# Chemical restraint

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability found that people with disability are often overprescribed medication to manage behaviour, despite limited evidence supporting the effectiveness of such treatments. The Royal Commission also highlighted the use of medications, particularly psychotropic medications, can result in serious adverse effects for people.

The *Disability Rights, Inclusion and Safeguarding Act 2024* (the Act) began on 1 July 2025. The Act requires disability services providers (providers) who intend to use a restrictive practice in relation to a person with disability to seek authorisation from the Senior Practitioner. The Act contains an updated definition of restrictive practice that includes chemical restraint. Providers must apply for, and be granted authorisation, to use chemical restraints in relation to people with disability.

For more information about restrictive practices and the authorisation process see the Fact Sheets about restrictive practices on the [Office of the Senior Practitioner website](https://www.dpac.tas.gov.au/divisions/cpp/community-and-disability-services/office-of-the-senior-practitioner).

Section 3 of the Act defines chemical restraint as having the same meaning as the [*National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)*](https://www.legislation.gov.au/F2018L00632/latest/text) (the NDIS Rules). The NDIS Rules define chemical restraint as:

The use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable the treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

Providers and behaviour support practitioners have responsibilities under the Act in relation to the use of all restrictive practices.

For chemical restraint, this includes:

* clarifying the purpose of medications with the prescriber
* determining whether a medication should be considered chemical restraint
* reporting chemical restraint when administered
* ensuing that chemical restraints are only ever used in the context of a positive behaviour support framework.

## What is the Senior Practitioner’s role in the regulation of chemical restraint?

Under the Act, the Senior Practitioner authorises and oversees the use of restrictive practices by disability services providers in Tasmania. This includes the promotion of the reduction and elimination of restrictive practices wherever possible.

If a disability services provider is implementing a chemical restraint, they must seek authorisation from the Senior Practitioner. The Senior Practitioner does not regulate medical professionals or the prescribing of medication.

The Senior Practitioner and the NDIS Commission require providers to understand the purpose of any prescribed medication. Under the Act, providers must ensure that when medication is used to influence behaviour, it is supported by appropriate positive behaviour support strategies and is consistent with the principles of the Act, including that chemical restraints should only be used:

* In very limited and specific circumstances as a last resort and utilising the least restrictive practice and for the shortest period of time possible in the circumstances.
* Where they are proportionate and justified in order to protect the rights or safety of the person with disability or others.

## What should a provider or behaviour support practitioner do if they think a person they support is subject to a chemical restraint?

Medications are used to treat a variety of conditions in many different circumstances. Providers and behaviour support practitioners must consider the individual circumstances of each person they support to help identify whether medication is being used as a chemical restraint.

Providers and behaviour support practitioners should familiarise themselves with their obligations under the Act and the NDIS Rules. The Act mirrors definitions in the NDIS Rules so all NDIS guidance material will likely assist you in your duties.

In determining if a medication is a chemical restraint, relevant information should be collected and collated that will help answer the following questions:

* Is the medication prescribed for the primary purpose of influencing the person’s behaviour?
* Is the medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition?
* Is there written evidence of the diagnosis of a mental disorder, a physical illness or a physical condition?
* Is the medication prescribed an accepted treatment for the diagnosed mental disorder, physical illness or physical condition?
* Have the appropriate authorisation, consent and reporting requirements of the treatment been obtained and documented?

Some of this information may already be documented in the person’s file or medical record. This could include treatment letters, specialist reviews, medical case notes, health practitioner reports, treatment orders under the [*Mental Health Act 2013*](https://www.legislation.tas.gov.au/view/whole/html/asmade/act-2013-002), or relevant guardianship documentation. In other cases, additional information such as a purpose of medication form may need to be obtained from the prescribing medical practitioner.

It is essential that the provider, the behaviour support practitioner, and the prescribing medical practitioner work collaboratively with the person being supported. The provider is responsible for ensuring the behaviour support practitioner has access to relevant information regarding the person’s diagnosis and prescribed medication so they can thoroughly assess the evidence to determine the purpose of the medication.

If a provider identifies a chemical restraint that has not been authorised by the Senior Practitioner, they should continue to support the administration and management of the person’s medication. The use of the chemical restraint must be reported weekly to the Senior Practitioner as an unauthorised restricted practice (URP). The provider should then ensure a behaviour support practitioner is engaged to prepare a behaviour support plan. Once a behaviour support plan has been completed, the provider must seek authorisation for the use of the chemical restraint from the Office of the Senior Practitioner.

Where a provider is involved in the administration of medication(s) to a person with disability, the provider must ensure they have obtained consent either from the person, or a person responsible. ‘Person responsible’ can include a guardian, spouse or other close relative or friend. If the medication is being used to treat a mental health condition, a treatment order under the *Mental Health Act 2013* may be required. Questions about consent or treatment orders should be discussed with the person who prescribes the medication to begin with.

You can access helpful guidance material from the [NDIS website](https://www.ndiscommission.gov.au), the [Senior Practitioner website](https://www.dpac.tas.gov.au/divisions/cpp/community-and-disability-services/office-of-the-senior-practitioner) or contact the Senior Practitioner’s office for specific advice.

## Frequently asked questions

### Is a medication still considered chemical restraint if it is prescribed by a psychiatrist?

The Act and NDIS Rules make no distinction between medical specialists who prescribe medication. The decision is based on the purpose for which the medication is used, not the qualification of the doctor.

### Is a medication a chemical restraint if there is a mental health diagnosis?

Providers and behaviour support practitioners will need to assess each person’s personal circumstances to determine if a medication is a chemical restraint, even when the person has been diagnosed with a mental health disorder. This includes collecting relevant health information that may already be on file or seeking that information from the treating doctor. The assessment must consider the nature of the diagnosis, the purpose of the medication as indicated by the prescriber as well as accepted uses of that medication. It is important to note that if a medication is prescribed to influence a behaviour of concern, then the medication is considered chemical restraint, regardless of the mental health diagnosis.

In general, medications used for the purposes other than the accepted indications for that medication require assessment to determine if they are a chemical restraint.

### Is a medication a chemical restraint if the doctor says it isn’t?

Providers are responsible for the use of all restrictive practices, including determining whether a medication should be considered chemical restraint. If a doctor says a medication is not a chemical restraint, you will still need to demonstrate the medication is for the treatment of, or to enable the treatment of, a diagnosed mental disorder, physical illness, or physical condition. That will require evidence of the diagnosis and confirmation that the medication is an accepted treatment of that disorder, illness or condition and outline the relevant consent and authorisation requirements of the treatment.

The two key questions to consider are:

* Is the medication’s primary purpose to influence a behaviour of concern? If yes, is that behaviour of concern documented in the positive behaviour support plan? If not, why not?
* What is the purpose of the medication according to the prescriber? This information can be gathered by asking the prescriber to complete a NDIS Medication Purpose Form and encouraging them to provide enough information on the form to allow for a full assessment of all the relevant factors.

If it is clear the medication is used primarily to influence behaviour(s) of concern, then it should be considered chemical restraint, regardless of the person’s medical diagnoses.

### Is it chemical restraint if a parent or guardian wants the person to take the medication?

Providers are responsible for the use of all restrictive practices, including chemical restraint. The parent or guardian’s wishes are not relevant to the assessment of whether a medication should be considered chemical restraint.

If the parent or guardian is administering the medication and the provider has no role in supporting the person to manage or administer the medication, then there may be no requirement for the provider to seek authorisation for, or report the use of, chemical restraint.

### Is it a chemical restraint if a guardian consents to the medication?

If a guardian has provided substitute consent for a medication, an assessment will still need to occur as to the purpose of the medication to determine if it is a chemical restraint.

If substitute decision-making has been relied on for the treatment of a mental illness, the provider will need to consider if the appropriate consent and authorisation processes have been followed.

This will include determining if substitute consent has been provided by the guardian, enduring guardian or person responsible or if treatment may need to be authorised under the *Mental Health Act 2013*.

In Tasmania, decisions about the treatment of serious mental illness typically cannot be made by a substitute decision-maker (such as a guardian or enduring guardian) under general guardianship laws alone.

If a person does not have the capacity to consent to the treatment of a mental illness, treatment *may* need to be authorised under the [*Mental Health Act 2013 (Tas)*](https://www.legislation.tas.gov.au/view/whole/html/asmade/act-2013-002).

### Is it chemical restraint If a person with disability manages and administers their own medication?

If the person purchases, manages and administers their own medication, without support from the provider, then this is a private matter between the person and their medical practitioner. There is no requirement under the Act for the provider to seek authorisation for, or report the use of, chemical restraint.

Medications are reportable as chemical restraint when providers are involved in any aspect of the management and administration of medications.

This may include:

* organising or making the appointment to see the medical practitioner
* providing prompts or assisting with transport to attend doctors’ appointments
* providing prompts or assisting with transport to attend the pharmacy to obtain medications
* prompting or reminding the person to take the medication
* attending medical appointments where prescriptions are issued.

### If a medication is prescribed for anxiety, is it chemical restraint?

The term ‘anxiety’ can be used to describe a diagnosed mental disorder or to describe a symptom or feeling state that can be attributed to some other cause, including a medical condition, some other diagnosis or due to social circumstances. Unless the person has a confirmed diagnosis of an anxiety disorder, all medications used to treat anxiety are likely to be a chemical restraint.

Four of the most common anxiety disorders for which medications are used to treat are:

* generalised anxiety disorder
* panic disorder
* obsessive compulsive disorder
* social anxiety disorder.

These disorders may co-exist with other diagnosed conditions, such as intellectual disability or autism that may predispose people to experiencing anxiety.

### If a medication is prescribed for depression, is it chemical restraint?

If a person has been diagnosed with depression and the prescribed medication is specifically used for the treatment of that condition, it would not be considered a chemical restraint.

If the medication is prescribed to treat symptoms such as low mood, amotivation or irritability as part of a diagnosed depressive illness, then the treatment is unlikely to be a chemical restraint.

However, if the medication is prescribed primarily to manage specific behaviours – such as damaging property or being aggressive toward staff – without a clear link to the diagnosis of depression, it is likely a chemical restraint, as it is being used to influence behaviour.

If the person has been receiving treatment for depression over an extended period, a medication review should be considered, as depression is not typically a lifelong illness.

### If medication is prescribed to treat autism, is it chemical restraint?

There is no medication generally used for the treatment of autism. Therefore, any medication prescribed for autism may be considered a chemical restraint because its primary purpose is to influence behaviour(s). Some medications (for example, risperidone) are used in the management of severe behaviour disturbances in people with autism, but they would still be considered chemical restraint, as the purpose of the medication is to influence behaviour.

### If a person with disability is diagnosed with insomnia, is the prescribed medication considered chemical restraint?

If the medication is prescribed for the treatment of a diagnosed sleep disorder, such as insomnia, then it would not be considered chemical restraint. However, it is important to consider the reason for a medication being prescribed. If a person is engaging in behaviours of concern during the time you would expect them to be sleeping (or if a lack of sleep leads to increased behaviours of concern), then these behaviours should form part of the positive behaviour support plan and consideration should be given to if they are a chemical restraint.

### How do I know if a psychotropic medication is a chemical restraint?

Psychotropic medications are used to treat a variety of mental health conditions – including anxiety, depression, schizophrenia, bipolar disorder, and sleep disorders – by altering brain chemistry to help manage symptoms. The main groups of psychotropic medications are antipsychotic, anti-depressant, and anxiolytic/hypnotic (including benzodiazepines) medicines. Anti-convulsant, stimulants and mood-stabilising medications may also be considered psychotropic medication.

When used to treat a diagnosed mental disorder such as schizophrenia or bipolar disorder, psychotropic medication is unlikely to be considered a chemical restraint. Psychotropic medications are likely to be a chemical restraint when used to manage behavioural and psychological features of autism, intellectual disability, dementia and some mental health conditions.

Providers and behaviour support practitioners will need to assess each person’s personal circumstances to determine if a medication is a chemical restraint. This includes collecting relevant health information that may already be on file or seeking that information from the treating doctor. The assessment must consider the nature of the diagnosis, the purpose of the medication as indicated by the prescriber as well as accepted indications for that medication.

#### If a person with disability is diagnosed with dementia, is the prescribed medication considered chemical restraint?

If a person is prescribed medication for a diagnosis of dementia, an assessment will need to occur as to the purpose of the medication to determine if it is a chemical restraint.

Psychotropic medications (antipsychotics, anti-depressants, benzodiazepines, mood stabilisers and hypnotics) for a person with dementia *may* be considered a chemical restraint, because this group of medications does not treat dementia. These medications are often used to manage the behavioural and psychological symptoms of dementia.

### Are medications for menstrual suppression considered chemical restraint?

If a person has requested menstrual suppression and has the capacity to consent to taking menstrual suppression medication, and consent is provided, then it would not be considered a chemical restraint.

If a person is engaging in a behaviour of concern that is associated with menstruation, then medication used to suppress menstruation for the purpose of influencing that behaviour, would be considered chemical restraint. This would include behaviours relating to distress and hygiene (such as smearing).

Medication prescribed for menstrual suppression to treat an underlying medical diagnosis, such as endometriosis, is not considered a chemical restraint.

### If a person with disability is prescribed a medication before they go to the dentist or undergo a medical procedure, is this chemical restraint?

According to the NDIS Rules, chemical restraint does not include medication that is prescribed for the treatment of, or to enable the treatment of, a diagnosed mental disorder, physical illness, or physical condition. Therefore, medications such as benzodiazepines – when used to enable a person to safely undergo a necessary medical or dental procedure, or a visit to the GP – are not considered chemical restraint.

### Are herbal supplements chemical restraint?

All non-scheduled medicines (available over the counter without pharmacist involvement) and herbal supplements are not deemed as chemical restraint. However, if they are being used to influence behaviour and/or cause sedation, then the relevant behaviour(s) of concern should still be assessed and included in the behavioural support plan so they can be addressed.

### Are medicinal cannabis products chemical restraint?

Medicinal cannabis products are regulated by the Therapeutic Goods Administration and may be prescribed to treat a range of diagnosed conditions. When prescribed to treat a diagnosed mental disorder, a physical illness or a physical condition, medicinal cannabis is not likely to be a chemical restraint.

Medicinal cannabis is likely to be a chemical restraint when used to manage behavioural and psychological features of autism, intellectual disability, dementia and some mental health conditions.

### If a medication is used to manage the side effects of another medicine, is it chemical restraint?

Medications used to manage the side effects of another medication are not usually considered chemical restraint. However, if medications are prescribed to manage the side effects of chemical restraint, they should be faded out as soon as chemical restraint is ceased.

**Is hiding medication in food or drink for the primary purpose of concealment a restrictive practice?**

Hiding medicine in food or drink to make administration easier and safer is not a restrictive practice and does not require authorisation from the Senior Practitioner. However, concealing medication in food or drinks, including via PEG feeds, does require the *consent* of the person, their guardian or the person responsible. Concealing medication should always be supported by a medication administration protocol from the medical practitioner.

The *Disability Services Medication Management Framework* provides guidance to disability services providers on the safe, effective, and person-centred use of medication for people with disability. The Framework advises that medication should generally not be mixed with food or drink, as this can affect its effectiveness and cause unintended outcomes. Mixing medication in this way should only be done if a doctor has specifically approved it to make swallowing or administration easier, and the method has been carefully reviewed for safety and suitability.

## More information

The Office of the Senior Practitioner can be contacted on seniorpractitioner@dpac.tas.gov.au or 6166 9199.