

Addressing the use of psychotropic medicines in people with cognitive disability or impairment

Psychotropic medicines are commonly prescribed to people with cognitive disability or impairment, including older people with dementia and people of all ages with intellectual disability, autism spectrum disorder and other neurodevelopmental conditions. Psychotropic medicine use in these populations is disproportionately high, reflecting a concerning trend in healthcare practices.

Psychotropic medicines have an important role to play in treating mental health conditions in people with cognitive disability or impairment. Unfortunately, however, they are also often prescribed to manage behaviours of concern - such as agitation, aggression, and severe distress - despite limited evidence to support their effectiveness, and an increased risk of adverse effects including cognitive decline, falls, stroke, and death.

The new clinical care standard addresses this issue by emphasising the role and importance of non-medication strategies as the first-line option when responding to behaviours of concern. Psychotropic medicines should only be considered in response to behaviours of concern 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.

By the numbers

Over 450,000 Australians are living with intellectual disability¹ and approximately 100,000 Australians are diagnosed with dementia each year². In 2022-23, around 18% of Australians filled a mental-health related prescription³.

People with disability

- Australian data show that **29% of people with intellectual disability** receive one or more psychotropic medicines⁴
- **38% of people using disability services** were supplied at least one psychotropic medicine, including antipsychotics, anxiolytics, benzodiazepines and antidepressants.⁴
- People with **autism spectrum disorder (ASD) are 4.5 times more likely** to be currently taking at least one psychotropic medication compared with people without ASD.⁵

In older people

- **Nearly two-thirds (61%) of residents** in Australian aged care homes are prescribed one or more psychotropic medicines during their first three months of residential care.⁶
- Prescribing of multiple psychotropic medicines to older people in aged care is a problem, with almost a quarter (23%) taking two or more concurrently.⁶
- **Antipsychotic medicines** are dispensed to around **20% of people** who are dispensed **dementia-specific medicines**.⁷
- **Older people with dementia are prescribed antipsychotic medicines twice as often** as those without dementia⁸

Q+A

What are psychotropic medicines?

Medicines that affect the mind, emotions, and behaviour, which are primarily used to treat mental health conditions and sleep disorders. The main groups of psychotropic medicines are antipsychotic, antidepressant and anxiolytic/hypnotic medicines. They work by affecting levels of chemicals in the brain to improve symptoms.

Commonly treated mental health conditions include anxiety, depression, schizophrenia and bipolar disorder, for which psychotropic medicines can play an important role.

Psychotropic medicines are also used for behaviours of concern. The use of psychotropic medicines for the main purpose of influencing behaviour is considered a restrictive practice known as 'chemical restraint' which is subject to regulatory oversight in the aged care and disability settings, and some Australian healthcare settings.

What are behaviours of concern?

Behaviours that indicate a risk to the safety or wellbeing of the person who exhibits them or those around them. Note that behaviours may challenge the person, their supporters, and the care services they are in, but may serve a purpose for the person, such as communicating unmet needs and responding to their environment. Behaviours may include aggression, anxiety, withdrawal or indifference and self-harm.

What is chemical restraint?

Chemical restraint refers to the use of medicines or chemical substance for the primary purpose of influencing behaviour. It does not include the use of medicines for treating or enabling treatment of physical or mental disorders.⁹

What does cognitive disability mean?

An umbrella term for a level of cognitive function that generally causes difficulty with completing day-to-day tasks, decision-making and communication. People with cognitive disability include people living with intellectual disability, dementia, acquired brain injury, or foetal alcohol spectrum disorder.

How will the Standard address the inappropriate use of psychotropic medications?

The Standard focuses on **eight priority areas** of care that clinicians and healthcare services can implement to reduce and potentially eliminate the inappropriate use of psychotropic medicines.

Non-medication strategies are the primary method for preventing and addressing behaviours of concern. Psychotropic medicines are a last resort option, used only when other strategies have failed or there is a significant risk of harm to the person or the people around them.

What impact is the Standard expected to have on healthcare practices and patient outcomes?

The Standard is expected to provide a person-centred approach that supports fully informed decision making and consent. A more consistent approach among healthcare providers and other care

providers will limit the use of psychotropic medicines for behaviours of concern, with non-medication strategies the first and primary approach. The Standard provides clear guidance for the appropriate use of psychotropic medicines for any reason, to ensure their safe use and to prevent prolonged use without regular monitoring and review.

How will the standard address the ethical concerns surrounding the use of psychotropic medications in vulnerable populations?

The Standard underscores the importance of informed consent, autonomy, and person-centred care in the prescribing and administration of psychotropic medicines.

By empowering individuals with cognitive disability or impairment or their nominated decision-makers to actively participate in treatment decisions, the Standard upholds the rights, dignity, and autonomy of every individual receiving care. Additionally, the Standard emphasises the importance of ongoing monitoring, review, and evaluation of psychotropic use to minimise risks and optimise patient outcomes.

What is not covered by the Standard?

The use of psychotropic medicines in people who do not have cognitive disability or impairment is outside the scope of this Standard.

This clinical care standard does not provide specific guidance on the selection and choice of psychotropic medicines.

Why is this new Standard needed?

Two Royal Commissions have exposed serious issues with the use of psychotropic medicines such as antipsychotics, antidepressants and sedatives in the aged care and disability sectors. Enhanced regulation across the aged care and disability sectors has helped to address inappropriate use. While data from the Aged Care Quality and Safety Commission and the Australian Atlas of Healthcare Variation show that rates of antipsychotic prescribing are declining, there is more work to be done to embed appropriate care for people with cognitive disability or impairment wherever they receive care, including at all levels of the healthcare system.

The Standard was developed following a [Joint Statement](#) from the Australian Commission on Safety and Quality in Health Care, the Aged Care Quality and Safety Commission, and the NDIS Quality and Safeguards Commission in March 2022, outlining their commitment to working together to reduce the inappropriate use of psychotropic medicines and so protect the human rights and safety of older people and people living with cognitive disability or impairment.

Navigating psychotropic medicines: A guide for people and caregivers

Empower yourself with knowledge about psychotropic medicines and how to discuss them with your healthcare provider. Learn about their purpose, potential side effects and alternatives to make informed decisions about your health care.

1. **Ask if a medicine is the only option:** Explore alternative treatment options or adjustments to your current medicine regime if needed and make decisions together with your healthcare provider on what's best for you.
2. **Prepare questions:** Write down any questions or concerns about the medicines before your appointment.
3. **Understand the medications:** Learn about the psychotropic medicines you've been prescribed, including what they're for and any possible side effects.
4. **Talk openly:** Talk candidly with your healthcare provider about your thoughts, feelings and any side effects you are experiencing or observing.
5. **Behaviour Support Plan :** If psychotropic medicines are prescribed for behaviours of concern, ensure you have an up-to-date Behaviour Support Plan that reflects the best approach to your care, and that you have had input into the non-medication strategies that work best for you.

Navigating psychotropic medicines: A guide for prescribing clinicians

1. **Comprehensive assessment:** Conduct thorough assessments to diagnose patients. Causes for any behaviours need to be identified – they can be physical, environmental, social or emotional.
2. **Informed consent:** Provide comprehensive information about the purpose, benefits and risks to patients and caregivers, ensuring informed decision-making.
3. **Individualised treatment:** Develop tailored treatment plans that consider patient needs and preferences and incorporate non-pharmacological interventions.
4. **Regular monitoring:** Ensure psychotropic medicines are used for the shortest possible time. Monitor treatment response, adherence and side effects regularly, adjusting treatment as necessary.
5. **Collaborative care:** Foster teamwork among healthcare professionals to provide comprehensive support and ensure coordinated care for patients.

Priority areas of care

The eight quality statements describe the care that should be offered or provided when considering the use of psychotropic medicines in people with cognitive disability or impairment. These statements focus on priority areas of care that require the most significant quality improvement.

QUALITY STATEMENT	DESCRIPTION
Person-centred care	People receive health care tailored to their preferences and needs, that upholds their dignity and rights and actively participate in decision-making alongside their chosen family or support people.
Informed consent for psychotropic medicines	Patients and their support network are informed about the purpose, duration, benefits, and risks of psychotropic medication, with informed consent before use, following relevant legislation in emergencies or if the person does not have capacity.
Assessing behaviours	Immediate safety risks are assessed, followed by identification of underlying causes, considering clinical, psychosocial, and environmental factors, by trained professionals, integrating existing care plans and input from those familiar with the person.
Non-medication strategies	Non-medication approaches are always used when responding to behaviours of concern, tailored to the individual, documented, and communicated to all those involved in the person's care - even when medicines are required.
Behaviour support plans	Existing behaviour support plans guide and inform care, with ongoing assessment of their effectiveness documented to inform plan updates and prescribing decisions.
Appropriate reasons for prescribing psychotropic medicines	Medicines are only considered for managing behaviour when there is significant risk of harm or a major quality of life impact, when non-medication strategies are not adequate, or when a mental health condition is diagnosed or suspected based on assessment, with clear documentation in healthcare records.
Monitoring, reviewing and ceasing psychotropic medicines	The person's response is regularly monitored and adjusted or stopped when necessary. Outcomes are documented and communicated for ongoing care planning and review.
Information sharing and communication at transitions of care	When people are transferred between care settings, information about their, ongoing needs, behaviour support plans, and medication details are shared to support continuity, and coordinated care across providers and settings. Information is shared with the person and their family and support people.

To learn more, visit: safetyandquality.gov.au/psychotropics-ccs

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¹ [Department of Health and Aged Care](#)

² [Dementia Australia](#)

³ [AIHW](#)

⁴ Gillies et al. NDIS Quality and Safeguards Commission 2023 (Unpublished)

⁵ [Cvejic et al. BJPsych Open 2018](#)

⁶ [Harrison et al. Med J Aust 2020](#)

⁷ [AIHW](#)

⁸ [Bezabhe et al. J Clin Med 2023](#)

⁹ [Section 6\(b\) of the NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#)