

Safe use of psychotropic medication within Mental Health Alcohol and Other Drug Services

Queensland Health (Statewide) Guideline

QH-GDL-965

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1. Purpose

To provide a key resource to guide clinicians on the appropriate use of psychotropic medication within Queensland's public mental health, alcohol and other drug (MHAOD) services. Health services are required under legislation, service directives and national standards, and expected under duty of care, to deliver safe, effective and quality care and treatment.

Psychotropic medications used should be those with the best evidence base and safety profile and fewest in number and given in the lowest effective dose for the shortest time possible. Explanation of the purpose, actions and potential adverse effects of the medication(s) should be given to the consumer/parents/caregiver/statutory health guardian in a manner consistent with their capacity prior to obtaining consent

2. Scope

The guideline provides information for Queensland Health employees (permanent, temporary and casual) and organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers) working within MHAOD services.

Consistent with the Medication Safety Standard of the National Safety and Quality Health Service Standards (NSQHS), up-to-date and evidence-based medicine-related information and decision-support tools should be maintained to assist clinicians with their responsibilities to provide safe and effective medication management. However, rather than developing specific clinical practice guidelines, this document summarises key areas considered for best practice with supporting references and resources.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within a guideline.

3. Guideline for safe use of psychotropic medication within MHAOD services

3.1 Background

The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) provides key resources to support the implementation of the NSQHS Standards and medication safety in MHAOD services. These resources can be found at: <https://www.safetyandquality.gov.au/clinical-topics/mental-health>.

The challenges of meeting these standards in public MHAOD services are complex and require Hospital and Health Services (HHS) to provide governance over relevant local procedures. The *Medicines and Poisons Act 2019* requires HHSs to maintain substance management plans (SMP) setting out how known and foreseeable risks associated with any regulated substance are to be managed.

The guideline is endorsed by the Queensland Psychotropic Medication Advisory Committee (QPMAC) whose purpose is to provide statewide clinical expert advice and recommendations on the quality use of medicines and psychotropic medication events and to guide medication-related service development and quality improvement activities in MHAOD services.

3.2 Clinical governance for medication safety

The guideline should be used in conjunction with local HHS medication safety/drug and therapeutics governance mechanisms to promote the safe and quality use of medicines.

- The Medicines and Poisons (Medicines) Regulation 2021 identifies specific locations or types of locations that are subject to particular substance management requirements. Where a Substance Management Plan (SMP) applies, a person must comply with the SMP to deal with regulated substances in the authorised way. MHAOD services are required to have an SMP that addresses all the applicable locations and dealings associated with regulated substances (medicines).
- All prescribers must comply with legislative obligations outlined in relevant legislation. Prescribers should note that some psychotropic medications might have differing regulatory requirements. Prescribers are responsible to ensure their practice meets regulatory obligations.
- Care planning and care review processes provide opportunities for consideration of medication-related concerns.
- MHAOD services should have documented review mechanisms for more complex medication-related issues. Such review mechanisms should include expert advice from outside the treating team.
- The Council of Australian Therapeutic Advisory Group (CATAG) provides a framework to support the quality use of off-label medicines in Australian public hospitals entitled: Rethinking medicines decision-making in Australian Hospitals. This document includes seven guiding principles to assist decision-making by health professionals, consumers and committees in the evaluation, approval and use of off-label medicines.
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has produced a professional practice guideline providing direction on risk identification and justification for off-label prescribing.
- The Queensland Health medicines formulary, List of Approved Medicines (LAM), is the official statewide formulary for medicines approved for use in all Queensland Health public hospitals and institutions. Prescribing must be in accordance with the LAM and deviations from this will require approval.

- Further information on approvals and authorities can be accessed via www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines/prescribing-approvals
- Further information, factsheets and supporting documents on the requirements of the *Medicines and Poisons Act 2019* can be accessed via www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/supporting-documents.

3.3 Supporting consumers and carers with information about medication

Consistent with NSQHS Standards, MHAOD services are expected to support consumers, carers and family members to be partners in their own care. The Medication Safety Standard seeks to involve consumers in their own care through empowering consumers with the knowledge and understanding of the medications they are taking. Several available resources emphasise choice, information-sharing and consumer and carer participation in the process of psychotropic medication prescribing.

The following are recommended:

- Choice and Medication© information for service users, carers and professionals. This resource provides information in relation to psychotropic medications for consumers and/or carers and has been developed in various formats:
 - PILL (Patient Information Leaflet): standard text
 - BILL (Basic Information Leaflet): a shorter, one page version of the PILL with slightly larger print
 - QuILL (Quick Information Leaflet): contains images to highlight important components within the leaflet, especially handy for those who may have difficulty with literacy.
- NPS MEDICINEWISE available at www.nps.org.au

3.4 Prescription and administration of psychotropic medications

Clinicians should be aware of the specific indications and restrictions for the use of psychotropic medications in hospital settings which may differ to that of the community.

A range of resources are available to guide prescribers (see also Section 6 additional resources) including:

- Australian Medicines Handbook provides information by individual medication.
- Pharmaceutical Benefits Scheme (PBS) provides information on indications and restrictions for medicine use in community settings
- RANZCP clinical guidelines and publications
- Therapeutic Guidelines (eTG complete) provides information by individual substance use and mental health disorder to promote the quality use of medicines.

There are a number of overseas resources specific to supporting evidence-based prescribing in mental health services:

- Maudsley Prescribing Guidelines in Psychiatry (15th Ed.)
- Maudsley Deprescribing Guidelines: Antidepressants, Benzodiazepines, Gabapentinoids and Z-drugs (1st Ed.)
- Maudsley Prescribing Guidelines for Mental Health Conditions in Physical Illness (1st Ed.)

3.4.1 PowerPlans

In digitally enabled HHS, Statewide PowerPlans (SWPP) exist within the integrated electronic medical record (ieMR) and function to streamline medication ordering for clinicians. PowerPlans contain clinical notes and links to clinical guidelines, evidence and research protocols, making it possible to deliver a

standardised approach to consumer care (noting that prescribers must use their clinical judgment for making clinical decisions). For further information, refer to local HHS policy and procedures.

3.5 Pharmacotherapy in specific population groups and situations

Additional information specific to individual consumer groups is also available within dedicated resources freely available online. When using references published outside Australia, be aware that drug doses, licensed indications and arrangements for government subsidy may vary between countries. Always check the Australian Medicines Handbook and the PBS listings to confirm Australian arrangements.

Pharmacists with specialist MHAOD knowledge and experience are also a significant source of information and advice.

Examples of endorsed guidance includes:

- Pregnancy and Breastfeeding Medicines Guide
- Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard
- RANZCP Professional Practice Guideline 7: Guidance for psychotropic medication use in children and adolescents

To support compliance with NSQHS Standard 5 Comprehensive Care – minimising patient harm: preventing delirium and managing cognitive impairment, services must manage the use of antipsychotics in accordance with best practice and legislation.

3.5.1 Acute Behavioural Management Disturbance (ABDM)

Additional care is required with medication use in behavioural emergencies. The following resources are available at www.health.qld.gov.au.

- Guideline for acute behavioural disturbance management (including acute sedation) in Queensland Health Authorised Mental Health Services (children and adolescents) (2024)
- Management of patients with Acute Severe Behavioural Disturbance in Emergency Departments (2024)
- Pharmacological management of acute behavioural disturbance management (ABDM) in Queensland Mental Health Alcohol and Other Drugs (MHAOD) Services (adults and older adults) (2021)

To support compliance with NSQHS Standard 5.35 services should ensure that least restrictive practices are utilised at all times and restraint is minimised and where possible eliminated.

For prescribing in accordance with the *Mental Health Act 2016* (MHA), the Chief Psychiatrist Policy: Clinical need for medication (June 2025) must be applied. Under section 272 of the MHA it is an offence to administer medication to a patient unless the medication is clinically necessary for the patient's treatment and care for a medical condition. Pharmacological management should only be used after all appropriate less restrictive options have been implemented.

3.6 Risk factors and side effects

There has been increasing awareness and priority placed on detecting physical risk factors and side-effects associated with psychotropic medications. A significant proportion of consumers experience at least one side effect associated with their psychotropic medication, with many experiencing multiple. People with severe mental illness also have a life expectancy that is approximately 20% shorter than that of the general population. Most of this increased mortality is due to treatable physical health conditions, with cardiovascular disease being the primary cause of death in this group. Antipsychotic medications contribute to metabolic changes such as weight gain, dyslipidaemia and a higher risk of diabetes, all of which increase the risk of cardiovascular disease.

The Physical Health Screen (in CIMHA) expands on the Metabolic Monitoring form by screening for a wide range of physical health conditions and health related behaviours. The Physical Health Screen is intended for use with all people receiving MHAOD care, at regular intervals across the continuum of care.

Identified risks should be appropriately considered in treatment planning, including delivering interventions within scope of practice and referral to external services. The Australian guideline and calculator for assessing and managing cardiovascular disease risk (2023) (available at www.cvdcheck.org.au) includes risk considerations for people living with severe mental illness and provides recommendations for management strategies including lifestyle modifications and pharmacotherapy.

All clinicians working with consumers are responsible for monitoring, documenting and managing side effects associated with the use of psychotropic medications, which should be done in partnership with consumers and their family and carers wherever possible. All clinicians should follow their local clinical escalation processes where there are issues related to medication risk factors and/or side effects identified.

Consistent with the prescription of any medication, ongoing monitoring of use, outcome and any adverse effects is required. Clinicians should also provide consumers with information on the potential risk of overdose, recognition of signs of toxicity, and strategies to minimize overdose risk. The Queensland Poisons Information Centre is available in the event of an overdose (13 11 26).

3.7 Documentation and safe transfer of medication information at transitions of care

The Australian Commission on Safety and Quality in Health Care has released the Medication Management at Transitions of Care Stewardship Framework to support health service providers reduce medication-related errors and hospital readmission rates for consumers transitioning between care settings.

More than 50% of medication errors occur at transitions of care. All MHAOD services are required to have processes in place for accurately documenting medication history and managing continuity of care associated with psychotropic medication and any associated risks at all transitions between episodes of care including between healthcare locations, providers or levels of care. In particular, all consumers with moderate to high cardiovascular risk should be referred to a General Practitioner.

4. Aboriginal and Torres Strait Islander considerations

Aboriginal and Torres Strait Islander people face specific barriers to safe and effective medication management which can include:

- access and financial barriers
- cultural and communication barriers
- medication management issues
- pharmacogenetic risks.

A number of initiatives are available to work towards closing the gap in health outcomes for Aboriginal and Torres Strait Islander people these include:

- Closing the Gap ([CTG](#)) PBS Co-Payment program: provides free or reduced-cost medicines to eligible consumers for chronic disease management medication.
- Indigenous Dose Administration Aids ([IDAA](#)) Program: free of charge dose administration aids provided through participating pharmacies to support the administration of complex medication regimens.

- National Aboriginal Community Controlled Health Organisation ([NACCHO](#)) have several resources to support improved safety and quality use of medicines for Aboriginal and Torres Strait Islander people.

5. Human rights

Respect for human rights is fundamental to supporting the recovery of people living with mental illness. The *Human Rights Act 2019* (QLD) requires proper consideration to be given to human rights when making a decision that may affect or limit an individual's human rights. The provision of psychotropic medications as part of care and treatment to individuals experiencing mental illness must be done in keeping with human rights considerations including, but not limited to, access to health care, respect, privacy, cultural considerations and humane treatment as per the *Human Rights Act 2019*.

6. Related documents

Standards, procedures and guidelines

- Acute behavioural disturbance management (including acute sedation) in Qld Authorised MH services (children and adolescents) QH-GDL-451
- Chief Psychiatrist policies
- *Hospital and Health Boards Act 2011*
- *Human Rights Act 2019* (Queensland)
- Management of patients with Acute Severe Behavioural Disturbance in ED QH-GDL-438
- Medication Management at Transitions of Care Stewardship Framework (2025)
- *Medicines and Poisons Act 2019*
- Medicines and Poisons (Medicines) Regulation 2021
- *Mental Health Act 2016* (Queensland)
- National Safety and Quality Digital Mental Health Standards (2020)
- National Safety and Quality Health Service Standards (second edition)
- Pharmacological management of acute behavioural management in Qld MHAOD inpatient services (adults and older adults) QH-GDL-966
- Queensland Opioid Dependence Treatment Guidelines (2023)
- Safe and quality use of clozapine QH-GDL-437

Forms, templates

- [Adult Clozapine Titration Chart](#) (SW216)
- Community Mental Health Service Depot Administration Record
- [Nicotine Withdrawal Management Pathway](#) (SW321)
- [Physical Health Screen](#) (SW1022)

Additional resources

- [Adult Clozapine Titration Chart SW216 – User Guide](#)
- [Advanced Pharmacy Australia: Medication Management at Transitions of Care resource kit](#)
- [Best practice guide to clinical incident management \(2023\)](#)

- [Choice and Medication© leaflets](#)
- [ClopineCentral® Monitoring System](#)
- [Clozaril® Patient Monitoring System](#)
- [Equally Well](#)
- [Mindgardens](#) physical health:(Keeping the body in Mind(gardens) Resources)
- [Physical Health Screen - Comprehensive Care Documentation Guide | Clinical Excellence Queensland](#)
- [Pregnancy and Breastfeeding Medicines Guide](#)
- [Psychotropic Drug Directory \(2024\)](#)
- [Queensland Poisons Information Centre](#)
- [Rethinking medicines decision-making in Australian Hospitals \(2013\)](#)
- [RANZCP Professional Practice Guideline 4: “Off-label” prescribing in psychiatry](#)
- [RANZCP Professional Practice Guideline 7: Guidance for psychotropic medication use in children and adolescents](#)
- [Turning Point](#) clinician resources for AOD clinicians
- [Your medicines in hospital, let's get it right together brochure \(2025\)](#)

7. Definitions

Term	Definition
Psychotropic medication	Medications used for the treatment of mental health conditions including problematic substance use

8. Document approval details

Document custodian

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9. Version control

Version	Date	Comments
1	27 July 2016	First publication
2	23 June 2021	Revision and QPMAC endorsement
3	10 June 2026	Revision, new template and QPMAC endorsement