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Australian Commission on Safety and Quality in Health Care
Level 5, 255 Elizabeth Street
Sydney NSW 2000

Submitted via email: ccs@safetyandquality.gov.au

Dear Clinical Care Standard Team

Response to the Public Consultation Draft of the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard

The Australian Psychological Society (APS) appreciates the opportunity to provide feedback about the Australian Commission on Safety and Quality in Health Care's (the Commission's) draft of the *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard* (the Draft Standard).

The APS is the peak professional body for psychologists in Australia. We advocate on behalf of our members and the community for the implementation of evidence-informed prevention, intervention and systemic reform approaches that deliver health and wellbeing for all Australians.

The APS is a strong advocate for effective, evidence-informed psychological interventions as first-line treatment for mental health and behavioural concerns, or as a co-intervention with psychotropic medications for moderate to severe mental ill-health when necessary. Our goal is to ensure all people, including disadvantaged and vulnerable populations such as older adults and people with disability, have equitable access to high-quality and safe health and mental health care at all times[1,2].

As highlighted in the Draft Standard, serious safety concerns have been raised about the misuse and overuse of psychotropic medications and as a form of chemical restraint in vulnerable populations including older people, especially those in aged care, and people with cognitive impairment or disability. We commend the Commission on the development of this Draft Standard as part of a joint commitment with the Aged Care Quality Commission and the NDIS Quality and Safeguards Commission to reduce the inappropriate use of psychotropic medicines in older people and people with cognitive impairment or disability.

On the following pages, the APS has responded to the consultation questions about the Draft Standard. We hope this feedback is useful as progress is made towards finalising this important clinical care standard. If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Kind regards,

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Chief Executive Officer

The Australian Psychological Limited
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Responses to Consultation Questions about the Draft of the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard

Quality statements and indicators

1. **Do the quality statements adequately describe the quality of care that should be provided? How could the quality statement be improved?**

Quality statement	How could the quality statement be improved?
Quality statement 1: Person- and family-centred care. A person receives healthcare that is driven by their individual preferences, needs and values, and upholds their personal dignity, and human and legal rights. The person and their family are supported to be active participants and make informed choices about their care.	The APS commends the positioning of person- and family-centred care as a fundamental human and legal right for people with cognitive impairment and disability in Quality Statement 1. We also strongly support the active role that health professionals must play to ensure people with cognitive impairment and disability are empowered and supported to participate in their own health care. We highlight that one of the barriers to achieving this and all other quality statements in this standard is the role of stigma. This includes the stigmatising beliefs of the public and health professionals and also self-stigma that may impact the participation of people with cognitive impairments and disabilities in their care, and reduce or delay access to appropriate non-drug strategies for the management of behaviour concerns[3–5]. We recommend the following edits to this quality statement/standard document: • In the *For clinicians* section, explicitly identify stigma and the potential negative impacts on person-centred care and the implementation of other quality statements within this standard. • In the *For healthcare services,* incorporate stigma reduction as part of the following statement: "Support the delivery of person-centred care through appropriate skills mix, education, by developing staff communication skills and providing the leadership required for change (p. 21, lines 32-33). • Include stigma/stigma reduction as a Glossary term.
Quality statement 2: Informed consent for psychotropic medicine. If a psychotropic medicine is being considered, the person and their family are informed about the reason for prescribing, and its potential benefits and harms. Where use of psychotropic medicine is agreed, informed consent is obtained and documented before use. If	The APS commends the positions made in Quality Statement 2 and in the accompanying detailed explanation in the standard document that: cognitive impairment or disability does not automatically render a person incapable of making an informed decision; there must be a presumption of rationality in relation to providing informed consent; and in case of impaired decision-making capacity, processes for supported decision making, proxy consent or the exemptions under relevant legislation are followed. We recommend the following edits to this quality statement/standard document: • Given that busy health professionals may refer to the list of quality statements (and indicators) more frequently than the detailed explanatory information in the standard document, we

the person's decision-making capacity is impaired, processes for supported decision making, proxy consent or exemptions under relevant legislation are followed as appropriate.	highly recommend that Quality Statement 2 be edited to include the critically important points relating to effective communication and reasonable adjustments that can support people with cognitive impairment or disability to be involved in decision making and informed consent processes. • While it is appropriate to involve family or other members of the person's support network (p. 21, lines 19-22), safeguards to minimise the risk of coercion for people with cognitive impairment or disability are also critical considerations around informed consent for psychotropic medications. We recommend this point and examples of safeguarding measures are included in the explanatory information in the standards document, for example, enabling a person to make decisions in private with the health professional or in other ways that ensure that they do not feel unduly pressured by the opinions of others (family, carers, service providers). • We highlight that decision-making capacity is a complex medicolegal area and that clinicians should be encouraged, when necessary, to seek the opinion and support of suitably qualified health professionals, such as psychologists, who can support them to navigate matters associated with health literacy and decision-making capacity for informed consent. We recommend this point be included in the *For clinicians* section for this quality statement. Psychologists are particularly well-placed to provide advice and support to other health professionals about these matters. Psychology is one of the key professions called upon to conduct decision-making capacity assessments, and psychologists' training and skills include administering and interpreting evidence-informed assessments of cognition and behaviour to determine the impact of health conditions, developmental considerations and undue influence on decision-making.
Quality statement 3: Assessing a person with behaviours of concern. A person who develops unexpected changes in behaviour is assessed for immediate risks to their safety and that of those around them. When safe to do so, a systematic assessment is undertaken to identify factors that may be contributing to the behaviour, which takes into account any existing plans to support the person's care, and others who know the person.	The APS commends the positions made in Quality Statement 3 and in the accompanying detailed explanation in the standard document that assessment of behaviours of concern supports appropriate immediate non-drug responses to unexpected behavioural changes. The statement also highlights the crucial role of assessment for the identification/review of prevention and early intervention responses to behaviours of concern in people with cognitive impairment and disability via management of psychological and environmental factors. Psychologists as regulated health professionals are highly trained in the assessment of mental health and behaviours of concern and identifying evidence-informed non-drug strategies that can assist, including for people with cognitive impairment or disability. We argue that psychologists are a critical workforce when assessing a person with cognitive impairment or disability and behaviours of concern. We recommend that the important role of psychologists be reflected explicitly in this quality statement/ standard document as follows: • In the *For people* section of the document, include psychologists, (in addition to doctors and nurses) as one of the health care

	providers that "will assess you to try to understand what might be causing you to behave in the way that you are and what can be done. This is so they can help you." (p. 27, lines 16-18) • In the *For clinicians* section of the document, include psychologists in the statement "Consider referral to other healthcare providers, specialist services or people skilled in undertaking behavioural assessments, for example, a NDIS behaviour support practitioner or the Dementia Behaviour Management Advisory Service. (p. 28, lines 12-14).
Quality statement 4: Non-drug strategies. Non strategies are used first-line when responding to behaviours of concern and as the mainstay of care to prevent recurrence, regardless of whether medicines are used. The choice of strategies is individualised to the person's preferences, the situation, and underlying causes for the behaviour, and they are documented in a place that is accessible to all of those involved in their care.	The APS commends the positions made in Quality Statement 4 and in the accompanying detailed explanation in the standard document that non-drug strategies should be the first-line and mainstay response when addressing behaviours of concern for people with cognitive impairment or disability. As noted above, psychologists as regulated health professionals are highly trained in the assessment of mental health and behaviours of concern and identifying effective, evidence-informed non-drug strategies. We argue that psychologists are a critical workforce when planning and implementing effective non-drug approaches and reducing the use of psychotropic medications in people with cognitive impairment or disability. We recommend that the important role of psychologists be reflected explicitly in this quality statement/standard document as follows: • In the *For clinicians* section of the document for Quality Statement 4, include a statement that encourages clinicians to seek the opinion of suitably qualified health professionals, such as psychologists, when necessary to support them to navigate matters associated with choosing and implementing non-drug strategies for addressing mental health issues and behaviours of concern (as described on p. 32, lines 1-13). • In the *For healthcare services* section of the document for Quality Statement 4, identify psychologists as an example of a "leading clinician" for the purposes of ensuring the workforce is trained in the use of non-drug strategies and understands the range of strategies that could be implemented if a person presents with behaviours of concern (p. 32, lines 22-25).
Quality statement 5: Behaviour support plans If a person has a behaviour support plan, it is used to guide their health care. The person's response to the plan, including any use of psychotropic medicine, is continually monitored, documented, and communicated to inform regular updates to the plan.	The APS commends the approach reflected in Quality Statement 5 which aims to make better use of existing behaviour support plans to guide health care and maintain up-to-date plans, including the use of any psychotropic medication. We have no additional suggestions at this time.

Quality statement 6: Appropriate reasons for prescribing psychotropic medicine. Psychotropic medicine is considered in response to behaviours of concern only when there is a significant risk of harm to the person or others, or the person is in severe distress, and non-drug strategies are not effective. Psychotropic medicine is also appropriate for treating a diagnosed medical condition, or as a time-limited trial when a diagnosis cannot be made with certainty, but is likely following a documented clinical assessment. The reason for use is documented in the person's healthcare record at the time of prescribing.	The APS commends the approach reflected in Quality Statement 6 and 7 that requires health professionals to: • carefully consider the situations and circumstances that would warrant prescribing psychotropic medicine for people with cognitive impairment and disability (e.g., as a treatment for a mental health condition or as a time-limited trial while clinical mental health assessment is undertaken - as described on p. 39, lines 1-8), and • monitor, review and alter doses and deprescribe psychotropic medicine when indicated. Psychologists are mental health professionals who use a biopsychosocial treatment approach and evidence-informed non-drug strategies. They are accustomed to working in an interdisciplinary fashion with medical practitioners, nurses and other allied health professionals for holistic treatment planning and implementation. Psychologists are experts in tailoring treatments to the individual, recognising the interplay between personal factors and the environment in the success of a 'medical' intervention. By collaborating with other health professionals, psychologists can ensure a comprehensive understanding of how individuals' circumstances may affect treatment success and provide insights into how psychological and behavioural factors interact with the physical systems of the body, and social factors, to influence health, and illness.
Quality statement 7: Monitoring, review and deprescribing of psychotropic medicine. A person's response to psychotropic medicine is regularly monitored and reviewed to identify the benefits and harms of prescribing, and consideration of dose alteration or deprescribing. The results are documented in the person's healthcare record, along with the timing of the next review.	When psychotropic medications are an appropriate treatment option for an individual, psychologists are trained in working with clients to support them with medication adherence. There are well-established ways to adapt psychological treatment during the different phases of drug withdrawal[6,7]. Critically, there needs to be systemic changes to treatment paradigms and attitudes to increase the 'prescription' of psychological and psychosocial interventions. Psychologists and other allied health professionals are well placed to contribute to and lead this necessary shift. We recommend that the important role of psychologists be reflected explicitly in this quality statement/standard document as follows: • In the *For clinicians* section of the Quality Statements 6 and 7, include a statement that encourages clinicians to seek the opinion of suitably qualified mental health professionals, such as psychologists, when necessary to support them to navigate psychological and psychosocial matters associated with prescribing, monitoring and reviewing psychotropic medicines for mental health conditions and behavioural concerns, including at times of dose reduction and deprescribing.
Quality statement 8: Information sharing and	The APS commends the approach reflected in Quality Statement 8 that aims to improve information sharing and communication about psychotropic and non-drug strategies for behaviours of concern as

communication at transfers of care. When the healthcare of a person is transferred, information about their ongoing needs is shared with the person, those who support them, and relevant healthcare and service providers who are responsible for continuing the person's care. This includes information about their medicines, and any plans to support their behaviour. Where psychotropic medicine is prescribed, the reason for use, the intended duration, timing of last administration and plans for review are documented and communicated.	people with cognitive impairment and disability transition across health care settings. We have no additional suggestions at this time.

2. **Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities? How could the indicator(s) be improved?**

   Overall, the APS agrees that the proposed set of indicators is an appropriate tool to support clinicians and healthcare services to monitor and plan the local implementation of this clinical care standard and associated quality improvement activities.

   We note that *Quality Statement 1: Person- and family-centred care* states that there is "No indicator for this quality statement – link to information on patient experience" (p. 22, line 50). While the APS agrees that data from quality measures such as PREMS (Patient Reported Experience Measures) and PROMS (Patient Reported Outcomes Measures) as detailed in Appendix C are appropriate links, we recommend considering how this link can be more clearly expressed as an indicator to support clinicians and health services to plan and monitor their approach to achieving this quality statement.

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3. **The quality statements focus on areas identified by the Commission as being a priority for quality improvement. Are there additional areas or aspects of care that should be included? If so, please provide further detail.**

   The APS considers the eight quality statements are appropriate and well considered – at this time, we have no suggestions for additional areas or aspects of care to be included in this clinical care standard.

4. **Are you aware of any current or planned initiatives that could support implementation of this clinical care standard? If so, please provide further detail.**

   The APS is pleased that one of our professional resources is acknowledged and has informed the development of the Draft Standard (p. 16, lines 7 & 8). As noted in the document, this resource was updated in 2021 and also has an updated title. Could you please kindly update the reference as follows:

   Australian Psychological Society. Alternatives to restrictive practices in intellectual and developmental disability. 2021

   As this is a member resource, we have attached a copy of this updated resource for your records.

   We also recommend to you our recently published position statement Psychologists in residential aged care which speaks to many of the issues associated with psychotropic medications and non-drug strategies that are addressed in this clinical care standard. This document is available via the link.

Questions about cultural safety and equity considerations

5. Do you agree with the suggestions relating to cultural safety and equity? If not, how could this be improved?

The APS supports the suggestions relating to cultural safety throughout the clinical care standard. We are also pleased to see acknowledgement on p. 11 of the document that different strategies may be needed to implement this clinical care standard in rural and remote settings, such as hub-and-spoke models and telehealth.

Other

- Add allied health to the Glossary.

References

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5. Nguyen, T., & Li, X. (2020). Understanding public-stigma and self-stigma in the context of dementia: A systematic review of the global literature. *Dementia*, *19*(2), 148–181. https://doi.org/10.1177/1471301218800122

6. Guy, A., Davies, J., & Rizq, R. (2019). *Guidance for Psychological Therapists—Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs*. APPG for Prescribed Drug Dependence.

7. Rizq, R., Guy, A., & Stainsby, K. (2020). *A short guide to what every psychological therapist should know about working with psychiatric drugs.* APPG for Prescribed Drug Dependence.

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