

What you need to know about medication in response to behaviour of concern

This guide is written for care and protection service providers in the ACT. It will help you identify medication given in response to behaviour of concern (chemical restraint).

What is a behaviour of concern?

A **behaviour of concern** is behaviour that causes harm to the person themselves, or to others. *The Senior Practitioner Act 2018* says that you can only use restrictive practices when there is harm to self or others (s10[b][i]).

What if the medication is prescribed to manage behaviour?

Medication given in response to a behaviour of concern is called **chemical restraint**. This is a type of **restrictive practice**.

Chemical restraint is "the use of medication or a chemical substance for the primary purpose of influencing a person's behaviour or movement" (s 7[2]).

If the medication is for a diagnosis of a mental or physical illness or physical condition, and is prescribed to treat that condition or illness, it is not a chemical restraint.

What am I responsible for?

Providers have responsibilities under the *Senior Practitioner Act 2018* to

reduce and eliminate restrictive practices. This is done through positive behaviour support (in the form of a Positive Behaviour Support Plan - PBSP). Providers must also **report the use of any restrictive practices** to the Senior Practitioner. If the child or young person is in foster or kinship care, the family are not required to report restrictive practice. Their case manager or NDIS support coordinator is responsible for discussing with the family and coordinating the development of the PBSP if needed.

How will I know?

Over the page is information to help you work out **if the medication prescribed is a chemical restraint**. Five common medication types given in response to behaviours of concern are included, but there are others as well. Medications to help someone sleep (e.g. melatonin), to suppress menstruation, or antilibidinal medications can be used in response to behaviours of concern and would be a chemical restraint.

If you have questions or want further learning (e.g. factsheets or online e-learning), please contact the Office of the Senior Practitioner.

<https://www.communityservices.act.gov.au/quality-complaints-and-regulation/office-of-the-senior-practitioner>

Things to think about -

What is the medication helping with?

Is it the least restrictive response?

If there were better, or different supports in place, would you need the medication?

What information would you want to know for your child?

For more information on menstrual suppression

go to *Reporting on Restrictive Practices/ Chemical Restraint* on the ACT Senior Practitioner webpage.

For more information on antilibidinal medication

<https://www.dhhs.vic.gov.au/sites/default/files/documents/201912/Anti-libidinal%20medication%20use%20in%20people%20with%20intellectual%20disability%20271119.pdf>

IS THE MEDICATION FOR MANAGING BEHAVIOUR?

TYPES OF MEDICATION

Note: Approval from CYPS is required to administer medications, via Decision Making Template (DMT).

Antipsychotic

This is a group of medications used in the treatment of psychosis. They can reduce or eliminate delusions, hallucinations and thought disorders and are also called major tranquilizers for their sedative effect.

Benzodiazepine

This is a group of medications that depress the central nervous system and have a calming sleep promoting or sedating effect. They can be used to manage side effects of other medications, to manage seizures, short term treatment to manage anxiety disorders and sleep disturbance.

Mood Stabiliser (also known as an anticonvulsant)

This is a group of medications used in the treatment of mood disorders such as depression and bi-polar illness. They are also used to treat seizures and seizure disorder such as epilepsy.

Antidepressant

This is a group of medications used to treat depression, some may also assist in managing anxiety or obsessive-compulsive disorder and others may help when sleep disturbance is also experienced with depression.

Men - This group of medications may be given as a means of deliberately reducing sexual arousal.

Psychostimulant

Central Nervous System Stimulants to treat ADHD and narcolepsy. NOTE: these medications are rarely used as chemical restraint

COMMON MEDICATIONS

Chlorpromazine

(Largactil)

Aripiprazole

(Abilify)

Olanzapine

(Zyprexa, Zyprexa IM)

Quetiapine fumarate

(Seroquel)

Risperidone

(Risperdal)

Clonazepam

(Paxam, Rivotril)

Carbamazepine

(Tegretol, Teril)

Gabapentin

(Gabaheal, Neurontin)

Lamotrigine

(Lamictal, Lamogine, Lamotrigine-DP, Seaze)

Oxcarbazepine

(Triptal Oral Suspension)

Topiramate

(Topamax)

Sertraline hydrochloride

(Zoloft, Concorz, Eleva, Sertraline Winthrop, Sertraline-DP, Xydep)

Amitriptyline hydrochloride

(Endep)

Escitalopram oxalate

(Esipram, Lexapro)

Fluoxetine

(Lovan, Prozac, Zactin)

Venlafaxine

(Efexor, Efexor-XR)

Dexamphetamine sulfate

(Adderall, Dexedrine)

Methylphenidate

(Ritalin, Concerta)

THE QUESTIONS TO ASK

Does the child or young person have a diagnosis of mental illness in writing signed by a medical practitioner; and is this medication prescribed for treatment of this mental illness?

YES

NO

Is the medication prescribed for the treatment of a physical condition (e.g. epilepsy) or physical illness (e.g. diabetes or cancer)?

YES

NO

a) Ensure that the child or young person & their medication are monitored by a GP.

b) Have a mental health plan that outlines the child or young persons symptoms and how to best respond.

c) If the child or young person has any behaviours of concern develop a Positive Behaviour Support Plan (PBSP). This will assist consistency and monitoring of interventions for the child or young person.

a) Report incidents on Restrictive Intervention Data System (RIDS) (foster/kinship care excluded).

b) Develop a PBSP.

c) Discuss with the GP if a referral to a specialist is required for diagnosis and medication review.

d) Continue the medication reviews by a GP on an annual basis or before if necessary.

a) If this medication is for treatment of a medical condition or illness; ensure regular review by a GP, referral to a specialist may be necessary.

b) Have a health plan that outlines the symptoms of the physical condition or illness and how to best respond.

a) Report incidents on RIDS (foster/kinship care excluded).

b) Develop a PBSP.

c) Discuss with the GP if a referral to a specialist for diagnosis, review and management is appropriate.

d) Continue the medication reviews on an annual basis or before if necessary.

Note: These are the most common types or classes of medications that are used to manage behaviour.

Note: Use a Medication Purpose Form or ask the treating doctor what the medication is helping with.