



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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### Office of Integrated Health Health & Safety Alert/Information

## Psychotropic Medications Health & Safety Alert

### Psychotropic Medications Introduction

Psychotropic drugs, also known as psychoactive or psychiatric drugs, are medications, which affect the mind, emotions and or behaviors (Mamat et al., 2015; American Psychological Association (APA), 2020). Psychotropics are powerful drugs, which can alter brain chemistry, impact body functions, and modify an individual's thoughts, moods, feelings, awareness and perceptions (National Cancer Institute (NCI), 2020).

Psychotropic drugs are primarily used to treat mental health conditions such as depression, anxiety, agitation, hallucinations, attention defect hyperactivity disorder (ADHD), bi-polar disorder, and schizophrenia. Individuals, who are prescribed psychotropic medications, should be monitored regularly by their prescribing physician (National Institute of Mental Health (NIMH), 2016).

Psychotropics are a broad category of medications, which includes antidepressants, stimulants, antipsychotics, mood stabilizers, and anti-anxiety medications. This wide-ranging class of medications can be confusing due to the varied uses and types of drugs, which fall under one umbrella term. New drugs are rapidly being developed and introduced to the marketplace on an ongoing basis, which further complicates this category of medications (Frank, et al., 2005; NIMH, 2016; Rao and Andrade, 2016).



## Individuals with Intellectual and Developmental Disability (IDD) and Psychotropic Medications

According to research, approximately 58% of individual diagnosed with IDD in the United States are prescribed at least one psychotropic medication, and many are prescribed a combination of psychotropic drugs. This is particularly concerning due to their decreased ability to understand or consent to treatment, and their increased rate of secondary health conditions, which makes individuals with IDD more sensitive to the side effects of psychotropic medications (Valdovinos et al., 2016; Sheehan et al., 2017; Strydom and Melville, 2019).

### Common Concerns Related to Psychotropic Medications and the IDD Population are:

- Over prescribing psychotropic class of medication.
- Overuse of psychotropic drugs to manage challenging behaviors with no defined mental health illness.
- Administering higher than recommended doses of psychotropic medications, extreme dosing.
- Prolonged duration of a psychotropic drug without proper side effect monitoring by the prescribing physician.
- The use of psychotropic drugs chemical restraints on individual without a specific mental health illness. If you have any questions about chemical restraints, please refer them to the Office of Human Rights at DBHDS: [https://dbhds.virginia.gov/assets/doc/QMD/human-rights/va-reg-map\\_ohr-staff-contact\\_cp.ap.mc.sh.rd.pdf](https://dbhds.virginia.gov/assets/doc/QMD/human-rights/va-reg-map_ohr-staff-contact_cp.ap.mc.sh.rd.pdf); or the Office of Licensing at DBHDS.
- The administration of multiple, different psychotropic drugs at one time (polypharmacy) (Deb et al., 2015; Trollor et al., 2016; Strydom and Melville, 2019).
- Side-effects of medications causing excessive weight gain increasing the risk for Type 2 diabetes, and the impact on heart health of the individual (Zagaria, 2011).



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## **Mental Illness and Individuals with Intellectual Disabilities**

Mental illness is estimated to be 2.5 times higher in people with IDD than the general population in the U.S. Even at this increased rate, mental illness often goes undetected due to verbal communication difficulties, and uncharacteristic symptom presentation of psychiatric conditions (Valdovinos et al., 2016; Trollor et al., 2016).

Accurate psychiatric diagnoses of individuals with IDD is problematic, especially among individuals with lower cognitive functioning who cannot answer questions, and or those who cannot complete a written assessment of any kind. Psychiatrists are often only able to conduct an observational assessment of an individual's behavior to determine a psychiatric diagnosis. Observational assessments are sometimes conducted in-person by a psychiatrist or psychologist but may be conducted via a third-party caregiver (Rojahn & Meier, 2009; Trollor et al., 2016).

Prescribing physicians should be knowledgeable about intellectual and developmental disabilities, before prescribing psychotropic drugs (Strydom and Melville, 2019). Some specific factors physicians should consider before prescribing psychotropic medications to individuals with IDD include:

- Down's syndrome individuals regularly talk to themselves, which may be misdiagnosed as psychosis (Trollor et al., 2016).
- Individuals with autism spectrum disorder (ASD) experience the highest rates of mental illness. Autistic individuals are at increased risk for both over-prescribing, and/or under-prescribing of psychotropic medications by physicians due to various ASD behaviors (hand flapping, rocking, etc.), which may mimic mental illness (Trollor et al., 2016).
- Fragile X syndrome (FXS) manifests as a group of mental health symptoms, which includes an inability to concentrate with increased activity levels, anxiety, emotional outbursts, and self-injurious or physically aggressive behavior toward others. More than two thirds of FXS individuals in the U.S. are on multiple psychotropic medications to manage their behaviors (Laxman et al., 2018).
- Individuals diagnosed with Prader-Willi syndrome (PWS) often experience forms of psychosis and display self-injurious behaviors, which may be treated with psychotropic medications. Weight gain due to psychotropic drug consumption may aggravate the weight gain/obesity issues individuals with PWS already experience, due to their inability to control appetite or hunger (Bonnot et al., 2015).



## Mental Illness Prevalence - the General Population

Among the general population in the United States, women are more likely to be treated for mental illness than men. In the general population, approximately 59 million adults have been treated for some type of mental illness, with approximately 49 million adults having been prescribed psychotropic medications (Terlizzi and Zablotsky, 2020).

Non-Hispanic blacks and Hispanic adults were less likely to seek or receive mental health treatment than whites. Individuals living in urban areas are more likely to receive mental health treatment than those who reside in rural communities, but this may be directly related to access. Individuals living in rural environments have reduced access to mental health professionals, counseling and psychiatry. As a result, individuals in rural areas take fewer psychotropic medications (Terlizzi and Zablotsky, 2020).

## Medications within the Psychotropic Category

As with all medications, it is important to become familiar with adverse side effects, and drug-to-drug or drug-to-herb interactions. This is especially important when it comes to psychotropic medications. Many psychotropic medications have black box warnings, which indicate the possibility of serious medical emergencies and even death. The U.S. Food and Drug Administration (FDA) require black box warnings for certain medications, which may cause serious safety risks. FDA warnings relay potential rare or dangerous side effects, or important instructions for safe use of a drug (Cleveland Clinic, 2019).

Some adverse side effects happen immediately when a person first starts taking the medication, others might appear after an individual has been taking the medication for a long period. It is important to check with the prescribing physician and or the pharmacist for information on medications. Serious adverse medication side effects, toxic drug levels and or deadly drug-to-drug interactions, such as an allergic reaction (anaphylaxis), requires immediate emergency medical care at the hospital and or a 911 call.

**Pharmaceutical Fats**

Pharmwar © Created by Silvi Hoxha - Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

The boxed warning (also known as 'black box warning [BBW]') is one of the strongest drug safety actions that the U.S. Food & Drug Administration (FDA) can implement, and often warns of serious risks

**FDA**

**WARNING: SUICIDAL THOUGHTS AND BEHAVIORS**  
See full prescribing information for complete boxed warning.

- Increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants (5.1).
- Monitor for worsening and emergence of suicidal thoughts and behaviors (5.1).

When using PROZAC and olanzapine in combination, also refer to Boxed Warning section of the package insert for Symbyax.

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## Antidepressants

Antidepressants are prescribed to treat depression, anxiety, insomnia, social phobias, obsessive-compulsive disorder (OCD), and posttraumatic stress disorder (PTSD).

There are different formulations of antidepressant medications. One of these is called selective serotonin reuptake inhibitors (SSRIs). Three common SSRI antidepressants are citalopram (brand name Celexa); sertraline (brand name Zoloft); and Paroxetine (brand name Paxil).

Another type of antidepressant is bupropion (brand name Wellbutrin), which is not an SSRI drug. Bupropion may be prescribed to treat seasonal affective disorder (SAD), and/or smoking cessation, and has less side effects than SSRI medications.

SSRIs may take between 4 to 6 weeks before effects of the medications (therapeutic levels) are felt. During this time symptoms may improve, then worsen, then improve again (NIMH, 2016; Potter, 2019).

SSRI drugs should never be stopped abruptly due to the possibility of serotonin syndrome, which can become life threatening. Dosage should be tapered off under a physician's guidance. Serotonin syndrome is a severe adverse drug reaction requiring emergency medical treatment and or a call to 911. Symptoms of serotonin syndrome are extreme agitation, hallucinations, increased body temperature, and blood pressure changes (NIMH, 2016; Potter, 2019).

## Anti-Anxiety Agents

Anti-anxiety agents are used to reduce anxiety, panic attacks, and extreme fear with worry. Benzodiazepines, (commonly known as "Benzos" or "Downers"), are a type of anti-anxiety medication used to reduce physical symptoms of heightened anxiety. Benzodiazepines are fast acting and can be administered on an "as needed" (prn) basis. One regularly prescribed anti-anxiety drug is lorazepam, (brand name Ativan) (Zikic, Nikolic, and Kostic, 2019; NIMH, 2016).

Benzodiazepines should only be taken for a short period of time. Individuals who take benzodiazepines over long periods of time can build up a tolerance and become physically addicted. If chemical dependency is suspected, benzodiazepines should not be stopped abruptly, but tapered off under a physician's guidance. (NIMH, 2016; Zikic et al., 2019).

The most serious side effect of anti-anxiety medications occurs with overdose. If an individual is overdosed on anti-anxiety medications, they may experience reduced respirations and severe drowsiness, which is a medical emergency requiring a visit to the hospital and or a 911 call (NIMH, 2016; Zikic et al., 2019).



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## Stimulants

Stimulants increase a person's blood pressure, respirations, and heart rate. Stimulants (commonly known as "Speed"). Stimulant medications are commonly prescribed to treat individuals diagnosed with attention deficit hyperactivity disorder (ADHD) to enhance concentration, and alertness and decrease activity levels (NIMH, 2016).

If an individual does not have ADHD, stimulants may increase activity levels and produce a jittery response. Two common stimulant medications used to treat ADHD are methylphenidate (brand name Ritalin), and amphetamine/dextroamphetamine (brand name Adderall) (NIMH, 2016). Caffeine is a stimulant, which the average person uses daily when consuming coffee, tea and soda (Palmer et al., 2019).

## Antipsychotics

This class of medication is prescribed to manage psychosis. Psychosis is a mental illness, which can be described as a break with reality. Individuals experiencing a psychotic breakdown might experience visual and auditory delusions (seeing and hearing things which do not exist in reality); or they may become extremely paranoid and/or fixated on false beliefs (NIMH, 2016; Chokhawala and Stevens, 2020).

Antipsychotic medications are also used to treat several other mental health disorders, such as psychotic depression, post-traumatic stress disorder (PTSD), manic episodes of Bipolar, obsessive-compulsive disorder (OCD), and borderline personality disorder along with delirium or dementia (NIMH, 2016).

Antipsychotic medications may improve an individual's quality of life and reduce symptoms, but they will not "cure" mental illness (NIMH, 2016; Chokhawala and Stevens, 2020).

The two classification groups of antipsychotic medications:

- The older drugs in this classification group are known as "typical" or "neuroleptics". A common typical antipsychotic medication is haloperidol (brand name Haldol) (NIMH, 2016; Chokhawala and Stevens, 2020).
- The newer antipsychotic medications are known as "atypical". Some regularly prescribed atypical antipsychotic medications are risperidone (brand name Risperdal); olanzapine (brand name Zyprexa); and quetiapine (brand name Seroquel) (NIMH, 2016; Chokhawala and Stevens, 2020).



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## Mood Stabilizers

Mood stabilizers are prescribed to treat an individual's temperament, and mood swings. Bipolar disorder, depression, schizoaffective disorder, and obsessive-compulsive disorder (OCD) along with some other mental health illnesses are treated with mood stabilizers. Decreasing abnormal activity in the brain is how a mood stabilizers works (Goodnick, 2014; NIMH, 2016).

Lithium is the oldest and most commonly used mood stabilizer. Anyone taking Lithium should have regular blood labs done to monitor drug levels, and kidney function. The prescribing physician will direct the individual on how often these labs should be drawn (Koek, 2015; NIMH, 2016).

Anticonvulsants effect mood and control seizure activity in the brain. Commonly prescribed anticonvulsants used as mood stabilizers are divalproex sodium, (brand name Depakote) and lamotrigine, (brand name Lamictal). Mood stabilizing drugs are known to have a higher risk of drug-to-drug or drug-to-herb interactions. It is important to become familiar with these interactions to avoid serious complications (Goodnick, 2014; NIMH, 2016).

## Serious Adverse Drug Side Effects –

### Neuroleptic Malignant Syndrome

Neuroleptic malignant syndrome (NMS) can occur at any time while taking a “typical” antipsychotic medication. NMS does not occur frequently but when it does happen, it can be deadly. Symptoms include increased temperature, severe muscle rigidity and stiffening, mental confusion, and agitation, which can progressively worsen over 24 to 72 hours. **If NMS is suspected it is a medical emergency requiring the individual to be taken to the hospital or a 911 call for help immediately (Chokhawala and Stevens, 2020).**

### Tardive Dyskinesia

Tardive dyskinesia (TD) may be identified when an individual has been taking “typical” antipsychotic medications over a long period of time. However, it can occur with any class of psychotropic medication. TD are involuntary muscle movements usually seen as lip smacking, chewing, tongue movement, and or facial twitching, but can also present as piano playing finger motions or other repetitive body movements (Figure 1). TD can progress into tonic-clonic seizures (NIMH, 2016; Palmer et al., 2019).

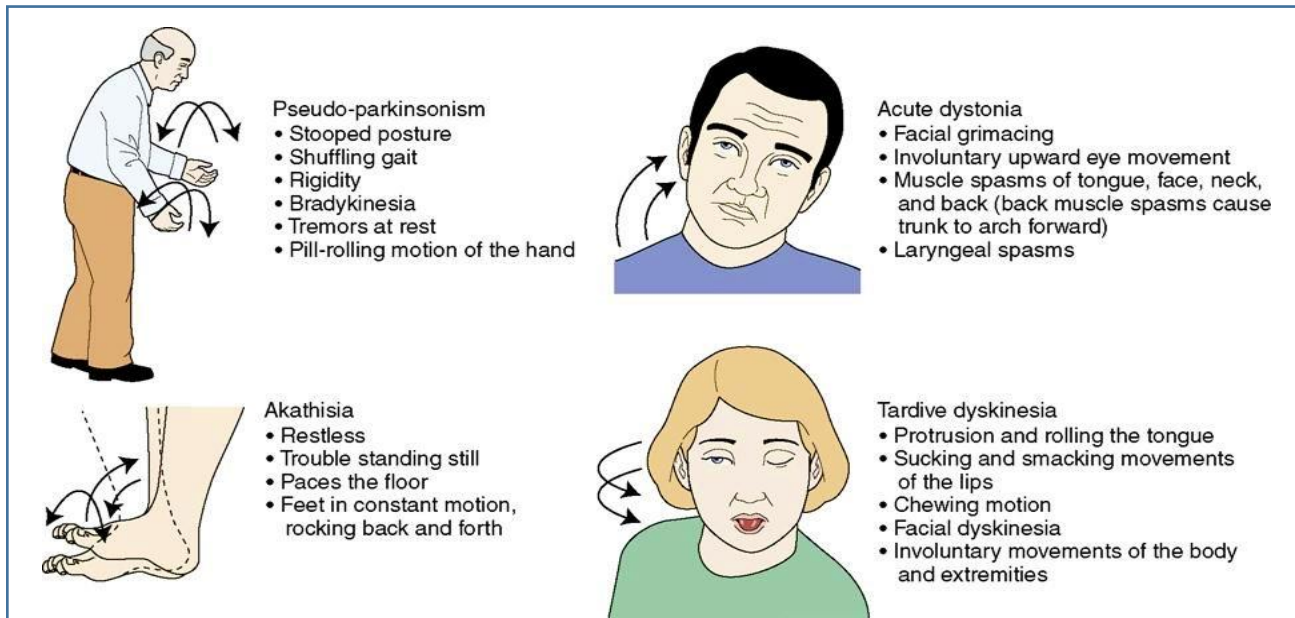


Figure 1.

If TD is suspected, the prescribing physician should be notified. Only a doctor can diagnosis TD. However, the Tardive Dyskinesia Discussion Guide (Figure 2.1 and 2.2) can help individuals and/or caregivers start a conversation about uncontrolled movements, which may be affecting everyday activities. You can download the Tardive Dyskinesia Discussion Guide here: <https://www.tardiveimpact.com/globalassets/tardive-impact/pdfs/doctor-discussion-guide.pdf>

There are several different types of assessment tools, which may be used by clinicians to identify TD. One example is the Abnormal Involuntary Movement Scale (AIMS) (Figure 3). Usually the physician will stop or change the medication if there are signs of TD noted and individual can experience some degree of recovery. Occasionally, TD must be tolerated because the benefits of taking the drug outweigh the side effects (NIMH, 2016; Palmer et al., 2019).





# TARDIVE DYSKINESIA DOCTOR DISCUSSION GUIDE

## Do you have unintentional, uncontrollable body movements? It could be tardive dyskinesia (TD).

Most people with TD experience mild to severe twitching, shaking, or jerking in the hands, feet, face, or torso. Involuntary blinking, tongue movements, and other uncontrollable movements can also be signs of TD.



TD is associated with certain prescription medications used to treat mental health or gastrointestinal conditions. In fact, **1 in 4 people** who are taking certain mental health medications may develop the uncontrollable movements of TD.

Only your doctor can confirm if you have TD. Bring this completed guide to your next appointment and use it to help start a conversation about uncontrolled movements, their impact on your everyday activities, and an option for managing TD.

### Questions for you

**1 Have you ever taken prescription medications to treat any of the following mental health conditions? (Please check all that apply)**

☐ Schizophrenia

For how long: \_\_\_\_\_

☐ Bipolar Disorder

For how long: \_\_\_\_\_

☐ Depression

For how long: \_\_\_\_\_

☐ Other

For how long: \_\_\_\_\_

**2 Do you have uncontrolled movements such as twitching, shaking, or jerking in the following areas? (Please check all that apply)**

☐ Mouth

☐ Jaw

☐ Arms

☐ Hands and/or fingers

☐ Torso

☐ Legs

☐ Feet and/or toes

☐ Other: \_\_\_\_\_

**3 Have you experienced other uncontrollable movements such as: (Please check all that apply)**

☐ Involuntary blinking

☐ Tongue movements

☐ Hip thrusting

☐ Other: \_\_\_\_\_

**4 How often do these unintentional, uncontrollable movements occur?**

☐ Multiple times per minute

☐ Multiple times per hour

☐ Multiple times per day

☐ Other: \_\_\_\_\_

**5 Do you experience any of the following as a result of uncontrolled movements? (Please check all that apply)**

☐ Difficulty speaking or being understood by others

☐ Difficulty writing

☐ Difficulty eating and/or swallowing

☐ Difficulty walking (problems with balance or coordination)

☐ Pain and/or discomfort

☐ Other: (please describe) \_\_\_\_\_

**6 Do your uncontrolled movements impact you emotionally in the following ways? (Please check all that apply)**

☐ Stress

Please explain: \_\_\_\_\_

☐ Embarrassment

Please explain: \_\_\_\_\_

☐ Isolation

Please explain: \_\_\_\_\_

☐ Other

Please explain: \_\_\_\_\_

# TARDIVE DYSKINESIA DOCTOR DISCUSSION GUIDE

## Talking to your doctor about TD

If you're experiencing unintentional, uncontrollable movements, having a conversation with your doctor is the first step toward developing a plan to manage them. Here are some tips to consider:

### Preparing for your appointment

- Sometimes it is difficult to recognize all the symptoms of TD on your own. Ask a carepartner or loved one to join you at your doctor's appointment so they can share their view.
- Remember to leave your appointment with a clear understanding of what the next steps are for taking control of your unintentional, uncontrollable movements.

### What to tell your doctor

- Describe your movements, including specific location (ie, face, hands, feet, or torso) and when you, your carepartner, or loved one first noticed them.
- Share how your uncontrollable movements are affecting you and your loved ones, including self-confidence, everyday routine, and in your relationships.
- Bring questions about TD, questions about possible management options, and a complete record of all the medications you take, including vitamins and herbal supplements.

### Questions for your doctor

1. Is it possible to manage my unintentional, uncontrollable movements while continuing to take my mental health medications?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do you assess the severity of the uncontrolled movements?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are the next steps for managing my unintentional, uncontrollable movements?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Together, you and your healthcare team can develop an individualized plan that may help manage your TD.

*Learn more about TD symptoms, impact,  
and management at **TardiveImpact.com**.*

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**ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)**

Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration  
National Institute of Mental Health

**NAME:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**Prescribing Practitioner:** \_\_\_\_\_

**CODE** 0=None  
1=Minimal, may be extreme normal  
2=Mild  
3=Moderate  
4=Severe

**INSTRUCTIONS:**

Complete Examination procedure (attachment d.)  
Before making ratings

<b>MOVEMENT RATINGS:</b> Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. Select movement as well as code number that applies.		<b>RATER</b> Date	<b>RATER</b> Date	<b>RATER</b> Date	<b>RATER</b> Date
Facial and Oral Movements	<b>1. Muscles of Facial Expression</b> e.g. movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>2. Lips and Perioral Area</b> e.g., puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>3. Jaw</b> e.g. biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>4. Tongue</b> Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Extremity Movements	<b>5. Upper (arms, wrists,, hands, fingers)</b> Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>6. Lower (legs, knees, ankles, toes)</b> e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Trunk Movements	<b>7. Neck, shoulders, hips</b> e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Global Judgments	<b>8. Severity of abnormal movements overall</b>	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>9. Incapacitation due to abnormal movements</b>	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>10. Patient's awareness of abnormal movements</b> Rate only patient's report No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Dental Status	<b>11. Current problems with teeth and/or dentures?</b>	No Yes	No Yes	No Yes	No Yes
	<b>12. Are dentures usually worn?</b>	No Yes	No Yes	No Yes	No Yes
	<b>13. Edentia?</b>	No Yes	No Yes	No Yes	No Yes
	<b>14. Do movements disappear in sleep?</b>	No Yes	No Yes	No Yes	No Yes

Figure 3.

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## Behavioral Supports

Behaviors are a form of communication, which should be thoroughly investigated. This is especially true for individuals with IDD who are non-verbal, and or those with lower cognitive functioning. Caregivers should help individuals seek and receive help when/if the individual is experiencing challenging behaviors.

Board Certified Behavior Analysts® (BCBA®); Licensed Behavior Analysts (LBA); and Positive Behavior Support Facilitators (PBSF); can provide behavioral analysis and supports. Listed are two website, which can help with locating a behavior specialist:

- The Virginia Association for Behavior Analysis website contains a provider directory to locate behavior analysts (BCBA's and LBA's) in Virginia. You can find it here: <https://www.virginiaaba.org/resources/>
- A list of Positive Behavior Support Facilitators (PBSF's) in Virginia can be found here: <https://vapbs.vcu.edu/find-endorsed-pbsfs/>

The BCBA, LBA or PBSF will complete a functional behavior assessment (FBA) and create a function-based behavior support planning to address challenging behaviors. The behavior support plan (BSP) are least restrictive and may involve modifying specific aspects of the person's environment to reduce the likelihood of challenging behavior(s) occurring. The BSP can also provide reinforcement techniques for challenging behavior and can teach new skills to replace the challenging behavior(s) (Kennedy Krieger Institute, n.d.; Trollor et al., 2016).

## Recommendations for Caregivers

- Become educated on all common and serious side effects, drug-to-drug and drug-to-herb interactions related to administered psychotropic medications.
- Regularly monitor individuals with IDD for adverse side effects and toxicity, and if suspected, notify the prescribing physician and/or seek help immediately.
- Caregiver burnout, staffing inconsistencies, and job dissatisfaction are often related to an increase in challenging behaviors among individuals with IDD (Dawson et al., 2016; Strydom and Melville, 2019). Exploring ways to reduce caregiver stress may be beneficial to both caregiver and individual.
- If psychotropic drugs are used as a treatment for challenging behaviors (agitation, aggression, violence to others, or self-injurious behaviors); the best practice recommendation is for the fewest number of medications at the lowest dosage, in order to protect the wellbeing of the individual. A combination of behavioral therapy and medications produce the most therapeutic benefits and the best outcomes

(Valdovinos et al., 2016).

- Written individualized protocols and physician orders for addressing challenging behaviors, which include specific intervention timing, and/or use of prn (as needed) psychotropic medication administration will ensure consistent delivery of care by each staff member and caregiver. Psychotropic medications should only be administered for the reasons/symptoms defined within prescribing physician orders (Trollor et al., 2016).
- Undiagnosed physical illness, untreated pain, and other needs may be misinterpreted as a behavioral issue. When individuals with intellectual disabilities become frustrated by their inability to communicate their needs (pain, discomfort, distress, hunger, thirst, boredom, etc.), they may experience mental stress and their behaviors may escalate. If a behavior is observed, *all potential underlying health conditions and/or other needs should be ruled out via a thorough investigative assessment among care team members*. Special consideration should be given to any health-related or genetic-related diagnoses, prior to the introduction of psychotropic medications (Valdovinos et al., 2016).

## Resources

**The Office of Integrated Health at DBHDS:** If you have any questions about the information contained in this Health & Safety Alert, or need additional resources or support, please email your questions to the Office of Integrated Health's nursing team at: [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov)

### Subscribe to DBHDS Licensing Updates Here:

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**DBHDS Office of Licensing Regional Contacts:** <https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/ol-contact-info/>

### DBHDS Human Rights Department:

For more information on individuals' human rights in relation to psychotropic medications. <https://dbhds.virginia.gov/quality-management/human-rights>

### U.S. National Library of Medicine, MedlinePlus Drugs, Herbs and

**Supplements:** The world's largest medical library has information about diseases, conditions, and wellness, medications, herbs and supplements. - Web address: <https://medlineplus.gov/druginformation.html>



### Discover Tardive Dyskinesia (TD)

A good resources and support on TD. – Web Address:

[https://www.talkabouttd.com/pdfs/Patient\\_DDG\\_interactive.pdf](https://www.talkabouttd.com/pdfs/Patient_DDG_interactive.pdf)

### National Alliance on Mental Illness (NAMI)

NAMI's is a good resources on Mental Health diagnoses and medications:

<https://www.nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications>

### Substance Abuse and Mental Health Services Association (SAMHSA)

Mental and Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities: <https://store.samhsa.gov/sites/default/files/pep19-02-00-002.pdf>

### Mental Health.gov

At the U.S. Department of Health & Human Services (HHS) is a good mental health resource. – Web Address: <https://www.mentalhealth.gov/talk>

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