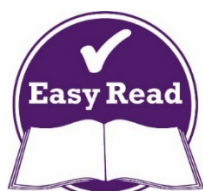




**NDIS Quality
and Safeguards
Commission**

Joint statement on psychotropic medicine

Easy Read version



How to use this joint statement



A joint statement is when more than one organisation makes a statement about an important issue.



The NDIS Quality and Safeguards Commission (NDIS Commission) wrote this joint statement.

When you see the word 'we', it means the NDIS Commission.



We wrote this joint statement in an easy to read way.

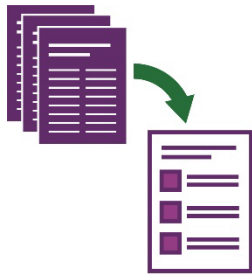
We use pictures to explain some ideas.

Not bold
Bold

We have written some words in **bold**.

This means the letters are thicker and darker.

We explain what these words mean.



This Easy Read joint statement is a summary of another joint statement.

This means it only includes the most important information.



You can find the other joint statement on our website ndiscommission.gov.au/psychotropicmedication



You can ask for help to read this joint statement. A friend, family member or support person may be able to help you.

What is our joint statement about?



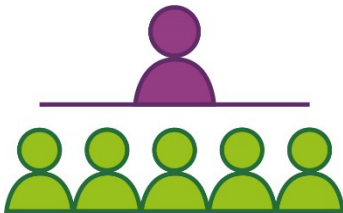
Psychotropic medicine affects how someone:

- thinks
- feels
- acts.

We want to talk about psychotropic medicine with:



- the Commissioners of the Aged Care Quality and Safety Commission (ACQSC)



- the CEO of the Australian Commission on Safety and Quality in Health Care (ACSQHC).

We are all concerned that:



- too much psychotropic medicine is being used on people



- psychotropic medicine is being used the wrong way.

Our joint statement explains:



- why we all need to talk about psychotropic medicine



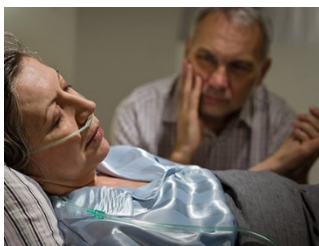
- what we will all do to make sure psychotropic medicine is used the right way.

How are psychotropic medicines used?

You might use psychotropic medicine to treat someone with a:



- mental health problem



- physical health problem.



Sometimes psychotropic medicine can help people.



But other times it can have bad effects on someone's health.



We have proof that psychotropic medicines can put people at risk.



We have proof that some people with disability are given too much psychotropic medicine.



This also happens to older people.



Restrictive practices are actions that stop people from:

- moving
- doing what they want.



We have proof that psychotropic medicine are sometimes used as a restrictive practice.



A **chemical restraint** is when someone uses medicine to change another person's behaviour.



We have proof that psychotropic medicine is used as a chemical restraint.



Behaviours of concern are things someone does that might put:

- themselves in danger
- other people in danger.

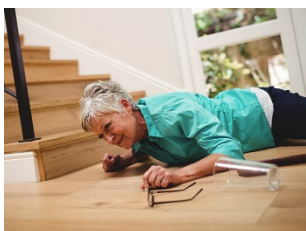


We don't have much proof that psychotropic medicines are good for managing behaviours of concern.



We have proof that psychotropic medicine puts people with disability at risk of being harmed.

For example, it might affect how someone swallows.



This also happens to older people.



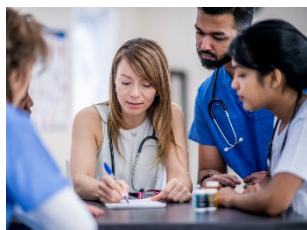
These are big problems.

Changing how psychotropic medicine is used



We need doctors to use psychotropic medicines in better ways.

We must work with:



- health care organisations



- aged care organisations



- disability organisations.

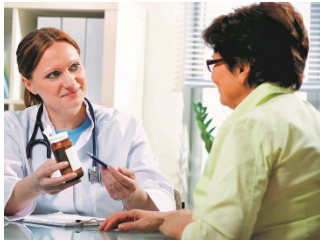
What does this mean for participants?



Participants are people who take part in the **National Disability Insurance Scheme (NDIS)**.



The NDIS provides services and supports to participants.



Participants can talk to their health care workers about psychotropic medicine.

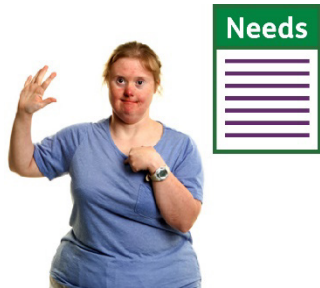
They can ask what is:



- good about psychotropic medicine



- bad about psychotropic medicine.



NDIS providers must include what the participant needs when they make decisions about psychotropic medicine.

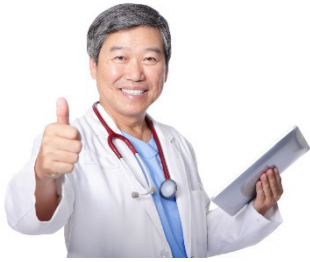


Some participants use psychotropic medicines to manage how they behave.



Someone can check if they still need to use psychotropic medicine.

This person can be:



- a health care worker



- an **independent** person.

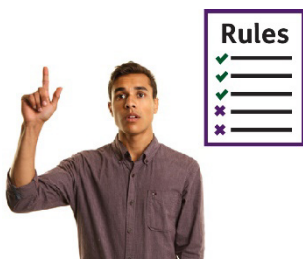


When someone is independent, they:

- don't work for anyone else
- make their own decisions.

What does this mean for NDIS providers?

An NDIS provider:



- must follow rules we set



- can offer certain supports and services to participants.



Rights are rules about how everybody should be treated fairly.



NDIS providers must support the rights of participants.



NDIS providers must keep participants:

- safe
- healthy.



NDIS providers must only use restrictive practices if they have tried everything else they can to help a participant.



This includes using psychotropic medicine.

NDIS providers must:



- make behaviour support plans



- have state and territory leaders say it's ok to use these plans.

Behaviour support plans help NDIS providers:



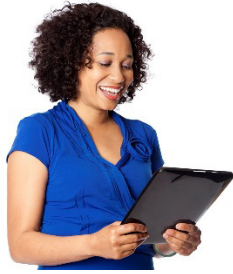
- use restrictive practices less



- stop using restrictive practices.



NDIS providers must talk to each other about the risks of psychotropic medicine.



NDIS providers who use psychotropic medicine to manage how a participant behaves must check if they still need to use it.

What are we doing about psychotropic medicines?



We will speak up about the risks of using psychotropic medicine the wrong way.



We will support NDIS providers to make more behaviour support plans.



We will make sure these behaviour support plans are good.



NDIS providers need to talk to participants about using psychotropic medicine.



We will support NDIS providers to understand how to use psychotropic medicine.



We will also support NDIS providers to stop using psychotropic medicine in the wrong way.

Contact us



You can call us from 9am to 5pm,
Monday to Friday.



If you live in the Northern Territory, you can
call us from 9am to 4.30pm.



1800 035 544



Send us an email:

contactcentre@ndiscommission.gov.au



NDIS Quality and Safeguards Commission

PO Box 210

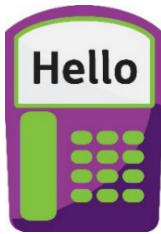
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Internet relay calls

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You can also contact ACQSC if you want to talk about aged care.



You can call.

1800 951 822



You can email them.

info@agedcarequality.gov.au



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