

OFFICIAL

CHALLENGING BEHAVIOUR TOOLKIT

TOOL 4

Clinical guidelines and additional resources



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Clinical guidelines and additional resources

The purpose of this Tool is to provide a listing of current evidence-based clinical guidelines and resources that describe best practice in the care and treatment of some of the conditions that are associated with challenging behaviour, and for some of the health care settings where challenging behaviour is more likely to occur.

Providing a high quality of care, including excellent symptom recognition and management, is one key component in the prevention and early recognition and management of challenging behaviour.

Health professionals and other health care workers are expected to maintain and build their personal knowledge and skills, and actively seek and participate in relevant professional development.

This list is not exhaustive, and new evidence becomes available constantly.

Clinical experts and topic specialists can provide additional advice regarding clinical guidelines and resources.

SA Health Library services can assist in identifying and sourcing clinical resources. Library sites and further information is available at salus.sa.gov.au/salus

**References marked with an asterisk appear in more than one category*

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1. Understanding the health care settings where challenging behaviour may be more common.

All health care settings have the potential for challenging behaviours to occur, and all health workers require a minimum level of knowledge and skills to deal with these situations safely.

Many health care settings are designed primarily for workers and for service delivery, however consumers can find facilities unfamiliar, and find navigating services difficult.

As Diagram 1 illustrates, challenging behaviour may be more common in a health care setting if care is frequently provided:

- > to people with clinical conditions that may predispose to challenging behaviour
- > to people who are vulnerable and have specific care needs
- > in emergency, traumatic, stressful or emotional situations
- > in situations where there is limited access for workers to assistance from other team members, security services or emergency response teams, or other staff with particular expertise. For example home visits, services operating outside business hours, rural or remote services, services that are small, minimally staffed or standalone.

Health care settings that have higher rates of challenging behaviours therefore include, but are not limited to, geriatric services, mental health services, residential care services, ambulance services, emergency departments (including waiting areas), drug and alcohol services, medical and surgical wards, rehabilitation, primary and home care (community), transport and parts of maternity and children's services.

Workers may also encounter resistance and challenging behaviour from patients if they:

- > intervene to avoid or stop harm from occurring to themselves, other person(s), or damage to property
- > act to protect the person from deliberate or unintentional self-harm (for example wandering, falling, self-harm and suicide attempts)
- > act to prevent a person from leaving, or absconding without leave of absence
- > are transporting the person to or between treatment centres
- > are providing treatment under legal orders
- > are authorised officers (Health Care Act s42) and intervene to enforce hospital by-laws.

Diagram 1

The health service provides care for people with conditions that may predispose to challenging behaviour	The health service provides care at highly emotional or stressful times	The health service provides care at high risk locations
<ul style="list-style-type: none"> > Frequent (daily) > Occasionally (weekly/monthly) > Rarely (once/twice a year) 	<ul style="list-style-type: none"> > Emergency > Unplanned urgent hospital care > Post-operative major surgery > Life-changing events > Mental health crises 	<ul style="list-style-type: none"> > Emergency services > Emergency department > Long stay-rehabilitation, residential care > Community-based setting, rural and remote services

2. Understanding the person who is exhibiting challenging behaviours

Behaviour is a form of communication, and the person may or may not intend to threaten or to interrupt the care being provided.

The person exhibiting challenging behaviour may be the patient, carer, family, friends, or even bystanders.

Challenging behaviour can present as:

- > verbal abuse
- > actual or threatened physical abuse
- > property damage
- > actual or threatened self harm
- > attempting to leave, or absconding
- > intrusive or sexualised behaviour

A person may exhibit behaviour that is challenging for others to experience in situations they find are stressful, frightening or painful, or they have the perception that their care is unsafe, disrespectful or communication is poor. Long or unpredictable waiting times, real or perceived lack of attention from staff can magnify other emotions.

The person displaying the behaviour may be attempting to have their needs met, their concerns heard, or their fears for their family member recognised.

The challenging behaviour may be displayed by someone who has decision-making capacity and their actions are deliberate. In this situation, verbal and or physical abuse, potential or actual harm to the worker and other people, property damage and disruption to the service are not compatible with safe environment for delivery of care, and may be considered an offence or a criminal act.

Further information is available: [Challenging Behaviour Toolkit: Tool 9 Consequences of challenging behaviour, violence and aggression.](#)

Challenging behaviour may be a sign that a patient has an undiagnosed cognitive, emotional, mental health or alcohol or substance misuse problem. Early recognition and appropriate care and treatment are essential, and are a requirement of the [National Safety and Quality Health Service Standards](#) and [National Mental Health Standards](#).

Guidelines exist for screening, assessment, diagnosis, monitoring and treatment of many relevant conditions such as alcohol withdrawal, and these practices should underpin care.

Recognition and response to any deterioration in mental state is a specific requirement on [NSQHS Standard 8](#) for people who are at risk (determined through screening and assessment processes).

3. Acute – general

General acute health services require knowledge and skills across a broad range of health conditions and presentations.

Below are some examples of guidelines that are written for a generalist (rather than a specialist) audience.

***Usefulness of Aggressive Behaviour Risk Assessment**

Tool for prospectively identifying violent patients in medical and surgical units. J Adv Nurs. (2012); 68(2): 349-57.

Mental Illness Nursing Documents (MIND Essentials resource (2010). Queensland Health.

This series of documents are for nursing staff in general settings. Topics include caring for intoxicated people, a person experiencing mania, anxiety, schizophrenia, delusional etc.

Caring for a person who is aggressive or violent.

MIND Essentials resource (2010) Queensland Health.

Interventions for preventing and managing aggressive patients admitted to an acute hospital setting:

A systematic review, (2011). Worldviews on Evidence-Based Nursing, 8(8), pp. 76-86.

Mental Health First Aid materials and training programs.

These suit all health workers and members of the public. Downloadable guidelines are available on depression, suicide, panic, adult trauma, problem drug use, self-injury, child trauma, psychosis, problem alcohol use, cannabis.

There are also guidelines for providing mental health first aid to people from a variety of cultural backgrounds.

***Pain in older people** (2012). Position paper 21 Australian and New Zealand Society for Geriatric Medicine.

***Clinical Practice Guideline for Postoperative Delirium in Older Adults** (2014). American Geriatric Society.

***Clinical Guidelines for the Care of Persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings** (2009) NSW Health.

For mental health services, emergency departments and general wards

***Management of patients at risk of alcohol withdrawal in acute hospitals** SA Health

***Medical management of patients at risk of opioid withdrawal Clinical Guideline** SA Health

***The Management of Confused Aggressive Older Patients** – Slides from a webinar (2014). Royal Australian and New Zealand College of Psychiatrists.

4. Emergency department

Mental health triage tool.

This distinguishes between levels of acuity – immediate, emergency, urgent, semi-urgent and non-urgent presentations

*Violence and aggression - Short-term management in mental-health, health and community settings. [NICE Guideline 10](#), (2015). National Institute for Health and Care Excellence (NICE), UK.

*[Clinical Guidelines for the Care of Persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings](#) (2009). NSW Health.

For mental health services, emergency departments and general wards.

*Working with the suicidal person: [clinical guidelines for emergency departments and mental health services](#) (2010). Victorian Department of Health.

*[Practical guidelines for the acute emergency sedation of the severely agitated older patient](#) (2011). Internal Medical Journal 41:651-657.

Safer Care Victoria

Managing behaviours of concern in emergency care

'Patients exhibiting acute behavioural disturbance and displaying agitated or aggressive behaviour. This puts them at risk of causing harm to themselves or other patients, relatives, visitors or staff.'

[The management of older patients in the emergency department](#) revised version (2015). Position Statement 14. Australian and New Zealand Society for Geriatric Medicine.

[Mental health care. Framework for emergency department services](#) (2007). Victorian Government Department of Human Services.

[Guidelines for Managing the Patient with Intellectual Disability in Accident and Emergency](#). UK

Improving the environment for older people in Victorian emergency departments (2009). [Improving the Patient Experience Program](#). Victorian Department of Health.

Improving the patient experience for aboriginal people in the emergency department (2012). [Improving the Patient Experience Program](#). Victorian Department of Health.

Wayfinding and signage guidelines (2009). [Improving the Patient Experience Program](#). Victorian Department of Health.

*[Usefulness of Aggressive Behaviour Risk Assessment Tool](#) for prospectively identifying violent patients in medical and surgical units. J Adv Nurs. (2012) Feb; 68(2):349-57.

[Development and Implementation of a Violence Risk Assessment Tool](#) (pg 63)

[Violence risk assessment Tools](#)

5. Mental Health

For people experiencing a mental illness, being admitted to hospital can be a confronting and frightening experience, particularly when this occurs in the context of a mental health crisis, is done under a mental health treatment order, and their liberty is being removed.

Even in a less acute stage of illness, such as in community-based services, challenging behaviour including self-harm, intrusive or sexualised behaviour, wandering (where this places the person at risk), offensive language or physical abuse can occur. A mental illness can limit some people's capacity to engage with others, and with their health care, and to communicate their needs.

The [SA Health Mental Health and Substance Abuse website](#) has information about all SA services.

The [SA Health Mental Health for Health Professionals website](#) has resources for clinicians. Further information can be obtained through the Office of the Chief Psychiatrist on 8226 1091 or email ocp@health.sa.gov.au.

The [Clinician's Guide and Code of Practice and the Plain Language Guide](#) can assist clinicians and other staff to practice in accord with the *Mental Health Act*.

The Royal Australian & New Zealand College of Psychiatrists has an extensive list of [guidelines and position statements](#).

[Clinical practice guidelines for the treatment of schizophrenia and related disorders](#) (2005) Royal Australian and New Zealand College of Psychiatrists (RANZCP) Clinical Practice Guideline Team for the Treatment of Schizophrenia, Australian and New Zealand Journal of Psychiatry 39:1–30.

[National Standards for Mental Health Services \(NSMHS\)](#), Commonwealth of Australia (2010).

*Clinical Guidelines For the Care of Persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings (2009) NSW Health.

For mental health services, emergency departments and general wards.

*[Aggression, Seclusion & Restraint in Mental Health Facilities](#) – Guideline Focused Upon Older People (2012) NSW Health.

*Violence and aggression – Short-term management in mental-health, health and community settings. [NICE Guideline 10](#), (2015). National Institute for Health and Care Excellence (NICE), UK.

*[Clinical practice guideline for the management of borderline personality disorder](#) (2012). Melbourne: National Health and Medical Research Council.

Guidance for general and community-based mental health services.

Country Health SA LHN Mental Health Services [Borderline Personality Disorder](#) Centre of Excellence Draft Model of Care 2019

MIND Essentials

A practical online resource for nurses and midwives

MIND Essentials will provide you with practical information and strategies to support people in your care, who experience behaviours related to a range of mental health issues.

A [National Framework](#) for recovery-orientated mental health services: Guide for practitioners and providers: The Australian Department of Health

6. Self-harm (including suicide)

Care After a Suicide Attempt

A report prepared for the National Mental Health Commission by The NHMRC Centre of Research Excellence in Suicide Prevention, Black Dog Institute, the University of New South Wales, in partnership with The University of Melbourne, Lifeline, and the Australian National University.

The Victoria Department of Health & Human Services a series of guidelines on Working with the suicidal person, which aim to help mental health services and clinicians to assess, manage and work with people who have made a suicide attempt or are at risk of taking their own lives.

Suicide prevention in mental health services

- > Suicide – risk assessment
- > Suicide – rapid suicide-risk assessment at emergency department triage
- > Suicide – discharge and follow-up of a person at risk
- > Suicide risk and Aboriginal people
- > Suicide – overcoming language barriers for people at risk
- > Suicide risk – treatment and care of people at risk
- > Assessment of intoxicated persons

South Australian Perinatal Practice Guideline – Suicide ideation and self-harm

*Working with the suicidal person: [clinical guidelines for emergency departments and mental health services](#) (2010). Victorian Department of Health.

[Legal and ethical aspects of refusing medical treatment after a suicide attempt](#): the Woolltorton case in the Australian context

Self-Harm: The short term physical and psychological; management and secondary prevention of self-harm in primary and secondary care. [Clinical Guideline 16](#). National Institute for Health and Clinical Excellence (NICE) UK.

[The National Communications Charter](#), a unified approach to mental health and suicide prevention. The Charter aims to help everyone better understand the power of language when talking about mental illness and suicide.

*[South Australian Suicide Prevention Plan 2017–2021](#) outlines the way in which South Australian Government will set about reducing suicide in our state over the next four years

7. Trauma informed care, post-traumatic stress disorder and complex trauma

Children and adults who have experienced previous severe and/or complex trauma in their lives are more likely to have increased emotional responses in situations where they feel unsafe, unsure or challenged.

Examples include survivors of domestic violence or sexual abuse, people with post-traumatic stress disorder, survivors of torture, trauma and gendered violence, and children or youth with developmental trauma disorder.

[Practice guidelines for treatment of complex trauma and trauma informed care and service delivery](#) (2012). Blue Knot Foundation (formerly Adults Surviving Child Abuse (ASCA)). Funded by the Australian Government Department of Health and Ageing.

[Trauma-Informed Care and Practice](#): Towards a cultural shift in policy reform across mental health and human services in Australia. A National Strategic Direction (2013).

Position Paper and Recommendations of the National Trauma- Informed Care and Practice Advisory Working Group Mental Health Coordinating Council (MHCC).

[Guidelines for the management of conditions specifically related to stress](#). (2013). World Health Organization (WHO).

This is about PTSD and related to serious life stress such as exposure to war.

8. Older people

*[A Better way to care](#) – safe and high quality care for patients with cognitive impairment (dementia and delirium) in hospital, (2014). Australian Commission for Safety and Quality in Health Care (ACSQHC).

Booklets and materials for consumers, clinicians and managers. Excellent lists of current resources, websites etc.

The [Australian and New Zealand Society for Geriatric Medicine](#). Position statements including:

*[Pain in older people](#) (2012) Position paper 21 Australian and New Zealand Society for Geriatric Medicine.

*Practical guidelines for the acute emergency sedation of the severely agitated older patient (2011) Internal Medical Journal 41:651-657.

*[Best Care for Older People Everywhere: The Toolkit](#)

Victoria Health resources

[Older people in hospital](#). Victoria Health.

Evidence based information for clinicians with simple strategies to minimise the risk of functional decline for older people in hospital. It is underpinned by the principles of person-centred practice.

*[Dignity in care. An approach to care focused on 10 values and actions](#). Dignity in Care Organisation UK.

Applicable to all care, especially dementia care, and complementary to consumer-centred care and consumer's Health Care Rights. The website has resources for clinicians for action and for training resources.

*[Aggression, Seclusion and Restraint in Mental Health Facilities](#), (2012) NSW Health

Guideline Focused Upon Older People

Registered Nurses Association of Ontario (2016). [Delirium, Dementia and Depression in Older Adults](#). Assessment and care. Toronto

*[Care of Confused Hospitalised Older person](#) (2018) Agency for Clinical Innovation (ACI) NSW, NHMRC Cognitive Decline Partnership Centre (CDPC)

Aims to improve the experiences and outcomes of confused older people in hospital.

9. Dementia

Confusion or cognitive impairment is a common condition for older people in hospital. More than 30% of older people present with or develop increasing confusion during their admission, most commonly as a result of existing dementia and new delirium.

For people with dementia, being admitted to hospital can be a confusing and frightening experience. Dementia can limit the capacity of patients to engage with care and to communicate their needs. Language, hearing and other communication issues can also arise with advanced age and increased disorientation. The hospital experience can also be extremely distressing for carers and families.

If there are unmet needs this may lead to an escalation of behaviours that are difficult for workers to manage. This includes resistance to personal care and refusal to accept services, wandering (where this places the person at risk), disruption or intrusion, physical and verbal aggression, socially or sexually inappropriate behaviour.

***A Better way to care** – safe and high quality care for patients with cognitive impairment (dementia and delirium) in hospital, 2014. Australian Commission for Safety and Quality in Health Care (ACSQHC)

Booklets and materials for consumers, clinicians and managers. Excellent lists of current resources, websites etc

Victoria Health resources

***Best Care for Older People Everywhere: The Toolkit**

The **Care of Confused Hospitalised Older Persons** program (CHOPs) (2014) NSW Agency for Clinical Innovation (ACI).

*A key summary document is **Key Principles for Care of Confused Hospitalised Older Persons**. Identifying and managing older persons admitted to hospital with confusion. The website has information and tools on assessment, prevention, management, a safe environment, transfer of care and information for families and carers (English, ATSI and other languages).*

Management of Behavioural and Psychological Symptoms of Dementia (BPSD) Position statement The Australian and New Zealand Society for Geriatric Medicine

Assessment and Management of People with Behavioural and Psychological Symptoms of Dementia (BPSD). A Handbook for NSW Health Clinicians (2013). NSW Ministry of Health and Royal Australian and New Zealand College of Psychiatrists (RANZCP).

Reducing Behaviours Of Concern (ReBOC) Dementia Support Australia and DBMAS

A guide for family carers. Dealing with behaviours in people with dementia. (2014) Dementia behaviour management advisory services (**DBMAS**) and Dementia Collaborative Research Centres.

Provides assistance to family carers, care workers, health professionals, and aged care service providers in managing the behavioural and psychological symptoms of dementia.

Reducing inappropriate use of antipsychotics in people with behavioural and psychological symptoms of dementia (2018) Australian Commission on Safety and Quality in Health Care.

The Royal Australian and New Zealand College of Psychiatrists – guidelines and position statements

Professional practice guidelines

- > **Antipsychotic medications as a treatment of behavioural and psychological symptoms in dementia** (practice guideline 10, 2016)

Position statements

- > **Psychiatry services for older people** (position statement 22, 2015)
- > **Use of antidepressants to treat depression in dementia** (position statement 81, 2015),

***Dignity in care. An approach to care focused on 10 values and actions.** Dignity in Care Organisation UK.

Applicable to all care, especially dementia care, and complementary to consumer-centred care and consumer's Health Care Rights. The website has resources for clinicians for action and for training resources.

Dementia Care in Hospitals Program (DCHP), and the Cognitive Impairment Identifier Project (2014) Ballarat Health Services

An all of hospital education program to improve the awareness of and communication with people with dementia. Linked to a Cognitive Impairment Identifier sign for staff.

How to Interact with a person who has dementia
Flinders University.

An educational resource for undergraduate healthcare students on person centred care

Clinical Practice guidelines and Principles of Care for People with Dementia (2016) NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People University of Sydney.

Online module. Diagnosis, treatment and care for people with dementia: Includes a consumer companion guide

Dementia Australia (formerly Alzheimers Australia)

Provides a variety of information, support and services for people living with dementia, carers, family and friends and health professionals. Help Sheets provide advice, common sense approaches and practical strategies on the issues most commonly raised about dementia.

Clinical practice guidelines

Clinical tools and resources for a range of health professionals

Purposeful activities for people with dementia:
a resource.

Dementia Training Australia (DTA), (formerly Dementia Training Study Centre (DTSC))

Free online courses, and resources - a coordinated national approach to dementia training for individuals and organisations.

<https://www.dta.com.au/online-dementia-courses/>

Clinical practice guidelines and principles of care for people with dementia (2016) Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Dementia. Clinical Quality Standard 1. (2010) National Institute for health and care excellence (NICE).
<http://www.nice.org.uk/guidance/qs1>

Dementia Enabling Environments Alzheimer's WA

Developing an enabling environment for a person living with dementia can make a significant difference to independence, quality of life and wellbeing.

Hospital environments

Older Adults – Delirium, Dementia, and Depression in Older Adults Registered Nurses' Association of Ontario (RNAO) online learning.

Free to register and log in

Centre for Dementia Learning

Online courses include "What is dementia", "Understanding younger onset dementia" and both are free. Other courses at a cost.

10. Delirium

Delirium is an acute disturbance of consciousness, attention, cognition and perception that requires urgent medical attention. It can result in individuals demonstrating challenging behaviour. It is most common among older people, and is often overlooked or misdiagnosed. It is both predictable and preventable, if early clinical assessment and clinical management are provided.

Health services must to meet the requirements of the [National Clinical Care Standards](#) for delirium and [National Safety and Quality Health Service \(NSQHS\) Standards](#).

Pre-existing dementia is one of the most common predisposing risk factors for the development of delirium. Other risk factors include severe medical illness such as sepsis or urinary retention, alcohol withdrawal, depression, abnormal sodium, visual impairment and undergoing orthopaedic or neurosurgery.

Older people with limited English proficiency (Culturally and Linguistically Diverse (CALD)) may be at higher risk because of the difficulty communicating their needs and understanding information.

*Delirium Clinical Care standard (2016). Australian Commission on Safety and Quality in Health Care

[Delirium Clinical Care Standard](#) – Clinician fact sheet, Consumer fact sheet and other resources

*[A Better way to care](#) – safe and high quality care for patients with cognitive impairment (dementia and delirium) in hospital, (2014) Australian Commission for Safety and Quality in Health Care (ACSQHC).

Booklets and materials for consumers, clinicians and managers. Lists current resources, websites etc.

[Delirium Care Pathways Health Care for Older Australians](#) (2010) AHMAC Health Care of Older Australians Standing Committee.

This booklet includes preventative strategies and care.

Older people in hospital – Delirium. Victoria Health.

[Delirium resources for health professionals](#)

Delirium in Older People. Position Statement 13 (2012) Australian and New Zealand Society for Geriatric Medicine. <http://www.anzsgm.org/documents/PositionStatementNo2RevisedSept2012.pdf>

[Delirium](#) Clinical Quality standard 63 (2014) National Institute for health and care excellence (NICE).

*[Clinical Practice Guideline for Postoperative Delirium in Older Adults](#). (2014) American Geriatric Society.

[Elder Life Program](#)

US website - resources for the prevention and management of delirium, including assessment tools (CAM) and training manuals for their use, and links to other resources. Note: webpage registration is required to access the instruments and training manuals for the recognition and diagnosis of delirium.

Useful websites for communication cue cards in community languages

https://www.health.qld.gov.au/multicultural/support_tools/wct

<https://www.easternhealth.org.au/site/item/152->

<http://www.culturaldiversity.com.au>

11. Alcohol and Substance Misuse

People who misuse alcohol and other substances may exhibit challenging behaviour when they present at acute or community based treatment health services or are treated by ambulance services.

Individuals may exhibit the short term effects of extreme intoxication or overdose including:

- > physical reactions, for example, deteriorating or loss of consciousness, overheating, dehydration, trauma, seizure or head injury
- > psychological reactions, for example panic attacks, psychosis, suicidal thoughts and behaviours, and aggression.

Substance withdrawal and co-existing physical conditions can exacerbate physical and psychological reactions.

Substance misuse can be associated with a range of social, behavioural, psychological and physical issues, including increased symptom severity and suicidal behaviour, poor adherence to treatment, hostile and aggressive behaviours and drug-seeking behaviour.

***Management of patients at risk of alcohol withdrawal in acute hospitals** SA Health Clinical Guideline DASSA

***Medical management of patients at risk of opioid withdrawal** Clinical Guideline SA Health Clinical Guideline DASSA

Drug and Alcohol Services South Australia (DASSA) website

- > Provides information about services in SA for alcohol and other drug problems.
- > Provides a wide range of useful resources and information for consumers and clinicians includes assessment, diagnosis, withdrawal management, medications, opioids, alcohol, benzodiazepines and other substances.

Management of acute presentations related to methamphetamine use (2019) SA Health Clinical guidelines for adults and adolescents

Management of patients presenting with acute methamphetamine-related problems: evidence summary (2017) Drug and Alcohol Services South Australia (DASSA)

Helping someone with problem drug use – mental health first aid (MHFA) guidelines.

Face-to face, Instructor and refresher courses
www.mhfa.com.au

Management of patients with psychostimulant toxicity: Guidelines for emergency departments (2006) Australian Government Department of Health and Ageing.

***Responding to Challenging Situations Related to the use of Psychostimulants:** A Practical Guide for Frontline Workers (2008) Australian Government Department of Health.

Alcohol and Other Drug Withdrawal: Practice Guidelines, 2nd ed. (2012). Turning Point Alcohol and Drug Centre, Victoria.

A series of clinical treatment guidelines that can be purchased, including Managing difficult and complex behaviours, Prescribing for drug withdrawal, Smoking cessation, Youth alcohol and drug outreach etc.

Drug and Alcohol Withdrawal Clinical Practice Guidelines (2008) NSW Ministry of Health.

Clinical Guidelines for Nursing & Midwifery practice in NSW: Identifying & Responding to Drug & Alcohol Issues (2007) NSW Ministry of Health.

Caring for people who sniff petrol or other volatile substances (2011) NHMRC, Australian Government

A quick reference guide for health workers

Mental Health Online Professional Development (MHPD)

An Australian evidence-based online learning resource designed for a range of health professionals working in mental health in Australia. Currently, there are over 100 hours of material across 68 topics, linked to the National Practice Standards for the Mental Health Workforce. General Practitioners, consumer workers, carer workers, Aboriginal health workers, and other allied health workers will also find it useful.

[Managing addiction: A Framework for Successful Treatment](#) Adelaide University

Online free course that enables the participant to understand how to recognise addiction and to match a person with alcohol and other drug problems to treatment using a full range of evidence-based responses.

[Comorbidity of mental disorders and substance use:](#)
Monograph Series No.71. National Drug Strategy.
Department of Health and Ageing

A brief guide for the primary care clinician.

[National Drug Strategy](#)

[National Alcohol Strategy](#)

[National Ice Action Strategy](#)

12. Children, Youth and Adolescents

*[Challenging behaviours project: Children](#) (2010) NSW
Agency for Clinical Innovation Brain Injury Rehabilitation
Program.

Includes the Overt Behaviour Scale- Kids (OBS-Kids)

Emergency Restraint and sedation. [Clinical Practice guideline](#) (2013) The Royal Children's Hospital Melbourne.

[Charter on the Rights of Children and Young People in Healthcare Services](#)

[Charter of rights for children and young people in care](#)

13. Disability

Children, young people or adults with an Intellectual and/or dual disability, acquired brain injury or neurodegenerative condition may find hospitalisation, medical assessment and treatment distressing experiences.

For example, a proportion of people with an intellectual and/or dual disability may display a learning disability in addition to a behaviour that challenges. This can result in injury to self and/or others, or property damage.

Children, young people or adults who are, or will be an NDIS participant may have, or require, a Positive Behaviour Support Plan.

Guidelines for Managing the Patient With Intellectual Disability in Accident and Emergency. UK

Caring for people who have intellectual disabilities. (2012) Blair, J Emergency Nurse 20:15–19.

Connect with me. Co-design guide and Training toolkit. WA

Co-design with people with disability on all aspects of policy, services, and facilities intended for use by people with disability.

The Intellectual Disability Mental Health Core Competency Framework: A Practical Toolkit for Mental Health Professionals. Module 11-15 Challenging Behaviour. The Children's Hospital at Westmead and University of NSW

Alternatives to restrictive practices in intellectual and developmental disability. The Australian Psychological Society

Guidance to both psychologists and non-psychology health professionals about alternative psychological interventions to restrictive practices. Note: This resource is only available to members of the Australian Psychological Society (APS).

Guardian Consent for Restrictive Practices in Disability Settings Policy (2014) Reducing and Eliminating the Use of Restrictive Practices in Disability Settings. Office of the Public Advocate SA.

<http://www.opa.sa.gov.au>

SA Department of Human Services resources guide South Australian disability service providers on the principles of safeguarding activities to protect and promote the rights of people with disability.

National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

www.legislation.gov.au/Details/F2018L00632

The Restraint Reduction Network UK

An independent network which brings together committed organisations providing education, health and social care services for people who may challenge. The vision is to reduce reliance on restrictive practices, by sharing learning and developing quality standards and practical tools that support reduction.

Communication with people with disabilities Australian Federation of Disability Organisations.

Understanding children's behaviour

Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NICE Guideline)

The Comprehensive Health Assessment Program (CHAP)

A licensed validated tool designed by Professor Nick Lennox at the University of Queensland to help minimise the barriers to healthcare for people with intellectual disability by prompting health care and screening. The CHAP prompts a comprehensive health assessment for adults with intellectual disability.

14. Brain injury

It is estimated that **70%** of people exhibit behaviours of concern after moderate to severe traumatic brain injury

***Challenging behaviours project:** Adults and children (2010) NSW **Brain Injury Rehabilitation Program**.

Traumatic Brain Injury Review: A systematic review of the evidence for paediatric traumatic brain injury, and for adults with mild traumatic brain injury: University of South Australia

Lifetime Support Authority (LSA) TBI project, (Improving and standardising the management of behaviours of concern due to acute traumatic brain injury

15. Domestic Violence

SA Health LHNs are accredited White Ribbon workplaces and are committed to ending violence against women.

Australasian College for Emergency medicine: Policy on Domestic and Family Violence

Domestic Violence Resource Centre Victoria: Guide for General Practitioners

Royal Australian College of General Practitioners (RACGP): Abuse and Violence: working with our patients in general practice (The Whitebook, 4thEd)

Women's Safety Services SA – Resources

Family Safety Framework (SA Office for Women)

Health Direct – Domestic Violence

Domestic Violence: The Role of the Health Care Professional

1800 RESPECT – reporting and protection

- > **Resources for professionals**
- > **Frontline Workers Toolkit: how you respond can make a difference**

Australian Department of Health: Pregnancy Care Guidelines: Family Violence

Health Professional Intimate Partner Violence (2018) McLindon et al. BMC Women's Health 18:113

"It happens to clinicians too": an Australian prevalence study of intimate partner and family violence against health professionals

16. Caring for LGBTQIA+ (Gender and Sexually diverse)

Lesbian, gay, bisexual, trans, queer, intersex, agender/asexual, + (all other sexualities, sexes and genders).

[Caring for LGBTI People with Dementia Booklet.](#)

Dementia Training Australia (DTA)

[National LGBTI Health Alliance](#)

The National LGBTI Health Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities.

17. Ambulance Services

[Dementia Learning Resource for Ambulance Staff](#)

Yorkshire Ambulance Service

[Dementia-friendly ambulance, UK](#)

18. Minimising Restrictive Practices – Restraint and seclusion

Minimising Restrictive Practices in health care policy directive and accompanying toolkit

Tool 3 – Clinical strategies to minimise the use of restrictive practices is a summary of restraint minimisation strategies and a list of current guidance for reference by clinicians and clinical educators.

Includes guidelines, relevant to various health conditions, for evidence-based care that is intended to reduce the need for use of restrictive practices.

SA Health Restraint and seclusion in mental health

Chief Psychiatrist's standard - Eliminating restrictive practices in mental health services.

The Standard: describes expectations in relation to the use of restraint, seclusion and exclusion in health services where a patient with mental illness may be assessed and treated in a health setting under Mental Health Act 2009 powers – including ambulance, hospital or community mental health services.

An accompanying **Toolkit** is available to assist with implementation.

National Disability Insurance Scheme – Regulated restrictive practices

Provides information about - which restrictive practices are regulated, using restrictive practices to keep people safe, provider obligations, definition of an implementing provider, about behaviours support plans, authorisation arrangements for restrictive practices, videos about behaviour support for providers and practitioners

Aged Care Quality Principles and Minimising Restrictive Practices

Provides information about – new legislation introduced to minimise the use of restraints, strengthened restraint regulations, assessment of compliance with new requirements, resources and other downloads.

19. Worker Safety

Work-Related Violence – Preventing and responding to work-related violence (2018)

Based on material developed in consultation with the Heads of Workplace Safety Authorities working group (Australian Capital Territory, Comcare, New South Wales, Queensland, South Australia, Victoria and Western Australia).

Prevention and management of occupational violence and aggression in healthcare: A scoping review. (2018)

Collegian the Australian Journal of Nursing Practice 25;621–632 Morphet J. et al Monash University, Victoria, Australia

Good Practice Guide to Dealing with Challenging Behaviour (2018) Victorian Ombudsman

Managing unreasonable conduct by complainants

*Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation, (2012). The Joint Commission. Oakbrook Terrace, IL. <http://www.jointcommission.org>

Preventing and managing violence in the workplace (2009) Registered Nurses' Association of Ontario.

Includes resources for implementation.

Developing a Mentally Healthy Workplace: A review of the literature. Mentally Healthy Workplace Alliance. National Mental Health Commission.

The report identifies six key success factors for a creating a mentally healthy workplace and suggests a five-step process for embedding them.

SA Mental Health Commission

A variety of resources available to support South Australians in becoming internationally recognised as a resilient, compassionate and connected community.

South Australian Mental Health Strategic Plan 2017–2022

Occupational violence and aggression. Resources. Department of Health, Victoria.

Prevention and management of aggression in health services – a handbook for workplaces. (Victoria)

Patient Safety Culture survey Australian Commission for Safety and Quality in Health Care (ACSQHC)

Measuring patient safety culture from the perspective of staff can provide insights that lead to improvements in care.

20. Environmental design

[Crime Prevention through Environmental Design](#) (CPTED)

[A Better A&E](#). A project led by PearsonLloyd for the NHS, UK

[Security Design Guidelines for Healthcare Facilities](#) (2016)

International Association for Healthcare Security and Safety, Illinois

These resources are limited to members of the International Association for Healthcare Security and Safety but may be purchased online.

[Safety Risk Assessment](#) (SRA) for healthcare facility environments Toolkit (2015) The Centre for Health Design, California.

For more information

SA Health
Safety and Quality Unit
Telephone: (08) 8226 9599
sahealth.sa.gov.au/challengingbehaviourstrategy

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