Managing Referrals for Behaviours that Challenge in an Outpatient Psychiatry of Intellectual Disability Service: A Quality Improvement Project

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Background

We often receive referrals for behaviours that challenge, such as self-injurious behaviour, property damage and aggressive behaviours towards others.

The 2015 National Institute for Health and Care Excellence (NICE) guidelines recommend that "*antipsychotic drugs be considered to manage behaviour that challenges only if: psychological or other interventions alone do not produce change within an agreed time; or treatment for any co-existing mental or physical health problem has not led to a reduction in the behaviour; or the risk to the person or others is very severe*".

However, the Covid-19 pandemic has caused a disruption to services with reduced home visits and face-to-face contacts, reduced staff availability due to illness, isolation and staff redeployment and increased waiting list times. This had the potential to affect the holistic, timely multidisciplinary management, meaning that patients might be more likely to present at crisis point, more likely to be prescribed psychotropic medication and less likely to receive non-pharmacological interventions support.

Aims & Hypothesis

The overall aim of this quality improvement project was to look at how referrals for 'behaviours that challenge' to our outpatient Psychiatry of Intellectual Disability service are managed and how they could be improved. Our hypothesis was that 'behaviours that challenge' were being managed with medication rather than with psychological and social interventions, due to the change in services available during the Covid-19 pandemic. Our specific aims were:

- To assess how many referrals are received for 'behaviours that challenge'
- To determine whether these referrals are triaged to Psychiatry, Psychology, Community Nursing or other members of the multi-disciplinary team
- To assess whether Positive Behavioural Support (PBS) plans are being put in place as per 'Stopping the overmedication of people with intellectual disability, autism or both' (STOMP) guidance
- To assess whether medication is being appropriately prescribed as per STOMP guidance
- To create interventions that could improve referral management and compliance with STOMP guidance

Methods

A list of all referrals to the Learning Disabilities Service (which includes Psychiatry of Intellectual Disability) was compiled for a 12 month period from August 2020 to August 2021. We then read through the patient notes for each referral to ascertain:

- The indication for each referral
- The referral source
- Which service(s) referrals were triaged to, if accepted
- Whether a Positive Behavioural Support (PBS) plan was considered
- Whether a psychotropic medication was started or increased as a result of the referral.

Results

<u>All Referrals</u>
Our service received over 300 referrals (any indication) in 12 months. Once duplicate referrals and referrals where we could not review the notes were removed, this left 96 referrals for 'behaviours that challenge':

- 45 were from external sources, e.g. GP
- 31 were internal referrals
- 20 were transfers, e.g. from Community Paediatrics.

<u>External referrals</u>

- Fewer than 15% were triaged to Psychiatry only:
  - ❖ However, a few of these had no PBS plan and were started on a new medication
- 18% were triaged to Psychiatry and MDT concurrently
- Over 55% were triaged to MDT only
- A small number were triaged straight to the Intensive Support Team (IST)
- Fewer than 10% were rejected

A PBS plan was considered in over half of cases. This was lower for those triaged to Psychiatry only, but higher in cases where they were concurrently triaged to another member of the MDT. Impressively, 100% of those triaged to the IST had a PBS plan considered.

Around one fifth of accepted referrals, were started on medication. This was highest in those triaged only to Psychiatry, but this may reflect increased level of risk in these patients. It was lowest in those who were initially triaged to a MDT member only.

The most commonly used medications were antipsychotics , whilst melatonin and SSRIs were also used.

<u>Internal Referrals</u>
Over 80% of internal referrals were made to Psychiatry or the IST, again reflecting an escalation in need and risk. Fewer than a fifth of these needed a new medication or a medication increase. A PBS was considered in over 90% of cases.

Discussion

The Covid-19 pandemic has affected the services we can offer and has affected the lives of many patients with intellectual disabilities and their families. For example, many patients have had to shield, whilst others have not seen family members and have had their routine disrupted through the closing of day centres and colleges. This has led to increased demand for services, particularly for behaviours that challenge.

In August 2021, the Royal College of Psychiatrists reiterated in its STOMP position statement, that

"if no mental disorder is present, then the prescription of psychotropic medication should be avoided, except for short-term use in which there is a serious risk of harm to the person and/or others, while other non-pharmacological plans are developed and implemented."

They also recommended that PBS plans "*should be revised during the pandemic*" as lockdown measures may have made it "*difficult for carers to manage using the person's current positive behavioural support plan*".

Conclusions

Suggestion One

We were pleased to see that only a small number of patients were triaged solely to Psychiatry. This is largely inappropriate, as it means that non-pharmacological measures are less likely to be put in place. They also had a higher chance than other groups of being started on a new medication. In order to address this problem, we have suggested implementing a new template for all new referrals, which includes a mandatory section where it is documented whether a PBS plan is in place, and if not, to indicate how this will be addressed.

Suggestion Two

Internal referrals were much more likely to have a PBS plan in place, but were often more difficult to find when searching through the notes, so again, a standardised template was suggested to improve documentation.

Suggestion Three

We initially suggested the introduction of a database of referrals, due to the fact that a small number of the initial list were found not to be true referrals. However, after discussion, it was decided that by using standardised templates, all referrals could be found easily with specific search times in our current patient notes system, making a database unnecessary.

Suggestion Four

Our final suggestion was to re-circulate referral requirements to all General Practitioners (GPs) as all of the rejected external referrals were subsequently accepted when a further referral was done with extra information. This could help to reduce any delay in patient care and reduce GP workload.

Evaluation

We are currently implementing our changes and will evaluate by reviewing whether staff (both MDT and Psychiatry) have found these helpful in a few months' time and whether the percentage of referrals for 'behaviours that challenge' with a PBS plan have increased. We will also assess whether the number of GP referrals being declined for lack of information has reduced.

References

1. Royal College of Psychiatrists, August 2021: 'Stopping the overmedication of people with intellectual disability, autism or both (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP)'
2. https://www.nice.org.uk/guidance/NG11