Policy:

OPS 012 - Greenlight For Mental Health: Provision Of Mental Health Services For Adults With A Learning Disability And/Or Autism

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Policy Owner	Clinical Director, Learning Disabilities
Policy Author	Clinical Director, Learning Disabilities
Document Type	Policy
Document Version Number	V3
Date of Approval By PGG	14/09/2020
Date of Ratification	28/09/2020
Ratified By	Quality Assurance Committee (QAC)
Date of Issue	21/09/2020
Date for Review	30/09/2023

Summary of Policy This Policy is for people with a learning disability or autism or both to be supported to access mainstream services and facilities as and when they need them, without experiencing barriers or exclusion on the basis of their learning disability or autism or both.	
Target Audience	All SHSC staff (including staff seconded into or working in SHSC services)
Keywords	Greenlight, reasonable adjustments, equality, access to mental health services, learning disability, autism.

Storage

Version 3 of this policy is stored and available through the SHSC intranet/internet.
This version of the policy supersedes the previous version (V1 August 2019 –
please note that V2 was never passed and did not make it onto the
intranet/internet). Any copies of the previous policy held separately should be
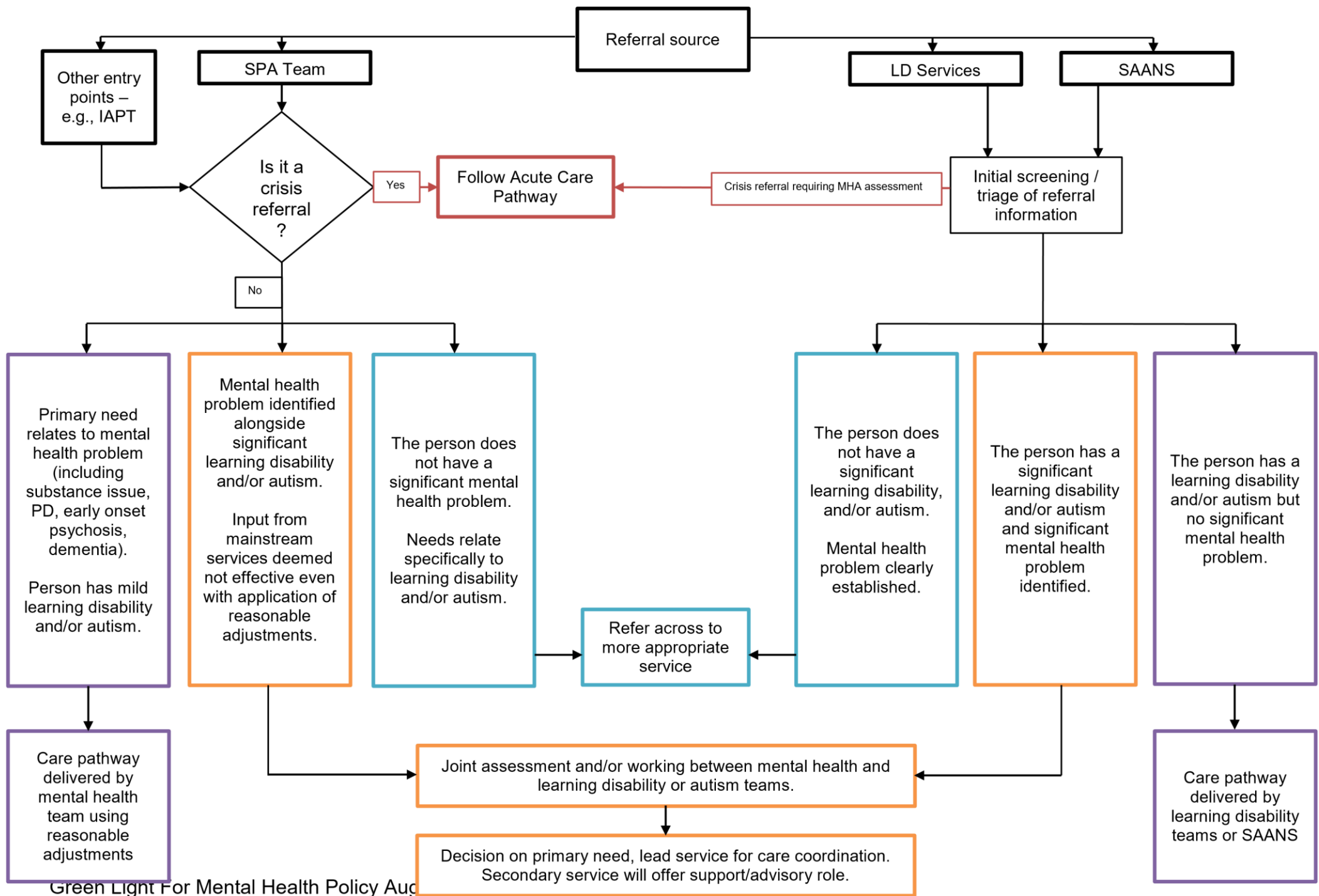destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Initial draft	01 October 2018	Policy written to support operational clarity and strategic direction of inclusive and accessible services.
1.1	Draft following email consultation with GreenLight Group & Operational Leads Reference Group	31 January 2019	Feedback included request for information on transitions and 136 suite.
1.2	Draft following consultation with GreenLight Group & Operational Leads Reference Group	26 April 2019	Feedback included request for simplified flow diagram, case examples and definitions.
2.0	Policy submitted to July PGG Meeting, but was not passed as Kate Virgo felt that her team had not been consulted with in regard to physical health elements, there were some typing mistakes and issues with version control.	July 2020	This version was not passed and therefore was never up-loaded onto the Intranet/Website.
3.0	Policy amended after July PGG – see above.	Sept 2020	Version control has now been amended. Kate Virgo's team have been consulted. Policy has been spell checked.

Contents

Referral source

Other entry points – e.g., IAPT

SPA Team

LD Services

SAANS

Is it a crisis referral?

Yes → **Follow Acute Care Pathway** ← **Crisis referral requiring MHA assessment** ← **Initial screening / triage of referral information**

No

Primary need relates to mental health problem (including substance issue, PD, early onset psychosis, dementia).

Person has mild learning disability and/or autism.

Mental health problem identified alongside significant learning disability and/or autism.

Input from mainstream services deemed not effective even with application of reasonable adjustments.

The person does not have a significant mental health problem.

Needs relate specifically to learning disability and/or autism.

Refer across to more appropriate service

The person does not have a significant learning disability, and/or autism.

Mental health problem clearly established.

The person has a significant learning disability and/or autism and significant mental health problem identified.

The person has a learning disability and/or autism but no significant mental health problem.

Care pathway delivered by mental health team using reasonable adjustments

Joint assessment and/or working between mental health and learning disability or autism teams.

Decision on primary need, lead service for care coordination. Secondary service will offer support/advisory role.

Care pathway delivered by learning disability teams or SAANS

1. INTRODUCTION

Sheffield Health and Social Care NHS Foundation Trust (SHSC) aims to provide high quality, safe and effective services for people with mental health problems, which are accessible to all who need them in line with No Health without Mental Health.

The evidence shows that people with a learning disability or autism or both are more likely to have mental health needs than the wider population. They have the right to access the same mental health services as everyone else, and we have a legal duty to put reasonable adjustments in place to ensure their needs are met. They also have the right to joint working from specialist learning disability or autism services where required.

This policy aims to ensure access for this service user group by working together to provide integrated care and treatment to meet the needs of people in line with current government policy and guidance. In 2012 the National Development Team for Inclusion wrote 'Reasonably Adjusted? Mental Health Services for People with Autism and People with Learning Disabilities'.

This states:

"In a flourishing community, basic human needs are met, including the need for communication, mental wellbeing, a home, job and friends, and this is no different for people who have autism or learning disabilities in addition to a mental health issue.

Commissioners then need to work with others to map the needs of their local community and compare the result with service provision. Tracking those with autism or learning disabilities in addition to a mental health issue is a key part of this wider task, and then ensuring that mainstream mental health services play their part in the response to identified need."

2. PURPOSE

The purpose of this policy is to set out the service access pathway arrangements and care responsibilities of mental health services, learning disability services and autism services.

Our aim is for people with a learning disability or autism or both to be supported to access mainstream services and facilities as and when they need them, without experiencing barriers or exclusion on the basis of their learning disability or autism or both. This policy will support us to make sure that our services do not make assumptions regarding what treatment, care and support people can benefit from based upon their diagnostic label.

3.   SCOPE

The policy applies to all service users with a learning disability or autism alongside an associated mental health problem.

The policy applies to all staff involved in the provision of services within SHSC.

Due to the complex nature and needs of this service user group, this policy should be read in conjunction with the relevant Mental Health Act policies, Mental Capacity Act Policy and the Deprivation of Liberty Safeguards Policy.

4.   DEFINITIONS

4.1. Learning Disability

A learning disability affects the way a person learns new things throughout their lifetime.

A learning disability affects the way a person understands information and how they communicate. This means they can have difficulty:

- •understanding new or complex information
- •learning new skills
- •coping independently

Around 1.5 million people in the UK have a learning disability. It's thought up to 350,000 people have a severe learning disability. This figure is increasing.

A learning disability can be mild, moderate or severe.

Most people with a '**mild learning disability**' can talk easily and look after themselves but may need a bit longer than usual to learn new skills. Other people may not be able to communicate so easily and have other disabilities or difficulties such as epilepsy, ASD or ADHD. Some adults with a mild learning disability are able to live relatively independently but may require support in areas such as finances, self-care and travel.

The term **'significant learning disability'** relates to people with a moderate or severe/profound learning disability. People with a significant learning disability are more likely to struggle with communication and will need lifelong intensive help with everyday tasks, such as washing and dressing. Support will be necessary to keep them safe and help them access community settings. They may receive this support from family or a professional care provider. People with this level of learning disability are less likely to be able to access mainstream mental health services with reasonable adjustments. However, access should be considered on a case by case basis, with a consideration for joint working. This is important to ensure every service user gets access to the right care delivered by the right people in the right way.

4.2. Autism Spectrum Disorder (ASD)

Autism spectrum disorder (ASD) is the name for a range of similar conditions, including Asperger syndrome, that affect a person's social interaction, communication, interests and behaviour.

In children with ASD, the symptoms are present before three years of age, although a diagnosis can sometimes be made after the age of three.

It's estimated that about 1 in every 100 people in the UK has ASD. More boys are diagnosed with the condition than girls. There's no "cure" for ASD, but speech and language therapy, occupational therapy, educational support, plus a number of other interventions are available to help children, adults and parents.

An Autism Spectrum Disorder (ASD) is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. The key features of ASD are:

• Difficulties in social communication and social interaction, and
• Restricted or repetitive patterns of behaviour, interests or activities

These can lead people with ASD to experience difficulties in non-verbal communication, such as using and interpreting tone of voice, gestures, eye contact and facial expressions. They may find it difficult to communicate their thoughts and feelings and may also struggle to work out what other people are thinking and feeling. This can cause considerable anxiety and can lead people to behave and/or communicate in ways that appear 'odd' or unusual. People with ASD may be able to talk at length about areas of special interest but find social "chit-chat" confusing and irrelevant. They may find change difficult and may struggle to cope with the unexpected.

It is also common for people with an ASD to be more or less sensitive to their sensory environment than the general population. For example, they may be apparently indifferent to pain or temperature or have an adverse response to specific sounds or textures.

5. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

5.1 The Board of Directors

It is the duty of the Board of Directors to oversee that all individuals receiving care, treatment and support from the Trust, receive high quality care based on an individual assessment of the range of their needs and choices. The Board of Directors delegates authority to the Chief Executive.

5.2   Chief Executive

The Chief Executive has overall responsibility for the implementation of this policy, and in turn this responsibility is delegated to the directors and senior managers.

5.3   Medical Director

The Medical Director is responsible for providing clinical leadership within the Trust and for the provision of senior clinical advice to the Board of Directors. The Medical Director line manages Clinical Directors and is responsible for resolving issues where there are differences of opinion, which cannot be resolved by the Clinical Leads in Adult Mental Health Services, Learning Disability Services or Autism Services.

5.4   Executive Directors

Executive Directors are responsible for providing operational and corporate leadership within the Trust in relation to relevant interdependencies necessary for this policy to be fully implemented. This includes support for the development and improvement of financial, IT/IMS, estates and workforce enablers.

5.5   Care Network Directors and Associate Directors

Care Network Directors and Associate Directors are responsible for:

•   The implementation of the policy across the specified services.
•   The on-going review of the policy to keep it up to date with current best practice.
•   Providing reports and assurance to relevant governance meetings on any issues associated with the implementation of the policy.
•   Facilitating effective joint working with internal and external partners and stakeholders.

5.6   Clinical Directors and Associate Clinical Directors

The role of Clinical Directors and Associate Clinical Directors is to provide advice to colleagues within Mental Health Services, Learning Disability Services or Autism Services. The role is supportive and facilitative. The Clinical Director may be asked to advise and/or provide a second opinion for service users with complex needs where there are professional differences of opinion between services and help resolve matters in a responsive and timely manner so that service user care is not adversely affected.

5.7   Directors and Deputy Directors of Professional Groups

The role of Directors and Deputy Directors of Professional is to provide professional leadership, advice and support toward the effective implementation of this policy down professional lines of accountability. This includes ensuring access

to appropriate levels of training and development is made available so that each profession can bring its full expertise to support service users who have a learning disability or autism to achieve positive outcomes.

5.8 Nurse, AHP, Psychology or Medical Consultants for Mental Health

The Nurse, AHP, Psychology or Medical Consultants are responsible for:

- Advising the relevant Care Networks in relation to staff training needs, and the content of the training.
- Keeping up to-date with any changes to National policy / NICE guidance which may have implications for clinical practise in relation to this policy.
- Advising the Care Network Directors of any changes which are required to keep practise in line with National policy /NICE guidance.
- Advising and supporting clinical staff when dealing with complex cases which fall under the remit of this policy.

5.9 Service Operational Managers (SOM)

- Service Operational Managers are responsible for the implementation of the policy within their areas of responsibility.
- They are the next point of escalation in cases where there are differences of opinion at team manager and/or at pathway meetings.
- They will ensure all relevant staff access the agreed training plan and are supported via access to supervision and annual Performance Development Review (PDR).

5.10 Team Managers or Ward Managers

- Community Team Managers and inpatient Ward Managers are responsible for initiating and organising the joint assessment process with specialist learning disability and/or SAANS where it is indicated that this is required.
- The Manager identifies the appropriate numbers and levels of staff required to participate in workshop, practice development or consultation session with specialist learning disability and/or SAANS professionals to deliver safe and effective services.
- Team Managers or Ward Managers are responsible for the appropriate allocation of service users to staff and ensuring staff are supported through training and supervision to respond to the needs of the service user.

5.11 Clinical Staff

It is the responsibility of all clinical staff working for SHSC to:

- Be familiar with, and follow the guidance as set out in this policy.
- Attend any training which has been identified for them in relation to this policy.
- Report any breaches in relation to compliance with this policy.

6. PROCEDURE/IMPLEMENTATION

6.1 Core decision making principles

Greenlight working centres on the principle that people with a learning disability and/or autism must be supported to access the same services as everyone else where possible. Reasonable adjustments and stipulations within the Equality Act 2010 provide guidance on why and how this should be achieved. This means that in practice a person's pathway should follow the process outlined in the diagram below.
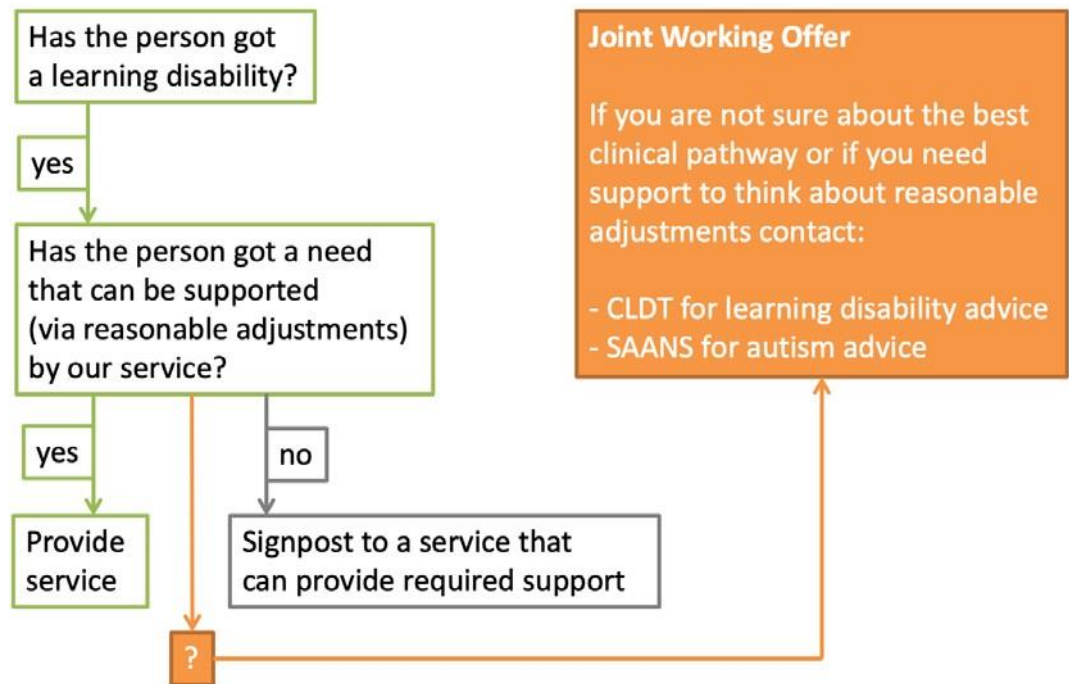
6.2 Transition

Young people who have been treated within CAMHS may need to transition into SHSC services for the care of their ongoing mental health problems. Transition arrangements between specialist CAMHS and SHSC services should follow local protocols and be based upon the individual's primary need and their ability to access provision under reasonable adjustments. Where a young person has a milder degree of learning disability and/or autism access to mainstream services should be supported via reasonable adjustments. For individual's whose level of learning disability is more significant or severe, transition arrangements should be made based upon the flow chart on page 3 of this policy leading to a joint working arrangement or a specialist CLDT provision.

In all cases decisions regarding the lead provider must be made proactively before the young person transitions from CAMHS to SHSC services. This is to ensure there is no gap in service delivery experienced by the young person.

6.3   Community Pathway

The Trust provides a wide range of community mental health services, each one catering to identified populations based on locality and clinical need.

The Trust also provides two community specialist learning disabilities services:
- Community Learning Disability Team (CLDT) – This service provides a broad range of specialist health services for adults with a more significant level of learning disability. This includes people with profound and multiple disabilities (PMLD) whose needs cannot be met in mainstream services offering reasonable adjustments.
- Community Intensive Support Service (CISS) – This service works with adults with a significant level of learning disability whose needs cannot be met by mainstream services offering reasonable adjustments. The primary focus of the CISS team is to support adults who are at risk of placement/home breakdown due to a mental health difficulties and/or severe challenging behaviour.

Both specialist learning disability services have a remit to promote, educate and support reasonable adjustments in mainstream services and will offer joint working solutions where appropriate.

Furthermore, the Trust provides an autism diagnostic service:
- Sheffield Adult Autism & Neurodevelopmental Service (SAANS) – This service provides a diagnostic service for Sheffield residents and primarily focusses on Autism Spectrum Disorder (ASD) and Attention Deficit & Hyperactivity Disorder (ADHD). SAANS is also commissioned to provide a limited amount of post diagnostic support to people struggling to cope with the impact of their neurodevelopmental condition. In cases where other difficulties are identified SAANS will signpost or refer on to other services offered by SHSC as appropriate (e.g., CMHT, EIS, Gender Identity Services, etc).

Every service user should be able to access mainstream mental health services, specialist learning disability services, autism services or a combination of these services based on their individual needs.

Initial referrals may present in either Sing Point of Access (SPA), other SHSC services, learning disability services or autism services. It is the responsibility of the service receiving the referrals to make the initial decisions for assessment based on the protocol attached (see flow diagram on page 3).

a) Where the presenting issue relates to mental health, learning disability or autism then a joint assessment should be undertaken and the care plan agreed based on identified primary need.
- Mainstream mental health services will take lead provider role for people with mild learning disabilities where their input can be successfully provided with 'reasonable adjustments[1]'. (See Appendix C: Reasonable Adjustments)

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[1] https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities

- Learning disability services will take the lead provider role for people whose needs cannot be met under reasonable adjustments. This may be due to a range of person specific factors such as the need to utilise specialist communication strategies (e.g., Alternative and Augmentative Communication) or due to the person having a significant level of learning disability resulting in a difficulty accessing services under reasonable adjustments.
- Autism services will take the lead provider role where a diagnosis of autism is required and the person does not have a learning disability. Following diagnoses any further needs will be signposted to the relevant service.

b) Where no learning disability is identified then mental health services should assess and offer treatment as appropriate.

c) Where no mental health issues are identified, but there is a clear issue associated with learning disability or autism identified then the referral should be transferred to specialist learning disability services or autism services.

d) In the event of a mental health crisis relating to an adult with a learning disability identified as posing an **immediate risk** to themselves, or others to the degree that requires inpatient admission, staff involved in assessing need should refer to the Acute Care Pathway Policy.

e) If referral is specifically for memory service assessment/dementia diagnostic services then joint memory service pathways have been developed and should be followed. If the person already has an identified learning disability; in the first instance staff working in specialist learning disability services will initiate this process.

f) Where no significant mental health, learning disability or autism related needs are identified then the referral should be signposted onto the most appropriate service that is available.

6.4 Details of joint working arrangements for community service users

A key objective of this policy is to facilitate more effective systems for joint working between services.

Where it is agreed that individuals who have mental health problems as well as a learning disability/autism (dual diagnosis) require further treatment they will be placed under the Care Programme approach (CPA). In these circumstances, following a joint assessment, a decision is made as to the most appropriate service to take the lead and care coordinate, and which will act in a support/advisory role.

If adult mental health services are considered the most appropriate service to lead, then a mental health worker will be identified as the Care Programme Approach

(CPA) Care Coordinator and learning disability workers will provide advice on reasonable adjustments.

Where a person being cared for by the learning disability service develops a severe mental illness. If, following joint assessment, a decision is reached that Adult Mental Health services are the most appropriate service to lead, then care co-ordination will transfer to Mental Health Services according to the agreed care pathway. The learning disability worker would then become the co-worker and remain involved in the on- going care of the person. There is no expectation that all care would transfer to Mental Health Services as a result.

Adult Mental Health Service staff will similarly provide advice to learning disability services on treatment interventions for people who have developed less severe mental health problems and who it is agreed it is appropriate to remain the responsibility of learning disabilities services.

It is essential that mainstream and specialist services work collaboratively to meet individual service user needs, utilising their respective specialist knowledge and skills to support each other in the delivery of integrated care and treatment.

The Care Programme Approach (CPA) should be used as the framework for planning and coordinating support and treatment necessary for service users with a learning disability and mental health problems. Care plans should clearly identify the contribution of mental health and learning disability services, which will provide care coordination and which professional / multi-disciplinary team members are responsible for each component.

6.5 Care and Treatment Reviews

The Care and Treatment Review (CTR) process is triggered at the point when a person who has learning disability and/or autism is identified as 'at risk' of being admitted to a specialist learning disability or mental health inpatient setting. The CTR facilitates a process of seeking alternatives to admission if possible and, if not, follows them through any subsequent admission, period of assessment/treatment and towards discharge.

The aim of the CTR is to bring a person-centred and individualised approach to ensuring that the treatment and differing support needs of the person with learning disabilities and/or autism as well as their families are met and that barriers to progress are challenged and overcome.

In the event of admission being required there should be an informal dialogue between the services Consultant Psychiatrists or team managers to agree which is the "most competent" service to meet the service user's identified needs. These discussions should also take into account the commissioning arrangements and service specification and should where possible include the views of the service user and their family.

Staff should refer to NHS England Care and Treatment Review: Policy and Guidance 2015 for further information relating to these reviews[2].

6.6   Deciding which inpatient service to admit to

The decision as to where the service user being assessed as requiring a period of inpatient care is to be admitted, will be made on the basis of their primary need, and on this basis the following applies:

Learning disability primary need
Individuals with significant (i.e., moderate, severe or profound & multiple) learning disability and mental health needs who cannot appropriately be admitted to general psychiatric wards, even with the provision of reasonable adjustments and additional support from Learning Disability Services should be accessing specialist Learning Disability Service for their mental health problems. There will be occasions when people with a significant learning disability do not have a diagnosed mental illness but require hospital admission due to a state of 'crisis' in the form of severe challenging behaviour. This would typically be undertaken using the framework of the Mental Health Act taking account of "any disorder or disability of the mind" and "associated with abnormally aggressive or seriously irresponsible conduct on his part".

Mental health primary need
Service users who are without a formal diagnosis of learning disability and present a significant mental health problem of nature and degree to require admission will be admitted to the Adult Mental Health inpatient services for assessment. Any consideration relating to the existence of possible learning disability will only take place at such a time that their primary mental health needs have been met and their level functioning has been returned to pre-morbid levels. Due to the stress of inpatient admission and its impact on functioning this should nearly always take place when the person has been discharged from hospital and is considered settled.

Dual diagnoses
For service users with a dual diagnoses of mental health problems and learning disability or autism, the decision as to which service these service users are to be admitted to will be based on the outcome of the care and treatment review and their primary presenting need. For people with a mild learning disability experiencing significant mental health problems the typical pathway will be to access mainstream adult inpatient services offering support via reasonable adjustments. For people with a more significant level of learning disability admission to Firshill Rise ATS may be appropriate.

6.7   Service users already subject to an episode of inpatient care

It is common for people with learning disabilities admitted to Firshill Rise ATS to also experience mental health problems. Typically, these can be assessed and treated within the learning disability services. However, if it is felt that a service user at Firshill Rise ATS is showing evidence of more severe/acute mental health problems a joint mental health/learning disability multi-disciplinary review will be held to determine the future care of the service user, and the level and type of input required from the specialist Mental Health Services.

If it is suspected that a service user on one of the Adult Mental Health wards has an undiagnosed learning disability the clinical team are to refer to the clinical psychologist working with that team to request an opinion regarding formal assessment and diagnosis is possible. If no clinical psychologist is available within the ward, then a referral should be made to the Learning Disability Service. It should be noted that formal intellectual assessment can only be completed when the individual's level of functioning and well-being is at stable point (i.e., baseline for the person). It is not advisable to undertaking formal cognitive assessments when the person is mentally unwell, anxious or distressed as this impacts on their cognitive functioning effecting the reliability of the test. In view of this such an assessment should be undertaken once the person's mental health has stabilised and they are settled back in the community.

If the assessment indicates that the service user's primary need is in respect of significant learning disability a transfer to the Learning Disability Inpatient unit or community team will need to be considered, and agreement reached as to any on-going support required from Mental Health Services.

If it is suspected that a service user on one of the Adult Mental Health Wards has ASD and not a learning disability they can be referred to SAANS for assessment. If assessment is not appropriate currently due to the severity of their mental health SAANS can provide consultation and advice on autism friendly ways to manage the person.

6.8   Section 136 assessments

The Trust has dedicated 136 assessment suite which can be accessed by people with or without a known learning disability or autism. Where the person accessing has a significant learning disability and/or autism joint working advice and support should be sought from the relevant learning disability or SAANS experts.

6.9   Providing care to service users with a diagnosed learning disability or autism on one of the adult inpatient wards (mental health or locked rehabilitation)

If a service user with mild learning disability and/or autism has a mental health problem requiring inpatient care access to one of the adult inpatient wards (mental health or locked rehabilitation) should be supported via reasonable adjustments.

Shared care or joint working will be negotiated where issues specific to the person's learning disability and/or have been identified. Mental health practitioners should contact the relevant Learning Disability Services or Autism Services to request support and advice.

The level of support required from SAANS or the Learning Disability Service will be different for each service user and determined through their individual need. In order to ensure that all relevant information is available to support the individual's it is important that services request a copy of the following key information (if available) upon admission:

• Health Action Plan
• Health Passports
• Positive Behaviour Support (PBS) plan
• Wellness Recovery Action Plans (WRAP)

Where possible the shared care pathway is to be agreed prior to the service user's admission /transfer and will detail:

• The frequency of contact from the Learning Disability or Autism Services whilst the service user remains on the ward.
• Who will provide this contact?
• Who to contact in the event of staff having any queries in respect of the service user's learning disability needs.
• Who needs to be involved in discharge planning for the service user?
• When a person with learning disabilities is admitted to an Adult Mental Health Inpatient unit, the Responsible Clinician role will be fulfilled by the inpatient Consultant. In all cases there will be liaison between the Responsible Clinician and other Consultant colleagues involved in the care of the individual. Where an Adult Mental Health Consultant has taken the role of Responsible Clinician, medical responsibility will be passed back to a Learning Disabilities colleague when the service user is transferred back to Learning Disabilities services under Care Programme Approach (CPA).

6.10   Who should be involved in agreeing the shared care pathway

The development of a shared care pathway for each individual service user is to be multi-disciplinary and involve senior clinical staff from both the Trust Adult Mental Health Inpatient and Learning Disability Services. Where possible a meeting is to take place prior to the service user being admitted
/transferred to one of the Adult Mental Health Inpatient wards. In the event that it is an emergency situation the meeting should take place at the earliest opportunity following transfer /admission.

Attendance at the meeting will vary according to service user need but as a minimum it is expected that the following will be present:

- The Ward Manager and Nurse Consultant (or their deputies) from the Adult Mental Health and Learning Disability Assessment and Treatment wards.
- The Responsible Clinicians from both services to agree responsibility.
- The service user's Care Co-ordinator.
- The service user's advocate.

6.11 Risk assessment

Due to the nature of their presentation including potential risk to self and/ or others, all service users admitted to the Adult Acute Mental Health or Learning Disability wards will have a full DRAM Risk Assessment completed. This outlines all biopsychosocial risks and related management plans. Particular attention should be given to physical health risks including the impact of complex health risks such as epilepsy (bathing risk) and dysphagia (choking risk) and complications to physical health such as constipation, septicaemia and respiratory issues.

When undertaking a clinical risk assessment for any service user with a learning disability admitted to one of the Adult Mental Health Inpatient wards staff must take account of the vulnerability of the service user in such a setting as they may be more at risk of abuse or exploitation from other service users. If a service user is identified as being highly vulnerable on the Adult Mental Health ward steps must be taken to protect them (for example through the use of increased nursing observation or environmental measures).

As the risk assessment will inform care planning, decisions relating to leave and discharge it must be current, and reflective of the service user's presentation, taking into account both past and present risks.

For all service users the risk assessment must be reviewed and updated as minimum:

- At admission.
- Weekly for all acute service users.
- Prior to any periods of leave.
- Following periods of leave.
- Prior to discharge.
- Following any significant change to the service user's mental state, or social circumstance.
- In the event of any new and significant information becoming available.

When completing the risk assessment, it is important to identify the sources of information recorded.

6.12   Undertaking a mental health assessment on someone with a diagnosed learning disability and/or autism

In 2010 the Royal Collage of Nursing issued their document "Mental Health Nursing of Adults with Learning Disabilities" which recommends that although the assessment process for someone with a learning disability or autism will be similar it is important that:

- The assessing clinician works in partnership with the service user, their carers, support staff, advocate and other professionals involved in the service users care.
- Someone is there to support the service user and their reaction to the assessment.
- The duration of the assessment is adjusted to meet the needs and concentration span of the service user. Some may need additional time whilst for others the assessment may need to take place over a number of short meetings
- Consideration is given to the fact that someone with a learning disability or autism may become anxious during the assessment.
- Any communication difficulties the service user may have are taken into account, and advice sought as to what assistance the service user may need. If the service user has been assessed by Speech and Language Therapy services a copy of their report should be sought. For some service users using pictures can help them identify their emotions.
- Medical jargon is avoided and words which are easy for the service user to understand are used.
- Any questions the service user is unable to understand are rephrased.
- The assessing clinician checks the service users understanding throughout the assessment by summarising and recapping what has been covered.
- Appropriate MCA processes are followed to assess and record capacity, consent and best interest decisions where necessary.

6.13   Additional considerations when assessing the capacity of someone with a learning disability and/or autism

Staff should refer to the Trust Mental Capacity Act 2005 Policy for full details however must assess on the basis that the assessment of a person's capacity is time and decision specific and based on whether or not the person can:

- Understand the information which is relevant to the decision.
- Retain the information long enough to make a decision.
- Weigh up the information and make a choice.
- Communicate their decision.

Timely and relevant information is key to a person being able to make a decision, and a service user can only be assessed as having or lacking capacity once they have been given the appropriate support and information to help them make the decision. As someone with learning disability might have difficulty understanding

the information they will need to be supported as much as possible in the decision-making process. This support will also involve providing them with the relevant information to aid their decision making in a format they will understand (such as pictures, symbols or audio) and allowing them enough time to process and understand the information. The following website www.easyhealth.org.uk provides information which may be useful.

6.14   Enhancing staffing levels & capability

Service users with a more severe levels of learning disabilities or severe autism and mental health needs who are being nursed in adult mental health units may require additional dedicated support staff. If there is a need for extra staff this should be agreed at admission and reviewed under weekly MDT and CPA. Extra staff will be accessed through the flexi or agency staff pool if necessary. Care should be taken to try and access staff who have previous experience working with this client group.

Every effort should be made to support inpatient staff to receive extra training and/or skills development to enable them to provide safe and effective care to a service user with severe learning disabilities who has mental health needs. This includes supervision, training, consultancy from specialist learning disabilities or autism staff.

6.15   Care planning

Effective care planning is dependent on good communication between the staff and service user and whilst service users with a learning disability may sometimes have significant communication needs it is essential that clinicians adapt their approach to accommodate these. If a service user has communication difficulties staff should:

- Check if the person has had a speech and language therapy assessment, and if there are any recommendations that have arisen from it.
- Prepare appropriately for any one-on-one interactions.
- Use simple everyday language, and try to think of easier ways of saying a word, for example using 'sad' instead of 'depressed'
- When introducing fresh information to someone use no more than two new information-carrying words in a sentence and provide an explanation, perhaps using alternative methods, to support this.
- Consider the use of photographs, pictures and symbols to support communication. This can be achieved by each ward having access to picture bank (e.g., https://www.photosymbols.com/) to support communication documentation.
- Avoid abstract words or concepts and use concrete terms where ever possible.

As far as possible the care plan must be written in terms which can be easily understood by the service user and carer where appropriate. There are tools available which staff can access to support this, some examples are:

- Health Action Plans
- Health Passports
- Positive Behaviour Support (PBS) plans
- Wellness Recovery Action Plans (WRAP)

A link to some of these resources can be found on Sheffield CCG Press Portal: https://sites.google.com/site/sheffieldccgportal/

Alternatively contact the Senior Operational Manager for Learning Disability Services or SAANS.

NICE guidance and good practice guidelines can be in the reference section of this policy.

6.16 Service user information

As highlighted throughout this policy the type of information and the way in which it is presented to anyone with a learning disability and/or autism may require tailoring to meet each service user's individual need.

Information on reasonable adjustments and good practice guidelines can be found in Appendix B and C of this document.

Useful resources and links to national easy read information can be found in the **references** section and **other helpful things to read** sections of this policy (sections 15, 16 & 17).

6.17 Information/support for carers and relatives

On admission it is important that clinical staff establish who the service user's carer/relative is and if possible the extent of the information the service user is willing to share with them about their care and treatment whilst on the ward. If there is permission to share information it is important that the ward details the reasonable adjustments they will be making to support the individual and ensure their care is safe and effective.

Regardless of the service user's wishes in respect of information sharing, all carers/relatives are to be given a copy of the ward carers' pack, and where appropriate should be consulted in regard to the planning of periods of leave and/or discharge from the ward.

6.18 Responsibilities in respect of any identified continuing care / specialist placement needs

Responsibility for leading the assessment and submission of any request to fund a specialist placement will rest with the inpatient service the service user is receiving care from. This will also include liaising with and keeping the service users

identified relatives/ carers informed. However, in the event that the service user is on one of the Adult Acute Mental Health wards clinical staff from the Learning Disability Services will provide:

- Support and advice as to the most suitable placement to meet the service users identified needs.
- Any required specialist assessments from their service.
- Advice around the safe transportation of the service user to the new placement.

6.19   Discharge arrangements for service users on a shared care pathway

No service user on the acute care pathway should be discharged without a full multi-disciplinary pre-discharge meeting. Where there are identified dual diagnosis needs clinical representatives must be present from both the Mental Health and Learning Disability Services. This must take place to ensure the safe discharge of the service user.

Any discharge from an episode of inpatient care will comply with the standards set out in the Trust Acute Care Pathway / CPA Pathway.

6.20   Process to be followed where a difference of opinion between professionals is apparent

Wherever possible, any disagreements about the management of an initial referral, requests for case transfer or joint working should be resolved at local level, between team managers and Consultants. Joint assessments may assist in resolving such disagreements.

With particularly problematic or contentious cases, it may be helpful to convene a joint planning meeting, with important decision makers from both services attending.

In the event that the difference of opinion cannot be resolve at local level the following escalation process should be followed (close and timely liaison between services is essential):

- Escalate to the relevant SOM.
- If the issue remains unresolved it must be swiftly escalated to the relevant Associate Directors/Clinical Directors
- The final point of escalation is to the Medical Director/Chief Operating Officer, who will resolve the difference of opinion.

6.21 Support for staff

It is recognised that service users who have a mental health problem, learning disability or autism may be challenging for staff to work with, and it is therefore essential that:

- Managers have effective systems in place for allocating work appropriately to staff.
- Manager have robust systems for local induction, supervision and performance and development review as per Trust policy.
- All staff access appropriate training.

Effective working practises will be supported by:

- Access to additional clinical supervision as required.
- Robust joint working arrangements.
- Use of other staff support systems such as counselling through the Occupational Health Department.

7. TRAINING IMPLICATIONS

Staff groups requiring training	How often should this be undertaken	Length of training	Delivery method	Training delivered by whom	Where are the records of attendance? held?
Autism awareness training	Once for all staff with updates as determined through any changes to the pathway	E-Learning on ESR (1 hour) Service user led awareness session (2 hours) Moorfoot Autism Awareness session	E Learning Face to face Face to face	E learning Expert by Experience LA training staff	Electronic Staff Record system (ESR)
GreenLight Awareness Training - All staff working in Adult Mental Health Services	Once for all staff with updates as determined through any changes to the pathway	Training and awareness will be delivered by a combination of: Learning disability awareness session. Staff completing the learning disability education booklet. Inclusion of specific sessions around caring for people with a learning disability and mental health problems on the staff practice development days.	Local Induction for New Starters	The Trusts learning and development department in conjunction with internal facilitators (including service user experts) and senior learning disability practitioners.	Electronic Staff Record system (ESR)
GreenLight Awareness Training - All staff working in Learning Disability services	Once for all staff with updates as determined through any changes to the pathway	Training and awareness will be delivered by a combination of: Inclusion of specific sessions around caring for people with a learning disability and/or autism and mental health problems on the staff practice development days.	Local Induction for New Starters	The Trusts learning and development department in conjunction with internal facilitators (including service user experts) and senior learning disability practitioners.	Electronic Staff Record system (ESR)

8. MONITORING ARRANGEMENTS

Area for Monitoring	How	Who by	Reported to	Frequency
Implementation of the policy	Base line of current practice using GreenLight Toolkit Audit	Clinical Director - Learning Disabilities with Care Network Directors Clinical Audit	Green Light Steering Group Care network governance meetings	Annual
Adherence to the service access and pathway arrangements	Clinical records audit Staff interview	Care Network Directors Clinical Audit	Green Light Steering Group Care network governance meetings	Annual
Difference of opinion	Clinical opinion Staff	SOM to SOM review of operational process Escalation process to Care Network Directors Complex Case review	Green Light Steering Group Care network governance meetings	Annual
Compliance with training	Training records	Care Network Directors Head of Learning and Development	Green Light Steering Group Care network governance meetings	Annual

9.   DELIVERING EQUALITY

People using the service will come from diverse backgrounds and there will be many differences in relation to:

• Age
• Class
• Disability
• Ethnicity
• Gender
• Religion and beliefs
• Sexual orientation

When staff are communicating with individuals from diverse communities the information provided should be in a form that is accessible to people with additional needs, for example, people with physical, cognitive or sensory impairment and people who do not speak or understand English.

Information should be provided in a way that is suited to the individual's requirements and enables them to access appropriate services and maintain communication with members of staff.

10. DISSEMINATION, STORAGE AND ARCHIVING

A copy of this policy will be placed on the SHSC Intranet/Internet within 7 days of ratification and the previous version will be removed by the Communications team. This will be publicised via an 'all staff' email sent to SHSC staff, and in 'Connect'.

Managers are responsible for ensuring hard copies of previous versions of the Seclusion policy and the Seclusion pack are removed from affected areas.

11. TRAINING AND OTHER RESOURCE IMPLICATIONS

When considering training for a specific clinical area, a risk assessment should be carried out to ascertain the level of training suitable to that area, relevant to the prevalent risks and responsibilities of staff in the area in question. This should be done by the SOM and Ward or Team Manager.

12. AUDIT MONITORING AND REVIEW

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of process (e.g. who does this?)	Responsible Individual/ group/ committee for action plan development	Responsible Individual/ group/ committee for action plan monitoring and implementation
Monitoring to include clinical and operational leads from adult mental health, learning disabilities and autism services	Review to take place within GreenLight Steering Group and linked to the re-audit of GreenLight Toolkit	GreenLight Steering Group	Annual	Chair of GreenLight Steering to lead on process and designate actions	GreenLight Steering Group	GreenLight Steering Group Clinical Effectiveness Group Change and Improvement Operational Group Transforming Care Steering Group

13.   IMPLEMENTATION PLAN

Action / Task	Responsible Person	Deadline	Progress update
Upload the revised policy onto intranet and Trust Website and remove/ archive the old version.	Head of Communications	Within 5 working days of ratification	
Issue a communication to front line staff and managers.	Head of Communications	Within 5 working days of ratification	

14.   LINKS TO OTHER POLICIES, STANDARDS AND LEGISLATION (ASSOCIATED DOCUMENTS)

- All community and inpatient clinical policies

- All safeguarding policies

- All medication management policies
- All Mental Health Act policies
- Capacity and consent to care, support and treatment
- Care Programme Approach
- Clinical Audit Policy
- Deprivation of Liberty Safeguards policy
- Development management of review of policies policy
- Difficult to engage service users
- Dual diagnosis policy (substance misuse and mental health)
- Implementing NICE guidance policy
- Inpatient discharge policy
- Induction policy
- Learning from deaths policy
- Ligature risk reduction policy and procedure
- Green Light For Mental Health Policy
- Local guidance – Guardianship
- Management of dysphagia for adults with a learning disability
- Observation of inpatients policy
- Physical health policy
- Role of the pharmacist in MDT meetings policy
- Seclusion policy
- Service users property and money management policy
- Smoke free and nicotine policy
- Transfer of clinical care duties policy
- Transition from CAMHS to Adult Mental Health service

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16. **NICE GUIDANCE NG54: Mental health problems in people with learning disabilities: prevention, assessment and management.**
    https://www.nice.org.uk/guidance/ng54

This guideline covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It aims to improve assessment and support for mental health conditions and help people with learning disabilities and their families and carers to be involved in their care.

This guideline includes recommendations on:
*   organising and delivering care
*   involving people in their care
*   prevention, including social, physical environment and occupational interventions
*   annual GP health checks
*   assessment
*   psychological interventions, and how to adapt these for people with learning disabilities

- prescribing, monitoring and reviewing pharmacological interventions

QS142: Learning disabilities: identifying and managing mental health problems.
Quality Standard: https://www.nice.org.uk/guidance/qs142

- Quality statements
- Quality statement 1: Annual health check
- Quality statement 2: Assessment by a professional with relevant expertise
- Quality statement 3: Key worker
- Quality statement 4: Tailoring psychological interventions
- Quality statement 5: Annually documenting the reasons for continuing antipsychotic drugs

This quality standard covers the prevention, assessment and management of mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It also covers family members, carers and care workers.

It describes high-quality care in priority areas for improvement. It does not cover problem behaviours (challenging behaviour, aggressive behaviour, destructive behaviour, or selfinjurious behaviour). They are covered by the NICE quality standard on learning disabilities:
challenging behaviour.

CG 142: Autism in adults: diagnosis and management.
https://www.nice.org.uk/guidance/cg142

This guideline covers diagnosing and managing suspected or confirmed autism spectrum disorder (autism, Asperger's syndrome and atypical autism) in people aged 18 and over. It aims to improve access and engagement with interventions and services, and the experience of care, for people with autism.

17.   OTHER HELPFUL THINGS TO READ

• Royal College of Psychiatrist. **Learning Disabilities: Readable and well researched information for the public.**
  https://www.rcpsych.ac.uk/healthadvice/problemsanddisorders/learningdisabilities .aspx

• **Accessible Information about Mental Health Medication** (Series of leaflets using pictures and simple English to describe 18 different types of psychotropic medication). Forster, M., Wilkie, B. Strydom, A. Edwards, C. and Hall, I. The Elfrida Society. www.elfrida.com.

• **Making Information Easier To Read.** Foundation for People with Learning Disabilities https://www.mentalhealth.org.uk/learning-disabilities/publications/makinginformation-easier-read.

• **Books Beyond Words**[3] (Series of picture books that provide information and address the emotional aspects of different events such as bereavement, going into hospital, being a victim of crime and feeling depressed). Various authors. Royal College of Psychiatrists and Gaskell Publishing. https://booksbeyondwords.co.uk/.

• **Inclusion North:** Resources and Information http://inclusionnorth.org/resources/

• British Institute of Learning Disabilities: **Positive Behaviour Support animation.** http://www.bild.org.uk/our-services/positive-behavioursupport/capbs/pbsinformation/pbsvideos/introduction-to-pbs/

• **The Mental Health Act:** essential information for parents and carers NIMHE / Rethink 2008. Available from Rethink www.rethink.org.

• **The Mental Health Act Code of Practice:** Download from: www.gov.uk/government/publications/mental-capacity-act-code-of-practice.

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[3] https://www.rcpsych.ac.uk/pdf/Hollins%202.pdf

- **Briefings about many different aspects of the Mental Health Act** are available from Rethink. Much recommended. Go to their website: www.rethink.org.uk.

- **Mental health factsheets** written specifically for carers are available from www.carers.org/help-directory/mental-health-factsheets.

- **The Mental Capacity Act: Making decisions: A guide for family, friends and other unpaid carers** www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/opg-6020409.pdf.

- The National Institute for Health and Clinical Excellence **(NICE) has guidance on treatments and care** for many different mental health conditions. Go to www.nice.org.uk.

- For advice specific to family members of people who are in forensic units go to http://rcpsych.ac.uk/campaigns/partnersincare.aspx.

- There is a list of **easy read** information for people with learning disabilities, about all kinds of mental health matters: Mental Health Services for People with Autism and People with Learning Disabilities. Go to www.ndti.org.uk.
- **Information on Continuing Healthcare** can be found at: www.learningdisabilities.org.uk/publications/continuing-healthcare.

- **Royal National Institute for the Blind:** 105 Judd Street, London WC1H 9NE. Tel: 020 7388 1266. Email: helpline@rnib.org.uk. Web: www.rnib.org.uk.

- **Royal National Institute for the Deaf (RNID).** 19–23 Featherstone Street, London EC1Y 8SL. Tel: 0808 808 0123. Email: information@rnid.org.uk. Web: www.rnid.org.uk

- **Ask Mencap** provides lots of downloadable information on issues facing people with a learning disability and their carers, including mental health. www.askmencap.org.uk.

- **Challenging Behaviour Foundation** provides guidance and information on supporting people with challenging behaviour, including fact sheets. www.thecbf.org.uk.

- **Defeat Depression** provides a wealth of information on depression and associated issues. www.depression.org.uk.

- **Easy Info** (how to make information accessible) provides guidance on how to make information accessible. www.easyinfo.org.uk.

- **Eating Disorders Association** provides downloadable information on a range of eating disorders and associated issues. www.edauk.com.

- **Intellectual Disability Health Information** provides a wealth of information on the health needs of people with a learning disability, including mental health. www.intellectualdisability.info.

- **Learning Disabilities UK.** Information for staff on issues concerning people with a learning disability. www.learningdisabilitiesuk.org.uk.

- **Mental Health Care** provides a wealth of information on a range of mental health problems and their treatment. www.mentalhealthcare.org.uk.

- **National Attention Deficit Disorder Information and Support Service (ADDISS)** provides information on Attention Deficit Disorder. www.addiss.co.uk.

- **People First** is a national self-advocacy organisation run by people with learning difficulties for people with learning difficulties. www.peoplefirstltd.com.

- **Royal College of Psychiatrists.** An organisation for psychiatrists which also provides a number of leaflets on mental health issues for people with a learning disability. www.rcpsych.ac.uk.

- **Scope.** An organisation that promotes equal rights and improved quality of life for disabled people, especially those with cerebral palsy. www.scope.org.uk.
page
- **Young Minds** provides information on the mental health of children and young people. www.youngminds.org.uk.

18.   CONTACT DETAILS

Title	Name	Phone	Email
Clinical Director – Learning Disabilities	Dr David Newman	0114 2263055	david.newman@shsc.nhs.uk

Appendix A: Case studies

The following case studies illustrate how care coordination and working across services and pathways can be achieved with the result of getting the best care for the person.

Jane's Case – Community Therapy

Jane is young woman with a significant (moderate) learning disability and Down's Syndrome. In the past she had experienced sexual abuse. She presented to the Community Learning Disability Team (CLDT) experiencing nightmares, a fear of men, a fear of leaving her home and poor sleep. Her quality of life was poor as she was often distressed and struggle to socialise with her peers or do the activities she once enjoyed.

The CLDT supported Jane by offering her accessible trauma focussed CBT and mindfulness to help her understand and cope with her trauma reaction. They worked with social services to increase Jane's package so she had support from female staff to go out. Jane was supported by a graded exposure programme supporting so she could gradually build up her confidence in going out and doing fun and interesting activities and meet old friends.

As the work progressed it was clear that flashbacks and nightmares were still a problem. The CPA coordinator contacts the specialist psychotherapy service to enquire about Eye Movement Desensitisation & Reprocessing Therapy (EMDR). The worker from CLDT supported Jane to access appointments to be assessed for and receive EMDR. The therapist changed the pace of the sessions and worked to avoid jargon. With Jane's permission they allowed her worker to attend sessions as this made Jane feel more secure.

John's Case – Joint Working Inpatient

John is a young man with a mild learning disability and early onset psychosis. He is being cared for by the Early Intervention Service (EIS). Unbeknown to the service John had started to access high strength cannabis from a peer. John experienced an acute episode involving risky behaviour toward himself and members of the public. He was taken to the 136 suite before being assessed and admitted to an adult psychiatric ward on the Longley Centre.

Staff on the ward were concerned about how much understanding John had. Following a period of assessment and review of his medication he appeared more settled but struggled to understand his rights and engage in OT group work. The ward contacted the learning disability service. Accessible information supporting education about psychosis and substance misuse was shared from the learning disability team. A Speech and Language Therapist worked with the ward team to review John's communication needs and develop an accessible care plan. A learning disability The Development Worker was able to provide 2 hours support twice a week for a month. This helped John and the team ensure all reasonable adjustments were in place.

The ward, EIS and learning disability service liaised at John's pre-discharge CPA to ensure everything was in place to support his discharge.

Sam's Case – Mental Health and Autism

Sam is a thirty-year-old man who lives in sheltered flats. Sam has Autism. He used to work in a supermarket (supported employment) but lost it after an argument where he shouted at his manager following a misunderstanding. In recent months Sam has become very isolated and depressed. He spends much of his day watching the news and getting stressed about Brexit. Sam can see the bins in his driveway. He has been angry that passing members of the public and other residents have put rubbish in his bin. In recent days he has posted a letter to everyone in his accommodation making threats to hurt them if they touch his bin. The police were informed and a referral was been made to the Community Mental Health Team.

Sam initially refused to see workers from the team. He stated there was nothing wrong with him. One worker built up a rapport with Sam by telephoning once a week. Together they put a plan in place whereby Sam had a pad-lock fitted on his black bin. Soon after Sam said he would like help with his anger and depression. Sam said he did not know how to speak to people when he was angry without making threats.

Sam agreed to try a course of anti-depressants. The worker had spoken to Sheffield Adult Autism & Neurodevelopmental Service (SAANS) who informed them that Sam could access a social skills group which would include skills on how to be appropriately assertive. Sam accessed the group and started new medication and over a course of months his level of depression decreased. Sam's confidence in communicating issues and having difficult conversations increased. A CPA meeting was held and the team around Sam from CMHT and SAANS attended. His care-coordinator suggested restarting supported employment. A referral was made to "WorkingWin" who agreed with Sam to support one afternoon per week working in a sorting office.

Appendix B: Good Practice Guidelines

National good practice guidelines[4] for working with people with learning disabilities or autism focus on behaviours of staff designed to reduce vulnerabilities and increase well-being. The following represent a starting point for good practice.

- Be proactive in your approach to mental health. Develop care plans that promote positive mental health and reduce vulnerability factors for all people with a learning disability and /or autism, including those who have never previously experienced mental health problems.

- Be aware that changes in behaviour and functioning can indicate the presence of a mental health problem. You should not assume that changes in behaviour reflect their learning disability or autism (diagnostic over-shadowing). Instead you should consider whether behaviour is a means for that person to communicate or indicate mental health distress that are struggling to communicate through direct verbal communication. You should identify, record and discuss these changes amongst the team.

- Changes in routine and any transitions between services should be carefully planned and managed with the full involvement of the individual and where appropriate their advocate, carers or family.

- You should be consistent in implementing care plans and guidelines. People with learning disabilities or autism can be much more sensitive to perceived inconsistencies in care and struggle with changes in plans. If you have any concerns these should be immediately reported to the care coordinator and their manager.

- People with a learning disability or autism have the same rights as any other citizen. This includes making decisions for themselves and being supported to do so. In some instances, people may lack the capacity to make decisions for themselves. In these instances, you should discuss the issue with their manager, with special consideration of the implications of the Mental Capacity Act.

- Familiarise yourself with the Green Light Toolkit (see references) which sets out good practice for services in supporting people with mental health problems.

- It is important to also consider social and psychological interventions, either on their own or in conjunction with medication, as they can control the symptoms of a mental health problem.

- You should contribute to the CPA process by supporting the person with a learning disability and/or to express their point of view and to attend meetings. Inform the care coordinator of any problems that arise and discuss any proposed changes to the care plan before implementing them. Ensure the person has the support of family or carers as appropriate at meetings. In some cases, advocacy support will be indicated, particularly if a life changing decision is being made a person's accommodation or medical treatment and they are deemed to not have capacity to consent under MCA. Where necessary best interest decision making processes must be followed and recorded.

- It is important to be aware of other services and ensure collaboration and a multi-agency approach to supporting people with a learning disability or autism. This will help avoid duplication and miscommunication or confusion in care planning and support agreements.

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[4] https://www.slam.nhs.uk/media/199160/complexneeds.pdf

- You can contribute to the mental health assessment by supporting the individual through the process and helping them communicate with clinicians. Provide clinicians with historical information and current information such as charts, records and care plans.

- In cases where individuals are taking medication, you should be aware of the service's medication policy. You should be aware of, monitor and report any side effects of medication using behavioural observations of the person as well as direct self-report. The side effects scale/checklist for anti-psychotic medication - SESCAM (adapted from Bennett et al, 1994) can be used by both clinician and the person. SESCAM can be used alongside an easy read leaflet about medication such as the following examples from Southern Healthcare: 'Am I happy with my medicine?' booklet.

- Individuals who are having psychological treatment should be supported by staff. This includes respecting their privacy and supporting them to complete tasks set by the therapist.

Working with the person, their family and carers

The Royal College of Psychiatry provides the following guidelines[5]: https://www.rcpsych.ac.uk/healthinformation/informationforcarers/learningdisabilityleaflet.aspx

Successful working with people with learning disabilities or autism often relies on a positive working relationship with the person and their family or carers. Intellectual ability, social interaction or communication difficulties can cause a barrier to working directly with the person at all times. Therefore, an agreement may be sought with the person to work in partnership with their family or carers to ensure they receive the best possible care. If a person does not have capacity to consent to this then assessment and best interests' decision can be undertaken following MCA guidelines.

When a person with learning disability has mental health problems, carers may notice changes in their general health and well-being, and in their behaviour, such as:

- changes in appetite or sleep
- loss of skills
- changes in behaviour or mood
- loss of interest in daily activities.

Sometimes, it is difficult to know if the symptoms are due to a physical or mental health problem. The health professional will try to understand the person's recent history, and any changes in their circumstances. They will consider all possible causes of their symptoms. In England, everyone with a learning disability is encouraged to have a Health Action Plan. A Health Action Plan may be about the support a particular person needs to keep healthy, or a Hospital Passport may be drawn up to support a planned hospital admission.

Clinical work should always be as collaborative and person centred as possible. It is useful to ask the person or their carers to track changes in the person's behaviour and medication in a notebook, along with any concerns or questions that have. Writing down this information means they do not have to worry about remembering it, and you can be

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[5] https://www.rcpsych.ac.uk/healthinformation/informationforcarers/learningdisabilityleaflet.aspx

sure to talk about the things that matter most during clinical appointments. For example, this may include questions about:

- changes in symptoms
- side-effects of medicines
- general health
- mental and emotional health •   carer's health
- help needed.

It is good practice to check out with the person and their carers that they understand what you have been communicating. If they do not understand something explain things in a language the person can understand using diagrams or pictures to support what you are saying.

Useful Information for Clinicians

By the very nature of the job, family carers may be extremely tired. If they have been waiting for an appointment while they care for a person, they may be emotionally exhausted as well.

- Remember that the family carer will know more about the patient when well than anyone else.

- The patient will have more difficulty in explaining how they feel, not just because they lack the speech, language or understanding in which to do it, but because they have always had a disability. They do not know what it feels like not to have it! •   It may be difficult for you to understand or remember what is usual for them, and how their current illness is making them feel or behave differently.

- Remember it is too easy to put everything down to their learning disability

Getting it Right for Everyone

In 2012 the National Development Team for Inclusion wrote 'Reasonably Adjusted? Mental Health Services for People with Autism and People with Learning Disabilities.' This makes the important points:

Adjusting the mental health service to accommodate people who have autism or learning disabilities will not only meet legal obligations, but is likely to improve service quality for everyone. The actions that have been taken by individual services across England might be summarised as the **five Fs**:

- Specialist learning disability or autism services **facilitating** access to mainstream mental health services rather than doing it themselves and setting up more specialist services.
- Meeting with mental health professionals **face to face** rather than over the phone or via written assessments (unless otherwise requested as a personalised reasonable adjustment).
- In **familiar** surroundings and with **friendly** support. This gives the person the opportunity to choose where to meet the mental health professional and who they would like to be there to support them.

- Be **flexible**. This applies both to organisational procedures and the practice of professionals. It can be liberating for all concerned as well as being a legal requirement!

Appendix C – Reasonable Adjustments

Under the Equality Act 2010, health services must consider the needs of people with disabilities in the way they organise their buildings, policies and services. These are called 'reasonable adjustments' and reflect that fact that some people with disabilities may have particular needs that standard services do not adequately meet. This could relate to, for instance, people with learning and/or physical disabilities, those with dementia and people living with mental health problems.

Reasonable adjustments can be made to many areas of health services. Services can ensure, for example, that:

- buildings, including toilets, are accessible to people with physical disabilities
- signposting is clear and easy to follow
- information and advice is offered in formats and languages that people can understand
- extra time is offered to people who have communication needs or difficulty understanding what is being said
- alternatives to hospital or clinic attendance are considered for those who have problems in getting to appointments
- families and friends of people with disabilities are actively involved, if the person wishes them to be.

Reasonable adjustments are about the values all staff bring to work. It is about being caring and sensitive to people's needs, recognising if a person has a communication problem (such as deafness) that requires a tailored approach, or a physical problem that makes accessing and negotiating the building difficult, or is particularity anxious about engaging with health professionals and needs a bit more time and reassurance. This applies not only to the people in our care, but also perhaps to some of the people we work with.

In short, adopting a person-centred approach to all the people we care for and work with, and being prepared to be flexible in our responses to meet their needs, is probably the best guarantee of ensuring reasonable adjustments are made to improve people's experiences of services.

A database of examples of reasonable adjustment NHS services in England have made to support people with learning disabilities and others can be found on the Public Health England website.

There is also a document by the National Development Team for Inclusion (2012). Reasonably Adjusted? Mental Health Services and Support for People with Autism and People with Learning
Disabilities. https://www.ndti.org.uk/uploads/files/NHS_Confederation_report_Submitted_version.pdf

Reasonable Adjustments

The law says health services should make 'reasonable adjustments' to help people with learning disabilities or autism use services.

A reasonable adjustment is a change that has been made to a service so that people with learning disabilities can use them like anyone else.

This may mean having a longer appointment time, easy read information or other changes that mean services are easier to use.
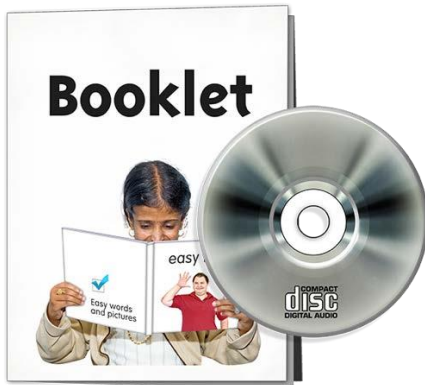
The Department of Health has written a report for health service staff about what they should be doing about reasonable adjustments.
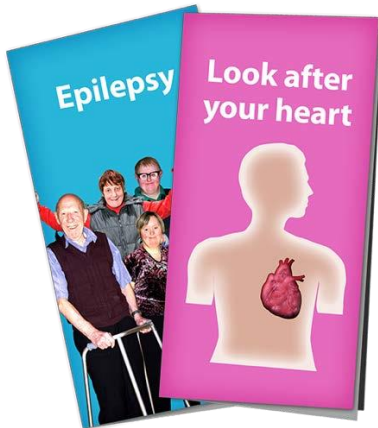
Accessible Information

People with learning disabilities or autism may not understand information about health or health services.

They may need easy read information, or information on a tape or online video.

	Everybody accessing services should be given the option of receiving easy read information. Information in this format can help people who struggle with more complex text.

What health services should do

	Health services should have a policy about accessible information. This should state it is important to have accessible information in all parts of the service.

Ways of checking what is happening

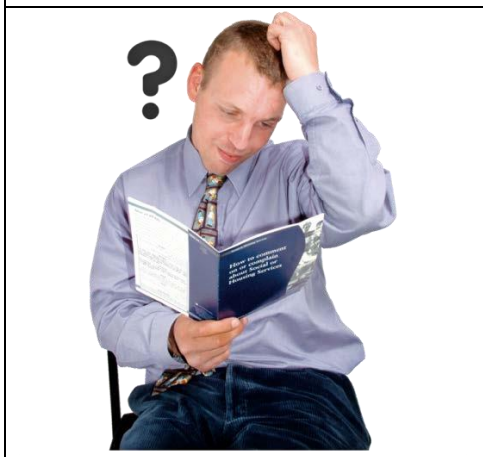|	Health services should know who has a learning disability and/or autism what they are being treated for.

	This should be part of the information that they collect, so that they plan better health services.
	This information should be 'flagged' within the patient record so that services alerted to the person's needs.

What health services should do

	Health services need to agree how people with learning disabilities will be identified in information and data.
	Sometimes people with learning disabilities are afraid to complain.
	Complaints procedures can also be hard to understand.

| | There should be an accessible complaints procedure. |

Appendix D – Stage One Equality Impact Assessment Form Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

 Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)
  Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)   Dr David Newman – July 2020

Appendix E- Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site
http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf
(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. **Is your policy based on and in line with the current law (including case law) or policy?**

    ☐   **Yes. No further action needed.**

    ☐   **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. **On completion of flow diagram – is further action needed?**

    ☐   **No, no further action needed.**

    ☐   **Yes, go to question 3**

3. **Complete the table below to provide details of the actions required**

Action required	By what date	Responsible Person

Appendix F – Development, Consultation and Verification

This policy has been developed in line with The Green Light Toolkit which is a guide to auditing and improving mental health services so that it is effective in supporting people with autism and people with learning disabilities.

The Green Light Toolkit is a set of free to access resources including:

- A recently updated audit framework and toolkit, and easy read version
- A database of examples of reasonable adjustments made by services, as a resource for people seeking to innovate and share learning.
- Examples of these can be found in the Reasonably Adjusted report.

The Green Light Toolkit is referenced in the new service model and guidance 'Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition', and has been updated to reflect this. The guidance says that ***"Everyone should expect mainstream mental health services to regularly audit how effective they are at meeting the needs of people with a learning disability and/or autism. The Green Light Toolkit should be used to both evaluate services and agree local actions…"***

The policy has been developed in consultation with Ward Managers and Staff, senior nursing and medical staff, and Clinical and Service Directors. It has been reviewed in Green Light meetings, had service user scrutiny and operational governance scrutiny. The Director of Operations has given approval of the policy on 17.06.2019. The final consultation took place on 17th to 21st June 2019 in which the policy was shared with all SOMS and operational and clinical directors for final comment.

The Policy Governance Group verified this version of the document; consultation occurred between October 2018 and 21st June 2019.