

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 & Aged Care Life Without Barriers

Supported through grant funding from the Australian Government

Learning Outcomes

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

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 (CRPD)*."

- **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 SC

A blurred black and white photograph of a crowd of people walking, overlaid with white text. The text is arranged in four lines, centered horizontally. The background shows a group of people in motion, with some individuals more prominent than others, creating a sense of a busy, crowded environment.

35,000 people
with disabilities
are over medicated
every day

Where is the life?

Challenging

Interesting

Frustrating

Hopeful

Powerless

Rewarding – I have supported
reduction of chemical restraint

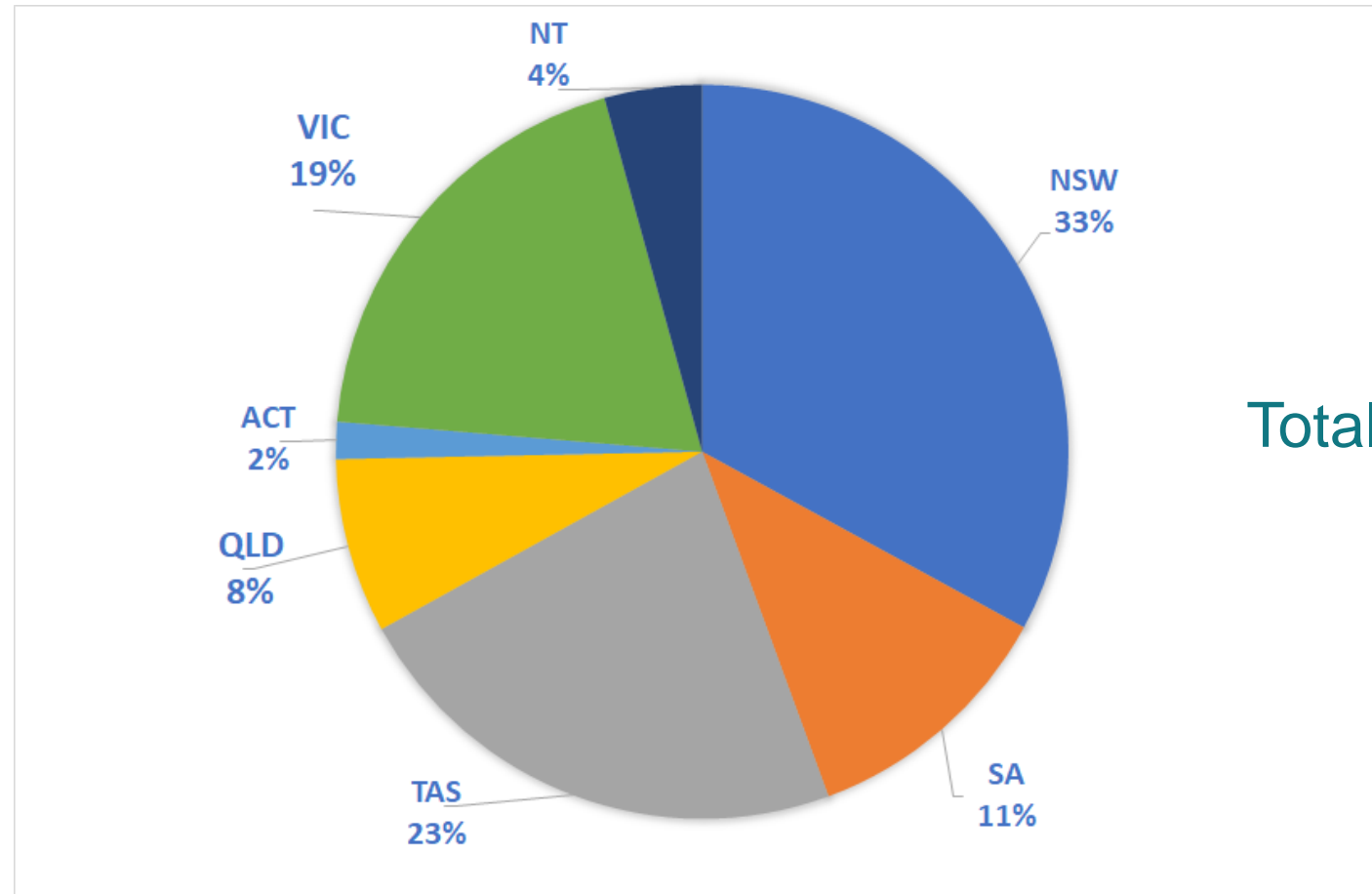
Not sure – this is new to me



[POLL/ANNOTATE]

Chemical restraint in Australia

URP's for chemical restraint



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 <https://doi.org/10.18773/austprescr.2016.048> on 11/5/2021.

Welcome Mandy Donley

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

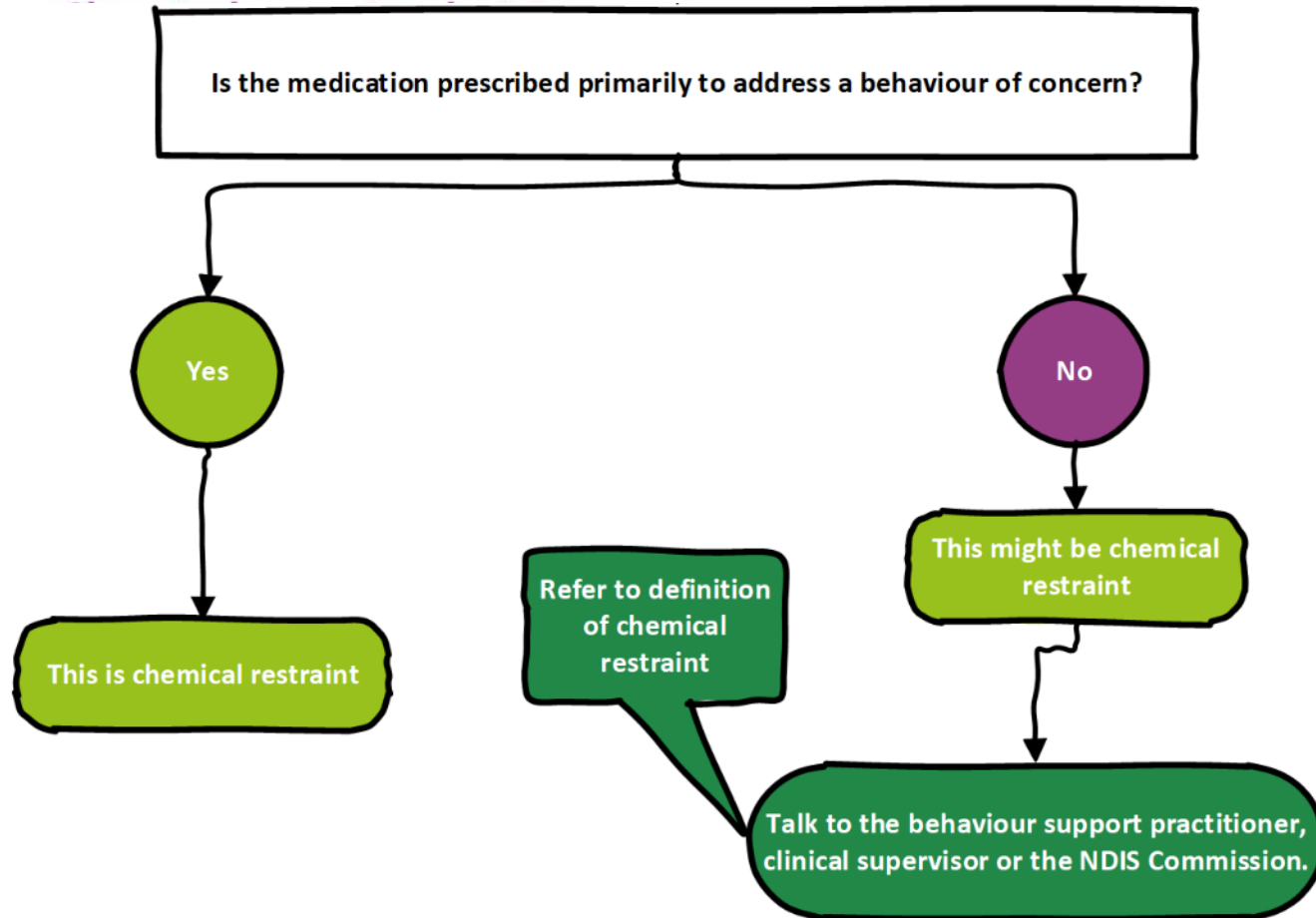


Definition: Chemical restraint

"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."

Is it a chemical restraint?



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



Senior Practitioner
Disability, mental health and medication:
Implications for practice and policy

October 2010

Report by Dr Stuart Thomas, Kaisha Corkery-Lavender, Dr Michael Daffern,
Dr Danny Sullivan and Dr Phyllis Lau

*Supporting people to achieve
dignity without restraints*

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% were identified as needing an independent psychiatric review (IPR).

Table 2: Reasons for review

Psychiatrist's criteria	# of times cited	%
Polypharmacy	60	29.9
Outside PBS scheme	26	12.9
Unorthodox prescribing for drug conditions	116	57.7
Potential for adverse effects	134	66.7
No psych diagnosis but medication is prescribed	90	44.8

Pharmacist's criteria	# of times cited	%
Polypharmacy	13	6.5
Potential for adverse effects	35	17.4
Potential drug interactions including additive 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
Review concurrent use of more than one drug in the same drug class	45	22.4
Dose requires review	98	48.8

How can someone get a medication review?

Medication Use Review (MedsCheck)

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

Home Medicines Review(HMR or DMMR)

- GP referral needed
- Includes home Pharmacist review

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

Having the conversation: being aware of medications



Senior Practitioner – Disability
Building capacity to assist adult dual disability
clients access effective mental health services

October 2013

Report by Dr Danny Sullivan, Terri Robertson, Dr Michael Daffern and
Dr Stuart Thomas

*Supporting people to achieve
dignity without restraints*

Why do people take Antipsychotic medication?

When people are 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”. (www.healthatoz.com)

Understanding Mental Health

MySigns – An app to facilitate mental health assessment of people with intellectual disability

• Past project

Home / Resources for People with Lived Experience / People with Intellectual Disability / MySigns



[MySigns | UNSW](#)

A screenshot of the MySigns app interface. At the top left is the 'MySigns' logo with a smiley face icon. At the top right are 'Login' and 'Get started now' buttons. Below the header is a section titled '2 Connect with Clinicians' with the text 'Share the moods of the person you support with their health and other professionals.' To the right is a circular mood assessment tool with eight segments: Happy, Excited, Surprised, Cheeky, Relaxed, Frightened, Anxious, and Angry. A blue shaded area is plotted on the tool, peaking at 'Happy' and 'Cheeky'. Two callout boxes are overlaid on the tool: one for 'Happy' with a profile picture and 'x5' next to it, and another for 'Cheeky' with a profile picture and 'x4' next to it.

Classes of medications

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

Antipsychotic medications

TYPICAL antipsychotic 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

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)

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 (SNRI) such as: venlafaxine, duloxetine and flupentixol.
- Tetracyclic such as mirtazapine.
- Others are reboxetine and tryptophan.



Office of Professional Practice

Senior Practitioner – Disability

Anti-libidinal medication use in people with
intellectual disability who sexually offend

Report by Dr Stuart Thomas and Professor Michael Dallorn
March 2014

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.

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

Akathesia:



A strong feeling of inner restlessness.

Difficulty remaining still

Excessively walking or pacing

Constantly restless

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)

Acute dystonic reaction



Sustained contractions of the muscles of the:

Neck (TORTICOLLIS)

Eyes (OCULOGYRIC CRISIS)

Tongue, jaw, neck and other muscle groups (FACIAL GRIMACING)

Laryngeal Spasm

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.

Side effects – an example

Risperidone Oral: ATYPICAL antipsychotic

Very common side effects (10% or more):

Sedation (up to 63%)

extrapyramidal symptoms (up to 35%)

parkinsonism (up to 28%)

somnolence (up to 26.5%)

headache (up to 22.4%)

dizziness (up to 16%)

drooling (up to 12%)

tremor (up to 11%)

akathisia (up to 10.1%)



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



Faculty of Medicine, The Department of
Developmental Disability Neuropsychiatry 3DN

A scoping review of causes and contributors to deaths of people with disability in Australia

SUMMARY OF KEY FINDINGS

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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.



Practice Alert

Dysphagia, safe swallowing, and mealtime management

November 2020



Practice Alert

Medicines associated with swallowing problems

November 2020

Key points

- Choking is a major cause of preventable deaths for people with disability.
- These deaths can be prevented by reducing a person's exposure to factors that may increase their risk of choking.
- Certain medicines administered to people with disability can increase the risk of choking in two ways: by causing swallowing problems (dysphagia) and, to a lesser extent, by causing drowsiness (sedation).
- These medicines are commonly given to people with disability.
- You also need to be aware of how to prevent choking risks associated with the use of these medicines. If a person's swallowing problems persist while continuing to take these medicines, speak to the prescribing medical practitioner to get a medical review.

What you should consider

Most common medications prescribed as chemical restraint

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

All these medications are associated with swallowing problems.

NDIS Quality and Safeguards Commission (2020)



NDIS Quality
and Safeguards
Commission

Practice Alert

Polypharmacy

November 2020

Key points

- Polypharmacy is often defined as the use of five or more medications, or two or more psychotropic medications, at the same time.
- Polypharmacy increases the risk of medication-related adverse effects and poorer health outcomes.
- Participants taking multiple medications should have these reviewed every 3 to 6 months by a medical practitioner or pharmacist.

[POLL]

[Practice Alert: Polypharmacy \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/practice-alert-polypharmacy)

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

Side effects – one more time...

Some side effects are observable.

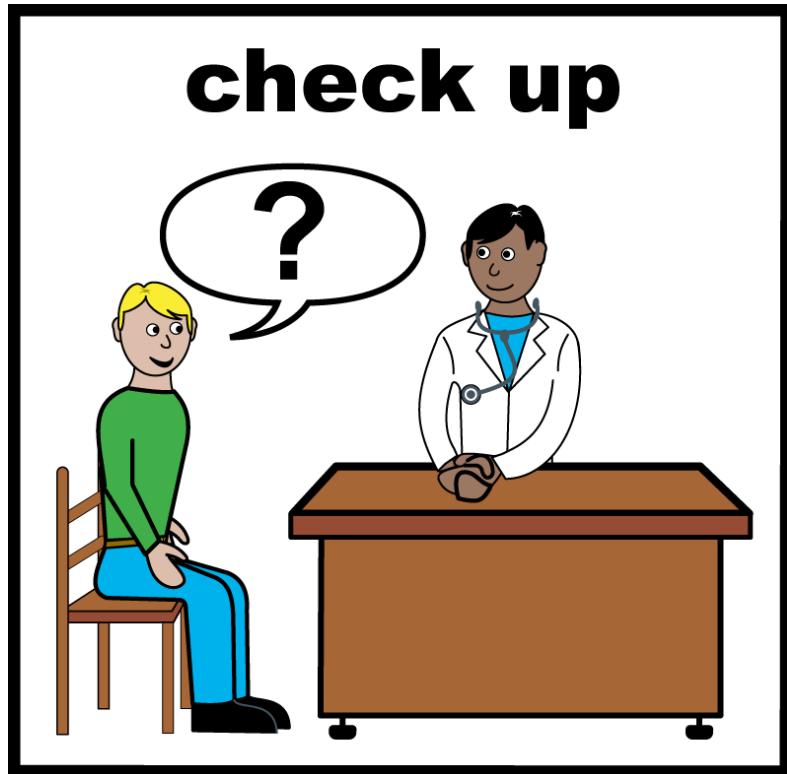
Others are not, for example - high blood pressure, metabolic syndrome.

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

- Using DisDAT to gain a baseline of distress
- Referral to OT - toileting, falls risk...
- Referral to SLP – communication system and tools, communication of pain

Having the conversation: supporting information and **preparation**

Conversations



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

Choosing Wisely Australia®

[Video: Old v New \(with captions\) - Choosing wisely \(49sec\)](#)

National Prescribing Service (NPS)

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, QOL 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

V O D G

Preparing to visit a doctor

To talk about psychotropic medication

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



These are common side effects that some people feel.
How am I feeling?

Appointment Summary 1

My Condition



Advice from the doctor



Recommended treatment



How this will help me feel better



Preparation & 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 GP or consultant appointment."

[This resource is an editable PDF]

[Preparing to visit a doctor to talk about psychotropic medication | VODG](#)

Having the conversation: challenges

“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 <https://doi.org/10.18773/austprescr.2016.048>

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...

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

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

Time for assessment & 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 QOL

→ possibility of abuse, neglect and exploitation

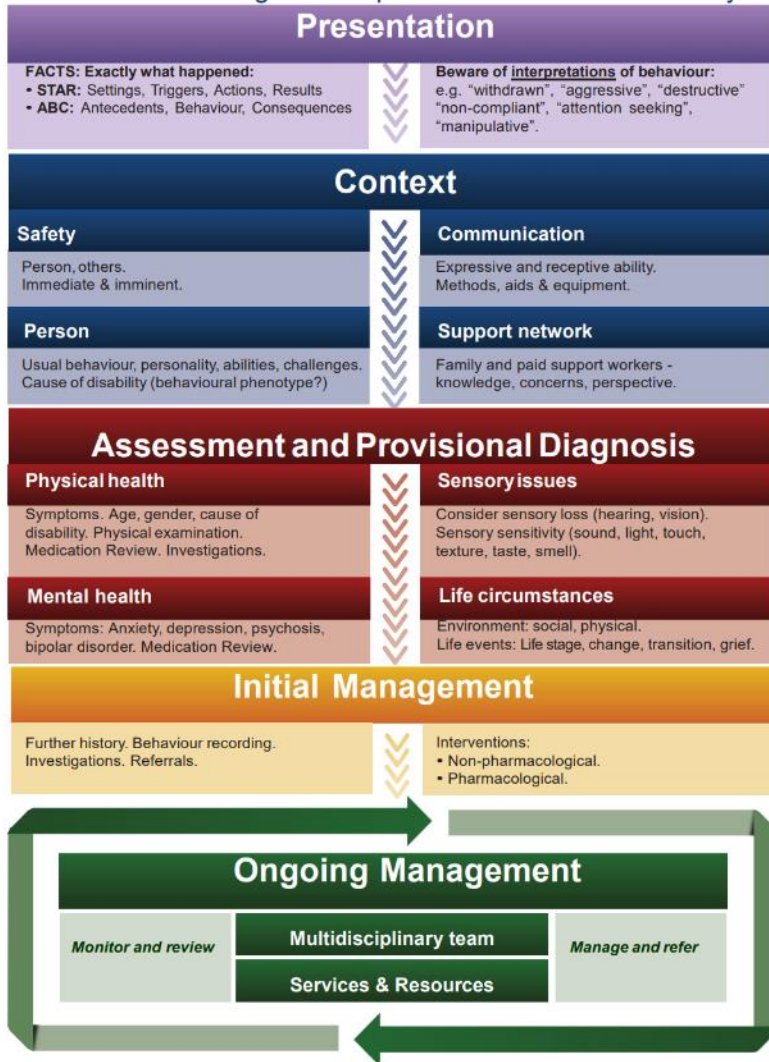
National Institute for Health Care Excellence (NICE, 2019)

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.

Assessment and Management Framework

Behaviour Change in People with Intellectual Disability



Assessment and Management Framework - CDDH

[Leuner_AssessmentPathwayDiagram_378280-v1.0jh \(monashhealth.org\)](http://monashhealth.org)

Question and Answers

Q1.

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)

Q2.

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'?

Thank you for joining us for this workshop.

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

Sarah Nicoll National Practice Lead – Zero Tolerance

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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.

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 \(nds.org.au\)](https://nds.org.au)

STOMP Resource: [Preparing to visit a doctor to talk about psychotropic medication](#)

Choosing Wisely Australia® National Prescribing Service (N.P.S.) [Video :Old v New - Choosing wisely](#)

Victorian Senior Practitioner Reports

[D.H.H.S Technical Report: Senior Practitioner, Disability, mental health and medication: Implications for practice and policy](#)

[D.H.H.S. Technical Report: 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](#)

[D.H.H.S. Technical Report: 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](#)

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

[Practice Alert: Medicines associated with swallowing problems](#)

[Practice Alert: Dysphagia, safe swallowing and mealtime management](#)

[Practice Alert: Polypharmacy](#)

References and Resources

Bowring, D. L., Totsika, V., Hastings, R. P., Toogood, S., & 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 Research*, 61(6), 604–617. Cited in NDIS Quality and Safeguards Commission (2020) Regulated restrictive practices guide. Accessed 11/05/2021

Mixit Film S.T.O.M.P (Stop the Over Medication of People with learning disabilities and autism). Accessed at <https://youtu.be/PdiLYnHPMrs>

[National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)

NDIS Quality and Safeguards Commission(2020). NDIS Commission 6-month activity report: July - December 2020.

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NDIS Quality and Safeguards Commission(2020). [Regulated restrictive practices with children and young people with disability: Practice guide | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)_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. Accessed at <https://disability.royalcommission.gov.au/system/files/2020-09/Opening%20Address%20Senior%20Counsel%20Assisting%20-%20Public%20hearing%206%2C%20Sydney.docx>

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Trollor JN, Salomon C (2019) [Scoping review of causes and contributors to deaths of people with disability in Australia](#)