Coronavirus (COVID-19): Managing behaviours of concern and new or increased restrictive practices during COVID-19 isolation

This fact sheet explains how to prevent the escalation of behaviours of concern and the use of restrictive practices during COVID-19 isolation. It has been developed with advice from the Australian Government Department of Health.

Key points

- The COVID-19 pandemic and its associated requirements (e.g. isolation, social distancing, travel restrictions, and limitations to community-based activities), can cause uncertainty and anxiety for people with intellectual or developmental disability, particularly when they have little control of the changes in their environment.

- Behaviours of concern could include externalising (e.g. physical harm of self or others) and / or internalising (e.g. physically withdrawing) behaviours. Participants should access health advice for a review of physical health status for all new episodes of behaviour/s of concern.

- Observe and monitor any changes in the mental state and behaviour of participants that may be occurring in response to COVID-19 related changes and develop strategies to prevent behaviours from escalating.

- A behaviour support plan is the primary mechanism of supporting a person with behaviours of concern and associated restrictive practices.

- Psychotropic medications should only be considered when both the behaviour places the person and/or others at risk of harm, and when other non-pharmacological interventions have been unsuccessful.

- The three main classes of psychotropics prescribed are antidepressants, anti-anxiety agents (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics.

Steps to prevent the escalation of behaviours of concern and the use of restrictive practices

1. Monitor changes in behaviour

- Observe and monitor any changes in the mental state and behaviour of participants that may be occurring in response to COVID-19 related changes.

- Communicate with the participant, their families or carers about steps that are being taken to prevent infection, including any changes to the visitor management policies.

- Identify and use the participant's preferred modes of communication, as this can help to reduce their anxiety about any changes that need to happen. Consult and seek their input about their day-to-day activities and changes to routines.

- If the participant continues to be in distress, and current strategies do not seem to be working, consult with their family/carers and others who know the participant best and may know why their behaviour has changed.

- Other services that may be able to assist with preventing the escalation of behaviours of concern include the participant's treating medical practitioner or specialist mental health services.

- If you are concerned that any behavioural changes may be due to a COVID-19 infection, follow the Australian Government's advice on COVID19 symptoms and always seek medical advice where a participant's health presents a concern.

- You should also consult a specialist behaviour support practitioner to identify strategies to reduce COVID-19 isolation related behaviours of concern. These can be integrated into existing behaviour support plans or new plans can be developed for people who do not have plans.

2. Maintain the health, wellbeing and safety of the person

- Be aware that participants may need help coping with anxiety and worry about COVID-19 so provider organisations should develop therapeutic strategies to help allay anxieties.

- Identify how any essential supports for the participant's health, wellbeing and safety have been affected by COVID-19 and determine how they can be provided in a different way. For example, phone calls for welfare checks or no-contact delivery of food and medication

- Face-to-face visits should be facilitated in accordance with current government guidelines and restrictions. If face-to-face contact is not possible, then help the participant maintain contact through alternative channels, e.g. by using assistive and social media technology, or sending photo-news with the person to their families.

- Be aware that symptoms of physical ill health such as COVID-19 may go undetected if they are mistakenly attributed to behavioural problems.

- Maintain ongoing contact with the person's primary healthcare professionals in order to identify unmet health needs, including unrecognised and/or poorly managed disease, immunisation and other preventative activities.

- Restrictive practices should be the absolute last resort mechanisms and only used to prevent an episode of actual harm to a participant or another person.

3. Incorporate COVID-19 changes into behaviour support plans

- Behaviour support plans should be the primary mechanism for helping a participant to manage their behaviours of concern.

- Incorporate COVID-19 related mental health risks or behaviours of concern and methods for addressing them into the participant's behaviour support plan.

- Consider known triggers for the participant's behaviour of concern and put strategies in place to mitigate these. Some common triggers are boredom, sudden changes to routines, missing friends or families, and communication difficulties.

- Carefully consider the potential for increased anxiety and distress during isolation before making any decisions about withdrawing or changing a participant's antidepressant, anxiolytic or antipsychotic medication.

Guidance for providers on using psychotropic medications to manage behaviours of concern during COVID-19 isolation

- The use of psychotropic medication to manage or influence a participant's behaviour of concern constitutes chemical restraint. Therefore, you are required to obtain authorisation from your state or territory authorisation body to use chemical restraint.

- The use of most psychotropic medications (except risperidone, pericyazine and chlorpromazine) to manage behaviour is off-label prescribing (i.e. it is not included in the approved product information document for that medication). The proposed use of off-label medications should be made clear to the participant and/or their carer so they can give informed consent.

- Ensure that PRN (as required) medications have clear guidelines that indicate when it should be used and maximum amounts within a 24-hour period.

- Participants should attend medical appointments in person with support from staff. Alternative medical appointments, such as telehealth, should only occur in consultation with the prescribing doctor and when the prescribing doctor considers it appropriate to do so.

- As some medications require a high level of monitoring via blood tests, discuss with the treating medical practitioner how this can be managed to ensure the participant's safety.

- Be aware that COVID-19 like symptoms, such as respiratory depression and high fever, may be related to the use of psychotropic medications. For example, repeated use of benzodiazepines may increase the likelihood of a suppressed respiratory system. Whatever the cause, immediate medical review is required.

- COVID-19 symptoms can increase the likelihood of adverse effects when psychotropic medications are used. For example, high temperatures and fluid loss can increase the likelihood of lithium toxicity.

- Psychotropic medications for managing behaviours of concern should initially be prescribed by a medical practitioner skilled in the care of people with intellectual and developmental disability.

Considerations when prescribing psychotropic medications

When prescribing psychotropic medications, a medical practitioner should consider the following:

- The psychotropic medication may only be needed to alleviate behaviours of concern in the short term while other non-pharmacological strategies are implemented.

- Given the serious adverse effects associated with many psychotropic medications, all prescriptions should meet the criteria outlined in current prescribing guidelines.

- Review the need for continuing psychotropic medication regularly, or when requested by the participant, their carers, or other professionals.

- Medication reviews may need to be brought forward if circumstances change (for example, if behaviours reduce your adverse effects are identified).

- The participant and their family or carers should have access to information about the prescribed medication, including:
  - potential adverse effects and what to do if these occur
  - when the medication will be reviewed
  - whether additional monitoring for adverse effects is required
  - any plans for reducing or discontinuing the medication
  - details of the medication including its purpose, frequency, daily doses for regular medications, and maximum 24 hour dose for PRN medications.
  - if prescribers recommend switching medications or starting new medications, explain any effects that may occur (for example, an initial increase in anxiety when some medications are ceased).

Resources

Australian Government Department of Health (2020). Coronavirus (COVID-19) advice for people with disability, 14 May 2020.

Australian Government Aged Care Quality and Safeguards Commission (2020). Psychotropic Medications used in Australia information for aged care [PDF, 2.3MB].

Council for Intellectual Disability (2020). Mental Health

International Association for the Scientific Study of Intellectual and Developmental Disabilities (2020). People with intellectual disability and mental health/behavioural problems: guidance on covid-19 for inpatient settings.

International Association for the Scientific Study of Intellectual and Developmental Disabilities (2020). People with intellectual disability and mental health/behavioural problems: guidance on covid-19 for community settings.

NDIS Quality and Safeguards Commission (2020). Coronavirus (COVID-19): Behaviour support and restrictive practices.

NDIS Quality and Safeguards Commission (2020). Coronavirus (COVID-19): Outbreak preparedness, prevention and management.

NHS (2020). Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages [PDF, 320KB], version 1, 25 March 2020.

NHS (2020). Clinical guide for front line staff to support the management of patients with a learning disability, autism or both during the coronavirus pandemic [PDF, 94KB], version 1, 24 March 2020.

NICE 2016 - Mental health problems in people with learning disabilities Prevention, assessment and management [PDF, 204KB].

Royal College of Psychiatrists (2016). Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines [PDF, 827KB].

Royal College of Psychiatrists (2020). COVID-19: Providing medication.

Royal College of Psychiatrists (2020). COVID-19: Working with vulnerable people.

Trollor J, Salomom C, Franklin C (2016). Prescribing psychotropic drugs to adults with an intellectual disability. Australian Prescriber 2016; 39:126–30.

WHO 2020. Mental health and psychosocial considerations during the COVID-19 outbreak [PDF, 522KB], 18 March 2020.

Acknowledgements

Further information, alerts and resources

The Coronavirus (COVID-19) information webpage on the NDIS Commission website contains links to updates, training, alerts and other resources.

Contact Us

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