

Behaviours of concern

Resources on dementia, delirium and cognitive impairment

This report outlines The Australian Commission on Safety and Quality in Health Care's range of work that is relevant to behaviours of concern, including research, analysis, and education activities focused on dementia, cognitive impairment, and the use of psychotropic medicines across healthcare settings.

Introduction

The Commission has developed a suite of resources to support health services to recognise, respond to and prevent behaviours of concern. These are behaviours that indicate a risk to the safety and wellbeing of the person exhibiting them or to others.

Behaviours may challenge the person, patients, families and carers as well as the services they access, they may also reflect unmet needs, distress, discomfort, preferences, or a person's response to their environment.

The Commission's work highlights that behaviours of concern are frequently linked to underlying conditions such as cognitive impairment, delirium, or a deterioration in a person's mental state. Through research, analysis, and education activities, the Commission promotes consistent, safe, and person-centred approaches to care across healthcare settings.

Three key Commission resources support managing behaviours in concern:

1. **National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state** - supports early recognition and escalation when a person's mental state deteriorates, including new or unexpected aggression.
2. **Delirium Clinical Care Standard** - promotes early identification and non-pharmacological management of delirium, a common cause of sudden behavioural change.
3. **Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard** - supports reducing inappropriate medication use and encourages person-centred, non-pharmacological approaches to manage behaviours of concern.

These resources are reinforced by broader frameworks, including the National Safety and Quality Health Service (NSQHS) Standards, which guide health services in embedding best practice approaches to cognitive impairment and behavioural change. Together, they

strengthen understanding of risk and variation, and support safer, more consistent care for people experiencing distress or behavioural changes.

National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state

The Commission's [National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state](#) (2017) supports the implementation of the [Recognising and Responding to Acute Deterioration Standard](#).

This statement outlines structured processes for identifying and responding to changes in a person's mental state, including situations where a person who has not previously been identified as a risk becomes aggressive.

It is directly relevant to behaviours of concern, as it provides guidance for early recognition, escalation, and safe management of sudden behavioural changes, helping health services respond effectively while minimising harm to the person, staff, and others.

Clinical Care Standards

[Clinical Care Standards](#) describe the care that a person should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway in line with current best evidence.

Delirium Clinical Care Standard

[The Delirium Clinical Care Standard](#) outlines the key components of care that people with delirium should expect and promotes high-quality, evidence-based practice. It supports early identification and management of delirium, a common cause of sudden behavioural changes such as agitation and confusion. The Clinical Care Standard emphasises non-pharmacological strategies, environmental modifications, and family involvement to prevent escalation and support safe responses to behaviours of concern.

This is supported by the [Comprehensive Care Standard](#) within the NSQHS Standards, which requires health service organisations to implement best-practice approaches for the early recognition, prevention, treatment, and management of cognitive impairment ([Action 5.29](#)), including alignment with the [Delirium Clinical Care Standard](#) where relevant.

Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard

Published by the Commission in 2024, the [Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard](#) aims to reduce the inappropriate use of psychotropic medicines, particularly for managing changed behaviours or behaviours of concern.

The Standard promotes safer, person-centred alternatives by addressing the overreliance on medication and encouraging behavioural, environmental, and communication strategies when working with behaviours of concern. As reported in the [Third Atlas](#), there was an 11% national decline in the dispensing rate of antipsychotic medicines for people aged 65 years and over between 2016–17 and 2020–21, continuing an existing downward trend.

This work also fulfils the Commission's commitment under the [Joint Statement](#) with the Aged Care Quality and Safety Commission and the NDIS Quality and Safeguards Commission on reducing inappropriate psychotropic use among people with disability and older people.

National Safety and Quality Health Service (NSQHS) Standards

[The NSQHS Standards](#) support work on behaviours of concern by aiming to protect the public from harm and improve the quality of health service delivery. They provide a nationally consistent benchmark for the level of care consumers can expect, including for people with cognitive impairment or delirium. In doing so, the Standards guide safe, high-quality care practices that help address behaviours of concern and support better outcomes.

Standard 2: Partnering with Consumers

[The Partnering with Consumers Standard](#) in the [NSQHS Standards](#) (as well as those services accredited by other Standards within the [Australian Health Service Safety and Quality Accreditation Scheme](#) (AHSSQA)) requires health services to involve the person and/or substitute decision-makers in decisions about current and future care 'including to plan, communicate, set goals and make decisions about their current and future care ([Action 2.06](#))'. It also requires health services to support clinicians to form these partnerships to ensure the person is actively involved in their care ([Action 2.07](#)). This Standard ensures that the person, their carers and support persons are actively involved in planning and decisions about their care, reducing distress and unmet needs that commonly lead to behaviours of concern.

The Commission has an established program of work focused on shared decision making and its importance to person-centred care and partnering with consumers. The right to partnership is included in the [Australian Charter of Healthcare Rights](#) which applies to all people in all places where health care is received in Australia. This includes a person's right to make decisions with their healthcare provider and include the people that they want in planning and decision-making. This work provides a clear partnership process that helps clinicians understand triggers, preferences and communication needs that prevent escalation when supporting a person exhibiting behaviours of concern.

This work is supported by the additional resources:

- The [NSQHS Standards user guide](#) for health service organisations providing care for patients with cognitive impairment or at risk of delirium that provides more information about these actions in context.
- An additional resource was established to assist people with a cognitive impairment about their healthcare rights [Fact Sheet for consumers - About healthcare rights for people with cognitive impairment - Easy English Guide](#).

Standard 5: Comprehensive Care Standard

[The Comprehensive Care Standard](#) aims to ensure the person receives coordinated, person-centred care that meets their individual needs and supports their overall wellbeing. It recognises the impact that health conditions can have on a person's life and focuses on delivering care that aligns with their goals and preferences. A key objective of the standard is to prevent and manage risks of harm during care through targeted, evidence-based strategies.

Comprehensive care refers to the coordinated delivery of all health services required by a person. This care is clinically appropriate, responsive to the person's healthcare needs, and guided by their expressed goals. It considers the physical, psychological and social aspects of a person's health and wellbeing.

While the Comprehensive Care Standard includes two actions that specifically address the care of people with cognitive impairment, all actions within the Standard are relevant to supporting safe, person-centred and high-quality care.

Action 5.29: Preventing delirium and managing cognitive impairment

“The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to:

- a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant
- b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation.”

Action 5.30: Preventing delirium and managing cognitive impairment

“Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to:

- a. Recognise, prevent, treat and manage cognitive impairment
- b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care.”

By requiring early recognition, prevention and management of cognitive impairment the Standard requires action from a health organisation to establish systems for identifying risks, preventing triggers such as pain or environmental stress, and managing symptoms safely. It directs clinicians to use individualised strategies to minimise anxiety or distress, key drivers of behaviours of concern.

Standard 6: Communicating for Safety Standard

The [Communicating for Safety Standard](#) supports the timely, purpose-driven, and effective communication and documentation for continuous, coordinated, and safe care for a person. This Standard ensures that support and communication strategies, known preferences and triggers, risks and cognitive changes are clearly communicated. Gaps in recognising and communicating these factors can contribute to distress, unmet care needs, and escalation of behaviours. Effective, tailored communication supports understanding, reduces fear or confusion, and is critical for preventing and de-escalating behaviours of concern.

[Guidance on transitions of care](#) outlines the communication strategies for healthcare providers to address the significant risks for people at transitions of their care between healthcare locations or settings, levels of care within the same location, or as their conditions and care needs change. addresses the communication. Often, for people who have reduced ability to advocate for themselves, inadequate transitions of care can lead to readmissions and poor health outcomes.

Standard 8: Recognising and Responding to Acute Deterioration Standard

[The Recognising and Responding to Acute Deterioration Standard](#) aims to ensure that a person's acute deterioration is recognised promptly and appropriate action is taken. Acute deterioration includes physiological changes, as well as acute changes in cognition and mental state. There is one action in this standard specifically related to health care for people with cognitive impairment:

Action 8.5: Recognising acute deterioration in mental state

“The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to:

- a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium
- b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan
- c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported
- d. Determine the required level of observation
- e. Document and communicate observed or reported changes in mental state."

This Standard explicitly recognises *acute deterioration in mental state*, including behavioural changes, and requires clinicians to monitor, assess causes, escalate appropriately, and document changes. Behaviours of concern often represent early signs of clinical or cognitive deterioration, and this Standard provides the structure for timely, safe responses.

Commission research and resources/education on psychotropic medicines, dementia and cognitive impairment

The Commission has undertaken and curated a body of research, analysis and education resources focused on dementia, cognitive impairment and the use of psychotropic medicines across health and aged care settings. Together, this work examines patterns of care, identifies areas of unwarranted variation and risk, and supports the development of evidence-based strategies to improve safety, quality and outcomes for people with cognitive impairment.

This work includes national analyses, environmental and medicines use scans, literature reviews, baseline reporting on quality use of medicines, and a suite of education and implementation resources for clinicians and services. By highlighting variation in antipsychotic use, promoting quality use of medicines, and strengthening clinician education and decision-making, this work directly supports safer and more consistent responses to behaviours of concern across healthcare settings.

Research

- [National analysis of public hospital admitted care - Health outcomes for adults with cognitive impairment](#). Analyses health outcomes for adults with cognitive impairment to identify risks and areas for improvement in hospital care.
- [The Third Atlas of Healthcare Variation 2018 - 5.5 Antipsychotic medicines dispensing 65-years and over](#). Highlights patterns and variation in antipsychotic medicine use among people aged 65 and over.
- [Literature Review - Use of antipsychotic medicines](#). Reviews existing evidence on the use, effectiveness, and risks of antipsychotic medicines.
- [National baseline report on Quality Use of Medicines and Medicines Safety - Phase 1: Residential aged care – use of antipsychotic medicines and transitions of care](#). Provides baseline data on antipsychotic use and medication safety in residential aged care, including transitions of care.

Education and case studies

- [High Risk Medicines \(HRM\) eLearning Modules](#). Provides training resources to support safe prescribing and use of high-risk medicines.
- [National Medicines Symposium 2024 - recordings, presentations and resources](#) provides educational materials and presentations sharing current evidence and best practice in medicines safety.

- [Medication without harm – WHO Global Patient Safety Challenge. Australia's response.](#) Australia's contribution to a global effort to reduce medication-related harm.
- [Case study - Safe and Appropriate use of Psychotropic Medicines - Residential Aged Care.](#) Demonstrates safe and appropriate psychotropic medicine use in aged care facilities.
- [Case study - Safe and Appropriate use of Psychotropic Medicines - In-home Aged Care.](#) Shows approaches to managing psychotropic medicines in home-based care settings.
- [Case Study - A personal journey navigating psychotropic medicines and dementia care.](#) Provides a lived-experience perspective on navigating psychotropic medicine use in dementia care.

The Commission's [Behaviours of Concern Website Hub](#) brings together research, guidance and practical resources to support healthcare organisations and clinicians in recognising, preventing and responding to behaviours of concern.

This research and resources help the system to recognise and respond to behaviours of concern by identifying and responding to key drivers of distress, agitation and behavioural escalation, including inappropriate psychotropic medicine use, unsafe or overstimulating environments, unmet clinical needs, and inconsistent care practices.

The work supports a shift away from reactive or medication-based responses towards prevention, non-pharmacological strategies, safer prescribing, and person-centred care, reducing reliance on restrictive practices and improving safety for people, staff and carers.

For more information

Please visit: safetyandquality.gov.au/clinical-topics/behaviours-concern

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Glossary⁵

Behaviours of concern are behaviours that indicate a risk to the safety or wellbeing of the person who exhibits them or those around them. 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 responses to their environment. Behaviours that cause concern to others may not be concerning to the person who exhibits them. While using this term, the Commission recognises that:

- Other terms may be more acceptable in different contexts, but there is no universally accepted term that applies in all settings and to all groups of people across the lifespan.
- The term should not be used to define a person by their symptoms or suggest that the person themselves is a concern.
- The term does not represent a medical diagnosis, but a behavioural response that could have many possible causes, requiring assessment to determine appropriate treatment.

Other terms include: ‘changed behaviours’, ‘challenging behaviours’, ‘distressed behaviours’, ‘behaviours that cause distress’, ‘complex behaviours of concern’, ‘responsive behaviour’, ‘non-cognitive symptoms’, ‘neuropsychiatric symptoms’ or ‘expression of unmet need’

Behaviour support plan individualised strategies that address the needs of the person and the underlying causes of behaviours of concern, while safeguarding the dignity and quality of life of people who require behaviour support.

Cognitive impairment are deficits in one or more of the areas of memory, communication, attention, thinking, problem-solving and judgement. This can be temporary or permanent. It can affect a person’s understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in older people in all healthcare settings. Cognitive impairment can also be a result of several other conditions, such as acquired brain injury, a stroke, intellectual disability, licit or illicit drug use, or medicines.

Delirium an acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the day. It is a serious condition that can be prevented in 30–40% of cases and should be treated promptly and appropriately. Hospitalised older people with existing dementia are at the greatest risk of developing delirium. Delirium can be hyperactive (the person has heightened arousal, or can be restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy).

Dementia a progressive cognitive impairment, affecting memory, judgement, language and the ability to perform everyday tasks. Alzheimer’s disease is the most common type of dementia. Dementia is predominately a disorder related to age but can affect people aged under 65 years. This is known as younger onset dementia.

Responsive behaviour also referred to as reactive behaviour. Responsive behaviour is a term originating from, and preferred by, people with dementia that represents how their actions, words and gestures are a response to something important to them, for example, as a way of responding to something negative, frustrating or confusing, and to express something important about their personal, social or physical environment. The response from the person can impede the provision of care or service or their daily activities and may create a risk of harm to the person or others.

Trauma informed care an approach to care based on an understanding of how trauma affects people’s lives, their needs and how they use services.

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