

Brief guide: psychoactive medicines (LD)

Context

This brief guide is intended to help inspection teams assess whether a provider is adequately managing the use of psychoactive medications in caring for a person with learning disabilities.

A psychoactive medicine, or psychotropic substance, is a chemical substance that alters brain function, resulting in temporary changes in perception, mood, consciousness and behaviour. They include groups of medicines such as antidepressants, antipsychotics, anti-epileptics, mood stabilisers (including sodium valproate and carbamazepine), anxiolytics (benzodiazepines), and central nervous system stimulants.

Evidence required

1. Interview staff, examine care records, policies and procedures, and observe care, checking that staff have:
 - a. Considered whether psychoactive medicines were absolutely required, and if so, have combined their use with alternative therapies or behavioural support methods, such as positive behaviour support¹.
 - b. Ensured each prescribed medicine addresses the individual's symptoms.
 - c. Provided justification for the choice of medicine, with evidence such as a list of symptoms, including risk behaviours when unwell, past psychiatric history, including previous diagnoses, results of psychometric tests and mental status examination assessments, and functional behaviour analyses, as part of a positive behaviour support plan.
 - d. Considered the benefits and risks of both having and not having the treatment plan, including potential side effects, any monitoring actions required and physical health issues which may interact with the medicines. Staff should be able to describe Neuroleptic Malignant Syndrome and actions they would take if there were concerns.
 - e. Followed General Medical Council (GMC) guidelines on the unlicensed use of prescribed medicines. On its own, challenging behaviour is not a valid indication.
 - f. Reviewed people's medicines regularly according to their risk. Newly prescribed medicines should be reviewed more frequently. Reviews should include relevant blood tests or health checks.
 - g. Followed the Royal College of Psychiatrists' (RCPsych) guidelines by recording an adequate explanation of any polypharmacy or high dosages.
 - h. Sought consent from the person, or consulted with others, such as multidisciplinary team members and carers/family members to make a decision in their best interests (views of those consulted should be documented).
2. Request and review records of regular and effective audits of the use of psychoactive medicines, including evidence of participation in the Prescribing Observatory for Mental Health².

¹ NICE guideline - Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (May 2015)

² Audit topic 9: Use of antipsychotic medicine in people with Learning Disabilities, RCPsych

3. Request evidence from the provider that they monitor and report at least annually on:
 - a. the number of people on psychoactive medicines
 - b. the number of medicine-related incidents
 - c. the number of rapid tranquilisations
 - d. the attainment of specific objectives identified in medicine care plans.
4. Request and review records that staff have attended annual training and other activities which maintain staff skills in prescribing and managing psychoactive medicines.

Reporting

1. In the '**track record on safety**' section of '**safe**' comment on the number of medicine-related incidents and rapid tranquilisations.
2. In the '**assessing and managing risk to patients and staff**' section of '**safe**' comment on the extent to which staff make individual patient assessments and management plans that demonstrate good medicines management.
3. In the '**best practice in treatment and care**' section of '**effective**' comment on whether staff manage psychoactive medicines and the provider audits that management against GMC and RCPsych guidelines.
4. In the '**skilled staff to deliver care**' section of '**effective**' comment on whether the provider supports staff to effectively manage psychoactive medicines.
5. In the '**good governance**' section of '**well-led**' comment on whether the provider monitors the attainment of specific objectives identified in psychoactive medicine care plans, such as changes in people's abilities and health.

Policy position

There is limited evidence that psychoactive medicines are effective for people with learning disabilities and behaviours that can challenge. In order to keep people safe and to improve outcomes, it is important that staff prescribe psychoactive medicines safely and in conjunction with a psycho-social intervention such as positive behaviour support to support discontinuation of medication.

A clear rationale for prescribing psychoactive medicines should be recorded in the patient's clinical notes. This should be completed by an adequately trained, supervised specialist, such as a psychiatrist. The notes should also include evidence that staff have exhausted non-pharmacological interventions, a description of what improvement is expected, and a plan for monitoring side effects. There should be a clear link between treatment and evidence of proposed diagnosis. See Appendix 1 for references to more detailed guidance.

Link to regulations

- **Regulation 9** when staff do not appropriately and effectively consider individuals' needs when implementing psychoactive medicine care plans.
- **Regulation 12** when staff have not effectively assessed or managed the safety of the psychoactive medicine.
- **Regulation 13** when staff do not take reasonable steps to use the least-restrictive strategies before considering the use of psychoactive medicine.
- **Regulation 17** when the provider does not effectively audit and monitor the number of incidents or other patient outcomes.
- **Regulation 18** when staff are not suitably competent or skilled in management of psychoactive medicines or supervised by more experienced people.

Appendix 1

Further information

For more detailed information, please see the 2013 and 2014 Learning Disability Census reports³, the General Medical Council's guidance *Good practice in prescribing and managing medicines and devices* (2013⁴) and the Royal College of Psychiatrists guidance on the use of unlicensed medication (2007⁵, under review) and leaflet on anti-psychotics (2015⁶), anti-depressants (2015⁷), and benzodiazepines (2013⁸).

³ Health and Social Care Information Centre, *Learning Disability Census*. <http://www.hscic.gov.uk/article/6468/Reports-from-the-Learning-Disability-Census-collections>

⁴ General Medical Council (2013). *Good practice in prescribing and managing medicines and devices*. http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp

⁵ Royal College of Psychiatrists (January 2014). *CR142. Use of licensed medicines for unlicensed applications in psychiatric practice*. <http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr142.aspx>

⁶ Royal College of Psychiatrists (January 2014). *Anti-psychotics*. <http://www.rcpsych.ac.uk/healthadvice/treatmentwellbeing/antipsychoticmedication.aspx>

⁷ Royal College of Psychiatrists (February 2015). *Anti-depressants*. <http://www.rcpsych.ac.uk/healthadvice/treatmentwellbeing/antidepressants.aspx>

⁸ Royal College of Psychiatrists (July 2013). *Benzodiazepines*. <http://www.rcpsych.ac.uk/healthadvice/treatmentwellbeing/benzodiazepines.aspx>