Working together to give people with a mild learning disability and mental health problems access to healthcare services

People with learning disabilities, like anyone else, can have problems with their mental health

They are more likely than most people to have

- psychosis
- ASD - autism spectrum disorders
- ADHD - attention deficit hyperactivity disorder
- epilepsy

Most people with learning a disability

- have a mild to moderate learning disability
- would be able to take part in an assessment of their mental health

People with learning disabilities are more likely to need urgent medical help because of self-harm or drug use
They may be admitted into ordinary inpatient psychiatric units

Although this approach follows current guidelines, there are problems with it

There are concerns about

- the ability of professionals in general adult psychiatry to look after this group of patients (service users)
- the ability of the current systems to make reasonable adjustments

reasonable adjustments are the changes services should make so that people with disabilities

- have the same access to healthcare as everyone else
- get the same benefit from using health services as everyone else
We often have to look after people with a learning disability **and** mental illness in the community.

This is because there are now fewer inpatient beds. The **community learning disability teams** (CLDT) are the main service providers. The **leading agency** could be:

- the Council
- PCTs
- a partnership with mental health trusts

The **leading agency** is the service that has the main responsibility for the treatment and support of the service user.

There have been several examples of good practice where the **general psychiatric services** and **CLD teams** have shared this responsibility.
CLD teams play an important part in supporting patients with a learning disability on general psychiatric wards.

There have been reports of cases where service users were passed from one service to another without anyone taking responsibility for treatment – there was no leading agency.

Those situations are harmful to the person.

They show us that services need to be more flexible – in other words, make reasonable adjustments.

The Royal College of Psychiatrists is publishing an updated report with guidelines for health workers about how to work with adults with a mild to moderate learning disability in these situations.

The group that wrote the report was led by Angela Hassiotis, a consultant psychiatrist for adults with learning disabilities.

The group had members from general adult psychiatry and learning disabilities, including:

- Nick Kosky
- Ian Hall
- Marios Adamou
- Rob Chaplin
The title of the report is Working together to enable people with mild intellectual disability and mental health problems to access mental health services

*intellectual disability* is the same as *learning disability*

The 10 top tips from the report are

1. Have guidelines and standards that say how we will look after adults with a mild learning disability who have mental health needs

2. These guidelines should be agreed between
   - services for people with learning disabilities
   - adult mental health services
   - the Council

3. Managers of learning disability services should make sure that the local mental health services know about the needs of adults with a mild learning disability who have mental illness
4 Patient care pathways through the adult mental health services should include the range of help available, like

- recovery centres
- crisis management
- talking treatments (like counselling)
- rehabilitation
- outreach and home treatment teams

The patient care pathway means the healthcare path a person follows from illness, through treatment, to recovery

5 We must be clear about the role of community learning disability services and what we expect from them

- named individuals should be responsible for sorting out any problems

6 Regular meetings between the two services should

- help decide how we can develop services
- sort out problems as they come up
- share examples of good practice with others
We should encourage partnership working when we need to treat complex cases such as people with:

- forensic histories
- significant risk
- personality disorders

**Forensic histories** means that the person has committed crimes in the past.

Key information (for example CPA plans) about people with a mild learning disability and mental illness should be available to professionals in mental health services at all times, not just during office hours.

**CPA** stands for care programme approach – you will be on CPA if you are seeing a psychiatrist.

Training placements for students should include the psychiatry of learning disability and there should be special training sessions with local community learning disability services.
Input to local educational programmes by professionals from community learning disability teams may help to

- raise awareness about the sorts of challenges we face
- increase awareness of mental disorders in this group of people