

Australian Commission on Safety and
Quality in Health Care

***Psychotropic Medicines in Cognitive
Disability or Impairment Clinical Care
Standard Public Consultation***

Occupational Therapy Australia
submission

May 2023

Introduction

Thank you for the opportunity for Occupational Therapy Australia (OTA) to provide feedback on the Public Consultation Draft for Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard (the Standard).

OTA is the professional association and peak representative body for occupational therapists in Australia. There are about 28,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapists are skilled in working with people with cognitive disability or impairment, and in providing supports that can be an alternative to psychotropic medicines or be used alongside them.

1. Does the quality statement adequately describe the quality of care that should be provided?

a. How could the quality statement be improved?

OTA supports the standard in principle.

However, there ought to be more of a focus on the expert role that occupational therapists have in the assessment and treatment of people living with cognitive deficits, the value of multidisciplinary teams in the quality statements about behaviours of concern; non-drug strategies; behaviour support plans; and monitoring, reviewing and deprescribing of psychotropic medicine.

Occupational therapists have specialised skills and expertise when working with people with cognitive impairments. These skills range from specialist cognitive assessment through to the prescription of non-pharmaceutical strategies to manage behaviours of concern. With a holistic approach, occupational therapists are best placed to not only consider the clinical, environmental and psychosocial impacts of cognitive deficit on behaviours, but offer insights to the consumer and their family on ways to mitigate the impacts of these deficits on functional performance.

The Standard could be improved by emphasising the need to bring in clinical experts like occupational therapists. By including occupational therapists in multidisciplinary care teams caring for people living with cognitive deficits, the broader care team of GPs, nurses, and non-clinical carers will be educated in, and supported to, consider the delivery of alternate strategies to psychotropic medicines thus preventing unnecessary prescriptions.

2. Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

a. How could the indicator(s) be improved?

OTA strongly endorses the use of Metadata Online Registry (METeOR) to monitor quality indicators for people with cognitive disabilities and impairments who are administered psychotropic medicines.

Clinical indicators for the management of cognitive disabilities and impairment must measure systems that support the early identification of impairment and prompt referral to expert clinicians such as occupational therapists.

Best practice interventions for the management of cognitive disability and impairments, often delivered through a multi-disciplinary team including allied health professionals, must also be supported through quality indicator measures. Holistic and patient centred approaches that incorporate the consumer, their family and carers, staff and significant others must also be measured.

Furthermore, validated and evidence-based assessment and intervention approaches must be central to the delivery of clinical care for people living with cognitive disabilities and every effort must be made, through clinical indicator and governance systems, to ensure these approaches are embedded in practice.

It would also be ideal to monitor the different rates of prescription of psychotropic medicines to individuals with cognitive disabilities and impairments considering their location, socioeconomic status, level of familial and social support, ethnicity, sexuality, gender whether they live in the community or in a residential facility, and whether they have an acquired impairment or a lifelong disability. This type of data might inform quality improvement initiatives that target key communities at risk of over prescription with better utilisation of non-pharmaceutical strategies.

3. The quality statements focus on areas identified by the Commission as being a priority for quality improvement. Are there additional areas or aspects of care that should be included?

a. If so, please provide further detail.

The quality statements could put more emphasis on the importance of multidisciplinary care in caring for people with cognitive disabilities and impairments.

Some people with cognitive disabilities and impairments can become distressed, anxious, and even delusional without useful stimulation. Occupational therapists bring an understanding of how people with cognitive disabilities and impairments react to stimuli thus informing best approaches to address these behaviours and prevent unnecessary prescription of psychotropic medicines.

Occupational therapists support people with cognitive disabilities and impairments by:

- Developing and implementing a personalised Positive Behaviour Support Plan (PBSP)
- Design of the social and physical environment, including layout and use of space, to support to address behavioural and psychological symptoms of people with cognitive disabilities and impairments
- Providing education to residential and community aged care staff on managing residents with behavioural and psychological symptoms of people with cognitive disabilities and impairments

Occupational therapists use tools such as the Model of Human Occupation (MOHO) to develop interest and role checklists for clients which can be used to identify ways to develop stimulating, personalised occupational engagement and minimise behavioural symptoms of

cognitive impairment or disability. By tailoring the environment to the individual and bringing in sensory stimulation that is familiar and comforting to a person, behavioural symptoms can often be resolved. For example, playing and talking about a person's favourite music whilst they receive an intervention that might typically elicit behaviours of concern, has been successfully used to reduce behavioural symptoms.

Occupational therapists can also conduct sensory profile assessments that can be used to identify various triggers behind adverse behavioural symptoms and support the development of environments that minimise sensory overload and minimise the risk of distress.

The sensory profiles of people with cognitive disabilities and impairments impacts how they receive and process stimuli in their environment. Loud noises for example, can trigger sensory overload and cause irritability and aggression, and it is crucial for a person experiencing this to have access to quiet, calming areas to minimise sensory overload.

4. Are you aware of any current or planned initiatives that could support implementation of this clinical care standard?

a. If so, please provide further detail.

Sensory modulation or sensory based approaches

Sensory modulation or sensory based approaches are a core component of contemporary occupational therapy practice. Occupational therapists use their understanding of sensory inputs and their impact on the person's function and behaviour as a means of supporting the person to regulate their behaviour, function, and mood without restraints or psychotropic medicines. Further detail is provided about OT sensory assessment and intervention capabilities within the [OTA Mental Health Capability Framework](#). This is available on the OTA website at otaus.com.au.

Individuals with cognitive disabilities and impairments often experience sensory modulation issues due to the nature of the symptoms they experience. Sensory modulation approaches can decrease the frequency and levels of these symptoms and thereby prevent the unnecessary prescription of psychotropic medicines amongst people with cognitive impairments and disabilities.

For example, nurturing sensory modulation approaches, such as gliding in a glide rocker or the use of weighted blankets or cushions, can provide supportive sensorimotor opportunities for individuals when they are feeling distress or anxious. Additionally, sensory-based approaches can be used to maximise environment adaptation. These are extremely beneficial in reducing behaviours of concern for individuals with cognitive impairment.

There is currently little understanding of sensory modulation approaches in some schemes such as the NDIS, and funding requests for sensory items are often denied. This can result in the use of more restrictive strategies such as psychotropic medication and physical restraints.

OTA would welcome the opportunity to support the Australian Commission on Safety and Quality in Health Care to increase awareness of the benefits of sensory based approaches for individuals with cognitive disability or impairment.

The Care of People with Dementia in their Environments (COPE) program

The Care of People with Dementia in their Environments (COPE) program is an occupational therapy and nursing program for people living with dementia and their families, and can provide non-pharmaceutical services for people with dementia. It can also be applied to other people with cognitive disabilities and impairments.

COPE practitioners help the person with cognitive disabilities and impairments to manage their day-to-day activities and the carer to support them to live at home. It involves carer education about what the person with psychological disabilities and impairments can still do, carer training in communication techniques, behaviour management and management of the carer's own stress, home safety assessment – including referral for home modifications where appropriate – and assessment of the person with cognitive disabilities and impairments to rule out any underlying conditions that may contribute to changed behaviours and other care challenges.

The COPE program increases independence in people with cognitive disabilities and impairments and enhances their engagement in activities and improves overall wellbeing in caregivers. The COPE program could also feasibly be implemented across Australia in government funded health organisations, non-government funded health organisations and private providers.

OTA would welcome the opportunity to support the Australian Commission on Safety and Quality in Health Care to increase awareness of the COPE program and to implement it more broadly.

Contact

Representatives from OTA would gladly meet with the commission to expand on any matters raised in this submission. For further information please contact:

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