


‘To promote the reduction and elimination of the use of restrictive practices ..... to the greatest extent possible’


*The Role of the Victorian Senior Practitioner*

Mandy Donley- ASID November 2023



We acknowledge the Traditional Owners of Country throughout Victoria and pay respects to their Elders past and present.

We acknowledge that Aboriginal self-determination is a human right and recognise the hard work of many generations of Aboriginal people.

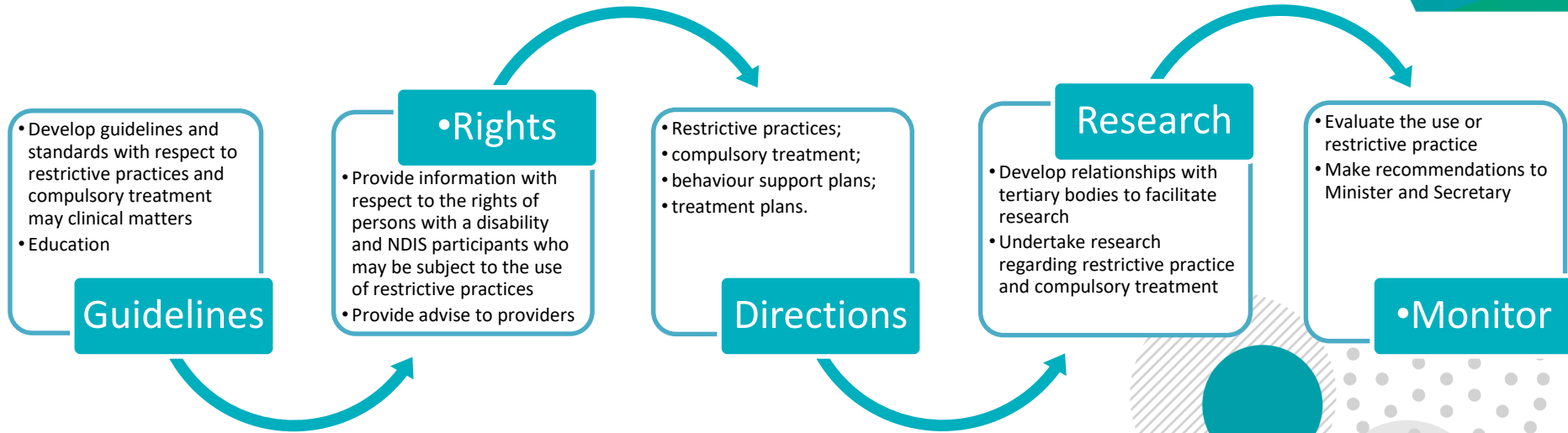


# Disability Act 2006

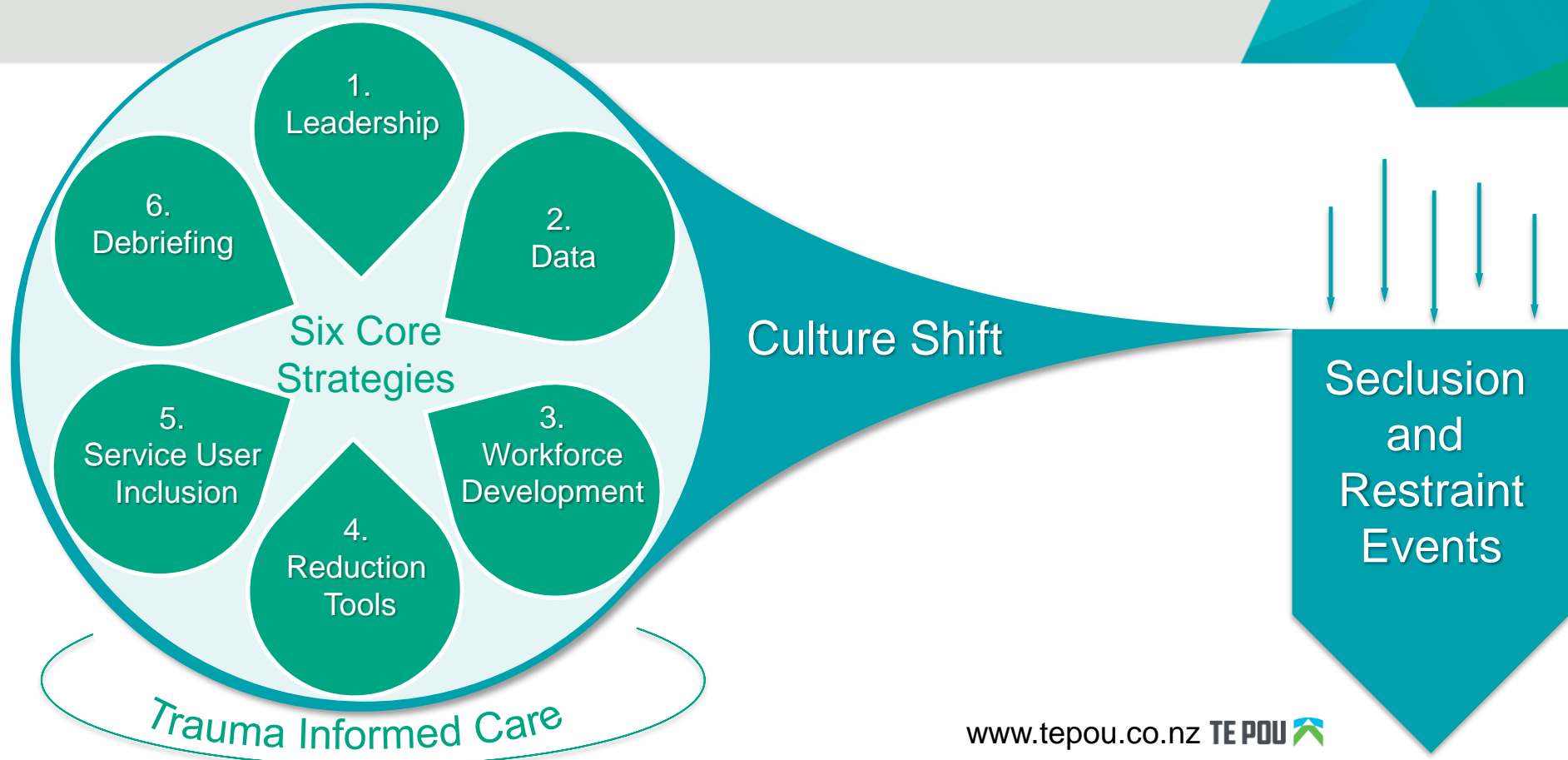
The main purposes of this Act are-

- a)
  - to provide a legislative scheme for persons with a disability which affirms and strengthens their rights and responsibilities and which is based on the recognition this requires support across the government sector and within the community; and
- b)
  - to provide a mechanism by which NDIS participants' rights are protected in relation to the use of restrictive practices and compulsory treatment.

# s24 Functions of the Senior Practitioner

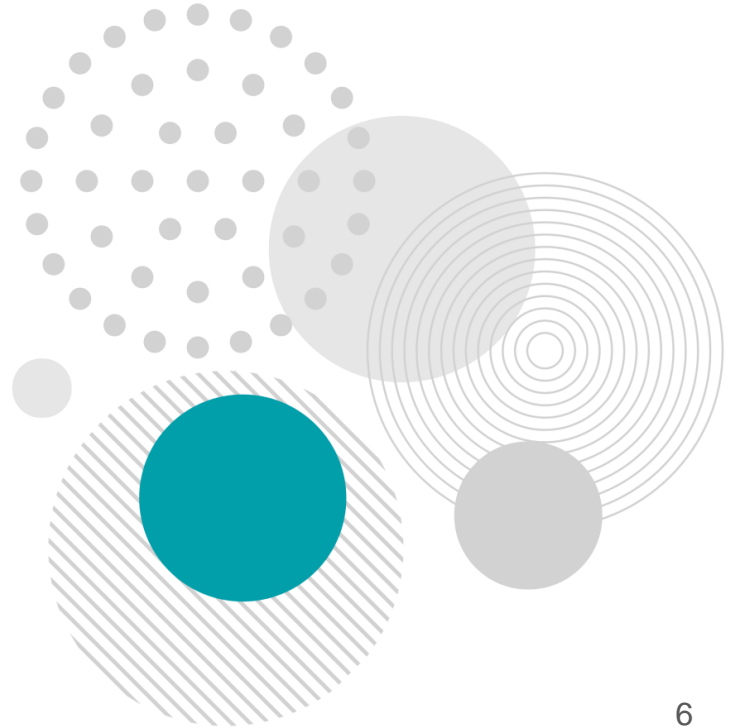


# Huckshorne - Six Core Strategies (2005)



# Regulated restrictive practice (VIC)

- Chemical
  - Mechanical
  - Seclusion
  - Physical – October 2011
  - Environmental – August 2020
- } July 2007

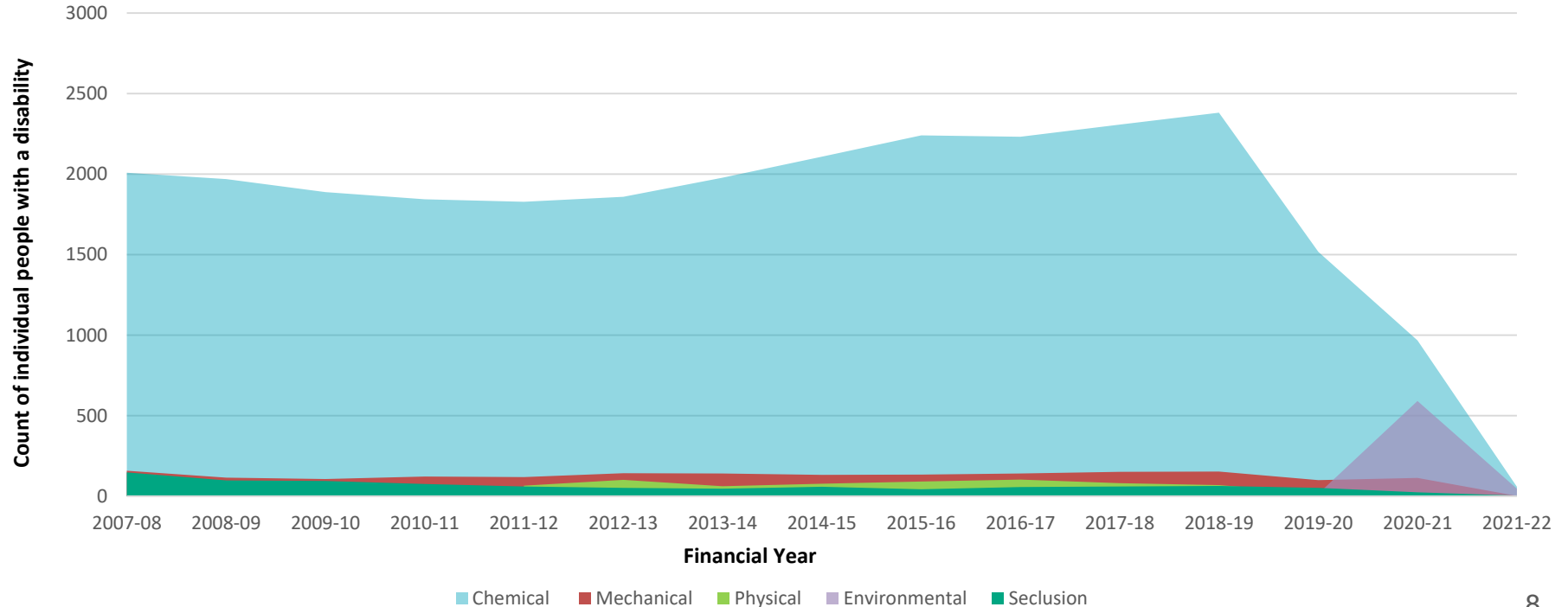


# Treatment for mental illness or chemical restraint?

Date	Prescribed Medication	Dose	Route	Frequency	Review Date
	(use block letters)			(eg. 2 x daily, 4 hourly, 1x3 weekly)	
21/10/09	RISPERIDONE	2 x 4mg	0	2 MORNING & NIGHT	
21/10/09	ALPRAZOLAM	2 mg	0	ONE THREE TIMES / DAY	
21/10/09	ZYPHENA	10 mg	0	5 TABLETS AT NIGHT	
21/10/09	TEGASOL	200 mg	0	2 THREE TIMES / DAY	
21/10/09	STEMETIL	5 mg	0	ONE THREE TIMES / DAY	
21/10/09	SOMAX	40 mg	0	ONE DAILY	
21/10/09	LITHIUM B	125 mg	0	AM AND PM	

# Restrictive Practice Data over the years

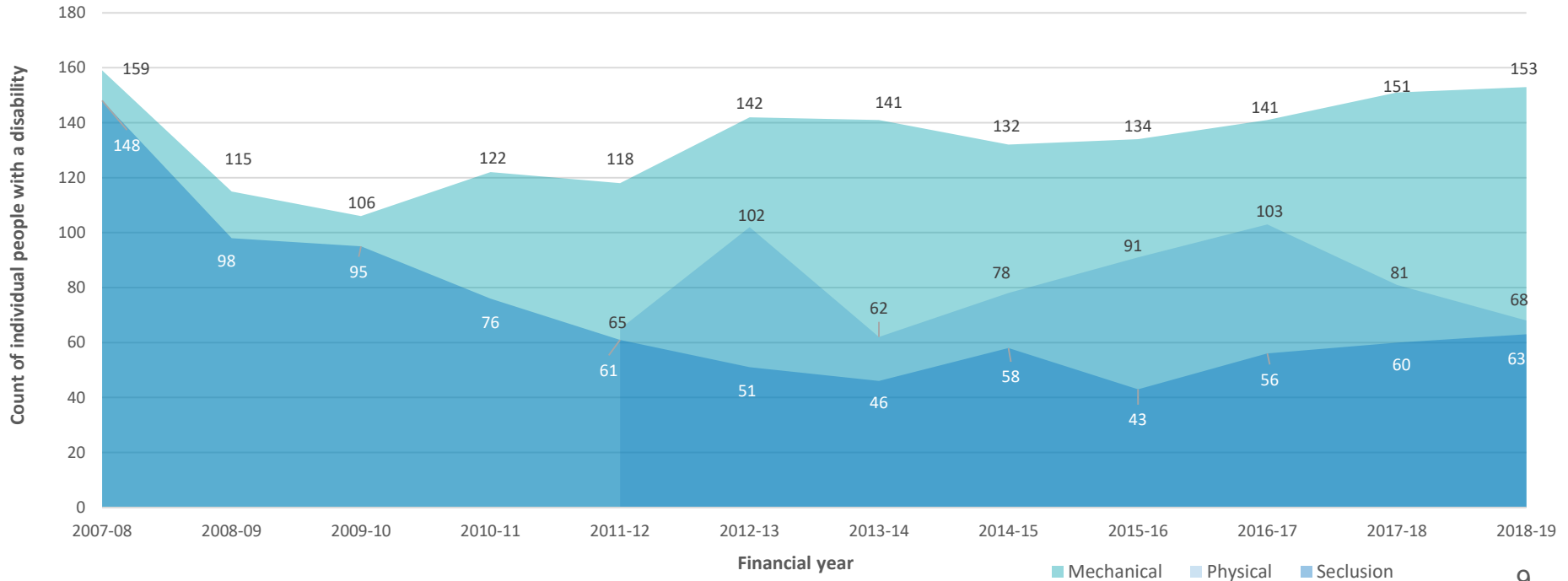
Individuals reported to RIDS 1 July 2007 to 30 June 2022  
by restrictive practice type and financial year reported





# Restrictive Practice Data over the years

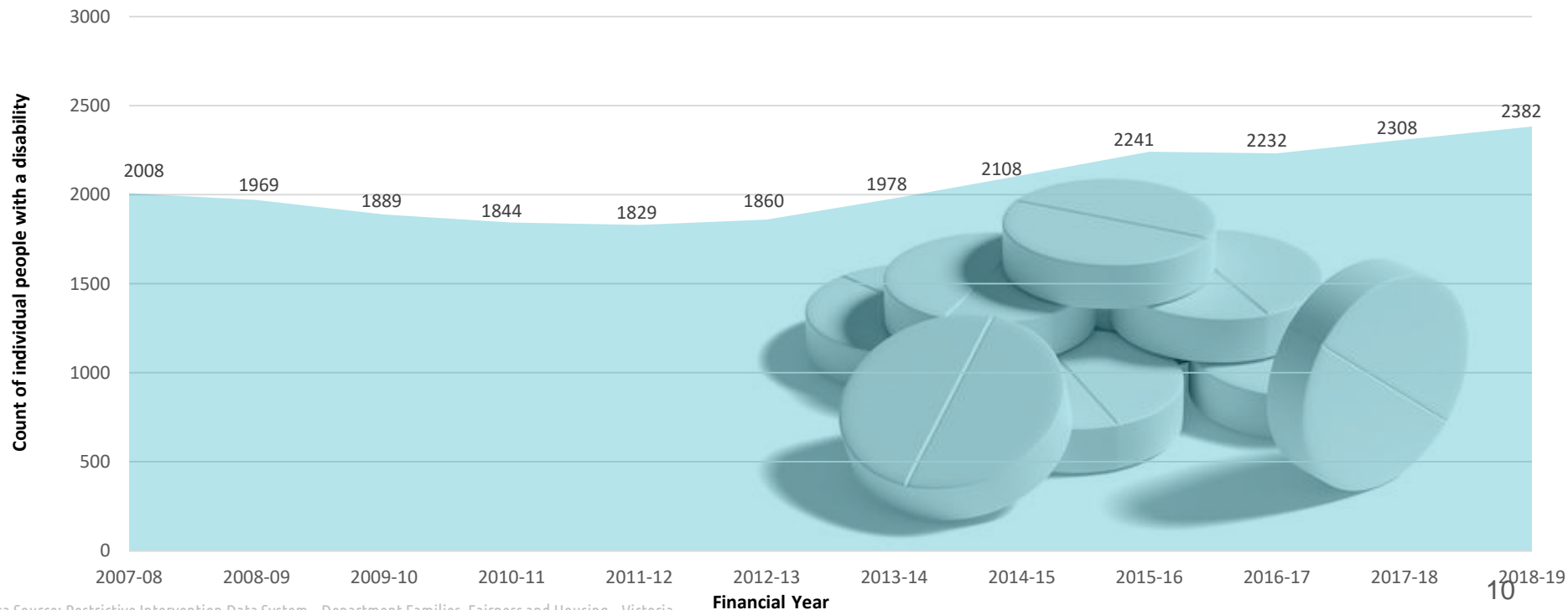
Individuals reported to RIDS 1 July 2007 to 30 June 2019  
by restrictive practice type of Mechanical, Seclusion and Physical and financial year reported



# Restrictive Practice Data over the years

## Chemical Restraint

Individuals reported to RIDS 1 July 2007 to 30 June 2019  
by restrictive practice type of Chemical and financial year reported



# Restrictive Practice Data over the years

Percentage of people restrained  
via chemical restraint

**00%**



# Restrictive Practice Data over the years

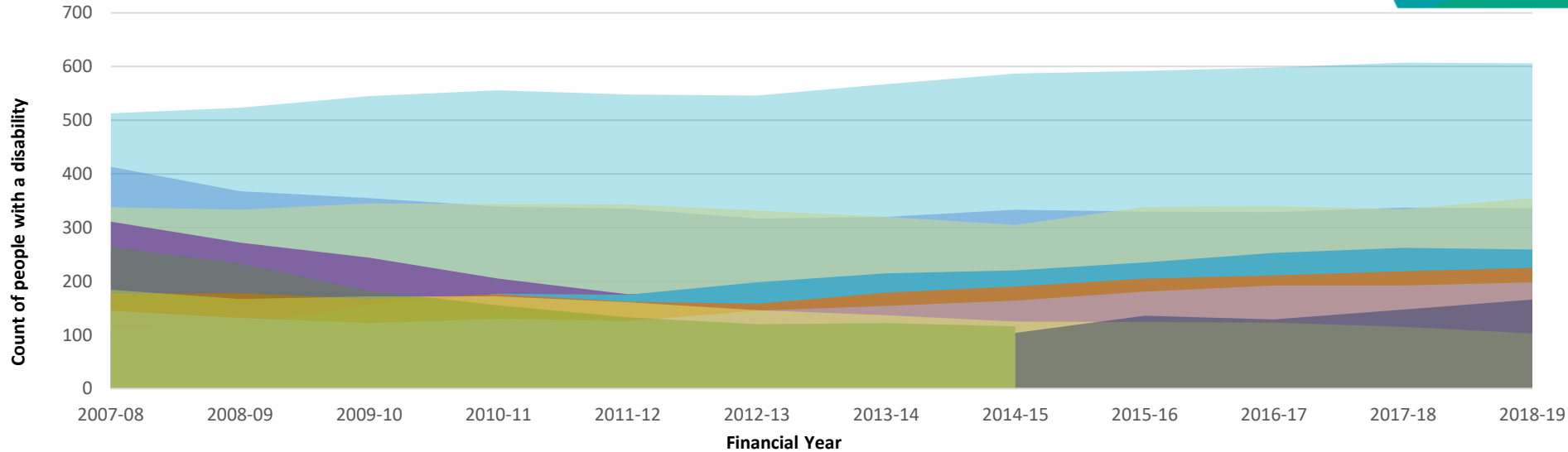
Percentage of people restrained  
via chemical restraint

**84%**



# Restrictive Practice Data over the years

## Top 10 Medications – Primary Disability – Intellectual Disability



■ Risperidone 
 ■ Olanzapine 
 ■ Sodium valproate 
 ■ Diazepam 
 ■ Quetiapine fumarate 
 ■ Sertraline hydrochloride 
 ■ Fluoxetine hydrochloride 
 ■ Carbamazepine 
 ■ Chlorpromazine hydrochloride 
 ■ Melatonin

1	2	3	4	5	6	7	8	9	10
Risperidone	Olanzapine	Sodium valproate	Diazepam	Quetiapine fumarate	Sertraline hydrochloride	Fluoxetine hydrochloride	Carbamazepine	Chlorpromazine hydrochloride	Melatonin
Antipsychotic	Antipsychotic	Mood Stabilizers	Benzos and other sedatives	Antipsychotic	Antidepressants	Antidepressants	Mood Stabilizers	Antipsychotic	Benzos and other sedatives

# Restrictive Practice Data over the years

How do we help

Eleven years of research findings by the Senior Practitioner.

<https://www.dffh.vic.gov.au/research-restrictive-practices-and-compulsory-treatment>

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# Senior Practitioner Reports

Independent psychiatric review of former Kew Residential Services

5 Year follow up Independent psychiatric review of former Kew Residential Services

Senior Practitioner Disability, mental health and medication: Implications for practice and policy.

Chemical restraint among adults with intellectual disability

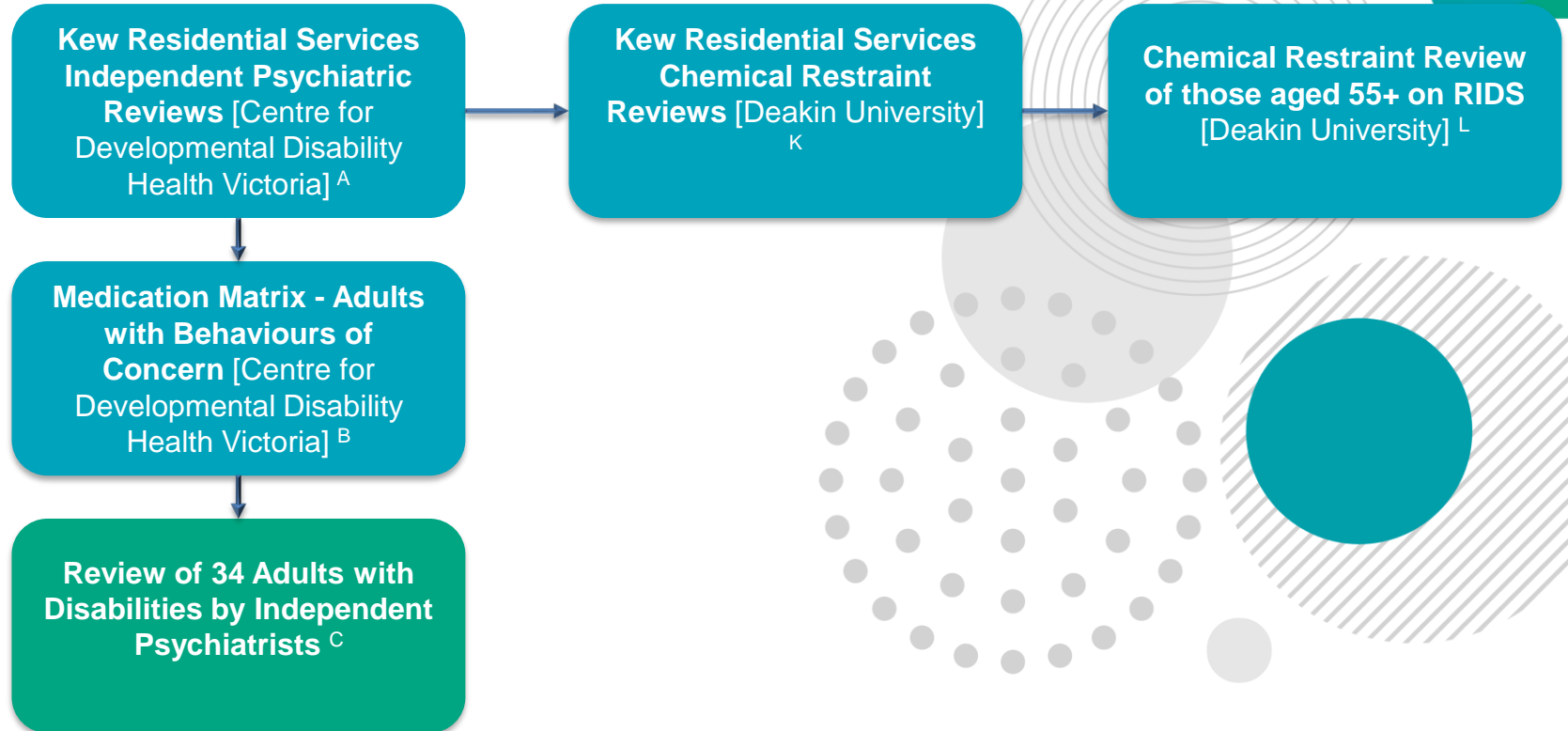
Prescribing psychotropic medication to people with a disability

Senior Practitioner – Disability - Building capacity to assist adult dual disability clients access effective mental health services

Senior Practitioner – Disability - Anti-libidinal medication use in people with intellectual disability who sexually offend

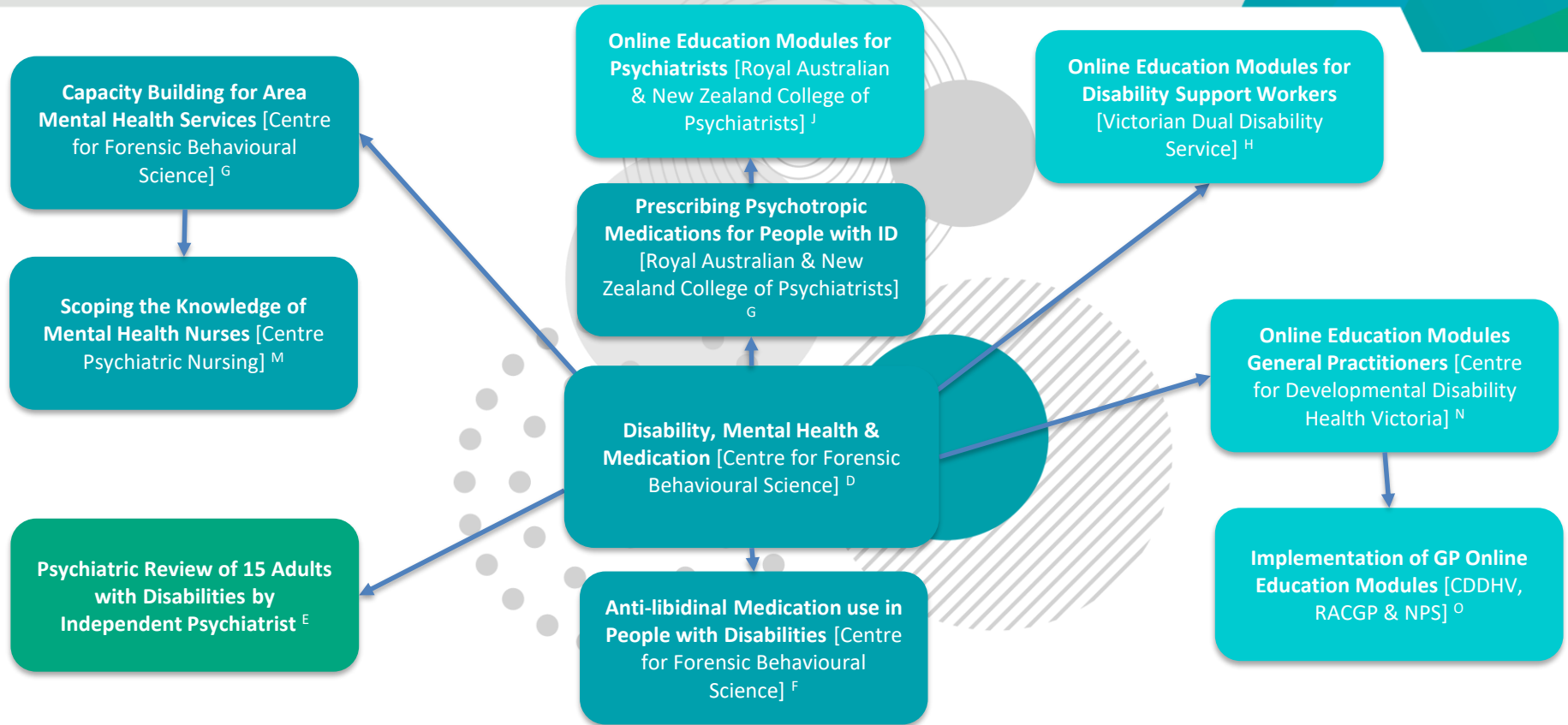


# Chemical Restraint Reduction Strategy





# Chemical Restraint Reduction Strategy



## EXPAND YOUR SKILLS AND KNOWLEDGE

Treatment of people who present with a mental illness and have an intellectual disability (dual disability)



Are you a general practitioner, psychiatric registrar or psychiatrist?

### Three e-learning modules on Intellectual disability and mental illness

This **FREE** educational opportunity will take approximately thirty minutes per module to complete.

The e-modules are located at [www.ranzcop.org](http://www.ranzcop.org) under the Practice and Education tab.



**Module 1: An introduction to working with patients with a dual disability**  
Case studies and discussion to explore the issues around treating people with both an intellectual disability and a mental illness.

**Module 2: Interpreting behaviours of concern in dual disability**  
Reviews two vignettes that focus on behaviours of concern in people with a dual disability.

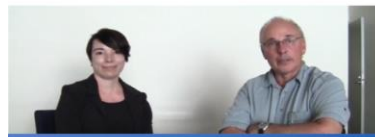
**Module 3: Reflecting upon treatment approaches**  
Examines dual disability issues within the context of more restrictive interventions, such as admission to a psychiatric inpatient service.

## Dual Disability Modules

### Mental Health in People with a Dual Disability

These modules are designed for people in the Disability Sector who want to learn about the range of mental health challenges that may be faced by the people they support.

- Twelve modules cover a broad range of topics
- Adult learning model: the learner can do as many or as few modules as they wish
- Self-tests which generate a certificate when passed are available on completion of each module
- The website address is <http://vdms.svhm.org.au/>



24 February 2015 www.rdzs.org.au

**Mental Health in People with a Dual Disability**

**ST VINCENT'S HOSPITAL MELBOURNE**

**Introduction**

This e-learning module on mental health for people with an intellectual disability was developed by the Victorian Disability Sector in collaboration with the Office of Professional Practice, Health Services, for a number of years. Content developed by the OOPS, and an instructional designer from the Victorian Disability Sector, is being completed.

**How to Use this Resource**

There are twelve e-learning modules in this resource, which can be done at your own pace. You will find this resource to be the most relevant to you. You can also choose to do all the modules. There are also learning objectives for each module and you can test your knowledge at the end of each module. You can also test your knowledge at the end of the entire resource. You can also test your knowledge at the end of the entire resource. You can also test your knowledge at the end of the entire resource.

To start using this resource, please email a message from the helpdesk for advice and support. You can also contact the helpdesk. Please see the link below for the contact details of the helpdesk.

Feedback

## Office of Professional Practice -Disability Project Brief

Scoping the knowledge and skills of mental health nurses working with people who have a co-occurring intellectual disability and mental illness

Prepared by: Mandy Donley-Practice Leader Integrated Health Care, Office of Professional Practice with Rebecca Corbett, Finbar Hopkins & Stephen Elsom (Centre for Psychiatric Nursing-University of Melbourne) Version # 2 15th May 2013

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### Senior Practitioner Partnership Grant

### A Protocol to Guide a Collaborative Medication Review for Adults with Behaviours of Concern

Associate Professor Teresa Iacono  
Ms. Stella Koritsis  
Dr. Brenda Buzgen  
Associate Professor Robert Davis

Centre for Developmental Disabilities Health Victoria, Monash University

Mr. Daniel Leighton  
Jewish Care

## Assessment and Management Framework

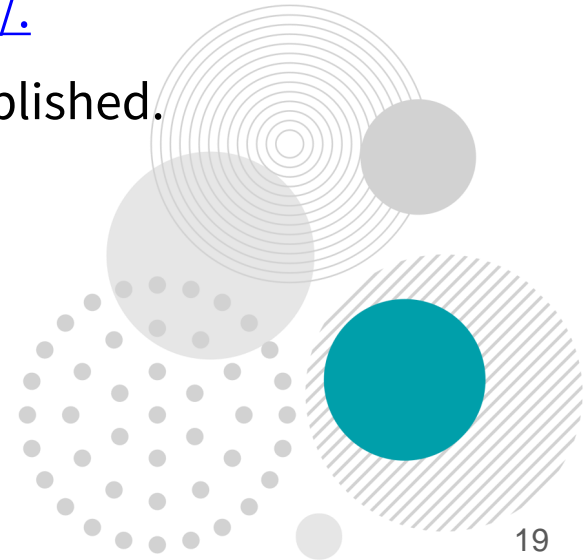
Behaviour Change in People with Intellectual Disability

Presentation	
<b>Exactly what happened:</b> • STAR: Settings, Triggers, Actions, Results OR • ABC: Antecedents, Behaviour, Consequences	<b>Beware of interpretations:</b> e.g. "withdrawn", "aggressive", "destructive", "non-compliant", "attention seeking", "manipulative".
Context	
<b>Safety</b> Person, others, immediate, imminent.	<b>Communication</b> Expressive and receptive ability. Preferred methods and equipment.
<b>Person</b> Usual behaviour, personality, abilities, challenges. Cause of disability (behavioural phenotype?)	<b>Support network</b> Family and paid support workers - knowledge, concerns, perspective.
Assessment and Provisional Diagnosis	
<b>Physical health</b> Symptoms, age and gender, aetiology of disability. Physical examination.	<b>Sensory issues</b> Consider sensory loss. Altered sensory thresholds (increased or decreased).
<b>Mental health</b> Anxiety, depression, mania, psychosis, bipolar disorder.	<b>Life circumstances</b> Environment: social, physical. Life events: change, transition, grief.
Initial Management	
Further history. Behaviour recording. Investigations and referrals.	Intervention: • Non-pharmacological. • Pharmacological.



# #STOMPOZ

- The STOMP networks are well established in UK as they are led by the National Health Service; <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/professionals/>.
- STOMPOZ is the first Australian network to be established.
- <https://asid.asn.au/stompoz/>
- [stompozcontact@gmail.com](mailto:stompozcontact@gmail.com)



# #STOMPOZ

You can be a #stompoz supporter whether you are a person with a learning disability, autism or both, a family carer, voluntary organisation, health or social care professional:

- Ask your health care and social care providers if they have signed up to #stompoz and what they are doing to stop over medication with psychotropic drugs
- Give them the web address for #stompoz for all the information they need to get started
- Use social media to tell others what you are doing about STOMP. The Twitter hashtag is #stompoz
- If you are a professional find out what your professional body's #stompoz commitments are on their website.

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# #STOMPOZ

All health care providers who prescribe psychotropic medicine to people with a learning disability, autism or both are asked to adopt the stomp health care **pledge**:

- We will actively explore alternatives to medication
- We will ensure people with a learning disability, autism or both, of any age and their circle of support are fully informed about their medication and are involved in decisions about their care
- We will ensure all staff within the organisation have an understanding of psychotropic medication including why it is being used and the likely side effects
- We will ensure all people are able to speak up if they have a concern that someone is receiving inappropriate medication
- We will maintain accurate records about a person's health, wellbeing and behaviour
- We will ensure that medication, if needed, is started, reviewed and monitored in line with the relevant NICE guidance
- We will work in partnership with people with a learning disability, autism or both, their families, care teams, healthcare professionals, commissioners and others to stop over medication.

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# Victorian Senior Practitioners Projects

## Client Voice

Review of Independent Person Toolkit

Multidisciplinary  
approach to  
deprescribing

Micro-  
credentialling for  
Behaviour Support  
Practitioners

## Strengthening the role of the APO

Physical  
Restraint

Environmental  
restraint

## Compulsory Treatment

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# *eLearning* Modules

The eLearning modules available include the following videos:

## **What are restrictive practices?**

This module will equip staff working with people with a disability to recognise restrictive practices.

## **Authorisation process and key roles:**

This module will provide an overview of the authorisation process for the use restrictive practices in Victoria and the key roles in this process.

## **Legislative requirements for authorisation of restrictive practices:**

This module will provide an overview of the authorisation requirements for the use restrictive practices in Victoria (Disability Act 2006) and how behaviour support plans can satisfy the authorisation requirements.

## **Restrictive Intervention Data System (RIDS) Training:**

This module will give the user a better understanding of the processes and requirements of completing a Behaviour Support Plan (BSP) for authorisation in the Restrictive Intervention Data System (RIDS).

<https://www.dffh.vic.gov.au/victorian-senior-practitioner-elearning-modules>

# Victorian Senior Practitioner

<https://www.dffh.vic.gov.au/victorian-senior-practitioner>