



NorthWestern Mental Health

NorthWestern Mental Health
Occupational Therapy
Leadership Group

GUIDELINES FOR MENTAL HEALTH PROFESSIONALS TO ASSIST CONSUMERS WITH SAFE DRIVING

Version 3
February 2017



THIS DOCUMENT SHOULD BE USED IN CONJUNCTION WITH:

- NWMH procedure: *Care planning and implementation. Consumer driving and vehicle use*. Reference No: NWMH02.03.02
- Austroads (2016). *Assessing fitness to drive commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines*, 5 edn. Author, Sydney, Australia.

This publication replaces the previous version, NWMH (2012, March), *Driving, mental health and you: guidelines for mental health professionals to assist consumers with safe driving*.

For further information and advice please contact your local occupational therapist, chief occupational therapist or NWMH occupational therapist driver assessor.

NWMH OCCUPATIONAL THERAPIST DRIVER ASSESSORS

NWMH has trained OT driver assessors who can provide consultation to clinicians and doctors throughout NWMH, and OT driver assessments to consumers within their own area or program.

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These guidelines are informed by standards, research and practice evidence. The development of versions 1–3 has involved extensive consultation on views of best practice in a range of clinical scenarios with a range of stakeholders. NWMH stakeholders included: psychiatrists, clinicians, consumer consultants, carer consultants, managers, pharmacist, forensic mental health consultant, drug and alcohol consultant, OT driver assessors and occupational therapists. External to NWMH, VicRoads and interstate occupational therapists have also significantly contributed. The contributions have been invaluable to the development and review process.



NWMH DRIVING COMMITTEE

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GLOSSARY

Commercial vehicle driver	Drivers of heavy vehicles, public passengers (bus drivers, taxi drivers, chauffeurs) or carrying bulk dangerous goods.
Conditional licence	A conditional licence identifies the need for medical treatments, vehicle modifications and/or driving restrictions that enable the person to drive safely.
Occupational Therapist (OT) driver assessor	Occupational therapists who have completed a recognised driver assessment and training course, and who can conduct specialist OT driver assessments.
Fit to drive	The consumer meets the national medical standards to hold a licence to drive a vehicle.
Fitness to drive	Assessment to determine if the consumer meets the national medical standards (Austroads 2016) to hold a licence to drive a vehicle
Licensing Authority	VicRoads is the Licensing Authority in Victoria, Australia. The Licensing Authority makes all decisions regarding the licensing of drivers.
National medical standards for licensing	Assessing fitness to drive for commercial and private vehicle drivers. 2016 Medical standards for licensing and clinical management guidelines (Austroads 2016).
Occupational Therapy (OT) driver assessment	A driver assessment involves an off-road assessment and an on-road assessment by a qualified OT driver assessor. The aim of the assessment is to assess the impact of the illness, injury or the ageing process on driving skills, including judgment, decision-making skills, observation and vehicle handling.
Periodic review	A review period after which a person is required to submit for medical or psychiatric report to establish the status of their condition and their continued fitness to drive.
Private vehicle driver	Drivers of cars, light rigid vehicles or motorcycles, unless carrying public passengers or bulk dangerous goods.
Review driving test	VicRoads may determine that a review driving test is required to test the safe driving ability of experienced drivers. This test is not conducted for drivers who experience cognitive or perceptual impairments.
Unfit to drive	The consumer does not meet the national medical standards to hold a licence to drive a vehicle.
VicRoads <i>Medical report</i>	VicRoads' medical report to be completed by the general practitioner on a consumer's fitness to drive, which covers eye sight, physical health and treatment, and any impact on driving fitness
VicRoads <i>Psychiatric report</i>	VicRoads' psychiatric report to be completed by the psychiatrist or psychiatric registrar on a consumer's fitness to drive which covers mental health diagnosis, symptoms and treatment and any impact on driving fitness.

SCOPE

These guidelines were developed for NorthWestern Mental Health (NWMH) professionals to help support safe driving practices among young, adult and older adult consumers living with mental illness (Dun, Bull, Hitch, Lhuede, Vlachou & Swan, 2015).

During 2005, NWMH Occupational Therapy Leadership Group conducted a scoping project which explored case manager's awareness of consumer's driving issues. One of the findings was that there were high numbers of NWMH consumers who:

- have a driver's licence and drive
- are wanting to resume driving
- or are working on obtaining their licence.

The second finding was that consumer driving was not routinely considered at key times in a consumer's episode of care or during risk assessments. When driving issues did arise, there was limited information to support a mental health professional's decision-making. Thus, these guidelines are one of the strategies the NWMH Occupational Therapy Leadership Group has developed and implemented, to increase mental health professionals' awareness and knowledge on driving (Dun, Baker, Swan, Vlachou & Fossey, 2015).

The overall aim of these guidelines is to provide information to NorthWestern Mental Health professionals about mental illness and driving.

This document aims to:

- assist mental health professionals to educate consumers, family/carers about the responsibilities of drivers who experience a mental illness
- provide information about driving, and the key times when mental illness, treatment and/or side effects can compromise driving skills
- provide information to assist mental health professionals to support consumers in gaining and/or maintaining their driver's licence
- provide information to mental health professionals that assists in screening, identifying and referring at risk drivers
- provide information regarding when an OT driver assessment is indicated
- provide information on where to obtain advice and support regarding complex clinical scenarios.

CONTENT

The guidelines are divided into twenty-one parts. This will assist mental health professionals access and use the information easily during phases of a consumer's continuum of care, such as entry to the service, during the acute, subacute, rehabilitation and exit phases.

Information is provided on how mental state can impact on driving, as well as other considerations such as treatment, cognitive deficits, physical comorbidities, and substance use.

The role of the doctor in assessing fitness to drive, the OT driver assessor in providing driver assessments, and the relevant roles and processes of VicRoads, are also outlined.

Additional resources for consumers, family/carers and health professionals are listed throughout the document and summarised in [Appendix D, p. 47](#).

GUIDING PRINCIPLES

It is important for mental health professionals to know whether the consumer drives and/or has a driver's licence. This will facilitate appropriate education and counselling to the consumer and family/carers at key phases during the continuum of care.

It is recommended that the following six principles guide the mental health professional's practice to assist consumers with safe driving.

- 1 Routinely screen for the consumer's driving and licence status, driving fitness and driving risk at:
 - entry to the service during initial assessment
 - commencement or changes to treatment
 - completion of risk assessment
 - development of clinical plans
 - changes to mental state
 - discharge or transition from the service.
- 2 Advise the consumer and family/carers that it is the legal responsibility of all drivers who experience a long-term illness to report their illness to VicRoads.
- 3 Educate the consumer and family/carers about the fluctuating condition and impact of mental illness and treatment on fitness to drive, and promote consumers to self-regulate their driving behaviour depending on their level of wellness.
- 4 Advise the consumer and family/carers that when experiencing an acute episode, the consumer is not to drive until their mental health is reassessed as stable and fit to drive by a doctor and/or the treating team.
- 5 Consider an OT driver assessment to determine whether a consumer with identified cognitive deficits, functional impairment and/or negative symptoms, is equipped with the necessary skills required to commence, or return to, safe and independent driving.
- 6 Document the consumer's driving status, risk, assessments, outcomes and any interventions.

2 BACKGROUND

DRIVING IS A COMPLEX ACTIVITY OF DAILY LIVING

For most people, driving a motor vehicle is an important part of daily life. It is important for maintaining connections with family and friends, and accessing shops and services, recreation and employment. Driving is important for lifestyle as well as for independence but is a complex skill.

Driving is a complex instrumental activity of daily living. It involves a complex and rapidly repeating cycle that requires a level of skill and the ability to interact with both the vehicle and the external environment at the same time.

The demands of the driving task can vary considerably depending on a range of factors including those relating to the driver, the vehicle, the purpose of the driving task and the environment.

Information about the road environment is obtained via the visual and auditory senses. The information is operated on by many cognitive processes including short and long-term memory and judgment, which leads to decisions being made about driving. Decisions are put into effect via the musculoskeletal system, which acts on the steering, gears and brakes to alter the vehicle in relation to the road. This repeating sequence depends on:

Sensory input	Cognitive function	Motor function
<ul style="list-style-type: none">• vision• visuospatial perception• hearing	<ul style="list-style-type: none">• attention and concentration• comprehension• memory• insight• judgement• decision making• reaction time• sensation	<ul style="list-style-type: none">• muscle power• coordination.

Given these requirements, it follows that many body systems need to be functional in order to ensure safe and timely execution of the skills required for driving (Austroads 2016, p. 6).

Certain health conditions such as experiencing a mental illness can affect the ability to drive safely. Driving can also be compromised by treatment side effects, comorbidities, stress, sleep disturbance, drug and alcohol intake and aging-related decline. Thus, consumer drivers can potentially be at increased risk to themselves, passengers, pedestrians or people in other vehicles.

It is vital that the consumer and family/carers are made aware of the consumer driver's responsibility to make sure that they are well enough to drive safely.

YOUNG PEOPLE

Obtaining a driver's licence is often seen as a rite of passage for young people in western cultures.

Gaining a driver's licence adds to a young person's sense of independence and individuation, and is important for enhancing a young person's social network and vocational opportunities.

It is generally well-known that in Australian states and territories and developed countries worldwide, young novice drivers represent only a minor proportion of the licenced driver population, yet they are substantially more likely to be involved in fatal and injury crashes than older, more experienced drivers (Senserrick & Haworth 2005). For example, in Victoria, young people are about four times more likely to be in a crash. Young people experiencing mental health difficulties are likely to be at even greater risk of being involved in serious crashes, because of the impact of their mental illness (Charlton, Koppel, Odel, Devlin, Langford, O'Hare, Kopinathan, Andrew, Smith, Khodr, Edquist, Muir & Scully, 2010).

Drug use in youth is also an issue that may impact on a young person's ability to drive. Many young people who are treated for mental illness have co-occurring substance misuse disorders. The complicating factors of mental illness, psychotropic medication, substance use and developmental stage, all need to be considered by the treating doctor when assessing a young person's fitness to drive.

AGE-RELATED DECLINE

The aged driving population is gradually increasing, and drivers over the age of 75 have been identified as the second highest population on our roads to be involved in an accident when adjusted for distance travelled (Lovell & Russell 2005). Normal age-related changes may impact on driving safety. These can include decreased attention, slowed reaction time, changes in vision, decreased strength and hearing difficulties. Some older drivers also experience other chronic physical health conditions which may impact on fitness to drive (Lloyd, Cormack, Blais, Messeri, McCallum, Spicer & Morgan, 2001).

The aged population is also the highest user of medications that impact on driving ability, such as benzodiazepines and tricyclic antidepressants (Hemmelgarn, Suissa, Huang, Boivin & Pinard, 1997; Lloyd et al 2001). Thus, the aged person's mental illness, psychotropic medication, physical health and age-related changes all need to be considered by the treating doctor when assessing an aged person's fitness to drive.

HIGH NUMBERS OF PEOPLE WHO EXPERIENCE MENTAL ILLNESS, DRIVE

It is estimated that a significant proportion of people living with mental illness, drive. An Australian study found 44% of regional and 35% of metropolitan consumers were active drivers (Rowse 2010).

A 2012 survey of case manager awareness of NWMH consumer driver's licence status showed (N= 1556):

- 34% of NWMH consumers held a driver's licence
- 55% didn't hold a licence
- case managers were unsure of 11% of consumers' licence status (Dun, Baker, Swan et al 2015).

Aged Persons Mental Health Program (APMHP) had the lowest percentage of licenced consumers (20%), and MidWest Area Mental Health Service (MWAMHS) had the highest (47%).

Across NWMH 26% of the consumers were active drivers, but ranged from 13% of APMHP to 36% of MWAMHS consumers.

CONVERSATIONS ABOUT DRIVING

A large numbers of consumers are active drivers or would like to drive. It is vital, therefore, that clinicians and doctors screen for licence status and have conversations about driving throughout the consumer's journey of care. Many clinicians and doctors feel comfortable asking about the consumer's driving status and providing education about the responsibilities of being a driver with a potentially fluctuating mental illness. However, some clinicians and doctors are still reluctant to ask about and discuss driving with consumers for fear that it will impact on their therapeutic relationship, or that the consumer will end up with licence cancellation (Dun, Baker, Swan et al 2015).

The NWMH experience has shown that educating consumers and carers about the impact of mental illness on driving early in treatment, has promoted responsible consumer behaviour and adjustment of driving due to level of wellness. It is unusual that a consumer's licence will be suspended or cancelled due to mental health services reporting to VicRoads. An audit of OT driver assessments undertaken for NWMH consumers found that the assessments support most consumers to return to driving (Dun & Hitch, 2017). For consumers, learning to drive or resuming and maintaining driving can play an important role in overcoming challenges, such as isolation and re-engaging in everyday occupations during their recovery.

3 ENTRY TO THE SERVICE

At initial assessment, it is important to **screen each consumer to identify if they drive and have a current vehicle licence**. This should be clearly documented within in-depth assessments and risk assessments in the consumer's medical file.

If a consumer is identified as having a current licence it is important to advise them that:

- experiencing a mental illness may at times compromise their ability to drive safely
- fitness to drive will be continually monitored throughout their episode of care
- it is their responsibility to make sure that they are well enough to drive safely.

It is also vital for family/carers to be aware of this.

RESOURCE

The NWMH *Driving, mental health and you* brochure has been designed to be given to the consumer and family/carers on entry to the organisation. The brochure provides basic information on when driving will be discussed, the consumer driver's rights and responsibilities, and the assessment of their fitness to drive. See [Appendix A, p. 43](#) for a copy of the brochure.

Following the initial screening for driving status, it is recommended that the role of driving in the consumer's daily life is explored, collateral information obtained, and initial screening for fitness to drive is conducted.

DRIVING SCREENING QUESTIONS FOR CONSUMERS

- 1 Do you currently drive? You could ask the question: How did you get to the clinic today?
 - If yes, whose car?
 - If no, is it a goal that you are working on?
- 2 What type of driver's licence do you hold? For example, learners, probationary, full, or conditional, and vehicle type: car, motorbike, truck, taxi, bus, etc.
- 3 Has your licence ever had conditions, been suspended or cancelled?
- 4 What sort of tasks do you use the car for? Explore their routine of driving eg daily local use, all day, and the roles they use the car for: employment, courier, transporting others, children, shopping etc.
- 5 Are there times when you feel that you shouldn't drive? For example, after night time medication, when acutely unwell, alcohol or drug affected, feeling unwell.
- 6 Have you let VicRoads know about your mental illness? If the consumer has an enduring mental illness, has the consumer advised VicRoads of their mental illness?
- 7 Have you advised your car insurer of your mental illness?

DRIVING SCREENING QUESTIONS FOR FAMILY/ CARERS TO PROVIDE COLLATERAL INFORMATION

- 1 To what extent does your family member use a car in their daily life?
- 2 Are you comfortable to be a passenger with your family member as the driver?
- 3 Have you had concerns about your family member's driving?
- 4 Have you noticed any side effects from their medication or symptoms from their illness which impacts on their driving?

FITNESS TO DRIVE SCREENING QUESTIONS FOR CLINICIANS

- 1 Is the consumer's mental illness stable?
- 2 Do they have insight about the impact of their mental illness on safe driving?
- 3 Are they compliant with their medication?
- 4 Are there any adverse medication side effects that may impair their capacity for safe driving?
- 5 Does the person have comorbidities that may impact on safe driving? For example, drug and alcohol misuse and/or physical health conditions such as diabetes, sleep apnoea, epilepsy, etc.
- 6 Does the person have static or dynamic risks that may impact on safe driving?

If answered:

NO to questions 1–3: the treating doctor needs to assess the consumer to determine if fit to drive
YES to Questions 4–6: the treating doctor needs to assess the consumer to determine if fit to drive.

OBTAINING A DRIVING HISTORY

A treating doctor is required to obtain a driving history when assessing the consumer's fitness to drive. It is a critical step in this assessment process. Clinicians and doctors may also need to obtain a driving history if a consumer's licence has been suspended or cancelled and the consumer wants to return to driving.

Consumers may think some of the questions as intrusive, so clinicians will need to use clinical discretion and judgment when asking these questions, particularly where there are account discrepancies between the consumer and family/carers.

SUGGESTED QUESTIONS TO ASK CONSUMERS WANTING TO OBTAIN A DRIVING HISTORY.

- Why do you drive? What do you use the car for?
- When did you get your licence?
- Who taught you to drive? For example, a driving instructor and/or family.
- Have you accrued any demerit points? If so, what fines did you get and how many points have you accrued?
- Have you ever had your licence suspended or cancelled? If so, what was the reason? For how long?
- Have you ever had any prior driving convictions? If yes, provide details.
- Have you ever had a minor car crash? If so, when? What happened? What was the outcome?
- Have you ever had a major car crash? If so, when? What happened? What was the outcome?
- Do you have insurance? Which cover?
- Have you advised your car insurer of your mental illness?
- Do you find yourself getting tired, distracted or inattentive when driving?
- Do you ever go driving when you're angry, depressed or nervous?
- Do you use your mobile phone while driving? If so, how: do you text and/or talk?
- Do you self-limit your driving? What are these? For example, do you avoid driving in peak hour traffic? Avoid driving on freeways? Only drive on familiar routes?
- Has a family member, carer or friend ever expressed concerns about your driving?
- Do you recognise when you are unwell and therefore not drive?
- Has your mental illness ever affected your driving in any way?
- Have physical conditions or illnesses influenced your driving?
- Has medication ever affected your driving in any way?
- What would be the impact on your life and your family or carers if you could not drive?

ADDITIONAL SUGGESTED QUESTIONS TO ASK FAMILY/CARERS ABOUT A CONSUMER'S DRIVING HISTORY

- To what extent does your family member use a car in their daily life?
- Are you comfortable to be a passenger with your family member as the driver?
- Are you worried about your family member's current ability to drive?
- Has your family member's mental illness ever affected their driving in any way?
- Have you ever had concerns about your family member's driving?
- How confident are you in your family member's ability to self-limit their driving if unwell?
- Have you observed your family member being involved in minor scrapes, crashes, unsafe driving behaviour or road rage incidents?
- How have you managed your concerns about your family member's driving in the past?

RESOURCES

Clinicians may like to utilise a checklist to assist consumers in identifying driving concerns. NWMH has developed the driver checklist *Am I a safe driver?* See [Appendix B, p. 44](#) for a copy of the checklist.

For consumers aged over 65, and family/carers, clinicians may also like to use VicRoads' *The Victorian Older Drivers' Handbook* (2010, pp. 6–9) checklist to identify possible driving problems. The checklist asks questions about general health, medicines, driving practice and planning for change.

5 THE DRIVER: DUTY TO REPORT LONG TERM ILLNESS

All clinical staff need to be aware of the national medical standards for licensing, *Assessing fitness to drive. Commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines* (Austroads 2016) relating to driving and medical conditions.

The national medical standards exist in recognition of the potential for certain medical conditions to cause serious impairments and affect driving. These include:

- psychiatric conditions
- substance use/dependency
- cardiovascular disease
- diabetes
- musculoskeletal conditions
- neurological conditions such as epilepsy, dementia and cognitive impairment due to other causes
- sleep disorders
- visual problems.

Mental illness can affect a consumer's ability to drive safely, either in the short-term, or more permanently. Clinicians and doctors need to advise consumers whether they should report their mental illness diagnosis to VicRoads. Austroads states:

In all States and Territories, legislation requires a driver to advise their driver licensing authority of any long-term or permanent injury or illness that may affect their safe driving ability ...

Drivers may be liable at common law if they continue to drive knowing that they have a condition that is likely to adversely affect safe driving. Drivers should be aware that there may be long-term financial, insurance and legal consequences where there is failure to report an impairment to their driver licensing authority (Austroads 2016, p. 17).

Where a mental illness is likely to be long-term, it is important for clinicians to advise consumers and family/carers:

- that the consumer is required by law to report the mental illness and any other reportable conditions to VicRoads, via the VicRoads *Medical report* completed by their general practitioner, and the VicRoads *Psychiatric report* completed by their psychiatrist
- that the consumer should check their insurance policy carefully, to determine if they are required to notify their motor vehicle insurance company of their mental illness and any other reportable conditions (Unsworth 2010). In the event of a crash, insurance coverage may be compromised if their insurance company has not been advised. If driving a family member's car, the consumer needs to be nominated on family member's policy
- that the consumer's mental illness is likely to affect their ability to drive safely at times of relapse
- experiencing a mental illness may at times compromise their ability to drive safely, and that they are not fit to drive when acutely unwell
- it is their responsibility to make sure that they are well enough to drive safely.

The national standards for commercial vehicle drivers are more stringent than private vehicle driver standards. Commercial standards are applied to drivers of heavy vehicles, drivers applying to carry public passengers (eg taxi drivers, bus drivers, chauffeurs, drivers of small buses) and drivers authorised to carry bulk dangerous goods. The stricter commercial standards reflect the increased risks and potential for more severe consequences in the event of a crash involving commercial vehicles. A person who does not meet the commercial vehicle medical standards may still meet the private standards for a driver's licence (Austroads 2016, p. 21).

THE TREATING DOCTOR: ASSESSING FITNESS TO DRIVE

The treating doctor is required to assess the consumer's medical suitability to drive by referring to the national *Assessing fitness to drive commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines* (Austroads 2016) of which all treating doctors should have a copy of. If a consumer has a mental illness as well as a substance use condition and/or a physical health condition such as diabetes, then the treating doctor will need to refer to the medical standards on licensing for psychiatric conditions as well as the medical standards for licensing on substance use disorders or diabetes, and integrate the clinical information.

In this document, the national medical standards for licensing include:

- psychiatric conditions (p. 17)
- alcohol and other substance use disorders (p. 31)
- dementia and other cognitive impairments (p. 33).

Once VicRoads has received information that indicates a concern about a consumer's ability to drive safely (either via the consumer or a concerned family member, carer or professional), VicRoads is obliged to investigate. VicRoads will request that the consumer provide a medical and psychiatric report, if they have not done so already. Once the VicRoads *Medical report* and *Psychiatric report* have been considered by VicRoads, the consumer may be required to:

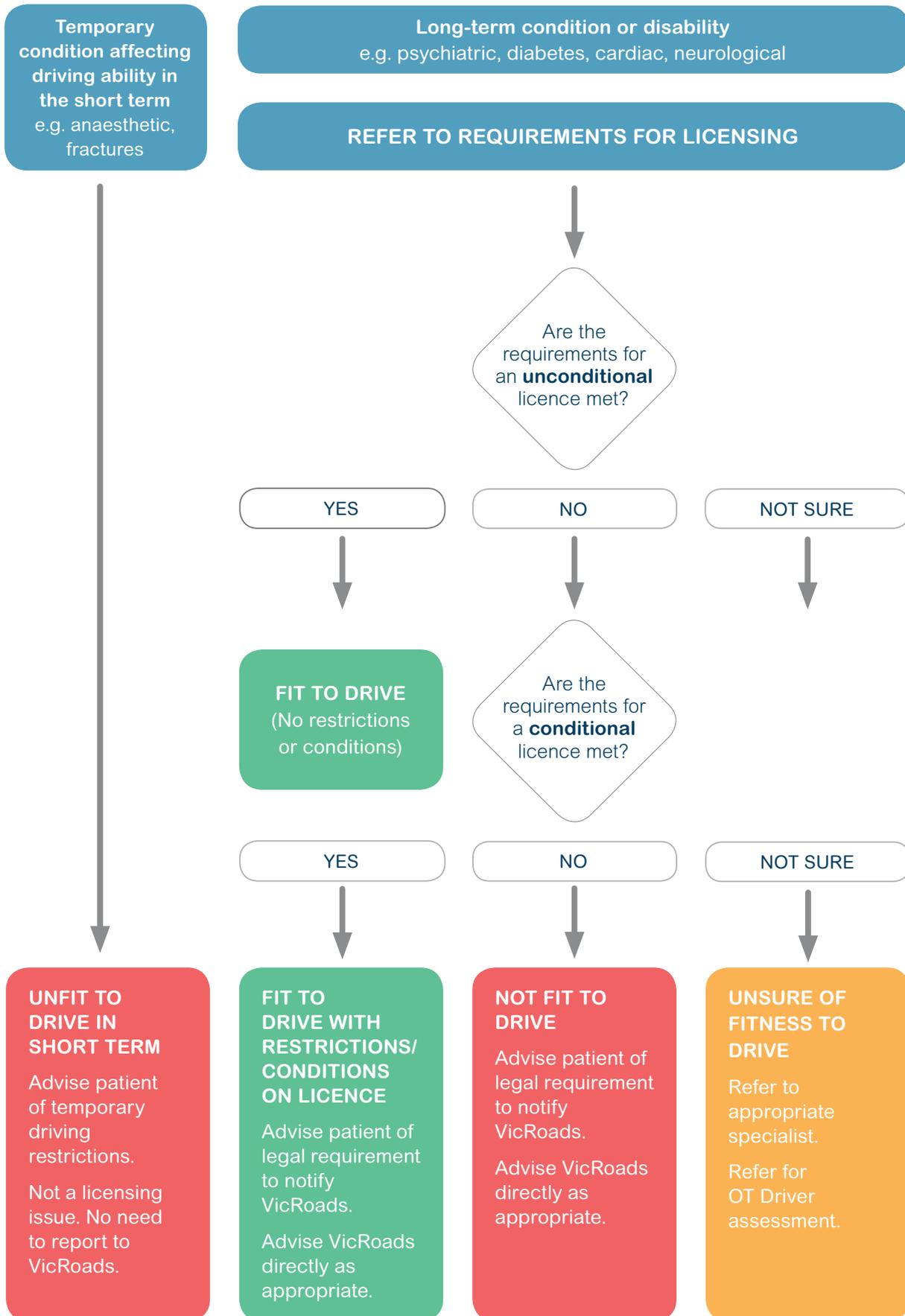
- obtain other opinions regarding their medical or vision status
- undergo a VicRoads review driving test
- undergo an OT driver assessment.

In terms of assessing fitness to drive for a consumer of public mental health services, the consumer's general practitioner needs to complete the VicRoads *Medical report*, and the psychiatrist or psychiatric registrar needs to complete the VicRoads *Psychiatric report*. Ideally, both completed reports should be sent to VicRoads together. The process of assessing fitness to drive is outlined in Austroads 2016 (pp. 29–32).

The steps in the assessment and reporting process are:

- 1 consider the type of licence held or applied for (eg private or commercial car, truck, bus, taxi)
- 2 establish relevant medical and driving history
- 3 undertake a clinical examination
- 4 consider the clinical examination results in conjunction with the consumer's medical history, driving history and driving needs
- 5 inform and advise the consumer
- 6 report to the driver licensing authority as appropriate
- 7 record keeping
- 8 follow-up.

FIGURE 1 MEDICAL DECISION-MAKING PROCESS FOR ASSESSING FITNESS TO DRIVE



(AUSTROADS 2016, P. 26)

TABLE 1 MEDICAL STANDARDS FOR LICENSING PSYCHIATRIC CONDITIONS

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
Psychiatric conditions	<p>Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or requiring a dangerous goods driver licence.</p> <p>A person is not fit to hold an unconditional licence if the person has a chronic psychiatric condition of such severity that it is likely to impair insight, behaviour, cognitive ability or perception required for safe driving.</p> <p>A conditional licence may be considered by the driver licensing authority subject to periodic review, taking into account the nature of the driving task and information provided by the treating doctor as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the condition is well controlled and the person is compliant with treatment over a substantial period, and • the person has insight into the potential effects of their condition on safe driving, and • there are no adverse medication effects that may impair their capacity for safe driving, and • the impact of comorbidities has been considered (eg substance abuse). 	<p>Drivers of heavy vehicles, public passenger vehicles or requiring a dangerous goods driver licence.</p> <p>A person is not fit to hold an unconditional licence if the person has a chronic psychiatric condition of such severity that it is likely to impair insight, behaviour, cognitive ability or perception required for safe driving.</p> <p>A conditional licence may be considered by the driver licensing authority subject to periodic review, taking into account the nature of the driving task and information provided by a psychiatrist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the condition is well controlled and the person is compliant with treatment over a substantial period, and • the person has insight into the potential effects of their condition on safe driving, and • there are no adverse medication effects that may impair their capacity for safe driving, and • the impact of comorbidities has been considered (eg substance abuse).

It can be useful to give a copy of this page from Austroads 2016 (p. 110), to consumers.

VICROADS' PSYCHIATRIC REPORT

The VicRoads' *Psychiatric report* form can be downloaded from the VicRoads website (Publications and forms). This report asks for the following information.

- What is the consumer's licence permit type: car, motorcycle or light truck; bus or truck; marine, personal water endorsement?
- What is the consumer's licence permit status: current or applying for?
- Do you know the relevant history of the consumer? Yes or No.
- How long has the consumer been treated by the psychiatrist or the psychiatric registrar. (It is also advised to add how long the consumer has been treated by the mental health service as this is often significantly longer than treatment by the psychiatrist.)
- Is the consumer currently being treated or do they have a history of being treated for a mental illness or psychiatric condition? If yes, specify the nature of the disorder.
- Has the consumer been hospitalised? If so, what was the hospital's date of admission and discharge?
- Is the consumer taking medication? Yes or No. Specify medication.
- Does the medical condition have any effect on fitness to drive?
- How might the consumer's driving ability be effected by the condition or treatment, and what are the likely side effects? Are there are processes in place to reduce impact on driving, eg no driving after taking medication, family members hold car keys, etc.
- Does the consumer need an on road driving test (OT driver assessment)? Yes or No. What is the rationale?
- Should a consumer continue to drive pending the outcome of a driver assessment? Yes or No.
- Should any restrictions be applied to the patient's driving? For example, only drive in local area 15 km radius, no freeway driving, comply with treatment, no night time driving, etc.
- Are any further examinations required? For example, an annual periodic review for fitness to drive.
- Does the consumer meet the national medical standards to hold a licence or permit to drive a car, light truck and motorcycle? Yes or No.
- Does the consumer meet the national medical standards to hold a licence or permit to drive a heavy truck or bus? Yes, No or Not applicable (NA).
- Is the consumer fit to operate a water vessel safely? Yes, No or Not applicable.

When the doctor assesses a consumer to be medically fit to drive, but has concerns about the impact of the consumer's illness on driving skills and their capacity to drive safely, the doctor is encouraged to suggest a comprehensive driver assessment by an OT. This is the recognised gold standard.

An OT driver assessment will assess the impact of the illness on driving skills, including judgement, decision-making skills, observation and vehicle handling. For further information on OT driver assessment, see [Chapter 19 Occupational therapy driver assessment](#), p. 36.

A functional assessment by an OT of a consumer's overall functioning (eg, personal, mobility, community) can be useful to suggest a general capacity for driving.

If the doctor has any doubts about the information required, or wishes to discuss the case personally, they are encouraged to contact VicRoads Medical Review panel on TEL 9854 2407.

VICROADS' MEDICAL REPORT

The VicRoads' *Medical report* form can be downloaded from the VicRoads website (Publications and forms). This report requires the following information to be completed by the consumer's general practitioner.

- What is the consumer's visual acuity? Is it aided or unaided?
- Does the patient have any of the following conditions? All conditions that apply must be checked, and details provided.
 - cardiovascular
 - diabetes
 - epilepsy
 - mental or psychiatric disorder
 - musculoskeletal
 - neurological
 - other (eg blackouts, cancer, dizziness, HIV or AIDS, metabolic or endocrine, excessive use of alcohol or drugs; hearing, liver, renal, respiratory, sleep, syncope or vestibular disorders)
 - visual problems.
- Specify any medical conditions and indicate how driving ability may be affected by the medical condition. Provide clinical data, final diagnosis and current treatment, including medications and any likely side effects.
- Are further examinations required?
- Is an on road driving test required to determine fitness to drive? Yes or No
- Does the consumer meet the national medical standards to hold a licence or permit to drive a car, light truck or motorcycle? Yes or No.
- Does consumer meets the national medical standards to hold a licence or permit to drive a heavy truck or bus? Yes, No or Not applicable.
- Is the consumer fit to operate a water vessel safely? Yes, No or Not applicable.

VICROADS: DRIVER OUTCOMES AFTER CONSIDERATION OF A MEDICAL AND PSYCHIATRIC REPORT

VicRoads can suspend or cancel a consumer's licence if they:

- are medically unfit to drive
- fail to provide a report
- fail to undergo a driving test
- fail a driving test
- fail an OT driver assessment.

If VicRoads suspends a consumer's licence, VicRoads will advise the consumer in writing. The steps to regain a licence will vary. For example, if the consumer was found to be medically unfit, then they will need to provide a favourable medical report. If the consumer failed a driving test or an OT driver assessment, or did not do one when requested, then they will need to pass a driving test and/or an OT driver assessment to regain their licence.

RESOURCES

The following VicRoads resources are useful written information to provide to consumers and family/carers on this issue:

- *Assessing your fitness to drive* brochure
- *Driving and your health: your questions answered* resource.

LEGISLATION RELATING TO REPORTING BY HEALTH PROFESSIONALS

Doctors and other health professionals are protected by legislation if reporting in good faith.

- Section 27(4) of the *Road safety act 1986* provides indemnity to any person who carries out a test or assessment and provides VicRoads with an opinion on the basis of this test or assessment.
- Section 27(5) of the *Road safety act 1986* provides indemnity to any person who in good faith, gives information to VicRoads that confirms or suggests that a person is unfit to drive or that it may be dangerous for that person to hold a driver licence or a learner permit (VicRoads & OT Australia Victoria 2008, p. 17).

RISK ASSESSMENT AND DRIVING

Driving can be a significant risk issue to self and others. A car crash has the capacity to kill, harm and damage property, and has subsequent legal actions for the driver. Reported cases of driver suicides are a small proportion of total traffic deaths, but are probably under estimated (Routley, Staines, Brennan, Haworth & Ozanne-Smith, 2003) and thought to account for between 1–7 % of road fatalities (Milner & De Leo 2012). For NWMH 2010–2016 suicide data, 2% of suicides were via single car accidents. In addition to suicidality, mental or emotional state, aggressive driving behavior, drug and alcohol use, and physical vulnerabilities can impact on driving risk.

Clinicians are required to conduct and document risk assessments at key transition points.

As driving can pose such a potential risk to the consumer and others, it is important that all clinicians consider driving risk for all of their consumers.

Risk is the 'likelihood of an adverse outcome' (Flewett 2010, p. 18). Risk is not constant, but can change daily and even hourly. The likelihood of risk behaviour will fluctuate with time, context and interventions. When assessing risk, it is important to assess the static factors which refer to enduring, stable or historic factors, and the dynamic factors which refer to current or variable factors (Flewett 2010).

The following are some examples of how to include assessment of driving risk as part of routine risk assessment (Austroads 2016, pp. 107–9).

RISK TO SELF/SELF-HARM

SUICIDALITY

- Has the consumer expressed ideas of suicide with methods that involve a car? For example, driving into a tree; driving into incoming traffic; carbon monoxide poisoning?
- Does the consumer's suicidal ideation manifest in reckless driving?

RISK TO OTHERS

AGGRESSION

- Does the consumer have a history of road rage?
- Does the consumer drive aggressively? For example, do they cut in front of others, tailgate, have little tolerance of slow drivers?
- Has the consumer expressed thoughts to harm others via a car crash?

MENTAL STATE

MOOD AND AFFECT

- Is the consumer depressed, manic or anxious? Is this likely to affect their driving skill?

THOUGHT FORM, STREAM AND CONTENT

- Does the consumer have delusional beliefs that interfere with driving? For example, does the consumer hold persecutory beliefs that may include being followed and result in erratic driving; or grandiose beliefs that may result in extreme risk taking?

PERCEPTION

- Does the consumer have hallucinations that distract attention, concentration or are preoccupying or may influence behaviour?

COGNITION

- Does the consumer have an impaired cognitive state such as:
 - reduced cognitive and perceptual processing speeds, including reaction time
 - reduced ability to perform in complex conditions, such as when there are multiple distractions
 - disturbances in attention, information processing and judgement, including reduced ability to anticipate?

INSIGHT

- Does the consumer recognise when they are unwell, and subsequently self-limit their driving?

JUDGEMENT

- Does the consumer have impaired judgement about their driving skills and associated recklessness?

GENERAL VULNERABILITY

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

PHYSICAL VULNERABILITY

- Does the consumer have any medical conditions, which may affect driving? For example, diabetes, epilepsy, etc?
- Does the consumer experience medication side-effects that may affect their ability to drive? For example, drowsiness, altered muscle tone, blurred vision, involuntary movements, tremor, Parkinsonism, or restlessness?
- Does the consumer experience sleep disturbance and fatigue?

HISTORY OF RISK

- Has driving risk been currently or historically addressed in the consumer's treatment and management plan?

DRIVING RELATED RISKS THAT WOULD TRIGGER A REPORT TO VICROADS

In Victoria there is no legal obligation to report to VicRoads, a driver suspected to be unfit to drive. However,

Assessing fitness to drive guidelines recommend that where it is likely that a condition or treatment liable to affect safe driving performance will last more than 28 days, the licensing authority be notified if the patient (consumer) is driving, or is not compliant with advice not to drive (VicRoads & OT Australia Victoria, 2008, p. 22).

The health professional should consider reporting directly to the driver licensing authority in situations where the patient (consumer) is either:

- unable to appreciate the impact of their condition
- unable to take notice of the health professional's recommendations due to cognitive impairment
- continues driving despite appropriate advice and is likely to endanger the public (Austroads, 2016, p. 17).

BREACHING CONFIDENTIALITY

It is preferable that any action taken in the interest of public safety should be taken with the consent of the consumer whenever possible. Action should certainly be undertaken with the consumer's knowledge of the intended action.

On occasion, a consumer's right to confidentiality may need to be breached if their fitness to drive presents a significant risk to self or others.

The national medical guidelines advise that:

- in making a decision to report directly to the driver licensing authority (VicRoads) it may be useful for the health professional to consider:
- the seriousness of the situation (ie the immediate risks to public safety)
- the risks associated with disclosure without the individual's consent or knowledge, balanced against the implications of non-disclosure
- the health professional's ethical and professional obligations
- whether the circumstances indicate a serious and imminent threat to the health, life or safety of any person (Austroads, 2016, p. 18).

Police, family/carers and VicRoads may need to be notified if there is a significant imminent risk.

RELEASE OF INFORMATION

All drivers have the right to request information from VicRoads under the Freedom of Information provisions. VicRoads needs to obtain clearance from the author(s) of medical and OT reports before releasing the information of the report.

Information given in confidence and notifications of concern by community or family members is exempt under these provisions. This information is not provided to the applicant seeking the information (VicRoads & OT Australia, 2008).

9 ACUTE PHASE OF CARE

When a consumer is experiencing an acute episode of mental illness (eg psychosis, moderate-severe depression or mania) continuing to drive poses substantial risks.

Whilst experiencing an acute episode, consumers are not fit to drive private and commercial vehicles. The clinician and doctor should advise the consumer ‘not to drive until their condition has stabilised and a decision can be made regarding their future licence status. This is particularly relevant to commercial vehicle drivers’. (Austroads, 2016, p. 109). This should be documented in the consumer’s file.

Psychotic episodes typically last for 12–16 weeks and functional recovery often lags behind this by an additional 12–16 weeks.

For consumers experiencing an acute episode of a psychotic disorder, they should be advised **not to drive for approximately 3 months**. Ideally **within 4–6 weeks, a discussion should take place between the treating doctor and the consumer** after a review of fitness to drive. At this review the doctor should discuss whether the time period for driving abstinence will be brought forward, remain or need to be extended. **The consumer can return to driving when assessed as fit to drive by their treating doctor.**

Driving should also be considered in the clinical risk assessment process.

TRANSPORTING TO AN ACUTE PSYCHIATRY INPATIENT FACILITY

When a clinical decision has been made to admit a consumer to a psychiatry inpatient unit either with a voluntary or involuntary status, the consumer is not permitted to drive their vehicle to the inpatient unit.

If the consumer’s vehicle is at the community mental health facility, arrangements will need to be made for the consumer’s family member, carer or friend to remove the vehicle.

WHILST AN INPATIENT IN AN ACUTE PSYCHIATRY FACILITY

All consumers within the NWMH psychiatry units should be advised not to drive whilst an inpatient and when on day or overnight leave.

Upon admission, it is important for the admitting nurse to ask the consumer if they drove their vehicle to the Psychiatry Inpatient Unit. If the consumer has a vehicle at a NWMH psychiatry unit they need to be advised of the following.

- Consumers are **not** permitted to drive their vehicles whilst an inpatient of NWMH.
- The service will not take responsibility for the safekeeping of a vehicle, nor responsibility for the parking costs or fines incurred. This needs to be clearly explained to the consumer and the discussion recorded in their medical file.
- The consumer will be asked if there is a family member, carer or friend that can remove the vehicle for the duration of the admission.
- In the event of the above not being possible, then the consumer will be asked to hand in the vehicle keys with details of the registration number of their vehicle.
- Keys will be stored securely in the unit safe. A receipt must be given to the consumer.
- All movements regarding either the vehicle or its keys must be clearly documented in the consumer's medical file.

If the consumer intends to resume driving following discharge, fitness to drive should be reviewed by the treating doctor prior to discharge. After a short inpatient admission (eg less than 2 weeks) a consumer experiencing a psychotic episode is very likely **not fit to drive at time of discharge and should be advised not to drive for approximately 3 months.**

The consumer is not to return to driving until assessed as fit to drive by their community-based treating doctor.

WHILST EXPERIENCING AN ACUTE EPISODE IN THE COMMUNITY CONTEXT

Some consumers will automatically cease driving when acutely mentally unwell. Others will need to be advised **not** to drive, and this should be recorded in their medical record.

Some strategies to support a consumer to cease driving when unwell, may include the following.

- Asking a consumer to sign a document to confirm that they received the advice to cease driving whilst mentally unwell. Copies may be provided to family/carers.
- Discussing with the family/carers that the consumer is unfit to drive and providing strategies to help the family/carers manage this situation.
- Checking and documenting the consumer's vehicle's odometer reading.
- Taking the vehicle keys from the consumer to prevent them from driving if there is a serious and imminent risk.
- Home visiting the consumer or providing or organising other transport to appointments and regular activities (eg taxi vouchers, MET cards).

It is necessary to advise the consumer and family/carers when the treating doctor makes an assessment that the consumer is fit to drive again—a step that can be forgotten.

It is also very important to document this in the consumer's medical record.

PREVENTION AND RECOVERY CARE SERVICES

Prevention and recovery care (PARC) services provide short-term supported residential services for consumers who are becoming unwell or are still recovering from an acute illness. Due to the target group for PARC, most consumers admitted to PARC will be in a subacute phase of care. Therefore, most consumers are likely to be assessed prior to their admission as not fit to drive, and thus not be able to drive during their PARC admission. Prior to admission to PARC, it is vital to assess if the consumer has a vehicle and a current driver's licence. If they are a current driver and have not temporarily ceased driving, then they will need to be assessed for fitness to drive by the treating doctor.

If assessed as fit to drive and if the consumer wishes to drive during their stay at PARC, then an agreement regarding the use of the vehicle, including parking arrangements, will need to be made between the consumer and PARC manager. Any changes to the consumer's mental or physical state will need to be reviewed by the treating doctor in relation to the consumer's fitness to drive, and discussed with the PARC manager and consumer.

RESIDENTS OF NWMH SERVICES

COMMUNITY CARE UNIT

When a consumer is admitted to a community care unit (CCU), it is vital to assess if the consumer has a vehicle and a current driver's licence. If they identify as a current driver and intend to drive whilst a resident of CCU, then the following will need to be considered:

- assessment of fitness to drive by the treating doctor
- consumer and family awareness of issues and concerns related to driving
- the need for an OT driver assessment.

If assessed as fit to drive, then an agreement regarding the use of the vehicle will need to be made between the consumer, their key clinician and treating doctor. The agreement will also address the safekeeping of the vehicle whilst a resident at the CCU.

ADULT MENTAL HEALTH REHABILITATION UNIT AND AGED CARE FACILITY

Adult mental health rehabilitation unit (AMHRU) provides medium to long-term residential treatment and recovery for consumers who have unremitting and severe symptoms of mental illness with multiple and complex needs, which are unable to be met by standard programs and services. An aged person's mental health program provides specialist and generic residential services for aged mental health consumers.

When a consumer is admitted to AMHRU or an aged care facility (ACF), it is vital to assess if the consumer has a vehicle and a current driver's licence. If they identify as a current driver and intend to drive whilst an inpatient of AMHRU or a resident of an ACF, then the following will need to be considered:

- assessment of fitness to drive by the treating doctor
- consumer and family awareness of issues and concerns related to driving
- the need for an OT driver assessment.

Some consumers may raise driving as a goal. This needs to be considered on an individual basis, and the appropriateness of this goal to be pursued during admission at AMHRU or whilst residing at an ACF.

12 TREATMENT AND DRIVING

MEDICATION

When new medication is commenced or changes to 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. Therefore, the risk of drowsiness is greatest early in treatment or during dosage increases. 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 the time or straight after taking the medication.

Depending on the treatment prescribed, the treating 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 by the treating doctor as fit to drive, the consumer may recommence driving.

Consumers and family/carers should be made aware that some medications can make consumers:

- drowsy or tired
- dizzy, light headed or faint
- confused or have poor concentration
- shaky, unsteady or experience a tremor
- nauseous
- have blurred or double vision.

Negative effects of medication on driving performance can include:

- Parkinsonism
- tardive dyskinesia (involuntary movements)
- dystonia (twisting movements caused by increased muscle tone)
- akathisia (increased restlessness)
- slowed reflexes and increased reaction time
- impaired coordination of upper and lower limbs
- impaired visual-motor integration
- decreased attention (particularly divided attention) and vigilance
- impaired eye tracking
- impaired decision-making

The effect of a medication on a consumer's driving may be greater if the consumer:

- has other medical conditions
- drinks alcohol at the same time
- uses illicit substances at the same time
- takes two or more medicines that have similar effects on driving
- commences a new medication;
- takes more than the prescribed dose of medicine;
- as the consumer becomes older;
- is tired
- is driving at night;
- is working shifts where normal sleep pattern is altered
- and as the consumer becomes older

For more information, doctors and clinicians should refer to

- Appendix C, p. 45. Common medications utilised to treat mental illness and the likely risk of causing impairment to driving skills
- Drugs and driving, Section 2.2.8, Austroads 2016, pp. 11–12.

RESOURCE

TAC pamphlet, 'Always ask if it's safe to drive when taking medicines. <http://www.tac.vic.gov.au/road-safety/safe-driving/older-drivers/driving-and-pharmacy-medications>

OLANZAPINE DEPOT IN THE COMMUNITY

When a consumer is receiving olanzapine depot there is a rare but serious side effect of post-injection syndrome.

Whilst being treated in the community, the consumer will be advised not to drive until they have had a night's sleep after receiving the olanzapine depot.

ELECTROCONVULSIVE THERAPY (ECT)

Usually ECT is prescribed whilst consumers are inpatients, however at times consumers residing in the community may be receiving a course of maintenance ECT. To perform the ECT, a short general anaesthetic is provided.

General management guidelines state that following 'procedures with short-acting anaesthetic drugs, the patient (consumer) may be fit to drive after a normal night's sleep'. (Austroads 2016, p. 9).

Outpatients receiving ECT are not to drive themselves home after being given an ECT treatment, and should not drive until they have had a night's sleep.

A common side effect from receiving ECT is the experience of cognitive side effects (eg short-term memory loss). If a consumer is experiencing cognitive side effects, the consumer will need to stop driving whilst having a course of ECT, and need to be assessed as fit to drive by their treating doctor before resuming driving. If a consumer experiences ongoing cognitive deficits, then an OT driver assessment will be required.

KEY CLINICIAN AND THERAPY SESSIONS

Emotional state can seriously affect driving ability (AAMI 2008), thus it is important to assess the consumer's emotional response to a treatment session. During a medical review, key clinician session, group or therapy session, a consumer may develop a strong emotional response (eg significant distress or anger). It is important at these times for the clinician to check if the consumer drove to the appointment. If so, then it is vital to check that the consumer is fit to drive home.

If the consumer has a strong emotional response, then the consumer may need to be advised to:

- have a walk for 30 mins to 1 hour to manage their emotions and become calm before driving home
- use self-soothing strategies to assist in managing their emotional response
- sit and talk about their feelings
- find alternative ways to get to their future appointments (eg public transport, get a lift).

13 THE CONSUMER'S DRIVING-RELATED GOALS

Clinicians are required to develop a recovery and wellness plan outlining the consumer's needs and goals. This may be done through collaboration between the consumer, family/carers and the health team. Through this process, consumers may identify the desire to achieve driving-related goals. Some examples may include the consumer:

- wanting to obtain a Learner or Probationary licence
- wanting to resume driving
- having a vocational goal which requires a driver's licence
- having a vocational goal which requires a commercial or heavy vehicle driver's licence (eg bus, taxi, truck licence)
- managing the impact of cessation of driving (through self-limitation, loss or suspension of license) with daily activities, including exploring and learning to use other mobility options (eg public transport).

Once the goal is identified, the plan is determined in collaboration with the consumer and family/carers. The plan outlines simple goals, strategies, responsibilities for task completion and timelines. Strategies will vary depending on the consumer's driving-related goal however, the first strategy for all driving-related goals is for the treating doctor to assess the consumer's medical suitability to drive by referring to the national standards (Austroads 2016).

FOR A CONSUMER WANTING TO OBTAIN A LEARNER OR PROBATIONARY LICENCE

For a consumer wanting to obtain a learner (Ls) or probationary (Ps) licence, the steps to achieving this may include:

Assessment	<ul style="list-style-type: none">• the treating doctor must assess if the consumer is fit to drive and meets the Austroads (2016) criteria.
Information and education	<ul style="list-style-type: none">• on the potential impact of the consumer's mental illness on their driving skills• on the need to advise VicRoads of the consumer's existing medical condition• on the possibility of needing an OT Driver assessment to assist with getting a licence.

RESOURCES

- VicRoads' road law handbooks available in different languages.
- VicRoads' road law practice tests online.
- Community short course to assist with passing Ls.
- Driving lessons with a qualified driving instructor.
- Family support to provide driving practise and support.
- VicRoads' program to support attainment of 120 hours of supervised driving Ls to Ps.
- DriveSmart is an interactive program that helps to become a better, safer driver in preparation for getting a licence. The program goes through a range of driving scenarios and quizzes, to test safe driving judgements. It will also help improve hazard perception, scanning and concentration skills.
- The *Road to Solo driving handbook* helps the learner prepare for the learner permit knowledge and driver licence tests. The learner kit provides essential information for the learner and their supervising driver.

FURTHER INFORMATION

- Download the fact sheet *Staying safe on the roads: tips for young people*
- *Going solo Melbourne*, Monash University Accident Research Centre (MUARC), 2007
- *Learner driver resources*, Transport Accident Commission (TAC)
- *Your learner handbooks*, VicRoads
- *Now your teenagers need to know about drink driving*, Australian Transport Services Bureau (ATSB)

FOR A CONSUMER WANTING TO RESUME DRIVING

The strategies to resume driving will vary depending on whether the consumer's licence was suspended, cancelled, if they have not renewed their licence, or if they chose not to drive for a period of time. Steps to achieving this goal may include:

Assessment

- assessing why the consumer has not been driving for a period of time (eg licence suspension, cancellation, not medically fit to drive or no access to a car)
- if a consumer has not held a licence or it has been suspended for over five years, they will be required to re-apply for a licence, and complete the learners test
- conducting a driving history (see [Chapter 4 Screening for driving](#), p. 7–9)
- consulting with the consumer's family/carers regarding their experience of the consumer as a driver
- exploring current driving needs. (eg Do they have a car? Do they want a licence for identification? Do they want a job that involves driving?)
- treating doctor to assess if the consumer is fit to drive
- considering if the consumer needs an OT Driver assessment.

Information and education

- on the potential impact of their mental illness on their driving skills
 - on the need to advise VicRoads of their existing medical condition
 - on undergoing a medical review process.
 - on licence provision
 - on the requirement of an annual or regular medical fitness to drive review by the treating doctor.
-

FOR A CONSUMER WHO HAS CEASED DRIVING

Strategies to assist the consumer who has ceased driving, may include:

Assessment

- assessing the transport needs of the person and their dependents (eg social, family, leisure, vocational needs)
- assessing the person's ability to use alternative forms of transport (eg public transport, bicycle, walking)
- assessing the person's support network and financial position to assist in providing transport alternatives.

Education, support and training

- awareness of alternative transport options and selection of suitable ones
 - assistance to learn or refamiliarise using public transport
 - assistance to obtain a bicycle and learn road safety rules.
-

14 PHYSICAL HEALTH COMORBIDITIES

A range of other health conditions can also compromise driving ability. Conditions such as blackouts, cardiovascular disease, diabetes, musculoskeletal conditions, neurological conditions (such as epilepsy), vision problems, and sleep disorders may affect safe driving. When a consumer also has a physical health condition, then the clinician and doctor should refer to the relevant section in Austroads 2016.

VicRoads requires a VicRoads' *Medical report* to be completed by the consumer's treating general practitioner, to confirm that no other physical comorbidities compromise the consumer's driving ability. It is best if the VicRoads' *Medical report* and VicRoads' *Psychiatric report* are sent in together to VicRoads.

RESOURCES

VicRoads has brochures that address the health conditions of diabetes, glaucoma, seizures, and sleep apnoea (Di Stefano 2011).

15 COGNITIVE DEFICITS

Some people with mental illness experience associated cognitive impairments. A wide range of cognitive and perceptual impairments may compromise safe driving. Table 2 outlines how a consumer’s specific difficulties in cognition may impact on their driving skills. If consumers experience any cognitive deficits on an ongoing basis, then an OT Driver assessment is required.

TABLE 2 HOW COGNITION CAN IMPACT ON SAFE DRIVING?

CAPACITY	EXAMPLES OF BEHAVIOUR AND THE IMPACT ON SAFE DRIVING
attention	May be easily distracted by self or others, fail to notice road signs or signals or have difficulty dividing attention or multitasking.
concentration	Performance may deteriorate over a period of time.
praxis	Difficulty in sequencing and planning movement or performing motor tasks on command (eg coordinating steering with accelerator control).
thought processing	Slowness to take in what is occurring in the driving environment around the vehicle, and difficulties with understanding how to respond via suitable driving actions.
behaviour	May be erratic, impulsive or inappropriate (including being abusive to other road users, low frustration tolerance).
memory and learning	Unable to recall procedures, retain instructions, modify driving behaviours or remember familiar routes.
insight	Inability to understand impact of driving behaviours on safety of self and others.
planning and problem solving	Difficulty anticipating and responding to hazards including thinking of suitable alternatives and determining a course of action, and inability to plan routes.
decision-making	Unable to choose between action responses and to respond in a timely and coordinated manner.
perception	Inaccurate judgement of distances (eg choosing safe gaps in the traffic flow, difficulty with parking).
fatigue	Movements, coordination (and thought processing) may be less timely, or become inaccurate after a period of time.

(VicRoads & OT Australia Victoria 2008, p. 48).

16 SUBSTANCE USE AND DRIVING

People with a substance use disorder have an elevated risk of death via motor vehicle accident (Callaghan, Gatley, Veldhuizen, Lev-Ran, Mann & Ashbridge 2013). A high proportion of NWMH consumers experience dual diagnosis: mental illness as well as a co-occurring substance use disorder. Consumers with a dual diagnosis are:

... likely to be at a higher risk and warrant careful consideration. Assessment of the consumer should seek to identify the potential relevance of:

- problematic alcohol consumption
- use of illicit substances
- prescription drugs.

(Austroads 2016, p. 109).

Clinicians and doctors should refer to the Austroads 2016 section on substance use (pp. 117–22) when assessing fitness to drive. See [Table 3, p. 32](#).

In Victoria, it is an offence to drive while under the influence of, or while impaired by any drug which makes the driver incapable of having proper control of the vehicle. This includes both legal and illegal drugs. It is important for the clinician and/or treating doctor to advise the consumer not to drive whilst drug or alcohol affected and to provide information on the impact of drugs and alcohol on driving skills.

The effects of alcohol and other drugs may make it difficult for a person to accurately assess how much their driving skills are affected. It is important to advise consumers to avoid driving if they are:

- currently intoxicated
- in acute withdrawal
- feeling dizzy or light-headed
- unable to think clearly
- edgy
- nauseous or otherwise unwell
- drowsy or tired.

If consumers intend to use alcohol or other drugs and need to travel, advise consumers of the following strategies to plan ahead:

- organise a driver who will not be using any alcohol or other drugs
- arrange to be picked up
- use public transport or a taxi
- arrange to stay overnight.

It is important to remember that alcohol and drugs can continue to affect a person the next day. Fatigue, hangovers and 'coming down' can also impair a person's driving ability.

TABLE 3 MEDICAL STANDARDS FOR LICENSING—ALCOHOL AND OTHER SUBSTANCE USE DISORDERS

CONDITION	PRIVATE STANDARDS Drivers of cars, light rigid vehicles or motor-cycles unless carrying public passengers or requiring a dangerous goods driver licence	COMMERCIAL STANDARDS Drivers of heavy vehicles, public passenger vehicles or requiring a dangerous goods driver licence
Substance use disorder	<p>A person is not fit to hold an unconditional licence:</p> <ul style="list-style-type: none"> if there is an alcohol or other substance use disorder, such as substance dependence or heavy frequent alcohol or other substance use that is likely to impair safe driving. <p>A conditional licence may be considered by the driver licensing authority subject to periodic review, taking into account the nature of the driving task and information provided by the treating doctor as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the person is involved in a treatment program and has been in remission* for at least one month, and there is an absence of cognitive impairments relevant to driving; and there is an absence of end-organ effects that impact on driving. <p>* Remission is attained when there is abstinence from use of impairing substance/s or where substance use has the reduced in frequency to the point where it is unlikely to cause impairment. Remission may be confirmed by biological monitoring for presence of drugs.</p>	<p>A person is not fit to hold an unconditional licence:</p> <ul style="list-style-type: none"> if there is an alcohol or other substance use disorder, such as substance dependence or heavy frequent alcohol use or other substance use that is likely to impair safe driving. <p>A conditional licence may be considered by the driver licensing authority subject to periodic review, taking into account the nature of the driving task and information provided by an appropriate specialist (such as an addiction medicine specialist or addiction psychiatrist) as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the person is involved in a treatment program and has been in remission* for at least three months, and there is an absence of cognitive impairments relevant to driving; and there is an absence of end-organ effects that impact on driving. <p>* Remission is attained when there is abstinence from use of impairing substance/s or where substance use has the reduced in frequency to the point where it is unlikely to cause impairment. Remission may be confirmed by biological monitoring for presence of drugs.</p>

It can be useful to give a copy of this page from Austroads (2016, p. 121) to consumers.

RESOURCES

The Pharmaceutical Society of Australia's 'Medicines and driving' (2014) is useful written information to provide to consumers and family/carers on the interaction between medication and alcohol, and how some medicines may increase the effects of alcohol.

The Australian Drug Foundation website has useful drugs and driving information. Specific information can be found and printed for alcohol, amphetamines, cannabis, cocaine, ecstasy, heroin and other opioids. For each drug, information is provided on:

- the effects of the drug on driving skills
- the range of factors that influence the effect for each person
- the general guide on likely length of time the drug will affect a person's driving ability
- the length of time the drug can be detected by devices used in Victoria's random roadside saliva testing or random breath testing
- safer driving tips
- legal information.

The VicRoads website provides a range of links including links to drink driving and drug driving courses.

17 DEMENTIA

A significant proportion of individuals referred to the NWMH Aged Person’s Mental Health Program have a diagnosis of dementia. In a review of the literature, Lloyd et al (2001) cited several studies (Lucas-Blaustein et al 1988; Gilley et al 1991; Lipiski 1997) which found that over 30% of individuals with a diagnosis of dementia will have at least one accident before they cease driving. The Australian and New Zealand Society for Geriatric Medicine in their position statement on driving and dementia (2009, p. 1) state:

It is accepted that people with moderate or severe dementia are unsafe to drive. However, some people in mild stages of dementia may drive safely, at least for a limited time after disease onset, which has been suggested to be up to three years.

Based on Australian research by Lovell and Russell (2005), it is recommended that consumers with a diagnosis of mild dementia have an OT driver assessment every six months, to identify deterioration in a consumer’s driving ability and when the consumer should be advised to cease driving. Clinicians and doctors should refer to the Austroads (2016) section on neurological conditions: dementia (pp. 76–82).

For consumers with dementia, to assist with coming to terms with the need to relinquish their licence and cease driving, the Dementia and Driving Decision Aid (DDDA) has been developed to involve consumers with dementia in difficult discussions around planning for driving cessation. This tool can be accessed via the University of Wollongong website. For more information on cessation of driving, see [Chapter 20 Cessation of driving, p. 39](#).

TABLE 4 MEDICAL STANDARDS FOR LICENSING-DEMENTIA AND OTHER COGNITIVE IMPAIRMENT

CONDITION	PRIVATE STANDARDS Drivers of cars, light rigid vehicles or motor-cycles unless carrying public passengers or requiring a dangerous goods driver licence	COMMERCIAL STANDARDS Drivers of heavy vehicles, public passenger vehicles or requiring a dangerous goods driver licence
Dementia	<p>A person is not fit to hold an unconditional licence if the person has a diagnosis of dementia.</p> <p>A conditional licence may be considered by the driver licensing authority subject to at least annual review, taking into account</p> <ul style="list-style-type: none"> • the nature of the driving task • information provided by the treating doctor regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, comprehension, reaction time or memory and the likely impact on driving ability; and • the results of a practical OT Driver assessment if required. 	<p>A person is not fit to hold an unconditional licence if the person has a diagnosis of dementia.</p> <p>A conditional licence may be considered by the driver licensing authority subject to at least annual review, taking into account</p> <ul style="list-style-type: none"> • the nature of the driving task • information provided by an appropriate specialist as to whether the following: visuospatial perception, insight, judgement, attention, comprehension, reaction time or memory and the likely impact on driving ability; and • the results of a practical OT Driver assessment.

(Austroads 2016, p. 80)

RESOURCES

The Alzheimer's Australia website has several useful resources for consumers who experience dementia on driving and their family or carers:

- *Information for people with dementia: driving*
- *Caring for someone with dementia: driving*
- *Dementia and driving: guide for families and carers.*

18 REVIEW DRIVING TEST

After considering a consumer's medical reports, VicRoads may determine that a review driving test is required. The review driving test is designed to test the safe driving ability of experienced drivers. **This test is not generally conducted for consumers who experience cognitive or perceptual impairments** (VicRoads & OT Australia Victoria 2008, p. 100).

The review driving test commences from the consumer's home. The consumer is asked to drive to places where they normally go and is tested on their ability to drive their usual routes. The test takes between 15–45 minutes depending on the amount of driving the consumer normally does.

The consumer is tested in a VicRoads car with dual controls. The tester will take control of the vehicle if an emergency or unsafe situation occurs.

After the consumer's review driving test, the VicRoads tester will discuss the consumer's performance and give them a copy of the drive test results. If the consumer passes the review driving test, then the consumer may be able to resume driving:

- unconditionally (retain full privileges)
- or with a conditional licence with some restrictions to the consumer's driving (eg restrictions on the location and time the person can drive, driving in non-peak hours only, drive only within specific radius from home).

If the consumer failed the first review driving test because they did something illegal or performed unsafe driving, then:

- the consumer's licence will be suspended
- a conditional driver licence will be issued, restricting the driver to only drive in the local area with a fully licensed accompanying driver (for 6 weeks only)
- further retest booked at approximately 4–6 weeks

If a consumer's licence is suspended for failing a test, it can be reissued at any time when the person passes the review test. If a review test is failed three times, an OT driver assessment is required.

RESOURCE

The VicRoads' medical review driving test is a useful resource for consumers and family/carers on this issue.

OCCUPATIONAL THERAPY DRIVER ASSESSMENT

NWMH DRIVER CONSULTATION AND ASSESSMENT SERVICE

Occupational therapy (OT) driver assessors provide many secondary consultations to support clinicians within NWMH to manage complex scenarios. They also provide driver assessments to a smaller cohort of consumers who present as fit to drive, but there are concerns about the impact of the consumer's illness on driving skills and doubts about the consumer's capacity to drive safely.

In 2016, 28 driver assessments for 26 consumers were audited. The most common diagnoses were psychotic disorders. The three main reasons for referral were licence suspension, voluntary cessation of driving and cognitive concerns. The majority of consumers (69%; n=18) passed both their off-road and on-road assessments (Dun & Hitch 2017).

WHO CAN PERFORM OT DRIVER ASSESSMENTS?

Only OTs who complete a driver assessment course can assess a consumer's ability to drive. They must have two years working experience prior to being trained. NWMH has trained OT driver assessors who can provide assessments to consumers of the Northern Area Mental Health Service, North West Area Mental Health Service, Inner West Area Mental Health Service, and Aged Persons Mental Health Program.

Consumers in other areas and programs of NWMH who require an OT driver assessment will need to be referred to a private OT Driver assessor. To obtain contact numbers of private OT driver assessors, refer to VicRoads website for the relevant region, or telephone VicRoads on 9854 2407.

COST OF OT DRIVER ASSESSMENTS?

The cost of the assessment will vary between OT driver assessors. When a NWMH OT driver assessor performs the assessment, the only cost payable at the time of the on-road assessment is approximately \$100 which covers the cost of using the driving instructor and their vehicle. When a private OT driver assessor service is utilised, the cost to the consumer will be significantly higher (eg approximately \$500–\$800).

Some consumers may be eligible for subsidised assessments if they are registered outpatients or clients of other public health facilities (eg Department of Veterans Affairs, the National Disability Insurance Scheme, the Transport Accident Commission).

Prior to the OT driver assessment, the consumer needs to be advised of the cost of the assessment. Discussion may need to take place regarding how the consumer will budget for the assessment.

WHEN IS AN OT DRIVER ASSESSMENT INDICATED?

Prior to referral for an OT driver assessment, the consumer needs to be assessed as fit to drive by their psychiatrist and general practitioner. The consumer needs to meet national medical standards (Austroads 2016) to hold a licence or permit to drive a car (eg VicRoads' Medical and Psychiatric reports).

Clinicians and treating doctors should consider referring a consumer for an OT driver assessment:

- if there are concerns that the consumer's driving skills may be affected by their medical condition and/or mental illness
- if the consumer experiences any cognitive deficits on an ongoing basis
- if the consumer experiences significant functional limitations
- if Vicroads has requested an OT driver assessment
- to help a consumer obtain a driver's licence.

The aim of the OT driver assessment is to assist consumers to begin, resume or continue safe driving. This always involves an off-road assessment and an on-road test.

PREREQUISITES FOR AN OT DRIVER ASSESSMENT

To be accepted for a NWMH OT driver assessment the following prerequisites are required.

- Only consumers registered as current NWMH consumers can be accepted at the respective Area or Program's OT driver assessment service.
- Only consumers who require a car driver assessment can be assessed. Consumers who need assessments for truck, bus or motorcycle will need to be referred to a private OT driver assessor who specialise in these licences.
- A recent VicRoads Medical report and Psychiatric report for drivers needs to be completed and sent to VicRoads. On the form, the psychiatrist and general practitioner needs to indicate that:
 - an OT driver assessment is required
 - the consumer meets the national medical standards to hold a licence to drive a car (is fit to drive) for any existing chronic conditions.
- The consumer needs to be mentally stable and exhibiting their usual level of functioning.
- The consumer's treatment needs to be stable.
- The NWMH OT driver assessment referral form needs to be completed.
- The consumer needs to be able to pay the \$100 to cover the cost of the on-road test.
- The consumer and family/carers should be given a copy of VicRoads' Guide to Occupational Therapy Driver Assessment brochure that contains useful information on what an OT driver assessment involves.

The OT driver assessor will analyse the information from the referral and VicRoads' Medical and Psychiatric reports to determine the consumer's suitability to undergo an assessment. The OT driver assessor will then need to wait for clearance from VicRoads before organising the assessment appointments. VicRoads is responsible for determining if a driver assessment is required.

When clearance is received from VicRoads, the OT driver assessor will provide the consumer and key clinician with written and/or verbal information prior to the commencement of the driver assessment. This includes:

- assessment processes
- date and venue of assessment
- items to be brought to the assessment (licence, corrective lenses)
- encouraging the consumer to refresh their knowledge on the road rules and read the *Road to solo driving handbook*
- cost of the assessment.

OT DRIVER ASSESSMENT

The OT driver assessment is conducted over two separate appointments, to evaluate the consumer's on- and off-road skills.

OFF-ROAD ASSESSMENT

The first part of the assessment evaluates the consumer's strengths and weakness that might impact on the ability to drive, and also screens consumers who are **not suitable** to undertake an on-road test (Unsworth, Lovell, Terrington & Thomas, 2005). The off-road assessment involves an interview to determine driving history and to enable planning of the on-road test, hearing and vision screen, cognitive function test, and assessment of physical strength, sensation, range of movement, tone, pain, balance, mobility, reaction time and knowledge of road law, and vehicle handling, judgement and decision making (VicRoads & OT Australia Victoria 2008). **The off-road assessment typically takes up to 2 hours.**

ON-ROAD TEST

The second part of the assessment assesses the impact of the mental illness and other co-morbidities on driving skills such as judgment, decision-making skills, observation and vehicle handling. The main areas observed are judgment and ability to adjust to traffic situations, reacting appropriately to traffic, and abiding road laws. A driving instructor sits in the front passenger seat of a dual control driving school car and can take control of the vehicle if safety is compromised. The OT sits in the rear of the car, observes the driver's behaviour and documents performance (Lovell & Russell 2005; VicRoads & OT Australia Victoria 2008). The car can be manual or automatic depending upon the consumer's previous driving.

The on-road test takes about 1 hour. Time is set aside to provide appropriate feedback to the consumer and their treating team.

OUTCOMES FROM OT DRIVER ASSESSMENTS

After the consumer's driver assessment, the OT driver assessor will submit a detailed report to VicRoads. VicRoads is responsible for determining and advising the consumer of the assessment outcome.

If the assessment is satisfactory, the consumer may be able to resume driving once written confirmation is received from VicRoads:

- with some conditions to the consumer's driving (eg restrictions on the location and time the consumer can drive, driving during day light and non-peak hours only, driving only within a specific radius from home, restricted number of passengers, automatic only, no freeway driving)
- with modifications to the consumer's car.

If the consumer was found unsafe to drive, they may be:

- asked to take some lessons to improve their driving skills
- required to have a further on-road test after they have completed the driving lessons
- asked to wait for further recovery or improvement to occur
- found not safe to continue or resume driving.

RESOURCE

The VicRoads' Guide to Occupational Therapy Driver Assessment brochure contains useful information for consumers and family/carers on what an OT driver assessment involves.

20 CESSATION OF DRIVING

Mental illness can affect the consumer's ability to drive safely, either in the short term, or more permanently. Consumer drivers, whilst an inpatient in a psychiatry unit and when changes are made to their medication, will usually be advised by their doctor and/or treating team not to drive at times of deterioration in mental state whilst experiencing an acute episode. Some consumer drivers will need to be advised that they need to permanently cease driving (eg consumers with stage 2 or 3 dementia).

Often, the consumer themselves makes the decision not to drive. If a consumer continues to drive when advised by their treating doctor that they are **not fit** to drive, then VicRoads will need to be notified. VicRoads will then investigate and determine the outcome. Suspension or cancellation of the consumer's licence is a likely outcome.

Loss of licence for the aged population can be debilitating as it is often one of their last means of independence and can foster dependence on others. The impact of loss of licence is often not addressed and has been linked to decreased self-esteem, isolation and depression (Lloyd et al 2001). If a person loses their license, the impact of this needs to be assessed, and addressed as part of the consumer's clinical plan.

Not being a driver has potential implications for independence in daily life. If the consumer previously drove to access shops and services, recreation and employment, and to maintain connections with family and friends, it will be important to explore the alternatives to support the consumer in maintaining their prior roles. Some suggested areas to explore further include the following.

To what extent did the consumer use a car in their daily life?

- Can the consumer access and utilise public transport from their home? What services (Community Mental Health Centre, general practitioner, pharmacy), shops, family, friends, places could the consumer access via public transport?
- Is the consumer eligible for concession tickets on public transport?
- What can the consumer access by walking and/or a bicycle?
- Is the consumer eligible for the Multi Purpose Taxi Program?
- Does the consumer have family or friends who could assist with getting to, for example, appointments or doing grocery shopping?
- Has the consumer ever used home delivery services from a supermarket?
- Could the clinician conduct home visits whilst the consumer is temporarily unable to drive?
- Suggest the consumer review the cost saving of owning and driving a car, and using those savings for different travel options.

RESOURCE

VicRoads' 'Getting around without a car' contains a range of information to provide to consumers and family/carers on exploring alternatives to driving.

DISCHARGE OR TRANSITION FROM THE SERVICE

When consumers are being transitioned from one service to another, or at discharge, it is important to document the consumer's driving and licence status. If any issues have arisen or actions taken during the episode of care, then it is important that this is briefly documented in the case closure or transition summary form.

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APPENDICES

APPENDIX A

NWMH DRIVING MENTAL HEALTH AND YOU BROCHURE

Your rights

People with a mental illness have the same right to drive as everyone else.

Our responsibilities

Your treating team has a duty of care to protect you and the community from unsafe driving.

We will also do whatever we can to help you begin or resume driving.

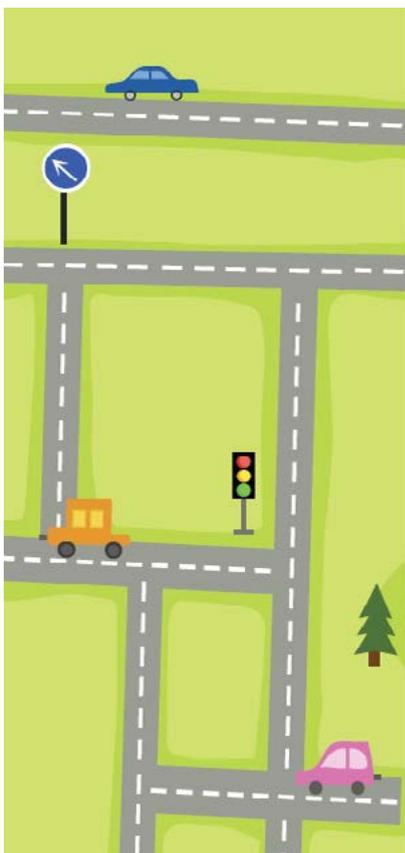
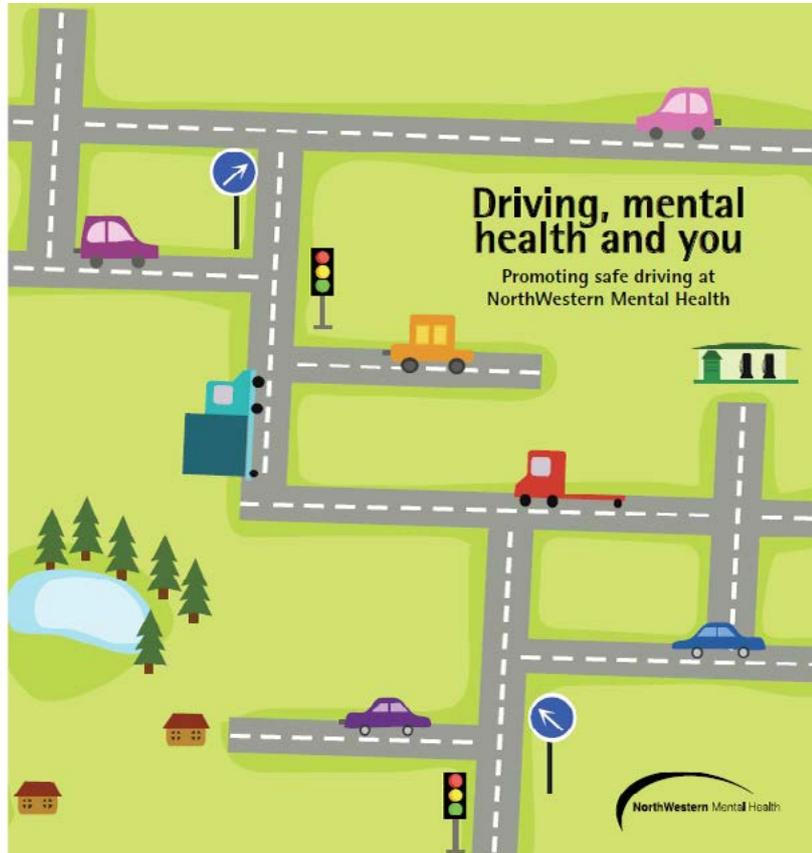
Family and Carers

We know that families and carers are sometimes worried about the driving ability of a family member with a mental health issue.

Carers and family can call the case manager or doctor if they have concerns about driving, or if they would like support to manage the driving of a loved one.

For more information

For more information about safe driving, please speak to your case manager, occupational therapist or doctor.



About safe driving

Driving is an important part of many people's lives, including those with a mental illness. However, it is important that safety for all road users is maintained.

Your ability to drive safely will be considered throughout your contact with Mental Health Services and discussed with you and your family if concerns exist.

When to discuss safe driving

As a consumer of this service, you can expect to be asked about your driving when you first enter the service and if

- You become unwell
- You go to hospital
- You change medication or
- You are very emotional

We often speak with carers and family when asking about driving safety.

Assessing fitness to drive

Your treating team will need to work out if you are fit (well enough) to drive. Most of the time, this is done with a few questions from your case manager or doctor.

Your doctor may have to write a report to VicRoads informing them about your fitness to drive.

An occupational therapist may also need to do an assessment to see if you are safe to drive.

If you are very unwell, or in hospital, you will be told not to drive temporarily. Once your mental health issues have stabilised and there are no safety concerns, you will be able to drive again.

Driver rehabilitation

If you're not able to drive safely, an occupational therapist can design a program to assist you to drive safely again

If you have never driven, or have lost confidence, an occupational therapist or your case manager can help you to work towards your driving-related goals.

Your responsibilities

If you have a driver's licence, you have a responsibility to make sure you are fit to drive safely. Having a mental illness or taking medication can sometimes affect your ability to drive safely.

Check with your case manager to see if you have to inform VicRoads about your mental illness.

APPENDIX B

CONSUMER DRIVER CHECKLIST: AM I A SAFE DRIVER?

Driving is often a very important part of a person's life. When you drive it is also important that you feel safe, and that the safety of other road users and pedestrians is maintained. If any of the following statements apply to you, please discuss them with your key clinician or doctor.

STATEMENT (PLEASE CIRCLE THE APPROPRIATE RESPONSE)	FREQUENCY OF OCCURRENCE RATING				
	NEVER N	RARELY R	SOMETIMES S	OFTEN O	ALWAYS A
I get lost while driving	N	R	S	O	A
My friends/family members say they are worried about my driving	N	R	S	O	A
Other cars seem to appear out of nowhere	N	R	S	O	A
I have trouble seeing signs in time to respond to them	N	R	S	O	A
Other drivers drive too fast	N	R	S	O	A
Other drivers honk their horn at me	N	R	S	O	A
Driving stresses me out	N	R	S	O	A
After driving, I feel tired	N	R	S	O	A
I have 'near misses'	N	R	S	O	A
Busy intersections bother me	N	R	S	O	A
Right-hand turns make me nervous	N	R	S	O	A
The glare from oncoming headlights bothers me	N	R	S	O	A
My medication makes me dizzy or drowsy	N	R	S	O	A
I have trouble turning the steering wheel	N	R	S	O	A
I have trouble pushing down on the accelerator or brakes	N	R	S	O	A
I have trouble looking over my shoulder when I reverse	N	R	S	O	A
I have been stopped by the police for my driving	N	R	S	O	A
People do not want to be a passenger when I drive	N	R	S	O	A
I don't like to drive at night	N	R	S	O	A
I have trouble parking	N	R	S	O	A
I don't feel up to date with the road rules	N	R	S	O	A
I have received fines relating to driving or parking	N	R	S	O	A
I have trouble changing lanes in traffic	N	R	S	O	A
In the past year, I have had accidents (minor or major)	N	R	S	O	A
I drive when I am very angry, upset or emotional	N	R	S	O	A
I have trouble concentrating when driving	N	R	S	O	A
I am distracted when a conversation or listening to the radio	N	R	S	O	A

Further information can be obtained from your key clinician, doctor, occupational therapist or chief occupational therapist. Adapted from Pellerito JM (2006).

APPENDIX C

COMMON MEDICATION UTILISED TO TREAT MENTAL ILLNESS AND THE LIKELY RISK OF CAUSING IMPAIRMENT TO DRIVING

MEDICATION CLASSIFICATIONS	GENERIC NAMES	RISK OF CAUSING IMPAIRMENT	COMMENT
Anticonvulsants	Carbamazepine Lamotrigine Sodium valporate Topiramate	Moderate to high	Once stabilised and cleared to drive, consumers should be warned about dosage changes and the addition of other medication.
Antidepressants (Tricyclic and tetracyclics)	Amitriptyline Clomipramine Dothiepin Doxepin Imipramine Trimipramine Mianserin Mirtazapine Nortriptyline	Moderate to high	The newer antidepressants should be used in preference if driving is an important issue. All consumers should be cautioned when commencing these medications.
Antidepressants (Serotonin, mixed reuptake inhibitors & reversible monoamine oxidase inhibitor)	Citalopram Desvenlafaxine Duloxetine Escitalopram Fluoxetine Fluvoxamine Sertraline Paroxetine Venlafaxine Moclobemide	Low	All consumers should be cautioned when commencing these medications.
1st generation antipsychotics	Chlorpromazine Flupenthixol Fluphenazine Haloperidol Trifluoperazine Zuclopenthixol	Moderate to high	All consumers using these medications should be warned against driving while being stabilised
2nd generation antipsychotics	Clozapine Olanzapine Quetiapine Ziprasidone Lurasidone Asenapine	Most sedating	Risk of sedation greatest early in treatment or around dose increases. Varies from consumer to consumer. Consumers tend to get used to medications.
	Paliperidone Risperidone Amisulpride Aripiprazole	Least sedating	

APPENDIX C continued

COMMON MEDICATION UTILISED TO TREAT MENTAL ILLNESS AND THE LIKELY RISK OF CAUSING IMPAIRMENT TO DRIVING

MEDICATION CLASSIFICATIONS	GENERIC NAMES	RISK OF CAUSING IMPAIRMENT These risks relate to possible situations when the drug is used incorrectly or abused. Risk of significant impairment usually only occurs early in treatment.	COMMENT
Sedatives	Clonazepam Diazepam Flunitrazepam Oxazepam Lorazepam Nitrazepam Temazepam	Moderate to high	Chronic sedative use is undesirable in general but in particular is likely to impair the ability to drive. Risks are increased if doses are not stable.

Table adapted from Drummer O (2008, p. 34).

APPENDIX D

RESOURCE LINKS FOR CONSUMERS, THEIR FAMILY/CARERS, AND HEALTH PROFESSIONALS

FOR CONSUMERS AND FAMILY/CARERS		
CONTENT	ORGANISATION	LINKS
DEMENTIA		
<i>Dementia and driving</i> Describes the effects that dementia may have on driving skills and suggests ways to help a driver who has been diagnosed with dementia	Alzheimer's Australia	https://vic.fightdementia.org.au/files/helpsheets/Helpsheet-CaringForSomeone07-Driving_english.pdf
<i>Dementia, driving and mobility</i>	Alzheimer's Australia & RACV	https://vic.fightdementia.org.au/files/VIC/documents/RACV-Dementia-Driving-and-Mobility-booklet.pdf
<i>Dementia and driving guide for families and carers</i>	Alzheimer's Australia & RACV	https://vic.fightdementia.org.au/files/VIC/documents/Dementia-and-Driving-guide-for-family-carers.pdf
<i>Dementia and driving decision aid</i>	University of Wollongong	http://smah.uow.edu.au/content/groups/public/@web/@smah/@nmih/documents/doc/uow179548.pdf
LEARNING TO DRIVE		
Online information regarding Probationary licence and Learner permit	VicRoads	https://www.vicroads.vic.gov.au/Home/Licences
<i>The road to solo driving</i> (L's handbook); free online resource	VicRoads	https://www.vicroads.vic.gov.au/licences/yours/your-learner-handbooks
<i>Drive smart</i> : an online resource to practise skills such as scanning and hazard perception	TAC	https://drivesmart.vic.gov.au/
<i>Staying safe on the roads, tips for young people</i>	Australian Drug Foundation	http://www.druginfo.adf.org.au/attachments/252_FS_8-12_YPtips_final.pdf
MEDICAL CONDITIONS AND DRIVING		
<i>Driving mental health and you</i> (online brochure)	NWMH	http://intranet.mh.org.au/publications/w2/i1434061/
Fitness to drive frequently asked questions (online resource)	VicRoads	https://www.vicroads.vic.gov.au/licences/medical-conditions-and-driving/medical-review/fitness-to-drive-faqs
<i>Guide to OT driver assessment</i> (online brochure)	VicRoads	https://www.vicroads.vic.gov.au/~/media/.../guidelines_for_occupational_therapy.ashx
Medical conditions and driving (online resource)	VicRoads	https://www.vicroads.vic.gov.au/licences/medical-conditions-and-driving/medical-conditions
Your review driving test (information sheet)	VicRoads	https://www.vicroads.vic.gov.au/~/media/.../medical_review_driving_test.pdf

APPENDIX D continued

RESOURCE LINKS FOR CONSUMERS, THEIR FAMILY/CARERS,
AND HEALTH PROFESSIONALS

MEDICINES AND DRIVING		
Always ask if it's safe to drive when taking your medicines (pharmacy and drug driving brochure)	Transport Accident Commission, Pharmaceutical Society of Australia, Towards Zero, VicRoads	http://www.tac.vic.gov.au/road-safety/safe-driving/older-drivers/driving-and-pharmacy-medications
Medications and safe driving (information sheet)	Alcohol and Drug Foundations	http://www.druginfo.adf.org.au/attachments/250_FS_8-11_prescription_final.pdf
OLDER DRIVERS		
The Victorian Older Drivers Handbook (to order book)	VicRoads	https://www.vicroads.vic.gov.au/safety-and-road-rules/driver-safety/older-drivers/older-drivers-handbook
Getting around without a car (online resource)	VicRoads	https://www.vicroads.vic.gov.au/safety-and-road-rules/driver-safety/older-drivers/getting-around-without-a-car
SUBSTANCE USE AND DRIVING		
Drugs and driving information facts sheets how specific drugs impact on driving (online resource)	Australian Drug Foundation	http://www.druginfo.adf.org.au/topics/driving2
Talking with clients about drugs and driving	Australian Drug Foundation	http://www.druginfo.adf.org.au/attachments/254_FS_8-13_AODclients_final.pdf
The facts about roadside drug testing	Australian Drug Foundation	http://www.druginfo.adf.org.au/attachments/248_FS_8.10_testmyth.pdf
HEALTH PROFESSIONALS INFORMATION		
CONTENT	ORGANISATION	LINKS
Austrroads (2016). Assessing fitness to drive commercial and private vehicle drivers: edical standards for licensing and clinical management guidelines. 5 edn Sydney, Australia. (book)	Austrroads	http://www.austrroads.com.au/drivers-vehicles/assessing-fitness-to-drive
Consent to Release Health Information to VicRoads (form)	VicRoads	https://www.vicroads.vic.gov.au/.../consent_to_release_health_information_to_vicroads.pdf
NWMH Procedure: Care Planning and Implementation. Consumer driving and vehicle use. Ref No. NWMH 02.17	NWMH	http://intranet.mh.org.au/www/714/1001172/displayarticle/1523677.html

APPENDIX D continued

RESOURCE LINKS FOR CONSUMERS, THEIR FAMILY/CARERS,
AND HEALTH PROFESSIONALS

Occupational Therapy Driver Assessors (online resource)	VicRoads	https://www.vicroads.vic.gov.au/licences/medical-conditions-and-driving/medical-review/victorian-occupational-therapy-driver-assessors
Reporting a medical condition to VicRoads (online resource)		https://www.vicroads.vic.gov.au/licences/medical-conditions-and-driving/reporting-a-medical-condition-or-driver
VicRoads Psychiatric Report (online form)	VicRoads	https://www.vicroads.vic.gov.au/~media/files/.../psychiatric_report.ashx
VicRoads Medical Report (online form)	VicRoads	https://www.vicroads.vic.gov.au/~media/files/.../medical_report.pdf?la=en
VicRoads Medical Review Section for advice	VicRoads	Tel: 9854 2407
LEGAL INFORMATION		
Legal regulations and Road Safety Act (online resource)	VicRoads	https://www.vicroads.vic.gov.au/about-vicroads/acts-and-regulations/road-management-act-regulations-and-codes



GUIDELINES FOR MENTAL HEALTH PROFESSIONALS TO ASSIST CONSUMERS WITH SAFE DRIVING. VERSION 3, FEBRUARY 2017.

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