

The Royal College of Psychiatrists

Faculty of Psychiatry of Intellectual Disability

'Stopping Overuse of Medication in People with Learning Disability' (STOMP)

Introduction

The use of psychotropic medication to manage mental disorders and challenging behaviour in people with Intellectual Disabilities has been highlighted as an area for development under the Transforming Care Programme. The Royal College of Psychiatrists fully supports the STOMP campaign and pledges to work with its partners to promote the campaign in leading to a reduction in the use of psychotropic medication in people with ID. Key participants in achieving the outcomes include all prescribers, including Psychiatrists, General Practitioners and non-medical prescribers.

The Royal College of Psychiatrists will promote STOMP amongst our members and partners through the following 10 actions.

1.0 We will provide information about STOMP and specific actions to be taken to all members and ensure its inclusion in local education and audit

1.1 The College will utilise its channels of communication with members to communicate its message on STOMP for example, on the Faculty website, in the Faculty Newsletter.

1.2 The College will emphasise its bio-psycho-social approach on the pragmatic use of medication as an equal component of person-centred care planning and will support the development of College reports and practice guidance in this area.

1.3 The College will promote the effective clinical approach by providing CPD oriented opportunities through Conference plenaries, workshops, and self-directed eLearning modules.

1.4 The College will encourage its members to treat the use of psychotropic medication as an important Quality Improvement initiative within their local organisations and in clinical practice. The College will provide members with Quality Improvement methodology and specific tools to enhance appropriate prescribing practice.

2.0 We will work in partnership with people with Intellectual Disability, family, paid carers and other professionals to develop a shared understanding of the presenting difficulties (making sense together) and agree treatment and support

2.1 The College will encourage its members to engage the patient, families and other carers to jointly develop care plans that include psychotropic medication using a person-centred, positive co-productive approach in developing care plans, contingency plans, and risk reduction plans.

2.2 The College will provide information on resources on psychotropic medication in accessible format for use by practitioners with families.

2.3 The College will support the development of strategic approaches by provider organisations to ensure consistent, system-wide approaches to manage behaviour that challenges.

3.0 We will use recognised criteria to support diagnoses of mental illnesses and developmental conditions such as Autism and ADHD which can contribute to behaviour difficulties for which medication is being considered

3.1 The assessment of mental disorders and challenging behaviour will lead to a diagnostic formulation within a bio-psycho-social framework (Faculty Report FR/ID/09, The Royal College of Psychiatrists, 2016).

3.2 Clinical diagnoses will be supported by, and consistent with a recognised classification system for example, ICD 11, DSM V, DM-ID2 to ensure treatable mental illness as cause of challenging behaviour is identified and treated using evidence-based, effective treatments.

3.3 Diagnoses will be subject to on-going review with reference to the recognised diagnostic frameworks.

3.4 The College will encourage clinicians to enhance their clinical skills in the objective assessment of people suspected to have Neurodevelopmental Disorders. The objective assessment will include demonstrating assessment using a validated tool for example, ADOS, DISCO.

3.5 The College will promote the gaining of skills in the assessment of Neurodevelopmental Disorders will be learning objectives for higher trainees in Psychiatry of ID.

4.0 We will use recognised outcome measures to monitor effectiveness of interventions

4.1 In clinical practice, prescribers will measure the effectiveness of psychotropic medication on target behaviours using an objective rating tool such as HoNOS-LD (RCPsych 2002) or another appropriate tool and with the support of the multidisciplinary team.

4.2 Disorder specific rating scale will be used to measure the effectiveness of treatments for example, the Glasgow Anxiety Scale for People with Intellectual Disabilities (GAS-ID) (Mindham and Espie, 2002).

4.3 In measuring response to medication in managing Challenging Behaviour and adhering to NICE Guidance appropriate rating scales will be used for example, the Aberrant Behaviour Checklist (ABC) (Aman et al., 1983) or the Problem Behaviour Checklist (PBC) (Tyrer et al., 2016).

5.0 Our treatment plan and the use of medication will be part of a holistic and personalised approach developed in partnership and delivered and reviewed jointly

5.1 Psychiatrists will collaborate with professional colleagues, families, paid carers, and service-users to develop a personalised care plan. Where medication is agreed as part of the care plan, it will be reviewed regularly by the care team with the service-user.

5.2 Reviews will be structured and recorded with the active participation of the service-user. Quality monitoring of medication reviews will be a part of the Quality monitoring frameworks.

6.0 We will regularly monitor treatment response using recognised outcome measures as well as side effects and do so at the request of other professionals or carers

6.1 The treatment response to the use of psychotropic will be measured at each review and earlier where indicated using an objective outcome measure for example, HoNOS-LD. The treatment response will be recorded and communicated with the service-user and their General Practitioner.

6.2 As part of the assessment of treatment response, specific attention will be paid to the assessment of drug-related side effects. Objective assessment tools will be used to assess for side effects for example, GASS, MEDS Questionnaire, AIMS.

7.0 We will follow best practice with regard to consent to treatment and best interest decisions

7.1 In clinical practice decisions on using psychotropic medication as part of a treatment plan will adhere to Mental Capacity legislation (*Mental Capacity Act 2005; Adults with Incapacity (Scotland) Act 2000*).

7.2 For people who cannot consent to their treatment, clinicians will follow the legislation and Codes of Practice in making decisions under the 'Best Interests' framework.

7.3 Psychiatrists will observe guidance issued in Good Medical Practice (2013) by the General Medical Council emphasising consent guidelines and principles in assessing capacity. Non-medical prescribers will observe guidance issued by their regulatory bodies.

8.0 Local audit of prescribing standards would be carried out using the practice guidelines produced by the Faculty of Psychiatry of Intellectual Disability to ensure improved compliance

8.1 Psychiatrists will be encouraged to audit prescribing practice using Faculty of Psychiatry of Intellectual Disability guidance that requires:

- Clear statement of Indications and rationale including off-label use
- Documentation of capacity and consent to treatment

- Regular monitoring of treatment response and side effects, preferably 3 months or less, at a minimum of 6 months
- Review the need for continuation or discontinuation of the Psychotropic drug regularly (every 3 months or less and at a minimum every 6 months) or whenever there is a request from patients, carers or other professionals.

9.0 National surveys of psychiatric prescribing practice will be carried out regularly to monitor trends over time

9.1 Prescribing clinicians will be encouraged to engage in in POMH-UK audit on prescribing practices through self-report comparing practice against the practice nationally of other practitioners. Local services will request development plans in the light of the audit findings.

10.0 We will develop and disseminate training material for specialist prescribers and for Primary Care prescribers that can be modified for local use

10.1 Specialist prescribers are Consultant Psychiatrists, Specialty Doctors, Nurse Prescribers and Pharmacist Prescribers. Primary Care prescribers include General Practitioners and Community Pharmacist Prescribers. The College will work collaboratively with the Royal College of General Practitioners, Royal Pharmaceutical Society, Royal College of Nursing on developing training materials that could be disseminated through the Royal Colleges for use in local services.

10.2 Quality standards to be incorporated in to the training materials and to assist prescribers to assess their learning through on-line certification.

References

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