AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

INFORMATION
for clinicians

Psychotropic Medicines in Cognitive Disability or Impairment

Clinical Care Standard

The *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard* aims to ensure the safe and appropriate use of psychotropic medicines in people with cognitive disability or impairment and to uphold their rights, dignity, health and quality of life.

The *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard* contains eight quality statements that describe the health care that people of all ages with cognitive disability or impairment should receive to optimise the prescribing and use of psychotropic medicines when they are prescribed in response to behaviours of concern, or for treating a mental health condition.

1 Person-centred care

A person receives health care that is driven by their individual preferences, needs and values, and that upholds their personal dignity, human rights and legal rights. The person is supported to be an active participant in making informed choices about their care, together with their family, support people or nominated decision-maker as appropriate.

2 Informed consent for psychotropic medicines

If psychotropic medicines are being considered, the person – and their family, support people or nominated decision-maker as appropriate – is informed about the reason, intended duration, and potential benefits and harms of treatment. If use of a psychotropic medicine is agreed, informed consent is documented before use. In an emergency or if the person does not have capacity to make a decision even with support, processes are followed in accordance with relevant legislation.

3 Assessing behaviours

A person with behaviours of concern is initially assessed for immediate risks to their safety and others. The person is further assessed to identify clinical, psychosocial and environmental causes of the behaviours, and to understand the context in which they occur. Assessment is carried out by suitably trained individuals, and considers existing plans to support the person's care and information from others who know the person well.

4 Non-medication strategies

Non-medication strategies are used first-line and as the mainstay of care when responding to behaviours of concern. The choice of strategies is individualised to the person and is documented and communicated to all those involved in their care.

5 Behaviour support plans

If a person has a plan to support their behaviour, it is used to inform and support their care. The person's response to care provided under the plan – including any use of psychotropic medicines – is continually assessed, documented and communicated to inform regular updates to the plan and prescribing decisions.

05/2024

6 Appropriate reasons for prescribing psychotropic medicines

Psychotropic medicines are considered in response to behaviours only when there is a significant risk of harm to the person or others, or when the behaviours have a major impact on the person's quality of life and a reasonable trial of non-medication strategies has been ineffective. Psychotropic medicines are also considered when a mental health condition has been diagnosed or is reasonably suspected following a documented clinical assessment. The reason for use is clearly documented in the person's healthcare record at the time of prescribing.

7 Monitoring, reviewing and ceasing psychotropic medicines

A person's response to psychotropic medicines is regularly monitored and reviewed according to the person's individual needs and goals of treatment. The benefits and harms of treatment and the potential for dose adjustment or cessation are considered at each review. The outcome is documented and communicated, along with the timing of the next review.

8 Information sharing and communication at transitions of care

When the health care of a person is transferred, information about their ongoing needs is shared with the person, their family or support people and the healthcare and service providers continuing their care. This includes information about behaviour support plans or other strategies. If psychotropic medicines are prescribed, the reason for use, intended duration, timing of last administration, and plans for monitoring and review are documented and communicated to support the person's ongoing care.

Questions?

Further information about the *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard* and other resources is available from: www.safetyandquality.gov.au/psychotropics-ccs.

You can contact the Clinical Care Standards program team at: ccs@safetyandquality.gov.au.