

Brief guide: psychotropic medication in intellectual and developmental disability

Context

This brief guide will help inspection teams assess whether a provider is adequately managing the use of psychotropic medications (antipsychotics, antidepressants, mood stabilisers and anxiolytics) in caring for a person with intellectual disabilities.

People with intellectual and developmental disabilities are more likely to experience mental health problems and should receive high quality mental healthcare; whether that is psychological therapy, medication, or a combination of both. There are concerns that psychotropic drugs, particularly antipsychotics, are used inappropriately in people with intellectual disability to manage challenging behaviour (NHS England, 2016). STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life. (NHS England 2016). Therefore, providers must monitor the use of psychotropic drugs carefully.

Evidence required

1. Interview staff examine care records, policies and procedures, and observe care, checking that psychotropic medication prescribing adheres to the following standards (NICE, 2015; NICE, 2016; NICE, 2017; RCPsych 2016a):
 - a. The indications and rationale for prescribing is clearly stated.
 - Is the diagnosis mentioned? If the categorical diagnosis is difficult to make, are the target symptoms of treatment mentioned?
 - If prescription is only for behaviour that challenges, are the NICE guidelines (2015) being followed? (that is: psychological or other interventions alone do not produce change within an agreed time, treatment for any coexisting mental or physical health problem has not led to a reduction in the behaviour, psychological or other interventions alone do not produce change within an agreed time, risk to the person or others is very severe, drugs are offered only with psychological and other interventions).
 - If applicable, is the rationale for prescribing over British National Formulary limits, off-label prescribing (prescribing medicines for uses other than those detailed in their licence) or poly-pharmacy (prescribing multiple medicines to a single patient) explained? (RCPsych, 2007).
 - Are the alternatives to medication clearly recorded and are medicines used as a last resort?
 - b. Consent-to-treatment procedures (or best-interests decision-making processes) are followed and documented.
 - Are people with a intellectual and developmental disability and their circle of support fully informed about their medicines and involved in decisions about their care
 - c. Do the MHA documents include the correct legal authority to prescribe and administer medicines, particularly in the use of T2 documents for behavioural management?

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do **not** provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 **nor** are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

- d. There is regular monitoring of treatment response and side-effects, every 3-6 months (RCPsych, 2016a).
 - Is progress on treatment targets documented?
 - Are side effects monitored? Are appropriate investigations done? (for example monitoring body weight, blood tests, electrocardiogram (ECG), using a patient questioned monitoring form (e.g. LUNSER))
 - Standardised instruments such as the Clinical Global Impression Scale may be used to record treatment response and side effects.
 - e. Professionals evaluate the need for continuation or discontinuation of the psychotropic drug on a regular basis - every 6 months (RCPsych, 2016a) or yearly (NICE, 2017).
 - f. Section 61 review of patients MHA medicines completed annually or as requested by SOAD.
2. Request and review records of regular and effective audits of the use of psychotropic medicines. This may include evidence of participation in external audits, for example the Prescribing Observatory for Mental Health (RCPsych, 2016b).
 3. Request evidence from the provider that they monitor and report annually on:
 - a. the number of people on psychotropic medicines
 - b. the number of medicine-related incidents
 - c. the number of rapid tranquilisations.
 4. Request and review records that staff have attended annual training and other activities which maintain staff skills in prescribing and managing psychotropic medicines.
 - Do all staff within the organisation have an understanding of psychotropic medication including why it is being used and the likely side effects
 - Are people able to speak up if they have a concern that someone is receiving inappropriate medication

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 psychotropic medicines and the provider audits that management against General Medical Council (2013) and RCPsych guidelines (2016a).
4. In the '**skilled staff to deliver care**' section of 'effective' comment on whether the provider supports staff to effectively manage psychotropic medicines.
5. In the '**good governance**' section of 'well-led' comment on whether the provider monitors the attainment of specific objectives identified in psychotropic medicine care plans, such as changes in people's abilities and health.

Link to regulations

- Regulation 9 when staff do not appropriately and effectively consider individuals' needs when implementing psychotropic medicine care plans.
 - Regulation 12 when staff have not effectively assessed or managed the safety of the psychotropic medicine.
 - Regulation 13 when staff do not take reasonable steps to use the least-restrictive strategies before considering the use of psychotropic 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 psychotropic medicines or supervised by more experienced people.
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Appendix

References and further reading

General Medical Council (2013). Good practice in prescribing and managing medicines and devices.

http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp

Health and Social Care Information Centre (2015). Learning Disabilities Census Report.

<http://content.digital.nhs.uk/catalogue/PUB19428>

National Institute for Clinical Excellence (May 2015) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. <https://www.nice.org.uk/guidance/ng11>

National Institute for Clinical Excellence (September 2016). Mental health problems in people with learning disabilities: prevention, assessment and management.

<https://www.nice.org.uk/guidance/ng54>

National Institute for Clinical Excellence (January 2017). Learning disabilities: identifying and managing mental health problems. <https://www.nice.org.uk/guidance/qs142>

NHS England (2016). Stopping Over-Medication of People with Learning Disabilities.

<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/how-to-support-stomp/>

Royal College of Psychiatrists (2007). CR142: Use of Licensed Medicines For Unlicensed Applications in Psychiatric Practice.

<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr142.aspx>

Royal College of Psychiatrists (July 2013). Benzodiazepines.

<http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/benzodiazepines.aspx>

Royal College of Psychiatrists (January 2014). Anti-psychotics.

<http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/antipsychoticmedication.aspx>

Royal College of Psychiatrists (February 2015). Anti-depressants.

<http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/antidepressants.asp>

Royal College of Psychiatrists (2016a). Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines. http://www.rcpsych.ac.uk/pdf/FR_ID_09_for_website.pdf

Joint BAP NAPICU guidelines for the clinical management of acute disturbance; De-escalation and rapid tranquilisation. https://www.bap.org.uk/pdfs/BAP_Guidelines-RapidTranquillisation.pdf

Royal College of Psychiatrists (2016b). What is POMH-UK?

<http://www.rcpsych.ac.uk/quality/quality accreditationaudit/prescribingobservatorypomh/te mplatehomepage.aspx>
