Editorial

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The guideline on mental health problems in people with learning disability has now been published on the UK's National Institute for Health and Social care Excellence (NICE) (2016) website.

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.

People of all ages with all levels of learning disabilities can be affected by mental health problems. When a person is not able to describe or express their distress, and when they have coexisting physical health problems, their mental health problems can be difficult to identify. This leads to mental health problems remaining unrecognised, which prolongs unnecessary distress. Psychosis, bipolar disorder, dementia, behaviour that challenges and neurodevelopmental conditions such as autism and attention deficit hyperactivity disorder are all more common than in people without learning disabilities and emotional disorders are at least as common. Some causes of learning disabilities are associated with particularly high levels of specific mental health problems.

When people with learning disabilities experience mental health problems, the symptoms are sometimes wrongly attributed to the learning disabilities or a physical health problem rather than a change in the person's mental health. Indeed, their physical health state can contribute to mental ill health, as can the degree and cause of their learning disabilities, psychological factors and social factors.

Population-based estimates suggest in the UK that 40 per cent (28 per cent if problem behaviours are excluded) of adults with learning disabilities experience mental health problems at any point in time. An estimated 36 per cent (24 per cent if problem behaviours are excluded) of children and young people with learning disabilities experience mental health problems at any point in time. These rates are much higher than for people who do not have learning disabilities (NICE, 2016).

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; and
- prescribing, monitoring and reviewing pharmacological interventions.

Who is it for?

- Healthcare professionals;
- social care practitioners;
- care workers;
- education staff;
- commissioners and service providers; and
- people with learning disabilities and their families and carers.

In this issue

Dr Tim Riding of Merseycare NHS Foundation Trust presents his work on "Exorcising Restraint: Reducing the Use of Restrictive Interventions in a Secure Learning Disability Service". The paper describes the nature and impact of a restraint reduction strategy implemented within a secure learning disability service in response to the national positive and Safe programme.

The strategy was comprised of three primary interventions – Safewards, positive behavioural support and data-informed practice – and utilised a programme management approach to ensure effective delivery.

Baseline measures were collected from 12 months of data prior to implementation of the programme and the frequency of each category of restrictive intervention was then measured prospectively on a monthly basis throughout the duration of the programme.

Upon completion of the programme the following results were achieved:

- elimination of prone restraint;
- elimination of mechanical restraint;
- 42 per cent reduction in general use of restraint;
- 42 per cent reduction in use of seclusion; and
- 52 per cent reduction in rapid tranquilisation.

The paper adds to the growing body of evidence that carefully designed interventions can reduce the frequency of seclusion and restraint. In this case, Safewards and PBS have combined to exert their effect. Data-led practice and senior leadership were also found to be of critical importance. Finally, the need for a stable workforce is considered.

Celia Harbottle (an independent Trainer and Consultant in the North East) together with Anne Graham and David King from Resolve in County Durham describe "Resolve: A Community Based Forensic Learning Disability Service specialising in Supporting Male Sex Offenders – our model, approach and evidence base for effective intervention". This paper examines a model of forensic practice with positive interventions for men with learning disabilities who have committed serious sexual offences. It outlines the theoretical and philosophical frameworks which informed the model of care and support in a community-based setting and the evidence base for the efficacy of the approach.

The approach is a whole systems model for developing compassionate and participatory practice based on attachment theory and approaches to professional parenting drawn from foster care settings and prevention frameworks for adult safeguarding.

The attachment model which underpins both the support for staff and the framework for the care and support provided for service users is building calm, consistent and respectful relationships. This enables workers and service users to feel accepted through the availability of support, to feel a sense of belonging and inclusion in which skills and confidence can flourish helping all to feel more effective. This is evidenced by the stability of the service user group and the staff team.

Jerrod Brown (St Pauls, USA), Don Helmsletter, Diane Harr (Concordia University, St Paul) and Jay Singh (Global Institute of Forensic Research) detail their study on "Perceptions of FASD by United States District Attorneys".

The authors explain that the majority of individuals diagnosed with Foetal Alcohol Spectrum Disorder (FASD) will become involved with the criminal justice system during their lifetime. Due to the signs and symptoms of their illness, the psycho-legal impairments presented by such alleged offenders pose unique challenges for the attorneys tasked with prosecuting their crimes. This said, little is known about the training and courtroom background of district attorneys with this population.

A web-based survey was developed to investigate the knowledge bases and legal experiences of US district attorneys concerning FASD, and to compare these across sexes, legal experience levels, as well as geographical regions.

Participants displayed variable levels of knowledge concerning the signs and symptoms of FASD and underestimated how often persons with FASD become involved in the criminal justice system. The majority of participants had never received training on the psycho-legal impairments of individuals diagnosed with FASD and reported that they would benefit from a continuing legal education course on the subject. Participants also reported that they would benefit from seeing the findings of a FASD screening tool in daily practice.

Rebecca Brewer, Lucy Pomroy, Michelle Wells and Joanne Ratcliffe all from St Andrews Healthcare in Northampton outline their work on "The Short Dynamic Risk Scale (SDRS) vs START: Does either have a relationship with recordings of risk?"

The current pilot study provides wider research evidence for the use of the SDRS in risk management with individuals who have an ID and reside in a secure psychiatric inpatient setting. The outcomes are supportive of previous research, showing that outcomes on the SDRS are related to maladaptive behaviours recorded for individual with ID.

Reference

National Institute for Health and Social care Excellence (NICE) (2016), "Mental health problems in people with learning disabilities: prevention, assessment and management", NICE Guideline (NG54), available at: www.nice.org.uk/guidance/ng54 (accessed 27 September 2016).