

Drug restraint 'shame' in care homes

MELISSA FYFE

Sunday Age, Melbourne

May 9, 2010

MORE than 2000 intellectually disabled Victorians - some as young as five - are being controlled by cocktails of drugs, solitary confinement and physical restraints at care facilities, despite the existence of alternative methods, a damning government report has found.

The latest report by the Senior Practitioner - a position established in 2007 to protect the rights of the intellectually disabled - has revealed that government-run homes are medicating people up to four times more frequently than non-government facilities. In his report, Senior Practitioner Jeffrey Chan calls for a more compassionate response in caring for the disabled, including a review of the increasing number of young Victorians being drugged, or "chemically restrained" - given drugs for behavioural not medical reasons, such as mood stabilisers and sedatives.

He specifically urged a "re-think" about the treatment of 827 "very vulnerable" people he found to be living almost permanently under a heavy dose of drugs and other restraints. Most had multiple disabilities, 35 per cent had autism and most were males aged between 15 and 44.

"These findings paint a picture of a group of people with high needs who are subjected to high levels of restriction and seclusion," Dr Chan said.

Information provided to Dr Chan under the Disability Act revealed that 1957 of those being cared for at support facilities were being chemically restrained.

Kevin Stone, of the Victorian Advocacy League for Individuals with Disability, said while the state's services had much to be proud of, the level of restraint "ain't one of them - we should be hanging our heads in shame".

Some of Australia's leading experts in intellectual disability have echoed Dr Chan's concerns, saying that while drugs and other restraints are sometimes necessary, the large numbers of people under restraint in Victoria indicate system failure.

"There are far too many people chemically restrained," said Melbourne-based clinical psychologist and government consultant Gary Radler. "It's a vestige of an outmoded, old-fashioned approach."

The experts say support staff, who are often poorly trained, are reaching for drugs as a quick solution because they lack resources and time to address the causes of difficult behaviour.

"It's been easier to use medication than to set up a properly run behaviour program staffed by people who are well trained," said Bob Davis, director of Monash's Centre for Developmental Disability Health.

But, as the report found, in many cases use of restraints was "clearly not working to reduce behaviours of concern".

Associate Professor Davis said he recently saw a young man who was on three times the maximum dose of one anti-psychotic and two times the maximum dose of another, yet his difficult behaviour remained unchanged. He said side effects of the drugs included irreversible Parkinson's-like shakes and tremors.

Samuel Murray, a team leader in the Victorian non-government sector, said: "I've seen people go from gregarious, lovely, personable individuals to drooling on the couch asleep and you can't wake them for hours."

Recent law changes and better reporting systems mean Dr Chan's report is the most detailed and disturbing yet of how some of society's most vulnerable people are being treated. His report found:

- While the total number of people under restraint has dropped slightly from 2007-08 to last financial year - from 2193 to 2036 - the figures show increasing numbers of young Victorians, particularly those who are autistic, are now subject to restraint. In 2008-09, 69 more Victorians aged five to 24 were restrained, bringing the number to 631.

- The use of "as required" drugs - used to calm people as behaviour worsens - is almost four times more frequent in government-run facilities: used on 31.6 per 1000 people under care. The non-government rate is 8.1 per 1000 people under care. Emergency chemical restraint is used more than twice as often in government-run institutions.

The use of restraints - chemical, mechanical (such as belts, bodysuits and wheelchair brakes) or seclusion - must be government-approved. They are used in group homes, respite care and residential institutions to control behaviour such as self-harm, violence or property damage.

Department of Human Services spokeswoman Frier Bentley said the department's higher levels of chemical restraint were due to the more complex needs of its clients, who had more severe disabilities, and often multiple disabilities.

But National Disability Services, the peak body for the non-government sector, disputed the claim. "By no means can you say universally that government organisations have more complex cases - and certainly not on a ratio of four to one," said Victoria chairman Richard Dent.

Opposition community services spokeswoman Mary Wooldridge said the report showed the human rights of the state's most vulnerable were being abused.

A long road to life beyond lockdown

MELISSA FYFE

Sunday Age, Melbourne

May 9, 2010

HAYDEN McLean shaves his own head. Like many others with autism, he doesn't like people touching him and hairdressers get too close. He also shaves his eyebrows, much to the bewilderment of his mother.

Under the black stubble of Hayden's head are scars - many jagged, white scars. These are a reminder of a time when Hayden was at his lowest, when Victoria's disability services failed him.

They are scars of self-harm, of Hayden's head bashed against walls. His mother, Dariane McLean, sees these scars as a result of her 31-year-old son's "behaviours of protest". Hayden was staging a protest about living in locked-down government-run supported accommodation with other intellectually disabled men whose behaviour made him anxious. In one month, he caused \$7000 worth of property damage to his accommodation.

Hayden was also frustrated that he could not indulge his favourite pastime: walking long distances. He would often escape and, over 10 years, he has walked to every major shopping centre in Melbourne (the best ones, he reckons, are Eastland and Fountain Gate). He's walked from Greensborough to Frankston three times.

As Hayden's self-harming worsened, his medication increased, at one point without the consent of Mrs McLean.

Last year, Mrs McLean saw a presentation by the Office of the Senior Practitioner, which monitors the use of chemical and mechanical restraints on the intellectually disabled. She realised that, under Victorian law, service providers must show evidence of trying every alternative before resorting to restraining someone.

In her own research she discovered "positive behaviour support", an approach now backed by leading disability treatment services. The idea is to tackle the causes behind challenging behaviour so that drugs, seclusion and lockdowns can be used much more infrequently.

This approach is practised in a handful of places in Victoria - one being Bendigo's Golden City Support Services.

Mrs McLean lobbied hard and got the department to move Hayden to an unlocked home so he could walk when he wanted. The difference was remarkable. Hayden has almost stopped self-harming. He has come off one anti-psychotic drug and greatly reduced his dose of another.

"We've proven that there is a better way," Mrs McLean says. "It doesn't mean that watching him cross a road is a pretty sight - it's not. But we tried locking him up and that didn't work."

Hayden is now set to benefit from one of the Department of Human Services' individual support plans. He's got big plans for his house. He says he will have room for his own Christmas tree, a space for his grandma Pam to stay and a CD player. He also wants a motor home, but his mother has told him: one thing at a time.

