

Guidelines for Supporting Mental Health Consumers around Safe Driving Practice

Online-only Appendix

Topic	Guideline	Suggested Questions
Guiding Principles	<ul style="list-style-type: none">• Mental health professionals routinely ask consumers, family and carers about each consumer's driving and licence status at entry to the service during initial assessment, upon commencement or changes to treatment, upon completion of risk assessment, upon development of clinical plans, upon changes to mental state and upon discharge or transfer from the service• Mental health professionals advise consumers and their family and carers that it is a legal responsibility of drivers who experience a long term illness to report their illness to their local driving regulatory body• When a consumer is experiencing an acute episode, that the consumer and their family and carers are advised that the consumer is not to drive until their mental state and fitness to drive is reassessed by a doctor and/or the treating team• Specialised occupational therapy driving assessment be considered to determine whether a consumer is equipped with the necessary skills required to commence, or return to safe and independent driving, when the consumer has enduring cognitive deficits and/or concerns about driving safety.• Mental health professionals document driving status, risk, assessments, outcomes and any interventions in the consumer's file on an ongoing basis	

Screening and Initial Assessment	<p>At initial contact with a psychiatric service:</p> <ul style="list-style-type: none"> • Screen each consumer to identify if they drive and have a current vehicle licence and document this information in their file • If a consumer is identified as having a current licence, advise them that experiencing a mental illness may at times compromise his/her ability to drive safely, and that fitness to drive will be continually monitored throughout their episode of care • Provide resources (e.g. brochure or factsheet) with basic information on driving, the consumer driver's rights and responsibilities in their local jurisdiction and assessment of fitness to drive • Advise drivers (and their family / carers) of their responsibility to make sure they are well enough to drive safely <p>Following screening for driving status:</p> <ul style="list-style-type: none"> • Explore the role of driving in the consumer's daily life and current driving patterns in more detail. 	<p>Consumers may experience some of the questions as intrusive and therefore clinical judgement must be used when asking these questions and when considering discrepancies between carer, family and consumer accounts.</p> <ul style="list-style-type: none"> • How did you arrive at your appointment today? • Do you have access to a vehicle? • Whose vehicle do you drive? • What type of licences do you hold (e.g. motor vehicle, motorcycle, truck, bus, endorsed, taxi)? • Do you have any licence conditions? • Do you drive without a licence or drive unregistered vehicles? • When did you last drive? • To what extent do you use a car in your daily life? Do you use your licence for employment? • Do you regularly have passengers in the car? Who? • Have you previously advised your local driving regulatory body of your mental illness or other physical illnesses/conditions? <p>Psychiatric services may also like to utilise a checklist to assist consumers in identifying their own driving concerns, such as the one available in Pellerito JM: Driver rehabilitation and community mobility: Principles and practice, St. Louis, Elsevier, 2006.</p>
Obtaining a Detailed Driving History	<p>Clinicians and doctors may need to obtain a detailed driving history, particularly when asked to comment on a consumer's fitness to drive.</p>	<ul style="list-style-type: none"> • What type of licence? (criteria for commercial or heavy vehicle licences is likely to be stricter) • When the consumer obtained their licence. • History of motor vehicle incidents (crashes, near misses, driving offences) • Have they been found unfit to drive in the past and reasons? • Insurance details, including whether insurer is aware of mental illness • Do they have other medical conditions which could affect their driving? (e.g. Epilepsy, diabetes, sleep disorders, drug and alcohol misuse)

		<ul style="list-style-type: none"> • Has their mental illness or a physical condition illness ever influenced their driving? • Has medication ever affected their driving in any way? (e.g. fatigue, distraction or inattention when driving) • Does the consumer drive when actively experiencing symptoms of their mental illness? Are they able to recognise when their illness is affecting their driving? • Do they self-limit their driving (either in response to symptoms or road conditions)? • Have others ever expressed concern about their driving? • What would the impact be on their life and their family if they could not drive?
<p>Risk Assessment and Driving</p>	<p>Driving can be a significant risk issue to self and others, carrying the capacity to kill, harm and damage property. Clinicians are required to conduct and document risk assessments at key points in a consumer’s care, but not all psychiatric services include driving as part of their risk assessment process. As driving can pose such a potential risk to the consumer and others, it is important that psychiatric services consider the driving risk of consumers. When assessing risk in relation to driving, it is important to assess static factors (i.e. enduring, stable or historic) and also dynamic factors (current or variable factors). Driving risk can manifest as risk to self and or others, mental state, general vulnerability and physical vulnerability .</p>	<p>Risk to self / suicidality</p> <ul style="list-style-type: none"> • Has the consumer expressed ideas of suicide or had a history of risk of suicide that involves a car? (e.g. driving into a tree; driving into incoming traffic; carbon monoxide poisoning)? • Does the consumer’s suicidal ideation manifest in reckless driving? <p>Risk to others</p> <ul style="list-style-type: none"> • Does the consumer have a history of road rage? • Do they drive aggressively (e.g. cut in front of others, tailgate, have little tolerance of slow drivers)? • Do they have a history of distractibility while driving? (i.e. texting, talking on the phone) • Does they have a history of substance misuse or abuse? • Is driving risk addressed in the consumer’s treatment and management plan currently or historically? <p>Mental State</p> <ul style="list-style-type: none"> • Have there been any recent changes in their medication? • Is the consumer depressed, manic or anxious? Is this likely to affect

their driving skill?

- Do they have delusional beliefs that interfere with driving? (e.g. persecutory beliefs may include being followed and result in erratic driving, or grandiose beliefs may result in extreme risk taking?)
- Do they have hallucinations that distract attention or are preoccupying or may influence behaviour?
- Do they have an impaired cognitive state such as reduced cognitive and perceptual processing speeds (including reaction time); reduced ability to perform in complex situations (such as when there are multiple distractions); disturbances in attention, information processing and judgement (including reduced ability to anticipate)
- Do they have insight and recognise when they are unwell and self-limit their driving?
- Do they have impaired judgement about their driving skills and associated recklessness?

General Vulnerability

- Does the consumer have a past history of dangerous behaviours such as driving whilst drug affected; drink driving; dangerous driving and/or speeding?
- Does the consumer partake in risky driving behaviour?
- Have family and carers expressed concern about a consumer's driving behaviour?

Physical Vulnerability

- Do they have any medical conditions, which may affect driving (e.g. diabetes, epilepsy, sleep apnoea)?
- Do they experience medication side-effects that may affect their ability to drive (e.g. drowsiness, altered muscle tone, blurred vision, involuntary movements, tremor, Parkinsonism, or restlessness)?
- Do they experience sleep disturbance and fatigue?

Treatment	When new medication is commenced or changes to
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and Driving treatment are made, it is paramount that the treating doctor and clinicians consider the impact on the consumer's driving skills. Some medication may affect a consumer's driving only until the consumer becomes used to the medication. The risk of impairment may be high initially, but become low once the consumer is tolerating the medication. Other medication may affect a consumer's driving skills all of the time, or a period after taking the medication. Depending of the treatment prescribed, the doctor may need to advise the consumer to temporarily cease driving because of the dangers of driving a vehicle early in treatment and the possible negative effects on driving performance. Once stabilised on the medication and reviewed as fit to drive, the consumer may recommence driving

Driving Goals

Consumers may identify driving related goals as part of their recovery. Strategies will vary depending on the goal. An important first step is to assess the consumer's fitness to drive. Clinicians can assist with providing information, education and supporting access to local resources (e.g. Road law handbooks, courses, driving instructors) to support attainment of licence and/or resuming driving. Clinicians can also assist with the adjustment to driving cessation by exploring alternatives to support the consumer in maintaining access to shops, services recreation and employment.
