

FACT SHEET - OFFICE OF THE SENIOR PRACTITIONER

Purpose of Medication Form

Background

From July 2019 the National Disability Insurance Scheme (NDIS) will be introducing its Quality and Safeguarding Framework (QSF) into Tasmania via the NDIS Quality and Safeguards Commission. The Commission will bring a nationally consistent approach to the reduction and elimination of the use of restrictive practices including a set of definitions for seclusion, physical restraint, mechanical restraint, environmental restraint and chemical restraint. Chemical Restraint will be defined as:

*'the use of medication or chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment, of a diagnosed mental disorder, a physical illness or physical condition.'*¹

The NDIS Quality and Safeguards Commission will require registered service providers to report to them any use of a regulated restrictive practice. The service provider will also need to arrange for a behaviour support plan to be developed for the person being subject to a restrictive practice.

The Office of the Senior Practitioner has developed this resource to assist registered service providers determine the purpose of prescribed medication in conjunction with the medical practitioner so they can fulfil their reporting obligations to the NDIS Commission.

Registered service providers may therefore seek medical advice to understand whether a medication is prescribed to treat a physical condition, a mental illness or for behaviour management.

Medical practitioners are encouraged to complete the attached form during the patient's visit when requested by the disability service provider. The form supports a patient's current treatment sheet and does not replace it or any other reporting requirements.

Registered service providers do not require medical practitioners to state whether a medication is chemical restraint, only to explain the reason the medication is prescribed. Please refer to the Fact Sheet 'Is this Chemical Restraint?' to help guide this process.

¹ NDIS (Restrictive Practices and Behaviour Support) Rules 2018



Some examples of chemical restraint

It is important to note that the use of medication to control a person's behaviour maybe the best current option, particularly in the short term or in instances where significant harm to the patient and others is likely. Administration of such medication in these situations 'buys time' for the development of a positive behaviour support plan and the implementation of strategies that may then allow medical practitioners to safely reduce and cease the patient's medication use if it has been prescribed for behaviour modification purposes.

Medications are regarded as a chemical restraint if they are being used to change or modify someone's behaviour and are prescribed:

- without a diagnosis of a disorder of physical or mental health for which the medication is indicated. For example:
 - **psychotropic medication** prescribed when the patient does not have a mental health diagnosis;
- for **symptomatic treatment** without an underlying diagnosis.

As is the case with all medication administration, the support approach adopted needs to be tailored to the individual. It is best practice to seek advice from the prescribing doctor regarding the medication being prescribed, enquiring if other therapies could compliment or work in conjunction with the medication to help the person to develop new skills or for adaptations to be made within that person's environment in order to support them in a more positive manner. Different approaches may be more appropriate or useful for different concerns and should be explored taking into account the unique considerations for that individual.

Further examples of chemical restraint that may affect your patient include:

- **menstruation suppression:** A disability service considers the woman unable to manage her period and the service uses contraceptive devices to suppress the woman's menstrual cycle. This is not the least restrictive way of supporting a woman with a disability to manage her menstrual cycle.

Requirements of disability staff in relation to healthcare and behaviour management

The diagram below demonstrates the different planning and reporting best practice approaches of disability service providers in relation to:

- meeting the healthcare of the people they support
- managing the person's behaviour.

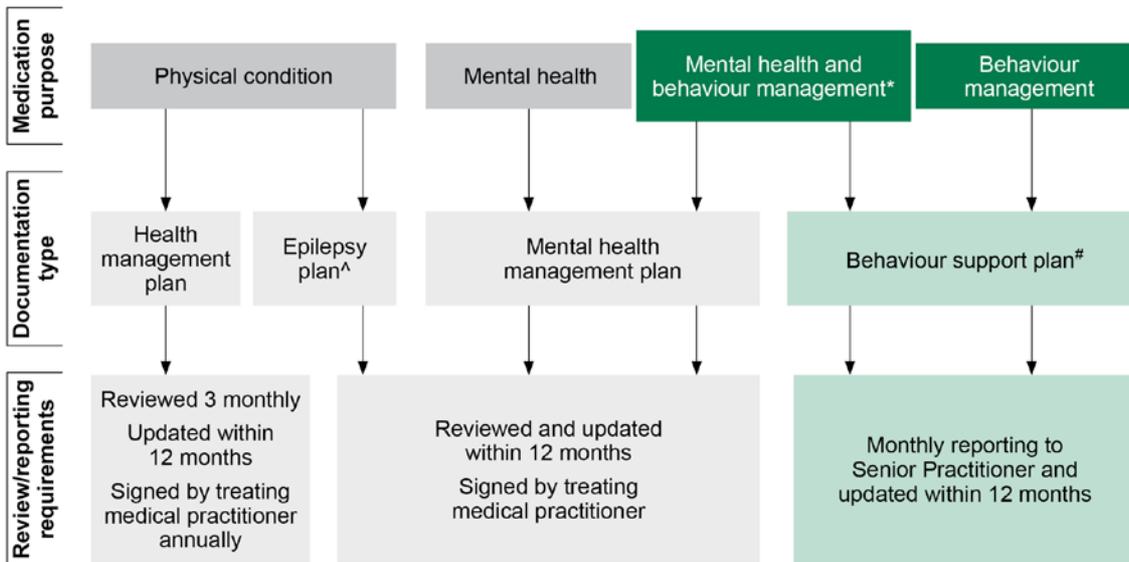


Diagram of reporting responsibilities of disability service providers

Physical conditions require a health management plan, which is reviewed 3 monthly and updated within 12 months. Epilepsy plans must be reviewed and updated within 12 months.

Mental health conditions require a mental health management plan, which is reviewed and updated within 12 months. Health management plans, epilepsy plans and mental health management plans must be signed by the treating medical practitioner.

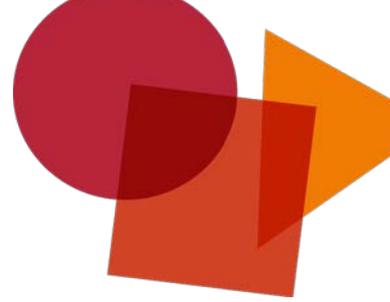
Behaviour management requires a behaviour support plan with monthly reporting to the Senior Practitioner and updated within 12 months.

Mental health and behaviour management requires a mental health management plan and a behaviour support plan.

* *Mental health diagnosis – not all mental health diagnoses are indications for medication. For example, the diagnosis of Autism Spectrum Disorder describes the functional difficulties someone may have in their life but is not, in itself, an indication for medication.*

[^] *Epilepsy management plans have a separate reporting form from other physical condition management plans.*

[#] *The behaviour support plan must describe how any person who is subjected to restrictive practice will be supported and show that the restrictive practice is used as the least restrictive option and are only being used as a last resort. Medication used to modify behaviour, without a diagnostic indication, is defined as a restrictive practice and requires reporting and the development of a comprehensive behaviour support plan.*



Purpose of Medication Form

To be completed by the treating practitioner. **Please list only those medications that are likely to impact the behaviour of your patient.**

Date of visit:			
Name of person:		Date of birth:	
Residential address:			
Support person attending consult:			
Treating practitioner's name:			
Signature:			
Are you the individual's regular treating practitioner?	Yes	No	
General practitioner	Psychiatrist	Neurologist	Other
Clinic address:			
Has a medication information sheet been provided?	Yes	No	

Medication 1

PURPOSE OF MEDICATION

Check appropriate box and provide details

Physical illness or condition	<input type="checkbox"/>
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Specify:

Mental health diagnosis	<input type="checkbox"/>
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Specify:

Behaviour management	<input type="checkbox"/>
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Specify:

Other	<input type="checkbox"/>
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Specify:

Medication 2

PURPOSE OF MEDICATION

Check appropriate box and provide details

Physical illness or condition	<input type="checkbox"/>
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Specify:

Mental health diagnosis	<input type="checkbox"/>
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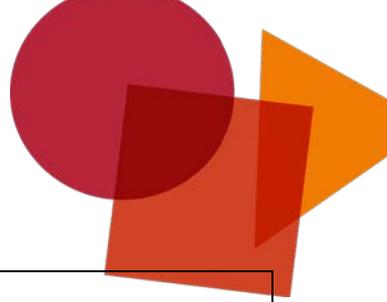
Specify:

Behaviour management	<input type="checkbox"/>
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Specify:

Other	<input type="checkbox"/>
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Specify:



Medication 3

PURPOSE OF MEDICATION

Check appropriate box and provide details

Physical illness or condition	<input type="checkbox"/>
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Specify:

Mental health diagnosis	<input type="checkbox"/>
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Specify:

Behaviour management	<input type="checkbox"/>
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Specify:

Other	<input type="checkbox"/>
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Specify:

Medication 4

PURPOSE OF MEDICATION

Check appropriate box and provide details

Physical illness or condition	<input type="checkbox"/>
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Specify:

Mental health diagnosis	<input type="checkbox"/>
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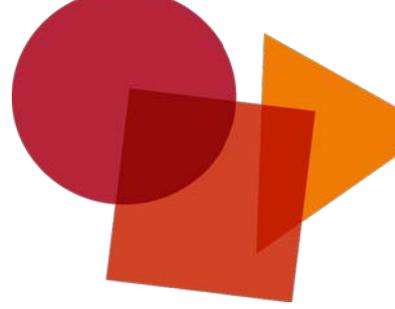
Specify:

Behaviour management	<input type="checkbox"/>
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Specify:

Other	<input type="checkbox"/>
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Specify:



Medication 5

PURPOSE OF MEDICATION

Check appropriate box and provide details

Physical illness or condition	<input type="checkbox"/>
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Specify:

Mental health diagnosis	<input type="checkbox"/>
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Specify:

Behaviour management	<input type="checkbox"/>
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Specify:

Other	<input type="checkbox"/>
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Specify:

Medication 6

PURPOSE OF MEDICATION

Check appropriate box and provide details

Physical illness or condition	<input type="checkbox"/>
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Specify:

Mental health diagnosis	<input type="checkbox"/>
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Specify:

Behaviour management	<input type="checkbox"/>
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Specify:

Other	<input type="checkbox"/>
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Specify:



How do I contact the Tasmanian Senior Practitioner?

The Senior Practitioner:

Telephone: (03) 6166 3567 Mobile: 0428 197 474

Email: <mailto:seniorpractitionerdisability@communities.tas.gov.au>

Web: www.communities.tas.gov.au/disability/office-of-the-senior-practitioner

Further information about Restrictive Interventions can be found on the RISET Tas link below:



Access practice resources and restrictive intervention information via RISET-TAS online: [RISET-Tas Link](#)

Please note: The information contained in this document is provided as an initial guide only. It is not intended to be and is not a substitute for legal advice. Service providers should seek their own independent legal advice with reference to the implementation of the legislation.