Optimising care for children with developmental disorders and chronic illness

Victorian Paediatric Clinical Network

The Disability Act 2006 (Vic) and Medication

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Disability Act 2006 governs the provision of disability services in Victoria.

Senior Practitioner in Victorian disability services.

90% of restrictive interventions in Victoria are medication for behavioural control (defined as chemical restraint in the Act, section 3).
Medication prescribing in young people

• Psychotropic drug dispensing in Australia increased by 27.7% (3-9 years), 22.5% (10-14 years) and 33.3% (15-19 years) from 2009 to 2012 (Karanges et al. (2014) Aust & NZ J Psychiatry, 48(1): 917)

• Rapid increase in the use of antipsychotics in a cause for concern: weight gain, metabolic syndrome, EPSE and prolactin elevation more problematic in young people

• Sedative effects impair cognition and performance – especially important for those with existing ID

Doctors are often subject to considerable pressure to prescribe medication to diminish or contain challenging behaviour. This is not surprising since psychotropic medications are available that are potent in producing tranquilisation, fast-acting, require little expertise on the part of untrained carers and may be relatively inexpensive compared with behaviour analysis and intervention (Emerson & Einfeld (2011) Challenging Behaviour, Cambridge University Press, Cambridge, p.94)
Medication for behavioural control

- In intellectual disability: “The effectiveness of psychotropic medications in managing challenging behaviours is best described as minimal” (Matson & Neal (2009) Research in Developmental Disabilities, 30: 572)

- In pervasive developmental disorder: “There is a paucity of systematic, well-conducted trials on the use of pharmacological agents in the management of PDD” (Sung et al. (2010) Aust & NZ J Psychiatry, 44: 410)

Factors contributing to medication use for behaviour control of people with ID (Matson & Wilkins (2008) Lancet, 371: 9):

1. Differential diagnosis and drug treatment vs. applied behaviour analysis
2. Unfamiliarity of medical staff with psychological treatments
3. Insufficiently trained staff to implement behaviour analysis
4. The appeal of sedating aggressive individuals as opposed to engaging them in treatment
5. Responsibility for medical care vs. behavioural intervention
6. Potential for physical injury to others
Kew Residential Services Independent Psychiatric Reviews [Centre for Developmental Disability Health Victoria] A

Kew Residential Services Chemical Restraint Reviews [Deakin University] B

Medication Matrix - Adults with Behaviours of Concern [Centre for Developmental Disability Health Victoria] B

Chemical Restraint Review of those aged 55+ on RIDS [Deakin University] C

Review of 34 Adults with Disabilities by Independent Psychiatrists C
Office of the Senior Practitioner

Independent psychiatric review of former Kew Residential Services residents conducted by the Centre for Developmental Disability Health Victoria between 27 February and 30 November 2008

Supporting people to achieve dignity without restraints

CDDH VICTORIA

A Victorian Government Initiative
Senior Practitioner Partnership Grant

A Protocol to Guide a Collaborative Medication Review for Adults with Behaviours of Concern

Associate Professor Teresa Iacono
Ms. Stella Koritop
Dr. Brenda Burgen
Associate Professor Robert Davis
Centre for Developmental Disabilities Health Victoria, Monash University

Mr. Daniel Leighton
Jewish Care

Ms. Betty Hamilton
NADRA5CA

Final Report to the Office of the Senior Practitioner
15th December, 2009
Senior Practitioner – Disability

A five-year follow-up to the 2008 independent psychiatric review of former residents of Kew Residential Services

November 2014

Report by Dr Danielle Newton and Associate Professor Jane McGillivray

Department of Health & Human Services
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 Phylis Lau

Supporting people to achieve dignity without restraints
Prescribing psychotropic medication to people with an intellectual disability
Final report and recommendations

working with the community
EXPAND YOUR SKILLS AND KNOWLEDGE

Treatment of people who present with a mental illness and have an intellectual disability (dual disability)

Are you a general practitioner, psychiatric registrar or psychiatrist?

Three e-learning modules on Intellectual disability and mental illness

This FREE educational opportunity will take approximately thirty minutes per module to complete.

The e-modules are located at www.ranzcp.org under the Practice and Education tab.

Module 1: An introduction to working with patients with a dual disability
Case studies and discussion to explore the issues around treating people with both an intellectual disability and a mental illness.

Module 2: Interpreting behaviours of concern in dual disability
Reviews two vignettes that focus on behaviours of concern in people with a dual disability.

Module 3: Reflecting upon treatment approaches
Examines dual disability issues within the context of more restrictive interventions, such as admission to a psychiatric inpatient service.

The Royal Australian & New Zealand College of Psychiatrists
Dual Disability Modules

Mental Health in People with a Dual Disability

These modules are designed for people in the Disability Sector who want to learn about the range of mental health challenges that may be faced by the people they support.

Twelve modules cover a broad range of topics they wish to learn about. Adults can do as many or as few modules as they wish, and tests to generate a certificate when passed are available on completion of each module.

The website address is http://vddsm.vhhm.org.au/
Module overview

Module 1: Overview of causes and assessment of behaviours of concern in people with intellectual disability
Between 10 and 17 per cent of people with ID present to their GP with a behaviour of concern. A change in behaviour may be an indication of mood, emotion or discomfort, mental or physical ill health and/or environmental factors. In this module, GPs are introduced to the Assessment and Management Framework (AMF) that guides them through the assessment and management of behaviours of concern in people with ID. The importance of a collaborative partnership between the person with ID, their support workers, health professionals and the person’s family is highlighted.

Module 2: Physical illness and behaviours of concern in people with intellectual disability
Physical pain or discomfort may be expressed through changes in behaviour, particularly if the person concerned has difficulty communicating with words. People with ID presenting with behaviours of concern require a comprehensive assessment as to the underlying cause of such behaviour. This module explores assessment and management of physical health issues in people with ID and behaviours of concern.

Module 3: Mental illness and behaviours of concern in people with intellectual disability
Mental illness, pain, distress, confusion, mood disturbance and anxiety may be expressed through changes in behaviour, particularly if the person concerned has difficulty communicating with words. People with ID are at significantly greater risk compared to the general population of developing a co-existing mental illness due to a range of bio-psycho-social factors. Mental illness may be difficult to detect due to (a) communication difficulties (b) the tools used for diagnosis of mental illness in the general population being difficult to apply when people are not able to describe their symptoms and (c) a lack of awareness and understanding in behavioural presentations amongst health professionals. This module explores assessment and management of disorders of mental health in people with ID presenting with behaviours of concern.

Module 4: Life circumstances, environment and behaviours of concern in people with intellectual disability
Changes in the physical, sensory or social environment and in life circumstances may all be expressed through changes in behaviour, particularly if the person concerned has difficulty communicating with words. Behaviour is a form of communication; it reflects an individual’s internal state of being or response to external stimuli and experiences. People with ID are often more vulnerable to changes in their environment and life circumstances due to a number of factors including impaired coping capacity, decreased ability to manage change, less control over their life circumstances, repeated trauma and loss, impaired social skills, and experiencing sensory stimuli differently to the rest of the population. This module examines the impact of life circumstances on the presentation of people with ID and behaviours of concern.
Senior Practitioner - Disability Building capacity to assist adult dual disability clients access effective mental health services

October 2013
Report by Dr Darryl Sullivan, Terri Robertson, Dr Michael Daffern and Dr Stuart Thomas

Supporting people to achieve dignity without restraints
Office of Professional Practice - Disability
Project Brief

Scoping the knowledge and skills of mental health nurses working with people who have a co-occurring intellectual disability and mental illness

Prepared by: Mandy Donley-Practice Leader Integrated Health Care, Office of Professional Practice with Rebecca Corbett, Finbar Hopkins & Stephen Elsom (Centre for Psychiatric Nursing-University of Melbourne) Version # 2 15th May 2013
Psychiatrists

Additional training specific to mental illness and intellectual disability, need for ongoing professional development.

It would be ideal if specialist training was included in the original curriculum undertaken at university in Australia; ideally this would allow for a specialist group of psychiatrists trained in mental health issues within the intellectual disability population.

Development or adoption of guidelines surrounding the prescribing of psychotropic medication for the ID population.

Mandatory guide for detecting and treating mental illness in the Intellectually Disabled population.
General Practitioners

Increased knowledge of supporting disciplines available. BIST, psychiatrists, pharmacists, occupational therapists.

Need for extended consultation times, if possible make it the first appointment of the day so as to prevent delays.

The benefits of two appointments followed closely to one another has also been suggested, as this would allow any additional information about the client that wasn’t readily available to be collected and brought to the follow up consultation, as well as the opportunity for any concerns of the individual, service provider and carer to be raised.
Use disability support workers as interpreters rather than as proxy’s when conducting a consultation.

Also need to emphasise the benefit of consulting a pharmacist when prescribing to this population as they are often prescribed more than one medication at a time, can help to avoid polypharmacy and potentially serious side effects.

Ideally there would be specialist training available for general practitioners specifically relating to treating persons with an intellectual disability. Enabling the creation of a specialist group of clinicians qualified to work with this population.
Disability Service Providers

Disability service provider or carer accompanying the client to any appointment must have a good understanding of the client’s needs within their daily lives and have a fairly strong relationship with them as well as a good basic knowledge of their history.

Checklist of all information that needs to be brought to an appointment, whether it is an initial one or a review.

Lists of every medication the individual is on, with dosage, frequency and administration intervals, Any previous diagnosis and assessments the individual has had,

There is a document entitled the Residential Services Practice Manual (currently in its 2nd Edition, 2009). The use of this document is mandatory for DHS workers only and briefly outlines some of the policies surrounding a medical appointment that a disability service provider has to ensure. This however, is a lengthy 300 page document: [www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability). Given the above, there is a real need for a more accessible, shorter and altogether not so confronting checklist.
Assessment of the capacity of care workers to implement psychological interventions – additional training where appropriate.

Improved recruitment and personality assessment on interview, call for high communication and literacy skills.

Increased knowledge in methods which lead to effective restrictive interventions will allow staff greater understanding and thus more confidence in the process of interventions. It has been shown an increased understanding of restraint purposes and practices increases empathy towards the client, decreasing the likelihood for severe treatment or punishment.
Where should intervention be focused?


Broader work of the Senior Practitioner

- Disability + Youth Justice + Child Protection
- Royal Children’s Hospital
- ‘Desperate Measures’ report
- Department of Education & Training
- Case consultations
- Respite design and delivery
- ‘Beyond Tomorrow’ Early Childhood Management Conference
Contact

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