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Stopping the overmedication of people with intellectual disability, autism or both (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP)

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POSITION STATEMENT

Contents

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Foreword

People with intellectual disability use more medication than others in the population. They have a greater prevalence of physical and mental health disorders, for which they use medication. The issue on the overuse of psychotropic medication in people with intellectual disability was raised by parents in the Serious Case Review into Winterbourne View Hospital in 2012. People were using medications without there being clear clinical indications for needing them. The ensuing debate on people with intellectual disability and people with autism using psychotropic medication, has been salutary and has helped improve clinical practice. For psychiatrists and prescribers, the challenge is to use medication judiciously in order to avoid the unnecessary and inappropriate use of such potent drugs. The Royal College of Psychiatrists supports the STOMP pledge. Psychotropic medication is indicated as part of a treatment plan for mental disorder and not to manage behavioural difficulties that require a psychological approach.

The members of the Faculty of Psychiatry of Intellectual Disability have responded to the challenge, advocating clear prescribing practices and seeking alternatives to medication, with the support of family carers and multi-disciplinary clinical teams. Quality improvement initiatives are active in clinical services, supported by the growth of good evidence showing how prescribers support people to use medication optimally and how to choose alternative interventions.

The position statement is a very welcome addition to our clinical practice, that benefits from the inclusion of the insights of family carers and non-medical prescribers in the use of psychotropic medication. It expresses the approach that the Faculty of Psychiatry of Intellectual Disability encourages clinicians to pursue in prescribing as part of a clear care plan to support people. I thank all the contributors for their valuable work in this document and I commend it to all prescribers supporting people with intellectual disability.

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This position statement was compiled by the cross-faculty working group for STOMP and STAMP and consulted patients with intellectual disability and/or autism and their carers. The working group was formed by the following:

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Dr David Branford, NHS England
Dr Fredrick Furniss, Department of Psychology, University of Leicester, UK
Professor Angela Hassiotis, University College, London, UK
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The authors envisage that the position statement will be of interest to all psychiatrists, general practitioners, clinical trainees, clinical psychologists, intellectual disability nurses, speech and language therapists, education and social care professionals, deprivation of liberty safeguards assessors, patient advocates and carers.

Introduction

Stopping the overmedication of people with intellectual disability (ID), autism or both (STOMP) is a project supported by NHS England and is aimed at reducing the inappropriate prescribing of psychotropic medication to manage behaviour that is deemed to be challenging, in the absence of a documented mental health diagnosis (Branford et al, 2018; NHS England, 2016). The project was launched in 2016 following on from the report into the Winterbourne View Hospital which highlighted concerns related to the use of medication in this way (Department of Health, 2012); in particular the 'off label' and poorly evidenced use of psychotropic medication. Historically, limited guidance has been available to guide the appropriate use of psychotropic medication in managing challenging behaviour in people with ID (Tyrer et al, 2008; Deb et al, 2007, 2009). Transforming Care (2012) and the concordat identified the issue. Three reports were commissioned – one using general practice data (Glover et al, 2015), a best practice guide Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines (RCPsych, 2016) and a survey of medication for detained patients with intellectual disability (Care Quality Commission, 2016), provided the evidence and need for the STOMP programme.

Concerns about the extent and potential overuse of psychotropic medication, particularly, but not exclusively, antipsychotics and antidepressants in people with intellectual disability, have been reported for many years. The Serious Case Review into Winterbourne View Hospital highlighted the inappropriate use of medication and subsequent reports identified the need to take action. As a result, Public Health England estimated that up to 35,000 adults with intellectual disability are using psychotropic medicines when they do not have health conditions which are regarded as indications for medication. (PHE, 2015). There is clear evidence that a disproportionate number of people with intellectual disability in community settings are prescribed antipsychotics and antidepressants. Public Health England reported that 17% of people known to have intellectual disability were prescribed antipsychotics and 16.9% were using antidepressants. (Glover et al, 2015).

NHS England launched the STOMP programme in 2015, to reduce the extent of overprescribing and inappropriate prescribing, in people with intellectual disability.

STOMP stands for stopping overmedication of people with intellectual disability, autism or both, with psychotropic medication and is a national project in England involving different organisations. Psychotropic medication is defined as any medication capable of affecting the mind, emotions and behaviour. STOMP aims to help people to stay well and have a good quality of life.

The programme drew upon a Public Health England study documenting the extent of prescribing of psychotropic medication by general practitioners (GPs). STOMP-STAMP was launched in December 2018 by NHS England and The Royal College of Paediatrics and Child Health (RCPCH). The RCPCH, the British Association of Childhood Disability (BACD) and the Council for Disabled Children (CDC) pledged to ensure that children and young people with intellectual disability, autism or both, have access to appropriate medication [in line with National Institute for Health and Care Excellence (NICE) guidance] but are not prescribed inappropriate medication. Further, they affirmed that regular and timely reviews should be undertaken so that the effectiveness of medication is evaluated

and balanced against potential side effects. This should ensure that children and young people only use the right medication, at the right time, for the right reason.

The organisations pledged to work together with children and young people with intellectual disability, autism or both and their parents, carers and families, to take measurable steps to ensure that children and young people only receive medication that effectively improves their lives; to set out the actions that individual organisations will take towards this shared aim; and to report regularly on the progress made, ensuring accountability.

This position statement outlines the Royal College of Psychiatrist's position on STOMP and STAMP.

What does STOMP aim to achieve?

All healthcare providers who prescribe psychotropic medication to people with intellectual disability, autism or both, are asked to adopt and achieve the STOMP healthcare pledge:

- We will actively explore alternatives to medication
- We will ensure people with intellectual disability, autism or both, of any age, and their circle of support, are fully informed about their medication and involved in decisions about their care
- We will ensure all staff within the organisation have an understanding of psychotropic medication, including why it is being used and its potential side effects
- We will ensure all people are able to speak up if they have a concern that someone is receiving inappropriate medication
- We will maintain accurate records about a person's health, well-being and behaviour
- We will ensure that medication, if needed, is started, reviewed and monitored in line with relevant NICE guidance
- We will work in partnership with people with intellectual disability, autism or both, their families, care teams, healthcare professionals, commissioners and others to stop overmedication.

The position statement supports the pledge on behalf of the Royal College of Psychiatrists (RCPsych).

The role of the psychiatrist in STOMP-STAMP

Any psychiatrist/nurse prescriber and any clinician with a licence to prescribe psychotropic medications should do so appropriately, keeping in mind the principles of medical ethics, including beneficence, non-maleficence, autonomy and justice. The effective use of psychotropic medication needs to be for the right indication, for the right reason and with appropriate monitoring for side effects, in order to improve the quality of life of the individuals in their care.

Individuals in community settings referred to intellectual disability services may present with behaviours that challenge or that pose increased risks to both themselves and others. There is a need to reduce the risks and an apparent solution may be to utilise medication in the short term as part of a multi-disciplinary approach. In many cases, this leads to using antipsychotics, benzodiazepines or other medications that sedate or calm, in order to achieve a rapid reduction in behaviours that challenge. However, this may be followed by their long-term use. Moreover, treatment-emergent behavioural side effects with psychotropic medication, such as selective serotonin reuptake inhibitors, have been reported in people with intellectual disabilities (Biswas AB et al, 2001). Hence, there needs to be clear evidence to suggest that the use of medication is effective in reducing risk and improving a person's quality of life and not, in themselves, causing or escalating behavioural problems.

Glover et al (2014) raised doubts about the effectiveness of medication in these circumstances. They provide evidence that the use of antipsychotic medication in the long term is inappropriate in the management of behaviour that challenges. It further suggests that in cases where there is no underlying mental illness, medication is often used to treat 'the symptom, not the cause'. Additionally, in some cases a reduction in medication is associated with an improvement in presentation. There is therefore evidence to suggest that the use of such psychotropic medication may not effectively deal with the underlying problems or significantly improve quality of life.

It is of note that a recent systematic review of the available evidence on the reduction or discontinuation of antipsychotics in adults with intellectual disability using it because of challenging behaviour, concluded that, although the relevant evidence was limited in scope and quality, withdrawal of medication led to behavioural deterioration for some people, with no evident personal characteristics distinguishing the group who experienced adverse side effects (Sheehan and Hassiotis, 2017).

Nonetheless, the long-term administration of psychotropic medications can be associated with significant side effects and physical health problems. Such problems may include extrapyramidal side effects such as tremor, dyskinesia, muscular rigidity and tardive dyskinesia.

Moreover, these medications can be associated with obesity, risk of developing metabolic syndrome, severe cardiovascular problems, haematological problems and an increase in the risk of developing diabetes (De Hert et al, 2011). This requires special consideration as there is evidence that people with intellectual disability have poorer health than their non-disabled peers (Emerson and Baines, 2010).

Any clinician prescribing psychotropic medication should ascertain the evidence of its efficacy and appropriateness for the person. Prescribers should therefore weigh up the possible positive effects of a reduction in risk, anxiety and distress with the possible negative effects of side effects and other physical health concerns.

Glover et al (2014) explored the reasons for prescribing medication. Psychiatrists/clinicians are asked to intervene in intense and high-risk situations, typically to avoid hospital admission or placement breakdown. Psychotropic medication prescribed to manage an acute crisis situation must be reviewed regularly to avoid routine continuation.

There are now well-developed behavioural techniques, e.g. applied behaviour analysis (LaVigna and Willis, 2005) and frameworks, such as positive behavioural support (Gore et al, 2013), that can improve the lives of those with intellectual disability who display challenging behaviours. NICE guidelines advise on the management of people with behaviour that challenges (NICE guidelines, 2015).

The guidelines emphasise the need to consider medication only when psychological intervention is ineffective or the immediate risk is very severe. Psychotropic medication should be offered in combination with psychological and other interventions. Any medication initiated should be monitored regularly and stopped if not associated with a clear improvement in quality of life.

The clinical consultation and medication review

Considering all of the above, the clinician/prescriber needs to gain a thorough understanding of the potential benefits and adverse effects of the medication on each individual in their care. There should be rigorous scrutiny of the need for medication, the effects of non-psychopharmacological therapies and a clear clinical objective to utilise the minimum dosage of medication, if medication is indicated.

It is recommended that the following points should be considered by care providers and families when preparing for the clinical consultation and review of medication for the child or adult with intellectual disability:

1. All psychiatric consultations/reviews should be person-centred and care providers, family, social workers, teachers, respite carers may be required to support individuals with intellectual disability, in order to ensure a clinically effective interview.

2. The person (with mild intellectual disability) may be able to provide necessary information. Nonetheless, it would be important and useful for an identified key worker with the knowledge and information on medication to support the service user to attend the consultation.

3. The psychiatrist should ensure that the person's family and care providers and others involved in the care and support of the person with intellectual disability are aware of, and invited to, the appointment and are involved in the process from the outset, unless this is against the wishes of the service user.

4 They should ensure that the support worker accompanying the service user knows them well, preferably for many years. This will enable the support worker to report changes in the service user's presentation to the psychiatrist. The support worker should also have experience of working in the service user's home and be aware of changes in personal or social circumstances that may affect the person. The support worker should have knowledge of additional physical health problems (for example constipation or urinary tract infection) which may affect the person.

5 Relevant details of medication, such as the current Medication Administration Record Sheet (MARS), with clear timings of medication changes must be brought to the appointment. This should include the frequency and reasons for the administration of any 'as required' or PRN medication. Details of other treatments/changes in medication by the GP or hospital clinic for physical health and changes in care plans should be brought to the appointment. Discharge summaries from acute hospital admissions should be available.

6 The care provider should supply the relevant recording of behavioural records and other information, such as sleep charts, for examination at the psychiatric review.

7 A core part of the psychiatric review is an in-depth review of the psychiatric diagnosis and rationale for use of psychotropic medication, weighing up benefits against potential or actual risks and focusing on the impact on the individual's presentation and quality of life.

8 The aim should be to achieve the maximum benefit with the most optimum/minimum dosage of psychotropic medication for the targeted action and to plan a timescale for stopping the medication where possible.

9 The clinical consultation and medication review should put in context the effects and role of behavioural interventions and other therapies in order to gain a holistic picture of the person's well-being.

10 The outcome of the review will be fed back to the service user's GP to ensure a unified approach and understanding of the person's presentation and needs.

11 Input from the GP should be clarified and agreed in the context of local shared care arrangements, including, for example, monitoring for metabolic syndrome and potential adverse effects such as parkinsonian, cardiovascular and haematological side effects.

12 It is important to clarify that annual health checks at the GP surgery or by a paediatrician (for children at school) are arranged and completed. They typically include measurement of height, weight, body mass index, blood pressure, pulse, blood tests including tests of liver and kidney function, glycated haemoglobin and serum lipid profile and an electrocardiogram. Other tests such as a full blood count and thyroid function tests may be necessary depending on the psychotropic medication being prescribed.

Social care providers

The STOMP partner, VODG (Voluntary Organisations Disability Group), was commissioned to produce a social care pledge that has been signed by more than 150 providers. Between them, they support more than 50,000 people with intellectual disability, autism or both.

VODG has produced useful resources, such as a booklet about supporting people when they visit the doctor, that includes an easy read section for the person. Social care providers can sign up to the STOMP pledge at the Voluntary Organisations Disability Group (VODG) website.

VODG has produced a booklet to help support workers accompany the people they support to a GP appointment to ask about psychotropic medication. The booklet includes an easy read section for the supporter.

The role of the general practitioner and primary care in STOMP-STAMP

Stopping overmedication of people with an intellectual disability (STOMP) has been co-produced by the Royal Colleges of Nursing, Psychiatrists and GPs, as well as the Royal Pharmaceutical Society, the British Psychological Society and NHS England. The Royal College of General Practitioners has updated and published its health checks for people with learning disabilities toolkit https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/health-check-toolkit.aspx which includes advice on medication reviews and the need to reduce psychotropic medication in adults with intellectual disability.

GPs may have a different role for children and adolescents, with medication being initiated and overseen by paediatricians and/or child psychiatrists.

The role of pharmacy services

Public Health England Intellectual Disability Observatory published a guide for staff in pharmacy and intellectual disability support teams in 2017 on best practice in supporting people with intellectual disability, autism or both.

The Centre for Pharmacy Postgraduate Education has launched online learning for pharmacists to develop awareness, understanding and key skills to help them deliver high-quality care.

Other health professionals

The Royal College of Nursing's guidance for pre-registration education students (across all branches) on intellectual disability includes a section on overmedication.

Patients and carers

You can be a STOMP-STAMP supporter whether you are a person with intellectual disability, autism or both, a family carer, voluntary organisation, health or social care professional:

- Ask your healthcare (psychiatrist, GP, nurse) and social care providers (social worker) if they have signed up to STOMP and what they are doing to stop overmedication with psychotropic drugs.

- Give them the web address england.nhs.uk/stomp or https://www.england.nhs.uk/publication/stomp-stamp-pledge-resources/ for all the information they need to get started.

- Share the easy read leaflet about STOMP

- Tell family carers about the resources on the Challenging Behaviour Foundation.

- Download the Royal College of Paediatrics and Child Health document https://www.england.nhs.uk/wp-content/uploads/2019/06/stomp-stamp-family-leaflet.pdf

- Use social media to tell others what you are doing about STOMP. The Twitter hashtag is #WeSupportSTOMP.

- If you are a professional, find out what your professional body's STOMP commitments are on their website.

- Another useful resource is the Medication Pathway, published by the challenging behaviour foundation for family carers with someone with intellectual disability, autism or both, who are looking for information and guidance about psychotropic medication https://medication.challengingbehaviour.org.uk/pathway/

The role of advocates

The role of advocates and advocacy groups are vitally important. Advocacy groups such as VoiceAbility aim to ensure that people are supported to have control over their lives.

Advocacy provides an important function in ensuring people's views about their medication are heard, that their rights are upheld and they are supported to make their own choices and enjoy a good life. To find out more about how advocates can help, STOMP Top Tips for Advocates has been written by and for advocates and includes ten ways to help stop the overmedication of people with intellectual disability, autism or both.

In summary

STOMP has formalised the need to ensure that children or adults with intellectual disability use psychotropic medication appropriately. Clinicians in primary and secondary care services should prioritise plans to reduce psychotropic medication in a safe and closely monitored way.

In certain clinical situations, medication is beneficial and necessary. Prescribers should have clear evidence to demonstrate this and medication should routinely be utilised in conjunction with other therapies. Regular review of medication for its effectiveness is essential.

With the development of positive behavioural support, clinical care should focus its primary management on behaviour that challenges. STOMP-STAMP has prioritised this process in line with NICE guidance.

Recommendations for action

1 Effective multidisciplinary working with joined up care plans and care pathways

a Psychiatrists have a key leadership role in assessing and overseeing the comprehensive assessment and treatment of a person with intellectual disability, autism or both, presenting with 'behaviours that challenge'. This oversight is typically in partnership with a behavioural specialist, psychologist, speech and language therapist, occupational therapist, physiotherapist, GP, other physicians, outreach or community nursing, education and allied professionals, depending on the needs of the person.

b Detailed assessment and formulation is required by all involved clinicians, multi-disciplinary and multi-agency teams. Some service provider organisations have board-certified behavioural analysts, dedicated positive behavioural support (PBS) or applied behaviour analysis (ABA) practitioners who lead on behavioural functional assessment, liaising with local clinicians.

2 Psychotropic medication prescribing for the right indication, for the right reason, at the right time

a Should the person need to use psychotropic medication, it should be by a prescriber "...who is competent in the care of people with intellectual disability" and in line with "Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines" (Faculty of Psychiatry of Intellectual Disability, 2016).

b For a diagnosis of a mental disorder, the treatment should follow relevant NICE guidelines and appropriate treatment for that clinical condition. If no mental disorder is present, then the prescription of psychotropic medication should be avoided, except for short-term use in which there is a serious risk of harm to the person and/or others, while other non-pharmacological plans are developed and implemented. In such instances, a drive to reduce and stop psychotropic medication must be a key focus after the crisis has resolved.

c The issue of behaviour that challenges, as a result of lockdown measures in the COVID-19 pandemic, may be difficult for carers to manage using the person's current positive behavioural support plan and plans should be revised during the pandemic. This may lead to a greater reliance on medication to support a person to remain in their current residence (Courtenay K and Perera B, 2020) that is contrary to initiatives to reduce the use of psychotropic medication among people with ID (Branford et al, 2019). The use of psychotropic medication, prescribed on an 'as required' basis is often misunderstood by support teams as it is difficult to determine when it is appropriate to offer this. This can lead to both overuse or underuse unless there are clear PRN protocols established and available whereby medication is only used as a last resort after all available and practicable behavioural interventions have been exhausted. As with regularly prescribed psychotropic medication, there should be a commitment to stop 'as required' psychotropic medication for people who are not prescribed this to alleviate mental health symptoms.

3 Mental capacity legislation and best interest decisions

a It is essential that psychiatrists/clinicians genuinely engage with and listen to the person with intellectual disability, their families/advocates and service providers, with regard to the short-term use of psychotropic medication for mental illness and/or behaviours that challenge.

b In children with intellectual disability, appropriate legal frameworks should be adhered to including the Children Act, parental responsibility, mental capacity and mental health legislation.

c Easy read patient and drug information leaflets should be provided and reasonable adjustments made to meet a person's needs regarding their understanding.

d Compliance with the mental capacity legislation is essential. Where best interest decisions involving all stakeholders are important in the care of the individual concerned, there needs to be a clear plan/pathway leading to reduction and stopping the use of psychotropic medication for behaviours that challenge.

4 Effective monitoring psychotropic medication

a All prescriptions for psychotropic medication must be reviewed and evaluated regularly in line with NICE guidance, quality standards and good practice guidance.

b Adherence to STOMP and STOMP-STAMP psychotropic drug prescribing practice guidelines (Faculty of Psychiatry of Intellectual Disability, 2016) is also needed.

c Health service providers should have digital information technology systems in place to ensure regular clinical/medication reviews take place and alerts sent out if they are not.

d Monitoring systems should be in place for auditing the effectiveness of medication reviews and follow through both in primary and secondary care for quality improvement.

e Psychiatrists/prescribers are urged to use structured tools when monitoring the effectiveness of psychotropic medicines. A list of some of the instruments in use are listed below.

- LUNSERS (Liverpool University Neuroleptic Side Effect Rating Scale) – used to record side effects (Day et al, www.reach4resource.co.uk/node/104).
- CGI (Clinical Global Impression Scale) – this is freely available online and can be administered quickly by a clinician who knows the person well.
- HoNOS-LD (Health of the Nation Outcome Scale-LD) and HoNOSCA (Health of the Nation Outcome Scale for children and adolescents) – monitors change over time (Royal College of Psychiatrists, 2016).

- Self-help reporting: this may be possible in some people who can be supported and provide frequent opportunities to report on changes they are experiencing with a psychotropic medication and a reduction/discontinuation plan. This can be arranged through accessible self-reporting processes, frequent interviews with the person by their family carer or team leader/manager/keyworker at the care home or using a specific tool.

- A guided self-help diary such as the SAINT (Self-Assessment and INTervention, Chaplin et al, 2014) and structured tools for children, may be helpful to support the person to focus on day-to-day moods/thoughts and feelings and provide an ongoing means of monitoring these and how the person responds/copes with day-to-day events/stressors.

5 Review of positive behaviour support (PBS) plans

a Positive behaviour support is defined as "A multi-component framework for developing an understanding of behaviour that challenges" (Gore et al, 2013). PBS is now recommended as best practice by the Royal College of Psychiatrists, The Royal College of Speech and Language Therapists and The British Psychological Society. It is recommended by the Department of Health, NHS England and Skills for Care, and by the All Wales Challenging Behaviour Community of Practice.

b Essentially, the goals of PBS are to enhance a person's quality of life and reduce behaviour that may be considered challenging. A PBS approach involves producing a comprehensive and detailed assessment of a person's individualised needs, skills and behaviours, and designing strategies, reviewing and adjusting support styles and environments to increase competence and quality of life of the individual; thereby reducing behaviours that challenge. Collaboration and a shared understanding are essential parts of a PBS process. Successful implementation depends on the PBS professional working in partnership with the person, families, staff and other stakeholders in gathering information and designing strategies.

c PBS is likely to include training for people supporting an individual and focuses on leadership to develop staff understanding and working practices. Whilst PBS may appear to be costly, research shows that overall PBS, including training, costs less and has greater positive outcomes than other models of behaviour management (Hassiotis et al, 2009; Hunter et al, 2020).

6 Lifestyle changes and harm minimisation advice

a Advice and signposting on living a healthy lifestyle, a balanced diet and regular exercise in order to proactively anticipate and manage potential side effects including weight gain due to psychotropic medication.

b Addressing smoking, alcohol and other substance abuse.

7 To establish effective partnership between healthcare commissioners and providers, social care, patients, carers and clinicians, using NICE guidance.

NICE guideline [NG 93] should be followed in keeping with reducing restrictive practices. This guideline covers services for children, young people and adults with intellectual disability (or autism and intellectual disability) and behaviours that challenge. It aims to promote a lifelong approach to supporting people and their families and carers by focusing on prevention and early intervention, and minimising inpatient admissions.

We Support STOMP network

This is a network set up particularly for people who lead on STOMP work from all walks of life. Here you can discuss implementation of STOMP and access or share files, videos and announcements.

Transforming Care – STOMP online learning

Anyone working in a Transforming Care Partnership (TCP) or who is delivering care and support to people with intellectual disability, autism or both, can find a Medicines Management module designed for them within the Transforming Intellectual Disability Services online course (or MOOC – massive open online course). The link takes you to a sign-in page where new users should enrol for an account. Course 3 on Medicines Management is based on a series of short films by pharmacists, people with intellectual disability, a family carer and a specialist in positive behavioural support. The course links to useful PDFs and other websites for further information.

Resources

Resources listed below used in the preparation of this position statement are duly acknowledged.

- STOMP-STAMP leaflet: empowering those caring for children and young people with intellectual disability, autism or both, to ask questions and be more involved in discussions on their care.
- STOMP-STAMP principles: Explanation of the principles and reasons to pledge.
- STOMP-STAMP pledge: The pledge which can be signed by people on behalf of organisations.
- STOMP-STAMP leaflet: Provides more information on what STOMP-STAMP is.
- STOMP-STAMP Member of Parliament (MP) pledge: Write to your local MP to ask to make changes with regards to STOMP-STAMP in your region.
- STOMP-STAMP blank “I pledge to”: Write your pledge, take a photo and tweet.
- Positive Behavioural Support (PBS)
- NHS: Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)
- NHS England and NHS Improvement: STOMP-STAMP launch event video: Owen and Sarah Thomas
- NICE: Learning disabilities and behaviour that challenges overview

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Appendix

Other resources

- Healthcare providers wishing to support the pledge should contact england.wesupport.stomp@nhs.net by email.

- The healthcare provider will be sent an information pack to help develop their action plan and self-assessment which should be emailed back to the email address once completed.

- The STOMP professional resources page also links to individual STOMP resources for GPs, psychiatrists, psychologists, pharmacists, nurses and others.

- STOMP-STAMP pledge can be signed at www.england.nhs.uk/wp-content/uploads/2019/02/STOMP-STAMP-pledge.pdf alongside other resources.