

Mental health services for people with learning disabilities

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The 10 key messages below are drawn from the Joint Commissioning Panel for Mental Health's guide on commissioning mental health services for people with learning disabilities. To read the full guide, please visit www.jcpmh.info

- 1 The prevalence of mental health problems in people with learning disabilities is considerably higher than the general population.**
 - commissioning for mental health problems must therefore be informed by a Joint Strategic Needs Assessment (JSNA) which takes into account the needs of people with learning disabilities.
- 2 In addition to mental illness, people with learning disabilities often have coexisting autistic spectrum disorders, behaviours that challenge services, offending behaviour, or physical health conditions. It is often hard to distinguish between these conditions especially when people have more severe intellectual impairments.**
 - the JSNA must therefore provide detail about the number and needs of people with learning disabilities who have mental illnesses, as well as autism and behaviours that challenge services.
- 3 While there is no universally agreed commissioning model for mental health services supporting people with learning disabilities, the NHS Mandate states that an NHS England objective is to:**
 - ensure that Clinical Commissioning Groups (CCGs) work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities, and that a substantial reduction should occur in the reliance on inpatient care for these groups of people.
- 4 It is often difficult for people with learning disabilities to access generic and specialised mental health services. Consequently:**
 - reasonable adjustments are a legal requirement and should be put in place to enable access to all mainstream services where appropriate
 - learning disability services should be provided alongside mainstream mental health services so that the skills and expertise from both services can be utilised in order to respond to individual need
 - there should be clarity with regard to commissioning arrangements between learning disability and mental health commissioners, with a presumption of accessing generic services wherever possible and there should be protocols setting out clear pathways between mainstream and specialist services.
- 5 The quality of mental health services should be measured from the perspective of the individual with learning disabilities and their family. Clinical effectiveness and outcomes, and patient safety, are also key.**

Launched in April 2011, the Joint Commissioning Panel for Mental Health is comprised of leading organisations who are aiming to inform high-quality mental health and learning disability commissioning in England. The JCP-MH:

- publishes briefings on the key values for effective mental health commissioning
- provides practical guidance and a framework for mental health commissioning
- supports commissioners in commissioning mental health care that delivers the best possible outcomes for health and well being
- brings together service users, carers, clinicians, commissioners, managers and others to deliver the best possible commissioning for mental health and wellbeing.

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- 6 A positive experience for the individual with learning disabilities and their family is achieved by building a partnership through early involvement in service planning, delivery and evaluation as well as the provision of timely and seamless advice and support especially during periods of transition. Involving people with learning disabilities, their families and advocates in service planning, enables the provision of individualised services, one of the key characteristics of exemplary care or support.
- 7 Successful services provide individualised pathways of care, based on a thorough understanding of the individual and their experience. It should be person-centred and consist of a coordinated assessment of need, agreement of expected outcomes, provision of care and treatment, followed by a joint review of achieved outcomes with the people receiving services and their carers.
- 8 Commissioners should work in partnership with provider services in primary and acute care, and with local authorities including public health. This is a crucial first step to a better understanding of the needs of the population with learning disabilities and achieving an improvement in overall health and well being.
 - It is important to remember that NHS England should be promoting and facilitating joint and collaborative commissioning by local authorities and CCGs to support the development of better services.
- 9 Commissioning of mental health services should support the development of local, person-centred services, leading to the development of skilled local providers.
- 10 Commissioners should evaluate the outcomes of the service models they are providing, checking for evidence of effectiveness, safety and user satisfaction. They should use this to agree priorities for investment as the commissioning landscape changes and personal budgets become more popular.