Aged Care Quality and Safety Commission

Australian Commission on Safety and Quality in Health Care

NDIS Quality and Safeguards Commission

Progress Report

Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People

September 2026

Contents

Foreword

The importance of ensuring the safe and appropriate use of psychotropic medicines for people with disability and older people was highlighted by findings of the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

In March 2022 the NDIS Quality and Safeguards Commission (NDIS Commission), the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the Aged Care Quality and Safety Commission (ACQSC), signed a Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People (Joint Statement). The Joint Statement outlines a shared commitment to work together to reduce the inappropriate use of psychotropic medicines.

Since the Joint Statement was signed, the three Commissions have progressed a number of projects addressing the measures outlined. This report brings together work that has been occurring to reduce the inappropriate use of psychotropic medicines for people with disability and older people, wherever they receive care and support.

The NDIS Commission, ACSQHC and ACQSC reaffirm the commitments made in the Joint Statement and will continue their collaboration to achieve its objectives.

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Introduction

Psychotropic medicines are high-risk medicines with potential for harm. Use of psychotropic medicines can be appropriate to treat mental health conditions like schizophrenia, anxiety, depression and bipolar disorder, or in the treatment of health conditions such as pain or sleeping problems.

However, psychotropic medicines can also be used inappropriately, including to influence a person's behaviour through their sedative effects – rather than to treat a mental health or physical condition.[1]

When used in this way psychotropic medicines may be a restrictive practice. Determining whether a psychotropic medicine is being used as a restrictive practice can be complex and is subject to regulatory oversight. Health, aged care and disability support providers are required by law to ensure that restrictive practices are used only as a last resort, and in the least restrictive form.

The Joint Statement was made in response to the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. In the Joint Statement, the NDIS Commission, the ACSQHC and the ACQSC agreed to work together to reduce the inappropriate use of psychotropic medicines through:

- raising awareness of the risks associated with inappropriate use of psychotropic medicines amongst healthcare, aged care and disability workforces
- supporting improvements to the availability and quality of behaviour support planning, and preventative and de-escalation strategies
- strengthening understanding and capacity for appropriate informed consent, prescribing, dispensing, administration and cessation of psychotropic medicines.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability recommended a joint progress report be published by the three Commissions on implementation of these measures under the Joint Statement. This recommendation was accepted in full by the Australian Government in July 2024 who acknowledged the safety and quality issues arising from the misuse and overuse of psychotropic medicines.

This report responds to that recommendation, providing an update on progress to reduce the inappropriate use of psychotropic medicines for people with disability and older people, across care and support settings.

1 Australian Commission on Safety and Quality in Health Care. Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard. Sydney: ACSQHC; 2024.

Supporting the disability sector

Activities conducted by the NDIS Quality and Safeguards Commission (NDIS Commission) have focused on enhancing disability sector knowledge and uplifting the quality of services provided to NDIS participants. A summary of activities is outlined below.

Publications and resources

1. Practice Alerts focused on psychotropic medication use and the associated effects. These include a range of products for each Practice Alert including quick reference guides, Easy Read guides and videos. Topics include:
   - Polypharmacy
   - Regular Access to Healthcare
   - Medicines that can cause respiratory depression
   - Medicines associated with swallowing problems.
2. Resources focused on the quality of Behaviour Support Plans including practice guidance, policy guidance and position statements designed to inform and support the delivery of Positive Behaviour Support.
3. Accessible and Easy Read Fact Sheets designed to empower NDIS participants who may be subject to regulated restrictive practices to understand their rights and quality behaviour support.
4. Quality Supports for Children Booklet created with the National Disability Insurance Agency (NDIA) with an Easy Read format available.
5. Restrictive Practice and Me accessible and Easy Read resources to support collaborative ways to talk to NDIS participants about regulated restrictive practices. Resources include a tip sheet for practitioners and providers, discussion book (also available in Easy Read), case study and icon set.
6. Cochrane and systematic reviews focused on:
   - Organisational interventions for decreasing restrictive practices including an evidence summary
   - Pharmacological interventions for the management of behaviour in people with autism. This includes evidence summaries on the effectiveness and risks of specific medications including:
     - ADHD related medications
     - antidepressants
     - antipsychotics
     - risperidone
     - neurohormones
     - anticonvulsants.
   - Restrictive practice use in people with neurodevelopmental disorders – a systematic review of international data, on the rates of use of restrictive practice use in people with neurodevelopmental disabilities and factors associated with higher rates of use

- Interventions to reduce the inappropriate use of psychotropic medicines among people with neurodevelopmental disabilities. This review identifies interventions that were shown to reduce inappropriate prescribing and administration of psychotropic medications. In addition to the research review, a Plain English evidence summary was also published.

7. Feasibility study on implementing SPECTROM, a UK training program aimed at supporting staff in community homes to reduce the overuse of psychotropics for adults with intellectual disability:
   - Staff perceptions following a training programme about reducing psychotropic medication use in adults with intellectual disability: The need for a realistic professional practice framework
   - Training support workers about the overmedication of people with intellectual disabilities: an Australian pre-post pilot study.
8. Representation on the working group that developed the ACSQHC Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard.
9. Co-designing accessible medication leaflets for people with disability. This project explored the perspectives of individuals with intellectual disability regarding psychotropic medicine use and information accessibility. Based on these consultations, standardised templates for Easy Read medicine leaflets that can improve health literacy and informed decision making were developed.

Education and professional development

1. NDIS Behaviour Support Practitioner Capability and Suitability:
   - An external review of the Positive Behaviour Support Capability Framework and the behaviour support practitioner suitability assessment process, completed in 2025.

Data and analytics

1. Behaviour Support Plans Quality Reviews:
   - The NDIS Commission engaged in a series of projects between 2023 and 2025 to review the quality of comprehensive Behaviour Support Plans (BSPs), and check compliance by NDIS providers with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.
   - The quality of BSPs are rated against an evidence-based tool, the BSP-QEII. Over the last three years, the mean score has remained relatively stable (i.e., 2023 = 14.75, 2024 = 14.39, 2025 = 14.93) with only minor improvements in the quality of BSPs. The scores are above the minimum required to effect some change (i.e., 13), but they do not clearly embody best practice. 73% of plans reviewed scored above 13 out of 24 in 2025.
   - The NDIS Commission is committed to work with specialist behaviour support providers to see better improvement in the quality of BSPs and in the reduction and elimination of restrictive practices.

Supporting healthcare professionals

Activities conducted by the Australian Commission on Safety and Quality in Health Care (ACSQHC) have focused on providing guidance to health service organisations, clinicians and consumers to reduce the inappropriate use of psychotropic medicines. A summary of activities is outlined below.

Publications and resources

1. Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard

The Clinical Care Standard contains eight quality statements and seven indicators to ensure the safe and appropriate use of psychotropic medicines in people with cognitive disability or impairment and uphold their rights, dignity, health and quality of life.

Development of this clinical care standard supports the Joint Statement by providing guidance to enable appropriate management and improve outcomes for these vulnerable groups.

2. An Easy Read version of the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard to support understanding of the clinical care standard.
3. A suite of resources on the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard for:
   - Consumers
   - Clinicians
   - Healthcare services.
4. Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard Indicators developed to support monitoring of the care recommended in the standard. Clinicians and healthcare services can use the indicators to support local quality improvement activities.
5. The NSQHS Standards User Guide for the Health Care of People with Intellectual Disability developed in response to significant evidence of poor health outcomes for people with intellectual disability in Australia's health system. The User Guide is consistent with the recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Final Report.

   Supporting the User Guide are a number of fact sheets which are also available in Easy Read.
6. Safe and appropriate use of psychotropic medicines for aged care - Fact sheet aims to assist aged care providers to:
   - understand their role in mitigating the risks of using psychotropic medicines to manage behaviour in older people with cognitive disability or impairment.
   - meet their obligations to provide safe, coordinated, effective and evidence-based clinical care, as described in the Aged Care Quality Standards.
7. Four Steps to Inclusive Health Care: With Me and About Me is a poster for health services to inform clinicians about how to provide better care for people with an intellectual disability.

8. Case Study - Safe and Appropriate use of Psychotropic Medicines - Residential Aged Care outlines a fictional scenario of an older person's care pathway with a residential aged care provider. The focus is on the systems and processes that should be in place to support high-quality care of older people living with cognitive impairment, including medication management and managing changed behaviours.
9. Case Study – Safe and Appropriate use of Psychotropic Medicines - In-home Aged Care outlines a fictional scenario of an older person's care pathway with an in-home care provider. The focus is on the systems and processes that should be in place to support high-quality care of an older person living with dementia, including medication management and managing changed behaviours.
10. Case Study – A personal journey navigating psychotropic medicines and dementia care outlines the experience of a woman diagnosed with dementia at the age of 56 and how she and her husband navigated the complexities of dementia until her death at the age of 69.
11. The Delirium Clinical Care Standard and supporting resources aims to improve the prevention of delirium in patients at risk, and the early diagnosis and treatment of patients with delirium. Quality Statement 7 of the Delirium Clinical Care Standard aims to avoid use of antipsychotic medicines for patients with delirium.
12. Supporting the appropriate use of psychotropic medicines in aged and disability care – publication in Australian Prescriber, describing the appropriate use of psychotropic medicines and promoting the Clinical Care Standard. The article was commissioned by Australian Prescriber, an independent peer-reviewed journal providing critical commentary on drugs and therapeutics for health professionals.

Education and professional development

1. High Risk Medicines eLearning modules

   The Commission has published seven High-Risk Medicines (HRM) eLearning modules which are available to support healthcare professionals, particularly those working in settings where high risk medicines are used. Two modules address use of psychotropic medicines: 'Clozapine' and 'Psychotropic Medicines'.

2. National Medicines Symposium 2024

   The National Medicines Symposium is an annual, cross-disciplinary event bringing together leading organisations, experts, clinicians, consumers and policymakers to discuss and debate key issues around quality use of medicines

   In 2024, the National Medicines Symposium facilitated a timely discussion on tools and approaches to improve the safe and quality use of medicines in older Australians including deprescribing. The session recordings, presentations and resources can be found at: National Medicines Symposium 2024 | Australian Commission on Safety and Quality in Health Care.

Data and analytics

1. Atlas Time Series Report – Antipsychotic medicines dispensing, 65 years and over, from 2016–17 to 2020–21 | Australian Commission on Safety and Quality in Health Care showed:
   - there was an 11% reduction in the rate of antipsychotic medicines dispensed in people aged 65 years and over nationally between 2016–17 and 2020–21, continuing the trend for the period 2013–14 to 2016–17 seen in the Third Australian Atlas of Healthcare Variation
   - there was a 5% decrease in the overall volume of antipsychotic medicines dispensed to older people

- dispensing rates were generally higher in major cities than in regional areas and rates increased with socioeconomic disadvantage for each of the five years
- there was a 22% reduction in the magnitude of variation: in 2020–21, the number of prescriptions dispensed was 12.3 times higher in the area with the highest rate compared to the area with the lowest rate. In 2016–17, the magnitude of variation was 15.7.

2. Australia's response to the World Health Organisation (WHO) Global Patient Safety Challenge – Medication without harm outlines Australia's work in monitoring and responding to inappropriate polypharmacy, improving medication safety at transitions of care and reducing harm from high-risk medicines (including antipsychotics).

   The goal of the response was to reduce avoidable medication errors, adverse drug events and medication-related hospital admissions by 50% over the period to 2025

   - In June 2024, a status report was released which examined progress made towards achieving the goal and the priority actions outlined in the response (for the period to 30 June 2023).

Supporting aged care providers

Activities conducted by the Aged Care Quality and Safety Commission (ACQSC) have focused on education and capability uplift for Aged Care Providers and other stakeholders including prescribers and pharmacists, review of information after the passage of the *Aged Care Act 2024* and guiding providers to improve documentation and reporting of restrictive practices. A summary of activities is outlined below.

Publications and resources

1. The Strengthened Aged Care Quality Standards (ACQSC) are part of the Aged Care Act 2024, and applied from 1 November 2025. They make sure that older people receive quality care that is safe, meets their needs and preferences, and upholds their rights.

   Under Outcome 3.2: 'Delivery of funded aged care services', providers are guided by action 3.2.7 which states the provider minimises the use of restrictive practices and, where restrictive practices are used, these are:

   a) used as a last resort

   b) used in the least restrictive form and for the shortest time needed

   c) used with the informed consent of the individual

   d) monitored and regularly reviewed.

   Under Outcome 5.3: 'Safe and quality use of medicines' provider must:

   a) encourage and support individuals, aged care workers, registered health practitioners and allied health professionals to use medicines in a way that maximises benefits and minimises the risks of harm

   b) ensure that before administering medicine to an individual, the medicine has been prescribed for the individual and medicines are appropriately and safely administered, monitored and reviewed by registered health practitioners, considering the clinical needs and informed decisions of the individual

   c) ensure that medicines-related adverse events are monitored and reported and are used to inform safety and quality improvement.

2. Provider guidance on the Quality Standards and outcomes is published on the website, explaining provider obligations and key tasks providers may consider incorporating strategies to explain how they will deliver care and service plans. An extensive review of existing fact sheets is currently underway to provide further practical guidance, particularly on developing person-centred behaviour support planning, and best practice behaviour support.
3. Resources to clarify provider obligations to manage the use of psychotropic medications, understand the rate of use of psychotropic medications and to minimise the inappropriate use of restrictive practices, including chemical restraint.
   - Psychotropic self-assessment tool continues to be used across the sector to identify where further assessment may be required, and to identify opportunities to reduce or remove these medications for older people. The tool includes worked examples and frequently asked questions and can also assist providers in the governance and management of high-risk medications by monitoring trends in use, for example.
   - Regulatory Bulletin: Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices, amended to clarify who can provide informed consent for the use of a restrictive practice where an older person lacks capacity to give that consent.

4. Clinical Alerts which share important and timely information and advice to aged care providers on clinical matters from the ACQSC Chief Clinical Advisor, including:
   - Behaviour support plans – creating behaviour support plans that best support older people
   - Preventing medication transcribing and dispensing errors in residential aged care.
5. In Focus: Restrictive Practices explaining how the ACQSC sees the use of restrictive practices through a range of regulatory and self-reported data. It raises awareness of the importance of behaviour support plans and governance in reducing the use of inappropriate restrictive practices, including use of psychotropics as a chemical restraint.
6. Defining psychotropic medicines in aged and disability care. This journal article raises awareness of the risks associated with inappropriate use of psychotropic medicines amongst healthcare and aged care workforces.

Education and professional development

1. The Commission's priority is to ensure registered aged care providers understand their obligations and responsibilities while upholding the individual's rights when supporting older people experiencing changed behaviours. This includes strengthening proactive behaviour support to minimise the inappropriate use of restrictive practices, including when psychotropic medicines are used as a chemical restraint. The Commission continues to strengthen sector capability and knowledge through targeted education to support provider's performance in clinical governance and psychotropic medication oversight, including:
   - Best practice person-centred behaviour support
   - Behaviour support planning
   - Safe management and use of psychotropics medicines in aged care
   - Minimising the inappropriate use of restrictive practices, including chemical restraint.
2. Targeted on-site education and guidance is available for providers on quality improvement strategies and medication management issues, with a focus on minimising the inappropriate use of psychotropic medication and chemical restraint requirements in aged care.
3. The ACQSC continues to deliver professional uplift through multiple forums, including Ageing Australia Forums, regional round tables, and conferences.
4. The ACQSC delivered a targeted webinar series for providers on Restrictive Practices – Myth Busting in February and March 2024 to assist providers in understanding restrictive practices and best practice behaviour support. Webinar 2 focused on chemical restraint and common myths:
   - Webinar 1: Restrictive Practices: Environmental, Mechanical, Physical and Seclusion
   - Webinar 2: Restrictive Practices: Chemical Restraint and Behaviour Support Plans.
5. The ACQSC delivered a targeted webinar in June 2026 with the Department of Health, Disability and Ageing on Strengthening behaviour support to reduce inappropriate use of restrictive practices. The webinar aimed to help registered aged care providers understand their obligations and responsibilities while upholding the individual's rights when supporting older people experiencing changed behaviours.
6. The ACQSC released the updated online self-paced education module on restrictive practices which is available on the ACQSC online learning platform - Aged Care Learning Information (Alis). The module includes psychotropic medicines that have been used as a chemical restraint. It also includes a downloadable flip guide designed as a supplementary support for the learning content. The guide contains key messages and insights for ongoing reflection, information about legal obligations and requirements, and practical approaches to minimising

the inappropriate use of restrictive practices while supporting the delivery of safe, quality, rights-based and person-centred care and services.

7. The ACQSC released an updated video on restrictive practices in aged care and what it means for older people.

Data and analytics

1. The ACQSC uses data on the use of psychotropic medicines to understand risk to older people. This includes antipsychotic use reported through the National Aged Care Quality Indicator Program, complaints raised with the ACQSC and other regulatory data related to the broader category of 'inappropriate restraint'.
2. The ACQSC has developed and implemented new Consumer Harm Risk Models, which include a risk model specifically for inappropriate restraint. This risk model uses data on psychotropic use reported through the Quality Indicator Program. This risk model allows the ACQSC to assess potential risk of harm related to inappropriate restraint at both site and provider level, which allows the ACQSC to target the higher risk providers for regulatory activity.
3. The ACQSC continues to explore how Pharmaceutical Benefits Scheme (PBS) data could be used to better understand medication usage patterns and associated risk across the sector.

Future priorities

The NDIS Commission, ACSQHC and ACQSC will continue to work towards the measures in the Joint Statement with a view to evaluating the outcomes.

In the next 12 months, the NDIS Commission is focusing on sector consultation and market analysis to consider how best to undertake a staged uplift to the capabilities and improve regulatory oversight of current and future NDIS behaviour support practitioners. The NDIS Commission is also working on *Psychotropic use in people with disability in Australia: a data linkage study*. This study links historical PBS, Medicare and disability data to identify national rates of psychotropic prescribing in people who have a disability. This report will be published in 2026.

The ACSQHC continues to update resources including the dementia resource suite. In addition, the Commission is updating the Quality Use of Medicines (QUM) learning module, with a case study focused on reducing anticholinergic burden in older people.

Planning is also underway for the National Medicines Symposium 2026, which will focus on the theme 'Medicines stewardship'. A keynote session is being developed on psychotropic medicines stewardship, alongside other stewardship models and principles to support the safe, effective, quality, and sustainable use of medicines.

In parallel, the ACSQHC is developing a five-year progress report on Australia's response to the World Health Organization Global Patient Safety Challenge: Medication Without Harm. This report will outline national progress against the goals and priority actions established in Australia's Response (published April 2020) and Status Report (published in 2024), which aims to reduce severe, avoidable medication-related harm by 50% by 2025.

The ACQSC continues to support registered aged care providers to understand their obligations and responsibilities while upholding the individual's rights when supporting older people experiencing changed behaviours. The ACQSC also continues to update resources and work on the publication of best practice guidelines - Minimising the inappropriate use of restrictive practices: A decision-making toolkit.

The three Commissions have also identified further opportunities for collaboration with a focus on data sharing, behaviour support, medication reviews and de-prescribing. An opportunity to harmonise language, particularly around transitions of care and support, was also discussed as a vital enabler of consistent, clear and understandable information for people, their carers and support providers.

Appendix

Joint Statement on the Inappropriate Use of Psychotropic Medicines

Australian Government
Aged Care Quality and Safety Commission

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NDIS Quality and Safeguards Commission

Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People

The Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability identified that psychotropic medicines are being misused and overused, particularly with older people and people with disability. Inappropriate use of psychotropic medicines has been recognised as a safety and quality issue in health care.

The use of psychotropic medicines can be appropriate for treating, or enabling the treatment of, a diagnosed mental disorder or a physical illness or physical condition. However, using psychotropic medicines, such as antipsychotics and benzodiazepines, to calm, soothe, sedate or influence or control the behaviour of people who exhibit behaviours of concern is a restrictive practice and is subject to regulatory oversight.

Health, aged care and disability support providers are all required by law to ensure that restrictive practices are only used as a last resort, and in the least restrictive form. Healthcare practitioners and aged care providers also require informed consent for the prescription and use of psychotropic medicines, including when used as a restrictive practice. Regulation in the aged care and disability sectors recognises that it is behaviour support planning and the implementation of behaviour support strategies that will reduce the use of restrictive practices.

Joint work on psychotropic medicines

The Aged Care Quality and Safety Commission (ACQSC), the NDIS Quality and Safeguards Commission (NDIS Commission) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) recognise that there is:

- Evidence that psychotropic medicines are being overprescribed and overused, in particular with older people and people with disability
- Little evidence that psychotropic medicines are effective for managing behaviours of concern
- Evidence that psychotropic medicines contribute to risks of harm to older people and people with disability, including by contributing to risk of falls, weight gain, hypertension and diabetes, by adversely affecting the person's ability to swallow, and by increasing the risk for aspiration pneumonia and other respiratory complications
- Evidence that psychotropic medicines can diminish the wellbeing and quality of life of older people and people with disability.

11/2021

Continued:

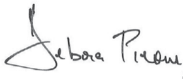
The ACQSC, the NDIS Commission and the ACSQHC have agreed to work together to reduce the inappropriate use of psychotropic medicines through:

- Raising awareness of the risks associated with inappropriate use of psychotropic medicines amongst healthcare, aged care and disability workforces
- Supporting improvements to the availability and quality of behaviour support planning, and preventative and de-escalation strategies
- Strengthening understanding and capacity for appropriate informed consent, prescribing, dispensing, administration and cessation of psychotropic medicines.

By working together with other key individuals and organisations within the health, aged care and disability sectors, to reduce inappropriate use of psychotropic medicines, the ACQSC, the NDIS Commission and the ACSQHC aim to improve the quality and safety of health, aged care and disability supports for all Australians.

Who we are

- The ACQSC is responsible for regulating the use of restrictive practices, including chemical restraints, in aged care. The ACQSC regulates aged care providers' compliance with their obligations under the Aged Care Act 1997 and the Quality of Care Principles 2014 relating to the use of restrictive practices, including chemical restraints, in residential aged care and short-term restorative care in a residential aged care setting.
- The NDIS Commission is responsible for regulating the use of restrictive practices, including chemical restraints, in the National Disability Insurance Scheme (NDIS). The NDIS Commission is responsible for the providing leadership in the reduction and elimination of the use of restrictive practices, including chemical restraints, by NDIS providers. The NDIS Commission regulates NDIS providers' compliance with their obligations under the National Disability Insurance Scheme Act 2013 and the Rules made under that Act relating to the use of restrictive practices, including chemical restraints, on NDIS participants in the provision of NDIS supports or services.
- The ACSQHC leads and coordinates national improvements in healthcare safety and quality. The ASCQHC sets the National Safety and Quality Health Service Standards, develops clinical care standards, and provides guidance for the healthcare system on improving the quality of care and reducing the risk of harm to consumers receiving health care. The ACSQHC leads and co-ordinates work in specific areas to improve outcomes for patients such as quality use of medicines; variation in practice; and risks associated with prescription, dispensing and administration of psychotropic medicines. The ACSQHC reports on the inappropriate use of antipsychotics through the Australian Atlas of Healthcare Variation series, and provides national clinical guidance on the subject.



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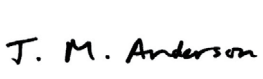

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