Chemical restraint - how you can support reduction accessible slides

# Slide 1

## Chemical restraint - how you can support reduction

Facilitator: Sarah Nicoll – NDS National Practice Lead, Zero Tolerance Initiative

Guest Presenter: Mandy Donley, National Director Behaviour Intervention Support Disability, Mental Health and Aged Care, Life Without Barriers

Supported through grant funding from the Australian Government

# Slide 2

## Learning Outcomes

1. Chemical restraint in Australia
2. Understanding medications and side effects
3. Conversations and collaborations
4. Why chemical restraint is used?
5. Questions and answers
6. Your role – how you can make a difference

# Slide 3

## Public Hearing 6: Psychotropic medication, behaviour support and behaviours of concern

"Chemical restraints impair a person’s human rights - a person’s freedom of movement, liberty, privacy, the right not to be subjected to cruel, inhuman or degrading treatment and the right to enjoyment of the highest attainable standard of health without discrimination on the basis of disability.

These are rights recognised by the Convention on the Rights of Persons with Disabilities (C.R.P.D.)."

- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2020) Public Hearing 6: Psychotropic medication, behaviour support and behaviours of concern. Opening Address: Kate Eastman S.C.

# Slide 4

Video: [STOMP](https://youtu.be/PdiLYnHPMrs)

Decorative image omitted.

# Slide 5

## Where is the life?

* Challenging
* Interesting
* Frustrating
* Hopeful
* Powerless
* Rewarding – I have supported reduction of chemical restraint
* Not sure – this is new to me

Decorative image omitted.

# Slide 6

## Chemical restraint in Australia URP’s for chemical restraint

Total: 269,680

Victoria: 19%

ACT: 2%

Queensland: 8%

Tasmania: 23%\*

South Australia: 11%

NSW: 33%

\*Please note: this was prior to the option to changes on the portal regarding the question "is authorisation required?”, thus impacting the data for Tasmania.

Source: NDIS Quality and Safeguards Commission (2020). Activity Report: 1 July 2020 to 31 December 2020

# Slide 7

## Chemical restraint in Australia

"The inappropriate use of psychotropics is common and includes overuse of psychotropic drugs to treat challenging behaviour"

-Trollor JN, Salomon C, Franklin C. Prescribing psychotropic drugs to adults with an intellectual disability. Aust Prescriber 2016; 39:126-30. Accessed at [Australian Prescriber](https://www.nps.org.au/australian-prescriber/articles/prescribing-psychotropic-drugs-to-adults-with-an-intellectual-disability) on 11/5/2021.

# Slide 8

## Welcome Mandy Donley

National Director Behaviour Intervention Support Disability, Mental Health and Aged Care, Life Without Barriers



# Slide 9

## Definition: Chemical restraint

"Chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person’s behaviour.

It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition."

[National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2020C01087)

# Slide 10

## Is it a chemical restraint?

Chemical restraint decision tree (see [NDIS Commission Regulated Restrictive Practices Guide [Word]](https://www.ndiscommission.gov.au/sites/default/files/documents/2021-03/regulated-restrictive-practice-guide-rrp-20200_0.docx) p13)

### Is the medication prescribed primarily to address a behaviour or concern?

#### Yes

* This is chemical restraint

#### No

* This might be chemical restraint: Talk to a behaviour support practitioner, clinical supervisor or the NDIS Commission. Refer to definition of chemical restraint

# Slide 11

## Research and strategic work to identify and reduce the use of chemical restraint in Australia

# Slide 12

## 2010: Review of the use of medication for people in a community setting

* Followed a review of people living in Kew Residential setting (2008; and 2014).
* Psychiatrist and Pharmacist Review of the medication of 201 people living in supported community living accommodation.
* Of the 201 people reviewed, 85-86 per cent were identified as needing an independent psychiatric review (I.P.R.).

[DHHS Technical Report: Senior Practitioner, Disability, mental health and medication: Implications for practice and policy](file:///C%3A/Users/sarah.nicoll/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2P4RMKP2/disability-mental-health-medication-implications-for-practice-policy.doc)

Decorative image omitted.

# Slide 13

## Table 2: reasons for review

| **Psychiatrist’s criteria** | **Number of times cited** | **Percentage** |
| --- | --- | --- |
| Polypharmacy | 60 | 29.9 |
| Outside PBS Scheme | 26 | 12.9 |
| Unorthodox prescribing for drug conditions | 116 | 57.7 |
| Potential for adverse side effects | 134 | 66.7 |
| No psych diagnosis but medication is prescribed | 90 | 44.8 |

| **Pharmacist’s criteria** | **Number of times cited** | **Percentage** |
| --- | --- | --- |
| Polypharmacy | 13 | 6.5 |
| Potential for adverse side effects | 35 | 17.4 |
| Potential drug interactions including addictive side effects | 112 | 55.7 |
| Drug contraindicated in patient | 4 | 2 |
| Side effects likely to exacerbate problem behaviours | 50 | 24.9 |
| Potential for overdose | 43 | 21.4 |
| Therapeutic drug monitoring required | 60 | 29.9 |
| Additional drug(s) may be required | 13 | 6.5 |
| Medication error - duplication | 17 | 8.5 |
| Reason for use should be reviewed | 27 | 13.4 |
| Suspect side effects | 8 | 4 |
| Revie of concurrent use of more than one drug in the same drug class | 45 | 22.4 |
| Dose requires review | 98 | 48.8 |

# Slide 14

## How can someone get a medication review?

Medication Use Review ([MedsCheck](https://www1.health.gov.au/internet/main/publishing.nsf/Content/fifth-community-pharmacy-agreement-mur))

* an in-pharmacy, consumer centred service which aims to enhance the quality use of medicines

Home Medicines Review (H.M.R. or D.M.M.R.)

* GP referral needed
* Includes home Pharmacist review

Psychiatric review? A participant/family guardian may seek a second opinion.

# Slide 15

## Having the conversation: being aware of medications

# Slide 16

## Why do people take Antipsychotic medication?

When people have a psychotic disorder. Such as:

* Schizophrenia
* Schizoaffective disorder
* Bipolar Illness

Psychotic disorders are characterised by hallucinations, delusions, personality disorganisation, loss of ego boundaries and/or the inability to meet the demands of ordinary life. A person who is psychotic is out of touch with reality. ([The Health A to Z website](https://www.thehealthatoz.com/))

[D.H.H.S. Technical Report: Building capacity to assist adult dual disability clients access effective mental health services](https://www.researchgate.net/publication/268578451_Building_capacity_to_assist_adult_dual_disability_clients_access_effective_mental_health_services)

Decorative images omitted.

# Slide 17

## Understanding Mental Health

[MySigns | UNSW](https://www.mysigns.health/).

Decorative images omitted.

# Slide 18

## Classes of medications

* Antipsychotics (neuroleptics)
* Antidepressants
* Mood stabilisers and Anti-epileptics (eg. Sodium valproate)
* Anti-anxiety
* Psychostimulants
* Opioid antagonists
* Beta Blockers

# Slide 19

## Antipsychotic medications

Typicalantipsychotic medications affect Dopamine

Examples are:

Generic name (trade name)

* Chlorpromazine (largactil)
* Haloperidol (Haldol, Serenace)
* Flupenthixol (Fluanoxol)
* Fluphenazine (Modecate)
* Thioridazine (Melleril)
* Trifluoperazine (Stelazine)
* Zuclopenthixol (Clopixol)

Side effects may include:

* Extra pyramidal side effects (EPSE)
* Neuroleptic malignant syndrome (NMS)
* Drowsiness
* Sedation
* Tiredness
* Dry mouth
* Dizziness
* Slow thinking
* Impotence
* Jaundice
* Sensitivity to sunlight

# Slide 20

## Antipsychotic medications

Atypical antipsychotic medications affect Dopamine and other neurotransmitters such as Serotonin

Examples are:

Generic name (trade name)

* Clozapine (Clopine, Clozaril)
* Olanzapine (Zyprexa)
* Risperidone(Rispadol)
* Serequel (Quitapine)
* Solain (Amilsupiride)

Side effects may include:

* Blood dyscrasias
* Hyper salivation
* Sedation
* Increased appetite
* Constipation
* Neuroleptic malignant syndrome (NMS)

# Slide 21

## Antidepressant medication

Old generation of antidepressants are:amitriptyline, clomipramine, imipramine, MAOI etc.

New generation antidepressants are:

* Selective Serotonin Reuptake Inhibitors (SSRIs) such as: fluoxetine, fluvoxamine, sertraline, citalopram, escitalopram, paroxetine.
* Serotonin Nor-adrenaline reuptake Inhibitor (SNR) such as: venlafaxine, duloxetine and flupentixol.
* Tetracyclic such as mirtazapine.
* Others are reboxetine and tryptophan.

# Slide 22

## Chemical restraint?

### Anti-depressants

Anti-depressants are sometimes used to reduce sexual behaviour.

### Anti-libidinal medication

Anti-libidinal medications reduce sexual arousal.

When prescribed for people with disability to address problematic sexual behaviours, this is a chemical restraint.

[Victorian Senior Practitioner Report: Anti-libidinal medication use in people with intellectual disability who sexually offend](file:///C%3A/Users/Tamara%20Rogers/Desktop/Anti-libidinal%20medication%20use%20in%20people%20with%20intellectual%20disability%20271119%20%281%29.docx)

Decorative image omitted.

# Slide 23

## Extra Pyramidal Side Effects (EPSE)

A variety of involuntary movements that occur due to blockage of Dopamine receptors.

* Parkinsonian
* Akathesia
* Acute dystonic reaction
* Tardive dyskinesia

Decorative image omitted.

# Slide 24

## Akathesia

* A strong feeling of inner restlessness
* Difficulty remaining still
* Excessively walking or pacing
* Constantly restless

Decorative image omitted.

# Slide 25

## Parkinsonian

* Similar to Parkinson’s disease. A neurological movement disorder.
* Cogwheel rigidity
* Tremor at rest
* Mask-like face
* Shuffling gait
* Difficulty beginning or maintaining a motion (Akinesia)
* Freezing or slowing down of body movements (Bradykinesia)

Decorative image omitted.

# Slide 26

## Acute dystonic reaction

Sustained contractions of the muscles of the:

* Neck (Torticollis)
* Eyes (Oculogyric Crisis)
* Tongue, jaw, neck and other muscle groups (Facial Grimicing)
* Laryngeal Spasm

Decorative image omitted.

# Slide 27

## Tardive dyskinesia

* Abnormal, involuntary, irregular muscle movements.
* Can be irreversible.
* Usually in the face and around the mouth.
* Sometimes also in the legs, arms and body.
* Exaggerated and persistent chewing movements.
* Exaggerated and persistent tongue protrusion.

Decorative image omitted.

# Slide 28

## Side effects – an example

Risperidone Oral:Atypical antipsychotic

Very common side effects (10 per cent or more):

* Sedation (up to 63 per cent)
* extrapyramidal symptoms (up to 35 per cent)
* parkinsonism (up to 28 per cent)
* somnolence (up to 26.5 per cent)
* headache (up to 22.4 per cent)
* dizziness (up to 16 per cent)
* drooling (up to 12 per cent)
* tremor (up to 11 per cent)
* akathesia (up to 10.1 per cent)

Risperidone Side Effects: Common, Severe, Long Term - Drugs.com. Accessed at [https://www.drugs.com/sfx/risperidone-side-effects.html on 11/05/2021](https://www.drugs.com/sfx/risperidone-side-effects.html%20on%2011/05/2021)

Decorative image omitted.

# Slide 29

## Concerns included:

* There were high rates of polypharmacy, including psychotropic medications being commonly prescribed to people with disability who had died, often in the absence of a diagnosed mental illness
* There were high levels of co-occurring mental health concerns, including depression, self-harming behaviours and anxiety.

See full report for findings and recommendations. [2019 Report: Scoping review of causes and contributors to deaths of people with disability in Australia](https://www.ndiscommission.gov.au/2019-report-scoping-review)

# Slide 30

## Most common medications prescribed as chemical restraint

* Risperidone (antipsychotic)
* Sodium valproate (antiepileptic)
* Olanzapine (antipsychotic)

All these [medications are associated with swallowing problems | NDIS Commission](https://www.ndiscommission.gov.au/document/2421).

Source NDIS Quality and Safeguards Commission (2020)

[Practice Alert: Medicines associated with swallowing problems | NDIS Commission](https://www.ndiscommission.gov.au/document/2421)

[Practice Alert: Dysphagia, safe swallowing and mealtime management | NDIS Commission](https://www.ndiscommission.gov.au/document/2411)

# Slide 31

[Practice Alert: Polypharmacy | NDIS Commission](https://www.ndiscommission.gov.au/document/2426)

# Slide 32

## Side effects

### Non-medical supports to address side effects:

* Sunscreen for sun sensitivity
* Place towel over pillow for hyper salivation at night
* Psycho-education and coach/teaching for healthy lifestyle (increased appetite)
* Water always available for dry mouth – ensure support is readily available if needed, **basic human rights and dignity**

### Reviews:

Implementing providers should always seek immediate medical review for more serious impact of side effects

Decorative image omitted.

# Slide 33

## Side effects – one more time

Some side effects are observable.

Others are not, for example - high blood pressure, metabolic syndrome.

Some are only internally felt and can be difficult to communicate. Consider:

* Using DisDAT to gain a baseline of distress
* Referral to O.T. - toileting, falls risk
* Referral to S.L.P. – communication system and tools, communication of pain

# Slide 34

## Having the conversation: supporting information and preparation

# Slide 35

## Conversations

Let's first consider the conversations we have at our health appointments

Choosing Wisely Australia®

[Video :Old v New | Choosing wisely](https://www.choosingwisely.org.au/resources/videos/old-v-new-with-captions)

National Prescribing Service (NPS)

Decorative image omitted.

# Slide 37

## Preparation

Four images are shown.

1. Script competed at hospital medical centre
2. Service provider medication record. Record shows table of medications, start date, frequency, dosage, stop dates and remarks.
3. Daily medication pack as prepared by a pharmacist shown. Stickers indicating medications contained at top – not able to be read from image.
4. Example of legislative clarification of medication form shown.

# Slide 38

## Conversations

Be aware of, and ready to speak to:

* health/dental concerns and progress, and impacts on behaviour
* frequency and circumstance of PRN use
* any observations side effects
* allied health assessment
* skill building gains, quality of life gains, shifts in engagement
* behavioural data and assessment findings
* use a person-centered approach to sharing information.

Have a mindset that we are all seeking to make a difference:

* Be gentle, we are all in this together

# Slide 39

## Preparation and conversations

Resource for reviewing and reducing psychotropic medication

**A STOMP Resource**

"This leaflet is for a support worker who is accompanying a person with a learning disability, autism or both to a G.P. or consultant appointment."

This resource is an editable PDF [Preparing to visit a doctor to talk about psychotropic medication | VODG [PDF]](https://www.vodg.org.uk/publications/preparing-to-visit-a-doctor-to-talk-about-psychotropic-medication/)

Decorative image omitted.

# Slide 39

## Having the Conversation: challenges

# Slide 40

“Despite the widespread prescribing of psychotropic drugs to treat challenging behaviour in the absence of a defined mental illness, there is little robust evidence to justify this practice.”

Trollor JN, Salomon C, Franklin C. (2016) Prescribing psychotropic drugs to adults with an intellectual disability. Australian Prescriber 39:126-30. Accessed at [Australian Prescriber](https://www.nps.org.au/australian-prescriber/articles/prescribing-psychotropic-drugs-to-adults-with-an-intellectual-disability)

# Slide 41

## Reliance on medication: research

1. Medication can often be the **first step** in addressing behaviours of concern.
2. Medication can become the **only** intervention used to address the behaviours of concern.
3. When medication is relied on, underlying causes of the behaviour can be overlooked - serious mental health conditions; physical illness; unmet needs.

Source: Bowring, et.al (2017). Cited in NDIS Quality and Safeguards Commission (2020) Regulated restrictive practices guide.

# Slide 42

## Why chemical restraint is used

### Chemical restraint:

* Gives time for assessment and development of positive strategies
* Calms does not ‘cure’
* Can be helpful in the short term

# Slide 43

## Time for assessment and development of strategies

Medication does not address any environmental and social factors that may contribute to or exacerbate a person’s behaviour of concern.

* functional behavioural assessment

Medication can mask underlying issues that can manifest as a behaviour of concern.

* health review
* allied health review
* review quality of life
* possibility of abuse, neglect and exploitation

# Slide 44

## National Institute for Health Care Excellence (NICE, 2019)

Guidelines recommend the following for the use of antipsychotic medication used for a behaviour of concern:

* consider this medication for managing behaviour in people with disability only when other interventions have not been helpful and when the risk to the person or others is very severe
* only offer in combination with psychological or other interventions to help manage behaviours of concern
* review the effectiveness of antipsychotic medication after 3–4 weeks
* stop use if there is no sign of improvement after 6 weeks, reassess the behaviour of concern and consider further psychological or environmental strategies.

Cited and summarised in NDIS Quality and Safeguards Commission (2020) Regulated Restrictive Practices Guide © Commonwealth of Australia 2021.

# Slide 45

## Assessment and Management Framework – CDDH

[Assessment and Management Framework: Behaviour Change in People with Intellectual Disability | Monash Health](https://cddh.monashhealth.org/wp-content/uploads/2016/11/assessment-framework-.pdf)

Decorative image omitted.

# Slide 46

## Question and Answers

# Slide 47

## Question one

How can BSPs and or Team leader respond in a situation where:

“People with cognitive disability are often escorted by family or a support worker to medical appointments who may have a vested interest in the simple solution of chemical restraint rather than the more intensive approach of capacity building.”

- Dr Jennifer Torr comments as included in Public Hearing 6: Psychotropic medication, behaviour support and behaviours of concern. Opening Address at the Royal Commission (Kate Eastman SC)

# Slide 48

## Question two

How can BSPs work towards reduction of chemical restraint when an absence of significant behaviour of harm, over many years, is viewed as the medication ‘working’?

# Slide 49

Thank you for joining us for this workshop.

We hope you'll feel empowered to continue to make a difference.

Thank you to Mandy Donley, for her time and expertise!

Sarah Nicoll, National Practice Lead – Zero Tolerance. Email Sarah Nicoll



Supported through grant funding from the Australian Government

NDS is pleased to be able to provide the Behaviour Support Practitioner Workshops as part of a two-year grant from the NDIS Quality and Safeguards Commission, for free to the sector.

# Slide 50

## References and Resources

### Zero Tolerance

Zero Tolerance is an initiative led by NDS in partnership with the disability sector. Zero Tolerance is a way for organisations to understand actions they can do to prevent and respond to abuse, neglect and violence of people with disability. [Zero Tolerance | National Disability Services](https://www.nds.org.au/zero-tolerance-framework/considering-additional-risk)

**STOMP Resource:** [Preparing to visit a doctor to talk about psychotropic medication](https://www.vodg.org.uk/publications/preparing-to-visit-a-doctor-to-talk-about-psychotropic-medication/)

**Choosing Wisely Australia®** National Prescribing Service (NPS) [Video: Old v New | Choosing wisely](https://www.choosingwisely.org.au/resources/videos/old-v-new-with-captions)

**Victorian Senior Practitioner Reports**

[DHHS Technical Report: Senior Practitioner, Disability, mental health and medication: Implications for practice and policy](file:///C%3A/Users/sarah.nicoll/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2P4RMKP2/disability-mental-health-medication-implications-for-practice-policy.doc)

[DHHS Technical Report: Building capacity to assist adult dual disability clients access effective mental health services](https://www.researchgate.net/publication/268578451_Building_capacity_to_assist_adult_dual_disability_clients_access_effective_mental_health_services)

[Victorian Senior Practitioner Report: Anti-libidinal medication use in people with intellectual disability who sexually offend](file:///C%3A/Users/Tamara%20Rogers/Desktop/Anti-libidinal%20medication%20use%20in%20people%20with%20intellectual%20disability%20271119%20%281%29.docx)

[DHHS Technical Report: Building capacity to assist adult dual disability clients access effective mental health services](https://www.researchgate.net/publication/268578451_Building_capacity_to_assist_adult_dual_disability_clients_access_effective_mental_health_services)

[Victorian Senior Practitioner Report: Anti-libidinal medication use in people with intellectual disability who sexually offend](file:///C%3A/Users/Tamara%20Rogers/Desktop/Anti-libidinal%20medication%20use%20in%20people%20with%20intellectual%20disability%20271119%20%281%29.docx)

**NDIS Quality and Safeguards Commission Practice Alerts (please note this is not the full set)**

[Practice Alert: Medicines associated with swallowing problems](https://www.ndiscommission.gov.au/document/2421)

[Practice Alert: Dysphagia, safe swallowing and mealtime management](https://www.ndiscommission.gov.au/document/2411)

[Practice Alert: Polypharmacy](https://www.ndiscommission.gov.au/document/2426)

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## References and Resources

Bowring, D. L., Totsika, V., Hastings, R. P., Toogood, S., and McMahon, M. (2017). Prevalence of psychotropic medication use and association with challenging behaviour in adults with an intellectual disability. A total population study. *Journal of Intellectual Disability Resarch, 61(6),* 604–617.Cited in NDIS Quality and Safeguards Commission (2020) Regulated restrictive practices guide. Accessed 11/05/2021

[Mixit Film STOMP | YoutTube](https://youtu.be/PdiLYnHPMrs) (Stop the Over Medication of People with learning disabilities and autism).

[National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2020C01087)

NDIS Quality and Safeguards Commission (2020). [NDIS Commission 6-month activity report: July - December 2020](https://www.ndiscommission.gov.au/document/2781).

NDIS Quality and Safeguards Commission (2021). [Regulated restrictive practices with children and young people with disability: Practice guide | NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/document/2741) accessed 07/04/2021

NDIS Quality and Safeguards Commission (2020). [Regulated restrictive practices with children and young people with disability: Practice guide | NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/document/2741) accessed 07/04/2021

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020) [Opening Address SC. Public Hearing 6: Psychotropic medication, behaviour support and behaviours of concern](https://disability.royalcommission.gov.au/publications/opening-address-senior-counsel-assisting-public-hearing-6-sydney).

Trollor JN, Salomon C, Franklin C. Prescribing psychotropic drugs to adults with an intellectual disability. [Aust Prescriber 2016; 39:126-30](https://doi.org/10.18773/austprescr.2016.048). Accessed on 11/5/2021

Trollor JN, Salomon C (2019) [Scoping review of causes and contributors to deaths of people with disability in Australia](https://www.ndiscommission.gov.au/2019-report-scoping-review)

End of document.