

FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND

SECTION 3: SERVICE PROFILES

SERVICES FOR PEOPLE WITH A LEARNING DISABILITY WHO HAVE A MENTAL HEALTH PROBLEM

Prevalence: 30% of those with an IQ of less than 70 suffer a mental health problem. This is a higher proportion than in the general population. However, communication and language difficulties make the diagnostic process harder. 20% of those with mild and 30% of those with severe disability suffer from epilepsy. Certain behaviour disorders and patterns of offending are over-represented in those suffering from a learning disability.

Service Element	Description of Needs	Ways in Which services May Responds
Community Assessment	Liaison by the multi-disciplinary community learning disability team (which should include a speech therapist) with: <ul style="list-style-type: none"> • primary care; • general and community paediatrics; • child neurologists; • social work; • education. Access to diagnostic facilities (EEG, CT and MRI scanning, laboratory services).	Home visits by any member of the team, usually a community psychiatric nurse or psychiatrist. Visits to adult training centres and schools. Out-patient clinics for psychiatric assessment, leading to full multi-disciplinary assessment.
Service planning	Accurate identification of people with a mental health problem. Requirement for clinical expertise to discern a mental health problem behind those presenting with issues such as challenging behaviour or a forensic problem. Ascertainment of individual needs through the Care Programme Approach and aggregation of care plans to form the basis of locality planning. Special precautions are needed to avoid individuals who may be suffering from mental health problems being 'lost' in transition from the paediatric to adult age range.	A locality joint planning and commissioning team involving: <ul style="list-style-type: none"> • the person receiving the service and/or an advocate; • the informal carer; • health; • social work; • voluntary agencies; • housing; • education.
Community treatment and support	Multi-disciplinary team following through the requirement to meet treatment needs revealed by the assessment - within people's normal surroundings. Continuous liaison with treatment partners. Regular review by all concerned in providing care to an individual, involving that individual, their carer and any advocate.	<ul style="list-style-type: none"> • Regular visits to deliver health care <ul style="list-style-type: none"> - at place of residence - in sheltered workplace - in school. • Support for informal carers. • Help in obtaining benefits. • Aids for the house.

SERVICES FOR PEOPLE WITH A LEARNING DISABILITY WHO HAVE A MENTAL HEALTH PROBLEM (continued)

Service Element	Description of Needs	Ways in Which Services May Responds
More specialised support	At initial assessment or as a result of care reviews, some people are found to have greater health care needs than can be met in a normal residential or workplace setting. Such people will present with behaviour arising from mental health problems or forensic difficulties. The particular needs requiring to be met include more intensive use of treatments, higher staff ratio, reduction of risk to the individual and others, sharing the load with those who provide informal care.	Increased community nursing input. Challenging behaviour/additional support teams visiting and supporting individuals in their own environment with: <ul style="list-style-type: none"> • small caseload • seven day availability Day hospital provision with: <ul style="list-style-type: none"> • opportunities for multi-disciplinary input; • group therapy.
Short term care	Facilities for people with 'dual' diagnosis (eg learning disability and mental health problems) and those who also present with challenging behaviour or forensic assessment.	Small units, well staffed on a multi-disciplinary basis which may be stand alone but can be attached to a District General Hospital or psychiatric unit. (An ordinary inpatient acute psychiatric unit is not suitable for this purpose.) An inpatient unit should have the ability to offer different facilities for people with different care needs.
Longer term care	Facilities for: <ul style="list-style-type: none"> • people with severe and/or enduring mental health problems; • difficult-to-place individuals; • people returning from State Hospital; • a very few people exhibiting severe and enduring anti-social behaviour and a significant problem of containment. 	Small, homely, units giving an environment appropriate for long term occupation by an individual, with the opportunity for day activity. Skill acquisition, education and therapies are essential.
Care in a Secure Environment	Facilities for: <ul style="list-style-type: none"> • people with serious mental health problems, • very severe challenging behaviour; or • forensic problems where treatment is required in a secure environment. 	Currently provided by the State Hospital, but such individuals may not always need that degree of security.
Special Needs	Individuals with multiple and severe problems eg severe learning disability, high physical dependence, special sensory deficits, mobility problems or epilepsy. Continuing attention to physical medical problems.	Respite care often within health care facilities. Close liaison with primary care or paediatric specialists.
Dementia	There is a high frequency of clinical signs of dementia in older sufferers from Down's Syndrome. Diagnostic facilities should be available for full and accurate assessment. Service commissioners and service providers should agree a local protocol, with people who receive services, those who provide informal care and advocates.	A full range of support from home to long-term residential care.