

# Interventions for mental health problems in people with learning disabilities

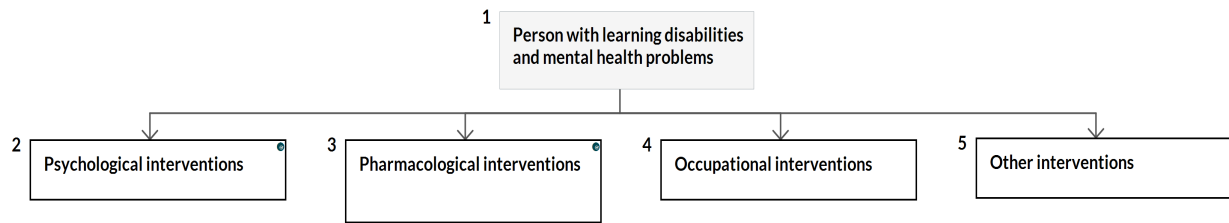
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/mental-health-problems-in-people-with-learning-disabilities>

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This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Person with learning disabilities and mental health problems

No additional information

## 2 Psychological interventions

### Needs assessment and definition of the interventions

For psychological interventions for mental health problems in people with [learning disabilities](#) [See page 9], refer to NICE's recommendations on specific mental health problems and take into account:

- the principles for delivering psychological interventions (below) and
- the specific interventions recommended in this guideline (see interventions adapted for people with learning disabilities below, and [parent training programme](#)).

### Principles for delivering psychological interventions

Use the mental health assessment to inform the psychological intervention and any adaptations to it, and:

- tailor it to their preferences, level of understanding, and strengths and needs
- take into account any physical, neurological, cognitive or sensory impairments and communication needs
- take into account the person's need for privacy (particularly when offering interventions on an outreach basis)
- agree how it will be delivered (for example, face-to-face or remotely by phone or computer), taking into account the person's communication needs and how suitable remote working is for them.

If possible, collaborate with the person and their family members, carers or care workers (as appropriate) to:

- develop and agree the intervention goals
- develop an understanding of how the person expresses or describes emotions or distressing experiences
- agree the structure, frequency, duration and content of the intervention, including its timing, mode of delivery and pace
- agree the level of flexibility needed to effectively deliver the intervention

- agree how progress will be measured and how data will be collected (for example, visual representations of distress or wellbeing).

Be aware that people with learning disabilities might need more structured support to practise and apply new skills to everyday life between sessions. In discussion with the person, consider:

- providing additional support during meetings and in the planning of activities between meetings
- asking a family member, carer or care worker to provide support and assistance (such as reminders) to practise new skills between meetings.

### Interventions adapted for people with learning disabilities

Consider cognitive behavioural therapy, adapted for people with learning disabilities, to treat depression or subthreshold depressive symptoms in people with milder learning disabilities (see [milder learning disabilities \[See page 8\]](#) for a definition).

Consider relaxation therapy to treat anxiety symptoms in people with learning disabilities.

Consider using graded exposure techniques to treat anxiety symptoms or phobias in people with learning disabilities.

### Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Tailoring psychological interventions

## 3 Pharmacological interventions

For pharmacological interventions for mental health problems in people with [learning disabilities \[See page 9\]](#), refer to the NICE guidelines on specific mental health problems and take into account the principles for delivering pharmacological interventions (see below).

For guidance on adherence and the safe and effective use of medicines, see [the NICE Pathway on medicines optimisation](#).

Only specialists with expertise in treating mental health problems in people with learning disabilities should start medication to treat a mental health problem in:

- adults with [more severe learning disabilities \[See page 8\]](#) (unless there are locally agreed

- protocols for shared care)
- children and young people with any learning disabilities.

Before starting medication for a mental health problem in children, young people or adults with learning disabilities:

- take account of:
  - potential medication interactions
  - the potential impact of medication on other health conditions
  - the potential impact of other health conditions on the medication
- when necessary consult with specialists (for example, neurologists providing epilepsy care when prescribing antipsychotic medication that may lower the seizure threshold), to minimise possible interactions
- assess the risk of non-adherence to the medication regimen or any necessary monitoring tests (for example, blood tests), and the implications for treatment
- establish a review schedule to reduce polypharmacy
- provide support to improve adherence (see [supporting adherence in the NICE Pathway on medicines optimisation](#))
- assess whether support from community and learning disabilities nurses is needed for physical investigations (such as blood tests)
- agree monitoring responsibilities, including who will carry out blood tests and other investigations, between primary and secondary care.

Monitor and review the benefits and possible harms or side effects, using agreed outcome measures and taking into account communication needs. If stated in the relevant NICE guideline, use the timescales given for the specific disorder to inform the review, and adjust it to the person's needs.

When deciding the initial dose and subsequent increases, aim for the lowest effective dose. Take account of both potential side effects and difficulties the person may have in reporting them, and the need to avoid sub-therapeutic doses that may not treat the mental health problem effectively.

Prescribers should record:

- a summary of what information was provided about the medication prescribed, including side effects, to the person and their family members, carers or care workers (as appropriate) and any discussions about this
- when the medication will be reviewed

- plans for reducing or discontinuing the medication, if appropriate
- full details of all medication the person is taking, including the doses, frequency and purpose.

For people with learning disabilities who are taking antipsychotic drugs and not experiencing psychotic symptoms:

- consider reducing or discontinuing long-term prescriptions of antipsychotic drugs,
- review the person's condition after reducing or discontinuing a prescription
- consider referral to a psychiatrist experienced in working with people with learning disabilities and mental health problems
- annually document the reasons for continuing the prescription if it is not reduced or discontinued.

When switching medication, pay particular attention to discontinuation or interaction effects that may occur during titration. Only change one drug at a time, to make it easier to identify these effects.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. Annually documenting the reasons for continuing antipsychotic drugs

## 4 Occupational interventions

In keeping with the preferences of the person with learning disabilities [See page 9] and mental health problems, all staff should support them to:

- engage in community activities, such as going to a library or sports centre
- access local community resources, such as libraries, cinemas, cafes and leisure centres
- take part in leisure activities, such as hobbies, which are meaningful to the person.

Reasonable adjustments may be needed to do this, such as a buddy system, transport, or advising local facilities on accessibility.

Actively encourage adults with learning disabilities (with or without a mental health problem) to find and participate in paid or voluntary work that is meaningful to them, if they are able.

Consider providing practical support to adults with learning disabilities (with or without a mental

health problem) to find paid or voluntary work, including:

- preparing a CV
- identifying personal strengths and interests
- completing application forms
- preparing for interviews
- accompanying the person to interviews
- completing any pre-employment checks.

Health and social care services should take account of an adult or young person's sensory, physical, cognitive and communication needs and the severity of their mental health problem (if any), and consider:

- helping them to identify and overcome any possible challenges during employment
- appointing supported employment workers to provide ongoing support to adults with learning disabilities and their employers
- providing information and guidance to potential employers about the benefits of recruiting people with learning disabilities
- assisting employers in making reasonable adjustments to help them to work (in line with the [Equality Act 2010](#)).

## 5 Other interventions

For other interventions, see [adaptations of the environment](#) and [parent training programmes](#).

Learning disabilities are commonly divided into 'mild', 'moderate', 'severe' and 'profound', but these categories are based on IQ and most UK health and social care services do not measure this. Therefore, this guideline uses the terms 'milder learning disabilities' (approximating to mild and moderate learning disabilities) and 'more severe learning disabilities' (approximating to severe and profound learning disabilities).

All people with learning disabilities:

- need additional support at school
- need support in some areas of adult life, such as budgeting, planning, time management, and understanding complex information
- need more time to learn new skills than people who don't have learning disabilities.

People with milder learning disabilities:

- may be able to live independently and care for themselves, managing everyday tasks and working in paid employment
- can communicate their needs and wishes
- may have some language skills
- may have needs that are not clear to people who do not know them well.

Learning disabilities are commonly divided into 'mild', 'moderate', 'severe' and 'profound', but these categories are based on IQ and most UK health and social care services do not measure this. Therefore, this guideline uses the terms 'milder learning disabilities' (approximating to mild and moderate learning disabilities, that are often defined as an IQ of 35 to 69 and impairment of adaptive functioning with onset in childhood) and 'more severe learning disabilities' (approximating to severe and profound learning disabilities, that are often defined as an IQ of 34 or below with impairment of adaptive functioning and onset in childhood).

All people with learning disabilities:

- need additional support at school
- need support in some areas of adult life, such as budgeting, planning, time management, and understanding complex information
- need more time to learn new skills than people who don't have learning disabilities.

People with more severe learning disabilities are more likely to:

- need support with daily activities such as dressing, washing, food preparation, and safety



- have limited or no verbal communication skills or understanding of others
- need support with mobility
- have complex health needs and sensory impairments.

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## **Glossary**

### **Carers**

(people who provide unpaid support to someone who is ill, having trouble coping or has disabilities; this does not include care workers (paid carers), who are included in the definition of staff)

### **Care workers**

(people who provide paid support to someone who is ill, having trouble coping or has disabilities in a variety of settings (including residential homes, supported living settings and day services))

### **Children**

(aged 0 to 12 years)

### **Staff**

(healthcare professionals and social care practitioners, including those working in community teams for adults, children or young people (such as psychologists, psychiatrists, social workers, speech and language therapists, nurses, behavioural analysts, occupational therapists,

physiotherapists and pharmacists); and educational staff)

## Young people

(aged 13 to 17 years)

## Sources

Mental health problems in people with learning disabilities: prevention, assessment and management (2016) NICE guideline NG54

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.