expectations of how sexual safety information is communicated during episodes of care, as part of information sharing and handover. • The service's procedure for responding to allegations or disclosures of sexual safety breaches, including actions to be taken in relation to the alleged victim, alleged perpetrator, other people in the mental health service setting, and staff.
1.4	The mental health service's system for collecting and reporting on safety and quality measures includes indicators relating to sexual safety.
1.5	The mental health service uses their risk management system to ensure that sexual safety risks are identified, reported, and managed.
1.6	The mental health service monitors how consistently sexual safety incidents are reported and interrogates their incident management system to review trends.
1.7	The mental health service reviews incident investigations to ensure that responses to sexual safety incidents are appropriate.
1.8	The mental health service's quality improvement processes support and encourage initiatives to improve sexual safety.
1.9	Training in sexual safety, including gender sensitive practice and trauma informed care, is mandatory for all staff working in mental health services (including peer workers, support workers, volunteers, security officers and other staff members), both at orientation and as refresher training at regular intervals.

Actions: Facilities

1.10	New mental health services have sexual safety specifically addressed in their designs and plans.
1.11	Single-occupancy bedrooms with private ensuite bathrooms are provided by inpatient and residential mental health services. Where legacy shared facilities remain: • Mental health services prioritise the retrofit of existing spaces to meet best practice in sexual safety, using a risk management approach. • Mental health services assess the sexual safety risks presented by their design and implement controls to mitigate risk.
1.12	Inpatient and residential mental health service bedrooms allow for privacy, including: • The facility for the occupant to lock the door. • Vision panels which are occupant-controlled. • The capability for staff to over-ride door locks and vision panel controls when clinically required. • Suitable screening of ensuite bathrooms to allow for privacy while maintaining safety.
1.13	Shared bathroom and toilet facilities in common areas of inpatient and residential mental health services allow for privacy, with the facility for the occupant to lock the door, with staff ability to over-ride when clinically required.
1.14	Inpatient mental health services have, within their footprint, gender-specific areas or spaces. This preferably includes a separate ward or wing, but could include separate lounges, groups of bedrooms or procedural arrangements that facilitate a safe space.
1.15	Inpatient mental health services support safety with the provision of technological solutions including closed-circuit television (CCTV), motion detectors, call bells and location-finding duress alarm systems.

2. Empowering and Supporting Consumers

Aligns with standards 2, 5, 6, 8 of the National Safety and Quality Health Service Standards and Section 2 of the Chief Psychiatrist's Sexual Safety Guidelines.

Principles

Consumers, support people and clinicians all have a role to play in contributing to the sexual safety of a service.

Consumers who have access to relevant information and are involved in decisions about their own care and safety can participate more fully in promoting and maintaining their sexual safety.

Support people with access to relevant information about sexual safety are better equipped to support the people they care for.

Actions: Partnering with consumers in the provision of care

2.1	Consumers and their support people are empowered by provision of clear, accessible information about their rights, expectations, acceptable and unacceptable behaviours, and how to seek more support or report a breach. Verbal, visual and written information in suitable formats is provided as part of the admission process, and through clear signage in inpatient and residential mental health services.
2.2	Mental health services ask consumers how they identify in relation to gender, and promote respect, dignity and safety through the use of gender sensitive approaches including asking about, recording, and using preferred names and pronouns.
2.3	Mental health services allocate staff of an appropriate gender to assist with personal care examinations and other assessments once valid and appropriate consent from the consumer has been obtained.
2.4	The mental health service provides both consumers and staff with the means to ensure and monitor their sexual safety and to rapidly call for assistance or escalate their concerns if necessary.
2.5	All consumers have a safety plan which identifies their sexual safety risks and strategies to manage the risk. The plan is developed in collaboration with them and, where appropriate, their support people.
2.6	As part of safety planning, mental health services recognise and address the behaviour of people who may re-traumatise others or perpetrate a sexual safety breach and collaboratively develop safety plans to manage individual consumers' risk.

2.7	The review of each seclusion or restraint event considers the privacy, dignity and sexual safety of the consumer during the restrictive practice, including provision of clothing, access to toilets, and gender of staff.
2.8	Mental health services have pathways to facilitate access to sexual and reproductive health care for all consumers including for those subject to involuntary treatment orders.
2.9	Mental health services seek consumer feedback about the sexual safety of the service.

Glossary: Definitions, acronyms and use of language

Aboriginal: Within Western Australia, the term 'Aboriginal' is used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to Torres Strait Islander colleagues and community.

Consumer: A person who accesses mental health services.

Support Person/People: Includes any of the following people who are supporting someone who is accessing mental health services: carer, close family member, nominated person, the parent or guardian of a child, any guardian or enduring guardian of an adult.

Staff: Where we refer to staff of mental health services, we are referring to employees of the mental health service, peer workers, volunteers, and contractors.

LGBTIQ+: As defined by LGBTIQ Health Australia, to include lesbian, gay, bisexual, transgender, intersex and queer people and other sexuality, gender and bodily diverse (LGBTIQ+) people and communities

Mental health service: An inpatient or community based service providing mental health treatment or care to people who may or may have a mental illness.

Inpatient mental health service: A mental health service which provides acute inpatient mental health treatment – either voluntary or involuntary.

Residential mental health service: Includes step-up, step-down services, community supported residential units and licenced private psychiatric hostels.

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