Policy for joint working between Adult Mental Health Services and Services for People with Learning Disabilities in Birmingham and Solihull

Background

Detailed and reliable local prevalence data in respect of service users with combined learning disabilities and mental health problems is currently unavailable. The experience of service providers in Birmingham and Solihull suggests however that:

i) people with learning disabilities present with a range of mental health problems and needs similar to that observable in any other group within the general population – such problems and needs range from relatively minor and transient adjustment reactions to adverse life events, through more complex and serious emotional/mood and behavioural disorders, to acute mental illness and severe and enduring mental health disorders including psychosis;

ii) people with mental health problems often present with cognitive impairments, which are in many cases 'recently acquired', but in some instances represent longstanding intellectual and associated cognitive deficits that are accompanied by longstanding social disabilities;

iii) in at least some cases where learning disability and mental health needs are combined, the services users' needs in one or other domain are relatively poorly served in view of the skill and resource profile of the specialist provider taking lead responsibility for their care (that is, the mental health needs of people in learning disability settings and the learning and associated social needs of people in mental health settings, may be poorly met). It is also reasonable to assume that there is an unknown number of people with combined (mild) learning disability and mental health problems who are accessing none of the major specialist service providers and who have needs that are unmet.

It is, moreover, the experience of providers of learning disability and mental health services that there are a number of particular clinical conditions involving overlapping cognitive and psychological impairments for which no specialist service area has clear lead responsibilities and where services are therefore poorly developed and are at best patchy. Such conditions include:

- Asperger's Syndrome (and autistic spectrum in adults);
- Attention Deficit Hyperactivity Disorder (ADHD);
- Adolescents and adults with intellectual and cognitive deficits, behavioural problems and mental health and social needs associated with acquired brain injury;
- Younger people with 'early dementia' and associated behavioural, mental health and social needs.

The present policy is concerned only with the assessment, care and support of people with combined learning disabilities and mental health problems, and does not represent a joint approach for working (in terms of assessment, diagnosis or intervention) with Asperger's, ADHD, acquired brain injury or very early dementia. There is however an urgent need to quantify the service shortfall in relation to these groups and to develop service solutions that are led by a suitable specialist service provider or are developed and provided jointly by more than one provider organisation (perhaps in the form of a real or 'virtual' specialist team). Discussions with service commissioners are urgently required to confirm existing understandings about provider responsibilities and to agree a way forward to ensure the equitable availability of necessary specialist services and the joint agency working relationships necessary to ensure that the full spectrum of service users needs are addressed.

Service Principles

It is important that a joint policy for collaboratively assessing needs, developing care plans and delivering interventions is anchored in an agreed set of guiding service principles which are in line with the National Service Framework for Mental Health and the Government White Paper Valuing People. Such principles might include the following:

i) People with learning disabilities and those with mental health problems have the same rights of access to mainstream services as anyone else. A primary diagnosis of learning disability or mental disorder should not dictate that all services needs be met by a single provider, nor should a diagnosis exclude access to other mainstream services (- a diagnosis of learning disability should not preclude access to mental health services within primary care or specialist secondary settings; a diagnosis of mental disorder should not preclude access to mainstream learning disability services in community or specialist settings).

ii) Services should be organised and provided by reference to identified needs, including mental health, social, cognitive, physical and other need domains identified through the completion of CPA, Person Centred Plans and other holistic needs based assessment methodologies. Such clinical criteria as may be agreed should assist in the determination of provider roles and responsibilities, but should not take precedence over identified need.

iii) Services should be organised and provided flexibly and collaboratively in the interests of the service users.

iv) No service users with unmet learning disability and mental health needs should 'fall through the net'. In cases where lead and joint provider responsibilities are uncertain or where resource or service shortfall precludes the provision of an appropriate service, a plan of action should be jointly agreed.

Referral pathways and collaborative working

In the absence of additional resource to establish a dedicated 'Joint LD/MH Liaison Team' it is suggested that flexible arrangements be agreed whereby joint assessments are undertaken and care plans are developed through collaboration between relevant Teams (mediated by the Team Mangers) in the three provider organisations. This will require the agreement and commitment of the three providers to confirm such joint working arrangements as a component of relevant team operational policies.

New cases (adults)

In the case of new referrals to either mental health or learning disability services, where initial or subsequent single service assessment suggests the service user to have combined learning disabilities and mental health problems, a joint assessment as outlined in the attached care pathway should be arranged. Until such time as the case has been jointly reviewed and a plan of action agreed, the case should remain the responsibility of the service initially accepting the referral and should be allocated to a care co-ordinator in line with standard team practice.

The joint assessment (completed by professionals from both agencies and comprising comprehensive mental health, learning disability and social assessments) and ensuing multidisciplinary CPA review meeting will be the formal process through which decisions, based on the client's needs, are made and confirmed. Through the collaborative implementation of this process, which should be completed to an agreed time scale, agreement should be reached in terms of i) whether the user requires specialist services; ii) whether mental health or learning disability services should take the service provision lead, correspondingly where medical responsibility is to lie (particularly in relation to any in-patient episodes) and responsibilities in terms of the organisation of short breaks, supported living and residential care; iii) the user's CPA Care Plan, which would indicate the services to be singly and jointly provided by each agency and the care co-ordinator; iv) a care plan 'joint co-ordinator' from the 'non-lead' agency who will be expected to liase with the care co-ordinator as required. In cases where agreement cannot be reached within an agreed time scale, particularly in relation to lead responsibilities and service provision priorities, the case should be referred for senior management resolution.

Existing cases (adults)

Those people with both mental health and learning disability related needs already registered with one provider service should remain with that service, the latter then taking the lead in ensuring the necessary liaison and joint working across organisations via CPA to meet the client's needs. In respect of people with severe and profound learning difficulties (who receive their care, sometimes in residential settings, from learning disability services) and those with the most severe and enduring mental illnesses (who receive their care from intensive mental health support teams or in mental health residential settings), advice and consultative support (and in some instances assessment and intervention) may be sought from appropriate Teams or professionals in the other provider speciality – a 'referral' in this respect would not be with a view to transferring the overall responsibility for care to the other agency, but to access assistance in relation to specific needs related issues. Should there be any individuals in either service domain whose ongoing CPA reviews suggest that they are currently misplaced (in the sense that the service with the lead care responsibility is poorly placed to meet their most prominent needs), the case should be the subject of joint assessment and review (with referral for management resolution if agreement cannot be reached in relation to provider responsibilities).

Training

The experience of provider services suggests that clinical and care staff in each would benefit from relevant training in the prevention, assessment, understanding and management of problems and needs typically addressed by the other service speciality – for example, care staff in learning disability settings might benefit from mental health training that enables them to better recognise and identify mental health issues, to better manage common mental heath problems, to implement protocol based interventions supported by mental health professionals, etc. Similarly mental health workers may benefit from training in the prevention and management of challenging behaviour, or in the provision of psychosexual education, or in the assessment of early abuse in service users with limited verbal comprehension and poor social skills. Professionals from all major services should work collaboratively to develop a rolling training programme, some aspects of which might be provided on a joint basis. It is also suggested that the possibilities and potential benefits of 'exchange placements' , whereby staff from Mental Health Services and Services for People with Learning Disabilities spend some time working on attachment to the other service, be further explored.

CARE PATHWAY FOR SERVICE USERS WITH MENTAL HEALTH & LEARNING DISABILITY RELATED NEEDS

Referral to CMHT/CPLDT

Does referral indicate user has needs relating to both mental health and learning disability issues

NO Client picked up by MH Team

NO Client picked up by PLD Team

YES

YES

YES

Consideration of case by Team Manager
Is their sufficient information for decision to be made that user needs can be met by one or other team?

NO

Existing MH client CPA review suggests joint need

CMHT/CPLDT Manager/Co-ordinator to organise joint assessment of need

Existing LD client review suggests joint need

Joint assessment completed by appropriate professionals from CMHT's and CPLDT's

Client needs most appropriately met by input from both services

NO e.g.Clients LD need accomodated by referral to work preparation unit

NO e.g. clients MH problems related to adjusting reaction in life events for which expertise available in PLD service

YES

Decision made via assessment, by both professionals, as to which professionals should be involved in a CPA and initial CPA meeting convened.

Decision made at CPA meeting re: lead agency depending on where dominant needs should be met. Co-ordinator appointed.

Care plan drawn up incorporating both learning disabilities and mental health professionals as appropriate, clearly specifying what support client can expect from each service, including short breaks, supported living or long term residential care as appropriate.
Medical and potential inpatient responsibility to be made clear in care plan.

Next CPA meeting planned.

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