AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Factsheet
for aged care
service providers

Applying the Aged Care Quality Standards

Safe and appropriate use of psychotropic medicines

Quality care in aged care for older people with cognitive disability or impairment

This factsheet has the dual aims of helping 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 (ACQS).

This factsheet is relevant to all people with cognitive impairment who are:

- Living independently and may have visiting support workers or healthcare workers
- Living with family and may have visiting support workers or health care workers
- Living in residential aged care homes.

This factsheet is informed by the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard (CCS), developed by the Australian Commission on Safety and Quality in Health Care. The CCS describes the safe and appropriate use of psychotropic medicines for people with cognitive disability or impairment, in a way that upholds their rights, dignity, health and quality of life. The CCS recognises that quality care should be provided, regardless of the service setting.

What are psychotropic medicines and why are they used?

Psychotropic medicines are mostly used to treat mental health conditions like schizophrenia, anxiety, depression, and bipolar disorder. They include several classes of drug, such as antidepressants, benzodiazepines (often used to manage anxiety and insomnia), and antipsychotics, anticonvulsants and psychostimulants. Some psychotropic medicines may be used to manage other health conditions such as chronic pain.

Psychotropic medicines with a sedative effect are sometimes used to control behaviours not related to an underlying mental health condition, even though there is limited evidence of any benefit and evidence of significant risk of harm. This is known a chemical restraint, which is a type of restrictive practice. In Australia, the use of restrictive practices is strictly regulated and monitored, including for older people receiving aged care services. The *Quality of Care Principles 2014* (Part 4A) contain protections and safeguards that must be satisfied before restrictive practices can be used.

Psychotropic medicines (in particular, antipsychotics) are the most common type of chemical restraint used in aged care and are sometimes used without the appropriate monitoring and review[1]. Where an older person with cognitive impairment poses a high risk of harm to themselves or the people around them, a psychotropic medicine may be used for a limited time with regular monitoring and review where the required legislative requirements have been met. However, they should be used only as a last resort. Non-pharmacological approaches should always be used as the primary strategy to manage changed behaviours and in conjunction with psychotropic medicines.

Psychotropic medicines and older people

The effect of psychotropic medicines on an older person differs from their effect on younger people. Adverse effects can be more severe and more likely. In older people psychotropic medicines can have serious side effects including increasing the risk of falls, worsening cognition and increasing the risk of stroke or death. Older people with dementia are twice as likely to be prescribed a psychotropic medicine as older people without cognitive impairment[2].

While General Practitioners (GPs), other medical specialists or Nurse Practitioners (NPs) are responsible for the safe and appropriate prescribing of psychotropic medicines, providers of both residential and in-home aged care and their workforce have a role in ensuring the safe and appropriate use of psychotropic medicines.

An easy read guide with more information can be found here.

Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard – Easy Read (2024) | Australian Commission on Safety and Quality in Health Care

Definition: In this document the term "**changed behaviours**" is used to describe changes in behaviour. *Alternative 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*. In dementia care, changed behaviours are sometimes referred to as "behavioural and psychological symptoms of dementia" (or BPSD for short). Many people with dementia will experience changes in behaviour, and these often impact on a person's care and/or carers. Understanding behaviour changes | Dementia Support Australia

[1] Royal Commission into Aged Care Quality and Safety. Interim Report 2019b. Available online: https://agedcare.royalcommission.gov.au/publications/interim-report.
[2] Bezabhe et al. Ten-Year Trends in Psychotropic Prescribing and Polypharmacy in Australian General Practice Patients with and without Dementia. J Clin Med 2023

The focus for in-home and community aged care providers should be on:

- Ensuring staff are appropriately trained and skilled and know their accountabilities for the care of older people
- Supporting staff with a role in medicines administration by having systems and processes that align with the Guiding Principles for Medication Management in the community collection and ACQS Outcome 5.3
- Supporting staff to recognise, respond, monitor and report on adverse side effects of psychotropic medicines.

Aged care providers responsibilities

The older person, their supporters and aged care staff all have a role in supporting prescribers to understand, monitor and document the older person's response to psychotropic medicines. This is particularly important when these medicines are prescribed for changed behaviours.

Safe and appropriate use of psychotropic medicines

The Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard includes eight *quality statements* designed to drive quality improvement across eight areas of care. Each statement has one or more *quality indicators* that may be used by clinicians and/or healthcare services to monitor, assess and address issues associated with prescribing and the use of psychotropic medicines in people with cognitive disability or impairment.

Quality statement 1 - Person-centred care

Quality statement 2 - Informed consent for psychotropic medicines

Quality statement 3 - Assessing behaviours

Quality statement 4 - Non-medication strategies

Quality statement 5 - Behaviour support plans

Quality statement 6 - Appropriate reasons for prescribing psychotropic medicines

Quality statement 7 - Monitoring, reviewing and ceasing psychotropic medicines

Quality statement 8 - Information sharing and communication at transitions of care

To better understand how these quality statements can support best practice in aged care see:

1. Case study – Psychotropic medicines in cognitive disability and impairment -Residential aged care

2. Case Study – Psychotropic medicines in cognitive disability and impairment- In-home aged care

The focus for in-home and community aged care providers should be on:

- Ensuring staff are appropriately trained and skilled and know their accountabilities for the care of older people
- Supporting staff with a role in medicines administration by having systems and processes that align with the Guiding Principles for Medication Management in the community collection and ACQS Outcome 5.3
- Supporting staff to recognise, respond, monitor and report on adverse side effects of psychotropic medicines.

Evidence-based practice for older people with cognitive disability or impairment

Implementing the quality statements from the CCS will support service providers implement the systems and processes required by the ACQ Standards to consistently deliver evidence-based, safe effective and coordinated aged care services.

The CCS - Quality Statements can be used to support implementation of the ACQ Standards in the following ways:

Person-centred care (ACQ Standards Outcomes 1.1, 1.2, 2.1, 3.1, 3.2, 5.4, 5.6)

- Include older people and their supporters in planning for clinical care that meets their individual needs, goals and preferences (QS1).
- Communication, care, treatment and decision making are guided by the cultural and linguistic background of older people using the service (QS1)
- Staff communicate the risks of inappropriate use of psychotropic medicines for changed behaviours or behaviours of concern to older people and their supporters in a way they can understand (QS2)
- Train staff in the use of non-medication strategies to support individual older people with cognitive impairment (QS4)
- Non-medication strategies are described in the service providers protocols, which are available to the staff. (QS4)

Cultural safety and equity

Providers need to recognise and be responsive to the cultural and linguistic needs of Aboriginal and Torres Strait Islander peoples and CALD people with cognitive disability or impairment. Understanding the person's cultural and linguistic background supports partnering to agree on care

goals and to communicate about care needs in a way that is understood by older people and those delivering care.

Clinical Governance (2.3,2.7,5.1)

- The service provider and external health professionals, such as GPs agree on the roles and responsibilities for clinical care. This will include agreeing on mechanisms for communication and access to provider systems.
- Changed behaviours and the use of psychotropic medicines are monitored, managed and assessed by appropriately trained and qualified staff. This may include facilitating access to external health professionals (QS3,QS7)
- The digital clinical information systems uses conformant software and complies with the Aged Care Clinical Information System Standards (QS8).
- Data is routinely collected and used to improve the quality of care in the service.
- The use of psychotropic medicines is monitored at the service level. Residential aged care can use the Mandatory Quality Indicator on antipsychotic medicine use and in-home care use the date from care outcomes.
- Providers could use the Registry of Senior Australians outcomes monitoring system (ROSA OMS). (QS 7)

The focus for in-home and community aged care should be on:

The development and use of processes to:

- Agree with health professionals and carers on the roles and accountabilities each person has in providing clinical care for older people and to document these in the providers system
- Ensure the staff are appropriately qualified, trained and skilled, supervised and are working within their scope of practice or role
- Safely manage and communicate information
- Collect data on outcomes of care and feedback, as relevant to the service, to inform improvements
- Identify care needs through comprehensive assessment and use of the outcomes to plan evidence-based care

Medication management (ACQS Outcomes 2.3, 5.1, 5.3)

- Processes for the use of psychotropic medicines in the service including for how ‘as needed’ (PRN) use is agreed and documented, managed, monitored and administered.
- The Guiding Principles for Medication Management resources are used for medication management (QS5)
- There are processes to document prescriber instructions for use, monitoring and observations when psychotropic medicines are prescribed to older people. For PRN medicines this will also include the minimum interval between doses and the maximum dose allowed in a 24-hour period (QS6).

- Appropriately trained and qualified staff are responsible for administering and monitoring medication use, in line with relevant legislation. (QS6)

The focus for in-home and community aged care should be on:

- Defining roles and responsibilities for safe and high-quality medication management
- Using the Guiding principles for medication management in the community collection

Transitions of Care (ACQS Outcomes 2.7, 3.3, 3.4, 5.1, 5.3, 5.4, 5.6, 7.2)

- Digital clinical information system (CIS) support the effective and timely transfer of clinical information at transitions of care. The digital clinical information system conforms with CIS standards, including for interoperability (QS8).
- The older persons clinical information, including information on medications, is complete and up to date and can be safely shared between external health professionals and the provider and at transitions of care (QS8)
- There are processes in place to support staff to escalate concerns and identify local supports such as in-reach services, hospital in the home and other support from Dementia Support Australia including referrals to dementia behaviour management services and the severe behaviour response team.
- Develop and regularly review behaviour support plans to support older people when receiving care in the service and at transitions of care (QS5, QS8).
- Processes for transitions of care to and from hospitals and aged care services are established. These should include processes to:
  - share information and conduct clinical handover
  - ensure access for older people to the medicines they need
  - identify any changes to care needs on return to the service
  - action referrals and directions from hospital clinicians on the older persons return to the service

The focus of in-home and community aged care should be on:

- Using agreed processes for communication with health professionals and family if an older person's condition deteriorates and in emergencies.
- Accessing discharge summaries and facilitating reassessment to identify changes to care needs

For More information please visit:
safetyandquality.gov.au

You can also contact the project team at: agedcarestandards@safetyandquality.gov.au

http://www.safetyandquality.gov.au/

© Australian Commission on Safety and Quality in Health Care 2025