



NSW Department of
Community Services

Procedures for the use of psychotropic medication for a child or young person in out-of-home care

DoCS procedures for the administration of psychotropic medication to children and young persons who are in out-of-home care on an order granting parental responsibility to the Minister are outlined below.

This was recently raised by the Children's Guardian. It is important that these procedures are consistently followed to fulfil responsibilities in relation to consent arrangement for the administration of psychotropic medication and approval of the associated behaviour management plans.

These procedures also apply to a designated agency with supervisory responsibilities.

The procedures are outlined in the attached ***Procedures for the use of psychotropic medication for a child or young person in out-of-home care on an order granting parental responsibility to the Minister for Community Services July 2006.***

The Department of Community Services ***Psychotropic Medication Authorisation*** is also attached.

Should you have any questions please contact your Director, Child and Family.



Procedures for the use of psychotropic medication for a child or young person in out-of-home care on an order granting parental responsibility to the Minister for Community Services

July 2006

Introduction

The use of psychotropic medication for the purpose of controlling the behaviour of a child or young person in out-of-home care is considered a restricted practice. It should only be applied as part of an approved behaviour management plan.

Designated agency developing a Behaviour Management Plan

A child or young person under the parental responsibility of the Minister may have a behaviour management plan developed and coordinated by a designated agency.

DoCS consent

If DoCS has case management responsibility, prior to implementing the behaviour management plan the designated agency must obtain consent for Behaviour Management Plan from the **Supervising Manager, Casework**.

In the case of **any restricted practice** including the administration of **psychotropic medication**, the designated agency must have the consent of the **Director, Child and Family** of the relevant DoCS region prior to implementation.

Who can develop a Behaviour Management Plan

When developing a Behaviour Management Plan a psychologist or equivalent skilled professional with expertise in behaviour management must be consulted

Psychotropic medication

Where psychotropic medication is used a **medical practitioner** must be consulted and prescribe the psychotropic medication. In addition, the relevant **Director, Child and Family** of the relevant DoCS region must consent to the use of psychotropic medication. An authorisation form is available from DoCS.

Recording all relevant information

The Behaviour Management Plan must include full details of the child or young person's clinical diagnosis, behaviour issues, prescribing doctor, the type and dosage of psychotropic medication and frequency of reviews including medical review. It is essential that the designated agency keeps a record of the administration of the psychotropic medication and any changes in the child or young person's behaviour during the course of their treatment. This information should be provided to the medical practitioner at the child or young person's medical review.

Review of the Behaviour Management Plan

The psychologist/ equivalent skilled professional will determine the process of review, including data collection for monitoring and evaluation of the behaviour management plan. The designated agency is required to record information identified in the plan to assist the review process. All behaviour management plans will be reviewed every three months at a minimum or as per the review process determined by the psychologist or equivalent skilled professional.



Department of Community Services - consent for Designated Agency for Behaviour Management Plan & Restricted Practices Authorisation

Name of child or young person		DOB	
Designated Agency			
Child/young person current address			
Supervising CSC and Manager Casework			
Date of the Behaviour Management Plan			
Behaviour Management Plan to be reviewed on	1.	2.	3.
Behaviour Management Plan developed by	Position		
Does the Behaviour Management Plan contain Restricted Practice#1	Yes/No		
List restricted practices used (excludes psychotropic medication)			
Does the Behaviour Management Plan contain Psychotropic Medication#2	Yes/No		
Has the child or young person consented to the psychotropic medications?	Yes/No		
Explanation (if the answer to the above question is no)			



Department of Community Services - consent for Designated Agency for Behaviour Management Plan & Restricted Practices Authorisation

Diagnosis (DSM or ICD) (name & number)	Medication	Dosage	Prescribed by (include type of Dr)	Last reviewed	Next review

This Behaviour Management Plan and the use of psychotropic medication are valid for 3 months and are:

	Name			Signature	Date
Approved by		DoCS	Director Child and Family		
Endorsed by		Principal Officer, Designated Agency			

Note: Please attach a copy of Behaviour Management Plan and other relevant documents such as psychiatric assessment report if psychotropic medication is administered

1. Restricted Practices refer to methods which involve some intrusion on the child or young person's freedom in order to curtail a particular behaviour. Restricted practices should only be considered when behaviours are challenging and can only be applied as part of an approved Behaviour Management Plan. Restricted practices are those strategies that include the use of physical restraint, psychotropic medication, time-out (both exclusionary and non-exclusionary), response cost and restricted access to manage behaviour.
2. Psychotropic Medications are types of medication prescribed with the intent to affect or alter thought processes, mood or behaviour, including, but not limited to antipsychotic, antidepressant and anxiolytic medication and behaviour medications. The classification of a medication depends upon its stated, intended effect when prescribed because it may have many different effects. The administration of psychotropic medication for a diagnosed physical or mental health condition when prescribed by a medical practitioner to treat the child or young person's diagnosed condition is **not** a restricted practice.