

**LEICESTERSHIRE PARTNERSHIP NHS TRUST**  
**STANFORD WARD**  
**SEXUAL DISINHIBITION CARE PLAN**

**Patient Name:**

**RMO:**

**Named Nurse:**

**LARIS No:**

**Date:**

**PROBLEMS/NEEDS**

.....is exhibiting sexually disinhibited behaviour as a result of their current mental health problems. This may lead to the patient &/or others being vulnerable & potentially at risk of exploitation.

**Current indicators of risk/sexual disinhibition**

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**OBJECTIVES**

1. To carry out a thorough & comprehensive risk assessment on an ongoing basis.
2. To work with the patient to promote & safeguard their well-being & dignity.
3. To minimise any potential or actual risk to ensure the safety of the patient &/or others.
4. To assist the patient in identifying & maintaining appropriate behaviour.

**CARE PLAN**

1. Nursing staff should carry out a comprehensive risk assessment in collaboration with the multi-disciplinary team & the patient. The risk assessment should be regularly reviewed and take into account:
  - Nature of the present problem & previous history
  - Detailed mental state assessment
  - Presenting behaviour & verbal communication (e.g. personal space, physical contact, inappropriate attire provocative language).
  - Development of close relationships with other patients.
  - Level of vulnerability/risk of exploitation
  - Pre – occupation with sexuality & sexual health
  - Level of insight & compliance with treatment

**CARE PLAN**

2. With the patients consent, liaise with the patient's significant other/carer to corroborate the assessment.
3. Discuss risk assessment with the MDT to formulate a clearly defined management plan & that it is reviewed on a regular basis.
4. Level of observation to be agreed based on the identified risks & in accordance with the Trust's observation policy.
5. Allow the patient the opportunity to discuss their concerns or emotions & work with them to increase awareness of their behaviour. Encourage appropriate behaviour & positive coping strategies.
6. Ensure that all relevant information is fully & accurately documented.
7. Following an incident or episode of disinhibited behaviour, any issues or problems should be dealt with in a sensitive & non – judgemental way.
8. Any disclosures or allegations regarding sexually disinhibited behaviour & sexual abuse should be treated very seriously & incidents reported as appropriate, in line with Trust Policy.
9. **Additional information/actions:**

Signature:  
Name/Designation:

Review Dates:

### **CLINICAL EFFECTIVENESS SOURCES**

- Code Of Professional Conduct (NMC, 2002)
- Practitioner/Client Relationships & The Prevention of Abuse (NMC, 2002)
- Clinical Risk Management (SCMH, 2000)
- Addressing Acute Concerns (Leics Partnership Trust, 1999)
- Acute Problems. A Survey Of The Quality Of Care In Acute Psychiatric Wards (SCMH, 1998)
- Assessing & Managing Risk (SCMH, 1998)